

## Survey #4: 12-Month Post-Training Survey of Primary Trainees

(Web-Based Survey: Administered to Primary Trainees at 12 months after completing the training)

### Experience with Training at 12 Months

This is a 12-month follow-up survey following your participation in the Patient-Centered Outcomes Research in Shared Decisionmaking (PCOR in SDM) Train-the-Trainer Workshop.

<p><b>1) Over the past 6 months, have you facilitated a formal training on the AHRQ PCOR in SDM curriculum provided?</b></p> <ul style="list-style-type: none"> <li>• Yes, I have facilitated formal PCOR in SDM workshops or sessions with the curriculum provided.            {Respondents answering "Yes" will be routed to questions in the left column.}</li> <li>• No, I have shared a portion of the PCOR in SDM curriculum/information with my colleagues but not the entire course content.</li> <li>• No, I have not shared the PCOR in SDM curriculum or information with my colleagues.            {Respondents answering "No" will be routed to questions in the right column.}</li> </ul>	
<b>Answered Yes</b>	<b>Answered No</b>
<p><b>2) Over the past 6 months, how many complete workshop sessions (i.e., delivering all four modules) have you conducted?</b></p> <ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• Other (please specify)_____</li> </ul> <p><b>3) Over the past 6 months, how many total colleagues were reached for all of the sessions you delivered?</b></p> <ul style="list-style-type: none"> <li>• 5 or fewer</li> <li>• 6-10</li> <li>• 11-15</li> <li>• 15-20</li> <li>• 21-30</li> <li>• 31-40</li> <li>• 41-50</li> <li>• More than 50</li> </ul> <p><b>4) When organizing training sessions, who do you target for the training?</b></p> <ul style="list-style-type: none"> <li>• All employees within organization</li> <li>• Health care practitioners only</li> <li>• Select types of health care practitioners (i.e. only physicians, only nurses, etc.)</li> <li>• Other (please specify)_____</li> </ul> <p><b>5) Do you plan to continue efforts to train</b></p>	<p><b>2) Are you planning to offer the full training course at some point in the future?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• I don't know</li> </ul> <p><b>3) Would additional assistance from the training team be useful to you?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• If yes, please describe_____</li> </ul> <p><b>4) Have you participated in other training related to CER/PCOR or SDM since completing the AHRQ training program to further your knowledge on this topic?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• If yes, please describe the training you have participated in (title/sponsor of training)_____</li> </ul>

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

<p><b>those within your organization who have not yet attended a training session or been otherwise exposed to SDM and PCOR tools and resources?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• I don't know</li> </ul> <p><b>6) How useful do you find the training materials for training others?</b></p> <ul style="list-style-type: none"> <li>• Very useful</li> <li>• Moderately useful</li> <li>• Minimally useful</li> <li>• Not at all useful</li> </ul> <p><b>7) Over the past 6 months, have you participated in other training related to PCOR or SDM since completing the AHRQ training program to further your knowledge on this topic?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• If yes, please describe the training you have participated in (title/sponsor of training)</li> </ul>	
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### Training Barriers

- 8) Over the past 6 months, which of the following have been the biggest obstacles to training others about PCOR in SDM concepts? (check all that apply)**
- Teaching the PCOR in SDM concepts
  - Accessing PCOR tools and resources I need for training others
  - Accessing training support
  - Colleague participation – lack of interest in the training
  - Colleague participation – they don't have time to participate
  - Colleague participation – other reasons
  - I don't have time to offer the training
  - Obtaining support from my organization – generally not supportive of this
  - Obtaining resources for training (space and audio/visual tools required)
  - None of the above
- Other (please specify)
- 9) What other skills do you need to assist you in training others that weren't provided in the training course? Please describe \_\_\_\_\_**
- 10) What other tools do you need when training others that aren't currently available to you? Please describe \_\_\_\_\_**

## Continuing Education and Training Questions

11) Have you attended an accredited AHRQ Web conference during the last year?

	Yes	No
Web conference #1 title	<input type="checkbox"/>	<input type="checkbox"/>
Web conference #2 title	<input type="checkbox"/>	<input type="checkbox"/>
Web conference #3 title	<input type="checkbox"/>	<input type="checkbox"/>

12) Are you currently a member of the PCOR in SDM Learning Network offered by AHRQ?

- Yes, I am an active member. (Advance to next question)
- No, I know of the learning network, but do not wish to participate at this time. (Advance to section 2)
- No, I was not aware AHRQ offered a learning network. (Advance to section 2)

13) How effective have the following components of the learning network been for enhancing your knowledge and use of PCOR in SDM in practice and training of others?

	Very effective	Somewhat effective	Not very effective	Not at all effective
The information presented to the learning network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The format in which information is presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall layout and operation of the network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The virtual meetings conducted twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The postings and discussion within the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Use of Training in Practice

### Implementation Questions

14) During the past 6 months:

	To a great extent	Somewhat	Not at all
Has your implementation of SDM processes in practice with patients increased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your use of PCOR resources in SDM with patients increased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15) During the past 6 months, how often have you used the following AHRQ Effective Health Care (EHC) Program tools/resources?**

	Daily or almost daily	At least once a week	Two to three times a month	About once a month	A couple of times in the past 6 months	Never
AHRQ EHC Program Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/consumer summaries – shared with patient and/or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient decision aids – shared with patient and/or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish-language consumer summaries – shared with patient and/or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile access to the AHRQ EHC Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician summaries (for my own ongoing learning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCOR Continuing education modules (CME/CE/CEU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty slide decks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research reviews or syntheses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An EHC Web conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16) During the past 6 months, how often have you used the following AHRQ SDM Toolbox tools/resources?**

	Daily or almost daily	At least once a week	Two to three times a month	About once a month	A couple of times in the past 6 months	Never
SDM toolbox Web page on the AHRQ Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDM quick reference guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample dialogue guide/Talking points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural awareness checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health literacy strategies summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation brief for interdisciplinary teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrator brief about the benefits of implementing PCOR in SDM between providers and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Promotional/marketing kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**17) How useful do you find the following AHRQ SDM Toolbox tools/resources?**

	Very useful	Somewhat useful	Not very useful	Not at all useful	I did not use this tool/resource
SDM toolbox Web page on the AHRQ Web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDM quick reference guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample dialogue guide/Talking points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural awareness checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health literacy strategies summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation brief for interdisciplinary teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrator brief about the benefits of implementing PCOR in SDM between providers and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional/marketing kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18) Please describe any new tools that would be helpful to you in sharing AHRQ PCOR resources with your patients in SDM. \_\_\_\_\_**

**19) Please indicate how useful each of the following components of the AHRQ PCOR in SDM training have been to your personal practice.**

	Very useful	Somewhat useful	Not very useful	Not at all useful	Not applicable
Locating trusted CER/PCOR resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using CER/PCOR to facilitate health care decisionmaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing CER/PCOR decision aids with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing risks and benefits about health care options with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging patients to learn their preferences and values for their health care options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Including patients in decisionmaking if they want to be involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20) In your opinion, have there been any changes in the following areas regarding your patient population?**

	Increased greatly	Increased slightly	No change	Decreased slightly	Decreased greatly	Don't know/ Unsure
Patients' active involvement in decisionmaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient compliance with health decisions/treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient requests for interventions/treatments with limited/equivocal evidence of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial costs to patients (i.e., their out-of-pocket expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21) Please describe any other perceived patient benefits or impacts you have observed after applying what you learned during the PCOR in SDM training in your practice?**

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**22) During the past 6 months, which of the following have been the biggest obstacles to implementing and applying PCOR in SDM concepts in your own patient practice? (check all that apply)**

- Accessing PCOR tools and resources
  - Not having enough time with my patients
  - My patients aren't interested
  - Obtaining resources for distribution to my patients
  - Obtaining support from my organization
  - Obtaining resources to implement change
  - None of the above
- Other (please specify)

### Sustainability Question

23) Over the past 6 months, has your organization made any of the following changes as a result of the PCOR in SDM training?

	Yes	No	Don't know/ Unsure
My organization has increased the distribution of AHRQ PCOR resources and tools to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has increased the distribution of other (non-AHRQ) patient decision aids and PCOR tools to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has developed new <i>programs</i> to disseminate knowledge about PCOR in SDM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has developed new <i>policies</i> regarding the implementation PCOR in SDM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has developed PCOR in SDM training or education materials customized for my organization (if yes, please describe).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has created materials to record progress/improvement related to PCOR in SDM use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization has been able to reduce costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe yes answers:

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### Wrap Up

24) Please briefly describe how you have used what you learned during the PCOR in SDM training in your practice?

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25) Are there any additional comments you would like to share with us?

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