# Survey #5: One-Time Survey of Secondary Trainees

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

## Demographic Questions

1. What type of health care practitioner best describes you?

 Administrator/Clinical manager

 Care manager/Case manager

 Clinical nurse specialist

 Clinical psychologist

 Clinical social worker

 Dentist

 Diabetes educator/Diabetes management nurse

 Health care navigator/Patient navigator

 Medical assistant

 Certified nurse midwife

 Nurse

 Nurse practitioner

 Occupational therapist

 Patient health educator/Certified health education specialist (CHES)

 Pharmacist

 Physician assistant

 Physician

 Psychiatrist

 Quality improvement manager

 Registered dietitian

 Respiratory therapist

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

1. In what kind of setting do you practice most of the time?

 Academic institution

 Ambulatory/office-based care setting

 Behavioral health care setting

 Community health care setting

 Correctional facility

 Emergency department

 Federally qualified health center or other public health center

 Home care

 Hospice and/or palliative care setting

 Hospital based setting

 Long-term care facility

 Migrant worker health center

 Pharmacy setting

 Rehabilitation center

 Specialty clinic

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 Substance use/abuse treatment center

 University health care/hospital setting

 Urgent care setting

 Veteran or military health care center/hospital

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

1. Which of the following best describes where your practice setting is located?

 Rural area

 Small or commuter town

 Suburban area

 Urban area

1. How many years have you been working in your current occupation?

 2 years or less

 3-9 years

 10-19 years

 20-25 years

 26+ years

1. To what extent do you work as part of an interdisciplinary patient care team?

 To a great extent

 Somewhat

 Not at all

1. Is the organization you work for recognized as a patient-centered medical home or patient-centered specialty practice (PCMH/PCSP)?

 Yes

 No, but in the process of becoming recognized as one

 No

 I don’t know

1. Is the organization you work for an accredited Accountable Care Organization (ACO)?

 Yes

 No, but in the process of becoming an accredited ACO

 No

 I don’t know

1. Please briefly describe any other accreditation, certifications, distinctions, or recognitions that your organization maintains.

# Use of Training in Practice - General Questions

## *Implementation Questions*

1. Compared to before you completed the AHRQ Patient-Centered Outcomes Research in Shared Decisionmaking (PCOR in SDM) training:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **To a great extent** | **Somewhat** | **Not at all** |
| Has your use of AHRQ’s PCOR tools and resources in practice increased? |  |  |  |
| Has your implementation of SDM processes in practice with patients increased? |  |  |  |
| Has your use of PCOR resources in SDM with patients increased? |  |  |  |

1. How often have you used the following AHRQ Effective Health Care (EHC) Program tools/resources since you participated in the training?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |  |  |  |  |
| Patient/consumer summaries – shared with patient and/or family members |  |  |  |  |  |  |
| Patient decision aids – shared with patient and/or family members |  |  |  |  |  |  |
| Spanish-language consumer summaries – shared with patient and/or family members |  |  |  |  |  |  |
| Mobile access to the AHRQ EHC Web site |  |  |  |  |  |  |
| Clinician summaries (for my own ongoing learning) |  |  |  |  |  |  |
| PCOR Continuing education modules (CME/CE/CEU) |  |  |  |  |  |  |
| Faculty slide decks |  |  |  |  |  |  |
| Research reviews or syntheses |  |  |  |  |  |  |
| An EHC Web conference |  |  |  |  |  |  |
| Webcasts |  |  |  |  |  |  |

1. How often have you used the following AHRQ SDM Toolbox tools/resources in the past 6 months?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |  |  |  |  |
| SDM quick reference guide |  |  |  |  |  |  |
| Sample dialogue guide/Talking points |  |  |  |  |  |  |
| Cultural awareness checklist |  |  |  |  |  |  |
| Health literacy strategies summary |  |  |  |  |  |  |
| Implementation brief for interdisciplinary teams |  |  |  |  |  |  |
| Administrator brief about the benefits of implementing PCOR in SDM between providers and patients |  |  |  |  |  |  |

1. 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 |  |  |  |  |  |
| SDM quick reference guide |  |  |  |  |  |
| Sample dialogue guide/Talking points |  |  |  |  |  |
| Cultural awareness checklist |  |  |  |  |  |
| Health literacy strategies summary |  |  |  |  |  |
| Implementation brief for interdisciplinary teams |  |  |  |  |  |
| Administrator brief about the benefits of implementing PCOR in SDM between providers and patients |  |  |  |  |  |

1. Please describe any new tools that would be helpful to you in sharing AHRQ PCOR resources with your patients in SDM. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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. |  |  |  |  |  |
| Using CER/PCOR to facilitate health care decisionmaking. |  |  |  |  |  |
| Sharing CER/PCOR decision aids with patients. |  |  |  |  |  |
| Discussing risks and benefits about health care options with patients |  |  |  |  |  |
| Engaging patients to learn their preferences and values for their health care options |  |  |  |  |  |
| Including patients in decisionmaking if they want to be involved. |  |  |  |  |  |

1. 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 |  |  |  |  |  |  |
| Patient satisfaction |  |  |  |  |  |  |
| Patient compliance with health decisions/treatments |  |  |  |  |  |  |
| Patient outcomes |  |  |  |  |  |  |
| Patient requests for interventions/treatments with limited/equivocal evidence of effectiveness |  |  |  |  |  |  |
| Financial costs to patients (i.e., their out-of-pocket expenses) |  |  |  |  |  |  |

1. 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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1. 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)

## Wrap Up

1. Please briefly describe how you have used what you learned during the PCOR in SDM training in your practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there any additional comments you would like to share with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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