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)

2.   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

☐ Other _____(please specify)

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

☐ Rural area
☐ Small or commuter town
☐ Suburban area
☐ Urban area

4. **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

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

☐ To a great extent
☐ Somewhat
☐ Not at all

6. **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

7. **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

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

_____

_____

_____

_____
ATTACHMENT E: AHRQ EtE -- Survey 5 – Annually-Administered Survey of Secondary Trainees

Use of Training in Practice - General Questions

Implementation Questions

9.	**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?	☐	☐	☐

10.	**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	☐	☐	☐	☐	☐	☐

11. **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	☐	☐	☐	☐	☐	☐

12. **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	☐	☐	☐	☐	☐

13. **Please describe any new tools that would be helpful to you in sharing AHRQ PCOR resources with your patients in SDM**. _____

14. **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.	☐	☐	☐	☐	☐

15. **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)	☐	☐	☐	☐	☐	☐

16. **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?**

_____

_____

_____

17. 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

18. **Please briefly describe how you have used what you learned during the PCOR in SDM training in your practice?**

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_____

19. **Are there any additional comments you would like to share with us?**

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