

Provider and Team Feedback Survey

Penobscot Community Health Care is dedicated to providing high quality care to those in need as efficiently as possible. Our providers and staff are our greatest resource for achieving this end. As we continue to experiment with new approaches to reach this goal (e.g., the AHRQ/JSI Initiative), we want to assess the effect of these approaches on provider and staff satisfaction, processes of care, the development of care teams, and perceptions as to whether such approaches help us achieve high quality and efficient care.

The survey should take no longer than 20 minutes. We are most appreciative of your time. Survey responses will go directly to JSI, an evaluation firm currently working with PCHC, in order to ensure anonymity and confidentiality within PCHC.

The survey has five main parts: overall perspective, job satisfaction and burnout, team functioning, job tasks, and training satisfaction.

Your participation in this survey is voluntary. The confidentiality of your responses are protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

Team Functioning

For purposes of this survey, the definition of "team" is as follows:

Small group consisting of at least one or more providers (physician, nurse practitioner, and/or physician assistant) and one or more medical assistants who work together most of the time to deliver patient care – team may also have other members but must meet these minimum criteria

1) Given this definition, do you work on a "team" most of the time?

₁ Yes

₂ No

Respondents who answered **No** to the question above, skip to Question 4.

Respondents who answered **Yes** to the question above, continue on to Question 2.

2) Is your team currently part of the AHRQ/JSI Initiative?

₁ Yes

₂ No

₃ I Don't Know

3) Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Roles and responsibilities of individual team members are clearly understood by all members of the team. ₁ ₂ ₃ ₄ ₅

The goals of the team are clearly understood by all team members. ₁ ₂ ₃ ₄ ₅

I have a clear understanding of what other team members expect of me as a team member. ₁ ₂ ₃ ₄ ₅

The work I do on this team is valued by the other team members. ₁ ₂ ₃ ₄ ₅

Information that is important for the team to have is openly shared by and with all team members. ₁ ₂ ₃ ₄ ₅

All individuals on this team feel free to suggest ways to improve how the team functions. ₁ ₂ ₃ ₄ ₅

The work I do on the team is appropriate for my role and training. ₁ ₂ ₃ ₄ ₅

All members of the team meet together on a routine basis. ₁ ₂ ₃ ₄ ₅

The team manages its work flow well most of the time. ₁ ₂ ₃ ₄ ₅

I am very satisfied with my team. ₁ ₂ ₃ ₄ ₅

I trust in the competence of my team members to do their job well. ₁ ₂ ₃ ₄ ₅

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When there is conflict on this team, the people involved usually talk it out and resolve the problem successfully.

1 2 3 4 5

Our team members have constructive work relationships.

1 2 3 4 5

There is often tension among people on this team.

1 2 3 4 5

Overall Perspective

4) Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The overall quality of care provided in our health center is high.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Overall staff morale is high in our health center.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Patient care is well coordinated among providers and other clinic staff within our health center.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I generally have the time I need to do my job well.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5) Using your own definition of "burnout," please check one:

1 I enjoy my work. I have no symptoms of burnout.

2 Occasionally I am under stress at work, but I don't feel burned out.

3 I have one or more symptoms of burnout, such as physical or emotional exhaustion.

4 The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.

5 I feel completely burned out and often wonder if I can go on.

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General Background Information

6) I work the majority of time in:

- ₁ Penobscot Community Health Center, Bangor
- ₂ Penobscot Pediatrics, Bangor
- ₃ Helen Hunt Health Center, Old Town
- ₄ Brewer Medical Center, Brewer
- ₅ Seaport Community Health Center, Belfast
- ₆ Jackman Community Health Center, Jackman
- ₇ Summer Street Health Center, Bangor
- ₈ Winterport Community Health Center, Winterport

7) I am:

- ₁ Male
- ₂ Female

8) I have worked at PCHC for:

- ₁ Less than 1 year
- ₂ 1-3 years
- ₃ 3-5 years
- ₄ 5-10 years
- ₅ Greater than 10 years

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9) My position at the health center where I work the majority of my time is (check all that apply):

<input type="checkbox"/> ₁	Medical Director	<input type="checkbox"/> ₉	Behavioral Health Specialist
<input type="checkbox"/> ₂	Physician	<input type="checkbox"/> ₁₀	Health Educator
<input type="checkbox"/> ₃	Dentist	<input type="checkbox"/> ₁₁	Case Manager
<input type="checkbox"/> ₄	Nurse Practitioner	<input type="checkbox"/> ₁₂	Medical Assistant
<input type="checkbox"/> ₅	Physician Assistant	<input type="checkbox"/> ₁₃	Practice Director
<input type="checkbox"/> ₆	Physician in Training (e.g., intern, resident, fellow)	<input type="checkbox"/> ₁₄	Medical Records Staff
<input type="checkbox"/> ₇	Registered Nurse	<input type="checkbox"/> ₁₅	Social Worker
<input type="checkbox"/> ₈	Licensed Practical Nurse	<input type="checkbox"/> ₁₆	Patient Service Representative or Receptionist
<input type="checkbox"/> ₁₇	Administrator (please specify): _____		
<input type="checkbox"/> ₁₈	Other (please specify): _____		

Respondents who answered Medical Director, Physician, Nurse Practitioner, or Physician Assistant in Question 9, continue on to Question 10

Respondents who answered Medical Assistant to Question 9, skip to Question 14.

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Provider Only Questions

10) Please indicate whether the amount of time you spend on the following tasks is too little time, the right amount of time, or too much time.

	Too Little Time	Right Amount of Time	Too Much Time
Engaging in direct patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Engaging in patient teaching/counseling/education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Communicating with patients via phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Communicating with patients via emails	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Communicating with other healthcare providers outside the health center about my patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Communicating with other staff/providers within the health center about my patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Engaging in organized quality improvement activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Proactively identifying patients who need to come in for care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Documenting to the electronic medical record (EMR)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Completing paper work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

11) Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I spend too much time on administrative tasks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I spend too much time on nights and weekends doing non-clinical tasks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I spend too much time on tasks that do not require my level of training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have the freedom to spend sufficient time with my patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Part 1: Reporting burden for this collection of information is estimated to average XX 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.

patients.

I often work under pressure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I often have the freedom to discuss cases with my colleagues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pre-visit planning is conducted for the majority of my scheduled patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pre-appointment laboratory tests are completed for the majority of my patients when appropriate.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I receive the assistance I need with coordinating the care of my patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am comfortable delegating clinical duties to my Medical Assistants based on standing orders.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12) Have you received initial training from Theresa Knowles about the AHRQ/JSI Initiative?

1 Yes

2 No

3 I Don't Know

If you answered No or I Don't Know to Question 12, skip to Question 17

13) Please state how strongly you agree or disagree with the following statements about training:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The training enhanced my understanding of population health and panel management.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training offered me new ways of managing patient and work flow.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training was relevant to my daily work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Providers skip to Question 17.

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Medical Assistant Only Questions

14) Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
In my practice setting, interruptions are managed appropriately. (e.g., telephone calls, unscheduled patients).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In my practice setting, I can influence the flow of patients during the day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I often work under pressure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pre-visit planning is conducted for the majority of scheduled patients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pre-appointment laboratory tests are completed for the majority of patients when appropriate.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I connect patients with other staff within the health center who may be helpful to them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am comfortable doing clinical tasks delegated to me through standing orders.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel confident to speak up if I see something that can be improved.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel I have adequate training to do my work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

15) Have you received initial training from Theresa Knowles about the AHRQ/JSI Initiative?

<input type="checkbox"/> 1	Yes
<input type="checkbox"/> 2	No
<input type="checkbox"/> 3	I Don't Know

If you answered No or I Don't Know to Question 15, skip to Question 17.

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16) Please rate the following regarding the initial Medical Assistant trainings (check one):

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The training prepared me for working in a team environment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training was too much information in a short amount of time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training provided the right amount of information on how to use the EHR.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training covered a lot of things I already knew.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The training was relevant to my daily work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I understand the concepts of population health and panel management.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I understand the importance of population health and panel management to my team's work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am comfortable using tools available to conduct pre-visit planning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel the training prepared me for my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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17) Are there any other comments you would like to make related to the topic areas covered in this survey – job satisfaction, working in a team, day-to-day work activities, and/or the AHRQ/JSI Initiative?

18) As indicated earlier, all responses will be confidential and your anonymity protected by JSI. However, if there are any specific thoughts about this survey or any of the topics covered by the survey that you would like to address directly with either Ms. Theresa Knowles or Dr. Noah Nesin, please let us know your name. We will pass it on to them both, and they will follow up with you directly.

THANK YOU FOR YOUR TIME.

This survey has been adapted from other validated instruments including Karsh¹, the Commonwealth Fund², Ohman-Strickland³, and PeaceHealth⁴.

¹ Karsh BT, Beasley JW, Rogers RL. Employed family physician satisfaction and commitment to their practice, work group, and health care organization. *Health Serv Res*. 2010; 45(2): 455-475.

² Provider Experience Survey. The Commonwealth Fund and the University of Chicago.
<http://www.commonwealthfund.org/Innovations/Tools/2012/Jan/~/media/Files/Innovations/Jan/3a%20%20Provider%20Experience%20Survey.pdf>

³ Ohman-Strickland, P.A., O.A. John, P.A. Nutting, D.W. Perry, J. Scott-Cawiezell, K. Hahn, M. Gibel, and B.F. Crabtree. 2007. "Measuring Organizational Attributes of Primary Care Practices: Development of a New Instrument." *Health Services Research* 42(3 Pt 1): 1257-73.

⁴ The TEAM Development Measure, PeaceHealth. <http://www.peacehealth.org/about-peacehealth/medical-professionals/eugene-sp-pain-field-reporting-burden-form> This collection of information is estimated to average XX 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.