

Attachment A

AHRQ Continuing Education for Comparative Effectiveness Research 6 – Month Survey

1. What is your profession?

- a) Nurse
- b) Nurse Practitioner
- c) Physician
- d) Physician Assistant
- e) Pharmacist
- f) Health Education Specialist
- g) Case Manager
- h) Dietician
- i) Psychologist
- j) Medical Assistant
- k) Social worker
- l) Student
- m) Other

Attitude

2. How valuable is comparative effectiveness research on (title of report here) in making patient-centered treatment and management decisions?

(1 = Not at all valuable; 2 = Not valuable; 3 = Neutral; 4 = Somewhat Valuable; 5 = Extremely Valuable)

Confidence

3. How would you describe your current level of confidence in applying comparative effectiveness research on (title of topic here)?

(1 = Very Low Confidence; 2 = Low Confidence; 3 = Neutral; 4 = Somewhat Confident; 5 = Highly Confident)

Application of Knowledge

4. Since taking the training on (title of CER report here), which of the following have you regularly included as part of your professional practice? Check all that apply.

- a) Used the knowledge I acquired to guide treatment and management decisions with my patients.
- b) Used the knowledge I acquired in educating and counseling patients.
- c) Used the knowledge I acquired, along with established evidence-based guidelines, to guide decisions about which therapies should be made available to patients.
- d) Referred colleagues and coworkers to the AHRQ report, summary and/or training.
- e) I have rarely used the knowledge I acquired as a result of taking the training.
- f) I have not used the knowledge I acquired as a result of taking the training.

5. If you answered e or f above (I have rarely/not used the knowledge acquired as a result of taking the training), what is (are) the reason(s) you are not using the information? Check all that apply.

- a) The data are inconclusive or insufficient to guide me in patient-centered treatment and management decisions.
- b) The information is not relevant to my current area of practice.
- c) I do not have time to access/refer to the information.
- d) I do not remember to access/refer to the information.
- e) Other: [provide open-ended answer]

6. To what extent has the educational activity (title of report here) improved your ability to educate and counsel patients about the comparative effectiveness of treatment and management alternatives?

(1 = No Improvement at all; 2 = Minimal Improvement; 3 = Average Improvement; 4 = Moderate Improvement; 5 = Extensive Improvement)

7. Have you downloaded or ordered the AHRQ clinician summary on (title of report here) in the time since you completed the educational activity? (this question will be asked only for those reports for which a clinician summary exists)

- a) Yes
- b) No

[If yes] Please check all that apply:

- a) I have used the clinician summary to assist in diagnosis, screening, and management decisions I make with my patients.
- b) I have used the clinician summary to raise my awareness of available diagnostic/screening options.
- c) I have shared the clinician summary with other health care clinicians.
- d) I have reviewed the summary but did not find it useful in my practice.
- e) Other: [provide open-ended answer]

[If no] Please check all that apply:

- a) I need more information on the clinician summary before making a decision about its use with my patients.
- b) I would like to access the clinician summary now. **[Link provided to the AHRQ Clearinghouse to order summaries.]**

8. Have you downloaded or ordered the AHRQ consumer (patient) summary on (title of report here) in the time since you completed the educational activity? (this question will be asked only for those reports for which a consumer summary exists)

- a) Yes
- b) No

[If yes] Please check all that apply:

- a) I have shared the consumer summary with patients.
- b) I have shared the consumer summary with other health care clinicians.
- c) I have discussed information contained in the summary with patients.
- d) I have reviewed the summary but did not find it useful in my practice.
- e) Other: [provide open-ended answer]

[If no] Please check all that apply:

- a) I need more information on the consumer summary before making a decision about its use with my patients.
- b) I would like to access the consumer summary now. **[Link provided to the AHRQ Clearinghouse to order summaries.]**

9. Please describe any changes you have made in practice as a result of taking the training on (title of training here): (Open response)

10. Has the continuing education module on (title of report here) led to an increase in shared decision making between you and your patients?

(1 = No; 2 = Yes, to a modest extent; 3 = Yes, to a significant extent)

[If yes] How? (Open response)

Optional: Contact information

11. Please provide your contact information below if you are willing to be contacted by AHRQ about your experience with AHRQ's comparative effectiveness research information. AHRQ may request permission to highlight your use of this information.

- a) Name
- b) Email
- c) Telephone number