



OMB Control Number XXXX-XXXX

You have been selected to take part in a confidential **MHS Primary Care Staff Satisfaction Pulse Survey**. The survey is sponsored by the Defense Health Agency (DHA).

The information collected by the Survey will be used to measure staff satisfaction with clinic practices and procedures specific to teamwork among staff, the overall clinic environment, and what available resources are assisting them in the provision of quality patient centered care. Completing the survey questions is optional; you may stop the Survey at any time. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative. Your responses will be collected via secure software which does not collect any information that could be used to determine your identity. Please be assured that any personally identifiable information collected through the Survey will be protected and not used to identify you.

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (XXXX-XXXX)[Insert OMB Control Number]. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

If you have any questions about this survey, please contact the Government Project Officer:

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**CONSENT STATEMENT** - I have read the Consent Statement above and I voluntarily agree to participate in this survey.

- Yes, I voluntarily agree to participate in the survey
- No, I do not wish to participate in the survey

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## INTRODUCTION TO THE CLINIC

These questions ask about your satisfaction with your job and duties as a staff member at your assigned clinic. Please think about your experience on your team when answering the questions.

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## TEAMWORK

You have gone full screen. [Exit full screen \(F11\)](#)

The following questions ask about your experience working as part of a Team at your clinic.

How appropriately do you feel your skills are utilized within the team?

- I often practice or work below my skill set
- I sometimes practice or work below my skill set
- My skills are optimally utilized
- I sometimes practice or work above my skill set
- I often practice or work above my skill set

How would you describe the quality of collaboration with members of your clinic?

- Very high quality
- High quality
- Adequate
- Low quality
- Very low quality
- Not applicable

How would you describe the quality of communication with members of your clinic?

- Very high quality
- High quality
- Adequate
- Low quality
- Very low quality
- Not applicable

How often is there confusion or disagreement among clinic members about roles or responsibilities?

- Never
- Rarely
- Sometimes
- Often
- Very Often
- Always

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## CLINIC ENVIRONMENT

The following questions ask about your experience working within the clinic.

How often does this clinic do a good job of training new personnel?

How often does this clinic encourage quality over meeting productivity requirements?

How often does this clinic encourage appropriate care over meeting productivity requirements?

How often in this clinic is my input well received?

Never	Rarely	Sometimes	Often	Very Often	Always	Not Applicable
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Overall, I feel the PCMH model has had a positive impact on staff in this clinic.

- Strongly disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly agree

Overall, I feel the PCMH model has had a positive impact on staff work loads.

- Strongly disagree
- Disagree
- Neither Disagree nor Agree
- Agree
- Strongly agree

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## ABOUT YOU

Overall, how satisfied or dissatisfied are you with your job here at the clinic?

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied no satisfied
- Satisfied
- Very satisfied

Would you recommend this clinic as a good place to work?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

Do you have what you need in terms of training and resources to do your job?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

Do you understand your purpose and how your contributions add value to the MHS?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

Would you have your family get care in this clinic?

- Definitely Yes
- Somewhat Yes
- Somewhat No
- Definitely No

Is there anything else you would like to tell us about your experience as a staff member?  
(Please do not include any Personally Identifiable Information (PII))

You have gone full screen. [Exit full screen \(F11\)](#)

**DEMOGRAPHICS**

What Service do you belong to?

- Army
- Navy
- Marine Corps
- Air Force
- JTF CAPMED
- Coast Guard

Which best describes your current status?

- Active Duty
- Civilian
- Contractor
- Other (please specify)

Which of the following best describes your role on the team?

- Physician
- Flight Surgeon
- Nurse Practitioner
- Physician Assistant
- Registered Nurse
- Licensed Practical Nurse
- Corpsmen/Medic/Medical Technician
- Group Practice Manager
- Disease Manager
- Dietician
- Case Manager
- Behavioral Health Consultant
- Clinic Pharmacist
- Administrative Staff Member
- Dentist
- Independent Duty Corpsman
- Other (please specify)

Which specialty type best describes the clinic you currently work in?

- Adolescent Medicine
- Aid Station
- Community Based Medical Home
- Executive Medicine Clinic
- Family Health Clinic
- Flight Medicine/Aviation Medicine
- Integrated Health Clinic
- Internal Medicine
- Marine Centered Medical Home
- Pediatrics
- Primary Care
- Soldier Centered Medical Home
- Troop Medical Clinic (TMC)
- Under Sea Medicine
- Warrior Transition unit
- Other (please specify)





Please select the clinic you currently work at from the following list:

Army

Select from list

Please select the clinic you currently work at from the following list:

Navy

Select from list

Please select the clinic you currently work at from the following list:

Air Force

Select from list

Please select the clinic you currently work at from the following list:

JTF CAPMED

Select from list

Please select the clinic you currently work at from the following list:

Marines

Select from list

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Thank you for completing this survey. Your participation will help MHS enhance its provision of quality patient-centered care.

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Thank you for your time.

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