Health Resources and Services Administration
Bureau of Health Workforce
NURSE Corps
Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents. Respondent will see either NURSE Corps Scholarship Program or Loan Repayment Program information throughout, based on sample identification.

Survey Introduction

CFI: Questions are "select one" unless otherwise noted

The NURSE Corps is committed to continuous performance improvement. As part of this commitment, we are requesting feedback on your experiences with the NURSE Corps.

This survey is hosted on a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007, which expires May 31, 2018.

This survey will take approximately 15 minutes to complete. Thank you in advance for your participation.

Please click on the "Next" button below to begin.

TYPE OF SERVICE (IDENTIFIED IN SAMPLE):
- **NURSE Corps Loan Repayment Program**
- **NURSE Corps Scholarship Program**
- **NURSE Corps Loan Repayment Program – Faculty**

Introduction Questions [ASK ALL RESPONDENTS]

INTRO1   Through which program did you most recently join the NURSE Corps?
1. Scholarship Program
2. Loan Repayment Program
3. Loan Repayment Program – Faculty
4. None of the above **[TERMINATE SURVEY]**

INTRO2a   **[IF INTRO1=1]** Are you currently in nursing school?
1. Yes **[DEFINE as GROUP 3 – Scholars in School]**
2. No

INTRO2b   [IF INTRO 2a = 2] Are you currently in residency?
1. Yes **[DEFINE as GROUP 3 – Scholars in School]**
2. No

INTRO2c   **[IF INTRO2a=1]** When do you expect to graduate?
                 [NOTE: Drop down box for month and year selection]

INTRO2d   **[IF INTRO2a=1]** Do you plan to complete a residency?
1. Yes
2. No
3. I don't know

INTRO3a   Please select your current professional health discipline.
1. Nurse Practitioner
2. Registered Nurse
3. Master's Other

INTRO3b   Please select your highest nursing degree or certification attained from the list below.
1. Nursing Diploma
2. Associate's
3. Bachelor's
4. Bachelor's Accelerated
5. Graduate Master's
6. Post Master's Certificate
7. Doctor of Nursing Practice
8. PhD

INTRO3c   **[IF INTRO3b=1,2,3,4,5,6,]** Are you currently pursuing a higher nursing degree or certification?
1. Yes
2. No

INTRO3d   **[If INTRO3c=2]** Do you plan to pursue a higher nursing degree or certification?
1. Yes
2. No

INTRO3e   **[IF INTRO3c=1 or INTRO3d=1]** What degree or certification are you currently or planning to pursue? **[CAPTURE RESPONSE]**

INTRO3f   What is your specialty?
1. None – *I don't have a specialty*
2. Adult
3. Family Practice
4. Pediatrics
5. Psychiatry
6. Women's Health
7. Other, please specify **[CAPTURE RESPONSE]**

Retention

Q1 Which one of the following best describes your current service status?
1. Graduated, but not yet serving **[DEFINE as GROUP 3 – Scholars in School] [Skip to Q19]**
2. Currently serving **[DEFINE as GROUP 1 – In Service]**
3. Completed service obligation **[DEFINE as GROUP 2 – Alumni]**

Q2 **[ONLY Group 2 (Alumni)]** On what date did you complete your service obligation with the NURSE Corps? **[NOTE: Drop down box for month and year selection]**

Q3 **[ONLY Group 1 (In Service)]** Do you plan to remain at your current site *after* you have fulfilled your NURSE Corps service obligation?
1. Yes
2. No
3. Don't know **(SKIP TO Q16)**

Q4 **[If Q3=YES]** How long do you plan to remain at your current site?
1. Less than 1 year
2. 1 year to less than 2 years
3. 2 to 5 years
4. More than 5 years
5. Don't know

Q5 **[If Q3=YES]** What will most influence your decision to remain at your current site after your service obligation is complete? **[Rank up to 5 responses, with 1 being the most influential]**
1. Overall experience with the NURSE Corps
2. Commitment to underserved communities
3. Salary and benefits
4. Opportunities for advancement
5. Ability to provide full scope of services
6. Tenured track (INTRO 1=3 ONLY)
7. Cost of living
8. Experience at site
9. Site operation/direction closely aligned with my personal goals
10. Balanced schedule/hours
11. Use of electronic health record system
12. Use of telemedicine
13. Availability of training opportunities
14. Availability of resources to do my job well
15. Peer relationships
16. Community support
17. Close to extended family/parents and siblings
18. Spouse employment opportunities
19. School district
20. Difficulty finding another job
21. Length of commute
22. Other, please specify **[CAPTURE RESPONSE]**

Q6 **[ONLY IF Q3=NO]** What could your site do to encourage you to remain at your current site? (Rank up to 3 with 1 being the most influential.)
1. There's nothing my site could do to change my decision to leave. **(EXCLUSIVE)**
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well
10. Mentoring support
11. Other (Capture response)

Q7 **[ONLY IF Q3=NO]** Are any of these external factors contributing to your decision to leave *after* you have fulfilled your NHSC service obligation? [Rank up to 3, with 1 being the most influential]
1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Retirement
8. Change of career
9. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
10. Other, please specify **[CAPTURE RESPONSE]**

Q8 **[If Group 2 (Alumni)]** Are you still providing care at the critical shortage facility or teaching at the academic institution where you fulfilled your NURSE Corps service obligation?
1. Yes
2. No

Q9 **[If Q8=YES]** How long do you plan to remain at this site?
1. Less than 1 year
2. 1 year to less than 2 years
3. 2 to 5 years
4. More than 5 years
5. I don't know

Q10 **[If Q8=NO]** When did you leave the critical shortage facility or academic institution where you fulfilled your NURSE Corps service obligation? **[NOTE: Drop down box for month and year selection]**

Q11   **[ONLY IF Q8=YES]** What influenced your decision to remain at your current site? **[Rank up to 5, with 1 being the most influential]**
1. Commitment to underserved communities
2. Salary
3. Opportunities for advancement
4. Ability to provide full scope of services
5. Cost of living
6. Experience at site
7. Site operation/direction closely aligned with my personal goals
8. Balanced schedule/hours
9. Use of electronic health record system
10. Availability of training opportunities
11. Availability of resources to do my job well
12. Mentoring support
13. Peer relationships
14. Community support
15. Close to extended family/parents and siblings
16. Spouse employment opportunities
17. School district
18. Other, please specify **[CAPTURE RESPONSE]**

Q12   **[ONLY IF Q8=NO]** What could your site have done to encourage you to remain at your current site? **(Rank up to 3 with 1 being the most influential.)**
1. There's nothing my site could do to change my decision to leave.
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well
10. Mentoring support
11. Other (Capture response)

Q13   **[ONLY IF Q8=NO**] Did any of these external factors contribute to your decision to leave your site? **[Rank up to 3, with 1 being the most influential]**
1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Change of career
8. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
9. Other, please specify **[CAPTURE RESPONSE]**

Q14 **[If Q8=NO]** Have you chosen to continue at a different critical shortage facility or academic institution since fulfilling your service obligation with the NURSE Corps Program?
1. Yes
2. No

Q15 **[If Q14=YES]** Since completion of your service obligation with the NURSE Corps program, how long have you been practicing at your current critical shortage facility or academic institution?
1. Less than 1 year
2. 1 year to less than 2 years

Q16 **[ONLY for GROUP 1 and GROUP 2]** How long after completing your degree did it take you to find employment?
1. 1-6 months
2. 7-12 months
3. More than 1 year

Q17 **[Group 1- In Service Clinicians]** Please consider your previous training, including any post graduate training. Using a 10-point scale on which 1 means *Very poorly prepared* and 10 means *Very well prepared,* how prepared were you to practice at your site?
1. Evidence based care
2. Patient-centered care
3. Team-based integrated care
4. Practice management and administration
5. Social determinants of health
6. Working in underserved community
7. Caring for medically complex/special needs patients
8. Population-based health
9. Quality improvement
10. Value based care

Q18 **[Group 1- In Service Clinicians]** What additional training opportunities would have better prepared you to work in this environment? (Please rank up to 5, with 1 being the most important.)
1. Evidence based care
2. Patient-centered care
3. Team-based integrated care
4. Practice management and administration
5. Social determinants of health
6. Working in underserved community
7. Caring for medically complex/special needs patients
8. Population-based health
9. Quality improvement
10. Value based care

Recruitment [ASK ALL RESPONDENTS]

Q19 How did you learn about the NURSE Corps Program? (Select all that apply) **[Allow for multiple responses]**
1. Site administrator or site staff
2. Faculty at school/training programs
3. Colleague
4. Family member or friend
5. Current NURSE Corps member
6. NURSE Corps alumnus
7. NURSE Corps Web page
8. NURSE Corps Staff (Regional Office/Headquarters)
9. NURSE Corps Literature/Materials
10. Online research
11. Professional Association
12. Primary Care Office (PCO)
13. Primary Care Association (PCA)
14. Social Media (such as Facebook)
15. Exhibit at a professional meeting
16. Advertisements (print, newsletters, etc.)
17. Career Counselor
18. Other (please specify) **[CAPTURE RESPONSE]**

Q20 **[INTRO1=2]** Did you know about the NURSE Corps Loan Repayment Program before you began working at a critical shortage facility?
1. Yes
2. No

Q21 **[If Q20=1]** Did you seek employment at this site because of the NURSE Corps Loan Repayment Program?
1. Yes
2. No

Q22 **[INTRO1=3]** Did you know about the NURSE Corps Loan Repayment Program - Faculty before you began working at an academic institution?
1. Yes
2. No

Q23 [Only Groups 1 & 2] How did you become aware of the job where you completed (or are planning to complete) your NURSE Corps service requirement?
1. NHSC Jobs Center
2. I was already employed at the site
3. Direct recruitment by a site recruiter
4. Online job search site
5. Social media

6. Word of mouth
7. Referral from a friend or colleague
8. NURSE Corps staff
9. NURSE Corps site representative
10. Other (Please Specify)

Q24 **[IF Q23=4]** Please specify which online job search site you used.
1. Monster
2. GlassDoor
3. CareerBuilder
4. Indeed
5. SimplyHired
6. LinkedIn
7. Craigslist
8. usajobs.gov
9. ihs.gov
10. Other (Please specify)

Q25 **[IF Q23=1]** How did you hear about the NHSC Jobs Center?
1. Received an email from NHSC
2. Word of mouth
3. School representative
4. NHSC website
5. Social media
6. Other website (Please specify)
7. Other (Please specify)

Q26 **[Groups 1, 2, 3]** Which of the following features would be most helpful in assisting with your online job search?
1. Ability to "favorite" sites and receive notifications/alerts when a site posts new jobs
2. Ability to upload resume and directly apply to open positions on the NHSC Jobs Center
3. Ability to search for, connect, and network with other nurses or health care professionals
4. Other (Please Specify)

Customer Service Portal [ASK ALL RESPONDENTS]

Q27 Have you used the online Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NURSE Corps members can conduct transactions, upload required documents, ask questions, and perform other online activities.
1. Yes
2. No **[Skip to NEXT SECTION – Customer Service]**
3. Don't know **[Skip to NEXT SECTION – Customer Service]**

GROUP 1 – In Service; GROUP 2 – Alumni; GROUP 3 – Scholars in School/Residency

Q28   How have you used the online Customer Service Portal in the last 12 months?
Please choose up to 5 of your most common uses, and provide a ranking based on how frequently you used the Customer Service Portal for this purpose. Of the 5 selections you make, please use 1 for your most common use and a 5 for your least common use. **[Note - limit options based on respondent group]**
   1. Enrollment verification **[Group 3]**
   2. Post graduate training verification/request [Group 3]
   3. Ask a question **[all]**
   4. Update my personal information **[all]**
   5. Look at my service obligation end date **[all]**
   6. Access my continuation application information **[Group 1]**
   7. Request a transfer to a new site **[Group 1]**
   8. Maternity/Paternity/Adoption leave request **[Group 1]**
   9. Medical or non-medical suspension **[Group 1]**
   10. Request a conversion from full-time to half-time service **[Group 1**
   11. Report unemployment **[Group 1]**
   12. Request a default/waiver **[Group 1]**
   13. Request assistance to find an eligible site/critical shortage facility **[Group 3]**
   14. Complete in-service verification **[Group 1]**
   15. View payment history **[all]**
   16. Leave of absence request (personal/family/medical reasons) **[Group 3]**
   17. Update contact information **[all]**
   18. Update banking information **[Group 1 and Group 3]**
   19. Tax Information **[all]**
   20. Other, please specify **[all] [CAPTURE RESPONSE]**

Q29   What additional feature, if any, would you like to see added to the online Customer Service Portal? **[CAPTURE RESPONSE]**

Please think about your overall experience using the online Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate:
Q30   The ease of navigation
Q31   Ability to find the information needed
Q32   Your ease of understanding the information communicated
Q33   The organization of the information provided
Q34   The usefulness of completing service requests through the online Customer Service Portal
Q35   The timeliness of NURSE Corps responses

Customer Service [ASK ALL RESPONDENTS]

Q36   Have you contacted the NURSE Corps during the past 12 months?
   1. Yes
   2. No **[Skip to NEXT SECTION – Information/Communication]**

Q37   Through what means have you contacted the NURSE Corps in the past 12 months? (Select all that apply) **[Allow for multiple responses]**

GROUP 1 – In Service; GROUP 2 – Alumni; GROUP 3 – Scholars in School/Residency

1. Telephone (Customer Care Center)
2. E-mail (Direct Analyst Assistance)
3. Fax
4. Customer Service Portal
5. Facebook
6. Other, please specify **[CAPTURE RESPONSE]**

Q38 For what reasons did you contact the NURSE Corps in the past 12 months. **[Rank up to 5 responses, with 1 bring the most common]; Note -limit options based on respondent group**

1. General information **[Groups 1 and 3]**
2. Program requirements **[Groups 1 and 3]**
3. New application question **[Groups 1 and 3]**
4. Unemployment assistance **[Group 1]**
5. Continuation application question **[Group 1]**
6. Site search **[Group 3]**
7. Site transfer **[Group 1]**
8. Maternity/paternity/adoption leave **[Group 1]**
9. Medical or non-medical suspension **[Group 1]**
10. Conversion to half-time service **[Group 3]**
11. Six-month service verification **[Group 1]**
12. Deferment **[Group 3]**
13. Scholarship award (tuition, fees and stipend) **[Group 3]**
14. View payment history **[all]**
15. Leave of absence request (personal/family/medical reasons) **[Group 3]**
16. Update contact information **[Groups 1 and 3]**
17. Update banking information **[Groups 1 and 3]**
18. Request tax information **[all]**
19. Default questions **[all]**
20. Other (please specify) **[all] [CAPTURE RESPONSE]**

Q39 Of all the reasons you selected for contacting the NURSE Corps in the past 12 months, what was the <u>reason of your most recent contact</u>? **[Only show selections made in Q38]**

1. General information
2. Program requirements
3. New application question
4. Unemployment assistance
5. Continuation application question
6. Site search
7. Site transfer
8. Maternity/paternity/adoption leave
9. Medical or non-medical suspension
10. Conversion to half-time service
11. Six-month service verification
12. Deferment
13. Scholarship award (tuition, fees and stipend)

14. View payment history
15. Leave of absence request (personal/family/medical reasons)
16. Update contact information
17. Update banking information
18. Request tax information
19. Default questions
20. **[CAPTURED RESPONSE]**

Q40   For your most recent contact, approximately how long did it take for the NURSE Corps to first respond to, or acknowledge, your initial contact?
1. Within 24 hours
2. Between 24 and 48 hours
3. Between 2 and 4 days
4. More than 4 days but less than 1 week
5. More than 1 week but less than 1 month
6. More than 1 month
7. They have never responded to my initial contact

Q41   For your most recent contact, ideally, how long should the NURSE Corps have taken to first respond to, or acknowledge, your initial contact?
1. No more than 24 hours
2. No more than 48 hours
3. No more than 2-4 days
4. No more than 1 week
5. No more than 1 month

Q42   Was the NURSE Corps representative able to resolve your issue?
1. Yes
2. No

Q43   **[If Q42=1]** How long did it take the NURSE Corps to resolve your issue/situation?
1. Within 24 hours
2. Between 24 and 48 hours
3. Between 2 and 4 days
4. More than 4 days but less than 1 week
5. More than 1 week but less than 1 month
6. More than 1 month

Q44   **[If Q42=1]** Ideally, what is your expectation for how long it should have taken the NURSE Corps to resolve your issue/situation?
1. No more than 24 hours
2. No more than 48 hours
3. No more than 2-4 days
4. No more than 1 week
5. No more than 1 month

Q45   **[If Q42=2]** You indicated that the NURSE Corps representative was not able to resolve your issue. Did the representative refer you elsewhere for further assistance?
1. Yes
2. No

Q46   **[If Q45=1]** Where did the NURSE Corps representative refer you to?
1. Customer Service Portal
2. NURSE Corps Web page
3. Another NURSE Corps representative
4. Customer Care Center
5. Other (please specify) **[CAPTURE RESPONSE]**

Thinking about your most recent contact with the NURSE Corps, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate:

Q47   Ease of reaching a NURSE Corps representative
Q48   Courteousness of the NURSE Corps representative
Q49   Knowledge of the NURSE Corps representative
Q50   Timeliness of the representative's response to your inquiry or concern
Q51   Relevance of the information provided by the NURSE Corps representative
Q52   Level of service provided by the NURSE Corps representative
Q53   Please use this space for any additional information you would like to provide the NURSE Corps regarding ways we can improve the program **[CAPTURE RESPONSE]**

Information/Communication [ASK ALL RESPONDENTS]

Q54   **[ONLY Group 3]** Is there any other information that the NURSE Corps should consider providing to help you with your transition from training to service? **[CAPTURE RESPONSE]**

Q55   **[ONLY Group 1 AND INTRO1=1]** Was there any other information that the NURSE Corps could have provided to improve your transition from training to service? **[CAPTURE RESPONSE]**

Mentoring

MENTOR1 (GROUP 3 – IN SCHOOL) Why would you participate in a mentoring program? (Select all that apply)
1. Insights on NURSE Corps service experience
2. Candid feedback/advice on course selection and clinical rotations
3. Resume/curriculum vitae (CV) feedback
4. Guidance on finding a potential service site
5. Impartial or independent guidance
6. Understanding complexities of practicing in a Health Professional Shortage Area (HPSA)
7. Networking opportunities with other current NURSE Corps participants
8. Networking opportunities with past NURSE Corps participants
9. Other (Capture Response)

MENTOR2 (GROUP 1 & 2 – IN SERVICE & ALUMNI) Why would you serve as a mentor? (Select all that apply)
1. Helps prepare the next generation of clinicians
2. Give back to the NURSE Corps program
3. Leadership development
4. Networking opportunities
5. Potential recruitment opportunities for your organization
6. Opportunity to reflect on your current practice
7. Other (Capture Response)

MENTOR3 (GROUPS 1, 2 & 3) Why would you choose not to participate in a mentor program?
1. Already have a mentor or mentee
2. Scheduling conflicts/limited availability
3. Do not see value in participation
4. Other (Open Ended)

MENTOR 4 (GROUP 3 – IN SCHOOL) Is there any other mentoring assistance that NURSE Corps can provide to improve your transition from training to service? (Open Ended - Capture Response)

NURSE Corps Events

EVENT 1 In the last 12 months, have you participated in any NURSE Corps webinars and/or conference calls?
1. Yes
2. No

EVENT 2 What type of information would you like NURSE Corps to provide during these events? (Select all that apply)
1. NURSE Corps program requirements & compliance
2. Professional development
3. Leadership training
4. Clinical topics (If selected, capture response)
5. Site/Job Search (GROUP 3 ONLY)
6. Post-graduate training (GROUP 3 ONLY)
7. Mentoring (GROUP 3 ONLY)
8. Other (capture response)

EVENT 3 How would you prefer to learn about new NURSE Corps policies, activities, and resources? (Rank up to 5)
1. Videos
2. Webinars/Webcasts
3. Virtual Job Fairs
4. Podcasts
5. Facebook Chats

6. Online Discussion Forums
7. Blogs
8. Conference Calls
9. Local Informal Networking Events
10. Conferences
11. Other (Capture Response)

EVENT 4   What day week would you prefer? (Rank up to 3)
1. Sunday
2. Monday
3. Tuesday
4. Wednesday
5. Thursday
6. Friday
7. Saturday
8. No preference

EVENT 5   At which times are you most likely to participate? (Select up to 2)
1. Mornings (9 AM – noon)
2. Lunchtime (11 AM – 2 PM)
3. Afternoons (1 PM – 4 PM)
4. Evenings (After 6 PM)

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Population Health

(GROUP 1 & 2 ONLY) **Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.**

HEALTH1   Using a 1 to 5 scale with 1=Novice and 5 =Expert, rate your competency in the following areas.
1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

HEALTH2   If the NURSE Corps offered a population health training with CEU/CME, would you participate?
1. Yes
2. No
3. Don't know

HEALTH3   What is your preferred method for continuing education?
1. In-person conference or event
2. Live webinar
3. On demand webinar
4. Traditional CEU websites
5. Podcast service (e.g. iTunes, Stitcher, etc.)
6. Videos featuring provider experiences
7. Electronic documents
8. Other (Capture Response)

Site Experience [ASK Group 1 and 2]

CFI: We added the "b" questions to capture responses from nurse faculty

IF INTRO1=1 or 2

Q56   Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q57   Please explain the reason for the rating you provided of your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q58   Using a scale from 1 to 10, where 1 means *Not at all Prepared* and 10 means *Very Prepared*, please rate how prepared you felt for dealing with the patient population at your site at the start of your NURSE Corps service obligation.. **[CAPTURE RESPONSE]**

Q59   [IF Q58 = 1-4] What additional training or information would you have liked to receive? [Capture Response]

Q60   [If Q58= 7-10] What information did you receive that helped prepare you and from whom? [Capture Response]

Q61   What type of support did your site provide that was useful? (Select all that apply) **[Allow for multiple responses]**
1. Peer-to-peer communication
2. Conferences
3. Network opportunities
4. Mentoring
5. Continuing education

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6. Other, please specify **[CAPTURE RESPONSE]**

Q62   Does your organization have a need for NURSE Corps participants to split their time across multiple sites?
1. Yes
2. No
3. Unsure

[Ask 60B-63B IF INTRO1=3]
Q60b   Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the academic institution where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q61b   Please explain the reason for the rating you provided of your overall experience at the academic institution where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q62b   Using a scale from 1 to 10, where 1 means *Not at all Prepared* and 10 means *Very Prepared*, please rate how prepared you felt for dealing with the students at your academic institution while you fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q63b   What type of support did your academic institution provide that was useful? (Select all that apply) **[Allow for multiple responses]**
1. Peer-to-peer communication
2. Conferences
3. Network opportunities
4. Mentoring
5. Continuing education

6. Other, please specify **[CAPTURE RESPONSE]**

ACSI Benchmark Questions [ASK ALL REPONDENTS]

Q64   Please consider all of the experiences you have had with the NURSE Corps program. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NURSE Corps? **[CAPTURE RESPONSE]**

Q65   Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NURSE Corps fallen short of or exceeded your expectations? **[CAPTURE RESPONSE]**

Q66   Imagine an ideal scholarship and loan repayment program. How well do you think the NURSE Corps compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*. **[CAPTURE RESPONSE]**

Outcome Measures/Retention [ASK ALL RESPONDENTS]

Q67   On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue to provide health services in a critical shortage facility after your service obligation is completed? **[CAPTURE RESPONSE]**

Q68   **(If Q67>=7)** What has contributed to the likelihood that you will continue to serve in a critical shortage facility after your service obligation is complete? (**Rank up to 5, with 1 being the most influential**)
1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of training opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Commitment to underserved communities
18. Other, please specify **[CAPTURE RESPONSE]**

Q69   **(If Q67<7)**   What would increase your likelihood to continue to serve in a critical shortage facility after your service obligation is complete? **(Rank up to 5, with 1 being the most influential)**
1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of distance learning opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings

GROUP 1 – In Service; GROUP 2 – Alumni; GROUP 3 – Scholars in School/Residency

13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Better prepared to work with patient population
18. Other, please specify **[CAPTURE RESPONSE]**

Q70 On a scale from 1 to 10 where 1 means *Completely Disagree* and 10 means *Completely Agree*, to what extent do you agree that the NURSE Corps is delivering a meaningful experience to its members? **[CAPTURE RESPONSE]**

Q71 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to recommend the NURSE Corps to someone else? **[CAPTURE RESPONSE]**

Demographics [ASK ALL RESPONDENTS]

DEM1   What is your gender?
1. Male
2. Female
3. Transgender Male
4. Transgender Female
5. Prefer not to say

DEM2   What is your age?
1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and over

DEM3   What is your ethnicity?
1. Hispanic or Latino
2. Not Hispanic or Latino
3. Prefer not to say

DEM4   What is your race? (Select all that apply) **[Allow for multiple responses]**
1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other, please specify **[CAPTURE RESPONSE]**
7. Prefer not to say

DEM5   Do you speak a language other than English?

1. Yes
2. No

DEM6 **[If DEM5=1]** What language(s), other than English, do you speak? (Select all that apply) **[Allow for multiple responses]**
1. Spanish
2. French
3. German
4. Chinese (Mandarin or Cantonese)
5. Hindi
6. Other, please specify **[CAPTURE RESPONSE]**

DEM7 **[IF DEM5=1]** Are you able to use this other language at your job?
1. Yes
2. No

DEM8 **[ONLY Groups 1 and 2]** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up/where you consider home?
1. Yes
2. No

DEM9 **[ONLY Groups 1 and 2]** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training?
1. Yes
2. No

DEM10 **[ONLY Group 3]** Are you currently attending a nursing school within 100 miles of where you grew up/where you consider home?
1. Yes
2. No

DEM11 **[ONLY Group 3]** Do you plan to practice within 100 miles of where you completed your clinical training?
1. Yes
2. No
3. Don't know

DEM12 **[IF DEM10=2]** Do you plan to practice within 100 miles of where you grew up/where you consider home?
1. Yes
2. No
3. Don't know

Ask DEM 13-DEM 19 of [Group 1 AND INTRO1=1 or 2] only

DEM13 Does the site where you are currently working use any form of telehealth?

GROUP 1 – In Service; GROUP 2 – Alumni; GROUP 3 – Scholars in School/Residency

1. Yes
2. No **[SKIP to DEM19]**

DEM14 What type?
1. Behavioral
2. Oral
3. ICU
4. I don't know
5. Other **[CAPTURE RESPONSE]**

DEM15 Is your clinic…
1. the originating site (where the patient is located)
2. the distant site (where the clinician is located)
3. both the originating site and distant site

DEM16 Do you personally use some form of telehealth in your clinical practice?
1. Yes
2. No

DEM17 **[If DEM16=YES AND DEM15=BOTH]** Are you…
1. the clinician at the distant site providing the care
2. the clinician at the originating site assisting with the care
3. other **[CAPTURE RESPONSE]**

DEM18 **[If DEM16=NO]** Why don't you use telehealth in your clinical practice? **[CAPTURE RESPONSE]**

DEM19 **[If DEM13=NO]** Why doesn't your site use some form of telehealth? (Select all that apply)
1. Costs too high
2. Lack technical knowledge
3. Resistance among staff
4. Licensing barriers
5. Connectivity/bandwidth
6. I don't know
7. Other **[CAPTURE RESPONSE]**

DEM20 **[ONLY Group 1]** From the list below, please select the option that best describes where you currently work.
1. Hospital – Critical Access Hospital
2. Hospital – Disproportionate Share Hospital
3. Hospital – Nonprofit, Non-Disproportionate Share Hospital
4. Hospital – Public Hospital
5. Hospital – Private Hospital
6. Ambulatory Care – Ambulatory Surgical Center
7. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
8. Ambulatory Care – Indian Health Service Health Center

9. Ambulatory Care – Native Hawaiian Health Center
10. Ambulatory Care – Nurse Managed Health Clinic/Center
11. Ambulatory Care – Rural Health Clinic
12. Ambulatory Care – Urgent Care Center
13. Public Health (State or Local Public Health or Human Service Department)
14. Long Term Care – End Stage Renal Disease Dialysis Centers
15. Long Term Care – Home Health Agency
16. Long Term Care – Hospice Program
17. Long Term Care – Residential Nursing Home
18. Long Term Care – Skilled Nursing Facility
19. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
20. Public Academic Institution/Nursing School
21. Private Academic Institution/Nursing School
22. No Longer Providing Direct Patient Care
23. Private Practice/Solo Group

DEM21 [ONLY Group 2] From the list below, please select the site that best describes where you were working when you finished your service obligation.
1. Hospital – Critical Access Hospital
2. Hospital – Disproportionate Share Hospital
3. Hospital – Nonprofit, Non-Disproportionate Share Hospital
4. Hospital – Public Hospital
5. Hospital – Private Hospital
6. Ambulatory Care – Ambulatory Surgical Center
7. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
8. Ambulatory Care – Indian Health Service Health Center
9. Ambulatory Care – Native Hawaiian Health Center
10. Ambulatory Care – Nurse Managed Health Clinic/Center
11. Ambulatory Care – Rural Health Clinic
12. Ambulatory Care – Urgent Care Center
13. Public Health (State or Local Public Health or Human Service Department)
14. Long Term Care – End Stage Renal Disease Dialysis Centers
15. Long Term Care – Home Health Agency
16. Long Term Care – Hospice Program
17. Long Term Care – Residential Nursing Home
18. Long Term Care – Skilled Nursing Facility
19. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
20. Public Academic Institution/Nursing School
21. Private Academic Institution/Nursing School
22. No Longer Providing Direct Patient Care
23. Private Practice/Solo Group
24. Other, Please Specify (capture response)

DEM22 [ONLY Group 2] From the list below, please select the site that best describes where you are working now.
1. Hospital – Critical Access Hospital

2. Hospital – Disproportionate Share Hospital
3. Hospital – Nonprofit, Non-Disproportionate Share Hospital
4. Hospital – Public Hospital
5. Hospital – Private Hospital
6. Ambulatory Care – Ambulatory Surgical Center
7. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
8. Ambulatory Care – Indian Health Service Health Center
9. Ambulatory Care – Native Hawaiian Health Center
10. Ambulatory Care – Nurse Managed Health Clinic/Center
11. Ambulatory Care – Rural Health Clinic
12. Ambulatory Care – Urgent Care Center
13. Public Health (State or Local Public Health or Human Service Department)
14. Long Term Care – End Stage Renal Disease Dialysis Centers
15. Long Term Care – Home Health Agency
16. Long Term Care – Hospice Program
17. Long Term Care – Residential Nursing Home
18. Long Term Care – Skilled Nursing Facility
19. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
20. Public Academic Institution/Nursing School
21. Private Academic Institution/Nursing School
22. No Longer Providing Direct Patient Care
23. Private Practice/Solo Group

DEM23   **[ONLY Groups 1 and 2 AND INTRO1=1 OR 2]** How many patients does your site see per year?
1. 1-2,500 patients
2. 2,501-5,000 patients
3. 5,001-7,500 patients
4. 7,501-10,000 patients
5. 10,001-15,000 patients
6. 15,001-20,000 patients
7. Over 20,000 patients

DEM24   **[ONLY Groups 1 and 2]** From the drop-down box below, please select the state where you are currently employed. **[CAPTURE RESPONSE]**

DEM25   **[ONLY Groups 1 and 2]** Please list the ZIP code of the site where you are currently employed.   **[CAPTURE RESPONSE]**

DEM26   **[ONLY Group 3]** From the drop-down box below, please select the state where you are currently attending health professions school. **[CAPTURE RESPONSE]**

Thank you for your time. The Health Resources and Services Administration's NURSE Corps Program appreciates your input!

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