

# Indian Health Service (IHS) Website Customer Service Satisfaction Survey

## REQUIRED OMB INFORMATION:

Indian Health Service (IHS) Website Customer Service Satisfaction Survey – EHR Survey Monkey – VIRTUAL

Form Approved

OMB Form No. 0917-0036

Expiration Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

OIT needs your help in evaluating the RPMS-EHR training approach. Your input will be used to help us improve our materials and presentation approach as we deploy the application throughout IHS.

**Questions with a \* are required.**

### **\*1. Please provide personal information:**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credentials (RN, NP, CNM, LPN - only)	<input type="text"/>
Business Address	<input type="text"/>
Email	<input type="text"/>
Facility	<input type="text"/>
Location of Training	<input type="text"/>
Date of Training	<input type="text"/>
Virtual or Classroom?	<input type="text"/>
Did you travel for this course?	<input type="text"/>
Is your facility considered a Federal site?	<input type="text"/>

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## \*2. Select the term(s) that best describes your role:

- Physician
- Pharmacist
- Nurse
- Physician Assistant
- Site Manager/IT Representative
- Clinical Applications Coordinator
- Medical Records
- EHR Super User
- EHR Implementation Team
- Area Support Staff
- Other (please describe)

## \*3. How did you hear about this RPMS-EHR course? Select as many information sources as apply, and/or add others:

- Web site
- Other (please describe)

## \*4. What did you expect from the Training?

## \*5. Overall, did you feel that your objectives were met?

- Yes
- No

## 6. If no, describe how they could have been met better:

## \*7. Were the right people from your organization at the Training?

- Yes
- No

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## 8. If no, who should have attended?

Please check a box to rate each of the statements listed below:

## \*9. Please describe the quality of the presentation materials and methods used in this training.

	Poor	Fair	Good	Very Good	Excellent	N/A
Materials were clearly written and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training was paced appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient time for comments and audience interaction was provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 10. Comments:

Please check a box to rate each of the statements listed below:

## \*11. Please describe the quality of the facilities used in this training.

	Poor	Fair	Good	Very Good	Excellent	N/A
The presentation equipment/computers functioned properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The room was a comfortable learning environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12. Comments:

## \*13. What part of the Training did you find *most* useful?

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**\*14. What part of the Training did you find *least* useful?**

**\*15. Looking back, how would you rate your knowledge of the subject before the training?**

- Poor     Fair     Good     Very Good     Excellent

**\*16. Now that you have attended the training, how do you rate your knowledge of the subject?**

- Poor     Fair     Good     Very Good     Excellent

**\*17. List three things you learned that you will use when you go back to your site:**

**\*18. Please rate the instructor:**

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. Comments:**

Thank You for completing this survey.

For a certificate of completion, please [click here](#).

If you have difficulty please contact Mollie Ayala at [mollie.ayala@ihs.gov](mailto:mollie.ayala@ihs.gov)