

# 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:

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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)