## TeamSTEPPS for Office-Based Care Post-Training Survey

Form Approved
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**TeamSTEPPS® for Office-Based Care Post-Training Survey**

**Introduction**

Thank you for accessing this questionnaire. This questionnaire is intended to obtain your perceptions of the Agency for Healthcare Research and Quality’s (AHRQ) TeamSTEPPS® for Office-Based Care training program. You have been invited to complete this questionnaire because you participated in the TeamSTEPPS for Office-Based Care training program.

As part of this questionnaire, you are being asked to assess the usefulness of the TeamSTEPPS for Office-Based Care training program and the concepts, tools, and strategies that make up the curriculum. You are also being asked to indicate how you have used this material, whether within your own practice or while supporting other practices. It is important to note that this is not an evaluation of you or your progress in implementing TeamSTEPPS or your ability to share it with others. Rather, the information you provide regarding these concepts, tools, information, and resources will be used to enhance AHRQ’s repository of patient safety tools and resources, as well as future TeamSTEPPS-based initiatives.

Your responses will be used to help AHRQ identify the most useful aspects of the TeamSTEPPS for Office-Based Care training curriculum. Further, your responses will be used to help AHRQ identify additional support for individuals, like you, working to improve patient safety. Your candid feedback is the only way that these enhancements can be achieved.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your survey responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed outside of the Department of Health and Human Services without your consent. If needed, AHRQ may contact you in the future to request additional information about your experiences with TeamSTEPPS.

Should you have any questions or comments about this questionnaire or the TeamSTEPPS evaluation effort, please do not hesitate to contact Dr. David Baker, Executive Vice President, IMPAQ International, at (443) 259-5134 or TeamSTEPPS\_Surveys@impaqint.com. Additional information about AHRQ’s TeamSTEPPS program can be found at <https://www.ahrq.gov/teamstepps/index.html>.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, the estimated time required to complete the survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0222, expires 10/31/2017), AHRQ, 5600 Fishers Lane, #07W33, Rockville, MD 20857.

**Instructions**

Please carefully read each question on this questionnaire. There are six primary sections:

* Practice Facilitator Characteristics
* Post-Master Training Activities – Overall
* Practice Characteristics
* Post-Master Training Activities by Concept, Tool, Strategy, or Resource
* Facilitators and Barriers to the Use of TeamSTEPPS in the Practice Setting
* Outcomes of Participation in TeamSTEPPS in Primary Care Training

Note that the response scale for each question will vary from section to section. For example, some questions ask you to indicate how helpful a particular TeamSTEPPS tool or strategy has been, using a response scale ranging from ‘Not at all helpful’ to ‘Very Helpful.’ Other questions ask you to respond to a given statement using a response that indicates your level of agreement (i.e., Disagree, Neutral, or Agree). Please read each question carefully and make sure that you select the response you intend.

It is not necessary to complete the survey all at once. Select “Next” at the end of each page to save your responses. You can return to make changes to the responses you have already provided or continue to complete the survey at your convenience.

**Practice Facilitator Characteristics**

In this section, you are being asked to provide information about yourself, your organization, and your participation in the TeamSTEPPS for Office-Based Care training program. Please answer candidly. Your personal information will not be provided to any entity. All information will be reported to AHRQ on an aggregate level.

1. What is the name of your employer organization?

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1. Which of the following best characterizes the organization in which you currently work? [Select one]
2. Academic health profession program
3. Public hospital
4. Federal government health provider
5. Community hospital
6. Children’s hospital
7. Critical access hospital
8. Outpatient clinic
9. Quality Improvement Organization (QIO)
10. State health department
11. Hospital association
12. Patient safety center/commission
13. Risk, liability, malpractice or other Insurer
14. Long term care facility, assisted living facility, or home health agency
15. Regional or state-based healthcare professional association or institution
16. Consulting practice or individual consultant
17. Other: [Fill in the blank]
18. What is your current position?
19. Physician (MD or DO)
20. Nurse Practitioner
21. Physician Assistant
22. Registered Nurse
23. Licensed Practical Nurse
24. Advanced Practice Nurse
25. Physical Therapist
26. Pharmacist
27. Office Manager
28. Administrative staff (e.g., scheduling, front desk)
29. Practice Administrator, Practice Facilitator, or other Quality Improvement position
30. External Practice Facilitator or Consultant to a practice
31. Other: [Fill in the blank]
32. How long have you served in your current role (at your current organization)?
33. 0-1 year
34. 2-5 years
35. 6-10 years
36. 11 or more years
37. In what area did you complete your professional training? [Check all that apply]
38. Nursing
39. Medicine
40. Public Health or Health Administration
41. Pharmacy
42. Allied Health
43. Life Science
44. Other: [Fill in the blank]
45. Where did you first learn about TeamSTEPPS for Office-Based Care training being offered? [Select one]
46. TeamSTEPPS.ahrq.gov website
47. TeamSTEPPS portal website (<http://teamsteppsportal.org/>)
48. Another website or web search
49. At a conference
50. Webinar or teleconference
51. Word of mouth
52. AHRQ publication
53. A talk given by a representative of an organization involved in the TeamSTEPPS program, including AHRQ or the Department of Defense (DoD)
54. A talk given by a health care professional not affiliated with the implementation of the TeamSTEPPS program
55. A professional newsletter (electronic or other format) or publication
56. Other: [Fill in the blank]
57. What was the reason for your participation in TeamSTEPPS for Office-Based Care training? [Check all that apply]
58. I wanted to find out more about TeamSTEPPS.
59. I wanted to find out more about teamwork and team training in health care.
60. My organization had experienced a sentinel event or potential patient safety near miss.
61. My organization’s leader(s) mandated my/our participation.
62. We would like to introduce TeamSTEPPS in our primary care practice.
63. I am assisting one or more medical offices or primary care practices in quality improvement efforts.
64. I/we plan to use TeamSTEPPS as part of a research project.
65. Other: [Fill in the blank]
66. To what extent do you feel that the TeamSTEPPS for Office-Based Care course prepared you to use or support others in the use of the TeamSTEPPS tools and strategies?
67. I did not feel that the course prepared me to use or support others in the use of the tools and strategies.
68. I felt somewhat unprepared to use or support others in the use of the tools and strategies.
69. I felt somewhat prepared to use or support others in the use of the tools and strategies.
70. I felt very prepared to use or support others in the use of the tools and strategies.
71. To what extent do you feel that the TeamSTEPPS for Office-Based Care course prepared you to provide TeamSTEPPS training to others?
72. I did not feel that the course prepared me to provide training to others.
73. I felt somewhat unprepared to provide training to others.
74. I felt somewhat prepared to provide training to others.
75. I felt very prepared to provide training to others.

**Post-Master Training Activities - Overall**

In this section, you are being asked to provide information about your TeamSTEPPS implementation and training activities since participating in the TeamSTEPPS for Office Based Care Online training program.

1. Which of the following best represents your implementation of TeamSTEPPS since participating in the TeamSTEPPS for Office-Based Care training? [Select one][[1]](#footnote-1)
2. I/we have **implemented** TeamSTEPPS concepts, tools, or strategies in my/our practice. [Skip to Q14]
3. I/we have **supported** the implementation of TeamSTEPPS concepts, tools, or strategies in one or more practices that I/we support (e.g., as a Practice Facilitator or consultant). [Skip to Q14]
4. I/we have **not implemented or supported** the implementation of TeamSTEPPS since participating in the training program. [Continue to Q11]
5. If you have not yet implemented or supported the implementation of TeamSTEPPS, do you intend to do so in the future?
	1. Yes, in the next month
	2. Yes, in the next 3 months
	3. Yes, in the next 6 months
	4. Yes, in the next 9 months
	5. Yes, in the next year
	6. No, I/we do not intend to implement or support the implementation of TeamSTEPPS [Skip to Q13]
6. If you have not yet implemented or supported the implementation of TeamSTEPPS but plan to do so in the future, how do you plan to implement the TeamSTEPPS concepts, tools, or strategies you learned? [Check all that apply]
7. Within my own practice, to all staff
8. Within my own practice, to some staff but not the entire practice
9. Within a practice that I support as a Practice Facilitator/consultant
10. Within more than one practice that I support as a Practice Facilitator/consultant
11. I do not yet know
12. Other: [Fill in the blank]

[Upon completing Q12, end survey]

1. If you do not intend to implement or support the implementation of TeamSTEPPS, what is the reason? [Check all that apply]
	1. I/we determined that our practice is not yet ready for TeamSTEPPS.
	2. I/we determined that a teamwork intervention is not an appropriate way to address the issues or problems we face.
	3. I/we determined, as a result of training, that TeamSTEPPS is not the appropriate intervention for our practice.
	4. I/we did not secure the needed buy-in to successfully implement TeamSTEPPS.
	5. I/we have not had the opportunity to support others in their TeamSTEPPS implementation.
	6. Other: [Fill in the blank]

[Upon completing Q13, end survey]

1. Since training, how have you implemented the TeamSTEPPS concepts, tools, or strategies you learned? [Check all that apply]
2. Within my own practice, to all staff
3. Within my own practice, to some staff but not the entire practice
4. Within a practice that I support as a Practice Facilitator/consultant
5. Within more than one practice that I support as a Practice Facilitator/consultant
6. Other: [Fill in the blank]
7. Since you participated in the TeamSTEPPS for Office-Based Care training, approximately how many persons have you trained on any of the TeamSTEPPS concepts, tools, or strategies in your practice or for other practices?
8. None
9. 1-9
10. 10-19
11. 20-49
12. 50-74
13. 75-99
14. 100-149
15. 150-199
16. 200-249
17. 250 or more
18. With how many medical offices/primary care practices have you worked to implement TeamSTEPPS since you completed TeamSTEPPS for Office-Based Care training?
	1. None
	2. 1 practice
	3. 2 to 4 practices
	4. 5 to 8 practices
	5. 8 to 10 practices
	6. More than 10 practices

**Practice Characteristics**

For the remainder of this survey, please identify **ONE** practice in which you implemented TeamSTEPPS. The practice may be your own practice or a practice you support. In this section, you are being asked to provide information about the ONE practice on which you will base your responses to this questionnaire. All information will be reported to AHRQ on an aggregate level.

1. What is the name of the practice in which you implemented or are implementing TeamSTEPPS?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In which state is the practice located? (If your organization is located outside of the US, please scroll to the bottom of the dropdown menu to identify your location.)

*[STATES will be provided in a drop-down menu; the final option will read: “My organization is outside the United States (Please specify):”]*

1. Which of the following organization types characterizes the practice in which you implemented or are implementing TeamSTEPPS? [Check all that apply][[2]](#footnote-2)
2. Private practice [Skip to Q22]
3. Hospital- or system-owned practice [Continue to Q20]
4. Single-specialty practice [Skip to Q22]
5. Multiple-specialty practice [Skip to Q22]
6. Independent practice association [Skip to Q22]
7. University or academic setting [Skip to Q22]
8. Community health clinic [Skip to Q22]
9. Health department [Skip to Q22]
10. Part of an Accountable Care Organization (ACO) [Skip to Q22]
11. Other: [Fill in the blank] [Skip to Q22]
12. If the practice is part of a larger healthcare system, what is the name of that larger healthcare system?

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1. If the practice is part of a larger healthcare system, does the healthcare system have an ongoing TeamSTEPPS effort?
2. Yes
3. No
4. Don’t know
5. Which of the following characterizes the specialty of the practice in which you implemented or are implementing TeamSTEPPS? [Select one]
6. Family medicine
7. Internal medicine
8. Obstetrics/Gynecology
9. Pediatrics
10. Geriatrics
11. Other: [Fill in the blank]
12. Since training, which of the following have you accomplished for the practice in which you implemented TeamSTEPPS? [Check all that apply]
13. I/we have created a change team to implement TeamSTEPPS concepts, tools, or strategies in the practice.
14. I/we have defined a teamwork problem or identified an opportunity to improve teamwork using TeamSTEPPS concepts, tools, or strategies in the practice.
15. I/we have conducted a site assessment for the practice to define a teamwork problem or opportunity for teamwork improvement.
16. I/we have collected data using AHRQ’s Medical Office Survey of Patient Safety Culture.
17. I/we have defined the aim(s) of a TeamSTEPPS intervention for the practice.
18. I/we have designed a formal implementation plan for improvement TeamSTEPPS intervention in the practice.
19. I/we have created an action plan for implementation for the practice.
20. I/we have briefed the practice’s leadership and key personnel about a TeamSTEPPS action plan.
21. I/we have designed a TeamSTEPPS intervention for the practice.
22. I/we have conducted TeamSTEPPS training for a planned intervention in the practice.
23. I/we have implemented a TeamSTEPPS intervention in the practice.
24. I/we have developed a plan for testing the effectiveness of a TeamSTEPPS intervention in the practice.
25. I/we have measured the impact of a TeamSTEPPS intervention in the practice.
26. I/we have developed a plan for continuous sustained improvement with a TeamSTEPPS intervention in the practice.
27. I/we have developed a communications plan for a TeamSTEPPS intervention in the practice.
28. None of the above

**Post-Training Activities by TeamSTEPPS Concept, Tool, Strategy, or Resource[[3]](#footnote-3)**

With the **ONE** practice you identified in mind, in this section, you are being asked to report how you have used or implemented the TeamSTEPPS for Office-Based Care concepts, tools, strategies, and resources since participating in the training program.

Specifically, you will answer some or all of the following questions:

* Have you implemented or used each concept, tool, strategy, or resource?
* Was each concept, tool, strategy, or resource helpful?
* In what stage of the implementation process was the resource used?
* Was each concept, tool, or strategy accepted by staff?
* Is each concept, tool, or strategy still being used by staff?
* What are the primary areas in which you have implemented or used each concept, tool, strategy, or resource?
1. Have you used the following measure?

 **AHRQ Medical Office Survey on Patient Safety Culture**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following measure:

**AHRQ Medical Office Survey on Patient Safety Culture**

1. Was the measure helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have implemented or used this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you used the following resource?

**TeamSTEPPS for Office-Based Care Readiness Assessment**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following resource:

**TeamSTEPPS for Office-Based Care Readiness Assessment**

1. Was the resource helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the resource used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Other: [Fill in the blank]
9. Have you used the following measure?

 **TeamSTEPPS for Office-Based Care Knowledge Test**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following measure:

**TeamSTEPPS for Office-Based Care Knowledge Test**

1. Was the measure helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have implemented or used this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you used the following measure?

 **TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following measure:

**TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) for Office-Based Care**

1. Was the measure helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have implemented or used this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you used the following measure?

 **Team Performance Observation Tool for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following measure:

**Team Performance Observation Tool for Office-Based Care**

1. Was the measure helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have implemented or used this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you used the following measure?

**TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following measure:

**TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) for Office-Based Care**

1. Was the measure helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have implemented or used this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you used the following resource?

**Course Management Guide**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following resource:

**Course Management Guide**

1. Was the resource helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you used the following resource?

**TeamSTEPPS Implementation Guide**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following resource:

**TeamSTEPPS Implementation Guide**

1. Was the resource helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you used the following tool or strategy?

 **Brief**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Brief**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Huddle**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Huddle**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Debrief**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Debrief**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following concept?

 **Cross-monitoring**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following concept:

**Cross-monitoring**

1. Was the concept helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **STEP Mnemonic**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**STEP Mnemonic**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following concept?

 **Feedback**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following concept:

**Feedback**

1. Was the concept helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Assertive Statement**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Assertive Statement**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Two-Challenge Rule**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Two-Challenge Rule**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **CUS**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**CUS**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **DESC Script**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**DESC Script**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following concept?

 **Collaboration**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following concept:

**Collaboration**

1. Was the concept helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **SBAR**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**SBAR**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Handoff**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Handoff**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following tool or strategy?

 **Check-back**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following tool or strategy:

**Check-back**

1. Was the tool or strategy helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you used the following resource?

 **TeamSTEPPS for Office-Based Care Videos**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following resource:

**TeamSTEPPS for Office-Based Care Videos**

1. Was the resource helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you used the following concept?

 **Coaching**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have used the following concept:

**Coaching**

1. Was the concept helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have implemented or used this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]

[Upon completing Q127, skip to Q232]

**Post-Training Activities by TeamSTEPPS Concept, Tool, Strategy, or Resource[[4]](#footnote-4)**

With the **ONE** practice you identified in mind, in this section, you are being asked to report on how you have supported others in the implementation or use of the TeamSTEPPS for Office-Based Care concepts, tools, strategies, and resources since participating in the training program.

Specifically, you will answer some or all of the following questions:

* Have you supported others in the implementation or use of each concept, tool, strategy, or resource?
* Was each concept, tool, strategy, or resource helpful while supporting others in their implementation or use?
* In what stage of the implementation process was the resource used?
* Was each concept, tool, or strategy accepted by staff while supporting others in their implementation or use?
* Is each concept, tool, or strategy still being used by staff?
* What are the primary areas in which you supported others in their implementation or use of each concept, tool, strategy, or resource?
1. Have you supported others in the use of the following measure?

 **AHRQ Medical Office Survey on Patient Safety Culture**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following measure:

**AHRQ Medical Office Survey on Patient Safety Culture**

1. Was the measure helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have supported others in their implementation or use of this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you supported others in the use of the following resource?

 **TeamSTEPPS for Office-Based Care Readiness Assessment**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following resource:

**TeamSTEPPS for Office-Based Care Readiness Assessment**

1. Was the resource helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the resource used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Other: [Fill in the blank]
9. Have you supported others in the use of the following measure?

 **TeamSTEPPS for Office-Based Care Knowledge Test**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following measure:

**TeamSTEPPS for Office-Based Care Knowledge Test**

1. Was the measure helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have supported others in their implementation or use of this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you supported others in the use of the following measure?

 **TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following measure:

**TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) for Office-Based Care**

1. Was the measure helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have supported others in their implementation or use of this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you supported others in the use of the following measure?

 **Team Performance Observation Tool for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following measure:

**Team Performance Observation Tool for Office-Based Care**

1. Was the measure helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply Y]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have supported others in their implementation or use of this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you supported others in the use of the following measure?

**TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) for Office-Based Care**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following measure:

**TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) for Office-Based Care**

1. Was the measure helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. For which aspects of the implementation process was the measure used? [Check all that apply]
6. Conducting the needs analysis
7. Implementation planning
8. Training
9. Coaching
10. Evaluating impact
11. Other: [Fill in the blank]
12. What are the primary areas of the practice in which you have supported others in their implementation or use of this measure? [Check all that apply]
13. Front Desk or Reception
14. Nursing
15. Patient Care (Physician/Clinician and Nurse Coordination)
16. Billing
17. Referrals
18. Managerial Staff
19. Pharmacy
20. Physical Therapy
21. Laboratory
22. Radiology
23. Other: [Fill in the blank]
24. Have you supported others in the use of the following resource?

**Course Management Guide**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use the following resource:

**Course Management Guide**

1. Was the resource helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you supported others in the use of the following resource?

**TeamSTEPPS Implementation Guide**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use the following resource:

**TeamSTEPPS Implementation Guide**

1. Was the resource helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you supported others in the use of the following tool or strategy?

 **Brief**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Brief**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Huddle**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Huddle**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Debrief**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Debrief**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following concept?

 **Cross-monitoring**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following concept:

**Cross-monitoring**

1. Was the concept helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **STEP Mnemonic**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**STEP Mnemonic**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following concept?

**Feedback**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following concept:

**Feedback**

1. Was the concept helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Assertive Statement**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Assertive Statement**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Two-Challenge Rule**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Two-Challenge Rule**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **CUS**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**CUS**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **DESC Script**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**DESC Script**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following concept?

 **Collaboration**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following concept:

**Collaboration**

1. Was the concept helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **SBAR**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**SBAR**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Handoff**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Handoff**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following tool or strategy?

 **Check-back**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following tool or strategy:

**Check-back**

1. Was the tool or strategy helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the tool or strategy accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the tool or strategy still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this tool or strategy? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]
27. Have you supported others in the use of the following resource?

 **TeamSTEPPS for Office-Based Care Videos**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following resource:

**TeamSTEPPS for Office-Based Care Videos**

1. Was the resource helpful?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Have you supported others in the use of the following concept?

 **Coaching**

1. Yes
2. No [Skip to next concept, tool, strategy, or resource]
3. Don't Know [Skip to next concept, tool, strategy, or resource]

You have supported others in the use of the following concept:

**Coaching**

1. Was the concept helpful while supporting others in their implementation?
2. Very helpful
3. Somewhat helpful
4. Not at all helpful
5. Was the concept accepted by staff while supporting others in their implementation?
6. Very much accepted
7. Somewhat accepted
8. Not at all accepted
9. Is the concept still being used by staff?
10. Very often
11. Occasionally
12. Infrequently
13. Rarely
14. Never
15. What are the primary areas of the practice in which you have supported others in their implementation or use of this concept? [Check all that apply]
16. Front Desk or Reception
17. Nursing
18. Patient Care (Physician/Clinician and Nurse Coordination)
19. Billing
20. Referrals
21. Managerial Staff
22. Pharmacy
23. Physical Therapy
24. Laboratory
25. Radiology
26. Other: [Fill in the blank]

[Upon completing Q231, continue to Q232]

**Facilitators and Barriers to Use of TeamSTEPPS Concepts, Tools, or Strategies in the Practice Setting**

In this section, you are being asked to identify any factors (organizational or otherwise) you have encountered that facilitated the use of TeamSTEPPS for Office-Based Care concepts, tools, or strategies. Similarly, you are asked to identify any barriers you have encountered when trying to use or support others in the use of TeamSTEPPS for Office-Based Care concepts, tools, or strategies. These barriers can be organizational or individual; in either case they impede the use of TeamSTEPPS concepts, tools, or strategies.

1. Which of the following factors have **helped** you implement the TeamSTEPPS for Office-Based Care concepts, tools, or strategies in your practice or in practices that you have supported? [Check all that apply]
2. **Ample time** made available to support the use of concepts, tools, or strategies
3. **Ample resources** made available to support the use of concepts, tools, or strategies
4. **Consistent information sharing** among people within the practice to support the use of concepts, tools, or strategies
5. **Upper management support** for using concepts, tools, or strategies
6. **Staff willingness** to use concepts, tools, or strategies
7. **Unease with current practice** leading to perceived need to use concepts, tools, or strategies
8. **Effective communication of information** resulting in better understanding regarding the use of concepts, tools, or strategies
9. **Ample coordination and follow-up with co-workers** to ensure the proper use of concepts, tools, or strategies
10. **Organizational priorities** that draw attention to the use of concepts, tools, or strategies
11. **Work sharing or shifting of staff responsibilities** to support the implementation of concepts, tools, or strategies
12. **Consistency in team membership** leading to sustained momentum in implementation or use of concepts, tools, or strategies
13. **Commitment from the employed medical staff** resulting in adoption of concepts, tools, or strategies
14. **Commitment from the non-employed medical staff** resulting in adoption of concepts, tools, or strategies
15. **Commitment from the administrative staff** resulting in adoption of concepts, tools, or strategies
16. How important were the facilitators you selected to the success of your TeamSTEPPS implementation?[[5]](#footnote-5)

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilitators** | **Not at all important** | **Somewhat important** | **Very important** |
| **Ample time** made available to support the use of concepts, tools, or strategies |  |  |  |
| **Ample resources** made available to support the use of concepts, tools, or strategies |  |  |  |
| **Consistent information sharing** among people within the organization to support the use of concepts, tools, or strategies |  |  |  |
| **Upper management support** for using concepts, tools, or strategies |  |  |  |
| **Staff willingness** to use concepts, tools, or strategies |  |  |  |
| **Unease with current practice** leading to perceived need to use concepts, tools, or strategies |  |  |  |
| **Effective communication of information** resulting in better understanding regarding the use of concepts, tools, or strategies |  |  |  |
| **Ample coordination and follow-up with co-workers** to ensure the proper use of concepts, tools, or strategies |  |  |  |
| **Organizational priorities** that draw attention to the use of concepts, tools, or strategies |  |  |  |
| **Work sharing or shifting of staff responsibilities** to support the implementation of concepts, tools, or strategies |  |  |  |
| **Consistency in team membership** leading to sustained momentum in implementation or use of concepts, tools, or strategies |  |  |  |
| **Commitment from the employed medical staff** resulting in adoption of concepts, tools, or strategies |  |  |  |
| **Commitment from the non-employed medical staff** resulting in adoption of concepts, tools, or strategies |  |  |  |
| **Commitment from the administrative staff** resulting in adoption of concepts, tools, or strategies |  |  |  |

1. What other factors have helped you implement TeamSTEPPS for Office-Based Care concepts, tools, or strategies since attending training? Please list all major facilitators that you have experienced.

|  |
| --- |
|  |

1. Which of the following **barriers** have you encountered when implementing the TeamSTEPPS for Office-Based Care concepts, tools, or strategies in your practice or in the practice that you have supported? [Check all that apply]
2. **Lack of time** made available to support the use of concepts, tools, or strategies
3. **Lack of resources** made available to support the use of concepts, tools, or strategies
4. **Lack of information sharing** between people within the organization to support the use of concepts, tools, or strategies
5. **Management resistance** to the use of concepts, tools, or strategies
6. **Staff resistance** to using the concepts, tools, or strategies
7. **Comfort with the status quo** leading to perceptions that the use of concepts, tools, or strategies is not needed
8. **Conflicting information** resulting in confusion about the use of concepts, tools, or strategies
9. **Lack of coordination and follow-up with co-workers** to ensure the proper use of concepts, tools, or strategies
10. **Distractions or different organizational priorities** that draw attention away from the use of concepts, tools, or strategies
11. **Reported staff fatigue or work overload** leading to inability or resistance to learning about and using concepts, tools, or strategies
12. **Turnover** leading to challenges in maintaining momentum in implementation or use of concepts, tools, or strategies
13. **Hierarchical structure** of practiceleading to resistance to learning about and using concepts, tools, or strategies
14. **Staff conflict** resulting in the inability to implement the concepts, tools, or strategies
15. **Lack of commitment/engagement from the employed medical staff** resulting in resistance to the adoption of concepts, tools, or strategies
16. **Lack of commitment/engagement from the non-employed medical staff** resulting in resistance to the adoption of concepts, tools, or strategies
17. **Lack of commitment/engagement from the administrative staff** resulting in resistance to the adoption of concepts, tools, or strategies
18. How important was overcoming the barriers you selected to the success of your TeamSTEPPS for Office-Based Care implementation?[[6]](#footnote-6)

|  |  |  |  |
| --- | --- | --- | --- |
| **Barriers** | **Not at all important** | **Somewhat important** | **Very important** |
| **Lack of time** made available to support the use of concepts |  |  |  |
| **Lack of resources** made available to support the use of concepts |  |  |  |
| **Lack of information sharing** between people within the organization to support the use of concepts |  |  |  |
| **Management resistance** to the use of concepts, tools, or strategies |  |  |  |
| **Staff resistance** to using the concepts |  |  |  |
| **Comfort with the status quo** leading to perceptions that the use of concepts is not needed |  |  |  |
| **Conflicting information** resulting in confusion about the use of concepts |  |  |  |
| **Lack of coordination and follow-up with co-workers** to ensure the proper use of concepts |  |  |  |
| **Distractions or different organizational priorities** that draw attention away from the use of concepts |  |  |  |
| **Reported staff fatigue or work overload** leading to inability or resistance to learning about and using concepts |  |  |  |
| **Turnover** leading to challenges in maintaining momentum in implementation or use of concepts |  |  |  |
| **Hierarchical structure of practice** leading to resistance to learning about and using concepts |  |  |  |
| **Staff conflict** resulting in the inability to implement the concepts |  |  |  |
| **Lack of commitment/engagement from the employed medical staff** resulting in resistance to the adoption of concepts |  |  |  |
| **Lack of commitment/engagement from the non-employed medical staff** resulting in resistance to the adoption of concepts |  |  |  |
| **Lack of commitment/engagement from the administrative staff** resulting in resistance to the adoption of concepts |  |  |  |

1. Please identify any other barriers to the implementation of TeamSTEPPS for Office-Based Care concepts, tools, or strategies you have encountered since attending training.

|  |
| --- |
|  |

**Outcomes of Training Participation**

In this section, you are being asked to assess what patient safety changes have occurred in your practice or the practices you support as a result of your participation in TeamSTEPPS for Office-Based Care training and your post-training activities. These outcomes of your participation in TeamSTEPPS for Office-Based Care training and your post-training activities can range from increased awareness to changes in processes or policies. Consider all potential outcomes of your participation and post-training activities.

1. As a result of participating in TeamSTEPPS for Office-Based Care training and your post-training activities, how have the following aspects changed at your practice?[[7]](#footnote-7)

TEAM STRUCTURE

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Patients and their families are considered part of the team. |  |  |  |  |
| There is always clear leadership during treatment of patients. |  |  |  |  |
| Staff have increased awareness of their roles and responsibilities during treatment of patients. |  |  |  |  |
| Patients and their families are valued members of the patient care team. |  |  |  |  |
| Staff understand their roles and responsibilities. |  |  |  |  |

LEADERSHIP

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Staff are engaging in debriefs. |  |  |  |  |
| Staff are engaging in huddles to ensure a clear picture of operations and patient care. |  |  |  |  |
| Staff are engaging in briefs prior to the start of the day or a shift. |  |  |  |  |
| Staff are held accountable for their actions. |  |  |  |  |
| Staff share information that enables timely decision making. |  |  |  |  |
| The practice makes efficient use of resources (e.g., staff, supplies, equipment, information). |  |  |  |  |
| It is expected that all staff in the practice, even those who are not providing patient care, contribute to patient safety. |  |  |  |  |
| Team leaders (e.g., physician, clinician) do a better job at ensuring that adequate resources (e.g., staff, supplies, equipment, information) are available. |  |  |  |  |

SITUATION MONITORING

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Staff exchange relevant information as it becomes available. |  |  |  |  |
| Staff continuously scan the environment for important information. |  |  |  |  |
| Staff share information regarding potential complications (e.g., patient changes). |  |  |  |  |
| Staff consider each other's physical and emotional status (i.e., fatigue, general health, stress, hunger). |  |  |  |  |
| Staff meet to reevaluate patient care goals when aspects of the situation have changed. |  |  |  |  |
| Staff re-route and/or delay work tasks to prevent task overload. |  |  |  |  |
| Staff caution each other about potentially dangerous situations. |  |  |  |  |
| Staff share a clear mental model of practice operations and patient care. |  |  |  |  |

MUTUAL SUPPORT

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Staff are more assertive when advocating for the patient. |  |  |  |  |
| Staff can more easily resolve conflicts about the treatment of patients. |  |  |  |  |
| Staff feel more comfortable providing task assistance to their team members even if not requested. |  |  |  |  |
| Staff are more willing to assist others when assistance is requested. |  |  |  |  |
| Staff assist one another during periods of high workload. |  |  |  |  |
| Staff request assistance from fellow staff when they feel overwhelmed. |  |  |  |  |

COMMUNICATION

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Feedback between staff is delivered in a way that promotes positive interactions and future change. |  |  |  |  |
| Staff advocate for patients, even when their opinion conflicts with that of a senior member of the practice. |  |  |  |  |
| When staff have a concern about a patient, they challenge others until they are sure the concern has been heard. |  |  |  |  |
| Staff resolve their conflicts, even when the conflicts have become personal. |  |  |  |  |
| Information regarding patient care is explained to patients and their families in lay terms. |  |  |  |  |
| Staff rely on nonverbal communication to communicate their message. |  |  |  |  |
| Staff relay relevant information in a timely manner. |  |  |  |  |
| When communicating with patients, staff allow enough time for questions. |  |  |  |  |
| Staff use common terminology when communicating with each other. |  |  |  |  |
| Staff verbally verify information that they receive from one another. |  |  |  |  |
| Staff follow a standardized method of sharing information when handing off patients. |  |  |  |  |
| Staff seek information from all available sources. |  |  |  |  |

1. As a result of participating in the TeamSTEPPS for Office-Based Caretraining program and your post-training activities, how have the following aspects changed at your practice?

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed that in my practice...**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Patient satisfaction has improved. |  |  |  |  |
| Staff satisfaction has improved. |  |  |  |  |
| There has been a reduction in the number of medication errors. |  |  |  |  |
| Our handoffs between staff have improved. |  |  |  |  |
| Staff will freely speak up if they see something that may negatively affect patient care. |  |  |  |  |
| We handle our patient volume more efficiently within the practice. |  |  |  |  |
| We make better use of the resources within the practice (e.g., supplies, staff). |  |  |  |  |
| Patient flow within the unit has improved. |  |  |  |  |
| The turnover rate within the practice has declined. |  |  |  |  |

1. Since participating in the TeamSTEPPS for Office-Based Care training program and your post-training activities, how have the following aspects changed at the practice you support?[[8]](#footnote-8)

**As a result of participating in TeamSTEPPS for Office-Based Care training and my post-training patient safety activities, I have noticed…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** | **Does not apply** |
| Healthcare providers at the practice that I support are actively doing things to improve patient safety. |  |  |  |  |
| Positive changes in the organizational culture at the practice I support. |  |  |  |  |
| The practice I support evaluates the effectiveness and sustainability of the interventions/changes. |  |  |  |  |
| Staff at the practice I support have attributed a reduced risk associated with medical errors to the implementation of TeamSTEPPS concepts, tools, or strategies. |  |  |  |  |
| Patient satisfaction has improved at the practice I support. |  |  |  |  |
| Staff satisfaction has improved at the practice I support. |  |  |  |  |
| Patient safety is viewed as a top priority of management at the practice I support. |  |  |  |  |
| Handoffs between staff have improved at the practice I support. |  |  |  |  |
| Staff at the practice I support will freely speak up if they see something that may negatively affect patient care. |  |  |  |  |
| Staff at the practice I support will question the decisions or actions of those with more authority when they are concerned that the decisions or actions may negatively affect patient care. |  |  |  |  |
| Resources (e.g., supplies, staff,) are used more efficiently by the practice I support. |  |  |  |  |
| The turnover rate within the practice I support has declined. |  |  |  |  |

1. What other outcomes can you attribute to your participation in TeamSTEPPS for Office-Based Caretraining and your post-training activities?

|  |
| --- |
|  |

1. This question defines a major skip pattern in the survey. Please see the footnotes in the subsequent sections of the survey for further information. [↑](#footnote-ref-1)
2. Only respondents who select response option ‘b’ receive Questions 20 and 21. [↑](#footnote-ref-2)
3. Respondents who select response ‘a’ to Question 10 complete this portion of the survey and skip the section that follows (i.e., Questions 128-231). Respondents who select response ‘b’ to Question 10 skip this section of the survey and begin at Question 128. [↑](#footnote-ref-3)
4. Respondents who select response ‘b’ to Question 10 complete this portion of the survey and skip the proceeding section (i.e., Questions 24-127). [↑](#footnote-ref-4)
5. Respondents only rate the importance of factors that they selected in their response to Question 232. [↑](#footnote-ref-5)
6. Respondents only rate the importance of factors that they selected in their response to Question 235. [↑](#footnote-ref-6)
7. Respondents who select response ‘a’ to Question 10 complete Questions 238 and 239, but skip Question 240. Respondents who select response ‘b” to Question 10, skip Questions 238 and 239, but complete Question 240. [↑](#footnote-ref-7)
8. Respondents who select response ‘b’ to Question 10 complete Question 240, but skip Questions 238 and 239. [↑](#footnote-ref-8)