

Attachment Q - Clinician Self-Efficacy Survey

Clinician Self-Efficacy¹ for Diagnostic Decision-Making

Please respond to the following questions to the best of your ability, based on how you feel today about your diagnostic decision-making abilities. It should take no longer than 3 minutes to complete.

1. I am able to make accurate diagnoses. (Effectiveness²)
 - ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others

2. I am able to make diagnostic decisions in a timely manner. (Timeliness)
 - ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey 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 unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. 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-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov

¹ Citation for self-efficacy scale: Tilmon SJ, Lee KK, Gower PA, West KSH, Mittal K, Ogle MB, Rodriguez IM, Johnson D. Impact of an Urban Project ECHO: Safety-Net Clinician Self-Efficacy Across Conditions. Am J Prev Med. 2023 Apr;64(4):535-542.

² Seven domains were adopted from Table 3 of the Calibrate Dx manual

3. I am able to use diagnostic testing and referrals judiciously. (Efficiency)
- ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others
4. I am able to communicate diagnoses to patients effectively and in a timely manner.
(Patient-centeredness)
- ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others
5. I am able to identify my own knowledge gaps, cognitive biases, or problems with attention or memory so that I can ensure patients receive high-quality diagnostic care.
(Safety)
- ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others
6. I am able to achieve accurate diagnoses across patients of diverse backgrounds.
(Equity)
- ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others

7. I know where to focus my own continuing education and improvement efforts so that I can provide optimal diagnostic care. (Learning)
- ☐ 1 – no skill at all
 - ☐ 2 – vague knowledge, skills, or competence
 - ☐ 3 – slight knowledge
 - ☐ 4 – average
 - ☐ 5 – competent
 - ☐ 6 – very competent
 - ☐ 7 – expert, teach others

Clinician Perceptions of Learning³

8. Debriefing with my peer about potential missed diagnostic opportunities occurred in a constructive, non-punitive way.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
9. My peer was receptive to hearing about my perspective regarding potential missed opportunities in diagnosis.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
10. The discussion generated learning about potential missed opportunities in diagnosis.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree

³ Adapted from: Meyer AND, Upadhyay DK, Collins CA, Fitzpatrick MH, Kobylinski M, Bansal AB, Torretti D, Singh H. A Program to Provide Clinicians with Feedback on Their Diagnostic Performance in a Learning Health System. Jt Comm J Qual Patient Saf. 2021 Feb;47(2):120-126.

11. The discussion about potential missed opportunities in diagnosis will allow me to take concrete steps toward improving the diagnostic process for my patients.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

12. I believe that the peer debriefing discussions I participated in about potential missed opportunities in diagnosis will improve the safety of our patients.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree