

## 2014 Learners' Perceptions Survey

(Associated Health, Dentistry, and Nursing only)

This is a confidential survey.

### Why take the survey?

We value and need your input! The information you provide will help us to improve the educational experience for you and your fellow trainees at your VA facility. Please take the time to complete this survey. **Survey completion time averages 15 minutes.** Thank you!

OMB Control Number 2900-0691 Estimated Burden: 15 minutes Expiration date: 1/31/2010 (Extended)  
Public Reporting Burden Statement

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 15 minutes per response. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. The collection of information is sponsored by the Department of Veterans Affairs (VA). The results of the survey will be used to improve the clinical training that takes place at VA medical centers. Response to this survey is voluntary and failure to respond will have no effect on your future employment or any claim you may file with the Department of Veterans Affairs.

If you have any questions about how to complete the survey, contact [oaalpsurvey@va.gov](mailto:oaalpsurvey@va.gov).

Please select the VA facility where you had your most recent clinical training experience on or after July 1, 2013.

[ drop down list ]

Please select and complete one of the following Learners' Perceptions Surveys that is appropriate to your Clinical Training:

- Associated Health Program (*e.g., laboratory, optometry, pharmacy, podiatry, psychology, rehabilitation*)
- Dentistry Program
- Nursing Program

1. *{if Associated Health Program}*. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Associated Health at the VA medical facility you identified for this survey?

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Audiology                       | Physician Assistant                   |
| Chaplaincy                      | Podiatry                              |
| Chiropractic                    | Psychology                            |
| Dietetics                       | Radiation Therapy                     |
| Medical Imaging                 | Rehabilitation / Blind Rehabilitation |
| Laboratory                      | Rehabilitation / Occupational Therapy |
| Marriage & Family Counseling    | Rehabilitation / Physical Therapy     |
| Medical / Surgical Support Tech | Rehabilitation / Other                |
| Mental Health Counseling        | Social Work                           |
| Optometry                       | Speech Pathology                      |
| Orthotics / Prosthetics         | Surgical Technician / Technologist    |
| Pharmacy                        | Other                                 |

2. *{if Associated Health Program}*. What is the level of your CURRENT or MOST RECENT health professions education program in Associated Health?

|  |  |
|--|--|
| Clinical hours for Certificate (Pre-Baccalaureate) | Predoctoral or Doctoral clinical hours, Externship, or Practicum |
| Clinical hours for Diploma (Pre-Baccalaureate)     | Predoctoral or Doctoral Internship                               |
| Clinical hours for Associate Degree                | Postdoctoral Residency or Fellowship Year 1                      |
| Clinical hours for Baccalaureate Degree            | Postdoctoral Residency or Fellowship Year 2                      |
| Post-Baccalaureate clinical hours                  | Postdoctoral Residency or Fellowship Year 3                      |
| Clinical hours for Masters Degree or Fellowship    | Postdoctoral Residency or Fellowship Year 4                      |
| Post-Masters clinical hours                        | Postdoctoral Residency or Fellowship Year 5                      |
|  | Postdoctoral Residency or Fellowship Year 6                      |

1. *{if Dentistry Program}*. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Dentistry at the VA medical facility you identified for this survey?

Dental Assistant  
Dental Hygiene  
Dentist  
Craniofacial Special Care Orthodontics  
Anesthesiology  
Public Health  
Endodontics  
General Practice  
Maxillofacial Prosthetics  
Oral and Maxillofacial Pathology  
Oral and Maxillofacial Radiology

Oral and Maxillofacial Surgery  
Oral and Maxillofacial Cosmetics  
Oral and Maxillofacial Craniofacial  
Oral and Maxillofacial Oncology  
Oral Medicine  
Orthodontics & Dentofacial Orthopedics  
Orthodontics / Periodontics  
Pediatric  
Periodontics  
Prosthodontics  
Prosthodontics / Maxillofacial Prosthetics

2. *{if Dentistry Program}*. What is the level of your CURRENT or MOST RECENT health professions education program in Dentistry?

Certificate (Pre-Baccalaureate)  
Diploma (Pre-Baccalaureate)  
Associate Degree  
Baccalaureate Degree  
Post-Baccalaureate Internship  
Masters Degree  
Post-Masters Internship or Fellowship  
Dental Student - 1<sup>st</sup> Year  
Dental Student - 2<sup>nd</sup> Year  
Dental Student - 3<sup>rd</sup> Year  
Dental Student - 4<sup>th</sup> Year

Postdoctoral Residency or Fellowship Year 1  
Postdoctoral Residency or Fellowship Year 2  
Postdoctoral Residency or Fellowship Year 3  
Postdoctoral Residency or Fellowship Year 4  
Postdoctoral Residency or Fellowship Year 5  
Postdoctoral Residency or Fellowship Year 6  
Postdoctoral Residency or Fellowship Year 7

1. *{if Nursing Program}*. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Nursing at the VA medical facility you identified for this survey?

Nurse Aide / Assistant  
Certified Registered Nurse Anesthetist  
Clinical Nurse Leader  
Clinical Nurse Specialist - Family / Individual Across Lifespan  
Clinical Nurse Specialist - Adult-Gerontology  
Clinical Nurse Specialist - Neonatal  
Clinical Nurse Specialist - Pediatrics  
Clinical Nurse Specialist - Women's Health / Gender-Related  
Clinical Nurse Specialist - Psychiatric-Mental Health  
Licensed Practical Nurse  
Licensed Vocational Nurse

Nurse Administration  
Nurse Educator  
Nurse Midwifery  
Registered Nurse  
Nurse Practitioner - Family / Individual Across Lifespan  
Nurse Practitioner - Adult-Gerontology  
Nurse Practitioner - Neonatal  
Nurse Practitioner - Pediatrics  
Nurse Practitioner - Women's Health / Gender-Related  
Nurse Practitioner - Psychiatric-Mental Health

2. *{if Nursing Program}*. What is the level of your CURRENT or MOST RECENT health professions education program in Nursing?

Certificate (Pre-Baccalaureate)  
Diploma (Pre-Baccalaureate)  
Associate Degree  
Baccalaureate Degree  
Post-Baccalaureate Residency  
Masters Degree  
Post-Masters  
Post-Masters Residency

Pre-Doctoral Research Fellowship  
Pre-Doctoral Clinical Fellowship  
Doctoral / PhD  
Doctoral / DNS, DNSc  
Doctoral / DNP  
Postdoctoral Research Fellowship  
Postdoctoral Clinical Fellowship  
Post-Doctoral Residency

3. If you are in a VA ADVANCED FELLOWSHIP PROGRAM - Please indicate from the list below your CURRENT training program at the VA medical facility you identified for this survey.

NOT APPLICABLE

Advanced Geriatrics

Dental Research

Geriatric Neurology

Health Services Research and Development

Health Systems Engineering (1 year practitioner track)

Health Systems Engineering (2 year research track)

Medical Informatics

Mental Illness Research and Treatment (Advanced Psychiatry)

Mental Illness Research and Treatment (Advanced Psychology)

Multiple Sclerosis

Parkinson's Disease (PADRECC)

Patient Safety

Polytrauma / Traumatic Brain Injury Rehabilitation (1 year clinical track)

Polytrauma / Traumatic Brain Injury Rehabilitation (2 year research track)

Psychiatric Research / Neurosciences

Quality Scholars

The Robert Wood Johnson (RWJ) Clinical Scholars

Simulation

Spinal Cord Injury Research

War Related and Unexplained Illness

Women's Health

Other

4. What will be the total length of time of your CURRENT CLINICAL training program / experience? Enter the number of WEEKS or MONTHS or YEARS (use only one unit of time).

Weeks\_\_\_\_\_ Months\_\_\_\_\_ Years\_\_\_\_\_

5. How much of the time listed in the previous question have you completed? Enter the number of WEEKS or MONTHS or YEARS (use only one unit of time).

Weeks\_\_\_\_\_ Months\_\_\_\_\_ Years\_\_\_\_\_

6. What PERCENT of the time in your CURRENT clinical training program / experience has been spent at THIS VA facility?

\_\_\_\_\_ %

7. Please rate your satisfaction with your CLINICAL FACULTY / PRECEPTORS at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|   | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Clinical skills  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Teaching ability   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Interest in teaching   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Research mentoring   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Accessibility / Availability                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Approachability / Openness                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Timeliness of feedback                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Fairness in evaluation                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Being role models  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Mentoring by faculty   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Patient-oriented   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Quality of faculty   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Evidence-based clinical practice                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. OVERALL SATISFACTION WITH YOUR CLINICAL FACULTY / PRECEPTORS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Please rate your satisfaction with the LEARNING ENVIRONMENT at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|  | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Time working with patients                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Degree of supervision                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Degree of autonomy                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Amount of non-educational ("scut") work               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Interdisciplinary approach                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Preparation for clinical practice                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Preparation for future training                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Preparation for business aspects of clinical practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Time for learning                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Access to specialty expertise                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Teaching conferences                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Quality of care                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Culture of patient safety                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Spectrum of patient problems                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Diversity of patients                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. OVERALL SATISFACTION WITH THE LEARNING ENVIRONMENT    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Please rate your satisfaction with the WORKING ENVIRONMENT at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|  | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Ancillary / support staff morale                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Laboratory services                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Radiology services                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Ancillary / support staff                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Call Schedule                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Computerized Patient Record System                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Access to online journals, resources, references  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Computer access                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Workspace   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. OVERALL SATISFACTION WITH THE WORKING ENVIRONMENT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Please rate your satisfaction with the PHYSICAL ENVIRONMENT at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|  | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Convenience of facility location                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Parking   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Personal safety   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Availability of needed equipment                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Facility maintenance / upkeep                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Facility cleanliness / housekeeping                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Call rooms  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Availability of food at the medical center when on call | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. OVERALL SATISFACTION WITH THE PHYSICAL ENVIRONMENT      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Please rate your satisfaction with YOUR PERSONAL EXPERIENCE at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|  | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Personal reward from work                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Balance of personal and professional life                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Level of job stress   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Level of fatigue  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Continuity of relationship with patients                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Ownership / personal responsibility for your patients' care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Enhancement of your clinical knowledge and skills           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. OVERALL SATISFACTION WITH YOUR PERSONAL EXPERIENCE          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. Please rate your satisfaction with the CLINICAL ENVIRONMENT at the VA facility in the following areas. Please check one box for each line below, including overall satisfaction.

|   | Very Satisfied        | Somewhat Satisfied    | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied     | Not Applicable        |
|---|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| a. Hours at work  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Number of inpatients admitted for your care                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Number of outpatients / clinic patients seen               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How well physicians and nurses work together               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. How well physicians and other clinical staff work together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Ease of getting patient records                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Backup system for electronic health records                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. OVERALL SATISFACTION WITH THE CLINICAL ENVIRONMENT         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Excellent             | Very Good             | Good                  | Fair                  | Poor                  |
| 13a. What level of patient care quality did you expect to find at the VA facility BEFORE starting your VA training experience? | <input type="radio"/> |

|   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | Excellent             | Very Good             | Good                  | Fair                  | Poor                  |
| 13b. How do you rate the quality of patient care at the VA facility NOW, based on your actual experience? | <input type="radio"/> |

14. Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your level of agreement with the following statements:

|  | Strongly Agree        | Agree                 | Neither Agree nor Disagree | Disagree              | Strongly Disagree     | Not Applicable        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| a. Members of the clinical team of which I was a part are able to bring up problems and tough issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel free to question the decisions or actions of those with more authority                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your level of agreement with the following statements:

|   | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Unable to Judge |
|---|----------------|-------|----------------------------|----------|-------------------|-----------------|
| a. Patients and families are engaged with clinicians in collaborative goal setting  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| b. Patient transitions from one level of care to another, such as hospital discharge, are well-coordinated  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| c. Patients and families are listened to, respected, and treated as partners in care  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| d. Families are actively involved in care planning and transitions  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| e. Web portals provide specific health-related, patient education resources for patients and families   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| f. Clinicians use e-mail to communicate with patients and families  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| g. Clinicians use telemedicine or telehealth technology to evaluate or interact with patients or other practitioners who are off-site   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| h. Other than e-mail or telemedicine / telehealth, clinicians use additional electronic means of communicating with patients  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| i. Educational materials are routinely provided to patients and families  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| j. Assistance is provided for patients who have difficulty accessing health care services   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| k. Patients have access to their health records   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| l. Environment encourages family presence   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| m. Families are treated as members of the treatment team  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| n. I follow a defined panel of patients longitudinally  | 0              | 0     | 0                          | 0        | 0                 | 0               |
| o. Patients or cohorts of patients with chronic disease are identified who might benefit from additional intervention or coordination of care between clinic visits   | 0              | 0     | 0                          | 0        | 0                 | 0               |
| p. For patients with chronic disease such as diabetes or mental illness, I review lists of patients in order to identify and better manage patients not meeting treatment goals                               | 0              | 0     | 0                          | 0        | 0                 | 0               |
| q. Practitioners from different settings (inpatient, outpatient, and extended care) communicate with me about my patients and their transitions from one level of care to another, such as hospital discharge | 0              | 0     | 0                          | 0        | 0                 | 0               |
| r. OVERALL, VA PRACITITIONERS PROVIDE PATIENT AND FAMILY CENTERED CARE  | 0              | 0     | 0                          | 0        | 0                 | 0               |

|     |  |                |                    |                                    |                       |                   |                 |
|-----|--|----------------|--------------------|------------------------------------|-----------------------|-------------------|-----------------|
|     |  | Very Satisfied | Somewhat Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied | Unable to Judge |
| 16. | Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your OVERALL SATISFACTION with PATIENT AND FAMILY CENTERED CARE at the VA. | o              | o                  | o                                  | o                     | o                 | o               |

17. Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your level of agreement with the following statements:

|    |  |                |       |                            |          |                   |
|----|--|----------------|-------|----------------------------|----------|-------------------|
|    |  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|    | I participate regularly in team meetings (formal or informal) with members of different professions to:  |                |       |                            |          |                   |
| a. | discuss and coordinate care of patients  | o              | o     | o                          | o        | o                 |
| b. | discuss performance improvement  | o              | o     | o                          | o        | o                 |
| c. | discuss clinical operational issues  | o              | o     | o                          | o        | o                 |
| d. | Practitioners from different settings (inpatient, outpatient, extended care) communicate with me about my patients and their transitions from one level of care to another, such as hospital discharge | o              | o     | o                          | o        | o                 |
|    | VA Staff work well together among:   |                |       |                            |          |                   |
| e. | primary and specialty care practitioners   | o              | o     | o                          | o        | o                 |
| f. | physicians and nurses  | o              | o     | o                          | o        | o                 |
| g. | physicians and other health professionals (e.g., optometry, pharmacy, podiatry, psychology, rehabilitation, social work)   | o              | o     | o                          | o        | o                 |
| h. | nurses and other health professionals  | o              | o     | o                          | o        | o                 |
| i. | clinical and administrative support staff  | o              | o     | o                          | o        | o                 |
| j. | OVERALL, VA PRACTITIONERS PROVIDE INTERPROFESSIONAL TEAM CARE  | o              | o     | o                          | o        | o                 |

|     |  |                |                    |                                    |                       |                   |
|-----|--|----------------|--------------------|------------------------------------|-----------------------|-------------------|
|     |  | Very Satisfied | Somewhat Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied |
| 18. | Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your OVERALL SATISFACTION with INTERPROFESSIONAL TEAM CARE at your VA. | o              | o                  | o                                  | o                     | o                 |

19. Approximately what percent of the patients you see in an average WEEK, at the VA facility, fall into each of the following categories?

|                                      | Less than 10%         | 10-24%                | 25-49%                | 50-74%                | 75-89%                | 90-100%               |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Age 65 or older                   | <input type="radio"/> |
| b. Female gender                     | <input type="radio"/> |
| c. Chronic mental illness            | <input type="radio"/> |
| d. Chronic medical illness           | <input type="radio"/> |
| e. Multiple medical illnesses        | <input type="radio"/> |
| f. Alcohol / substance dependent     | <input type="radio"/> |
| g. Low income / socioeconomic status | <input type="radio"/> |
| h. Lack of social / family support   | <input type="radio"/> |

20. Based on your experience to date, if you had a choice, how likely would you be to CHOOSE THIS TRAINING EXPERIENCE AGAIN?

- Definitely **would** choose this clinical experience again
- Probably **would** choose this clinical experience again
- Probably **would not** choose this clinical experience again
- Definitely **would not** choose this clinical experience again

- |  |                               |                                  |                                      |                                  |                               |
|--|-------------------------------|----------------------------------|--------------------------------------|----------------------------------|-------------------------------|
| 21. BEFORE this clinical training experience, how likely were you to consider a future employment opportunity at a VA medical facility?                | Very<br>Likely<br><br>o       | Somewhat<br>Likely<br><br>o      | Had Not Thought<br>About It<br><br>o | Somewhat<br>Unlikely<br><br>o    | Very<br>Unlikely<br><br>o     |
| 22. AS A RESULT of this VA clinical training experience, how likely would you be to consider a future employment opportunity at a VA medical facility? | A Lot More<br>Likely<br><br>o | Somewhat<br>More Likely<br><br>o | No Difference<br><br>o               | Somewhat<br>Less Likely<br><br>o | A Lot Less<br>Likely<br><br>o |
| 23. What is your gender?<br><br>O Male<br>O Female   |                               |                                  |                                      |                                  |                               |
| 24. Are you currently on Active Duty in the military?<br><br>O Yes<br>O No   |                               |                                  |                                      |                                  |                               |

**CERTIFICATE OF COMPLETION**

*This respondent has successfully completed the  
VHA's Learners' Perceptions Survey*

*Your participation in this survey provides  
valuable information to help improve the  
learning experience of clinical health professionals at the  
Department of Veterans Affairs.*

