2016 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.

Please select the VA facility where you had your most recent clinical training experience on or after July 1, 2015.

[drop down list]

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

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

1.1. {*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
Blind Rehabilitation
Chaplaincy
Chiropractic
Dietetics
Medical Imaging
Laboratory
Licensed Professional Mental Health Counselor
Marriage & Family Therapist
Medical / Surgical Support Tech
Occupational Therapy
Optometry
Orthotics / Prosthetics
Pharmacy
Physical Therapy
Physician Assistant
Podiatry
Psychology
Radiation Therapy
Recreation / Manual Arts Therapy
Rehabilitation / Other
Respiratory Therapy
Social Work
Speech Pathology
Surgical Technician / Technologist
Other

2.1. {*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)
Clinical hours for Diploma (Pre-Baccalaureate)
Clinical hours for Associate Degree
Clinical hours for Baccalaureate Degree
Post-Baccalaureate clinical hours
Clinical hours for Masters Degree or Fellowship
Post-Masters clinical hours
Predoctoral or Doctoral clinical hours, Externship, or Practicum
Predoctoral or Doctoral Internship
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

1.2. {*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

2.2. {*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 - 1st Year
Dental Student - 2nd Year
Dental Student - 3rd Year
Dental Student - 4th 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

1.3. {*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 - Acute Care
Clinical Nurse Specialist - Adult-Gerontology
Clinical Nurse Specialist - Family / Individual Across Lifespan
Clinical Nurse Specialist - Neonatal
Clinical Nurse Specialist - Pediatrics
Clinical Nurse Specialist - Psychiatric-Mental Health
Clinical Nurse Specialist - Women's Health / Gender-Related
Licensed Practical Nurse
Licensed Vocational Nurse
Nurse Administration
Nurse Educator
Nurse Midwifery
Registered Nurse
Nurse Practitioner - Acute Care
Nurse Practitioner - Adult-Gerontology
Nurse Practitioner - Family / Individual Across Lifespan
Nurse Practitioner - Neonatal
Nurse Practitioner - Pediatrics
Nurse Practitioner - Psychiatric-Mental Health
Nurse Practitioner - Women's Health / Gender-Related

2.3. {*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
Addiction Treatment
Advanced Geriatrics
Clinical Simulation
Dental Research
Geriatric Neurology
Health Professions Education Evaluation and Research
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
Psycho-Social Rehab Physicians Fellow
Quality Scholars
The Robert Wood Johnson (RWJ) Clinical Scholars
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	o	o	o	o	o	o
b.	Teaching ability	o	o	o	o	o	o
c.	Interest in teaching	o	o	o	o	o	o
d.	Research mentoring	o	o	o	o	o	o
e.	Accessibility / Availability	o	o	o	o	o	o
f.	Approachability / Openness	o	o	o	o	o	o
g.	Timeliness of feedback	o	o	o	o	o	o
h.	Fairness in evaluation	o	o	o	o	o	o
i.	Being role models	o	o	o	o	o	o
j.	Mentoring by faculty	o	o	o	o	o	o
k.	Patient-oriented	o	o	o	o	o	o
l.	Quality of faculty	o	o	o	o	o	o
m.	Evidence-based clinical practice	o	o	o	o	o	o
n.	OVERALL SATISFACTION WITH YOUR CLINICAL FACULTY / PRECEPTORS	o	o	o	o	o	o

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	o	o	o	o	o	o
b.	Degree of supervision	o	o	o	o	o	o
c.	Degree of autonomy	o	o	o	o	o	o
d.	Amount of non-educational (“scut”) work	o	o	o	o	o	o
e.	Interdisciplinary approach	o	o	o	o	o	o
f.	Preparation for clinical practice	o	o	o	o	o	o
g.	Preparation for future training	o	o	o	o	o	o
h.	Preparation for business aspects of clinical practice	o	o	o	o	o	o
i.	Time for learning	o	o	o	o	o	o
j.	Access to specialty expertise	o	o	o	o	o	o
k.	Teaching conferences	o	o	o	o	o	o
l.	Quality of care	o	o	o	o	o	o
m.	Culture of patient safety	o	o	o	o	o	o
n.	Spectrum of patient problems	o	o	o	o	o	o
o.	Diversity of patients	o	o	o	o	o	o
p.	OVERALL SATISFACTION WITH THE LEARNING ENVIRONMENT	o	o	o	o	o	o

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	o	o	o	o	o	o
b.	Laboratory services	o	o	o	o	o	o
c.	Radiology services	o	o	o	o	o	o
d.	Ancillary / support staff	o	o	o	o	o	o
e.	Call Schedule	o	o	o	o	o	o
f.	Computerized Patient Record System	o	o	o	o	o	o
g.	Access to online journals, resources, references	o	o	o	o	o	o
h.	Computer access	o	o	o	o	o	o
i.	Workspace	o	o	o	o	o	o
j.	OVERALL SATISFACTION WITH THE WORKING ENVIRONMENT	o	o	o	o	o	o

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	o	o	o	o	o	o
b.	Parking	o	o	o	o	o	o
c.	Personal safety	o	o	o	o	o	o
d.	Availability of needed equipment	o	o	o	o	o	o
e.	Facility maintenance / upkeep	o	o	o	o	o	o
f.	Facility cleanliness / housekeeping	o	o	o	o	o	o
g.	Call rooms	o	o	o	o	o	o
h.	Availability of food at the medical center when on call	o	o	o	o	o	o
j.	OVERALL SATISFACTION WITH THE PHYSICAL ENVIRONMENT	o	o	o	o	o	o

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	o	o	o	o	o	o
b.	Balance of personal and professional life	o	o	o	o	o	o
c.	Level of job stress	o	o	o	o	o	o
d.	Level of fatigue	o	o	o	o	o	o
e.	Continuity of relationship with patients	o	o	o	o	o	o
f.	Ownership / personal responsibility for your patients' care	o	o	o	o	o	o
g.	Enhancement of your clinical knowledge and skills	o	o	o	o	o	o
h.	OVERALL SATISFACTION WITH YOUR PERSONAL EXPERIENCE	o	o	o	o	o	o

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	o	o	o	o	o	o
b.	Number of inpatients admitted for your care	o	o	o	o	o	o
c.	Number of outpatients / clinic patients seen	o	o	o	o	o	o
d.	How well physicians and nurses work together	o	o	o	o	o	o
e.	How well physicians and other clinical staff work together	o	o	o	o	o	o
f.	Ease of getting patient records	o	o	o	o	o	o
g.	Backup system for electronic health records	o	o	o	o	o	o
h.	OVERALL SATISFACTION WITH THE CLINICAL ENVIRONMENT	o	o	o	o	o	o

	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?	o	o	o	o	o

	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?	o	o	o	o	o

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	o	o	o	o	o	o
b. I feel free to question the decisions or actions of those with more authority	o	o	o	o	o	o

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	o	o	o	o	o	o
b. Patient transitions from one level of care to another, such as hospital discharge, are well-coordinated	o	o	o	o	o	o
c. Patients and families are listened to, respected, and treated as partners in care	o	o	o	o	o	o
d. Families are actively involved in care planning and transitions	o	o	o	o	o	o
e. Web portals provide specific health-related, patient education resources for patients and families	o	o	o	o	o	o
f. Clinicians use e-mail to communicate with patients and families	o	o	o	o	o	o
g. Clinicians use telemedicine or telehealth technology to evaluate or interact with patients or other practitioners who are off-site	o	o	o	o	o	o
h. Other than e-mail or telemedicine / telehealth, clinicians use additional electronic means of communicating with patients	o	o	o	o	o	o
i. Educational materials are routinely provided to patients and families	o	o	o	o	o	o
j. Assistance is provided for patients who have difficulty accessing health care services	o	o	o	o	o	o
k. Patients have access to their health records	o	o	o	o	o	o
l. Environment encourages family presence	o	o	o	o	o	o
m. Families are treated as members of the treatment team	o	o	o	o	o	o
n. I follow a defined panel of patients longitudinally	o	o	o	o	o	o
o. Patients or cohorts of patients with chronic disease are identified who might benefit from additional intervention or coordination of care between clinic visits	o	o	o	o	o	o
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	o	o	o	o	o	o
q. OVERALL, VA PRACITITIONERS PROVIDE PATIENT AND FAMILY CENTERED CARE	o	o	o	o	o	o

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

18. Thinking about your MOST RECENT VA CLINICAL EXPERIENCE, please rate your OVERALL SATISFACTION with INTERPROFESSIONAL TEAM CARE at your VA.	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
	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	o	o	o	o	o	o
b. Female gender	o	o	o	o	o	o
c. Chronic mental illness	o	o	o	o	o	o
d. Chronic medical illness	o	o	o	o	o	o
e. Multiple medical illnesses	o	o	o	o	o	o
f. Alcohol / substance dependent	o	o	o	o	o	o
g. Low income / socioeconomic status	o	o	o	o	o	o
h. Lack of social / family support	o	o	o	o	o	o

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

O Definitely **would** choose this clinical experience again

O Probably **would** choose this clinical experience again

O Probably **would not** choose this clinical experience again

O Definitely **would not** choose this clinical experience again

	Very Likely	Somewhat Likely	Had Not Thought About It	Somewhat Unlikely	Very Unlikely
21. BEFORE this clinical training experience, how likely were you to consider a future employment opportunity at a VA medical facility?	o	o	o	o	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?	o	o	o	o	o

23. Would you consider the VA as a future employer?

O Yes

O No

24. What is your gender?

O Male

O Female

25. Are you currently on Active Duty in the military?

O Yes

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.