

2016 Learners' Perceptions Survey

(Medical Student, Resident, or Fellow, MD or DO)

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]

1. *{if Medical School or Physician Residency / Fellowship Program}*. What is the specialty of your CURRENT or MOST RECENT clinical physician training program at the VA medical facility you identified for this survey?

MEDICAL STUDENT	Hand Surgery - Orthopaedic	Otolaryngology
Addiction Psychiatry	Hand Surgery - Plastic Surgery - Integrated	Pain Medicine
Adult Reconstructive Orthopaedics	Hematology - Internal Medicine	Pathology - Anatomic and Clinical
Advanced Heart Failure and Transplant Cardiology	Hematology - Pathology - Anatomic and Clinical	Physical Medicine and Rehabilitation (PM&R)
Allergy and Immunology	Hematology and Oncology	Plastic Surgery
Anesthesiology	Hospice and Palliative Medicine	Plastic Surgery - Integrated
Blood Banking / Transfusion Medicine	Infectious Disease	Preventive Medicine
Brain Injury Medicine	Internal Medicine	Procedural Dermatology
Cardiovascular Disease	Internal Medicine - Chief Resident	Psychiatry
Chemical Pathology	Internal Medicine / Emergency Medicine	Psychosomatic Medicine - Psychiatry
Clinical Cardiac Electrophysiology	Interventional Cardiology	Pulmonary Disease
Clinical Informatics	Medical Biochemical Genetics	Pulmonary Disease and Critical Care Medicine
Clinical Neurophysiology	Medical Genetics	Radiation Oncology
Colon and Rectal Surgery	Medical Microbiology	Radiology - Diagnostic
Complex General Surgical Oncology	Medical Toxicology - Emergency Medicine	Rheumatology
Craniofacial Surgery	Medical Toxicology - Preventive Medicine	Selective Pathology
Critical Care Medicine - Anesthesiology	Molecular Genetic Pathology	Sleep Medicine
Critical Care Medicine - Internal Medicine	Musculoskeletal Oncology	Spinal Cord Injury Medicine
Cytopathology	Nephrology	Sports Medicine - Emergency Medicine
Dermatology	Neurological Surgery	Sports Medicine - Family Medicine
Dermatopathology	Neurology	Sports Medicine - Internal Medicine
Emergency Medical Services	Neuromuscular Medicine - Neurology	Sports Medicine - (PM&R)
Emergency Medicine	Neuromuscular Medicine - (PM&R)	Surgery - General
Endocrinology, Diabetes, and Metabolism	Neuropathology	Surgical Critical Care
Endovascular Surgical Neuroradiology	Neuroradiology	Thoracic Surgery
Epilepsy	Neurotology	Thoracic Surgery - Integrated
Family Medicine	Nuclear Medicine	Transitional Year
Female Pelvic Med and Reconstructive Surgery - OB-GYN	Nuclear Radiology	Transplant Hepatology
Female Pelvic Med and Reconstructive Surgery - Urology	Obstetrics and Gynecology	Urology
Foot and Ankle Orthopaedics	Oncology	Vascular and Interventional Radiology
Forensic Pathology	Ophthalmic Plastic and Reconstructive Surgery	Vascular Neurology
Forensic Psychiatry	Ophthalmology	Vascular Surgery
Gastroenterology	Orthopaedic Sports Medicine	Vascular Surgery - Integrated
Geriatric Medicine - Family Medicine	Orthopaedic Surgery	Other
Geriatric Medicine - Internal Medicine	Orthopaedic Surgery of the Spine	
Geriatric Psychiatry	Orthopaedic Trauma	

2. *{if Medical School or Physician Residency / Fellowship Program}*. What is the level of your CURRENT or MOST RECENT clinical physician training program?

Medical Student - 1st year
Medical Student - 2nd year
Medical Student - 3rd year
Medical Student - 4th year

Residency or Fellowship - PGY1
Residency or Fellowship - PGY2
Residency or Fellowship - PGY3
Residency or Fellowship - PGY4
Residency or Fellowship - PGY5
Residency or Fellowship - PGY6
Residency or Fellowship - PGY7
Residency or Fellowship - PGY8
Residency or Fellowship - PGY9

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. Are you rotating at this facility now?

- Yes
 No

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

_____ %

6. 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"/>

7. 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"/>

8. 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"/>

9. 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"/>
j. OVERALL SATISFACTION WITH THE PHYSICAL 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 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"/>

11. 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"/>

12. Please rate your satisfaction with the AVAILABILITY & TIMELINESS of STAFF AND SERVICES 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. Attending / supervisory staff: weekdays	0	0	0	0	0	0
b. Attending / supervisory staff: nights and weekends	0	0	0	0	0	0
c. Outpatient nursing staff: weekdays	0	0	0	0	0	0
d. Inpatient nursing staff: weekdays	0	0	0	0	0	0
e. Inpatient nursing staff: nights and weekends	0	0	0	0	0	0
f. Ancillary / support staff: weekdays	0	0	0	0	0	0
g. Ancillary / support staff: nights and weekends	0	0	0	0	0	0
h. Pharmacy services: weekdays	0	0	0	0	0	0
i. Pharmacy services: nights and weekends	0	0	0	0	0	0
j. Radiology services: weekdays	0	0	0	0	0	0
k. Radiology services: nights and weekends	0	0	0	0	0	0
l. Laboratory services: weekdays	0	0	0	0	0	0
m. Laboratory services: nights and weekends	0	0	0	0	0	0
n. OVERALL SATISFACTION WITH THE AVAILABILITY AND TIMELINESS OF STAFF AND SERVICES	0	0	0	0	0	0

13. Please rate your satisfaction in the following areas with the QUALITY of STAFF AND SERVICES when available at the VA facility. 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. Attending / supervisory staff	0	0	0	0	0	0
b. Nursing staff	0	0	0	0	0	0
c. Ancillary / support staff	0	0	0	0	0	0
d. Pharmacy services	0	0	0	0	0	0
e. Radiology services	0	0	0	0	0	0
f. Laboratory services	0	0	0	0	0	0
g. OVERALL SATISFACTION WITH THE QUALITY OF STAFF AND SERVICES	0	0	0	0	0	0

14. Please rate your satisfaction with the following SYSTEMS AND PROCESSES dealing with medical errors at the VA facility. 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. Prevent / reduce medical errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Assure medication safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Report medical / medication errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Assure confidentiality of error reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Facilitate discussion of medical / medication errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Facilitate analysis of medical / medication errors as a learning experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. OVERALL SATISFACTION WITH SYSTEMS AND PROCESSES DEALING WITH MEDICAL ERRORS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15a. What level of patient care quality did you expect to find at the VA facility BEFORE starting your VA training experience?

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>				

15b. How do you rate the quality of patient care at the VA facility NOW, based on your actual experience?

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>				

16. 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"/>

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	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.	OVERALL, VA PRACITITIONERS PROVIDE PATIENT AND FAMILY CENTERED CARE	0	0	0	0	0	0
18. 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
		0	0	0	0	0	0

19. 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
20. 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

21. 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"/>					

22. 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

- | | Very Likely | Somewhat Likely | Had Not Thought About It | Somewhat Unlikely | Very Unlikely |
|--|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| 23. BEFORE this clinical training experience, how likely were you to consider a future employment opportunity at a VA medical facility? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Would you consider the VA as a future employer? | | | | | |
| <input type="radio"/> Yes | | | | | |
| <input type="radio"/> No | | | | | |
| 26. What is your gender? | | | | | |
| <input type="radio"/> Male | | | | | |
| <input type="radio"/> Female | | | | | |
| 27. In what year did you / will you graduate from medical school? | | | | | |
| 28. Did you / will you graduate from a medical school in the United States? | | | | | |
| <input type="radio"/> Yes | | | | | |
| <input type="radio"/> No | | | | | |
| 29. Are you currently on Active Duty in the military? | | | | | |
| <input type="radio"/> Yes | | | | | |
| <input type="radio"/> 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.*

