

**Workforce Development Initiative Cross-Site Evaluation  
Provider/Staff Survey  
Version Date: 5/6/2015**

**Are you 18 years of age or older?**

- Yes
- No

**Do you feel that you are able to read English well enough to complete an online survey?**

- Yes
- No

**Are you a clinical provider, support services provider, or staff member at [NAME OF CLINIC  
HERE]?**

- Yes
- No

**Do you consent to participate in this survey?**

- Yes, I consent to participate in the survey.
- No, I do not wish to participant in the survey.

**1. What are the first three letters of the last name you had at birth?**

— — —

**2. What are the first three letters of the last name that your mother had at birth?**

— — —

**3a. In which month were you born?**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

**3b. In which year were you born?**

— — — —

**4. What is your gender? (Choose one)**

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male
- Prefer not to answer

**5a. Which of the following best describes your ethnicity? (Choose one)**

- Non-Hispanic
- Hispanic / Latino
- Don't Know
- Prefer not to answer

**5b. Which of the following best describes your race? (Check all that apply)**

- White
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- American Indian or Alaska Native
- Other
- Don't Know
- Prefer not to answer

**6. Which of the following best describes your sexual orientation? (Choose one)**

- Heterosexual / Straight
- Bisexual
- Homosexual/ Lesbian/ Gay
- Other
- Don't Know
- Prefer not to answer

**7. What is your profession/occupation? (Choose all that apply)**

- Administrator/Manager
- Advanced Practice Nurse (including nurse practitioner)
- Care Coordinator
- Community Health Outreach Worker/Promotora
- Dentist
- Health Educator
- Licensed vocational nurse/licensed practical nurse
- Medical Assistant
- Mental/behavioral health professional (licensed)
- Mental/behavioral health professional (unlicensed)
- Registered Nurse
- Other Dental Professional
- Patient Navigator
- Peer Counselor/Advocate
- Pharmacist
- Physician (MD, DO)
- Physician Assistant
- Substance Use Professional
- Other\_\_\_\_\_

*Q8a asked only of "BIG 6" (Physicians, Advanced Practice Nurses, RNs, Physician Assistants, Dentists, and Pharmacists).*

**8a. Do you prescribe medication to patients?**

- Yes
- No

*Q8b asked only of Physicians, Advanced Practice Nurses, and Physician Assistants)*

**8b. Do you serve as a primary care provider to patients?**

**Q9 asked of participants who not Big 6**

**9. Do you:**

**9a. ...room patients?**

- Yes
- No

**9b. ...take their vital signs?**

- Yes
- No

**9c. ...contact them between visits about their routine chronic and preventive care?**

- Yes
- No

**Q10 asked only of "BIG 6"**

**10. Which of the following best describes your team model at your clinic?**

- I almost always work with the same medical assistant, LVN, or LPN
- I almost always work with a small group of medical assistants, LVNs, or LPNs
- I rarely work with the same medical assistant, LVN, or LPN; or with the same group of medical assistants, LVNs, or LPNs

**Q11 asked of participants who are not "BIG 6"**

**11. Which of the following best describes your team model at your clinic?**

- I almost always work with the same provider
- I almost always work with a small group of providers
- I rarely work with the same the same provider or group of providers

**Q12. Does your clinic have an electronic health record?**

- Yes
- No

**Questions 13-20 are adapted from the ACRE, an assessment used by the National Evaluation Center for the AIDS Education and Training Centers. They are asked only of Big 6**

**From the list below, check the types of HIV clinical care services you provide to your patients.**

	Yes	No
<b>13. I provide primary care for HIV-infected patients</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. I monitor HIV-specific lab test</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>15. I initiate antiretroviral therapy</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. I conduct adherence counseling and monitor adherence</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. I provide prophylaxis and treatment for opportunistic infections</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. I manage treatment when drug resistance is present</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. I initiate care to prevent and treat co-morbid conditions</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. I provide clinical consultation to other clinicians regarding HIV care</b>	<input type="checkbox"/>	<input type="checkbox"/>

*Q21-26 were adapted from the ACRE. They are asked only of participants who are not Big 6*

*From the list below, check the types of HIV care services you provide to patients*

	<b>Yes</b>	<b>No</b>
<b>21. I conduct HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. I conduct adherence counseling and monitor adherence</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. I initiate care to prevent and treat co-morbid physical health conditions</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24. I initiate care to prevent and treat co-morbid mental health conditions</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. I work with patients to ensure that they are directed to the clinical or support services that they need.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26. Other care services _____</b>	<input type="checkbox"/>	<input type="checkbox"/>

*Q27 and follow-up (27a, 27b, 27c) are adapted from the ACRE. They are asked only of Big 6.*

**27. Please check which of the following options best describes your usual practice with HIV patients (Choose one)**

- I refer patients for HIV-related care and treatment after diagnosis
- I do not refer, but I do consult with HIV care specialists when I have questions
- I do not refer, I am an HIV care specialist
- I do not know where to refer HIV-infected patients
- There are no referral options in my geographic area

*If first answer option in #27 (makes referral) is endorsed, then ask 27a, 27b, and 27c; else skip to 28*

**Please indicate under what situations you refer patients for HIV-related care and treatment after diagnosis**

	Yes	No
<b>27a. I refer when I think the patient needs to start on antiretroviral therapy</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27b. I refer when antiretroviral therapy fails</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27c. I refer patients with co-infections/co-morbidities</b>	<input type="checkbox"/>	<input type="checkbox"/>

**28. Please think about a typical week at this clinic. Over the course of a typical week, to how many patients in total would you provide care or services?** Estimate the total number, including both new and returning patients/clients and including both HIV-negative and HIV-positive patients.  
 \_\_\_\_\_ patients

**29. Again, please think about the a typical week at this clinic. Over the course of a typical week, to how many patients with HIV would you provide care or services?** Estimate the total number, including new and return patients/clients.  
 \_\_\_\_\_ patients

**30. Now, please think about the last five business days. Over the past five business days, to how many patients with HIV did you provide care or services?**  
 \_\_\_\_\_ patients

**31a. Have you been providing care or services to people living with HIV for one year or more?**

- Yes
- No

**IF YES: 31b: How many years have you been providing care or services to people living with HIV? \_\_\_\_\_**

**IF NO: 31c: How many months have you been providing care or services to people living with HIV? \_\_\_\_\_**

**33. How many years have you been working at this clinic? \_\_\_\_\_**

**34. How many hours do you work per week at this clinic? \_\_\_\_\_**

*Items 35-69 come from: Lewis et al. Patient-centered medical home characteristics and staff morale in safety net clinics. Archives of Internal Medicine. 2012;172:23-31.*

**ACCESS AND COMMUNICATION WITH PATIENTS**

*For the questions below, we would appreciate learning your degree of agreement or disagreement with the accompanying statement:*

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>35. Patients see the same primary care provider rather than some other provider when they come in for a routine visit.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36. Patients see the same primary care provider rather than some other provider when they come in for an urgent care visit.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>37. Patients can easily get a same-day appointment with a provider in our clinic if they have an urgent problem.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38. It is often difficult to spend enough time with patients to meet their medical needs.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. I have adequate access to interpreters.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**COMMUNICATION WITH OTHER PROVIDERS (THOSE IN OTHER DEPARTMENTS)**

40. How often is it difficult for you to communicate about your patients with...

Rarely    Occasionally    Sometimes    Frequently    Almost Always

a. ...specialists outside of your agency/organization?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. ...specialists within your agency/organization?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. ...hospital-based providers?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. ...emergency departments?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e. ...pharmacists

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**TRACKING DATA**

Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree

41. My practice can easily identify patients with a particular disease.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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42. This clinic has good systems in place to track test results and follow-up with patients about test results.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**ELECTRONIC HEALTH RECORD—ITEMS 43-46 ARE ASKED ONLY IF PARTICIPANT SELF-REPORTED AN ELECTRONIC HEALTH RECORD IN Q12**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
43. This clinic’s electronic health record is a big help to me in providing quality care to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. This clinic’s electronic health record provides prompts at the time of the patient visit to remind me of key actions to take for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. The electronic health record is well integrated into the practice’s daily work flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I can trust the validity of the data in the electronic health record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CARE MANAGEMENT**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
47. This clinic has a good system for identifying patients at high-risk for poor outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. This clinic provides additional services for patients at high-risk for poor outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. This clinic individualizes services to address patients with different needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. This clinic is effective in helping patients self-manage their HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Patient care is coordinated well among physicians, nurses, and clinic staff within this clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>52. This clinic effectively uses community resources to help meet the health care needs of our patients.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>53. This clinic's health record system provides prompts at the time of the patient visit to remind providers of key actions to take.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Quality Improvement</b></p>	<p><b>Strongly Disagree</b></p>	<p><b>Disagree</b></p>	<p><b>Neither Agree nor Disagree</b></p>	<p><b>Agree</b></p>	<p><b>Strongly Agree</b></p>
<p><b>54. The structure of this clinic promotes giving high quality of care to patients.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>55. This clinic is actively doing things to improve patient safety.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>56. This clinic studies patients' complaints to identify patterns and prevent the same problems from recurring.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>57. When this clinic experiences a problem, we make a serious effort to investigate the cause of the problem.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>58. This clinic sends me reports on the quality of care I provide to my patients.</b> (Note: Q58 asked Only of Providers)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>59. Most employees in this clinic are willing to change how they do things in response to feedback from others.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>60. Healthcare providers and other staff in this clinic are provided with adequate release time from their regular job duties for quality improvement activities.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. I am rewarded for the work I do in quality improvement.

**WORK ENVIRONMENT**

**Strongly Disagree**   **Disagree**   **Neither Agree nor Disagree**   **Agree**   **Strongly Agree**

62. Staff in this clinic operates as a team.

63. Clinic leadership creates an environment where things can be accomplished.

64. Clinic leadership promotes an environment that is an enjoyable place to work.

65. Candid and open communication exists between physicians and other staff.

66. The work I do is appropriate for my role and training.

67. I typically have control over my clinic schedule.

68. I typically have control over work interruptions.

69. I typically have control over the volume of my patient load. (Note: Q69 asked only of Big 6 providers)

*Items 70-77 adapted from STEP survey administered by the UCSF Center for Excellence in Primary Care*

**Trust in Other Staff—Items 70-73 to be asked of Physicians, Advanced Practice Nurses, and Physician Assistants only**

**Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree**

<p><b>70. I am confident that the medical assistants at my clinic can identify patients who are not up to date on HIV-related lab tests, such as CD4 or viral load.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>71. I am confident that the medical assistants at my clinic can answer most questions my patients have about HIV viral load testing.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>72. I do <u>not</u> think that a medical assistant who identifies a patient who needs an HIV-related lab test, such as CD4 or viral load, should order the test or pend the order before I specifically order it.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>73. If I do not order lab tests such as CD4 or viral load for HIV patients, I can't be sure they will be done.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trust in Other Staff—Items 74-77 to be asked only of medical assistants, LVNs, LPNs**

**Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree**

<p><b>74. I am responsible along with patients' providers to make sure that HIV patients are up to date on HIV-related lab tests, such as CD4 or viral load.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>75. I am confident that I can answer most questions my patients have about HIV viral load testing.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**76. During patient intake, I know how to identify HIV patients who are not up to date on the CD4 of viral load lab tests.**






**77. During patient intake, if I determine that an HIV patient is due for CD4 or viral load lab testing, I can order or pend orders for these tests without waiting for the provider to specifically order these tests for that patient.**






*Items 78-83 Adapted from: Ende J, Kazis L, Ash AB, Moskowitz MA. Measuring patients' desire for autonomy: decision-making and information-seeking preferences among medical patients. Journal of General Internal Medicine. 1989;4:23-30.*

**DECISION-MAKING PREFERENCES**

**Strongly Disagree**

**Disagree**

**Neither Agree nor Disagree**

**Agree**

**Strongly Agree**

**78. Important medical decisions should be made by a healthcare provider, not by a patient.**






**79. A patient should go along with a provider's advice even if the patient disagrees with it.**






**80. When hospitalized, the patient should not be making decisions about his/her own care.**






**81. A patient should feel free to make decisions about minor health problems.**






**82. If a patient were getting increasingly sick, the provider should take greater control.**






**83. The patient should decide how frequently he/she needs routine health maintenance check-ups (e.g., physicals).**

*Items 84-85 come from the Maslach Burnout Inventory (MBI). They were shown to be core items that relate well to the two larger subscales of the MBI, see Waddimba et al., Validation of single-item screening measures for provider burnout in a rural health care network. Evaluation and the Health Professions. 2015. (Currently only available at ePub ahead of print.)*

***BURNOUT—Item 84 captures emotional exhaustion, item 85 captures depersonalization***

**84. I feel burned out from my work.**

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

**85. I have become more callous toward people since I took this job.**

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day