



THE UNIVERSITY OF
CHICAGO



Provider Experience Survey

SECTION A: ACCESS TO CARE AND COMMUNICATION WITH PATIENTS

1. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My patients see me rather than some other provider when they come in for a <u>routine</u> visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My patients see me rather than some other provider when they come in for an <u>urgent</u> care visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. My patients can easily get a same-day appointment with me or some other provider in our clinic if they have an urgent problem	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. It is often difficult to spend enough time with patients to meet their medical needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I have adequate access to interpreters	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION B: COMMUNICATION WITH OTHER PROVIDERS

2. Approximately how often is it difficult for you to communicate about your patients with (check one):

	Rarely	Occasionally	Sometimes	Frequently	Almost Always
a. outside specialists?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. hospital-based providers?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. emergency departments?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION C: TRACKING DATA

3. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My practice can easily identify patients with a particular disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Our clinic has good systems in place to track test results and follow-up with patients about the results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION D: ELECTRONIC MEDICAL RECORD (EMR)

4. My clinic has an electronic medical record.

- ₁ Yes **If Yes, proceed to Q5**
- ₂ No **If No, skip to Section E: Care Management**

5. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My clinic's EMR is a big help to me in providing quality care to my patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Our EMR provides prompts at the time of the patient visit to remind me of key actions to take for the patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. The EMR is well integrated into the practice's daily work flow	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I can trust the validity of the data in our EMR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION E: CARE MANAGEMENT

6. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Our clinic has a good system for identifying patients at high-risk for poor outcomes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Our clinic intensifies services for patients at high-risk for poor outcomes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Our clinic individualizes services to different patients with different needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Our clinic is effective in helping patients self-manage their chronic illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Patient care is coordinated well among physicians, nurses, and clinic staff within our clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Our practice effectively utilizes community resources to help meet the health care needs of our patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION F: QUALITY IMPROVEMENT

7. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The structure of our clinic promotes giving high quality care to patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. We are actively doing things to improve patient safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Our clinic studies patients' complaints to identify patterns and prevent the same problems from recurring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My clinic sends me reports on the quality of care I provide to my patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Most people in this practice are willing to change how they do things in response to feedback from others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Providers and staff in the clinic are provided with adequate release time from their regular job duties for quality improvement activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. Please state how much you agree with the following statement (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
a. I am rewarded for the work I do in quality improvement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₋₁

9. Please rate the following in your clinic (check one):

	Poor	Fair	Good	Very Good	Excellent
a. Overall quality of clinical care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Patient health outcomes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Patient satisfaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Staff morale	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION G: WORK SATISFACTION

10. Please state how much you agree with the following statement (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Overall, I am satisfied with my current job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11. Using your own definition of "burnout", please check one:

<input type="checkbox"/> ₁ I enjoy my work. I have no symptoms of burnout.
<input type="checkbox"/> ₂ Occasionally I am under stress at work, but I don't feel burned out.
<input type="checkbox"/> ₃ I have one or more symptoms of burnout, such as physical or emotional exhaustion.
<input type="checkbox"/> ₄ The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.
<input type="checkbox"/> ₅ I feel completely burned out and often wonder if I can go on.

SECTION H: WORK ENVIRONMENT

12. Please state how much you agree with the following statements (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. People in this practice operate as a real team	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. When we experience a problem in the practice we make a serious effort to figure out what's really going on	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Leadership in this practice creates an environment where things can be accomplished	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Practice leadership promotes an environment that is an enjoyable place to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Candid and open communication exists between physicians and other practice staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. The work I do is appropriate for my role and training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

13. In my practice setting, I typically have adequate control over (check one):

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My clinic schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Work interruptions (e.g., telephone calls, unscheduled patients)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. The volume of my patient load or panel size	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION I: WORK ACTIVITIES

14. How many **minutes in an average day** do you spend on each of the following activities? (fill in blank):

a. Patient teaching/counseling/education	_____ minutes
b. Communicating with patients via phone	_____ minutes
c. Communicating with patients via emails	_____ minutes
d. Communicating with other healthcare providers outside the clinic about my patients	_____ minutes
e. Organized quality improvement activities	_____ minutes
f. Proactively identifying patients who need to come in for care	_____ minutes

SECTION J: DEMOGRAPHICS

15. What is your gender?

- ₁ Female
- ₂ Male

16. Do you consider yourself to be Hispanic or Latino?

- ₁ Yes
- ₂ No

17. What is your race/ethnicity? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> ₁ White | <input type="checkbox"/> ₄ American Indian or Alaska Native |
| <input type="checkbox"/> ₂ Black/African-American | <input type="checkbox"/> ₅ Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> ₃ Asian | <input type="checkbox"/> ₆ Other _____ |

18. What is your position at the clinic? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> ₁ Administrator: specify
_____ | <input type="checkbox"/> ₁₀ Licensed Practical Nurse (LPN) |
| <input type="checkbox"/> ₂ Behavioral Health Specialist | <input type="checkbox"/> ₁₁ Medical Records Staff |
| <input type="checkbox"/> ₃ Certified Medical Assistant (CMA) | <input type="checkbox"/> ₁₂ Nurse Practitioner (NP) |
| <input type="checkbox"/> ₄ Certified Nurse Specialist (CNS) | <input type="checkbox"/> ₁₃ Physician |
| <input type="checkbox"/> ₅ Dentist (DDS) | <input type="checkbox"/> ₁₄ Physician-in-Training (ie – Intern, Resident, or Fellow) |
| <input type="checkbox"/> ₆ Diabetes Educator | <input type="checkbox"/> ₁₅ Physician Assistant (PA) |
| <input type="checkbox"/> ₇ Dietician | <input type="checkbox"/> ₁₆ Registered Nurse (RN) |
| <input type="checkbox"/> ₈ Family Nurse Practitioner (FNP) | <input type="checkbox"/> ₁₇ Registered Nurse Clinician (RNC) |
| <input type="checkbox"/> ₉ Health Educator | <input type="checkbox"/> ₁₈ Social Worker |
| <input type="checkbox"/> ₁₉ Other: specify: _____ | |

19. What year did you finish your clinical training? _____

20. How many years have you worked at this clinic? _____

21. How many hours per week do you work at this clinic? _____

22. At our clinic, the patients I take care of are (check one):

₁ Primarily children under 18 years of age

₂ Primarily adults 18 years or older

₃ Both children and adults

Thank you for completing this survey. Please feel free to add any additional comments below:

Please return the survey in the enclosed postage-paid envelope.

Thank you for your time and assistance.

If you have questions about this survey, please contact:

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