

Your Feedback Is Requested

As part of our program's ongoing evaluation we ask that you please reflect on your overall and summative experience in the NP Residency Program and complete this brief survey. Your feedback is critical to helping us continually improve the program and we use this information to identify common themes and inform program development and enhancements. We truly appreciate your time and attention to this!

Organization and Site Specific Questions

* 1. Please choose your organization

- Community Health Center, Inc.
 HealthLinc Community Health Centers
 Open Door Community Health Centers
 Thundermist Community Health Center
 Waianae Coast Comprehensive Health Center
 HRHCare

* 2. Please specify your home site

* 3. To what extent do you agree with the following statements.

	Mostly Disagree	Slightly disagree	Slightly agree	Mostly agree	Completely agree
I have a dedicated work space to sit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have support staff to work with during clinical sessions (MA, nurse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know who the support staff is during each precepted session (MA, nurse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to support staff in between precepted sessions for patient care follow up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an adequate number of exam rooms to see my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the appropriate supplies I need to work effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am fully integrated into the clinical team at my site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Please provide any additional feedback about your experience at your home site

Clinical Based Practice Experiences

* 5. Please share with us your experience in regards to precepted clinic, both things that work well and areas of improvement.

* 6. Please share with us your experience in regards to mentored clinic, both things that work well and areas of improvement.

* 7. How do you feel the program curriculum (precepted clinic, mentored clinic, specialty rotations, didactics and seminars) has impacted your overall confidence and competence as a Family Nurse Practitioner?

* 8. Please share with us your experience with your planned progressive clinical schedule (ramp up).

Didactics and Other Learning Sessions

* 9. Please provide feedback on the weekly didactic sessions including things that work well and areas for improvement.

* 10. Please provide feedback on additional didactic topics you would have liked to have seen covered?

* 11. Please comment on the value of your participation in Weitzman ECHO Pain as it relates to managing chronic pain patients in your practice.

* 12. Please provide feedback on the bi-weekly Quality Improvement Seminars including things that work well and areas for improvement.

* 13. Please select your top 3 most valuable QI Seminar Sessions.

- Observations of Care
- Process Mapping
- Measurement to Inform Change
- Organizing Your Improvement Project
- Approach to Testing Change
- Communicating Your Improvement Effort
- Stakeholder Analysis and Conflict Management
- Managing Conflict and Negotiation
- Negotiation About Cycles of Change
- Leadership Support and Buy-in for Improvement
- Sustaining Your Improvement Effort
- Resident Project Presentations

Comments

* 14. Please select any sessions that you did not find helpful - please use the comments box to explain any session chosen.

- Observations of Care
- Process Mapping
- Measurement to Inform Change
- Organizing Your Improvement Project
- Approach to Testing Change
- Communicating Your Improvement Effort
- Stakeholder Analysis and Conflict Management
- Managing Conflict and Negotiation
- Negotiation About Cycles of Change
- Leadership Support and Buy-in for Improvement
- Sustaining Your Improvement Effort
- Resident Project Presentations
- N/A - all sessions were valuable

Comments

15. Please tell us any other QI topics that you would have liked covered that were not included in the seminar series.

Specialty Rotations

* 16. For specialty rotations please share with us any feedback regarding your experience - both positive and areas of improvement.

Additional Comments

* 17. What were some of the additional learning and clinical opportunities that you engaged in that you found to be valuable to your overall experience and development as a Family Nurse Practitioner?

* 18. Please provide any additional comments, feedback, or suggestions for the program

Thank you!

Your time and feedback is appreciated.