

2017/2018 VA Trainee Satisfaction Survey (VA-TSS)

WELCOME

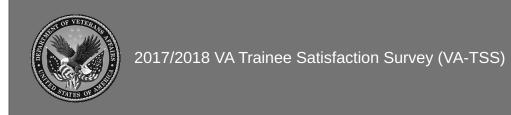
Dear VA Trainee:

We greatly appreciate and value your input! We would like to hear your opinion regarding your recent training experience at the VA facility. We rely on your feedback to improve VA educational programs. The survey completion time is estimated to average 5 minutes. Your responses are completely anonymous.

Please read the following instructions before beginning the survey:

- -Click on the NEXT button located at the bottom of the page to save your response and continue to the next page.
- -Use the PREVIOUS button located at the bottom of the page to view/change your responses on a previous page.
- -Do not use the BACK button on your browser to return to the previous page. Using your browser's BACK button may cause you to exit the survey.
- -Required questions are marked by an asterisk (*).

If you have concerns that need to be addressed immediately (such as grievances, patient safety issues, ethical concerns, or other time sensitive issues), please share these concerns directly with responsible parties at your organization. Your comments on this survey may not be seen promptly enough to prevent undesirable outcomes.



SECTION I: Training Experience

* 1. Our records indicate that, in the past 12 months, you received training at the VA facility. Is that correct?	,
YES	
\bigcap NO	



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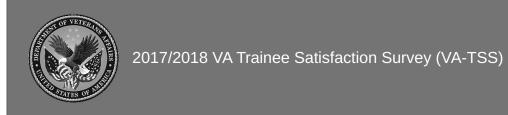
VA Facility

* 2. Please identify the VA facility where you had your most recent clinical training experience
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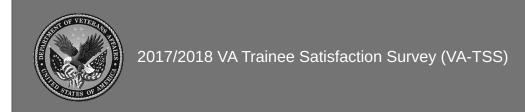


VA TRAINEE UNBOARDING/INPROCESSING EXPERIENCE
* 3. Please rate your level of satisfaction with your VA TRAINEE ONBOARDING/INPROCESSING EXPERIENCE (e.g. application process, background investigation process, VA PIV credential/ID badge).
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



Onboarding Processing Dissatisfied

Please specify the cause of dissatisfaction with your C)NBOARDING EXPERIENCE . ((150-Character Limit)



VA CLINICAL FACULTY/PRECEPTORS

* 5. Please rate your level of satisfaction with your VA CLINICAL FACULTY/PRECEPTORS (e.g. clinical skills, teaching ability, degree of supervision, timeliness of feedback, fairness in evaluation).
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



Clinical Faculty/Preceptors Dissatisfied

6	6. Please specify the	cause of dissatisfactio	on with your CLINIC	AL FACULTY/PRECI	EPTORS. (150-	Character Limit)



VA CLINICAL LEARNING ENVIRONMENT

VA CENTICAE ELANTINO ENVIRONMENT
* 7. Please rate your level of satisfaction with the VA CLINICAL LEARNING ENVIRONMENT (e.g. number and diversity of patients seen, spectrum of patient problems, time for working with patients and learning).
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



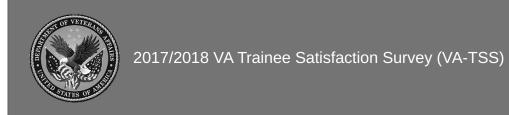
VA CLINICAL LEARNING ENVIRONMENT Dissatisfied

8. Please specify the cause of dissatisfaction with the VA CLINICAL	LEARNING ENVIRONMENT. (150-Character Limit)



VA PHYSICAL ENVIRONMENT

* 9. Please rate your level of satisfaction with the VA PHYSICAL ENVIRONMENT (e.g. workspace, computer access, facility cleanliness).
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



VA Physical Environment Dissatisfied

10. Please specify the cause of dissatisfaction with the VA PHYSIC	AL ENVIRONMENT. (150-Character Limit)



VA WORKING ENVIRONMENT

* 11. Please rate your level of satisfaction with the VA WORKING ENVIRONMENT (e.g. welcoming/supportive environment, feeling like you are part of a team, orientation to your role).
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



VA Working Environment Dissatisfied

12. Please specify the cause of dissatisfaction with the VA WOR	RKING ENVIRONMENT. (150-Character Limit)



OVERALL SATISFACTION

* 13. OVERALL, how satisfied are you with your VA TRAINING EXPERIENCE?
Very Satisfied
Satisfied
Dissatisfied
Very Dissatisfied



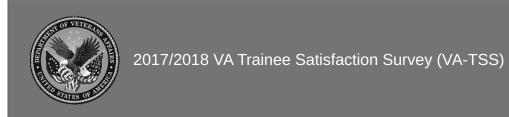
VA EMPLOYMENT OPPORTUNITY

* 14. BEFORE your VA clinical training experience, how likely were you to CONSIDER A FUTURE EMPLOYMENT OPPORTUNITY at a VA medical facility?
Very Likely
Likely
Unlikely
Very Unlikely
* 15. AS A RESULT of your VA clinical training experience, how likely would you be to CONSIDER A FUTURE EMPLOYMENT OPPORTUNITY at a VA medical facility?
Very Likely
Likely
Unlikely
Very Unlikely



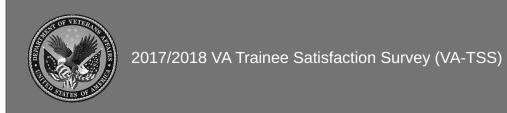
SECTION II: Demographics

* 16. Please select one of the following categories that best describes your VA Clinical Training program:	
Dentistry or Dental Auxiliary Program	
Medical Student or Physician Resident (M.D. or D.O.)	
Nursing Program including Nurse Practitioner and Licensed Practical Nursing	
Health Profession Education Program not listed above	



DENTISTRY

* 17. 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?	
Oental Assistant	
Oental Hygiene	
Dentist/General Practice	
Craniofacial Special Care Orthodontics	
Endodontics	
Maxillofacial Prosthetics	
Oral and Maxillofacial	
Oral Medicine	
Orthodontics & Dentofacial Orthopedics	
Orthodontics/Periodontics	
Periodontics	
Prosthodontics	
Prosthodontics/Maxillofacial Prosthetics	
Orthodontics/Periodontics	
Other:	



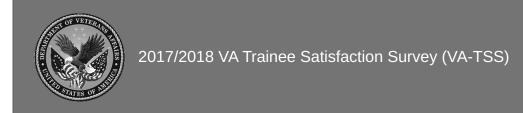
EDUCATION

* 18. 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	
Postdoctoral Residency or Fellowship	



DENTAL STUDENT

* 19.	What is the level of your CURRENT or MOST RECENT education program in Dentistry?
\bigcirc	Dental Student - 1st Year
	Dental Student - 2nd Year
	Dental Student - 3rd Year
	Dental Student - 4th Year



DENTAL RESIDENCY or FELLOWSHIP

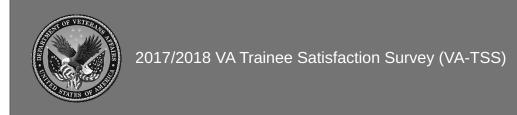
* 20.	What is the level of your CURRENT or MOST RECENT education program in Dentistry?
\bigcirc	Postdoctoral Residency or Fellowship Year 1
	Postdoctoral Residency or Fellowship Year 2
	Postdoctoral Residency or Fellowship Year 3
	Postdoctoral Residency or Fellowship Year 4
	Postdoctoral Residency or Fellowship Year 5
	Postdoctoral Residency or Fellowship Year 6
\bigcirc	Postdoctoral Residency or Fellowship Year 7



MEDICAL STUDENT or PHYSICIAN RESIDENT (M.D. or D.O.)

* 21. 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	
Allergy and Immunology	
Anesthesiology	
Colon and Rectal Surgery	
Dermatology	
Emergency Medicine	
Family Medicine	
Internal Medicine	
Medical Genetics and Genomics	
Neurological Surgery	
Neurology	
Nuclear Medicine	
Obstetrics and Gynecology	
Ophthalmology	

	Orthopaedic Surgery
\bigcirc	Osteopathic Neuromusculoskeletal Medicine
	Otolaryngology
	Pathology
	Pediatrics
	Physical Medicine and Rehabilitation
	Plastic Surgery
	Preventive Medicine
	Psychiatry
	Radiation Oncology
	Radiology
	Surgery
	Thoracic Surgery
	Transitional Year
	Urology



MEDICAL STUDENT

22. 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	



MEDICAL RESIDENCY or FELLOWSHIP

* 23. What is the level of your CURRENT or MOST RECENT clinical physician training program?
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



ANESTHESIOLOGY SUBSPECIALTIES

* 24.	Please select your subspecialty training program:
	No Subspecialty
	Adult Cardiothoracic
	Anesthesiology Critical Care Medicine
	Clinical Informatics
	Hospice and Palliative Medicine
	Obstetric Anesthesiology
	Pain Medicine
	Pediatric Anesthesiology
	Regional Anesthesiology and Acute Pain Medicine



DERMATOLOGY SUBSPECIALTIES
* 25. Please select your subspecialty training program:
No Subspecialty
Dermatopathology
Micrographic Surgery and Dermatologic Oncology



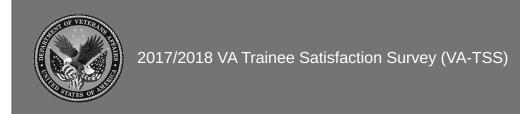
EMERGENCY MEDICINE SUBSPECIALTIES

* 26. Please select your subspecialty training program:
No Subspecialty
Clinical Informatics
Emergency Medical Services
Medical Toxicology
Pediatric Emergency Medicine
Sports Medicine
Undersea and Hyperbaric Medicine



FAMILY MEDICINE SUBSPECIALTIES

* 27. Please select your subspecialty training program:
No Subspecialty
Clinical Informatics
Geriatric Medicine
Hospice and Palliative Medicine
Sports Medicine



INTERNAL MEDICINE SUBSPECIALTIES

* 28. Pleas	se select your subspecialty training program:
O No S	Subspecialty
Adult	t Congenital Heart Disease
Adva	anced Heart Failure and Transplant Cardiology
Cardi	iovascular Disease
Clinic	cal Cardiac Electrophysiology
Clinic	cal Informatics
Critic	cal Care Medicine
Endo	ocrinology, Diabetes, and Metabolism
Gastr	roenterology
Geria	atric Medicine
Hema	atology
Hema	atology and Medical Oncology
Hosp	pice and Palliative Medicine
Infect	tious Disease

Internal Medicine-Pediatrics	
Interventional Cardiology	
Medical Oncology	
Nephrology	
Pulmonary Critical Care	
Pulmonary Disease	
Rheumatology	
Sleep Medicine	
Transplant Hepatology	



MEDICAL GENETICS AND GENOMICS SUBSPECIALTIES

* 29. Please select your subspecialty training program:
No Subspecialty
Clinical Informatics
Medical Biochemical Genetics
Molecular Genetic Pathology



NEUROLOGICAL SURGERY SUBSPECIALTIES

* 30. Please select your subspecialty training program:
No Subspecialty
Endovascular Surgical Neuroradiology



PLASTIC SURGERY SUBSPECIALTIES

* 31. Please select your subspecialty training program:	
No Subspecialty	
Hand Surgery	
Craniofacial Surgery	



OBSTETRICS AND GYNECOLOGY SUBSPECIALTIES

* 32. Please select your subspecialty training program:
No Subspecialty
Female Pelvic Medicine and Reconstructive Surgery
Gynecologic Oncology
Maternal-Fetal Medicine
Reproductive Endocrinology and Infertility

OPHTHALMOLOGY SUBSPECIALTIES

* 33. Please select your subspecialty training program:
No Subspecialty
Ophthalmic Plastic and Reconstructive Surgery



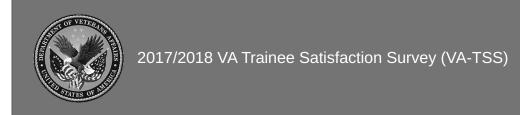
ORTHOPAEDIC SURGERY SUBSPECIALTIES

* 34. Please select your subspecialty training program:
No Subspecialty
Adult Reconstructive Orthopaedic Surgery
Foot and Ankle Orthopaedic Surgery
Hand Surgery
Musculoskeletal Oncology
Orthopaedic Sports Medicine
Orthopaedic Surgery of the Spine
Orthopaedic Trauma
Pediatric Orthopaedic Surgery



OTOLARYNGOLOGY SUBSPECIALTIES

* 35. Please select your subspecialty training program:	
No Subspecialty	
Neurotology	
Pediatric Otolaryngology	



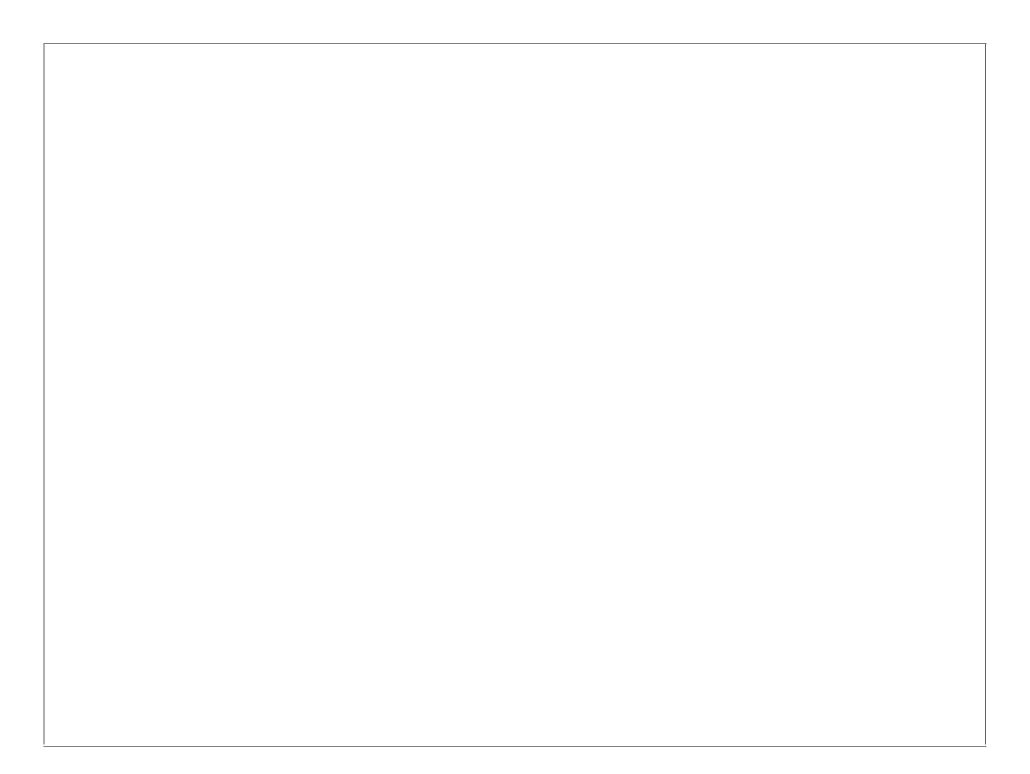
PATHOLOGY SUBSPECIALTIES

* 36.	Please select your subspecialty training program:
	No Subspecialty
	Blood Banking/Transfusion Medicine
	Chemical Pathology
	Clinical Informatics
	Cytopathology
	Dermatopathology
	Forensic Pathology
	Hematopathology
	Medical Microbiology
	Molecular Genetic Pathology
	Neuropathology
	Pediatric Pathology
	Selective Pathology



PEDIATRICS SUBSPECIALTIES

* 37. Please select your subspecialty training program:	
One Subspecialty	
Adolescent Medicine	
Child Abuse Pediatrics	
Clinical Informatics	
Developmental-Behavioral Pediatrics	
Hospice and Palliative Medicine	
Internal Medicine-Pediatrics	
Neonatal-Perinatal Medicine	
Pediatric Cardiology	
Pediatric Critical Care Medicine	
Pediatric Emergency Medicine	
Pediatric Endocrinology	
Pediatric Gastroenterology	
Pediatric Hematology Oncology	
Pediatric Infectious Diseases	
Pediatric Nephrology	
Pediatric Pulmonology	
Pediatric Rheumatology	
Pediatric Transplant Hepatology	
Sleep Medicine	
Sports Medicine	





PHYSICAL MEDICINE AND REHABILITATION SUBSPECIALTIES

* 38. Please select your subspecialty training program:
No Subspecialty
Brain Injury Medicine
Neuromuscular Medicine
Pain Medicine
Pediatric Rehabilitation Medicine
Spinal Cord Injury Medicine
Sports Medicine



PREVENTIVE MEDICINE SUBSPECIALTIES

* 39. Please select your subspecialty training program:
No Subspecialty
Clinical Informatics
Medical Toxicology
Undersea and Hyperbaric Medicine



PSYCHIATRY SUBSPECIALTIES

* 40. Please select your subspecialty training program:
No Subspecialty
Addiction Psychiatry
Brain Injury Medicine
Child and Adolescent Psychiatry
Forensic Psychiatry
Geriatric Psychiatry
Hospice and Palliative Medicine
Psychosomatic Medicine
Sleep Medicine



RADIATION ONCOLOGY SUBSPECIALTIES	
* 41. Please select your subspecialty training program:	
No Subspecialty	
Hospice and Palliative Medicine	



RADIOLOGY SPECIALTIES

* 42. Please select your subspecialty training program: No Subspecialty Abdominal Radiology Clinical Informatics Diagnostic Radiology Endovascular Surgical Neuroradiology Interventional Radiology
Abdominal Radiology Clinical Informatics Diagnostic Radiology Endovascular Surgical Neuroradiology
Clinical Informatics Diagnostic Radiology Endovascular Surgical Neuroradiology
Diagnostic Radiology Endovascular Surgical Neuroradiology
Endovascular Surgical Neuroradiology
Interventional Radiology
Interventional Radiology-Integrated
Musculoskeletal Radiology
Neuroradiology
Nuclear Radiology
Pediatric Radiology
Vascular and Interventional Radiology



SURGERY SUBSPECIALTIES

* 43. Please select your subspecialty training program:
No Subspecialty
Complex General Surgical Oncology
Hand Surgery
Pediatric Surgery
Surgery Critical Care
Vascular Surgery



THORACIC SURGERY SUBSPECIALTIES	
* 44. Please select your subspecialty training program:	
No Subspecialty	
Congenital Cardiac Surgery	



UROLOGY SUBSPECIALTIES

* 45. Please select your subspecialty training program:
No Subspecialty
Female Pelvic Medicine and Reconstructive Surgery
Pediatric Urology



NEUROLOGY SUBSPECIALTIES

* 46. Please select your subspecialty training program:			
	No Subspecialty		
	Brain Injury Medicine		
	Clinical Neurophysiology		
	Endovascular Surgical Neuroradiology		
	Epilepsy		
	Neurodevelopmental Disabilities		
	Neuromuscular Medicine		
	Pain Medicine		
	Sleep Medicine		
	Vascular Neurology		



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NURSING

7. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Nursing at the VA nedical facility you identified for this survey?
Nurse Aide / Assistant
Licensed Practical Nurse
Licensed Vocational Nurse
Certified Registered Nurse Anesthetist
Clinical Nurse Leader
Clinical Nurse Specialist
Nurse Administration
Nurse Educator
Nurse Midwifery
Registered Nurse
Nurse Practitioner



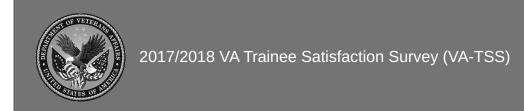
EDUCATION

* 48.	What is the level of your CURRENT or MOST RECENT education program in Nursing?
\bigcirc	Certificate (Pre-Baccalaureate)
	Diploma (Pre-Baccalaureate)
	Associate Degree
	Baccalaureate Degree
	Masters Degree
	Post-Masters
\bigcirc	Doctoral / PhD
	Doctoral / DNS, DNSc
	Doctoral / DNP



NURSING RESIDENCY or FELLOWSHIP

49. If you are in a VA NURSING RESIDENCY or FELLOWSHIP PROGRAM, please select from the list below your CURRENT training program at the VA medical facility you identified for this survey.		
NOT APPLICABLE		
Post-Baccalaureate Residency Program		
Nurse Practitioner Residency Program		
Pre-Doctoral Research Fellowship		
Pre-Doctoral Clinical Fellowship		
Post-Doctoral Research Fellowship		
Post-Doctoral Clinical Fellowship		



CLINICAL NURSE SPECIALIST SPECIALTIES

* 50. Please select your training program:
Clinical Nurse Specialist - Adult Health
Clinical Nurse Specialist - Adult/Gerontology
Clinical Nurse Specialist - Family/Individual Across Lifespan
Clinical Nurse Specialist - Neonatal
Clinical Nurse Specialist - Home Health
Clinical Nurse Specialist - Pediatrics
Clinical Nurse Specialist - Public Community Health
Clinical Nurse Specialist - Psychiatric/Mental Health
Clinical Nurse Specialist - Women's Health/Gender-Related



NURSE PRACTITIONER SPECIALTIES

* 51. Please select your training program:
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 - Emergency
Nurse Practitioner - Women's Health / Gender-Related



ASSOCIATED HEALTH

* 52. 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		
O Dietetics		
Laboratory		
Licensed Professional Mental Health Counselor		
Marriage & Family Therapist		
Medical/Surgical Support Tech		
Medical Imaging		
Occupational Therapy		
Optometry		
Orthotics/Prosthetics		
Pharmacy		

Physical Therapy
Physician Assistant Physician Assistant
Podiatry
Psychology
Radiation Therapy
Recreation/Manual Arts Therapy
Rehabilitation/Other
Respiratory Therapy
Social Work
Speech-Language Pathology
Surgical Technician/Technologist
Other



ASSOCIATED HEALTH EDUCATION

* 53.	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

Thank You for Completing VA Trainee Satisfaction Survey!

CERTIFICATE OF COMPLETION



You have successfully completed the 2017/2018 VA Trainee Satisfaction Survey

Thank you for your participation!



