**Clinical Informatics Survey**

We are surveying anesthesiologists board-certified in both Anesthesiology and Clinical Informatics to assess the roles of and value added by anesthesiologist-informaticians. Currently, there are 36 individuals, like you, with such qualifications. We would appreciate your participation in our project.

1. What is your background/training/experience that qualified you to be accepted in the practice pathway for the informatics boards? (Please check all that apply)

Informatics fellowship (unaccredited)

Informatics fellowship (accredited)

Master’s or PhD in informatics

Informatics work experience

Please describe:

Other

Please describe:

1. Where do you see patients? (Please check all that apply)

Operating Room

Pain Clinic

Pre-admission Testing Clinic

ICU

Elsewhere:

I am no longer seeing patients

1. If you do see patients, typically how many days per week do you do so?

1  2  3  4  5  6  7  N/A

1. Do you have an informatics role in your anesthesia department?

No  Yes

If Yes, please describe your role:

1. Do you have an informatics role in your institution outside your department?

No  Yes

If Yes, please describe your role:

1. Do you write code or program in clinical applications as part of your job?

Daily

Several days each week

Several days each month

Several days each year

Never

1. What do you see as critical future issues/directions for anesthesia informatics?
2. Should we encourage interest/participation of anesthesiologists in informatics?

Yes  No

If No, please explain why not:

1. If you had to do it all over, would you have taken the Clinical Informatics Boards?

Yes  No

If No, please explain:

1. Have you received value from passing your Clinical Informatics Boards?

No  Yes

If Yes, please explain the value:

1. Do you think once a full 2-year ACGME fellowship is required for Clinical Informatics Board Certification, a substantial number of anesthesia residents will elect to do this? Please check the box corresponding to your opinion.

Highly Unlikely Unlikely Possible Probable Highly Likely

1. Please add any additional comments you would like to share:

Thank you for your time.

**Supplemental Analysis: Lack of associations between potentially meaningfully related responses**a

Testing association between response to question 1 {What is your background/ training/ experience that qualified you to be accepted in the practice pathway for the informatics boards?} and responses to questions 4, 5, and 6 were planned. However, there was only one response to question 1 with > 5 respondents. Furthermore, in response to the first 3 response option of any informatics training, there were only 4 respondents total. Therefore, no associations were applicable for testing.

Question 3 {If you do see patients, typically how many days per week do you do so?} and  
Question 4 {Do you have an informatics role in your anesthesia department? Yes, No}.  
The Wilcoxon-Mann-Whitney *P* = 0.15

Question 3 {If you do see patients, typically how many days per week do you do so?} and   
Question 5 {Do you have an informatics role in your institution outside your department? Yes, No}.  
The Wilcoxon-Mann-Whitney *P* = 0.66.

Question 4 {Do you have an informatics role in your anesthesia department? Yes, No} and   
Question 6 {Do you write code or program in clinical applications as part of your job?}.   
The Wilcoxon-Mann-Whitney *P* = .64.

Question 5 {Do you have an informatics role in your institution outside your department? Yes, No} and   
Question 6 {Do you write code or program in clinical applications as part of your job?}.   
The Wilcoxon-Mann-Whitney *P* = .12.

a All calculations were performed using StatXact-11. In the body of the paper, there are 95% exact confidence intervals calculated using the method of Blyth-Still-Casella (StatXact-11, Cytel, Cambridge, MA). These are independent analyses, even though the question responses represent multivariate data. Associations among potentially meaningfully related responses were therefore tested using Wilcoxon-Mann-Whitney tests. The findings of the current table show that none was significant.