Supplemental digital content for Ryskina KL, Smith CD, Arora VM, Zaas AK, Halvorsen AJ, Weissman A, Wahi-Gururaj S. Relationship Between Institutional Investment in High-Value Care (HVC) Performance Improvement and Internal Medicine Residents' Perceptions of HVC Training. Acad Med.

## Supplemental Digital Appendix 2

## **Internal Medicine In-Training Examination, 2014 Residents Questionnaire**

To help ACP and AAIM improve future examinations and training programs, please complete this brief questionnaire. Your responses are confidential and will not be linked to your identification number or test score. Your Program Director will not have access to any of the information that is unique to your program.

5. Do you agree or disagree with each of the following statements? (Choose one response for each item)

	Completely disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Completely agree
1. Physicians should order tests					
that might provide additional					
clinical information, even if those					
tests are unlikely to alter patient					
management.					
2. Physicians should take an active					
role in identifying waste within					
their own hospital system(s).					
3. There is currently too much					
emphasis on costs of tests and					
procedures.					
4. I should sometimes deny					
beneficial but costly services to					
certain patients because resources					
should go to other patients who					
need them more.					
5. Physicians need to take a					
prominent role in limiting use of					
unnecessary tests.					
6. It is unreasonable to expect					
physicians to understand their					
patients' out-of-pocket costs.					
7. Physicians are too busy to worry					
about the costs of tests and					
procedures.					
8. Physicians should order tests					
that might prevent a malpractice					
suit, even if those tests are unlikely					
to alter patient management.					

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9. The cost of a test or medication			
is only important if the patient has			
to pay for it out-of-pocket.			
10. Physicians should discourage			
the use of interventions that have a			
small advantage over standard			
interventions but carry a greater			
potential for harm.			

## 6. How often do you and your faculty discuss balancing benefits and harms with cost when caring for patients?

- 1. Never
- 2. Few times a year
- 3. Few times a month
- 4. Few times a week
- 5. Every day
- 7. Which of the following, if any, describe the ways you were exposed to educational materials focused on teaching you to balance benefits with harms and costs? (Choose all that apply)
- 1. ACP's Online High Value Care Cases
- 2. AAIM/ACP's High Value Care Resident Curriculum
- 3. MKSAP 16
- 4. ACP Smart Medicine
- 5. Participation in a High Value Care Quality Improvement project
- 6. Choosing Wisely lists
- 7. Choosing Wisely videos
- 8. Other (Specify: )
- 9. Haven't been exposed to educational materials on this topic