**Supplement - Survey Instruments**

**An Interdisciplinary Care Team: Factors that Impact Quality of Care**

**ANONYMOUS INTERN SURVEY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT (circle one): ITU-A ITU-B**

**Have you taken this survey previously? Yes No**

**1. What is your gender?  *(Circle one.)* Male Female**

**2. What is your age in years?  *(Circle one.)***

**25-29 30-34 35-39 40+**

**3. Have you rotated on the ITU previously (circle all that apply)**

**ITU-A (28 hour call) ITU-B (16 hour call) Neither**

**4. In the duty hour survey, which of the following did you request:**

 **28 hour call no 28 hour call No Preference I Don’t Remember**

**5. How well do you feel you know the patients that you are caring for?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Extremely Well** | **Very Well** | **Well** | **Not Very Well** | **Not at All** |

**6. How often do you present patients you did not feel you know well?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Very Frequently** | **Frequently** | **Occasionally** | **Rarely** | **Never** |

**7. How often are you able to conduct a thorough physical exam on patients new to you?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Very Frequently** | **Frequently** | **Occasionally** | **Rarely** | **Never** |

**8. How would you rate the teaching on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |

**8. Compared to your other non-ICU BWH rotations, how exhausted do you feel on this rotation?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Much More Tired**  | **More Tired** | **No notable difference** | **Less Tired** | **Much Less Tired** | **N/A - No other non-ICU BWH rotations** |

**9. Overall, how satisfied are you with your call schedule compared to other services?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Extremely Satisfied** | **Very Satisfied** | **Satisfied** | **Unsatisfied** | **Very Unsatisfied** |

**Comments:**

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**ANONYMOUS RESIDENT SURVEY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT (circle one): ITU-A ITU-B**

**Have you taken this survey previously? Yes No**

**1. What is your gender?  *(Circle one.)* Male Female**

**2. What is your year?*(Circle one.)* PGY-2 PGY-3 PGY-4 PGY-5 Over PGY-5**

**3. Compared to other services or prior years, how would you rate the quality of intern presentations of *new* patients on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**4. Compared to other services or prior years, how would you rate the quality of intern presentations of *old* (patients known the the service) patients on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**5. How would you rate the overall quality of care provided by the current interns on your floor?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |

**6. Compared to your most recent BWH inpatient rotation (excluding ICUs), how exhausted do the interns seem?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Much More Tired**  | **More Tired** | **No notable difference** | **Less Tired** | **Much Less Tired** |

**7. Compared to your most recent BWH inpatient rotation (excluding ICUs), how would you compare the number of incorrect orders placed by the interns?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Many More** | **More** | **No Difference** | **Fewer** | **Far Fewer** |

**8. How would you rate the overall teaching/learning on this service compared to other services or prior years?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**9. If you are on ITU-A, how would you compare the quality of care provided by the extended duty-hour intern compared to the standard duty hour intern?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** | **Unable to Judge** |

**Comments:**

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**ANONYMOUS ATTENDING SURVEY**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT (circle one): ITU-A ITU-B**

**Have you taken this survey previously? Yes No**

**1. What is your gender?  *(Circle one.)***

**Male Female**

**2. How many years have you been an attending?  *(Circle one.)***

 **1-5 6-10 11-14 15-20 Over 20**

 **4. Compared to other services or prior years, how would you rate the quality of new patient presentations?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**5. Compared to other services or prior years, how would you rate the quality of old patient presentations?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**6. Compared to other services or prior years, how would you rate the overall quality of care provided by the interns on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**7. Compared to other services or prior years, how would you rate the teaching/learning on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Far Superior** | **Superior** | **Similar** | **Inferior** | **Far Inferior** |

**Comments:**

**An Interdisciplinary Care Team: Factors that Impact Quality of Care**

**ANONYMOUS NURSE SURVEY**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT *(circle one):* 10A 10B**

**Have you taken this survey previously? Yes No**

**1. What is your gender?  *(Circle one.)***

**Male Female**

**2. How many years have you been a Nurse?  *(Circle one.)***

**Under 1 1-5 6-10 10-20 Over 20**

**3. How would you rate the quality of care provided by the current interns?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
|  |  |  |  |  |
|  |  |  |  |  |

**If you have rotated on both 10A and 10B since July, please answer following two questions:**

**4. Compared to the other ITU team, how would you rate the overall interdisciplinary team effectiveness?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Superior** | **Somewhat superior** | **Similar** | **Somewhat Inferior** | **Inferior** |

**5. Compared to the other ITU team, how responsive are the responding clinicians to pages on this service?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Much more responsive** | **Somewhat More Responsive** | **Similar** | **Somewhat Less Responsive** | **Much less responsive** |

**Comments:**

**An Interdisciplinary Care Team: Factors that Impact Quality of Care**

**ANONYMOUS PATIENT SURVEY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you taken this survey previously? Yes No**

**1. What is your gender?  *(Circle one.)***

**Male Female**

**2. What is your age?  *(Circle one.)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Under 25** | **26-39** | **40-65** | **65-85** | **Over 85** |

**3. How many times have you seen your doctor and/or medical student individually (not in a group) per day?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over 3** | **3** | **2** | **1** | **Not at all** |

**4. How many times have you seen your doctors as a group per day?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over 3** | **3** | **2** | **1** | **Not at all** |

**5. How well do you feel your doctors know your medical issues?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Extremely Well** | **Very Well** | **Well** | **Not Very Well** | **Not at All** |

**6. How well do you feel the doctors have listened to your problems?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Extremely Well** | **Very Well** | **Well** | **Not Very Well** | **Not at All** |

**7. How satisfied are you with the care provided by the healthcare team?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Extremely Satisfied** | **Very Satisfied** | **Satisfied** | **Not Very Satisfied** | **Not at All Satisfied** |

**Comments:**