Appendix A

Hospitalist survey

1. What is your gender?
2. How old are you?
3. Which of the following degrees do you hold?
   1. MD/DO
   2. PA/NP
4. Which of the following best describes the hospital where you practice?
   1. Academic medical center
   2. Community teaching hospital
   3. Community non-teaching hospital
5. How many years have you worked as a hospitalist (at all institutions combined)? (round up to 1 year)
6. How many years have you worked as a hospitalist at your current hospital? (round up to 1 year)
7. Have you previously worked in private practice as a hospitalist?
8. Did you complete residency training in the same institution in which you now practice? Have you previously worked as a hospitalist in a for-profit hospital?
9. What percentage of your hospitalist shifts occur during the day? (morning-afternoon or noon-evening shifts are considered day shifts, the remainder of the shifts will be assumed to be nocturnal)
10. What percentage of your time is spent on hospitalist teaching services (report as % of your total FTE)?
11. What percentage of your time is spent in direct care on the hospitalist service (report as % of your total FTE)?
12. How has your use of consult services changed since the beginning of your career as a hospitalist?
    1. Increased a lot
    2. Increased a little
    3. No change
    4. Decreased a little
    5. Decreased a lot
13. On average, how many total consults did you request per a single shift during your last week of service in direct care (when working on a team without trainees)?
    1. 0-1
    2. 2-3
    3. 4-5
    4. >5
14. During your last week on service, on average, how many medicine subspecialty consults did you request per shift?
    1. 0-1
    2. 2-3
    3. 4-5
    4. >5
15. Please rank the following in order of most common reasons for requesting medicine subspecialty consultation. (Drag and drop the choices in order of most to least common)
    1. Assistance with treatment
    2. Request a procedure
    3. Discharge planning
    4. Patient request
    5. Assistance with diagnosis
16. How often are your medicine subspecialty consults performed by fellows with attending supervision (as opposed to attending-only performed consults)?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
17. When requesting a consultation from a medicine subspecialty service, how often do you communicate directly with a consultant to relay your consult question in-person?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
18. When requesting a consultation from a medicine subspecialty service, how often do you communicate directly with a consultant to relay your consult question over the phone?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
19. When requesting a consultation from a medicine subspecialty service, how often do you communicate directly with a consultant to relay your consult question by page only?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
20. How often do medicine subspecialty consultants communicate directly with you about their recommendations after evaluating the consult in-person?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
21. How often do medicine subspecialty consultants communicate directly with you about their recommendations after evaluating the consult over the phone?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
22. How often do medicine subspecialty consultants communicate directly with you about their recommendations after evaluating the consult by page only?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
23. How often do you experience "push-back" (defined as reluctance or resistance to perform the consult) from medicine subspecialty consultants?
    1. Always
    2. Most of the time
    3. Half of the time
    4. Sometimes
    5. Never
24. How do your interactions with medicine subspecialty fellows compare to your interactions with medicine subspecialty attendings with regard to each of the following? Multiple choice answers: much better with fellow, somewhat better with fellow, neutral, somewhat better with attending, much better with attending
    1. Professionalism
    2. Timeliness of consult recommendations
    3. Ease of communication
    4. Pushback on consults
    5. Amount of in-person communication
    6. Confidence in the clinical quality of the recommendations
    7. Learning from the consult
    8. Ease of discharge planning
25. What impact does each of the following have on your ability to provide patient care when working with medicine subspecialty consultants? (For example, if you don't experience "push-back", please mark "no negative impact")

Multiple choice answers: Major negative impact, some negative impact, slight negative impact, no negative impact

* 1. High hospitalist clinical load
  2. Limited consultant time
  3. Minimal in-person encounters between hospitalist and consultant
  4. Consultant “push-back” on consult requests

1. What impact does each of the following have on patient care when working with medicine subspecialty consultants? (For example, if you don’t feel that how interesting a case is impacts patient care, please mark "no positive impact")

Multiple choice answers: Major positive impact, some positive impact, slight positive impact, no positive impact

* 1. Interesting clinical case
  2. Positive interpersonal interaction with consultant
  3. Having worked with consultant previously
  4. Having more free time at work
  5. Receiving teaching from the consultant

1. What impact does each of the following have on your ability to learn from a medicine subspecialty consultative service?

Multiple choice answers: Major negative impact, some negative impact, slight negative impact, no negative impact

* 1. High hospitalist clinical load
  2. Limited consultant time
  3. Minimal in-person encounters between hospitalist and consultant
  4. Consultant “push-back” on consult requests

1. What impact does each of the following have on your ability to learn from a medicine subspecialty consultative service?

Multiple choice answers: Major positive impact, some positive impact, slight positive impact, no positive impact

* 1. Interesting clinical case
  2. Positive interpersonal interaction with consultant
  3. Having worked with consultant previously
  4. Having more free time at work
  5. Receiving teaching from the consultant

1. During what proportion of medicine subspecialty consults did you learn one or more new facts or concepts from your interaction with the consultant?
   1. Always
   2. Most of the time
   3. Half of the time
   4. Sometimes
   5. Never
2. How often do you read about a topic for which you have called a consult (either before or after you call the consult)?
   1. Always
   2. Most of the time
   3. Half of the time
   4. Sometimes
   5. Never
3. Rate your level of agreement with the following statements.

Multiple choice answers: strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree

* 1. Consultants should be required to communicate their consult recommendations either in person or over the phone
  2. I would like to receive more teaching from subspecialty services in relation to consults I request
  3. Consultants should attempt to teach hospitalists during consult interactions regardless of whether the hospitalist initiates the teaching interaction (by asking a question)