**e-Appendix B**

**INTRA-TEAM HANDOFFS SURVEY**

**What you need to know:**

For the purpose of this survey, a co-intern is defined as another intern on your inpatient medicine ward team, with the understanding that both interns are working with the same resident and attending.

Given your experience on inpatient medicine ward teams, you are being asked to complete this anonymous survey about the process of intra-team handoffs and coverage of your co-intern’s patients.

This is a research study and your participation is voluntary. We have left several empty manila envelopes for you to place your survey in when you have completed it. If you do not wish to participate, please leave the survey blank but still place it in the envelope to maintain anonymity. The surveys are not coded, so the study team will not be able to track who completed one and who did not.

We anticipate that up to 60 people will complete this survey, including internal medicine categorical and preliminary interns. All of the information collected will be stored in a locked file cabinet in the principal investigator’s office or in a limited access electronic folder on a protected network server. We anticipate publishing the results of this work, but no participant names will be included.

This work is being conducted by Dr. Kathlyn Fletcher and Dr. Karrie Martin. Please feel free to contact them with any questions or comments.

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Thank you for your participation in this project.

**Directions:**

Please complete the following survey questions to the best of your ability. Answer each question honestly. Please note that some questions have specific directions.

**Understanding Intra-Team Handoffs**

Demographics

Age \_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_

Program: (circle one)

 Categorical Internal Medicine

 Med-Peds

 Preliminary

 Neurology

 Anesthesia

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_

How many inpatient ward months (on any internal medicine service) have you done since the start of internship? \_\_\_\_\_

How many *general medicine ward* months have you done since the start of internship? \_\_\_\_\_\_\_\_\_

In answering the following questions, please consider your experience on all inpatient internal medicine ward rotations. For the purposes of this survey, a “**co-intern**” is defined as another intern on your inpatient ward team.

1. Is signing out to your co-intern different than signing out to an overnight cross-cover intern?

 **Circle one: YES NO**

 If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. For each question below, circle the number that best represents your response.

|  |  |
| --- | --- |
|  | Not at all Moderately well Very well 1 2 3 4 5 |
| In general, how well do you think that you know your co-intern’s patients before you have had the opportunity to cover them? |  1 2 3 4 5 |
| In general, how well do you think that your co-interns know your patients before they have had the opportunity to cover them? | 1. 2 3 4 5
 |

3. Think of a situation **before** you have had the opportunity to cover your co-intern’s patients…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For what percentage of your co-intern’s patients could you name their #1 problem? | 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |
| What percentage of your co-intern’s patients have you actually ever seen? | 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |
| What percentage of your co-intern’s patients have you actually ever examined (even briefly)? | 0-20% | 21-40% | 41-60% | 61-80% | 81-100% |

4. When covering for your co-intern, how responsible do you feel for their patients? (circle the number that best corresponds to your feelings)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much less than for my own patients | Somewhat less than for my own patients | The same amount as for my own patients | Somewhat more than for my own patients | Much more than for my own patients |
| 1 | 2 | 3 | 4 | 5 |

5. Consider a situation in which you have 5 patients of average acuity to sign out. How much time would you spend signing them out to your co-intern if you were…

|  |  |
| --- | --- |
| Off the next day | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes |
| Going to clinic  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes |
| Leaving post-call | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes |
| Leaving on-call | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes |

6. Consider a situation in which you had 5 patients of average acuity to sign out. How much time would you spend signing them out to the **overnight cross-covering intern (not on your team)**? \_\_\_\_\_\_\_\_\_\_ minutes

7. What problems (if any) have you encountered **while covering your co-intern’s patients**?

|  |
| --- |
| *(check all that apply)* |
|  | Missed abnormal labs  |
|  | Missed consult recommendations |
|  | Missed changes in exam |
|  | Forgot to follow-up imaging |
|  | Forgot to order labs or imaging |
|  | Failure to adjust medications |
|  | Unexpected family meeting/phone calls from family |
|  | Didn’t understand the plan from co-intern’s notes |
|  | Other (please specify). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

8. What problems (if any) have you noticed **after your patients were covered by a co-intern**?

|  |
| --- |
|  *(check all that apply)* |
|  | Missed abnormal labs  |
|  | Missed consult recommendations |
|  | Missed changes in exam |
|  | Forgot to follow-up imaging |
|  | Forgot to order labs or imaging |
|  | Failure to adjust medications |
|  | Unexpected family meeting/phone calls from family |
|  | Didn’t understand the plan from co-intern’s notes |
|  | Other (please specify). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

9. In your last inpatient ward month, how many days did you cover a patient on your team that was **NOT** signed out to you beforehand by your co-intern? \_\_\_\_\_\_\_\_\_\_\_\_ days

10. For each question below, circle the number that best represents your response.

|  |  |
| --- | --- |
|  | **Very Often Sometimes Seldom Never Often** 1 2 3 4 5 |
| How often do you think that you were missing important information when you were covering for your co-intern’s patients?  |  1 2 3 4 5 |
| How often do you think that care is delayed for patients because of incomplete knowledge due to intra-team coverage? | 1. 2 3 4 5
 |
| How often do you think intra-team coverage of co-interns’ patients leads to additional days in patients’ hospital stays?  |  1 2 3 4 5 |
| How often are you given written sign-out about your co-intern’s patients that you will be covering? |  1 2 3 4 5 |

11. For each question below, please circle “yes” or “no”.

|  |  |  |
| --- | --- | --- |
| Have you noticed that your co-intern “copy and pasted” parts of your progress note when covering your patients?  | Yes | No |
| Have you noticed errors in the progress notes submitted by your co-intern while covering your patients? | Yes | No |

12. In general, how do you feel about the following statement?

|  |  |
| --- | --- |
|  | **Strongly Agree Neutral Disagree Strongly agree disagree** |
| I feel that my patients are the TEAM’s responsibility | 1 2 3 4 5 |
| I feel that my patients are MY responsibility | 1 2 3 4 5 |

13. Do you have any other comments or concerns about intra-team coverage or hand-offs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you!