**Appendix A. Survey Questions**

1. Gender

2. Age

3. What level do you practice at for this service?

PCP

ACP

4. Which EMS service do you work for?

5. What is your primary occupation?

EMS

Fire

Other (please specify)

6. What is your highest level of education within or outside of EMS?

College certificate or some college (one year or less)

College diploma (two or three years)

Bachelor’s degree

Master’s degree

Doctorate

7. Have you worked in EMS longer than one year?

No

Yes

(If yes, how many years is asked.)

8. How many times in a year do you interact with your medical director in person?

9. How many patient contacts do you have in a typical 12 hour shift?

10. How many times a week do you typically patch to a Base Hospital Physician?

11. On average, I patch to a Base Hospital Physician once every:

shift / few shifts / month / year / few years / I have never patched

12. Have you received any audits from the base hospital in the last year that required a written or verbal response? (optional question)

No

Yes

(If yes, how many is asked.)

13. Have you ever been educationally or clinically deactivated or decertified by the base hospital? (optional question)

No

Yes

**Likert-Type Scale Statements**

14. Overall, I am satisfied with my current opportunities to interact with my medical director.

15. My medical director understands the unique pre-hospital environment and the challenges that paramedics face while trying to treat patients according to the medical directives.

16. Base hospital medical directives are clearly worded and unambiguous.

17. Base hospital medical directives allow me to practice with an appropriate level of autonomy.

18. On unique calls, where the patient may not perfectly fit with a medical directive, I am comfortable treating the patient appropriately knowing that I will be supported by my medical director.

19. I am comfortable seeking support through patching to a base hospital physician in unique situations that may not entirely fit the written directives.

20. I am generally satisfied with my interactions with the base hospital physician when patching. (Only asked if the respondent previous answered that they had patched.)

21. The messages from the base hospital educators, the base hospital physicians, and the written medical directives are always consistent.

22. Fear of legal or disciplinary consequences has inhibited me from providing optimal care in an emergency setting.  
   
**Open-Ended Questions**

23. When questions are raised in audits from the base hospital what do you feel is the main priority of the base hospital?

24. What are your thoughts on the amount and quality of education received each year from your base hospital?

25. To what degree do the base hospital and your medical director support paramedics thinking critically to provide the best possible patient care?

26. Are there any other thoughts you would like to share on the medical direction, standing orders and base hospital education?