**Disaster Management Telemedicine Survey Items**

**Instructions: Please create a unique identifier using the first two letters of your last name and first 2 digits of your phone number (e.g. SO32)**

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

**Have you ever used telemedicine before? (Circle one.)**

Yes

No

**Please answer the following questions.**

**Are you:**

* Male
* Female

**What is your clinical role/expertise in Forward Surgical Teams?**

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

**Please indicate how many months of Clinical experience (including residency) you have.**

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

**Please indicate how many months of Trauma care experience (including residency) you have.**

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

**Which patient care area did you primarily work in during this patient case? Circle as many as apply.**

* Triage
* Pre-op
* Surgical
* Post-op
* Other \_\_\_\_\_\_\_\_\_\_

**Did you utilize the telemedicine for either or both of these patients? (Circle one)**

* Head trauma patient
* Pelvic fracture patient
* Both
* Neither

**To what extent did the use of telemedicine improve patient care? (Circle one.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Not at all | 2  Barely | 3  Somewhat | 4  Moderately | 5  Very much | N/A  Not  Applicable |  |

**Indicate the extent to which you believe telemedicine helped your team find and obtain “expert” resources? (Circle one.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Not at all | 2  Barely | 3  Somewhat | 4  Moderately | 5  Very much | N/A  Not  Applicable |  |

**To what extent did telemedicine improve the timeliness of patient care? (Circle one.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Not at all | 2  Barely | 3  Somewhat | 4  Moderately | 5  Very much | N/A  Not  Applicable |  |

**To what extent did the use of telemedicine improve the quality of the leader’s decision making? (Circle one.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Not at all | 2  Barely | 3  Somewhat | 4  Moderately | 5  Very much | N/A  Not  Applicable |  |

**Indicate the degree to which you believe that the use of telemedicine influenced the way your team adapted it’s patient care plan. (Circle one.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Not at all | 2  Barely | 3  Somewhat | 4  Moderately | 5  Very much | N/A  Not  Applicable |  |