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GLIDES_Asthma

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Asthma Management and Clinical Decision Support System Usability and User Satisfaction Survey

We are conducting a study to help us assess the usefulness of the Asthma SmartForm in the Electronic Medical Record. We are asking you to complete a brief survey that should take less than 10 minutes of your time. Your participation in this survey is completely voluntary and your answers will be anonymous. Thank you for helping us improve the design of clinical decision support tools for electronic health records.

Public reporting burden for this collection of information is estimated to average 6 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

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1. We are interested in understanding how you utilize the Electronic Medical Record for your patients with asthma. For each question below, indicate how often the statement is true.

	Never	Sometimes	Often	Usually	Always
a. I begin to document the history of present illness in EPIC during the patient visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I document the exam findings in EPIC during the patient visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I document my assessment in EPIC during the patient visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I document my plan in EPIC during the patient visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I print an asthma action plan and give it to the patient, if the patient has asthma on the problem list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I print an asthma action plan and give it to the patient, if the patient is having asthma symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have used the Asthma SmartForm in EPIC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I complete the Asthma SmartForm during the patient visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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2. The following questions are about your beliefs about guidelines and decision support systems. A decision support system compares patient characteristics with a knowledge base and then guides a health provider by offering patient-specific and situation-specific advice. Indicate the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. I am familiar with the recommendations for management of chronic asthma in the 2007 guidelines from the NIH/NHLBI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I agree with the recommendations for chronic asthma management in the 2007 guidelines from the NIH/NHLBI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I believe that reliance on practice guidelines leads to "cookbook medicine."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I know what a clinical decision support system is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I believe that clinical decision support systems have the capacity for improving patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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3. We are interested in your opinion of the Asthma SmartForm in EPIC. Indicate the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. The Asthma SmartForm helps me take better care of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The Asthma SmartForm is not worth the time it takes to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The Asthma SmartForm has useful reminders about something I might have forgotten to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The Asthma SmartForm is a useful tool to teach me about appropriate care for asthma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The way the Asthma SmartForm was designed fits efficiently into my workflow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I needed to learn a lot of things before I could get going with the Asthma SmartForm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Asthma SmartForm was designed in a way that minimizes data input.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The Asthma SmartForm note produces a satisfactory note to document progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The Asthma SmartForm has too much inconsistency with the NIH/NHLBI guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I would recommend the Asthma SmartForm to a colleague.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The Asthma SmartForm was cumbersome to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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4. How satisfied are you with the way the Asthma SmartForm performs the following functions?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
a. Helping me assess asthma severity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helping me assess asthma control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Helping me to choose appropriate therapies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Generating the asthma action plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Creating progress notes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Generating notes to the referring providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have any other comments you would like to make regarding the Asthma SmartForm?



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DEMOGRAPHICS AND BACKGROUND INFORMATION**1. How skilled are you in using the EPIC system?**

- Novice
- Average User
- Expert

2. In general, not just in terms of the EPIC system, how would you rate yourself as a computer user?

- Novice
- Average User
- Expert

3. What is your profession?

- MD/DO
- Nurse Practitioner
- Physician Assistant
- APN
- Other: Specify

4. At what level of training are you?

- Resident
- Fellow
- Attending
- Not applicable

5. What is your age?

- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

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Thank you for taking our survey.

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