Supplementary Material

Tablet Pre-Test ( Resident )

1. Do you think tablets will be helpful?
   - Yes
   - No
   Please explain why or why not

2. Would receiving a tablet have affected your ranking of residency programs?
   - Yes (Improved its rank)
   - No change
   - Yes (Decreased its rank)

3. What do you think tablets will be most useful for?
   - Orders
   - Notes
   - Reviewing data
   - Sign out
   - Accessing medical references
   - Other (please specify)

4. Do you think having a tablet will improve your job satisfaction?
   - Yes
   - No

5. Do you think having a tablet will change the amount of time you spend in the hospital?
   - Decrease time in hospital
   - No change
   - Increase time in hospital
6. Do you think a tablet will affect the quality of care you will be able to deliver?
- Yes, improve care
- No change in care
- Yes, worsen care

7. What is your current PGY level?
- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- Fellow

8. What service are you working in?
- Surgery
- Neurology
- Internal Medicine (Wards)
- Internal Medicine (Nightfloat)
- Intensive Care

9. How tech savvy do you consider yourself?
- Not at all (I am completely baffled by new devices)
- Below average (It takes me a long while to learn new devices)
- Average (It takes me a little while to learn new devices)
- Above average (I am quick to learn new devices but sometimes get stuck)
- Very savvy (I can troubleshoot most devices on my own)
10. Do you own or use a smartphone?
   ○ Yes (Apple)
   ○ Yes (Android)
   ○ Yes (Windows Phone)
   ○ No
   ○ Yes (Multiple -Please List Devices)

11. Do you own or use a tablet?
   ○ Yes (iPad)
   ○ Yes (Windows Device)
   ○ No
   ○ Yes (Other or Multiple Devices - Please List)

12. Please enter the second letter of your last name followed by the first three digits of the area code on your cell phone.

Tablet Post-Test (Resident)

1. Were tablets helpful for clinical care?
   - Yes
   - No

   Please explain why or why not.

2. Where did you find the tablet most useful?
   - On Wards
   - In Conference
   - Out of Hospital (Not on Call)
   - In Hospital (On Call)
   - Out of Hospital (On Call)

3. What did you find the tablet most useful for?
   - Orders
   - Notes
   - Reviewing data
   - Sign out
   - Accessing medical references
   - Other (please specify)

4. I used tablets for:

<table>
<thead>
<tr>
<th>To Look Up</th>
<th>To Enter</th>
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</thead>
<tbody>
<tr>
<td>Orders</td>
<td></td>
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<tr>
<td>Notes</td>
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<tr>
<td>Labs / Imaging</td>
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<tr>
<td>Sign Out</td>
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<tr>
<td>Sign Orders</td>
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<tr>
<td>Accessing Medical References</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>
5. Compared to a standard desktop,

<table>
<thead>
<tr>
<th>It was easier to use my tablet rather than search for an available desktop</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was faster to use my tablet rather than search for an available desktop</td>
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<tr>
<td>It was easier to view medical information</td>
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<td>It was faster to view medical information</td>
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<td>It was easier to write notes</td>
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</table>

6. How often did you use the tablet?

- Always (daily)
- Often (a few days per week)
- Occasionally (once in a week or less)
- Never
7. Did having a tablet improve your job satisfaction?
   - Yes
   - No

8. Did having a tablet change the amount of time you spent in the hospital?
   - Decreased my time in hospital
   - Increased my time in hospital
   - No change

9. Did having a tablet affect the quality of care you delivered?
   - Yes, improve care
   - Yes, worsen care
   - No change in care

10. What department did you use a tablet in?
    - Surgery
    - Neurology
    - Internal Medicine - Wards
    - Internal Medicine - Nightfloat
    - Intensive Care

11. Have you used a tablet for clinical care at Tufts previously?
    - No
    - Yes, I tried other devices
    - Yes, I used this device previously

12. Please enter the second letter of your last name followed by the 3 digit area code of your cell phone.