

## 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:

	To Look Up	To Enter
Orders	<input type="checkbox"/>	<input type="checkbox"/>
Notes	<input type="checkbox"/>	<input type="checkbox"/>
Labs / Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Sign Out	<input type="checkbox"/>	<input type="checkbox"/>
Sign Orders	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Medical References	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

## 5. Compared to a standard desktop,

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It was <u>easier</u> to use my tablet rather than search for an available desktop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>faster</u> to use my tablet rather than search for an available desktop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>easier</u> to view medical information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>faster</u> to view medical information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>easier</u> to write notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>faster</u> to write notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>easier</u> to enter orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was <u>faster</u> to enter orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 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.