

## Telemedicine and Non-Telemedicine Visit Experience Interview Guides

University of Rochester, Rochester NY

This is an interview guide designed to be conducted with patients, physicians, nurses, and office staff in an ambulatory setting. The tool includes questions to assess user's satisfaction and perceptions of telehealth.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified or used as is without additional permission from the authors.



**Part II (to be completed after visit)**

Note: **ALTERNATIVE** = Response to Part I, Question #2

11. How satisfied are you with the care [your child/you] received here today, on a scale of 1 (for highly unsatisfied) to 5 (for highly satisfied).

Highly unsatisfied					Highly satisfied
1	2	3	4	5	

12. Did you encounter any problems during the visit?

13. Did you encounter any inconvenience during the visit?

14. Compared to \_\_\_\_\_ **ALTERNATIVE** what was better about this telemedicine visit?

15. Compared to \_\_\_\_\_ **ALTERNATIVE** what was not as good about this telemedicine visit?

16. Do you feel that this visit was more convenient than \_\_\_\_\_ **ALTERNATIVE**, on a scale of 1 (for not at all) to 5 (for very much).

Not at all				very much
1	2	3	4	5

17. Would you recommend telemedicine to a friend for their child, on a scale of 1 (for absolutely not) to 5 (for yes, definitely)?

Absolutely Not				Yes, definitely
1	2	3	4	5

18. Would you use telemedicine again, on a scale of 1 (for absolutely not) to 5 (for yes, definitely)?

Absolutely Not				Yes, definitely
1	2	3	4	5

19. Do you have any other comments about your telemedicine visit today/this evening?

**Part II Interviewer initials** \_\_\_\_\_

**Part II Time Completed** \_\_\_\_\_am pm **Completed** \_\_in-person \_\_by phone













**Part I Time Completed \_\_\_\_\_am pm**

**Part II (to be completed after visit)**

Note: *ALTERNATIVE* = Response to Part I, Question #2

11. How satisfied are you with the care [your child/you] received here today, on a scale of 1 (for highly unsatisfied) to 5 (for highly satisfied).

Highly unsatisfied								Highly satisfied
1	2	3	4	5				

12. Did you encounter any problems during the visit?

13. Did you encounter any inconvenience during the visit?

14. Compared to \_\_\_\_\_ [*ALTERNATIVE*] what was better about this visit?

15. Compared to \_\_\_\_\_ [*ALTERNATIVE*] what was not as good about this visit?

16. Do you feel that this visit was more convenient than \_\_\_\_\_ [*ALTERNATIVE*], on a scale of 1 (for not at all) to 5 (for very much).

Not at all								very much
1	2	3	4	5				

17. Would you recommend this office to a friend for their child, on a scale of 1 (for absolutely not) to 5 (for yes, definitely)?

Absolutely Not								Yes, definitely
1	2	3	4	5				

18. Do you have any other comments about your visit today?

**Part II Interviewer initials \_\_\_\_\_**

**Part II Time Completed \_\_\_\_\_am pm Completed \_\_in-person \_\_by phone**

**PHONE NURSE**

*Queries to the phone nurse who responded to the parent phone call that led to this visit. This nurse usually can be identified from a telephone note in EMR (usually dated the same day as this visit or the day before).*

1. Phone note found in medical record? \_\_\_no \_\_\_yes

IF YES: Nurse name \_\_\_\_\_

IF NO: Determine parents' point of first contact from parent and record here: \_\_\_\_\_

2. In speaking with this parent about her/his child's illness, how confident were you in deciding whether the child should be seen by a provider (physician or nurse practitioner) rather than just continue with care at home, on a scale of 1-5 with 1 being not at all confident, and 5 being very confident?

Not at all				very confident
1	2	3	4	5

3. Did you offer telemedicine to the parent as an option for care? \_\_\_no \_\_\_yes

**IF YES:**

4. How confident were you in deciding whether or not the child could be cared for appropriately via telemedicine, on a scale of 1-5 with 1 being not at all confident, and 5 being very confident?

Not at all				very confident
1	2	3	4	5

5. In guiding this family to use telemedicine, how did the time for this call compare to the time expected if you had just offered an office visit, on a scale of 1-5 where 1 is no longer and 5 is much longer?

no longer		a little longer		much longer
1	2	3	4	5

6. What could be done to enhance your comfort level with offering telemedicine to parents?

7. When you decide that a visit seems appropriate for telemedicine, what are some of the barriers to offering this type of visit to the parent?

8. How has your comfort level in recommending telemedicine changed since this option became available, on a scale of 1-5 where 1 is much lower, 3 is about the same, and 5 is much higher:

much lower		about the same		much higher
1	2	3	4	5

9. IF CHANGED (any response except "about the same"): What do you think produced this change?

10. Would you consider using telemedicine for you own family? \_\_\_no \_\_\_yes

11. Why or why not?

12. Do you have other comments about your experience in guiding this family in accessing care?

**Interviewer initials** \_\_\_\_\_

**PROVIDER**

1. As part of your evaluation and treatment recommendations, was anything done that could not be provided through a telemedicine visit (for example: needed hands-on examination, blood test, imaging, IV fluids, multiple neb treatments)

- no
- yes

IF YES, what?

IF YES: How confident were you that this was necessary, on a scale of 1-5 where 1 is not at all confident, and 5 is very confident?

Not at all very confident  
 1            2            3            4            5

2. About how many telemedicine visits have you done ? \_\_\_\_\_ (provider's estimate)

3. Do you think this visit would have been appropriate for telemedicine, on a scale of 1-5 where 1 is not at all appropriate and 5 is very appropriate:

Not at all Very appropriate  
 1            2            3            4            5

4. What do you think the parent(s) liked or disliked about this office visit?

5. How did the time you spent, overall, to complete this visit compare with time you would usually spend to complete this visit by telemedicine, on a scale of 1-5 where 1 is much less time, 3 is about the same, and 5 is much more time?

much less about the same much more  
 1            2            3            4            5

6. What could be done, next time, to reduce the overall time required to complete this visit?

7. How did the time you spent in decision-making for this visit compare with time you would expect to spend had this visit been done by telemedicine, on a scale of 1-5 where 1 is much less time, 3 is about the same, and 5 is much more time?

much less about the same much more  
 1            2            3            4            5

8. How confident were you about your diagnosis today, compared to a telemedicine visit for this type of problem, on a scale of 1-5 where 1 is much less confident, 3 is about the same, and 5 is much more confident?

much less about the same much more  
 1            2            3            4            5

9. How would you compare the overall quality of care for this office visit with the quality expected with a telemedicine visit for this same problem, on a scale of 1-5 where 1 is much lower quality, 3 is about the same, and 5 is much higher quality?

much lower about the same much higher  
 1            2            3            4            5

10. Why?

11. Any other comments about this visit?

**Interviewer initials** \_\_\_\_\_