Survey 1: Physician enrollment survey

Date of Enrollment:

Please check one category to indicate your clinical position

- ☐ Medical student (then drop down options: MS4, MS3, MS2, MS1)
- ☐ Resident (then drop down options: 1st year, 2nd year, 3rd year, 4th year)
- ☐ Fellow (then drop down options: 1st year, 2nd year, 3rd year)
- ☐ Attending

Please check one or more categories to indicate what race(s)/ethnicity you consider yourself to be.

- ☐ White
- ☐ Black or African American
- ☐ Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other (please specify)

Please indicate your gender:

Have you previous have clinical communication skill training

- ☐ No
- ☐ Yes

If Yes, please mark which of the following method(s) you have experienced:

- ☐ Lecture or didactic talk
- ☐ Small group discussion
- ☐ Simulation exercise
- ☐ Role playing / Modeling
- ☐ Online course or digital education
- ☐ Other:

Cell phone number for study materials:

Smartphone: make: model: carrier:

Survey 2: Parent enrollment survey

Date of Enrollment:

What is your date of birth?

Please check one category to indicate your relationship to the baby in the NICU.

- ☐ Father
- ☐ Mother
- ☐ Grandparent
- ☐ Other:

What is your gender?

Please check one or more categories to indicate what race(s)/ethnicity you consider yourself to be.

- ☐ White
- ☐ Black or African American
- ☐ Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other (please specify)

What is the highest level of school that you completed?

- ☐ 8th grade or less
- ☐ 9-12th grade, no diploma
- ☐ High school diploma or the equivalent (GED)
- ☐ Some college
- ☐ 2-year degree
- ☐ 4-year degree
- ☐ Graduate or professional degree

Please check one category to indicate your total household income before taxes during the past 12 months.

- ☐ Less than $25,000
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $124,999
- ☐ $125,000 or more

Please check one category to indicate your marital status.

- ☐ Single, never married
- ☐ Married or domestic partnership
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Have you ever worked in the healthcare field?

- ☐ Yes
- ☐ No

  If yes, what is your occupation?

Email address:

Mobile number: Home number (if different): Other number:

Smartphone: Make: model: carrier:

Do you use your phone to look up health information?

- ☐ Yes
- ☐ No

Prior to this pregnancy/child, how often have you communicated with medical providers?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often

Survey 3: Weekly evaluations

Physician weekly evaluation

During this week, how much time have you spent discussing the video content with residents and medical students? _____ minutes

During this week, how much time have you spent discussing the video content with attending physicians? _____ minutes

During this week, have you used any of the information you heard in any of the Art of Medicine videos?

- ☐ Yes
- ☐ No

  If yes, please describe the techniques you have used:

During this week, the videos have caused me to change some aspect of how I communicate with families.

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Moderately agree
- ☐ Strongly agree

Parent weekly evaluation

During this week, how much time have you spent discussing the video content with your partner? _____ minutes

- ☐ Not applicable

During this week, how much time have you spent discussing the video content with other family or friends? _____ minutes

Is your child still admitted to the NICU?

- ☐ Yes (if yes, then the rest of the survey continues)
- ☐ No (if no, then the survey ends)

During this week, have you used any of the information you heard in any of the videos?

- ☐ Yes
- ☐ No

  If yes: Please describe the information you have used:

During this week, the videos have caused me to change some aspect of how I communicate with clinicians.

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Moderately agree
- ☐ Strongly agree

Survey 4: Final weekly evaluations

Physician final weekly evaluation

During this week, how much time have you spent discussing the video content with residents and medical students? _____ minutes

During this week, how much time have you spent discussing the video content with attending physicians? _____ minutes

During this week, have you practiced any of the techniques you saw in any of the Art of Medicine videos?

- ☐ Yes
- ☐ No

  If yes, please describe the techniques you have used.

During this week, the videos have caused me to change some aspect of how I communicate with families.

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Moderately agree
- ☐ Strongly agree

How much of the information presented in the videos was new to you?

- o 0-10 (sliding scale with 0 being none, and 10 being all)

  Comment:

During this rotation, which source provided you with the most information about communication techniques?

- ☐ The Art of Medicine videos
- ☐ My neonatal attending
- ☐ Other:

  Comment:

Did you share any of the Art of Medicine videos with other clinicians (excluding Team A at CHW)?

- ☐ Yes
- ☐ No

  Comment:

Because of the Art of Medicine intervention did you notice a difference in how parents communicate with providers in the NICU?

- ☐ Yes
- ☐ No

Comment:

In your opinion, how much will these videos benefit medical students and residents in the NICU?

- o 0-10 (sliding scale, with 0 being not at all, and 10 being a significant amount)
  Comment:

In your opinion, how much will these videos benefit fellows in the NICU?

- o 0-10 (sliding scale, with 0 being not at all, and 10 being a significant amount)
  Comment:

In your opinion, how much will these videos benefit attendings in the NICU?

- o 0-10 (sliding scale, with 0 being not at all, and 10 being a significant amount)
  Comment:

Please rate your learning experience with the videos.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Low
- ☐ Poor
- ☐ Not applicable
  Comment:

Please rate the visuals presented in the videos.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Low
- ☐ Poor
- ☐ Not applicable
  Comment:

Please rate the clarity of the audio presented in the videos.

- ☐ Excellent

- ☐ Good
- ☐ Average
- ☐ Low
- ☐ Poor
- ☐ Not applicable

  Comment:

Compared to other service months during fellowship, emphasis on communication in this month has been...

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Not applicable

What information do you suggest we add or remove from the videos?

Do you have any comments about participating in this study?

Parent final weekly evaluation

During this week, how much time have you spent discussing the Art of Medicine video content with your partner? _____ minutes

- ☐ Not applicable

During this week, how much time have you spent discussing the video content with other family or friends? _____ minutes

During this week, have you practiced any of the techniques you saw in any of the videos?

- ☐ Yes
- ☐ No

  If yes: Please describe the techniques you have used:

During this week, the videos have caused me to change some aspect of how I communicate with clinicians.

- ☐ Strongly disagree
- ☐ Moderately disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Moderately agree
- ☐ Strongly agree

In your opinion, how much will these videos benefit other families in the NICU?

- o 0-10 (sliding scale, with 0 being not at all, and 10 being a significant amount)
  Comment:

Did you discuss any of the video information with the doctors in the NICU?

- ☐ Yes
- ☐ No
  Comment:

Because of the videos, did you ask more questions in the NICU?

- ☐ Yes
- ☐ No
  Comment:

Because of the videos, did you share your opinions or concerns with the medical team more often?

- ☐ Yes
- ☐ No
  Comment:

Please rate your learning experience with the videos.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Low
- ☐ Poor
- ☐ Not applicable
  Comment:

Please rate the visuals presented in the videos.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Low
- ☐ Poor
- ☐ Not applicable
  Comment:

Please rate the clarity of the audio presented in the videos.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Low

- ☐ Poor
- ☐ Not applicable

Comment:

What information do you suggest we add or remove from the videos?

Do you have any comments about participating in this study?

Survey 5: 2-month post curriculum evaluations

Physician 2-month post curriculum evaluation

How much of the content of the Art of Medicine videos do you remember?

- o 0-10 (sliding scale, with 0 being none, and 10 being all)
  Comment:

Since your rotation in the NICU, how often do you implement the communication skills you learned from the Art of Medicine series when communicating with families?

- o 0-10 (sliding scale, with 0 being never, and 10 being often)
  Comment:

What communication strategies from the Art of Medicine series do you use most often?

Would you be interested in receiving similar videos with new communication strategies in the future?

- ☐ Yes
- ☐ No
  Comment:

Parent 2-month post curriculum evaluation

How much of the content of the Art of Medicine videos do you remember?

- o 0-4 (sliding scale, with 0 being none, and 4 being all)
  Comment:

How often have you used any of the techniques taught in the Art of Medicine videos in visits with other providers for your child's care (e.g. pediatrician, specialists)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable
  Comment:

How often have you used any of the techniques taught in the Art of Medicine videos in visits with providers for your care (e.g. OB/GYN)?

- ☐ Never
- ☐ Rarely

- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable

  Comment:

What communication strategies from the Art of Medicine series do you use most often?

Would you be interested in receiving similar videos for follow up clinics or pediatric units?

- ☐ Yes
- ☐ No

  Comment: