

Thank you for your interest in the study. Your participation will enable us to better understand clinical decision making and communication. Please indicate your response to the items below and return the completed sheet to a research team member.

Validation Assessment: Post Survey

Date: _____ Time: _____

1. Background Please circle one response for each:

- 1) What is your profession? Physician Nurse Technician: RT PT/OT
Other (please write in): _____
- 2) How many years have you been in this profession? <1 year 1-3 4-6 7-9 10+years
- 3) What is your clinical role on the BICU? Staff Supervisor
- 4) How many years have you been working on the BICU? <1 year 1-3 4-6 7-9 10+years
- 5) Which system did you use in the assessment? Essentris ALONE Essentris with CCS

Please circle the number that best reflects your response.	Strongly disagree	Disagree	Somewhat agree	Neutral Neither agree Nor disagree	Somewhat agree	Agree	Strongly agree
I could find the information I needed in the system	1	2	3	4	5	6	7
The system was easy to use to make decisions	1	2	3	4	5	6	7
Identifying important trends in patient condition was easy using this system	1	2	3	4	5	6	7
I could communicate effectively with other clinicians using this system	1	2	3	4	5	6	7
Communication with other clinicians was easy using this system	1	2	3	4	5	6	7
I am confident in my decisions/recommendations using this system	1	2	3	4	5	6	7
The scenario was realistic	1	2	3	4	5	6	7
Please circle the number that best reflects your response.	Very Poor	Below Average	Average	Above Average	Excellent		
How would you rate the team's overall performance?	1	2	3	4	5	6	7
How would you rate the team's communication?	1	2	3	4	5	6	7

****CONTINUED ON NEXT PAGE****

Please write in any additional comments you have about using the system:

Thanks again!