

## **Guidelines for Interviews Conducted with Physicians and Nurse Practitioners**

1. Interview 15 MDs, 15 NPs (this survey could also be used to interview Physician Assistants) practicing within DFCI about their knowledge and perceptions of Patient Safety Rounds. Interviewees should be chosen at random.
2. Before the interview, send an email asking the MD/NP to participate and informing them that a member of the Patient Safety Rounds team will call in a few days to ask a few questions. They can decline to participate without penalty if they choose. Should they decline, another MD or NP will be selected for participation to maintain a sample size of 15 MDs and 15 NPs.
3. Once a convenient time for the interview is established, a member of the project team will call the MD or NP and ask them the questions listed on the attached survey form. Although the interviewer will know whom he/she is interviewing; the names of MDs and NPs interviewed will not be captured or collected so as to maintain anonymity.
4. Once all interviews are complete, summarize the responses that have been received from all of the MDs and NPs.

## Patient Safety Rounds Survey for Physicians and Nurse Practitioners

**Interviewer:** \_\_\_\_\_

**Interviewee:** \_\_\_\_\_

**MD** \_\_\_ **or NP** \_\_\_

**Date:** \_\_\_\_\_

**Phone Interview** \_\_\_

Hi, my name is \_\_\_\_\_. I'm calling to ask for your help with a study we've done on *specified* units using Patient Safety Rounds. This should take less than five minutes of your time. You can decline to participate without any consequences, or decline to answer any question. Your name will not be used so as to keep this an anonymous survey. Your participation would help us to understand how to improve care. Is this a good time?

**If they answer yes:**

1. Are you aware of Patient Safety Rounds occurring on this organization's clinics?

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**(If answer No, go to question #4.)**

2. Have you ever participated in Patient Safety Rounds?

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

- 2a. **If yes-** Do you think Patient Safety Rounds is a useful format or approach for identifying near misses, errors, and adverse events?

Definitely	Probably	Somewhat	Probably Not	Definitely Not

3. Are you aware of any changes that have occurred either in your practice or on the infusion units as a result of Patient Safety Rounds?

Yes \_\_\_\_\_

No \_\_\_\_\_

**Please specify:**

4. How would you compare patient care at this organization to comparable institutions?

Much Safer	Safer	About the Same	Less Safe	Much Less Safe

5. How many years have you worked at this organization? On what unit have you primarily seen patients?

**Comments:**