Appendix 1

Survey

The purpose of this research is to better understand pharmacist response to health information technology (HIT), namely Electronic Medical Records (EMRs), by assessing the contribution of various reasons for both acceptance and resistance to the technology. The benefits of this study for society include a better understanding of how pharmacists approach HIT, the promotion of more pharmacy-relevant policies and procedures, and the encouragement of pharmacists' adoption of HIT. This implementation will also likely lead to more effective use of the safety features of these systems, promoting patient safety.

The survey will consist of some general background information, a series of scaled questions, and one free response opportunity. The survey should take only 10–15 minutes to complete. There are no foreseeable risks to the completion of this survey. None of the information requested by the survey is personally identifiable, which means that identities will remain confidential. Your participation is voluntary, and if you choose to not participate or to stop participating at any time, your decision will not result in a penalty or affect your association with UTHSC or the College of Pharmacy.

For the purposes of this survey, Electronic Medical Record (EMR) refers to the electronic system and associated components that serve as the patient record. This is the system that is accessed and maintained by providers for specific encounters in hospitals and ambulatory environments. Associated components of the system may include pharmacy ordering systems, laboratory interfaces, etc. even if they are not directly linked to the primary system.

Section One: Background
1. What is your gender?
   - Male
   - Female
2. What is your age?
   - Under 18
   - 18–24
   - 25–34
   - 35–44
   - 45–54
   - 55–64
   - 65–74
   - 75–84
   - 85 or older
3. How many years of practice experience do you have?
   - Under 5
   - 5–14
   - 15–24
   - 25–34
   - 35–44

- o 45–54
- o Over 55
4. What pharmacy degree have you received?
    - o Bachelor's
    - o Master's
    - o Doctorate
5. What additional education have you received? Please specify type/level, if applicable. (Select all that apply.)
    - o Residency
    - o Fellowship
    - o Board certification
    - o Other certification
    - o Other degree
    - o None
6. What is your current title? *(free text response)*
7. At what type of practice site do you work?
    - o Hospital
    - o Community
    - o Other *(free text response)*
8. What is the zip code at your main practice site? *(free text response)*
9. What is the number of beds at your main practice site?
    - o Less than 100
    - o 100–199
    - o 200–299
    - o 300–399
    - o 400–499
    - o Over 500
10. Who is your EMR system vendor? (i.e., Epic, Cerner, McKesson, etc.) *(free text response)*
11. Is the pharmacy interface a separate component than the EMR? (i.e., the pharmacy interface functions separately from the main EMR system and may open as a separate window/program)
    - o Yes
    - o No
12. Is the pharmacy system interoperable with the EMR? (i.e., the pharmacy interface automatically populates and pulls information into/from the main EMR)
    - o Yes
    - o No
    - o Don't know

Section Two: Acceptance and Resistance

Please choose the most appropriate response

	Strongly Agree	Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree	Strongly Disagree
1. Use of the EMR within my institution is a good idea.							
2. My interaction with the EMR is pleasant.							
3. In the past, my experience with updates and new features of the EMR has been positive.							
4. Using the EMR is beneficial to my care and management of patients.							
5. The healthcare industry, as a whole, thinks I should use the EMR.							
6. The organizational management at my institution and my supervisors think I should use the EMR.							
7. My coworkers think I should use the EMR.							
8. Patients think I should use the EMR.							
9. I am able to effectively utilize the EMR in my patient care and management.							
10. I do not have adequate knowledge to use the EMR effectively in my patient care and management.							
11. I have received adequate training and have access to sufficient resources to use the EMR effectively in my patient care and management.							
12. Using the EMR effectively is entirely within my control.							
13. I have invested a lot of time in learning to use my institution's current EMR.							
14. Prior to past updates and implementation of new features of the EMR, I had already invested a lot of time in perfecting my existing method and skills.							
15. I feel sorry for my institution's decision to use our particular EMR.							
16. I feel regret for bad outcomes that may be consequences of utilizing or implementing our EMR and its features.							
17. I do not use some features or updates of the EMR (…)							
18. Because it would be stressful to change.							
19. Because I enjoy the way I currently do things.							
20. Because it would negatively impact my current							

workflow.							
21. Even though I know it is not the best way of doing things.							
22. The EMR does not enhance my effectiveness on the job any more than working without it.							
23. The change to the new way of healthcare, which utilizes the EMR, is not good value.							
24. Working with the EMR does not improve the quality of the work I do any more than working without it.							
25. I have already put a lot of time and effort into mastering the current EMR.							
26. In my experience, implementing EMR updates and new features requires a lot of time and effort.							
27. In my experience, implementing EMR updates and new features results in unexpected hassles.							
28. I fear that I may lose control over the way I work if I use the features of the EMR.							
29. I am worried that I may lose control over the way I make clinical decisions if I use the features of the EMR.							
30. I fear that I may lose control over patient care if I use the features of the EMR.							
31. I intend to increase my use of the EMR and its features in the foreseeable future.							
32. I intend to invest my time and effort in fully utilizing the EMR.							
33. I intend to change my current way of working so that I can fully utilize the EMR.							
34. I don't want the EMR to change the way I care for patient processes.							
35. I don't want the EMR to change the way I make clinical decisions.							
36. I don't want the EMR to change the way I interact with other people on my job.							
37. Overall, I don't want the EMR to change the way I currently work.							

Section Three: Pharmacy-Specific

Please choose the most appropriate response.

	Strongly Agree	Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree	Strongly Disagree
1. The EMR is designed well for the workflow of my pharmacy.							
2. The EMR was designed with pharmacists in mind.							
3. EMR needs for pharmacists are different than the needs for other healthcare professionals (e.g., nurses, physicians, etc.).							
4. How do you perceive the EMR needs of pharmacists being different from other professions? *(free text response)*							