EMR Usability and Functionality Feedback Survey Questionnaire

St Paul's Hospital Millennium Medical College

Internal Medicine Department

Dear Participant,

Thank you for taking the time to complete this survey. The survey should take approximately 15-20 minutes to complete, and intended for healthcare providers (internal medicine residents, interns, and nursing staff) who actively use the Electronic Medical Record (EMR) system in the inpatient and outpatient services of the Internal Medicine Department. Your honest feedback is essential in helping us understand how the EMR system is functioning in your daily clinical work and how we can improve it to better support your practice. We are interested in your genuine experiences and perceptions.

Your participation is entirely voluntary. You may choose to skip any question or withdraw from the survey at any time without consequence. No identifying information will be collected, and your responses are completely anonymous and confidential.

If you have any questions while completing the survey, please contact the Department of Internal Medicine at +251 911679204; giz6sisay@live.com

Please proceed to the next page to begin the survey.

Section 1: General Characteristics

Instruction: Please select the option that best describes you by circling the appropriate letter.

1. If you are doctor, what is your current level of training?
    a. PGY-1
    b. PGY-2
    c. PGY-3
    d. Intern
2. If you are a nurse, what is your role?
    a. Nursing Case Team Leader
    b. Nurse in Charge
    c. Other (specify): _____
3. If you are a nurse, how many years of experience do you have in nursing?
    a. Less than 1 year
    b. 1-3 years
    c. 4-6 years
    d. 7-10 years
    e. More than 10 years
4. How frequently do you use the EMR system?
    a. Multiple times a day
    b. Daily
    c. Several times a week
    d. Weekly
    e. Rarely

Section 2: **EMR Usability and Functionality**

Instruction: Circle the letter that best reflects your experience.

5. How would you rate the overall ease of use of the EMR system?
    a. Very easy
    b. Easy
    c. Neutral
    d. Difficult
    e. Very difficult
6. How intuitive do you find the navigation within the EMR system?
    a. Very intuitive
    b. Intuitive
    c. Neutral
    d. Confusing
    e. Very confusing
7. How satisfied are you with the speed of the EMR system?
    a. Very satisfied
    b. Satisfied
    c. Neutral
    d. Dissatisfied
    e. Very dissatisfied
8. How easy is it to find the information you need in the EMR?
    a. Very easy
    b. Easy
    c. Neutral

d. Difficult

e. Very difficult

9. If you are a doctor, how would you rate the usefulness of the following EMR features in supporting your clinical work?

Patient charts:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Medication order:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Laboratory results:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Imaging results:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Clinical notes:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Other features: (Please specify):_____

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

10. If you are nurse, how would you rate the usefulness of the following EMR features in supporting your nursing responsibilities?

Patient charts:

a. Very useful

b. Useful

c. Neutral

d. Not useful

e. Not useful at all

Medication administration:

a. Very useful
b. Useful
c. Neutral
d. Not useful
e. Not useful at all

Nursing proactive round notes:

a. Very useful
b. Useful
c. Neutral
d. Not useful
e. Not useful at all

Vital signs tracking:

a. Very useful
b. Useful
c. Neutral
d. Not useful
e. Not useful at all

Patient care nursing plans:

a. Very useful
b. Useful
c. Neutral Not useful
d. Not useful at all

Other features: (Please specify):

_____
_____
_____

a. Very useful
b. Useful
c. Neutral
d. Not useful
e. Not useful at all

11. How well does the EMR system support your clinical workflow?

a. Very well
b. Well
c. Neutral
d. Poorly
e. Very poorly

Section 3: Experience on EMR Training Quality and Technical Challenges

Instruction: Circle the letter that best reflects your experience, and provide a description where appropriate.

12. Have you experienced any technical issues with the EMR system?

a. Yes (Please specify:

_____
_____
_____
_____
_____
_____)

b. No

13. Have you ever taken training on the EMR?

a. Yes

b. No

14. How would you rate the quality of the training you received on the EMR system?

a. Excellent

b. Good

c. Average

d. Poor

e. Very poor

Section 4: Open Feedback

Instruction: Please write your responses clearly in the space provided.

f. What do you like most about the EMR system?

_____
_____
_____
_____

g. What improvements would you suggest for the EMR system?

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h. Any additional comments or feedback?

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Thank you for your participation!