OR to ICU handoff study

	Please complete the survey below.					
	Thank you!					
1)	What kind of care provider are you?			 □ Physician □ Nurse (CNA, RN) □ Advanced practitioner (CRNA, NP, PA) □ Student □ Other 		
2)	What physician role do you have?			☐ Attending physician☐ Fellow☐ Resident or intern		
3)	What nurse role do you have?			☐ ICU nurse (RN) ☐ OR nurse (RN) ☐ CNA ☐ Other type of nurse		
4)	What kind of advanced practitioner are you?			☐ CRNA ☐ NP ☐ PA		
5)	You selected "Other" as your provider type. What kind of provider are you?					
5)	In what clinical locations do you work? Choose all that apply.			☐ HUP Rhoads 5 SICU☐ HUP OR☐ PPMC Myrin 2 SICU☐ PPMC OR		
7)	Do you think of yourself as someone who GIVES OR-to-ICU handoffs, someone who RECEIVES them, or both?			 □ I am part of the OR team GIVING handoffs to the ICU team. □ I am part of the ICU team RECEIVING handoffs from the OR team. □ BOTH: I am sometimes part of the OR team and sometimes part of the ICU team. 		
3)	List some words or short phrases that come to mind when you think about OR to ICU handoffs.					
9)	Move the slider to indicate your current SATISFACTION with OR to ICU handoffs.		Very dissatisfied	Neither satisfied nor dissatisfied	Very satisfied	
					(Place a mark on	
	How often are the following s	tatements tr	ue?			
10)	I feel comfortable handing off to other providers.	Never	Rarely	Sometimes	Usually	Always
11)	During handoff, I transmit all important patient information.					
12)						

26) Please provide your email address.

