



# THE DUKE TELEPSYCHIATRY PROJECT

## Physician Satisfaction Survey

In order to provide the best possible services to your Emergency Department, we need to know what you think about the services you have received. Please indicate your level of agreement or disagreement with each of the following statements. Thank you for your time and effort in helping us make this project most successful.

1. Have you worked with telemedicine before?  Yes  No

If yes, in what capacity?

2. What percentage of your time is spent addressing mental health/substance abuse issues with patients?   %

3. Was the telepsychiatry consult easy to obtain?  Yes  No

If no, please explain:

Please indicate if you Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree with each of the statements below. Fill in the circle that best describes your answer.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
4. Having telepsychiatry services has made me more comfortable assessing and treating patients with mental health/substance abuse issues. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I was satisfied with the psychiatric consult (it was a complete and thorough evaluation). — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was satisfied with the disposition recommendations given in the consultation. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The telepsychiatry project has made me more aware of resources in my community. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Telepsychiatry increases my productivity — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Telepsychiatry increases my workload. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Arrangement of equipment, patient, and/or staff is safe. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The telepsychiatry system rarely goes down. — — — — —	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Other Comments:

Please provide the following information for statistical compilation purposes:

a. Are you of Spanish/Hispanic/Latino Origin?  Hispanic or Latino  Not Hispanic or Latino

b. What is your race? (Check all that apply.)

- American Indian or Alaska Native
- White (Caucasian)
- Asian
- Native Hawaiian or Other Pacific Islander
- Black (African American)
- Other: Describe

c. Gender:  Male  Female

d. What is your age?  25-35  36-45  46-55  56-65  66-75  75+

e. What is your specialty?  ER  IM  FP  Other

f. Date:  /  /

PLEASE FAX TO: 803-935-5787  
or mail to: ETR, 7901 Farrow Road, Columbia, SC 29203  
Any questions call: 803-935-5784 or email: ems68@scdmh.org

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