Perspectives on Telemedicine

1. Current PGY year: *

Mark only one oval.

- PGY1
- PGY2
- PGY3

2. Prior experience with telemedicine: *

Check all that apply.

- Medical school course
- Telemedicine demonstration by an attending
- Note to date
- Other: 

3. I feel comfortable conducting a telemedicine visit. *

Mark only one oval.

- Very uncomfortable
- Uncomfortable
- Neutral
- Comfortable
- Very comfortable

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4. **What benefits do you see to using telemedicine? (check all that apply)***

*Check all that apply.*

- [ ] Improved patient outcomes
- [ ] Stronger physician - patient relationship
- [ ] Access to data (e.g. home measurements) or resources (e.g. consultants)
- [ ] Improved efficiency
- [ ] Better access for patients
- **Other:**

Skip to question 5

5. **What barriers do you see to using telemedicine? (check all that apply)***

*Check all that apply.*

- [ ] Providers lack of familiarity with the technology
- [ ] Weaker physician - patient relationship
- [ ] Too difficult for my patients to use
- [ ] Lack of time to implement care
- [ ] Privacy concerns
- [ ] Reimbursement concerns
- [ ] Documentation concerns
- **Other:**

6. **I expect to integrate telemedicine into my future practice.***

*Mark only one oval.*

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Neutral
- [ ] Agree
- [ ] Strongly agree

Skip to question 7
7. Any other comments?


Skip to question 8

8. I have started conducting virtual visits (phone call or video) in my clinic and I am interested in participating in a 30min focus group.*

Check all that apply.

☐ I have not started virtual visits yet
☐ No
☐ Yes (type email below in "other")
Other: ☐


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