**APPENDIX B:**

**POST-INTERVENTION CLINICIAN SURVEY**

1. Do you see pediatric patients at the XXX practice?
* Yes
* No
1. Do you know what Pediatric SmartSets are?
* Yes
* No
1. Have you been using the Pediatric SmartSets during your patient sessions?
* Yes
* No
1. In the last 6 months, how frequently have you been using the Pediatric SmartSets?
* Always
* Usually
* About half the time
* Seldom
* Never
1. Do you think the Pediatric SmartSets are beneficial to use during your pediatric encounters?
* Extremely
* Very
* Moderately
* Slightly
* Not at all
1. What can be improved from the user interface? (Open-ended response)
2. Is there any content that you feel is missing from the Pediatric SmartSets?
* Yes. If yes, what? (Open-ended response)
* No

8. What are ways that you think could further promote their use in our department? (Open-ended response)

9. How can we better educate clinicians on their existence/usage in our department? (Open-ended response)

10. If you completed the Pediatrics SmartSet E-learning that was available in December 2019, please complete this question. Please select how much you agree with the following statement: The e-learning has increased my knowledge and awareness of the Epic Pediatric SmartSets:

* Strongly Agree
* Agree
* Undecided
* Disagree
* Strongly Disagree

11. I would like to learn more about using Pediatric Smart Sets:

* Yes
* No

12. Any other feedback? (Open-ended response)

13. Which of the following best describes you?

* Resident
* Attending
* Nurse Practitioner

14. How long have you been practicing (including residency training)?

* 5 years or less
* 6-10 years
* 11-14 years
* 15 years or more

15. Which of the following best describes you?

* Male
* Female
* Other
* Prefer not to disclose