

## **Rural providers' access to online resources: a randomized controlled trial**

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### **APPENDIX A**

#### **Email text and phone script for prospective participants**

##### **Email text by principal investigator (PI)**

Dear Health Care Practitioner:

We recently conducted fifty-one interviews around the state with health care practitioners in mostly rural areas. Most interviewees valued having access to a point-of-care information resource.

We would therefore like to offer you, and possibly some of your eligible health care practitioner colleagues, free use of a commercially produced point-of-care information resource for a six-month research study period. You would need to complete the accompanying two-page survey that takes about ten minutes to complete, try the point-of-care resource at least three times, and complete a near-identical survey at the end of the six-month trial. You will have unlimited use of the point-of-care resource provided; you do not share your password with anyone.

We are offering you use of one of two randomly assigned point-of-care resources. You will be assigned access to either AccessMedicine or DynaMed, funded by a research mini-grant from [institution name blocked]. We have not received any payments or free access from either company, so we are not beholden to either firm in order to retain our objectivity.

Your involvement in this project will be voluntary, and you can withdraw at any time. Your monitored use of the point-of-care resource would be limited to times logged-on and length of sessions. We cannot determine, for example, what subjects you choose to search. Once we validate the usage data, we will remove your name or other identifying information from our data sheets. Once we have received and linked your second survey at the end of the study to your first survey, we will remove all identifying information. We will keep these data securely in our offices.

We are interested to know which point-of-care resource our practitioner colleagues prefer. Eligible practitioners include physicians, physician assistants, nurses, and licensed pharmacists. If you participate, we will share with you our published results.

If you have any questions about this research project, please contact me at this email address or via phone at [phone number blocked]. If you have questions about your legal rights as a research subject, you may call the [name of institutional review board office and phone number].

By returning the accompanying survey form in completed form, you are agreeing to participate in the aforementioned research study.

Thank you for your consideration.

Sincerely,

[Name of PI and title blocked]

[Institution name blocked]

[IRB #]

Version date

**Follow-up phone call script by either PI or co-PI**

Hi, my name is [names of one of two investigators] at the [institution name blocked]. I was calling to follow-up on an email sent to you on (date) about your having access to a free clinical information resource. By any chance, did you receive it?

(If yes): Would you be interested in participating in this study? May I answer your questions?

(If no): May I have two minutes to summarize the research project by reading you the text of the original email? (If yes, proceed; if no, ask them if you can resend the email once verifying the email address. If they are not interested, thank them for their time.)