

Data Sharing Statement

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| Article Info | https://dx.doi.org/10.21037/jhmhp-21-26 | |
| Item | Question | Authors' Response (place "-" if not applicable) |
| 1 | Would you like to share data collected for your study to others? | Yes |
| 2 | If not, would you like to share the reason for your decision? | - |
| 3 | What data in particular will be shared? | All data appearing in the paper can be shared. Primary billing data and any protected health information is not included in the paper and cannot be shared. |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | We can also share the pre & post pilot survey forms, as well as surveys with responses. |
| 5 | When will data availability begin? | At the time of publishing. |
| 6 | When will data availability end? | Three years from the date of publishing. |
| 7 | To whom will you share the data? | Primarily with academic hospitalists who are interested in furthering the literature of scribe utilization in hospital medicine. However, we are also willing to share the data with other interested parties on an as requested basis, depending on the nature of the inquiry. |
| 8 | For what type of analysis or purpose? | On an as requested basis, depending on the nature of the inquiry. |
| 9 | How or where can the data/documents be obtained? | Emails can be sent to the address below to obtain the shared data: Nathaniel_Kesner@teamhealth.com |
| 10 | Any other restrictions? | We prefer to share the data on an unrestricted basis. However, some restrictions may be imposed depending on the nature of the inquiry. |