Supporting Statement B for

Online Skills Training for PCPs on Substance Abuse (NIDA)

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Clinical Tools, Inc., with funding from the National Institute on Drug Abuse (NIDA)
Quandra Scudder
6001 Executive Boulevard
Suite 5230
Bethesda, MD 20892
Phone: 301-594-0394 or 301-526-8835
Fax: (301) 443-6277
e-mail: scudderq@nida.nih.gov

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B.1. RESPONDENT UNIVERSE AND SAMPLING METHODS

Samples for all research will be drawn from primary care physicians living in the United States, who are fluent in English, and have Internet access.

Participants will be recruited through print media and nonprofit organizations with related goals. Clinical Tools will email physicians from it's user data base, and ask that they "pass the word"in a viral strategy. Additionally, the American Society of Addiction Medicine (a collaborative partner with Clinical Tools on several projects) will email all members of their organization, which includes both primary care physicians, and specialists with information about the study. Finally, we will post information about the opportunity to participate on physician social networking sites. We will collect data via self-report to assess how closely the convenience sample matches the ethnic and racial diversity of the physician population as a whole. Interested participants will e-mail the study coordinator; based on specific screening forms, eligible participants will be identified. We will close recruitment when we have met our recruitment goal for number for participants, i.e., 68 completed experiences. Those who do not participate in the study but remain interested in using the educational product will have the opportunity to do so after the conclusion of the study.

The expected response rate for the evaluation (complete responses after enrollment) is approximately 80% to 85%. These rates are based on previous experience of CTI researchers and consultants.

B.2. PROCEDURES FOR THE COLLECTION OF INFORMATION

For the purposes of the proposed studies a response rate of 80% to 85% for the evaluation should be sufficient. Specialized sampling procedures are not required.

Participants who are invited to participate in the research will be emailed information packets. Once participants indicate that they have reviewed the information packets, they will be assigned an ID number and password and directed to the website. Only users who have been provided with an ID number and password will

have access to the online research instruments. Quality control measures will include data logging checks prior to and during the studies and weekly e-mail reminders to participants in the evaluation.

B.3. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

Response rates for the study will be calculated by dividing the number of participants who provide full data sets for each study by the total number of subjects enrolled for each study.

For the evaluation, 80 participants will be enrolled, with the expectation that 68 of those will yield full data sets (completion rate of 80%-85%). A review of the relevant literature indicates that for this study a small- to medium-effect size should be expected for the attitude measure, and a large-effect size should be expected for the knowledge measure. According to Cohen (1988), for a study of this type, with a power of .80 and one-sided alpha of .05, at least 400 participants would be needed to detect a small-effect size (200 per group), and 66 participants would be needed to detect a medium-effect size (33 per group).[5] Due to logistics and resources, it is not possible to include 400 participants in the proposed study. However, 80 complete data sets should be more than adequate to detect gains in knowledge and to detect a change in attitudes should the effect size be slightly smaller than medium.

Response rates for the evaluation will be maximized by remunerating participants for their time (see section A.9.) and by sending e-mailed reminders to participants once a week. The response rate for the evaluation will also be enhanced by the fact that participants will be receiving free training and education related to their profession. Participants who drop out prior to completion will be compensated for the portion of the study completed, as listed in section A.9.

If, after two weeks, respondents have offered no data at all, they will be e-mailed and asked whether or not they are still interested in participating in the study. Nonrespondents and dropouts will be asked to describe their reasons for not responding or not completing the study. Potential participants who refuse to participate or who leave the study at any point will be allowed to do so without penalty or jeopardy.

B.4. TEST OF PROCEDURES OF METHODS TO BE UNDERTAKEN

In the proposed evaluation, all participants will complete the same set of assessments three times each: 1) “Pre-“ which will be before exposure to the education/training materials; 2) “Post-“ which will be immediately after using the training materials , and 3) “Follow-up” which will be six weeks after using the training materials. The assessment will include the following measures: Medical Record Patient Encounter, Learner Self-Assessment Modified Interpersonal Skills Inventory, Knowledge and Competency Measure, and Participant Attitude Measure. The measures used in the evaluation will first be pilot tested with a small sample of the population ($n \leq 9$). The data from this pilot test will be analyzed for internal reliability and to eliminate knowledge questions that a high percentage (85%) can answer correctly without being exposed to the program.

B.5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS AND INDIVIDUALS COLLECTING AND/OR ANALYZING DATA

The NIDA Project Officer is Quandra Scudder. Ms. Scudder will review the final report, including data analysis. Table B.5-1 below shows the individuals who will be consulted on data analysis or will collect and analyze data:

Table B.5-1: Data Collection and Analysis

Name	Title	Affiliation	Statistical Role	Phone Number
T. Bradley Tanner, MD	Primary Investigator	Clinical Tools, Inc.	Data Collection and Analysis	919-960-8118
Mary P. Metcalf, PhD, CHES	Research Scientist	Clinical Tools, Inc.	Data Analysis	919-960-8118
Meghan Coulehan, MPH	Research Scientist	Clinical Tools, Inc.	Data Collection and Analysis	919-960-8118
Tracy Shaw, MA	Evaluation/Assessment Consultant	Independent Consultant	Consulting on Data Collection and Analysis	541-285-7945

In addition, research assistants at CTI will also assist with data collection and analysis.