**Attachment B2-4:**

**Survey 2 for Residents (Post-Survey)**

**NIDA’s STUDY OF SUBSTANCE ABUSE DOC.COM MODULE PROJECT**

April 2011

**Attachment B2-4: Survey 2 for Residents (Post-Survey)**

OMB No: XXXX-XXX

Expiration Date: xx/xxxx

**I. Please answer the following questions about yourself.**

1. Year in Training: a. PGY1\_\_\_ b. PGY2\_\_\_ c. PGY3\_\_\_ 4. PGY4\_\_\_
2. What is your residency program? (Select one)
	1. Family Medicine \_\_
	2. Internal Medicine Categorical (non-Primary Care track) \_\_
	3. Internal Medicine-Pediatrics \_\_
	4. Internal Medicine Primary Care track \_\_
3. If you selected Internal Medicine Categorical (non-primary Care Track), in #9 above, what type of internal medicine do you intend to practice: (Select one)
	1. Primary care \_\_\_
	2. Specialty care \_\_\_ (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	3. Unsure \_\_\_

**For the remaining questions, please use these DEFINITIONS (from DSM-IV) for the following terms:**

* **Substance use disorders: consist of *substance dependence* and *substance abuse*.**
* ***Substance dependence* can be characterized as a cluster of cognitive, behavioral, and psychological symptoms indicating that the individual continues use of the substance (e.g., alcohol, illicit drug, prescription drugs, or other substances) despite significant substance related problems (e.g. social, occupational). This can result in tolerance, withdrawal, and compulsive drug taking behavior. Please exclude use or addiction to nicotine.**
* ***Substance abuse* can be characterized as a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.**
* ***Substance abuse* is less severe than *substance dependence*.**
* ***Common synonyms*: drug abuse, drug addiction, drug dependence, drug problem.**
* **Dual - Diagnosis: when a patient has both a substance use disorder and another mental health disorder.**
1. In medical school, how many hours of required formal instruction related to substance use disorders do you estimate that you had?

a. none\_\_\_ b. 1-3\_\_\_ c. 4-9\_\_\_ d. 10-25\_\_\_ e. >25\_\_\_

Public reporting time for this collection is estimated to average 10 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIDA OMB Officer, 6001 Executive Blvd., Bethesda, MD 20893. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

1. In residency to date, how many hours of formal instruction related to substance use disorders (e.g., Grand Rounds, Residents Report, M & M, other formal didactics, etc) do you estimate that you have had?

a. none\_\_\_ b. 1-3\_\_\_ c. 4-9\_\_\_ d. 10-25\_\_\_ e. >25\_\_\_

**II. For the following questions please choose the single best answer, considering the definitions provided above.**

A. General Questions (Select the **single best answer** that is closest to your views)

1. How **prepared** do you think you are to discuss the following with your patients?

Very Somewhat Somewhat Very

 Unprepared Unprepared Prepared Prepared

* 1. Tobacco use 1 2 3 4
	2. Alcohol abuse 1 2 3 4
	3. Prescription drug misuse 1 2 3 4

* 1. Illicit drug use 1 2 3 4
1. How **prepared** do you think you are to provide:
	1. Counseling and initial treatment for patients about their:

 Very Somewhat Somewhat Very

 Unprepared Unprepared Prepared Prepared

* + 1. Tobacco use 1 2 3 4
		2. Alcohol abuse 1 2 3 4
		3. Prescription drug abuse 1 2 3 4
		4. Illicit drug use 1 2 3 4
		5. Management of chronic pain 1 2 3 4
1. How **important** is it for physicians to be skilled at *screening* patients for substance use disorders?

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Important Important Important

1. How **important** is it for physicians to be skilled at providing *counseling and initial treatment* to patients with substance use disorders?

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Important Important Important

1. How **confident** are you in your knowledge of substance use disorders?

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

1. How **confident** are you in your ability to *screen* patients for substance use disorders?

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

1. How **confident** are you in your ability to provide *counseling and* *initial treatment* to patients with substance use disorders?

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

1. How **confident** are you that your counseling and initial treatment will *make a difference* for your patients with a substance use disorder involving:
	1. Tobacco use

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

* 1. Alcohol abuse

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

* 1. Prescription drug abuse

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

* 1. Illicit drug use

 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10

 Not at all Somewhat Extremely

 Confident Confident Confident

1. Where does your *personal view of the practice of medicine* lie on the spectrum between “medicine is a job” and a “medicine is a calling.”

❒1 ❒2 ❒3 ❒4 ❒5 ❒6 ❒7 ❒8 ❒9 ❒10

 100% More job More calling 100%

 “a job” than calling than job “a calling”

## B. Please rate your current skill level for the following:

(Not at all skilled: 1, Somewhat skilled: 2, Moderately skilled: 3, Very skilled: 4)

1. Screen for substance use disorders 1 2 3 4
2. Diagnose substance use disorders 1 2 3 4
3. Diagnose “Dual diagnosis” patients 1 2 3 4
4. Treat substance use disorders 1 2 3 4
5. Treat “Dual diagnosis” patients 1 2 3 4
6. Refer patients with substance use disorders to other

professionals for treatment 1 2 3 4

C. How well do you understand:

(Not at all: 1, Somewhat: 2, Moderately: 3, Very well: 4)

1. The workings of 12-step programs 1 2 3 4
2. Pharmacotherapies for treating and preventing the relapse

 of substance use disorders 1 2 3 4

1. Various forms of therapeutic intervention

programs used in substance abuse treatment 1 2 3 4

1. Relapse prevention 1 2 3 4

**III. The following questions address your personal views regarding patients with substance use disorders. Please select one answer that is closest to your views.**

(Strongly disagree: 1, Disagree: 2, Agree: 3, Strongly agree: 4)

1. These patients over utilize healthcare resources and provide

nothing in return 1 2 3 4

1. Physicians who diagnose drug addiction early improve the chance

chance of treatment success 1 2 3 4

1. Drug addiction is a treatable illness 1 2 3 4
2. A drug-dependent person who has relapsed several times probably

probably cannot be successfully treated 1 2 3 4

1. Most drug-dependent persons are unpleasant to work with as

patients 1 2 3 4

1. A drug-dependent person cannot be helped until he/she has hit

“rock bottom” 1 2 3 4

1. The care of other patients suffers because of time and resources

spent on these patients 1 2 3 4

1. Family involvement is a very important part of the treatment

of drug addiction. 1 2 3 4

1. At the core of substance abuse is a failure to exercise self

control 1 2 3 4

1. My feelings of disapproval of substance abusers get in the

way of my ability to empathize with them 1 2 3 4

1. I can make a great difference in the lives of my patients who

abuse drugs 1 2 3 4

1. People who abuse drugs have a special ability to manipulate

physicians 1 2 3 4

1. Treatment is effective and worth the effort 1 2 3 4

**IV. Additional Questions (Select one best answer)**

1. Have you *ever* attended a 12-step meeting as *either* a participant *or* an observer? Yes No
2. If your answer to Question IV.1 is “Yes”, were you *required* to observe a 12-step meeting: (skip this question if your answer to Question IV.1 is “No”)?
	1. As part of a medical school course Yes No
	2. As part of your residency training program Yes No
3. Do you have a history of past or current substance abuse or dependence (alcohol or other drugs [excluding nicotine]) OR do you have a close friend or family member or colleague with such a history? Yes No
4. Some physicians have ***negative attitudes*** toward patients with substance use disorders. What do you think are the *sources* of those attitudes? (Number **each** source below from 1-5 where “1” signifies the most important source of the negative attitude, “2” the 2nd most important source, and so on; use each number only once)
5. Negative experience with patients with substance use disorders \_\_ (Number from 1-5)
6. Substance use by self, family member or close friend \_\_ (Number from 1-5)
7. Attending physicians with negative attitudes \_\_ (Number from 1-5)
8. Other resident physicians with negative attitudes \_\_ (Number from 1-5)
9. Non-physician health care professionals \_\_ (Number from 1-5)

(e.g., nurses) with negative attitudes

1. Other physicians have ***positive attitudes*** toward patients with substance use disorders. What do you think are the *sources* of those attitudes? (Number **each** source below from 1-5 where “1” signifies the most important source of the positive attitude, “2” the 2nd most important source, and so on; **use each number only once**)
2. Positive experience with patients with substance use disorders \_\_ (Number from 1-5)
3. Substance use by self, family member or close friend \_\_ (Number from 1-5)
4. Attending physicians with positive attitudes \_\_ (Number from 1-5)
5. Other resident physicians with positive attitudes \_\_ (Number from 1-5)
6. Non-physician health care professionals \_\_ (Number from 1-5)

**(**e.g., nurses) with positive attitudes

**V.** **Jefferson Scale of Physician Empathy\* (JSPE)** **Instructions**: Please indicate the extent of your agreement or disagreement with each of the following statements by writing the appropriate rating number in the space immediately BEFORE each question. Please use the following 7-point scale ***(a higher number on the scale indicates more agreement*)**.

***0-------1-------2-------3-------4-------5-------6***

**Strongly Disagree Strongly Agree**

1. \_\_\_\_ Physicians’ understanding of their patients’ feelings and the feelings of their patients’ families does not influence medical or surgical treatment.
2. \_\_\_\_ Patients feel better when their physicians understand their feelings.
3. \_\_\_\_ It is difficult for a physician to view things from patients’ perspectives.
4. \_\_\_\_ Understanding body language is as important as verbal communication in physician-patient relationships.
5. \_\_\_\_ A physician’s sense of humor contributes to a better clinical outcome.
6. \_\_\_\_ Because people are different, it is difficult to see things from patients’ perspectives.
7. \_\_\_\_ Attention to patients’ emotions is not important in history taking.
8. \_\_\_\_ Attentiveness to patients’ personal experiences does not influence treatment outcomes.
9. \_\_\_\_ Physicians should try to stand in their patients’ shoes when providing care to them.
10. \_\_\_\_ Patients value a physician’s understanding of their feelings which is therapeutic in its own right.
11. \_\_\_\_ Patients’ illnesses can be cured only by medical or surgical treatment; therefore, physicians’ emotional ties with their patients do not have a significant influence in medical or surgical treatment.
12. \_\_\_\_ Asking patients about what is happening in their personal lives is not helpful in understanding their physical complaints.
13. \_\_\_\_ Physicians should try to understand what is going on in their patients’ minds by paying attention to their nonverbal cues and body language.
14. \_\_\_\_ I believe that emotion has no place in the treatment of medical illness.
15. \_\_\_\_ Empathy is a therapeutic skill without which the physician’s success is limited.
16. \_\_\_\_ Physicians’ understanding of the emotional status of their patients and their families is one important component of the physician-patient relationship.
17. \_\_\_\_ Physicians should try to think like their patients in order to render better care.
18. \_\_\_\_ Physicians should not allow themselves to be influenced by strong personal bonds between their patients and their family members.
19. \_\_\_\_ I do not enjoy reading non-medical literature or the arts.
20. \_\_\_\_ I believe that empathy is an important therapeutic factor in medical treatment.

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