## **Attachment B2-1:**

## **Survey 1 for Medical Students (Pre-Survey 1 or 2)**

### NIDA'S STUDY OF SUBSTANCE ABUSE DOC.COM MODULE PROJECT

April 2011

OMB No: XXXX-XXX Expiration Date: xx/xxxx

### Attachment B2-1: Survey 1 for Medical Students (Pre-Survey 1 or 2)

I. The following questions ask about background information. Please answer the following questions about yourself. For each question, please choose the single best answer unless otherwise indicated.

1.	Sex:     a. Male     b. Female
2.	Age:
3.	Ethnicity: a. Hispanic or Latino b. Not Hispanic or Non-Latino
4.	Race (select one or more):  a. American Indian or Alaska Native  b. Asian  c. Black or African American  d. Native Hawaiian or Other Pacific Islander  e. White
5.	Year in training: a. M1 b. M2 c. M3 4. M4
6.	What year did you start medical school?
7.	Anticipated year of medical school completion:
8.	Please check your medical school affiliation:  a. Drexel University College of Medicine  b. University of Pennsylvania School of Medicine
9.	Future career specialty  a. Primary care  b. Specialty (specify)  c. Undecided

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.

<u>Substance use disorders</u>: consist of substance dependence and substance abuse disorders.

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., illicit drug, prescription drug, and other toxin) despite significant substance-related problems (e.g., social, occupational). This can result in tolerance, withdrawal, and compulsive drug taking behavior.

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.

Common synonyms: substance abuse, addiction, drug dependence, drug problem.

<u>Dual diagnosis:</u> situation in which a patient suffers from both a mental disorder and a substance use disorder.

10. In medical scho use disorders do	•	5		al instruction re	lated to substance
		c. 4-9		e. >25	
psychiatric care	ostance use dis e, or surgical ca	orders alone ha	ve you persona	lly helped to pro	

- 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?

			Somewhat <u>Unprepared</u>		Very <u>Prepared</u>
a.	Tobacco use	1	2	3	4
b.	Alcohol abuse	1	2	3	4
с.	Prescription drug abuse	1	2	3	4
d.	Illicit drug use	1	2	3	4

2.	How <b>prep</b>	<b>ared</b> d	o you th	ink you	ı are to	provide	2:				
a. (	Counseling	and ini	itial trea	tment fo	or patie	ents abo Ver <u>Unpre</u> p	У	Somewl <u>Unprepa</u>		Somewho <u>Prepare</u>	
i.	Tobacco u	se	1				2	3		4	
ii.	Alcohol al	ouse	1				2	3		4	
iii.	Prescription	n drug	abuse			1	=	2		3	4
iv.	Illicit drug	use	1				2	3		4	
v.	Manageme	ent of c	hronic p	ain		1	-	2		3	4
3.	How <b>impo</b> disorders?		is it for p	ohysicia	ans to b	e skille	d at so	3 1	oatient	s for sub	stance use  ☐ 10
		Not at Impor	all			Some Impor	what			_ •	Extremely Important
4.	_						d at pi	roviding <i>a</i>	counse	ling and	initial treatment
	to patients	□ 1 Not at Impor	☐ 2 t all	= use dis	□ 4	□ 5 Some Impor		<b>1</b> 7	□ 8	<b>1</b> 9	☐ 10 Extremely Important
5.	How <b>conf</b> i	ident a  ☐ 1  Not at  Confid	☐ 2 t all	n your <i>l</i> □ 3	knowled 4	dge of some Some Confid	□ 6 what		sorder 8	rs?	☐ 10 Extremely Confident
6.	How <b>conf</b>	ident a  ☐ 1  Not at  Confid	☐ 2 t all	n your a □ 3	ability (	to screet  5 Some Confid	☐ 6 what		ıbstanı 8	ce use dis □ 9	sorders?  10 Extremely Confident
7.	How <b>conf</b> i with subst		se disord 2 all		ability t	o provid 5 Some Confid	□ 6 what	J	nd ini	tial treat	ment to patients ☐ 10 Extremely Confident

	atients with a sub	stance u	se disor	eling and initia der involving:					
	Tobacco use  1 1 2  Not at all  Confident	<b>3</b>	<b>4</b>	☐ 5 ☐ 6 Somewhat Confident	<b>1</b> 7	□ 8	<b>9</b>		0 emely fident
	Alcohol abuse  1 1 2  Not at all  Confident	<b>3</b>	<b>4</b>	☐ 5 ☐ 6 Somewhat Confident	<b>1</b> 7	□ 8	<b>9</b>		0 emely fident
	Prescription dru  1 1 2  Not at all  Confident	g abuse	<b>4</b>	5 6 Somewhat Confident	<b>1</b> 7	□8	<b>1</b> 9		0 emely fident
d.	Illicit drug use  1 1 2  Not at all  Confident	<b>1</b> 3	<b>4</b>	5 6 Somewhat Confident	<b>1</b> 7	□8	<b>1</b> 9		0 emely fident
□1 100 "a jo	9%	More		Mo	□7 re "callir nan "job'		<b>□</b> 9	□1 "a call	100%
					j				Ö
<u>B. Please r</u>	ate your current	skill leve		e following: ll skilled: 1, Somewh	·		y skilled: 3,		
	ate your current		(Not at a	•	·	, Moderatel		, Very ski	lled: 4)
1. Screen	ate your current for substance us	e disorde	(Not at a	•	·	, Moderatel	2	, Very ski 3	lled: 4)
<ol> <li>Screen</li> <li>Diagno</li> </ol>	ate your current for substance us sse substance use	e disorde	(Not at a ers rs	•	·	, Moderatel 1 1	2 2	, Very ski 3 3	lled: 4) 4 4
<ol> <li>Screen</li> <li>Diagno</li> <li>Diagno</li> </ol>	ate your current for substance us	e disorde disorde sis" patie	(Not at a ers rs	•	·	, Moderatel	2 2 2	, Very ski 3 3 3	lled: 4)
<ol> <li>Screen</li> <li>Diagno</li> <li>Diagno</li> <li>Treat s</li> <li>Treat "</li> </ol>	for substance us se substance use se "Dual diagno ubstance use dise Dual diagnosis"	e disorde disorde sis" patio orders patients	(Not at a ers rs ents	ll skilled: 1, Somewh	·	, Moderatel 1 1 1	2 2	, Very ski 3 3	lled: 4) 4 4 4
<ol> <li>Screen</li> <li>Diagno</li> <li>Diagno</li> <li>Treat s</li> <li>Treat "</li> <li>Refer p</li> </ol>	ate your current for substance us ose substance use ose "Dual diagno ubstance use disc	e disorde disorde sis" patio orders patients stance us	(Not at a ers rs ents	ll skilled: 1, Somewh	at skilled: 2	, Moderatel 1 1 1 1	2 2 2 2	, Very ski 3 3 3 3	lled: 4) 4 4 4
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3.	Various forms of therapeutic intervention				
	programs used in substance abuse treatment	1	2	3	4
4.	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
2.	Physicians who diagnose drug addiction early improve the chance of treatment success	1	2	3	4
3.	Drug addiction is a treatable illness	1	2	3	4
4.	A drug-dependent person who has relapsed several times probably cannot be successfully treated	1	2	3	4
5.	Most drug-dependent persons are unpleasant to work with as patients	1	2	3	4
6.	A drug-dependent person cannot be helped until he/she has hit "rock bottom"	1	2	3	4
7.	spent on these patients	es 1	2	3	4
8.	of drug addiction.	1	2	3	4
	At the core of substance abuse is a failure to exercise self control	1	2	3	4
10	. My feelings of disapproval of substance abusers get in the way of my ability to empathize with them	1	2	3	4
11	. I can make a great difference in the lives of my patients who abuse drugs	1	2	3	4
	. People who abuse drugs have a special ability to manipulate physicians . Treatment is effective and worth the effort	1 1	2 2	3	4 4

#### **IV. Additional Questions**

- 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 as part of a medical school course (skip this question if your answer to Question IV.1 is "No")? 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 <i>negative attitudes</i> toward patients with substance use disorders. What do you think are the <i>sources</i> of those attitudes? (Number <i>each</i> source below from 1-5 where "1" <i>signifies the most important source of the negative attitude</i> , "2" the <i>2nd most important source</i> , and so on; use each number only once)
	<ul> <li>a. Negative experiences with patients with substance use disorders</li> <li>b. Substance use by self, family member. or close friend</li> <li>c. Attending physicians with negative attitudes</li> <li>d. Resident physicians with negative attitudes</li> <li>e. Non-physician healthcare professionals (e.g., nurses) with negative attitudes</li> </ul> <ul> <li>(Number from 1-5)</li> <li>(Number from 1-5)</li> <li>(Number from 1-5)</li> <li>(Number from 1-5)</li> </ul>
5.	Some physicians have <i>positive attitudes</i> toward patients with substance use disorders. What do you think are the <i>sources</i> of those attitudes? (Number <i>each</i> source below from 1-5 <i>where</i> "1" <i>signifies the most important source of the positive attitude</i> , "2" the <i>2nd most important source</i> , and so on; use each number only once)
	<ul> <li>a. Positive experiences with patients with substance use disorders (Number from 1-5)</li> <li>b. Substance use by self, family member, or close friend (Number from 1-5)</li> <li>c. Attending physicians with positive attitudes (Number from 1-5)</li> <li>d. Residents physicians with positive attitudes (Number from 1-5)</li> <li>e. Non-physician healthcare professionals, (Number from 1-5)</li> <li>(e.g., nurses) with negative attitudes</li> </ul>
yo rat	<b>Jefferson Scale of Physician Empathy (JSPE)* Instructions</b> : Please indicate the extent of ur agreement or disagreement with each of the following statements by writing the appropriate ing number in the space immediately BEFORE each question. Please use the following 7-int scale (a higher number on the scale indicates more agreement). <b>0</b>
Stı	rongly 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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