

Attachment B2-4:

Survey 2 for Residents (Post-Survey)

NIDA's STUDY OF SUBSTANCE ABUSE DOC.COM MODULE PROJECT

April 2011

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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)
 - a. Family Medicine ___
 - b. Internal Medicine Categorical (non-Primary Care track) ___
 - c. Internal Medicine-Pediatrics ___
 - d. 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)
 - a. Primary care ___
 - b. Specialty care ___ (specify _____)
 - c. Unsure ___

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

- o **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.**
 - o **Dual - Diagnosis: when a patient has both a substance use disorder and another mental health disorder.**
4. 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___

7. The care of other patients suffers because of time and resources spent on these patients	1	2	3	4
8. Family involvement is a very important part of the treatment of drug addiction.	1	2	3	4
9. 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
12. People who abuse drugs have a special ability to manipulate physicians	1	2	3	4
13. 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

1. 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”)?
 - a. As part of a medical school course Yes No
 - b. As part of your residency training program Yes No

2. 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)
 - a. Negative experience with patients with substance use disorders ___ (Number from 1-5)
 - b. Substance use by self, family member or close friend ___ (Number from 1-5)
 - c. Attending physicians with negative attitudes ___ (Number from 1-5)
 - d. Other resident physicians with negative attitudes ___ (Number from 1-5)
 - e. Non-physician health care professionals (e.g., nurses) with negative attitudes ___ (Number from 1-5)

5. 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**)
 - a. Positive experience with patients with substance use disorders ___ (Number from 1-5)
 - b. Substance use by self, family member or close friend ___ (Number from 1-5)

- c. Attending physicians with positive attitudes _____ (Number from 1-5)
- d. Other resident physicians with positive attitudes _____ (Number from 1-5)
- e. 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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