### **Attachment B2-3:**

## **Survey 1 for Residents (Pre-Survey)**

### STUDY OF SUBSTANCE ABUSE DOC.COM MODULE PROJECT

March 2011

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

#### **Attachment B2-3: Survey 1 for Residents (Pre-Survey)**

I. Please answer the following questions about yourself. 1. Sex: a. Male \_\_\_\_ b. Female \_\_\_\_ 2. Age: \_\_\_\_ 3. Ethnicity: (Select one) 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. PGY1\_\_\_ b. PGY2\_\_ c. PGY3\_\_ 4. PGY4\_\_\_ 6. What year did you start medical school? \_\_ \_ \_ \_ 7. What year did your graduate from medical school? \_\_ \_ \_ \_ \_ 8. What is your residency program's medical school affiliation: a. Drexel University College of Medicine b. University of Pennsylvania School of Medicine \_\_\_\_\_ 9. 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 \_\_\_

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.

		selected Internal Medicine Ca f internal medicine do you inte			Track), in #	9 above, what
ι,		Primary care	ind to practice	(Select one)		
		Specialty care (specify)				
		Unsure				
		emaining questions, please us terms:	se these DEF	INITIONS (fi	rom DSM-IV	V) for the
o <u>s</u>	Su psy sul sig tol ade	ence use disorders: consist of bstance dependence can be concepted by the constance (e.g., alcohol, illicit dependence related programmer, withdrawal, and condiction to nicotine.	haracterized Iting that the Irug, prescrip roblems (e.g. npulsive drug	as a cluster o individual co tion drugs, o social, occupa taking behav	f cognitive, intinues use rother substational). The vior. Please	behavioral, and of the stances) despite is can result in exclude use or
0 <u>I</u>	rep Su Co Oual -	unifested by recurrent and since of substances. It is betance abuse is less severe to mmon synonyms: drug abuse Diagnosis: when a patient holdsorder.	han <i>substanc</i> e, drug addic	e dependence. tion, drug dej	pendence, d	rug problem.
11. I	n med lisorde	lical school, how many hours ers do you estimate that you hone b. 1-3 c.	ad?			substance use
(	e.g., C hat yo	dency to date, how many hour Grand Rounds, Residents Repo ou have had? none b. 1-3 c.	ort, M & M, o	ther formal did	dactics, etc) (	
		e following questions please of sprovided above.	choose the sir	ngle best ansv	ver, conside	ring the
<u>A. G</u>	enera	l Questions (Select the <b>single</b>	best answer t	hat is closest t	o your views	<u>s)</u>
1. F	How p	<b>repared</b> do you think you are	Very		th your patie Somewhat <u>Prepared</u>	ents? Very <u>Prepared</u>
	a.	Tobacco use	1	2	3	4
	b.	Alcohol abuse	1	2	3	4

		c. Pro	escription drug	abuse		1		2	3		4	
		d. Illi	icit drug use			1		2	3		4	
			oared do you tl ing and initial	-		-		ıeir:				
						Ver <u>Unpre</u>	-		ewhat epared		ewhat <u>pared</u>	Very P <u>repared</u>
	i.	Tobac	co use			1		:	2	3	}	4
	ii.	Alcoh	ol abuse			1			2	3	}	4
	iii.	Prescr	iption drug abı	ise		1		,	2	3		4
	iv.	Illicit	drug use			1		,	2	3		4
	v.	Manag	gement of chro	nic pair	1	1		•	2	3	,	4
3.		ow <b>imp</b> oorders?	ortant is it for  1 1 2  Not at all  Important	physici □ 3	ans to b	e skille  5 Some Impor	☐ 6 what	eening <sub>I</sub>	oatients	for subs	☐ 10 Extre	
4.		_	ortant is it for with substanc 1 1 2 Not at all Important				☐ 6 what	viding o	counseli 8	ng and □ 9	☐ 10 Extre	
5.	Но	w <b>conf</b>	ident are you i  1 1 2  Not at all  Confident	n your	knowle 4	dge of s  5 Some Confi	☐ 6 what	ce use di	isorders′ □ 8	? <b>□</b> 9		) emely ident
6.	Но	w <b>conf</b>	ident are you i  1 1 2  Not at all  Confident	n your .			☐ 6 what	nts for su	ıbstance □ 8	use dis	☐ 10 Extre	
7.			ident are you it ance use disord		ability t		<b>6</b>	aseling a	ınd initio	al treati	<b>1</b> 0	)
			Not at all Confident			Some Confi						emely ident

8.	How <b>confident</b> are you the your patients with a substanta. Tobacco use	-		_		l treatm	ent will	make a	differe	nce for
	☐ 1 ☐ 2 Not at all Confident	<b>3</b>	<b>4</b>	☐ 5 Somewl		<b>7</b>	□8	<b>□</b> 9	☐ 10 Extrem	
	b. Alcohol abuse  1 2  Not at all  Confident	<b>3</b>	<b>4</b>	☐ 5 Somewl		<b>7</b>	□8	<b>9</b>	☐ 10 Extrem	-
	c. Prescription drug  1 1 2  Not at all  Confident	abuse	<b>4</b>	☐ 5 Somewl		<b>7</b>	□8	<b>□</b> 9	☐ 10 Extrem	
	d. Illicit drug use ☐ 1 ☐ 2  Not at all  Confident	<b>3</b>	<b>4</b>	☐ 5 Somewl		<b>1</b> 7	□8	□9	☐ 10 Extrem	
9.	Where does your <i>persona</i> "medicine is a job" and a		-	-		cine lie	on the s	spectrur	n betwe	en
	□1 □2 □3 100% "a job"	□4 More jo than call		5 🗖 6	More	<b>□</b> 7 e calling an job	□8	<b>□</b> 9	□10 100% 'a callin	g"
<u>B.</u>	Please rate your current sk	ill leve		followin	_	t skilled: 2,	Moderately	skilled: 3,	Very skilled	d: 4)
5.	Screen for substance use diagnose substance use diagnose "Dual diagnosis" Treat substance use disor Treat "Dual diagnosis" para Refer patients with substance professionals for treatments	lisorders s" paties ders atients ance use	s nts	ers to oth	er	1	1 1 1 1 2	2 2 2 2 3	3 3 3 4 3	4 4 4 4
<u>C.</u>	How well do you understa	nd:			(No	ot at all: 1, S	Somewhat: 2	2, Moderate	ely: 3, Very	well:4)_
	The workings of 12-step pharmacotherapies for tre			enting th	e rela	pse	1	2	3	4
	<ul> <li>Pharmacotherapies for treating and preventing the relapse of substance use disorders 1 2 3 4</li> <li>Various forms of therapeutic intervention</li> </ul>									
4.	programs used in substan Relapse prevention	ce abus	e treatm	ient			1 1	2 2	3 3	4 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
	. My feelings of disapproval of substance abusers get in the way of my ability to empathize with them	1	2	3	4
	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 (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")?
  - a. As part of a medical school course Yes No
  - b. 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.	do you think are the <i>sources</i> of those attitudes? ("1" signifies the most important source of the ne source, and so on; use each number only once)	(Number each source below from 1-5 where	,
	<ul> <li>a. Negative experience with patients with so</li> <li>b. Substance use by self, family member or</li> <li>c. Attending physicians with negative attitud</li> <li>d. Other Resident physicians with negative</li> <li>e. Non-physician health care professionals (e.g., nurses) with negative attitudes</li> </ul>	udes (Number from 1-5 e attitudes (Number from 1-5	5) 5) 5)
5.	Other physicians have <i>positive attitudes</i> toward do you think are the <i>sources</i> of those attitudes? ("1" signifies the most important source of the posource, and so on; use each number only once)	Number <b>each</b> source below from 1-5 where	
	<ul> <li>f. Positive experience with patients with sug.</li> <li>g. Substance use by self, family member or h. Attending physicians with positive attitude.</li> <li>i. Other Resident physicians with positive at Non-physician health care professionals</li> </ul>	ides (Number from 1-5 attitudes (Number from 1-5	5) 5) 5)
	(e.g., nurses) with positive attitudes	(1.4411.001.11011.11.11	
yo rat	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the fol ting number in the space immediately BEFORE ea oint scale (a higher number on the scale indicates)	E) <b>Instructions</b> : Please indicate the extent of ollowing statements by writing the appropriate ach question. Please use the following 7-simple simple simple agreement.	
yo rat po	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE ea	E) <b>Instructions</b> : Please indicate the extent of ollowing statements by writing the appropriate ach question. Please use the following 7-simple simple simple agreement.	
yo rat po	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE each oint scale (a higher number on the scale indicates 0333	E) <b>Instructions</b> : Please indicate the extent o ollowing statements by writing the appropriate each question. Please use the following 7-s more agreement). 6  Strongly Agree  ' feelings and the feelings of their patients'	
yo rat po St:	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE each int scale (a higher number on the scale indicates 033	E) <b>Instructions</b> : Please indicate the extent of ollowing statements by writing the appropriate each question. Please use the following 7-state agreement).  Strongly Agree  'feelings and the feelings of their patients' treatment.	
yo rat po Str 1.	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE each ont scale (a higher number on the scale indicates 03333	E) Instructions: Please indicate the extent of bllowing statements by writing the appropriate each question. Please use the following 7-somer agreement).  Strongly Agree  Teelings and the feelings of their patients treatment.  Sunderstand their feelings.	
yo rat po Str 1.	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE each int scale (a higher number on the scale indicates 032333	E) Instructions: Please indicate the extent of blowing statements by writing the appropriate each question. Please use the following 7-somore agreement).  Strongly Agree  'feelings and the feelings of their patients' treatment.  understand their feelings.  Is from patients' perspectives.	
yo rat po St. 1. 2. 3. 4.	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE eachint scale (a higher number on the scale indicates 033333	E) Instructions: Please indicate the extent of blowing statements by writing the appropriate each question. Please use the following 7-somore agreement).  Strongly Agree  Teelings and the feelings of their patients treatment.  Sunderstand their feelings.  Strom patients' perspectives.  Stant as verbal communication in physician-	
yo rat po Str. 1. 2. 3. 4.	(e.g., nurses) with positive attitudes  Jefferson Scale of Physician Empathy* (JSPE) our agreement or disagreement with each of the folting number in the space immediately BEFORE each int scale (a higher number on the scale indicates 03333	E) Instructions: Please indicate the extent or ollowing statements by writing the appropriate each question. Please use the following 7-s more agreement).  Strongly Agree  Teelings and the feelings of their patients treatment.  Strom patients' perspectives.  The total abetter clinical outcome.	

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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