## **Attachment B2-4:**

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

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

April 2011

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

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

[.	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				
	or the remaining questions, please use these DEFINITIONS (from DSM-IV) for the llowing terms:				
o	<ul> <li>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.</li> <li>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.</li> <li>Substance abuse is less severe than substance dependence.</li> <li>Common synonyms: drug abuse, drug addiction, drug dependence, drug problem.</li> </ul>				
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				

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.

5.	In residency to date, how many hour (e.g., Grand Rounds, Residents Report 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.									
<u>A.</u>	A. General Questions (Select the <b>single best answer</b> that is closest to your views)									
1.	How <b>prepared</b> do you think you are	Very	following wi Somewhat <u>Unprepared</u>	Somewha	t Very					
a	. Tobacco use	1	2	3	4					
b	. Alcohol abuse	1	2	3	4					
C	. Prescription drug misuse	1	2	3	4					
d	. Illicit drug use	1	2	3	4					
2.	How <b>prepared</b> do you think you are	to provide:								
a	. Counseling and initial treatment fo	<u>r patients abo</u>	ut their:							
		Very <u>Unprepar</u>	Somew ed <u>Unprep</u>		omewhat Very <u>'repared</u> P <u>repared</u>					
	i. Tobacco use	1	2		3 4					
	ii. Alcohol abuse	1	2		3 4					
	iii. Prescription drug abuse	1	2		3 4					
	iv. Illicit drug use	1	2		3 4					
	v. Management of chronic pain	1	2		3 4					
3.	How <b>important</b> is it for physicians t disorders?	o be skilled a	screening pa	tients for s	ubstance use					
	Inportant	4 □ 5 □ Somewha Importan	at	□8 □9	D □ 10 Extremely Important					

4.	How <b>importa</b> to patients wit					l at prov	viding c	ounselii	ng and i	nitial treatment
	□ No		<b>3</b>	□ 4	☐ 5 Somey Import		7	8	<b>9</b>	☐ 10 Extremely Important
5.		-	in your l □ 3	knowled	lge of so 5 Somey Confic	□ 6 what	e use dis	sorders?	9	☐ 10 Extremely Confident
6.		-	in your a □ 3	ability to	screen 5 Somey Confid	☐ 6 what	ts for su	bstance □ 8	use dis	orders?  10 Extremely Confident
7.	How confiden	_	-	ability to	provid	le <i>couns</i>	seling a	nd initic	al treatn	nent to patients
			ders≀ □ 3	<b>4</b>	☐ 5 Somey Confid		<b>7</b>	□8	<b>9</b>	☐ 10 Extremely Confident
8.	8. How <b>confident</b> are you that your counseling and initial treatment will <i>make a difference</i> for your patients with a substance use disorder involving:  a. Tobacco use									
	□ No Co	1 🗖 2 t at all nfident	<b>1</b> 3	<b>4</b>	☐ 5 Somey Confid		<b>7</b>	□ 8	<b>9</b>	☐ 10 Extremely Confident
	Co	1 🗖 2 t at all nfident	<b>□</b> 3	<b>4</b>	☐ 5 Somey Confid		<b>7</b>	□8	<b>9</b>	☐ 10 Extremely Confident
	□ No Co	ption drug  1	□ 3	<b>4</b>	☐ 5 Somey Confid		<b>7</b>	□8	<b>9</b>	☐ 10 Extremely Confident
	□ No	irug use  1	<b>1</b> 3	<b>4</b>	☐ 5 Somey Confid		<b>7</b>	□ 8	<b>9</b>	☐ 10 Extremely Confident

9.	9. Where does your <i>personal view of the practice of medicine</i> lie on the spectrum between <u>"medicine is a job"</u> and a "medicine is a <u>calling</u> ."						
	□1 □2 □3 □4 □5 □6 □7 100% More job More calling "a job" than calling than job	<b>□</b> 8	<b>□</b> 9	□10 100% 'a calling	g"		
<u>B.</u>	Please rate your current skill level for the following:  (Not at all skilled: 1, Somewhat skilled: 2,	Moderately	skilled: 3,	Very skille	d: 4)		
1. 2. 3. 4. 5. 6.	Screen for substance use disorders Diagnose substance use disorders Diagnose "Dual diagnosis" patients Treat substance use disorders Treat "Dual diagnosis" patients 1 Refer patients with substance use disorders to other professionals for treatment	1 1 1 1 2	2 2 2 2 2 3	3 3 3 4 3	4 4 4 4		
<u>C.</u>	How well do you understand:  (Not at all: 1,	Somewhat: 2	2, Moderate	ely: 3, Very	well: 4)_		
	The workings of 12-step programs  Pharmacotherapies for treating and preventing the relapse of substance use disorders  1	1 2	2	3	4		
<ul><li>3.</li><li>4.</li></ul>	Various forms of therapeutic intervention programs used in substance abuse treatment Relapse prevention	1 1	2 2	3	4 4		
	. The following questions address your personal views reg bstance use disorders. Please select one answer that is closes (Strongly disagre	st to you	ır views	5.	ly 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	ance 1	2	3	4		
	Drug addiction is a treatable illness A drug-dependent person who has relapsed several times probably cannot be successfully treated	1 oably 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 hi "rock bottom"	t 1	2	3	4		

7	The care of other patients suffers because of time and resource	ic.								
	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									
10	control My feelings of disapproval of substance abusers get in the	1	2	3	4					
	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	1			7					
13	physicians Treatment is effective and worth the effort	1 1	2	3 3	4 4					
10.	Treatment is circuive and worth the circit	1	2	5	7					
IV.	. Additional Questions (Select one best answer)									
1.	Have you <i>ever</i> attended a 12-step meeting as <i>either</i> a participa	nt <i>or</i> an	observ	er? Ye	s No					
1.	<ol> <li>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")?         <ul> <li>a. As part of a medical school course Yes No</li> <li>b. As part of your residency training program Yes No</li> </ul> </li> </ol>									
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 <i>negative attitudes</i> toward patients with substance use disorders. What do you think are the <i>sources</i> of those attitudes? (Number <b>each</b> 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)									
	<ul> <li>a. Negative experience with patients with substance use of</li> <li>b. Substance use by self, family member or close friend</li> <li>c. Attending physicians with negative attitudes</li> <li>d. Other resident physicians with negative attitudes</li> <li>e. Non-physician health care professionals</li> </ul>	lisorders	(Nt (Nt (Nt	ımber fı ımber fı ımber fı	com 1-5) com 1-5) com 1-5) com 1-5) com 1-5)					
5.	(e.g., nurses) with negative attitudes  Other physicians have <i>positive attitudes</i> toward patients with s do you think are the <i>sources</i> of those attitudes? (Number <b>each</b> "1" signifies the most important source of the positive attitude source, and so on; <b>use each number only once</b> )	source l	oelow f	rom 1-5	where					
	<ul><li>a. Positive experience with patients with substance use di</li><li>b. Substance use by self, family member or close friend</li></ul>	sorders	•		rom 1-5) rom 1-5)					

d.	Attending physicians with positive attitudes Other resident physicians with positive attitudes Non physician health care professionals	(Number from 1-5) (Number from 1-5)
e.	Non-physician health care professionals (e.g., nurses) with positive attitudes	(Number from 1-5)
your agree rating num point scale	<b>Son Scale of Physician Empathy* (JSPE) Instructions</b> : Pleament or disagreement with each of the following statements haber in the space immediately BEFORE each question. Please (a higher number on the scale indicates more agreement).	by writing the appropriate
Strongly I		
	ysicians' understanding of their patients' feelings and the feelings of their e medical or surgical treatment.	r patients' families does not
2 P	atients feel better when their physicians understand their feel	ings.
3 It	t is difficult for a physician to view things from patients' pers	pectives.
	Inderstanding body language is as important as verbal commurelationships.	unication in physician-
5	A physician's sense of humor contributes to a better clinical o	outcome.
6 B	Because people are different, it is difficult to see things from p	oatients' perspectives.
7	Attention to patients' emotions is not important in history taki	ing.
8A	Attentiveness to patients' personal experiences does not influe	nce treatment outcomes.
9 P	Physicians should try to stand in their patients' shoes when pro	oviding care to them.
10 I own rig	Patients value a physician's understanding of their feelings whether the particular of the properties	hich is therapeutic in its
physici	Patients' illnesses can be cured only by medical or surgical tre ians' emotional ties with their patients do not have a significa al treatment.	
	Asking patients about what is happening in their personal lives tanding their physical complaints.	s is not helpful in
	Physicians should try to understand what is going on in their pon to their nonverbal cues and body language.	patients' minds by paying
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 one important component of the physician-patient relationship.	is
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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