**Pre-training clinician survey to assess prior experience with SDM:**

## Demographics

1. Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your name (please print legibly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Your email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Location of your practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your age (in years)?

\_\_\_\_ years

1. What is your degree?

\_\_\_\_ DO (Doctor of Osteopathic Medicine)

\_\_\_\_ MD (Doctor of Medicine)

\_\_\_\_ NP (Nurse Practitioner)

\_\_\_\_ PA (Physician Assistant)

\_\_\_\_ Other; Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what year did you receive this degree? \_\_\_\_\_\_\_\_\_
2. What is your gender?

 \_\_\_\_ Female

 \_\_\_\_ Male

 \_\_\_\_ Transgender: Identify as female

 \_\_\_\_ Transgender: Identify as male

 \_\_\_\_ Other

 \_\_\_\_ Prefer not to answer

1. What is your race? Please mark all that apply.

\_\_\_\_White

\_\_\_\_Black or African-American

\_\_\_\_Asian

\_\_\_\_Native Hawaiian or other Pacific Islander

\_\_\_\_American Indian or Alaskan Native

\_\_\_\_Other, please specify:

\_\_\_\_Prefer not to answer

1. Are you of Hispanic, Latinx, or Spanish origin?

\_\_\_\_Yes

\_\_\_\_No

\_\_\_\_Prefer not to answer

1. What is your medical specialty (e.g., Family Medicine, Internal Medicine, Cardiology, etc.). Please list all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many days (or half days) do you see patients in a typical week? \_\_\_ days per week
3. How many patients do you see in a typical day? \_\_\_\_\_\_\_ patients per day
4. Sometimes medical action is clearly necessary, and sometimes it is clearly *not* necessary. Other times, reasonable people differ in their beliefs about whether medical action is needed. In situations where it’s not clear, do you tend toward **taking action** or do you tend toward **waiting and seeing** if action is needed?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I strongly lean toward waiting and seeing1 | 2 | 3 | 4 | 5 | I strongly lean toward taking action6 |

## Prior Experience with Shared Decision Making

1. Have you ever received any additional training beyond residency in how to engage in shared decision making with your patients?

\_\_\_ Yes

\_\_\_ No

10b. If you said ‘Yes’ to #10, briefly describe the training you received and where/how you received it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How confident are you that you understand what shared decision making is?

\_\_\_ Not at all confident

\_\_\_ Slightly confident

\_\_\_ Somewhat confident

\_\_\_ Fairly confident

\_\_\_ Completely confident

1. How confident are you in your ability to engage in shared decision making with your patients?

\_\_\_ Not at all confident

\_\_\_ Slightly confident

\_\_\_ Somewhat confident

\_\_\_ Fairly confident

\_\_\_ Completely confident

1. How often do you currently engage in shared decision making with your patients?

\_\_\_ Almost always

\_\_\_ Often

\_\_\_ Sometimes

\_\_\_ Rarely

\_\_\_ Never

1. Excluding emergency situations, how often do you think patients’ preferences should be taken into account when making clinical decisions?

\_\_\_ Almost always

\_\_\_ Often

\_\_\_ Sometimes

\_\_\_ Rarely

\_\_\_ Never