Provider attitudes regarding patients with substance use disorder during the perinatal period - Post-Course Survey

"You are being asked to participate in a survey research project entitled "Provider attitudes regarding patients with substance use disorder during the perinatal period," which is being conducted by Vania Rudolf, MD, MPH, Hendree Jones, PhD, WAG faculty members. Dr. Rudolf is employed by Addiction Recovery Services, Swedish Medical Center, Seattle, WA and Dr. Jones is employed by the University of North Carolina- Chapel Hill in Chapel Hill, NC. This survey is anonymous. No one, including the researchers, will be able to associate your responses with your identity.

The purpose of this study is to provide us with understanding and guidance how we can optimize care for women who have substance use disorders during the perinatal period. Although you may find some of the questions embarrassing or briefly upsetting, there are no anticipated long-term risks to you related to your participation in this study. The only potential risk may be a breach in confidentiality. Since we are not collecting any information that will identify you, the risk is very low. There will be no direct benefit to you for participating in this study. However, your responses will guide us in our efforts to facilitate safe and compassionate care for substance use in pregnancy providers and patients.

Your participation in this survey is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. By completing this survey you are indicating that you are at least 20 years old, have read and understood this information statement and agree to participate in this research study.

Questions regarding the purpose or procedures of the research should be directed to Vania Rudolf at (206)-781-6209. The Swedish Institutional Review Board (IRB), a committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB at 818-496-4021 or PSJHIRBDetermination@providence.org.

Please fill out the information below after attending the WAG Summit

Profession/Degree:
- ○ MD
- ○ DO
- ○ CNM
- ○ ARNP
- ○ RN
- ○ DNP
- ○ SW
- ○ CDP
- ○ Other/Specify

Profession/Degree, Specify "Other":

_____

Department
- ○ Antepartum
- ○ L&D
- ○ Postpartum
- ○ NICU
- ○ Outpatient Office
- ○ Family Med
- ○ OB/GYN
- ○ Other/specify

Department, Specify "Other"

_____

Are you currently in residency/training?	◯ Yes ◯ No
Years in Practice	_____
Age	◯ 20-29 ◯ 30-39 ◯ 40-49 ◯ 50-59 ◯ 60+
Gender	◯ Female ◯ Male ◯ Other ◯ Prefer to not identify
Race	◯ American Indian or Alaska Native ◯ Black or African American ◯ White ◯ Asian ◯ Native Hawaiian or Other Pacific Islander ◯ More than one race
Ethnicity	◯ Hispanic or Latino ◯ Not Hispanic or Latino
Employment:	◯ Swedish ◯ UW ◯ Group Health ◯ Multicare ◯ Evergreen Health ◯ Other/Specify
Employment, Specify "Other"	_____
Currently providing care to patients with substance use:	◯ Yes ◯ No

Please answer the questions below with regard to your care of perinatal patients with substance use disorder:

	Never	Rarely	Sometimes	Often	Very Often
I get satisfaction from being able to help perinatal patients with substance use problems	○	○	○	○	○
I feel working with these patients is meaningful	○	○	○	○	○
I like my work with these patients	○	○	○	○	○
I am pleased with how I am able to stay up-to-date on best practices and protocols for treating perinatal patients with substance use problems	○	○	○	○	○
Working with perinatal patients who have substance use problems makes me feel satisfied and rewarded	○	○	○	○	○
I feel positive about treating perinatal patients with substance use problems and how I can help them	○	○	○	○	○
I believe I can make a difference for this population through my work	○	○	○	○	○
I am proud of what I can do to help	○	○	○	○	○
I feel I am a "successful" care giver when treating patients for substance use disorders during the perinatal period	○	○	○	○	○
I feel I have good knowledge about what to do to care for patients who have substance problems in the perinatal period	○	○	○	○	○
I feel competent when caring for patients who are using substances during the perinatal period and referring them to treatment	○	○	○	○	○
I believe the nature of addiction is based on the moral model	○	○	○	○	○

I believe the nature of addiction is based on the physiological model	○	○	○	○	○
I believe the nature of addiction is based on the disease model	○	○	○	○	○

How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am more comfortable helping a patient during the perinatal period without substance use than one with substance use	○	○	○	○	○
If a pregnant patient with a substance problem complains of physical symptoms (e.g., nausea, back pain or headache), I would likely attribute this to their substance use	○	○	○	○	○
If I were under treatment for a substance use problem I would disclose this to my colleagues	○	○	○	○	○
I would be more inclined to seek help for substance use if my treating healthcare provider was not associated with my workplace	○	○	○	○	○
I would see myself as weak if I had a substance use problem and could not fix it myself	○	○	○	○	○
I would seek help if I had a substance use problem	○	○	○	○	○
Employers should hire a person in recovery from a substance use problem if they are the best person for the job	○	○	○	○	○
I would still go to a physician if I knew that the physician had been treated for a substance use problem in the past	○	○	○	○	○
If I had a substance use problem, I would tell my friends	○	○	○	○	○
It is the responsibility of health care providers to inspire hope for recovery in patients with substance use problems	○	○	○	○	○
I have negative feelings and/or reactions towards people who have substance use problems	○	○	○	○	○

There is little I can do to help patients with substance use problems during the perinatal period

◯ ◯ ◯ ◯ ◯

Most pregnant/parenting people with substance use problems try hard to get better

◯ ◯ ◯ ◯ ◯

Pregnant/parenting people with substance use problems pose a risk to their children

◯ ◯ ◯ ◯ ◯

Medication (e.g., methadone or buprenorphine) is an effective treatment for opioid use disorder during the perinatal period

◯ ◯ ◯ ◯ ◯

A person with an active substance use disorder should have their child removed from their care

◯ ◯ ◯ ◯ ◯

Healthcare providers must be advocates for pregnant/parenting patients with substance use problems

◯ ◯ ◯ ◯ ◯

I would worry if a pregnant/parenting person with a substance use problem lived next door to me

◯ ◯ ◯ ◯ ◯

I struggle to feel compassion for a pregnant/parenting person with a history of a substance use problem

◯ ◯ ◯ ◯ ◯

How much did you agree or disagree with the following statements regarding your appreciation for the WAG summit event?

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The WAG summit provided evidence-based and balanced content that met my expectations	○	○	○	○	○
The WAG summit provided at least one new point or skill that will change your practice	○	○	○	○	○
I support buprenorphone as evidence-based medication addiction treatment	○	○	○	○	○
I support/recommend split dose methadone as evidence-based medication addiction treatment	○	○	○	○	○
The WAG summit addressed barriers and best practices of care	○	○	○	○	○
I would like to see other future events to address opioid use disorder in pregnant and parenting patients	○	○	○	○	○