Deprescribing Self-Efficacy Survey

User Agreement

Thank you for interest in the Deprescribing Self-Efficacy Survey. We welcome additional psychometric testing and use of the survey in deprescribing evaluation and research. Permission to use the survey is given provided you inform our research team about the context in which you are using the survey (by emailing deprescribing@bruyere.org), and it is correctly cited as follows: Farrell B, Richardson L, Raman-Wilms L, de Launay D, Alsabbagh MW, Conklin J. Self-efficacy for deprescribing: a survey for health care professionals using evidence-based deprescribing guidelines. Research in Social and Administrative Pharmacy. Published online: January 27, 2017: (in press accepted manuscript: DOI: http://dx.doi.org/10.1016/j.sapharm.2017.01.004).

Introduction

Welcome! Thank you for agreeing to participate in our Deprescribing Self-Efficacy survey. We value your input and appreciate your participation in this process. There are 4 sections.

- Section 1 (this page): generate unique survey ID.
- Section 2: demographics.
- Section 3: practice rating self-efficacy for an unrelated topic.
- Section 4: rate your certainty in your capability to carry out specific deprescribing tasks for four different classes of medications, and under potentially impeding circumstances. For each of the three subsequent survey iterations, you will be asked to complete ratings for the same four classes of medications.

Section 1: Generate unique survey ID:

In order to ensure your confidentiality, please generate a survey code using the following instructions. These same instructions will be used in future surveys to link responses over time:

What is the first letter of the city you were born in? ___
What day of the month were you born? ___
What is the second letter of your first name? ___
Combine your responses from questions 1-3. (eg. F23R) (This is your survey ID)

Please enter your survey ID: _____

Section 2: Demographics

Clinician role:
- ⭘ Pharmacist
- ⭘ Family Physician
- ⭘ Geriatrician
- ⭘ Nurse Practitioner
- ⭘ Other _____

Years of experience working with patients over 65:
- ⭘ Less than 5 yrs
- ⭘ 5 - 9
- ⭘ 10 - 14
- ⭘ 15 - 19
- ⭘ 20 - 24
- ⭘ 25 yrs or more

Practice Type:
- ⭘ Long-Term Care
- ⭘ Family Health Team

Which of the following best describes how you identify yourself:
- ⭘ Male
- ⭘ Female
- ⭘ Other (e.g. transgender)

Age:
- ⭘ Under 34
- ⭘ 35 - 44
- ⭘ 45 - 54
- ⭘ 55 - 64
- ⭘ 65 and older

Section 3: Practice Rating

To familiarize yourself with the rating form for self-efficacy, please complete this practice item first. Certainty in one's ability to complete a task may depend on the difficulty of the task involved. This practice item will help you practice making assessments of your ability to complete tasks of varying levels of difficulty.

<u>Physical strength practice item</u>

Please rate how certain you are right now that you can lift the specified weight by recording a number from 0-100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

Lift a 10 pound object   [ ]

Lift a 20 pound object   [ ]

Lift a 50 pound object   [ ]

Lift a 80 pound object   [ ]

Lift a 100 pound object   [ ]

Lift a 150 pound object   [ ]

Lift a 200 pound object   [ ]

Lift a 300 pound object   [ ]

Section 4: Deprescribing Self-Efficacy Survey

This survey is designed to help us gain a better understanding of how clinicians rate their self-efficacy in deprescribing an elderly patient's medication(s) and how that self-efficacy changes over time as clinicians use deprescribing guidelines. Self-efficacy refers to one's belief in their capability to carry out specific tasks. In this case, we are interested in your belief in your capability to carry out the tasks related to deprescribing (tapering or stopping) a medication an elderly patient is currently taking.

Class #1: Proton pump inhibitors:

Please rate how certain you are right now that you can carry out these tasks for deprescribing proton pump inhibitors by recording a number, 0 to 100 using the scale given below:

0   10   20   30   40   50   60   70   80   90   100

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

For a patient older than 65 years of age who is taking a proton-pump inhibitor (PPI), I am able to: Item   Certainty (0-100)

1. Weigh the benefits vs. harms of continuing the PPI

2. Weigh the benefits vs. harms of deprescribing the PPI

3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the PPI

4. Determine whether a non-pharmacological intervention would facilitate deprescribing the PPI

5. Determine the best dosing approach to deprescribing the PPI

6. Develop a monitoring plan to determine the outcome of deprescribing the PPI

7. Negotiate a deprescribing plan for the PPI with the patient and his/her carers

8. Monitor and follow-up to determine the outcome of deprescribing the PPI

9. Determine if PPI tapering should stop, or if the PPI should be restarted

Class #2: Benzodiazepine receptor agonist type drugs

Please rate how certain you are right now that you can carry out these tasks for deprescribing benzodiazepine receptor agonist type drug (BZRA) by recording a number, 0 to 100 using the scale given below:

0   10   20   30   40   50   60   70   80   90   100

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

For a patient older than 65 years of age who is taking a benzodiazepine receptor agonist type drug (BZRA), I am able to: Item   Certainty (0-100)

1. Weigh the benefits vs. harms of continuing the BZRA

2. Weigh the benefits vs. harms of deprescribing the BZRA

3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the BZRA

4. Determine whether a non-pharmacological intervention would facilitate deprescribing the BZRA

5. Determine the best dosing approach to deprescribing the BZRA

6. Develop a monitoring plan to determine the outcome of deprescribing the BZRA

7. Negotiate a deprescribing plan for the BZRA with the patient and his/her carers

8. Monitor and follow-up to determine the outcome of deprescribing the BZRA

9. Determine if BZRA tapering should stop, or if the BZRA should be restarted

Class #3: Statins

Please rate how certain you are right now that you can carry out these tasks for deprescribing statins by recording a number, 0 to 100 using the scale given below:

0   10   20   30   40   50   60   70   80   90   100

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

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For a patient older than 65 years of age who is taking a statin, I am able to: Item   Certainty (0-100)

1. Weigh the benefits vs. harms of continuing the statin

2. Weigh the benefits vs. harms of deprescribing the statin

3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the statin

4. Determine whether a non-pharmacological intervention would facilitate deprescribing the statin

5. Determine the best dosing approach to deprescribing the statin

6. Develop a monitoring plan to determine the outcome of deprescribing the statin

7. Negotiate a deprescribing plan for the statin with the patient and his/her carers

8. Monitor and follow-up to determine the outcome of deprescribing the statin

9. Determine if statin tapering should stop, or if the statin should be restarted

Class #4: Antipsychotics

Please rate how certain you are right now that you can carry out these tasks for deprescribing antipsychotics by recording a number, 0 to 100 using the scale given below:

0   10   20   30   40   50   60   70   80   90   100

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

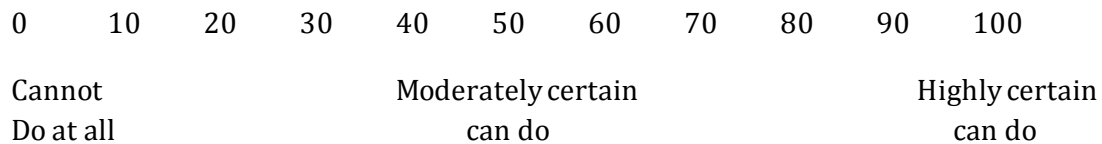For a patient older than 65 years of age who is taking an antipsychotic, I am able to: Item Certainty (0-100)

1. Weigh the benefits vs. harms of continuing the antipsychotic

2. Weigh the benefits vs. harms of deprescribing the antipsychotic

3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the antipsychotic

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4. Determine whether a non-pharmacological intervention would facilitate deprescribing the antipsychotic

5. Determine the best dosing approach to deprescribing the antipsychotic

6. Develop a monitoring plan to determine the outcome of deprescribing the antipsychotic

7. Negotiate a deprescribing plan for the antipsychotic with the patient and his/her carers

8. Monitor and follow-up to determine the outcome of deprescribing the antipsychotic

9. Determine if antipsychotic tapering should stop, or if the antipsychotic should be restarted

Deprescribing under potentially impeding circumstances:

A number of situations are described below which can make it difficult to deprescribe medications in the elderly.

Please rate how certain you are right now that you can deprescribe medications in the elderly by recording a number, 0 to 100 using the scale given below:

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Cannot   Moderately certain   Highly certain
Do at all   can do   can do

For a patient older than 65 years of age, I am able to deprescribe a medication:

Item	Certainty (0-100)
When I am concerned about adverse drug withdrawal events	
When I am concerned about exacerbations of the underlying condition the drug is being used to treat	
When disease-specific clinical guidelines recommend the use of a medication	
When the medication is coupled to performance indicators	
When I receive little support from colleagues for stopping or reducing medications	
When I have too much work to do	

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When I am concerned about damage to my provider-patient relationship

When the patient is resistant to change

When the patient's family/caregivers are resistant to change

When there is no literature describing the effects of medication tapering or discontinuation

When there is no guidance on how to taper or stop a medication

When I am not the original prescriber of the medication

When the medication was prescribed by a specialist

When I am unsure why the medication was started originally

When the medication is being used to treat an adverse effect of another medication