

Computer Survey

If you do not use a PDA*
please complete this survey only .

*PDA = personal digital assistant
Examples include: Palm Pilot, Visor, Sony Clie

Please mark your answers in the boxes clearly with a ✓ or ✕.

Demographics

1. What is your current position?

Physician

Nurse practitioner

Other Please describe _____

2. What is your age (in years)?

≤ 25 46 – 55

26 – 35 56 – 65

36 – 45 ≥ 66

3. What is your gender? Male Female

4. How many patients on average do you see **per day** in a week?

≤ 15 36 - 45

16 - 25 ≥ 46

26 - 35

5. Does your clinical practice have an Electronic Patient Record (EPR)?

Yes No

6. If your clinical practice has an EPR, please estimate how long it has been there:

< 6 months

≥ 6 months but < 1 year

≥ 1 year but < 3 years

≥ 3 years

Computer Use and Experience

7. Please indicate all that apply to describe your current computer use in the following settings:

Work		Yes	No	Home		Yes	No
Desktop		<input type="checkbox"/>	<input type="checkbox"/>				
Laptop		<input type="checkbox"/>	<input type="checkbox"/>				
Shared use		<input type="checkbox"/>	<input type="checkbox"/>				
Easily accessed		<input type="checkbox"/>	<input type="checkbox"/>	Desktop		<input type="checkbox"/>	<input type="checkbox"/>
Used strictly for billing		<input type="checkbox"/>	<input type="checkbox"/>	Laptop		<input type="checkbox"/>	<input type="checkbox"/>
Used for searching drug/therapeutic information for patient care		<input type="checkbox"/>	<input type="checkbox"/>	Used for searching drug/therapeutic information for patient care		<input type="checkbox"/>	<input type="checkbox"/>
High speed Internet equipped		<input type="checkbox"/>	<input type="checkbox"/>	High speed Internet equipped		<input type="checkbox"/>	<input type="checkbox"/>
Length of use	< 1 year	<input type="checkbox"/>		Length of use	< 1 year	<input type="checkbox"/>	
	≥ 1 year but < 5 years	<input type="checkbox"/>			≥ 1 year but < 5 years	<input type="checkbox"/>	
	≥ 5 but < 10 years	<input type="checkbox"/>			≥ 5 but < 10 years	<input type="checkbox"/>	
	≥ 10 years	<input type="checkbox"/>			≥ 10 years	<input type="checkbox"/>	
Weekly use	>0 but < 5 hrs	<input type="checkbox"/>		Weekly use	>0 but < 5 hrs	<input type="checkbox"/>	
	≥ 5 - 10 hrs	<input type="checkbox"/>			≥ 5 - 10 hrs	<input type="checkbox"/>	
	≥11 - 15 hrs	<input type="checkbox"/>			≥11 - 15 hrs	<input type="checkbox"/>	
	> 15 hrs	<input type="checkbox"/>			>15 hrs	<input type="checkbox"/>	

8. If you do not use a computer at home or at work, please explain why:

Work: _____

Home: _____

9. Does your workplace/employer:

Yes No Don't know

provide computer technical support?

provide computer software or funds for computer software?

10. Please approximate the **yearly personal cost** for computer updating/upkeep (this includes software purchases).

\$ 0 \$ ≥ 251 - 550 \$ ≥ 1001- 1500 \$ ≥ 2001
 \$ ≥ 1 - 250 \$ ≥ 550 - 1000 \$ ≥ 1501- 2000

11. Is the cost involved with maintaining your computer:

Very reasonable Reasonable Neutral Unreasonable Very unreasonable

12. Please indicate the **frequency on a weekly basis** spent searching for the following drug information related issues in patient care:

Activity	Frequency			Activity	Frequency		
	Frequently	Infrequently	Never		Frequently	Infrequently	Never
Pediatric drug dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length of therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult or usual drug dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug use in pregnancy &/or lactation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric drug dosage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxicology/treatment of overdose or poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosage adjustment in organ dysfunction (e.g. renal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring (e.g. phenytoin levels; bloodwork frequency e.g. potassium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-medicinal content of drugs (e.g. dyes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New indication(s) for older drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-prescription/Over the counter drug information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on new drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herbal therapy information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacokinetics (e.g. half-life, metabolism, excretion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formulary status (e.g. Nova Scotia Formulary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosage forms (e.g. liquid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria for formulary exceptions status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side effects of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug interactions (e.g. drug-drug, drug-food, drug-disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most appropriate drug for indication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

13. Please choose **one** of the following to indicate **how (e.g. electronically versus non-electronically/print)** searching is most often conducted for the items in question 12:

- Electronic only Both, but electronic > print Equal use of electronic & print
 Print only Both, but print > electronic

14. Please indicate your **level of agreement** with the following statements for the ability of the **listed resources** to provide **drug and therapeutic information at the point of care in your practice setting**:

SA = Strongly Agree; A = Agree; N = neutral; DA = Disagree; SDA = Strongly Disagree; NA = Not applicable, I do not use the resource																					
Resources: <i>Books, Journals, & Clinical Practice Guidelines</i>		SA	A	N	DA	SDA	NA	Resources: <i>Online Resources</i>						SA	A	N	DA	SDA	NA		
The Compendium of Pharmaceuticals and Specialties (CPS) is:	Used frequently	<input type="checkbox"/>	Online journals are:	Used frequently	<input type="checkbox"/>																
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>																
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>																
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>																
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>																
Therapeutic Choices (published by Canadian Pharmacists' Association, edited by Jean Gray) is:	Used frequently	<input type="checkbox"/>	Online bibliographic indexes (e.g. Pubmed, CINAHL) are:	Used frequently	<input type="checkbox"/>																
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>																
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>																
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>																
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>																
Specialty textbooks/handbooks (e.g. Sanford Guide Antimicrobial Therapy) are:	Used frequently	<input type="checkbox"/>	Online/electronic clinical practice guidelines are:	Used frequently	<input type="checkbox"/>																
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>																
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>																
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>																
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>																
Print journal subscriptions are:	Used frequently	<input type="checkbox"/>	The Cochrane Library (www.cochrane.org) is:	Used frequently	<input type="checkbox"/>																
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>																
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>																
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>																
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>																
Print clinical practice guidelines are:	Used frequently	<input type="checkbox"/>	Specialty and collection websites (e.g. Medscape, theheart.org, RxFiles) are:	Used frequently	<input type="checkbox"/>																
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>																
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>																
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>																
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>																

Resources: Professionals and Other		SA	A	N	D	SDA	NA	Resources: Professionals and Other		SA	A	N	D	SDA	NA
Physicians are:	Used frequently	<input type="checkbox"/>	Regional drug information centres (e.g. QE II Health Sciences Centre) are:	Used frequently	<input type="checkbox"/>										
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>										
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>										
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>										
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>										
Nurse colleagues are:	Used frequently	<input type="checkbox"/>	Pharmaceutical industry medical information centers are:	Used frequently	<input type="checkbox"/>										
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>										
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>										
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>										
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>										
Pharmacists are:	Used frequently	<input type="checkbox"/>	Pharmaceutical industry representatives are:	Used frequently	<input type="checkbox"/>										
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>										
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>										
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>										
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>										
Other health professionals (e.g. dietitians, occupational therapists, etc) are:	Used frequently	<input type="checkbox"/>	Other: please describe:	Used frequently	<input type="checkbox"/>										
	Useful	<input type="checkbox"/>		Useful	<input type="checkbox"/>										
	Accessible	<input type="checkbox"/>		Accessible	<input type="checkbox"/>										
	Credible	<input type="checkbox"/>		Credible	<input type="checkbox"/>										
	Current and timely	<input type="checkbox"/>		Current and timely	<input type="checkbox"/>										
Online clinician discussion groups/email/listserves/chatrooms are:	Used frequently	<input type="checkbox"/>	SA = Strongly Agree; A = Agree; N = neutral; DA = Disagree; SDA = Strongly Disagree; NA = Not applicable, I do not use the resource												
	Useful	<input type="checkbox"/>													
	Accessible	<input type="checkbox"/>													
	Credible	<input type="checkbox"/>													
	Current and timely	<input type="checkbox"/>													
Academic detailing services provided by Dalhousie Continuing Medical Education are:	Used frequently	<input type="checkbox"/>													
	Useful	<input type="checkbox"/>													
	Accessible	<input type="checkbox"/>													
	Credible	<input type="checkbox"/>													
	Current and timely	<input type="checkbox"/>													

Preferred Drug/Therapeutic Information Resource

15. For the broad categories of references in **question 14** and as listed below, please rate them from least to most preferred if you could choose from all means of accessing drug or therapeutic information at the point of care (i.e. when seeing patients/clients): (**1 = least preferred to 5 = most preferred**).

	1	2	3	4	5
Books, Journals, & Print Clinical Practice Guidelines	<input type="checkbox"/>				
Online resources	<input type="checkbox"/>				
Other health professionals	<input type="checkbox"/>				

Please indicate health professional(s) with whom you would consult (e.g. physiotherapist, dietician, physician, nurse practitioner, pharmacist, etc):

16. Please indicate the names of software programs or sources that you currently use or have access to from your computer:

Category	Name of program or resource	Do not have
Drug references		<input type="checkbox"/>
Patient education information		<input type="checkbox"/>
Clinical Calculators		<input type="checkbox"/>
Patient trackers		<input type="checkbox"/>

17. If you have used other drug reference software program(s) or other sources that differ from your current program(s) from **question 16** please indicate the name(s) of these and the reason(s) for which you no longer use them:

Program or resource	Reason for discontinuation of use

18. Please indicate the features and/or programs that you would like to have access to from your computer:

Feature or program	Yes	No	Does not matter
Ability to track clinical activities/statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nova Scotia formulary (Pharmacare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nova Scotia formulary exception status forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice guidelines (Canadian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice guidelines (other countries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical calculators (e.g. body mass index)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug monographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)			

PDA Future Use:

19. Do you see yourself using a PDA in the future?

Yes No Don't know

In response to the **following statements regarding PDAs**, please indicate your level of agreement:

“In my clinical practice, PDAs would ...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. decrease paper work.	<input type="checkbox"/>				
21. help to organize information.	<input type="checkbox"/>				
22. provide information at one’s “fingertips”.	<input type="checkbox"/>				
23. be a faster means to access information as compared to a <i>desktop or laptop computer</i> .	<input type="checkbox"/>				
24. be a faster means to access information as compared to a <i>text reference</i> (e.g. CPS).	<input type="checkbox"/>				
25. help to inform decisions in my patient care activities.	<input type="checkbox"/>				
26. improve my patient’s health outcomes.	<input type="checkbox"/>				
27. be an impetus to look up drug or disease information.	<input type="checkbox"/>				

PDA barriers, facilitators, and confidentiality:

28. What **barriers** do you see for the use of PDAs in your practice setting?

29. What **facilitators** do you see for the use of PDAs in your practice setting?

30. Are you concerned about **patient confidentiality** for information entered in PDAs:

Yes **No more than with other means of tracking patient information**
No

Other: please describe

31. Does your practice setting currently have a **policy on patient confidentiality** in relation to electronic technology such as electronic patient records or PDAs?

Yes No Don't know

If yes, please briefly describe your policy.

32. If you answered **NO** to **question 31**, are there plans to develop or adapt a policy in your practice?

Yes No Don't know

Technology training:

33. If you were in need of **training** for a new electronic tool or software program used for clinical decision-making, please **rank** the following selections according to your preferences for receiving training. (1 = least preferred to 5 = most preferred).

	1	2	3	4	5
One on one instruction	<input type="checkbox"/>				
Group learning lead by an expert facilitator	<input type="checkbox"/>				
A written instruction manual	<input type="checkbox"/>				
Independent learning with trial and error	<input type="checkbox"/>				
An internet chat group	<input type="checkbox"/>				
An online video on the internet that can be played repeatedly	<input type="checkbox"/>				
A live video that can be viewed on the internet	<input type="checkbox"/>				
A video cassette (VHS) or DVD	<input type="checkbox"/>				
Other? Please describe	<input type="checkbox"/>				

Please indicate your **level of agreement** with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
34. I would be <i>more likely</i> to attend a training program as indicated in question 33 if continuing education credits were offered.	<input type="checkbox"/>				
35. I would be <i>more likely</i> to attend a training program as indicated in question 33 if financial remuneration was offered.	<input type="checkbox"/>				
36. I would be <i>more likely</i> to attend a training program as indicated in question 33 if paid leave was offered.	<input type="checkbox"/>				
37. I would be <i>more likely</i> to attend a training program as indicated in question 33 if the remuneration (financial, time off, continuing education credits) corresponded to the amount of time required for training versus a flat rate for the entire training.	<input type="checkbox"/>				

Thank you again for taking the time to complete this survey.