

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: 2018 Jan;14(1):18-25. doi: 10.1016/j.sapharm.2017.01.003.

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.

Physical strength practice item

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 Do at all						Moderately certain can do				Highly certain 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 Do at all						Moderately certain can do				Highly certain 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 discontinue 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 Do at all					Moderately certain can do					Highly certain 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 | <input type="text"/> |
| 2. Weigh the benefits vs. harms of deprescribing the BZRA | <input type="text"/> |
| 3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or discontinue the BZRA | <input type="text"/> |
| 4. Determine whether a non-pharmacological intervention would facilitate deprescribing the BZRA | <input type="text"/> |
| 5. Determine the best dosing approach to deprescribing the BZRA | <input type="text"/> |
| 6. Develop a monitoring plan to determine the outcome of deprescribing the BZRA | <input type="text"/> |
| 7. Negotiate a deprescribing plan for the BZRA with the patient and his/her carers | <input type="text"/> |
| 8. Monitor and follow-up to determine the outcome of deprescribing the BZRA | <input type="text"/> |
| 9. Determine if BZRA tapering should stop, or if the BZRA should be restarted | <input type="text"/> |

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 Do at all					Moderately certain can do					Highly certain can do

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 | <input type="text"/> |
| 2. Weigh the benefits vs. harms of deprescribing the statin | <input type="text"/> |
| 3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the statin | <input type="text"/> |
| 4. Determine whether a non-pharmacological intervention would facilitate deprescribing the statin | <input type="text"/> |
| 5. Determine the best dosing approach to deprescribing the statin | <input type="text"/> |
| 6. Develop a monitoring plan to determine the outcome of deprescribing the statin | <input type="text"/> |
| 7. Negotiate a deprescribing plan for the statin with the patient and his/her carers | <input type="text"/> |
| 8. Monitor and follow-up to determine the outcome of deprescribing the statin | <input type="text"/> |
| 9. Determine if statin tapering should stop, or if the statin should be restarted | <input type="text"/> |

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
Do at all

Moderately certain
can do

Highly certain
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 | <input type="text"/> |
| 2. Weigh the benefits vs. harms of deprescribing the antipsychotic | <input type="text"/> |
| 3. Consider the patient's preferences, care goals and life expectancy in deciding whether to continue or deprescribe the antipsychotic | <input type="text"/> |

- 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 Do at all			Moderately certain can do				Highly certain 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	<input style="width: 100%;" type="text"/>
When I am concerned about exacerbations of the underlying condition the drug is being used to treat	<input style="width: 100%;" type="text"/>
When disease-specific clinical guidelines recommend the use of a medication	<input style="width: 100%;" type="text"/>
When the medication is coupled to performance indicators	<input style="width: 100%;" type="text"/>
When I receive little support from colleagues for stopping or reducing medications	<input style="width: 100%;" type="text"/>
When I have too much work to do	<input style="width: 100%;" type="text"/>

When I am concerned about damage to my provider-patient relationship	<input type="text"/>
When the patient is resistant to change	<input type="text"/>
When the patient's family/caregivers are resistant to change	<input type="text"/>
When there is no literature describing the effects of medication tapering or discontinuation	<input type="text"/>
When there is no guidance on how to taper or stop a medication	<input type="text"/>
When I am not the original prescriber of the medication	<input type="text"/>
When the medication was prescribed by a specialist	<input type="text"/>
When I am unsure why the medication was started originally	<input type="text"/>
When the medication is being used to treat an adverse effect of another medication	<input type="text"/>