

# Activity Post-Survey v4 16-03

## Activity Post-Survey v4 16-03 [1]

As a part of the educational experience, please fill out the following survey. We only use this data to evaluate and improve our training activity. No data on individual responses will be reported. **We appreciate your effort!**

Please note the scale for Grids changes between sections of this survey.

This Buprenorphine Training Activity

**Please rate your satisfaction with activity cases: \***

	1=STRONGLY DISSATISFIED	2=Dissatisfied	3=Neither Satisfied nor Dissatisfied	4=Satisfied	5=STRONGLY SATISFIED
Realism of cases *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient case illustration of didactic content *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient case illustration of the most challenging issues in a buprenorphine practice *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of different cases (assuming a fixed amount of total case content) *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What is your preference regarding the amount of case-based vs. knowledge-based training? \***

	1=NOT MY PREFERENCE	2=Somewhat NOT my preference	3=Neither my preference nor NOT my preference	4=Somewhat my preference	5=STRONGLY MY PREFERENCE
100% case-based and 0% separate knowledge-based material *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75% case-based and 25% separate knowledge-based material *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50% case-based and 50% separate knowledge-based material *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25% case-based and 75% separate knowledge-based material *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0% case-based and 100% separate knowledge-based material *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Confidence

**Regarding my ability to talk to patients with opioid use disorder about: \***

	N/A	1=NOT CONFIDENT	2=Somewhat Confident	3=Confident	4=VERY Confident
What is a substance use disorder? *	<input type="radio"/>				
What are the cues or triggers for their drug use and the importance of avoiding them? *	<input type="radio"/>				
What should patients look for and communicate regarding cravings? *	<input type="radio"/>				
What shows up in a urine drug test? *	<input type="radio"/>				
What is diversion and how do patients avoid it? *	<input type="radio"/>				

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### My OBOT Practice Plans

We are working on an online form that you would fill out to plan and then create a list of policies for your office based opioid treatment practice. These include decisions, such as how often you will see patients, what you will do for lost prescriptions, or how you will respond to failed urine drug tests, etc.

#### I plan to describe the following OBOT Practice Policies in writing for my patients (check as many as apply): \*

- Periodic checking of the prescription drug monitoring database
- A policy of not sharing medications
- A policy of avoiding the use of other substances that may interact with buprenorphine or produce poor outcomes
- Consequences for problematic urine drug test results
- Periodic depression and anxiety screening
- A policy of taking medication as prescribed and that all dose changes must be approved
- A policy for when patients will be expected to participate in medication reconciliation (pill count)

#### In terms of distributing my OBOT practice policies, I would distribute them through: \*

	N/A	1=Not At All Likely To Do This	2=Somewhat interested	3=Interested	4=Very Interested	5=Will Definitely do this
Download from my BupSite (A free functionality of BupPractice) *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Download from my personal practice website *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PDFs emailed to the patient *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed copies given to the patient *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### We Want to Meet Your Training Needs

#### Interest in Buppractice Review Course

#### Please rate your potential future interest in a review/update course \*

	No Interest	A Little Interest	Some Interest	Interested	Very Interested
I would be interested a 0.5 to 1 hour update on office based opioid treatment and related topics *	<input type="radio"/>				
I would be interested in a 1.5 to 2 hour update on office based opioid treatment and related topics *	<input type="radio"/>				
I would be interested in an update every 1-2 years *	<input type="radio"/>				
would be interested in an update every 3-5 years *	<input type="radio"/>				

### Thanks!

The BupPractice.com team appreciates your taking the time to answer the survey. We make improvements weekly for many reasons including the valuable input from our users. After submitting this form, feel free to contact us with other ideas or concerns - now or in the future. After you click the submit button proceed to request your CME credit and submit your waiver application. -- Bradley Tanner, MD President, Clinical Tools, Inc.