

PBRN Survey

Resize font:

Please complete the survey below.

Thank you!

The purpose of this study is to assess knowledge and behavior related to antibiotic prophylaxis (AP) guidelines. We estimate that completing this questionnaire will take approximately 15-20 minutes for which you or your practice organization will receive \$50 payment card, or code.

- No, I do not give consent to participate in this study.
- Yes, I give consent to participate in this study. reset

Your participation and responses will remain confidential. Only authorized study personnel will have access to data. All information will be stored in a secure manner. Your information will not be sold, used for any reason other than research, released to any insurance company, or released to any other similar interest. Information from this questionnaire and other network studies that you complete or have completed, may be linked using your assigned practitioner ID number. This will allow us to see how characteristics from each study might be related to each other.

Results may be published for scientific purposes, but your identity will not be revealed. Only statistical summaries will be presented. The University of Alabama at Birmingham (UAB) Institutional Review Board (IRB) maintains the authority to inspect completed questionnaires to ensure compliance with IRB procedures.

This study will not directly benefit you. The alternative is to not participate in the study. This study may help dentists improve care for patients in the future.

Being in this study is voluntary. You do not have to be in the study and you may stop at any time you want if you do start the study.

If you have any questions about this study you may contact the Study Principal Investigator, Dr. Peter Lockhart at Peter.Lockhart@carolinashealthcare.org.

If you have any questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855- 860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event a staff cannot be reached or you wish to talk to someone else.

1. Are you still licensed in the United States and currently engaged in active patient care?

- Yes
- No

* required

reset

2. Approximately how often do you see the following patient populations in your practice?

	Never	Less than once per year	Once per year	Once per month	Once per week	Multiple times per week
a. Patients at risk for infective endocarditis (as per the 2007 American Heart Association Guidelines) <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Patients with a prosthetic knee or hip joint <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

- b. The patient groups (e.g. knee replacement, hip replacement) who should receive antibiotic prophylaxis are well defined and clear.**

* required

reset
- c. The dental procedures that require antibiotic prophylaxis are well defined and clear.**

* required

reset
- d. The antibiotic prophylaxis regimens (drugs and dosages) are well defined and clear.**

* required

reset
- e. I feel the need to consult with the patient's orthopedist/physician about whether or not antibiotic prophylaxis is needed.**

* required

reset
- f. I feel the patient's orthopedist/physician should decide if a patient should receive antibiotic prophylaxis when undergoing invasive dental procedures.**

* required

reset

6. Thinking about the antibiotic prophylaxis regimens (drugs and dosages), if a patient's physician/surgeon advises prescribing antibiotic prophylaxis that is not consistent with the standard guidelines, would you most likely (select one response):

* required

Ask the physician/surgeon to provide the prescr

7. How important is each of the following in your decision to prescribe (or not prescribe) antibiotic prophylaxis?

a. Official Resources:

- | | Not at all important | Slightly important | Moderately important | Very important | Extremely important |
|--|-----------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| <p>i. American Dental Association guidelines</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| <p>ii. Other guidelines (e.g. American Heart Association, American Association of Orthopedic Surgeons, etc.)</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| <p>iii. Dental school training</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>iv. Continuing education course or post-graduate training program</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>v. Scientific literature on the topic</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| <p>vi. Risk management course</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

b. Professional colleagues:

- | | Not at all important | Slightly important | Moderately important | Very important | Extremely important |
|---|-----------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| <p>i. Advice from general dentists</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>ii. Advice from a dental specialist</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>iii. Advice from a physician or medical specialist</p> <p><small>* required</small></p> <p style="text-align: right;">reset</p> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

c. Personal preferences:

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
i. Concern about the risk of antibiotic prophylaxis resulting in antibiotic resistant bacteria <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
ii. Concern about the risk of an adverse drug reaction to antibiotic prophylaxis <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
iii. Concern about Clostridium difficile infection <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
iv. Concern about the risk of developing infective endocarditis or prosthetic joint infection <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
d. Patient factors					
	Not at all important	Slightly important	Moderately important	Very important	Extremely important
i. Patient request or preference <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
ii. Fear of litigation <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
iii. It is the best course of action for the patient's health. <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
					reset
8. How likely are you to change your antibiotic prophylaxis prescription practices if the following situations occur?					
a. Official Resources:					
	Extremely unlikely	Somewhat unlikely	Neither likely or unlikely	Somewhat likely	Extremely likely
i. Professional organizations (e.g. American Dental Association, American Heart Association, etc.) change practice guidelines <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
					reset
ii. Received information from a continuing education lecture/course stating that change was appropriate <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
					reset
iii. The scientific literature on the topic changes <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
					reset
b. Professional Colleagues					
	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
i. A dentist I respect influenced my decision to change my prescription practices. <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
ii. A physician or medical specialist advises you to change your prescription practices. <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
					reset
c. Personal preferences:					
	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
i. A change in your concern about the risk of antibiotic prophylaxis resulting in antibiotic resistant bacteria <small>* required</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
					reset

ii. A change in your concern about the risk of an adverse drug reaction to antibiotic prophylaxis

* required

reset

d. Patient factors:

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
i. The patient no longer wants antibiotic prophylaxis <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

* required

reset

ii. Your concern about litigation changes.

* required

reset

9. To what extent do you agree that antibiotic prophylaxis prevents infection in the following patient populations?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. Patients with a prosthetic hip or knee joint <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* required

reset

b. Patients with coronary artery bypass grafts (CABG)

* required

reset

c. Patients with a prosthetic heart valve

* required

reset

d. Patients with a heart murmur

* required

reset

10. To what extent do you agree that each of the following dental procedures put some patients at risk for infective endocarditis?

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. Routine oral hygiene home care (e.g. brushing/flossing) <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

* required

reset

b. Single tooth extraction

* required

reset

c. Routine dental scaling

* required

reset

d. Restorations that involve the gingival margin (e.g. crowns, multi-surface restorations)

* required

reset

e. Dental local anesthetic injection

* required

reset

11. Do you ever prescribe, or request prescription, for antibiotic prophylaxis prior to invasive dental procedures in your office for patients with?:

	No	Yes	I defer to the patient's physician.
a. Immunosuppression from systemic steroids <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

* required

reset

b. Immunosuppression from cancer chemotherapy drugs

* required

reset

c. Immunosuppression from drugs following organ transplantation

* required

reset

d. Immunosuppression from disease (e.g. HIV/AIDS)

* required

reset

e. Insulin-dependent diabetes
* required

reset

12. The American Heart Association guidelines recommend a specific dose of antibiotic given 30-60 minutes before the procedure. How often do you give prophylactic antibiotics for longer than the one recommended dose?

* required

- Never
- Rarely
- Sometimes
- Often
- Always

reset

13. Please feel free to offer any other comments you might have concerning antibiotic prophylaxis issues in dental practice.

Expand

14. Are you employed in any of the following dental firms? If so, please check your organization. (please select one)

* required

- HealthPartners
- Permanente Dental Associates
- Park Dental
- None of the above

reset

15. Would you like us to send you or your practice organization \$50 as a thank you for completing the survey?

- Yes, please send me an online payment card.
- Yes, please send me a payment card via U.S. Postal Service
- No

reset

Please provide your mailing address for your payment.

Name

Your preferred email

Business Name

Address

City

State

Zip Code


Submit

Save & Return Later

Close survey

Thank you for taking the survey.

Have a nice day!

 You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

Return Code: **48JHKWRH**

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