

Start



Dental Knowledge Networks

The purpose of this research survey is to learn more about how dentists and dental hygienists in the National Dental PBRN network seek information relevant to their clinical practice, particularly when information is not readily available. As part of this, we are also focusing on how dentists and hygienists are learning about e-cigarettes and other alternative nicotine products. This NIH-NIDCR funded research is being conducted by researchers at the Georgia Institute of Technology. The survey is being administered online to all dentists and hygienists in the Dental PBRN network who have opted in to study participation.

Informed Consent: Your completion of the survey is voluntary and should take approximately 25 minutes. All names you provide will be replaced with unique numbers to protect confidentiality.

You may be compensated for your participation. At the end of the survey, you will be asked if you would like to receive \$50 for completing the survey. In addition to this compensation, we hope that the results of this research will be useful to the dental community. At the conclusion of the survey you will be asked to verify your payment preferences for completion of the survey.

Your response is confidential. All data will be reported in the aggregate only. Data will be maintained only by unique code number, not by name, and you will not be identified in the results. All data will be used for scientific purposes only. You will be asked if you would like to receive the results of our study.

To make sure that this research is being carried out in the proper way, the Georgia Institute of Technology IRB may review study records. The Office of Human Research Protections may also look at study records. The sponsor of this study, NIH has the right to review study records as well. If you have any questions about your rights as a research subject, you may contact Ms. Melanie Clark, Compliance Officer, Georgia Institute of Technology at (404) 894-6942.

If you enter the survey using the unique password you have been provided, it means that you have read the information above and would like to participate in this research study. If you have any questions about this survey, please contact Dr. Julia Melkers at jmelkers@gatech.edu.

Using the unique user id and password from the email you received, you may now enter the survey:

Username

Password



Position

Completion of this survey will take approximately 25 minutes. To advance, please press the arrow button at the bottom of each page. If you cannot complete the survey in one sitting, when you log back in you will return to the place where you left off. Opportunities for comments are provided at the end of the survey.

You and Your Dental Practice

First, we would like to know a little bit about you and your practice. This will help us to contextualize the information provided in this survey.

Are you:

- a dentist
- a dental hygienist

Fulltime

Do you work:

- full time
- part time

YearGraduate

In what year did you graduate from dental school/dental hygiene school?

NumberOffices

Do you work in:

- one office
- multiple offices

DentalOrg

With which dental organizations are you formally an affiliate/member? (please check all that apply)

- American Dental Association
- Academy of General Dentistry
- American Dental Hygienists' Association
- Other (please specify)

DentalCosmo

Since you graduated from dental or dental hygiene school, have you: (please check all that apply)

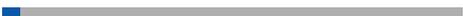
- led a clinical study
- worked on a clinical study team
- published an article in a non peer-reviewed dental publication
- published an article in a peer-reviewed publication
- co-authored an article (peer reviewed or not) with a dental or medical school faculty member
- personally applied for research funding

Clinical

Are you currently working in clinical practice?

- Yes
- No



0%  100%

Staff

You and Your Dental Practice

How many of the following, including yourself, work in your practice? (If you work in multiple offices, please respond for what you consider to be your primary office, where you spend the most time, or where you see the most patients.)

	Enter Total Number
Dentists	<input type="text"/>
Dental hygienists	<input type="text"/>
Dental assistants	<input type="text"/>

PatientNumber

On average, how many patients (both operative and hygiene combined) are seen overall in your practice per week? (please check one)

- Less than 21 patients
- 21-30 patients
- 31-40 patients
- 41-50 patients
- 51-60 patients
- 61 patients or more

Dentalfamily

Do you have an immediate family member (spouse, sibling or parent) who is a dentist or dental hygienist? (please check all that apply)

	Spouse	Sibling	Parent
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Joining the National Dental PBRN

How did you first learn about the National Dental PBRN? *(please check one)*

- A colleague in my practice told me about the National Dental PBRN
- A colleague from another practice told me about the National Dental PBRN
- Heard about the National Dental PBRN at a professional meeting
- Received the National National Dental PBRN materials (mail or email)
- Don't recall
- Other

DecisionImportance

How important were the following reasons in your decision to enroll in the PBRN?

<i>Opportunity to:</i>	Not at all important	Somewhat important	Important	Very important
Meet new colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with colleagues I already know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about new techniques or activities relevant to my practice <u>management</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about new techniques or activities relevant to my <u>clinical</u> practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give back to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take part in clinical studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earn Continuing Education credits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Information Sources Relevant to Your Practice

We are interested in the resources that dentists and dental hygienists rely on when they need additional information relevant to their practice.

Which of the following sources do you typically consult in instances when you do not have sufficient information to treat or advise a patient, or when you are seeking information relevant to patient care? (please check all that apply)

- Dental journals/publications (printed or online)
- Medical journals/publications (printed or online)
- University-based technical assistance center or hot line
- Resources I can find on the internet, including social media
- Materials received from a continuing education course
- Dental associations/organizations
- National/regional dental meeting
- Product sales reps
- A dental colleague in your practice
- A colleague in your study club
- A colleague outside of your practice (and not in your study club)
- A physician



Information Sources Relevant to Your Practice

Which of the following journals and publications do you typically consult in instances when you do not have sufficient information to treat or advise a patient? (These may be print or on-line versions) *(please check all that apply)*

- Journal of the American Dental Association
- General Dentistry
- Journal of Dental Hygiene
- Research in Dental Hygiene
- Dimensions in Dental Hygiene
- Compendium of Continuing Education in Dentistry
- American Dental Association News
- Dentistry Today
- Inside Dentistry
- Journal of the American Medical Association
- New England Journal of Medicine
- Other publications *(please specify)*



Information Sources Relevant to Your Practice

Which of the following online sources do you typically consult in instances when you do not have sufficient information to treat or advise a patient? *(please check all that apply)*

- American Dental Association
- American Dental Hygienists' Association
- National Dental Practice Based Research Network (PBRN)
- Pubmed/Medline search (no specific journal or publication)
- General Google search for specific issue
- Cochrane Collaboration Reports
- National Guideline Clearinghouse (guideline.gov)
- Internet dental listservs/discussion groups/blogs
- Facebook, Twitter or other social media
- Other (please specify)



Information Sources Relevant to Your Practice

Please indicate the reasons you do not tend to seek information from the following: (please check all that apply)

	I do not have access to this source	Does not provide information I need	Too time consuming	Not credible	Other
Dental journals/publications (printed or online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical journals/publications (printed or online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University-based technical assistance center or hot line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources I can find on the internet, including social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials received from a continuing education course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental associations/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National/regional dental meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product sales reps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A dental colleague in your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A colleague in your study club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A colleague outside of your practice (and not in your study club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OtherSource

Are there any sources not listed that you frequently consult that you would add to our list?

FinalComments2

What are greatest challenges that you face when seeking information relevant to patient care and/or your practice? Please provide any comments here. *These comments will be summarized in aggregate form and you will not be identified.*



0%  100%

Patient Treatment

To place your knowledge sources in context, we would like to understand your assessment of several areas relevant to patient care.

At this moment, and without searching for additional information, how knowledgeable are you in the following areas for patient treatment/case management?

	Not knowledgeable at all	Somewhat knowledgeable, but not enough to inform a sound clinical decision	Knowledgeable enough to inform a sound clinical decision	Highly knowledgeable
Smoking and oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes and oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana and oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective treatment of dry mouth symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing between restoring a tooth with an implant vs. root canal treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis and treatment of TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk factors associated with oral cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of peri-implantitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of a pre-cancerous lesion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks associated with bisphosphonate use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caries risk assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotic prophylaxis to prevent infective endocarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotic prophylaxis to prevent prosthetic joint infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management of orofacial pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Alternative Nicotine and E-Cigarettes

We are interested in how much the National Dental PBRN community is aware of the range of alternative nicotine products on the market.

How knowledgeable are you with any of the following?

	Not knowledgeable at all	Somewhat knowledgeable	Knowledgeable	Very knowledgeable
Smokeless tobacco (e.g. chew, dip, snuff, snus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hookah pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine patches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissolvable nicotine (e.g., lollipops, mints, lozenges, wafers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine drinks (e.g., Energy Nicofix/Nic Lite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine toothpaste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Alternative Nicotine and E-Cigarettes

Based on what you know today, how harmful are the following to oral health compared to traditional cigarettes?

<i>Compared to traditional cigarettes, this is:</i>	A lot less harmful	Less harmful	About the same	More harmful	A lot more harmful	Not sure/Unable to assess
Smokeless tobacco (e.g. chew, dip, snuff, snus, etc.)	<input type="radio"/>					
E-cigarettes	<input type="radio"/>					
Hookah pipes	<input type="radio"/>					
Nicotine patches	<input type="radio"/>					
Dissolvable nicotine (e.g., lollipops, mints, lozenges, wafers)	<input type="radio"/>					
Nicotine drinks (e.g., Energy Nicofix/Nic Lite)	<input type="radio"/>					
Nicotine cream	<input type="radio"/>					
Nicotine toothpaste	<input type="radio"/>					



Alternative Nicotine and E-Cigarettes

We are also interested in how much dentists and dental hygienists are seeing the use of alternative nicotine and other related products in their practices.

How do you detect whether a patient is using any of the following products/substances? (please select all that apply)

	Include on patient history/screening form	Routinely ask patients about use	Patients tend to volunteer this information	Informed by family member/friend	Intraoral examination/clinical assessment	Do not screen for this
Traditional tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hookah pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other alternative nicotine products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other ways not listed above that you detect e-cigarette/alternative nicotine use? Please describe here.



Alternative Nicotine and E-Cigarettes

In a typical month, to what extent do you see the use of any of these products in your practice?

	Never	One or two patients	Fewer than ten patients	Ten or more patients	Not sure
Traditional cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hookah pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine patches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissolvable nicotine (e.g. lollipops, mints, lozenges, wafers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine drinks (e.g. Energy Nicofix/Nic Lite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine toothpaste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Familyuse

Do you have any family members or close friends who:

	Yes	No	Not sure
use e-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use another alternative nicotine product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alternative Nicotine and E-Cigarettes

Given the relative newness of e-cigarettes and other related products, we are uncertain of how and where dentists and dental hygienists might look for information to better understand how alternative nicotine may be relevant to patient treatment. Please respond to the following scenario based on your own experience.

Scenario: Imagine a situation where in the course of a few months, you have several patients who you discover are regularly using e-cigarettes, who present with one or more of the following new symptoms, and there has been no change in the patient's medical history.

- Dry mouth
- Recurrent herpetic lesions
- Increase in periodontal signs (gingival inflammation and/or bleeding)
- Pain in area of mouth where e-cigarette is placed

How certain are you that these symptoms have a connection to the patient's use of e-cigarettes?

- 100% certain
- Fairly certain
- A little certain
- Not certain at all



0%  100%

Alternative Nicotine and E-Cigarettes

If you are 100% certain, please explain:



Alternative Nicotine and E-Cigarettes

Since you are not 100% certain, please briefly explain.



Alternative Nicotine and E-Cigarettes

In the last year, have you sought information (from a person or from other materials) on e-cigarettes and/or other alternative nicotine products in order to understand the implications of these products for patient care and/or oral health?

- Yes
- No
- Don't Recall



Alternative Nicotine and E-Cigarettes

Why did you decide to search for information on alternative nicotine products? *(please check all that apply)*

- A patient asked about these products and I didn't have the information to respond
- A patient reported use, and I wanted to know more
- A colleague mentioned these products and I didn't know anything about them
- I saw an ad about these products and decided to learn more
- Heard about e-cigarettes and/or nicotine alternatives at a meeting and wanted to learn more
- Other (please explain)



Alternative Nicotine and E-Cigarettes

When you first decided to seek out information about e-cigarettes or alternative nicotine, where did you go **FIRST** for information/resources?

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website (*which one*)
- Other (*please specify*)



Alternative Nicotine and E-Cigarettes

After going to this source, what did you do next?

- Stopped here
- Continued to search for information



Alternative Nicotine and E-Cigarettes

Why?

- Source provided enough information to address the problem
- Had to make an immediate decision
- No time to search more
- Decided it was not a problem I could address
- Decided it was not a problem
- Other reasons



Alternative Nicotine and E-Cigarettes

Where did you go next?

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website (*which one*)
- Other (*please specify*)



Alternative Nicotine and E-Cigarettes

After going to this source, what did you do next?

- Stopped here
- Continued to search for information



Alternative Nicotine and E-Cigarettes

Why?

- Source provided enough information to address the problem
- Had to make an immediate decision
- No time to search more
- Decided it was not a problem I could address
- Decided it was not a problem
- Other reasons



Alternative Nicotine and E-Cigarettes

After going to this source, which other sources did you seek out?

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website (*which one*)
- Other (*please specify*)



Alternative Nicotine and E-Cigarettes

In your view, what are the greatest barriers to finding information about the effects of e-cigarettes on oral health that would help you in your clinical practice?



Alternative Nicotine and E-Cigarettes

Although you have not searched for this information before, if you were to seek out resources and information that might help you learn more about e-cigarettes and/or other alternative nicotine products, where do you think that you would look for information?

Would you first: (check the first ONE that you would go to)

- Reach out to someone you know
- Consult professional peer-reviewed published materials
- Consult other published materials
- Reach out to the ADA or other dental organization
- Conduct a general (e.g. Google) internet search
- Post a question on a dental listserv/discussion board
- Go to a specific website you have in mind (which one?)
- Other (please specify)

If you still felt that you needed more information, where would you look next? (check the next ONE that you would go to)

- Reach out to someone you know
- Consult professional peer-reviewed published materials
- Consult other published materials
- Reach out to the ADA or other dental organization
- Conduct a general (e.g. Google) internet search
- Post a question on a dental listserv/discussion board
- Go to a specific website you have in mind (which one?)
- Other (please specify)



0%  100%

Alternative Nicotine and E-Cigarettes

After exploring the two sources above, what other sources would you pursue? (please check ALL that apply)

- Reach out to someone you know
- Consult professional peer-reviewed published materials
- Consult other published materials
- Reach out to the ADA or other dental organization
- Conduct a general (e.g. Google) internet search
- Post a question on a dental listserv/discussion board
- Go to a specific website you have in mind (which one?)
- Other (please specify)



Alternative Nicotine and E-Cigarettes

What do you think would be the greatest barrier to finding information about the effects of e-cigarettes on oral health that would help you in your clinical practice?



Alternative Nicotine and E-Cigarettes

Overall, how likely do you think it is that you will find useful information about e-cigarettes or other alternative nicotine products and their impact on oral health/patient treatment in the sources listed below?

	Unlikely	Somewhat likely	Likely	Highly likely
Dental journals/publications (printed or online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical journals/publications (printed or online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University-based technical assistance center or hot line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources I can find on the internet, including social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials received from a continuing education course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental associations/organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National/regional dental meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product sales reps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dental colleague in your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A colleague in your study club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A colleague outside of your practice (and not in your study club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Finding Resources to Address Clinical and Other Questions in Dental Practice

In order to understand more about how dentists and hygienists seek information relevant to their practice, we are going to ask you to walk through an information search process for a situation that you have recently encountered. We first ask you to identify a recent question or problem, and then ask you some specific questions about how you sought information to address this issue.

Please think about a recent case where you felt that you did not have sufficient information to treat or advise a patient, and where you actively looked for information outside of your own expertise. What (briefly) was the clinical question that you had? *(response limited to 70 characters)* *(note: it is important that you fill this in. This text will appear in the next set of questions)*

What about this case made you seek information beyond your own expertise?



0%  100%

Finding Resources

How knowledgeable did you personally feel to address [SS! Script] in your practice?

- Not knowledgeable at all
- Somewhat knowledgeable, but not enough to make sound clinical decision
- Knowledgeable enough to make a sound clinical decision
- Highly knowledgeable

Certain1

How certain are you that you could find information on [SS! Script] that would help you in your practice?

- Not certain at all
- Somewhat certain
- Generally certain
- Highly certain



Finding Resources

When you first encountered [SSI Script] in your practice, where did you go FIRST for information/resources to address this? (please check one)

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website (which one)
- Other (please specify)



Finding Resources

After going to this source, what did you do next? *(please check one)*

- Stopped here
- Continued to search for information



Finding Resources

Why?

- Source provided enough information to address the problem
- Had to make an immediate decision
- No time to search more
- Decided it was not a problem I could address
- Decided it was not a problem
- Other reasons



Finding Resources

Where did you go next? *(please check one)*

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website *(which one)*
- Other *(please specify)*



Finding Resources

After going to this source, what did you do next? *(please check one)*

- Stopped here
- Continued to search for information



Finding Resources

Why?

- Source provided enough information to address the problem
- Had to make an immediate decision
- No time to search more
- Decided it was not a problem I could address
- Decided it was not a problem
- Other reasons



Finding Resources

Finally, after going to this source, which other sources did you seek out? (please check all that apply)

- I reached out to someone I know
- I consulted professional peer-reviewed published materials
- I consulted other published materials
- I consulted professional sources (dental or other organization)
- I searched on the internet (general internet search)
- I went to a specific website (*which one*)
- Other (*please specify*)



Your Dental/Dental Hygiene Networks

The remaining questions on this survey ask you about your personal networks in dentistry and dental hygiene, both within and outside of your own office.

In the last two months, have you sought any of the following types of advice from other dentists or hygienists in your practice? (please check all that apply)

- NA- there is no one else in my practice.
- Input or advice on case-specific problem or uncertainty
- "Leads" to other resources
- "Leads" or introduction to someone you should consult for this issue
- Suggestions about research articles to read
- Suggestions on CE or professional development courses

Messageboards

Do you subscribe to any on-line dental message boards or communities? If so, please list them here.



Your Dental/Dental Hygiene Networks

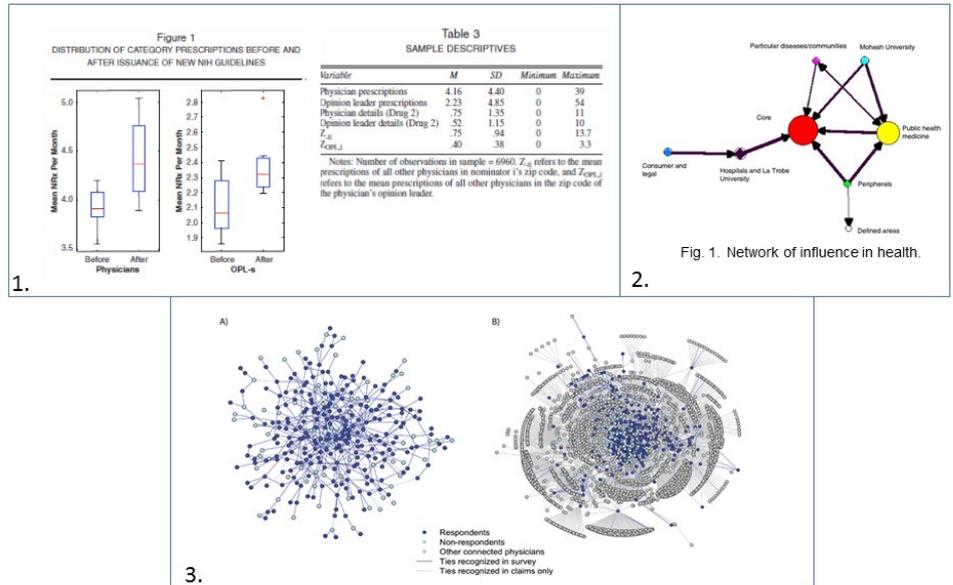
We are interested in the personal networks of dentists and hygienists. To measure this, we will ask you a few questions about people you turn to with clinical questions or issues when you feel that you need input or advice, and then ask you a few questions about these individuals. These persons will NOT be contacted OR know that you have named them in a survey.

First, please think about dental professionals you know personally. *This means that you have met and would recognize one another.*

Earlier in the survey, you indicated that you had dealt with in your practice. Which colleagues **OUTSIDE OF YOUR PRACTICE**, would you first seek out for advice/opinion on the issue of ? You may name up to 5 individuals. (*note: they may be individuals you have met personally, or only communicated with DIRECTLY online.*)

Note: The individuals that you name above will not know that you have identified them. This question design is often used in studies of physicians and other professions to identify the social structure of the community. Names will be converted to codes once the survey is completed. Names are important in order for us to identify common "opinion leaders" that have been named by the National Dental PBRN network members.

Here are some examples of analysis in medicine using name generated data (similar to the above).



1. Nair, Harikesh S., Puneet Manchanda, and Tulikaa Bhatia. "Asymmetric social interactions in physician prescription behavior: The role of opinion leaders." *Journal of Marketing Research* 47.5 (2010): 883-895. 2. Lewis, Jenny M. "Being around and knowing the players: networks of influence in health policy." *Social science & medicine* 62.9 (2006): 2125-2136. 3. Barnett, Michael L., et al. "Mapping Physician Networks with Self-Reported and Administrative Data." *Health services research* 46.5 (2011): 1592-1609.



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Your Dental/Dental Hygiene Networks

Now for the individuals that you have named, how do you know them? *(please check all that apply)*

	In my study club	Know through local community	Related to me	Former colleague	Met through PBRN	Met at a professional meeting or course	Met at dental/dental hygiene school or residency	Know through online community
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PersonTitle

Your Dental/Dental Hygiene Networks

Is this person a(an): *(please check all that apply)*

	General dentist	Oral surgeon	Other specialty dentist	Hygienist	Physician	Industry/Product rep	Friend	Other
<input type="text"/>	<input type="checkbox"/>							
<input type="text"/>	<input type="checkbox"/>							
<input type="text"/>	<input type="checkbox"/>							
<input type="text"/>	<input type="checkbox"/>							
<input type="text"/>	<input type="checkbox"/>							



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Your Dental/Dental Hygiene Networks

In the past six months, how often have you reached out to this person for input or advice on an issue that will help you to better manage a patient? *(please check one)*

	Never	Once or twice	Several times	Many times, on a regular basis
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Your Dental/Dental Hygiene Networks

What kinds of input or advice have you typically sought from these individuals? (please check all that apply)

	Advice on case-specific problem or uncertainty	"Leads" to other resources or materials	"Leads" or introduction to someone you should consult for this issue	Suggestions about research articles to read
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Your Dental/Dental Hygiene Networks

How accessible are these individuals? (please check one)

	Very easy to reach	Easy to reach	Difficult to reach	Impossible to reach
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Your Experiences

Please indicate the extent to which you agree with the following:

	Strongly disagree	Disagree	Agree	Strongly agree
When faced with a patient case where I need input on treatment, I am usually able to get sufficient help from someone in my own practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable asking for input or expertise on a case from someone in my own practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is unusual for me to look beyond my own practice for resources or information that I need for a clinical question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a very good network of colleagues that I can turn to with clinical questions or uncertainties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel isolated from research and clinical evidence that could help me in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is rare for me to need to ask for input or help on a patient case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training I received in dental/hygiene school emphasized evidence-based practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



FinalComments

Other Comments

In your opinion, what are the most effective ways that dental and dental hygiene researchers can provide research findings and scientific evidence to dentists and hygienists for use in clinical practice? *These comments will be summarized in aggregate form and you will not be identified.*

FinalComments1

If you would like to provide any additional comments, please use this space.



Payment

Payment Options

Would you like us to send you or your practice organization \$50 as a thank you for completing this survey? Payments will be made via gift/cash card. *(please check one)*

- No, I am happy to volunteer my time
- No, I am unable to be paid for my participation
- Yes, please send me a cash card on-line
- Yes, please send me a cash card via U.S. postal service

affiliation

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

- No
- HealthPartners
- Permanente Dental Associates
- Park Dental

Contactinfo

Your Information	
Name	<input type="text"/>
Your preferred email	<input type="text"/>
Business Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZipCode	<input type="text"/>

Thank you for your time and participation in this survey!



TERMINATE

Note:

When respondents take the survey in regular mode this page will not be displayed. Respondents will be redirected to the link below:

<http://www.nationaldentalpbrn.org/>



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