PBRN Survey

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.

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?  
   * required
   - Yes
   - No

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

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Never</th>
<th>Less than once per year</th>
<th>Once per month</th>
<th>Once per week</th>
<th>Multiple times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patients at risk for infective endocarditis (as per the 2007 American Heart Association Guidelines)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>b. Patients with a prosthetic knee or hip joint</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>
3. Using the provided slider bar, please indicate your answer to the following question: For your patients who receive antibiotic prescriptions prior to dental procedures, over the past year or so, approximately how often is the prescription written by their physician/surgeon rather than you?

a. Patients at risk for infective endocarditis
   * required

   % by you % by physician
   [slider] 11

b. Patients at risk of prosthetic knee or hip joint infection
   * required

   % by you % by physician
   [slider] 49

4. Thinking about the 2007 American Heart Association guidelines and your patients who are at risk for infective endocarditis, to what extent do you agree with the following statements?

a. The 2007 American Heart Association guidelines on the use of antibiotic prophylaxis are well defined and clear.
   * required

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

b. The patient groups who should receive antibiotic prophylaxis are well defined and clear.
   * required

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

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

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

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

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

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

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

f. I think the patient's cardiologist/physician should decide if a patient needs antibiotic prophylaxis when undergoing invasive dental procedures.
   * required

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree

g. I prescribe alternative antibiotics (e.g., metronidazole) rather than those recommended by the American Heart Association or American Dental Association for my patients who require antibiotic prophylaxis prior to dental procedures.
   * required

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree or agree Somewhat agree Strongly agree

5. Thinking about guidelines concerning the use of antibiotic prophylaxis for your patients who have received a prosthetic knee or hip joint, to what extent do you agree with the following statements?

a. Guidelines concerning the use of antibiotic prophylaxis for patients with prosthetic joints are well defined and clear.
   * required

   [radio buttons] Strongly disagree Somewhat disagree Neither disagree or agree Somewhat agree Strongly agree
b. The patient groups (e.g. knee replacement, hip replacement) who should receive antibiotic prophylaxis are well defined and clear.  
* required

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

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

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

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

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

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

a. Official Resources:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. American Dental Association guidelines</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>ii. Other guidelines (e.g. American Heart Association, American Association of Orthopedic Surgeons, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>iii. Dental school training</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>iv. Continuing education course or post-graduate training program</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>v. Scientific literature on the topic</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>vi. Risk management course</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

b. Professional colleagues:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Advice from general dentists</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>ii. Advice from a dental specialist</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>iii. Advice from a physician or medical specialist</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

c. Personal preferences:
### Concerns

<table>
<thead>
<tr>
<th>Concern</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Concern about the risk of antibiotic prophylaxis resulting in antibiotic resistant bacteria</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
<td></td>
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<tr>
<td>ii. Concern about the risk of an adverse drug reaction to antibiotic prophylaxis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>* required</td>
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<tr>
<td>iii. Concern about Clostridium difficile infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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<tr>
<td>iv. Concern about the risk of developing infective endocarditis or prosthetic joint infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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</tbody>
</table>

### Patient Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Patient request or preference</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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<td></td>
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<td></td>
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<tr>
<td>ii. Fear of litigation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>* required</td>
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<tr>
<td>iii. It is the best course of action for the patient's health.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>* required</td>
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</tbody>
</table>

### How likely are you to change your antibiotic prophylaxis prescription practices if the following situations occur?

#### a. Official Resources:

<table>
<thead>
<tr>
<th>Change in Practice</th>
<th>Extremely unlikely</th>
<th>Somewhat unlikely</th>
<th>Neither likely or unlikely</th>
<th>Somewhat likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Professional organizations (e.g. American Dental Association, American Heart Association, etc.) change practice guidelines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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<td></td>
</tr>
<tr>
<td>ii. Received information from a continuing education lecture/course stating that change was appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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<tr>
<td>iii. The scientific literature on the topic changes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>* required</td>
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</tbody>
</table>

#### b. Professional Colleagues

<table>
<thead>
<tr>
<th>Change in Practice</th>
<th>Extremely unlikely</th>
<th>Somewhat unlikely</th>
<th>Neither likely nor unlikely</th>
<th>Somewhat likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. A dentist I respect influenced my decision to change my prescription practices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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</tr>
<tr>
<td>ii. A physician or medical specialist advises you to change your prescription practices.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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</tr>
</tbody>
</table>

#### c. Personal preferences:

<table>
<thead>
<tr>
<th>Change in Practice</th>
<th>Extremely unlikely</th>
<th>Somewhat unlikely</th>
<th>Neither likely nor unlikely</th>
<th>Somewhat likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. A change in your concern about the risk of antibiotic prophylaxis resulting in antibiotic resistant bacteria</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>* required</td>
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</tbody>
</table>

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PBRN Survey https://rcsurvey.carolinashealthcare.org/redcap/surveys/?s=7oKQG6q2Gg
ii. A change in your concern about the risk of an adverse drug reaction to antibiotic prophylaxis
   * required

   reset

d. Patient factors:

   i. The patient no longer wants antibiotic prophylaxis
      * 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?

   a. Patients with a prosthetic hip or knee joint
      * 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?

   a. Routine oral hygiene home care (e.g. brushing/flossing)
      * 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?

   a. Immunosuppression from systemic steroids
      * 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

   I defer to the patient's physician.
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

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

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

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

Please provide your mailing address for your payment.

Name

Your preferred email

testemail@fake.com

Business Name

Address

City

State

Alabama

Zip Code

Submit

Save & Return Later
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