

Appendix. Analgesic prescribing habits and patterns of Canadian urology residents

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Dear QUEST participant,

We invite to complete the following survey dealing with analgesic prescribing habits and patterns of Canadian urology residents. We hope that our findings would offer a deeper understanding of the quality and type of education Canadian urology residents are provided and prove highly beneficial in curricula development.

Your participation in this survey is completely voluntary and anonymous. Completing this survey, or not, will have no impact on your academic standing. Moreover, we're collecting no identifying data aside from region of Canada currently training in (Western, Central, Eastern). The survey results will be by the investigators, and possibly by Research Ethics Board representatives for auditing and quality assurance purposes.

For ethics concerns, please contact the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board. Call 1-844-535-2988 (toll free in North America) or email the HSREB Chair at: clarkaf@queensu.ca.

Thank you for your participation,

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Analgesic prescribing habits and patterns of Canadian urology residents

This voluntary and anonymous survey aims to gain insight into the pain management strategies and prescribing habits of Canadian urology residents. We hope that this would offer a deeper understanding of the quality and type of education Canadian urology residents are provided and prove highly beneficial in curricula development. We're collecting no identifying data aside from region of Canada currently training in (Western, Central, Eastern).

* Required

1. **What year of residency are you in? ***

Mark only one oval.

- PGY1
- PGY2
- PGY3
- PGY4
- PGY5
- PGY6+

2. **In which area are you currently completing your residency?**

Mark only one oval.

- West (BC, AB, SK)
- Central (MB, ON)
- East (QC, NB, NL, NS, PE)
- USA
- International

3. **During my residency training, I have received formal training/teaching in the following:**
*

Mark only one circle per row.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. **Within Urology, formal training in management of the following would be/is very valuable: ***

Mark only one circle per row.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. **I feel my training (formal or informal) and experience in managing the following to be adequate: ***

Mark only one circle per row.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. **I am aware of peer reviewed opioid prescribing guidelines for the management of: ***

Mark only one circle per row.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. **Please rank the following people/services that were the greatest resource for your education in pain management (1: highest, 9: lowest) ***

Rank

Acute Pain Service (Anesthesiologist)
Internet/Online Resources
Dedicated Textbooks
Staff Urologist

Other Surgical Staff

Surgical Residents

Pain Guidelines

Palliative Care Service

Other Residents/House-staff

For each of the following cases, please write a prescription for the medication(s) you would typically give for symptom management in each scenario. Please write the prescription in the same style/format you would typically use in a real-life scenario.

A 35-year-old healthy male assessed in the emergency room and found to have a 4 mm left mid-ureteric stone and 7/10 pain. Vital signs are stable, renal function is normal and there are no signs of infection. They wish to try to pass the stone at home.

Rx	DATE _____
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8. Please list the TOP THREE (3) issues/side effects/concerns that you'd counsel the above patient on regarding their prescription: *

1. _____
2. _____
3. _____

A 70-year-old man with CRPC presents with several painful symptomatic bone mets. He is awaiting appointments with radiation oncology and medical oncology. Please write a prescription for pain management for this patient.

Rx	DATE _____
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9. **Please list the TOP THREE (3) issues/side effects/concerns that you'd counsel the above patient on regarding their prescription: ***

1. _____
2. _____
3. _____

A 45-year-old women with interstitial cystitis bladder pain syndrome refractory to elmiron, mirabegron, intra-vesical DMSO presents with significant chronic pelvic discomfort. She describes the pain as 8 out of 10 and is requesting a medication(s) to ease the discomfort.

℞	DATE _____
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10. **Please list the TOP THREE (3) issues/side effects/concerns that you'd counsel the above patient on regarding their prescription: ***

1. _____
2. _____
3. _____

11. **How often do you promote alternative, non-narcotic methods for the control of: ***

Mark only one circle per row.

	Never	Seldom	About Half the Time	Usually	Always
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List the various
alternatives you
would advise the
patient to use :

12. **How often is medical marijuana prescribed AT YOUR INSTITUTION for the control of: ***

Mark only one circle per row.

	Not Sure	Never	Seldom	About Half the Time	Usually	Always
Acute Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Non-Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Cancer Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. **How often do you engage complimentary services for pain control? ***

Mark only one circle.

	1	2	3	4	5	Always
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **What are the complimentary services often engaged at your institution? ***

1. _____

2. _____

3. _____

15. **How often do you counsel your patients on how to properly dispose of excess opioids? ***

Mark only one circle.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

16. **How comfortable are you in prescribing each of the following pain medications: ***

Mark only one circle per row.

	Very Uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable
Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle Relaxants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acetaminophen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAIDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gabapentin/Pregabalin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>