**Appendix A: Study Survey**

Family Medicine Resident Survey

**Part I: Demographic Information (Please circle one answer)**

**1**. Gender: a. Male b. Female

**2.** Ethnicity: a. White American b. African American c. Latino d. Asian American

e. Native American f. Pacific Islander g. Other (Specify\_\_\_\_\_\_\_\_\_\_\_)

**3**. Age: a. 22-30 b. 31-40 c. 41-50 d. > 51

**4**. Current Year of Residency

a. First b. Second c. Third d. Fourth

**5**. Location of Residency Program

a. East b. Midwest c. South d. West

**6.** How many mental health courses have you taken in your previous schooling (undergraduate, masters, doctoral or medical school)

a. 1 b. 2 c. 3 d. >4

**7**. Have you completed your behavioral health rotation in your residency?

a. Yes b. No (If no, you can skip Part III of this survey)

**Part II: Competency and Practice Questions**

The following asks you to rate from 1 (*Not competent*) to 5 (*Highly Competent*) on your self-assessment of competencies of various mental health diagnoses.

*How competent do you feel you are in assessing and diagnosing patients around the following conditions*:

**a. Major Depressive Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**b. Generalized Anxiety Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**c. Obsessive Compulsive Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**d. Post Traumatic Stress Disorder (PTSD)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**e. Panic Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**f. Substance Use Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**g. Attention Deficit Hyperactivity Disorder (ADHD)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**h. Somatization Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**i. Bipolar Disorder**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**j. Schizophrenia**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

*How competent are you in prescribing medications to patients from the following drug classes (for adults only):*

**a. Selective Serotonin Reuptake Inhibitors (SSRI’s) (e.g: Paxil, Lexapro)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**b. Monoamine Oxidase Inhibitors (MAOI’s) (e.g.: Nardil, Parnate)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**c. Tricyclic Antidepressants (e.g.: Elavil, Pamelor)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**d. Stimulant Medications (e.g.: Ritalin, Concerta)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**e. Cholinestransae Inhibitors (e.g.: Aricept, Exelon)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**f. Atypical Antipsychotic Medications (e.g.: Seroquel, Risperdal)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**g. Benzodiazepines (e.g.: Xanax, Klonopin)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

**h. Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) (e.g.: Cymbalta, Effexor)**

1. Not Competent at all 2. Slightly Competent 3. Somewhat Competent 4. Competent 5. Very Competent

*Think about the last ten patients with mental health concerns that you treated in an outpatient or ambulatory setting. How often did you use any of the following therapeutic interventions with these patients (only you providing these interventions):*

**a. Cognitive Behavioral Therapy**

1. Never 2. Rarely 3. Neutral 4. Often 5. Quite Often

**b. Psychoeducation/Educational Techniques**

1. Never 2. Rarely 3. Neutral 4. Often 5. Quite Often

**c. Motivational Interviewing**

1. Never 2. Rarely 3. Neutral 4. Often 5. Quite Often

**d. Solution Focused/Strength-Based Therapy**

1. Never 2. Rarely 3. Neutral 4. Often 5. Quite Often

**e. Other Approach (If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

1. Never 2. Rarely 3. Neutral 4. Often 5. Quite Often

**Part III: Behavioral Health Rotation Experience (ONLY FOR THOSE WHO HAVE COMPLETED THEIR ROTATION)**

1. In what year did you complete your behavioral health rotation?

a. 1st b. 2nd c. 3rd d. 4th

2. Who were the professionals that mentored, advised or consulted with you on your rotation? (circle all that apply)

a. Attending Physician

b. Behavioral Science Faculty (social worker, psychologist, marriage and family therapist, licensed counselor)

c. Psychiatrist

d. Educator or Specialist

e. Psychiatric Nurse

f. Other (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. What settings did you treat patients on your behavioral health rotation? (circle all that apply)

a. Primary Care of Ambulatory Clinic

b. Inpatient or Hospital Setting

c. Community Mental Health Center

d. Specialty Care Clinic

e. Private Practice

f. Other (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. How much additional knowledge did you gain in behavioral health skills as a result of this rotation?

a. No knowledge

b. A little knowledge

c. Neutral

d. Some knowledge

e. A lot of knowledge

5. How often did you have another professional observe, shadow or witness your visits with patients on this rotation?

a. Never

b. Rarely

c. Neutral

d. Often

e. Quite Often

**In the following boxes, please describe the three most beneficial aspects of your behavioral health rotation (*max. 50 words per response*)**

1.

3.

2.

**In the following boxes, please describe three areas where your behavioral health rotation could have been improved (*max. 50 words per response*)**

3.

2.

1.

6. How often did you get to use specific psychotherapy interventions or skills with patients on this rotation?

a. Never

b. Rarely

c. Neutral

d. Often

e. Quite Often

7. How often did you get to work with couples and/or families on this rotation?

a. Never

b. Rarely

c. Neutral

d. Often

e. Quite Often