

This questionnaire, which will take only a few minutes to complete, helps improve the way we educate prescribers. We hope you are willing to complete it. The next page explains your rights. The questionnaire begins on page 3.

Thank you for your interest in this project. Please read this information sheet carefully before deciding if you would like to participate. If you choose not to participate, we thank you for considering our request.

What is the purpose of the study?

Identify capabilities, opportunities, and motivations to prescribe safely.

Why have I been invited to participate?

Because you are a pharmacist, doctor, or nurse who prescribes.

Do I have to take part?

It is completely your choice whether or not to take part. Completing a questionnaire will be taken as consent. If you do not consent, please do not complete one.

What will happen to me if I take part?

Choose the number best describing your response to each item in the questionnaire. Please enter a free text response in any, all, or none of the three text boxes to express your views. Please do not name individuals or give any confidential information that would allow us to identify them. We are interested in the system, not the individuals who work in it.

When will this study take place?

Now, if you're willing.

Where will the study take place?

Wherever you would like to complete it.

Will the information I give be confidential?

We do not wish to know the identities of individuals who complete the questionnaires and have not included any fields that could make you identifiable. Completed questionnaires will be stored securely at Queen's University in a locked filing cabinet and/or on password protected computers. In accordance with current ethical guidelines, records will be kept for 5 years after publication.

During the time we keep the information, we may use it to teach students how to analyse information of the sort you gave us. We may also wish to carry out further analysis of the information you gave, to answer additional research questions which may arise. In either eventuality, we will continue to keep the information entirely confidential.

What happens if I want to complain about this research?

Should you wish to make a complaint, you may do so to the person named below. They will offer to meet you personally and respond to your dissatisfaction.

Please note the following points:

- 1. Your participation is entirely voluntary.
- 2. You may decline to answer any question or discard the questionnaire at any point.
- 3. Your participation, or non-participation, will not affect your legal rights.
- 4. The information collected will be treated securely and confidentially as necessary under the Data Protection Act and stored as required by the University.
- 5. All results, if published, will be treated anonymously.
- 6. The results of the study, if published, may include direct quotes from your questionnaire but not your identity.
- 7. The results will be presented at local, national, and international meetings.
- You can contact Deborah Millar, Deborah.Millar@qub.ac.uk with any concerns during the study.





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Readiness to Prescribe Questionnaire

Hospita	l:							
Profession Doctor Nurse Pharmac	Speciality:	Sex: Male Female Other/Prefer not to say						
Please answer all questions in relation to prescribing insulin								
Have you prescribed this medication: Yes No*								
How oft	en do you do so?							
Daily	Several times a week Several times a mont	h Monthly Less often than monthly						
*If you don't prescribe but advise others on treatment, please read ' <i>prescribing</i> ' as ' <i>advising others on prescribing</i> ' and tick the 'yes' box								
If you do prescribe this medication, please tick the state the statement that best describes you:								
	I feel no need to learn to prescribe better							

- I would like to learn to prescribe better
- I am actively learning to prescribe better

Please turn to the next page

Please answer all questions in relation to **prescribing insulin**

Please rate your (dis)agreement with each statement by circling a number from 0 (completely disagree) to 6 (completely agree). There are several places in the questionnaire where we invite you to add written comments. Whilst that is optional, please rate <u>all</u> the numerical items.

Your prescribing									
Completely Disagree						Completely Agree			
1. I think out pre	1. I think out prescriptions logically rather than by habit								
0	1	2	3	4	5	6			
2. I can distingui	2. I can distinguish simple prescribing decisions from difficult/ambiguous ones								
0	1	2	3	4	5	6			
3. I can judge wh	nether my knowle	dge and skills are	sufficient for indi	vidual prescribing	decisions				
0	1	2	3	4	5	6			
4. When I recogn	4. When I recognise what action needs to be taken, I prescribe without hesitation								
0	1	2	3	4	5	6			
5. I feel safe to p	ut into practice w	hat I learn about p	orescribing			·			
0	1	2	3	4	5	6			
6. I am becoming a confident (am already a confident) prescriber									
0	1	2	3	4	5	6			
7. I expect to be	7. I expect to become a capable (am already a capable) prescriber								
0	1	2	3	4	5	6			

My	strengths as a prescriber a	re:		

My weaknesses as a prescriber are:

Please answer all questions in relation to **prescribing insulin**

Learning to prescribe on the job

Completely Disagree						Completely Agree		
Your behaviour and preferences								
8. When I am unsure what is the right action, I seek guidance								
0	1	2	3	4	5	6		
9. I use learning	9. I use learning tools to increase my knowledge and skills							
0	1	2	3	4	5	6		
10. l (would) like	10. I (would) like to receive constructively critical feedback on my prescriptions							
0	1	2	3	4	5	6		
Your habits								
11. I am in the habit of consulting books/online resources/guidelines to help me prescribe								
0	1	2	3	4	5	6		
12. I am in the habit of discussing prescriptions with members of my own profession								
0	1	2	3	4	5	6		
13. I am in the habit of discussing prescriptions with members of other professions								
0	1	2	3	4	5	6		

My strengths as an on-the-job learner are:

My weaknesses as an on-the-job learner are:

Please answer all questions in relation to **prescribing insulin**

Factors that influence your on-the-job learning

Completely Disagree						Completely Agree		
	The workplace culture							
14. The culture where I work supports learning to prescribe								
0	1	2	3	4	5	6		
15. The culture w	15. The culture where I work encourages me to acknowledge uncertainty and seek help							
0	1	2	3	4	5	6		
16. The people w	here I work enco	urage/support me	to reflect critical	ly on the quality o	of my prescription	S		
0	1	2	3	4	5	6		
	Feedback							
17. The people w	here I work give o	redit for good pr	escribing					
0	1	2	3	4	5	6		
18. The people w	18. The people where I work give me constructively critical feedback on my prescribing							
0	1	2	3	4	5	6		
19. Members of my own profession help me learn								
0	1	2	3	4	5	6		
20. Members of other professions help me learn								
0	1	2	3	4	5	6		

How on-the-job factors help my learning:

How on-the-job factors hinder my learning:

Thank you for completing the questionnaire.