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a place of mind
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Welcome to The CART-Mife Study!

Community pharmacists play a major role in the health care team for family planning services. Pharmacists dispense and counsel on all methods of contraception. Mifepristone presents an opportunity to improve women's access to non-surgical abortion, particularly in rural and remote areas of Canada. We invite you to participate in a study to help us improve the health system and services to support your practice by sharing your experience as a potential and/or practicing mifepristone provider in Canada.

The purpose of this study is to identify and address the facilitators and barriers for successful initiation and ongoing provision of mifepristone (i.e. medical abortion) throughout Canada.

We invite you to participate by completing three short online surveys: now, in 6 months and in one year. The survey should take about 10 minutes. Please share your experience and perspective. Your response will assist us to understand what works and doesn't work for you with the provision of mifepristone in your pharmacy. We are offering two chances to win an iPad mini via a draw, one for everyone who completes the baseline survey before Oct 31, 2016, and the other among everyone who completes all three surveys before Oct 31, 2017.

You are not obligated in any way to participate. You are completely free to refuse to participate, to participate but refuse to answer individual questions, or to withdraw from this study at any time without penalty. By completing and submitting the survey, you are providing your consent for the investigators to use the information you submit. The personal information you will provide (such as your name and email address) will be saved in a password protected spreadsheet and will be separated from the survey answers you provide. Only aggregate data will be reported, and the results will be reported in a manner that ensures individual confidentiality.

If you have any questions, or would like further information about this study before or during participation, you can contact Dr. Wendy V. Norman at 1.877.922.7890 or at wendy.norman@ubc.ca. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics by e-mail at RSIL@ors.ubc.ca or by phone at 604-822-8598 (Toll Free: 1-877-822-8598).

With many thanks,

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FLIP OVER TO PAGE 2 →

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Part A: Background information

- 1.** Are you currently practicing as a dispensing community pharmacist?
 - Yes → (proceed to **question 2**)
 - No → (Thank you for your interest in our survey! At this time, we are looking to explore the views of medication-dispensing community pharmacists. However, we appreciate the work you are doing for our province! It would be helpful for us if you return this questionnaire, although we have no further questions for you.)

- 2.** What is your sex?
 - Male
 - Female

- 3.** What is/are your current pharmacy position(s)? **Check all** that apply.
 - Full-time staff pharmacist
 - Part-time staff pharmacist
 - Floater pharmacist
 - Pharmacy manager
 - Hospital pharmacist
 - Other – please specify: _____

- 4.** Do you work in **more than one** community pharmacy?
 - Yes → (proceed to question **4a**)
 - No → (proceed to question **5**)

4a. If you work in more than one community pharmacy, please consider the **single** pharmacy in which you spend **most of your time** working as a pharmacist for the remaining questions in this survey. Proceed to question 5.

- 5.** What are the first 3 digits of your pharmacy's postal code?
_____ First 3 digits of postal code (e.g. V4N)

- 6.** Which of the following best describes the type of community pharmacy in which you work? Choose **one** category.
 - Department-mass merchandise (e.g., Wal-Mart, Safeway)
 - Chain (e.g., Lawtons, Pharma Plus)
 - Franchise (e.g., Shoppers Drug Mart, Medicine Shoppe)
 - Banner (e.g., I.D.A., Guardian, Pharmasave)
 - Independent
 - Other – please specify: _____

- 7.** Approximately how many full-time equivalent (FTE) pharmacists work in your store on an average day, **including yourself**?
_____ Number of FTE pharmacists

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8. What type of pharmacy training do you have? **Check all** that apply.

- Bachelor of Science in Pharmacy
- Hospital residency
- Community residency
- Post-graduate university training (e.g., MSc, MPharm, PhD, PharmD)
- Entry-level Doctor of Pharmacy (PharmD)

9. How many years ago did you receive your degree to practice pharmacy?
_____ Number of years

10. How many years have you been practicing as a **COMMUNITY** pharmacist?
_____ Number of years

11. What type of professional pharmacy certification(s) do you currently hold? **Check all** that apply.

- First aid
- Cardiopulmonary resuscitation
- Immunization
- Certified diabetes educator
- Certified anticoagulation provider
- Certified asthma educator
- Certified respiratory educator
- None of the above
- Other – please specify: _____

12. Which of the following statements best describe your pharmacy's structural layout for patient counselling? **Check all** that apply.

- Private counselling **room**
- Separate counselling **area** at the dispensary
- Counselling **area** at prescription drop-off area
- Counselling **area** at prescription pick-up area
- There are no designated counselling area(s) in the pharmacy
- Other – please specify: _____

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Part B: Survey questions

Clinical Pharmacy Services

13. Which of the following clinical services do you personally offer in **your pharmacy practice**?

	Currently offering	Planning to offer within the next 12 months	Currently not planning to offer
Counselling on continuous oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on emergency contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on pregnancy tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on options for reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on methotrexate/misoprostol for medical abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on mifepristone/misoprostol for medical abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation of administration of drugs (methadone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic drug monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up calls on new drug therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptations of prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following statements best describes your willingness to provide new pharmacy clinical services currently available in your province (e.g., immunizations, medication reviews)? Choose **one** statement.

- I actively seek out new clinical ideas and initiatives to integrate into my practice
- I play an active role in implementing new clinical initiatives and am one of the first among my peers to try these new services
- I wait for my peers to try out new clinical services prior to adopting the service myself
- I do not provide new clinical services unless it is required (e.g., by corporate policies or to perform my job as a pharmacist)
- I prefer not to change my practice

15. Which of the following statements best describes your willingness to provide provision of mifepristone as a new pharmacy clinical services? Choose **one** statement.

- I actively seek out new clinical ideas and initiatives to integrate into my practice
- I play an active role in implementing new clinical initiatives and am one of the first among my peers to try these new services
- I wait for my peers to try out new clinical services prior to adopting the service myself
- I do not provide new clinical services unless it is required (e.g., by corporate policies or to perform my job as a pharmacist)
- I prefer not to change my practice

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Practice Support

16. Please explain your main motivation to undertake training in the provision of medical abortion [allow the max character limit]: _____

17. The Canadian Abortion Providers Support platform (www.CAPS-CPCA.ubc.ca) provides resources, "Ask an expert" rapid response, and a confidential communication platform for certified mifepristone providers. Do you plan to participate in this forum?

- a. Yes
- b. No
- c. Undecided

Other Certified Providers

18. Is there any pharmacist(s) in your community who has or plans to attain certification to dispense mifepristone? (Yes, No, Don't know)

19. Is there any physician(s) in your community who has or plans to attain certification to provide mifepristone medical abortion? (Yes, No, Don't know)

20. How many mifepristone medical abortion providers are in your community? Select single best answer

- a. None
- b. Estimated number _____
- c. I do not know but assume fewer than 3
- d. I do not know but assume there are 3 or more

21. Are there more mifepristone abortion providers now than there were methotrexate abortion providers in your own community? (Yes/No/Don't know)

- a. Comments: _____

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Implementation Barriers, Attitudes and Perceptions

22. Circle the option which best describes your beliefs for the following statements:

	Strongly disagree					Strongly agree	
	1	2	3	4	5		
I have at least one patient counselling area in my pharmacy that I think is private enough to talk with patients confidentially	1	2	3	4	5		
I am comfortable bringing patients to a private area of the pharmacy to counsel them on their medications and conditions	1	2	3	4	5		
I believe patient privacy is important to provide effective pharmaceutical care when counselling	1	2	3	4	5		
I believe that patients will feel comfortable being counselled about mifepristone use in a private area within the pharmacy (e.g. inquiry about patient perspective rather than just pharmacist perspective)	1	2	3	4	5		

23. Are you willing to dispense mifepristone for medical abortion in your pharmacy?

- Yes
- No

24. If yes, are you willing to attend a mandatory 3 CEU training to dispense mifepristone?

- Yes
- No

25 Circle the option which best describes your views for the following statements:

	Strongly disagree					Strongly agree	
	1	2	3	4	5		
I have good patient-pharmacist relationships with my patients	1	2	3	4	5		
Pharmacists should play an active role in prescribing selected medications, with an established protocol, independent from a physician	1	2	3	4	5		
If given the legislative authority today, I would be interested in providing expanded clinical services (e.g., prescribing selected medications, adapting medications over a larger range of medication classes) in my pharmacy practice	1	2	3	4	5		
If given the legislative authority today, I would be interested in prescribing hormonal contraceptives in my pharmacy practice	1	2	3	4	5		

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26. For each of the **potential benefits** below, **circle** the option which best describes your views regarding the **importance** of these benefits with the provision of mifepristone.

	Least important		Most important		
Increased accessibility to medical abortion for women and couples	1	2	3	4	5
Increased job satisfaction for pharmacists	1	2	3	4	5
Increased collaboration between pharmacists and other members of the health care team	1	2	3	4	5
Reduced pressure on the health care system (e.g., fewer surgical abortions)	1	2	3	4	5
Increased opportunity for patient to obtain convenient and accessible follow-up monitoring	1	2	3	4	5
Other – please specify: _____					

27. For each of the **potential barriers** below, **circle** the option which best describes your views regarding the **importance** of these barriers with the provision of mifepristone.

	Least important		Most important		
Cost considerations (each dose is \$300)	1	2	3	4	5
Short expiry (one year)	1	2	3	4	5
Inadequate stock of mifepristone	1	2	3	4	5
Lack of prescriptions for mifepristone	1	2	3	4	5
Lack of extra payment mechanisms if observation of the first dose is required	1	2	3	4	5
Lack of private counselling areas in my pharmacy	1	2	3	4	5
Lack of pharmacy staff	1	2	3	4	5
Liability concerns	1	2	3	4	5
Need for additional pharmacist education/training	1	2	3	4	5
Resistance from management	1	2	3	4	5
Resistance from the general public	1	2	3	4	5
Resistance from the other members of the pharmacy team	1	2	3	4	5
Resistance from the other members of the health care team in the community	1	2	3	4	5
Other – please specify: _____					

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28. Circle the option which best describes your current views towards mifepristone provision by pharmacists:

	Strongly disagree			Strongly agree	
	1	2	3	4	5
I believe it is an important service to provide mifepristone	1	2	3	4	5
Providing mifepristone directly fits into the daily activities of my pharmacy	1	2	3	4	5
I would prefer to try out providing mifepristone for a short term before integrating into my routine practice	1	2	3	4	5
Providing mifepristone will improve the public image of the pharmacy profession	1	2	3	4	5
Providing mifepristone will only succeed in my pharmacy if the tasks are not too tedious	1	2	3	4	5

29. When new ideas are introduced, pharmacists, like other professionals, may be categorized on a scale of innovativeness, ranging from non-adopter to pioneer. Using the five categories below, select the **single** description which best describes your personality.

- Laggard
 Late majority
 Early majority
 Early adopter
 Innovator

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Part C: Interview

30. Would you be willing to participate in an interview to further expand on your ideas and concerns about provision of mifepristone by pharmacists?

- Yes → (proceed to question 31)
- No → (proceed to **end of questionnaire**)

31. If you wish for us to contact you, please enter your **contact information** in the boxes below

Name and Surname _____

Which is your preferred contact method(s)? Telephone
 Email
 No preference

Telephone number (_____) _____ -- _____

E-mail address _____

Alternate e-mail address _____

END OF QUESTIONNAIRE

Thank you for taking part in our study!

You may return by this survey:

- By mail to Dr. WV Norman, BC Women's Hospital, E202- 4500 Oak Street, Vancouver BC V6H 3N1;
- By fax to 1.866.656.5544; or
- By email to cart-grac@exchange.ubc.ca .

With many thanks,

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