Experience Questions

Please tell us about your experiences with psychosocial provi OUTPATIENT gastroenterology clinic setting:	ders (psychologists and social workers) in the	
11. Do you have access to psychosocial providers at your center in the OUTPATIENT gastroenterology clinic setting? (if no, go to question 20)	○ No○ Yes○ Unsure	
Please skip to question #20.		
12. Which of the following OUTPATIENT gastroenterology clinic visit types are psychosocial providers available at? (Check all that apply):	☐ New patient visits☐ Return patient visits☐ Unsure	
13. Which types of psychosocial providers to you have access to in the OUTPATIENT gastroenterology clinic setting? (Check all that apply):	 □ Pediatric psychologists □ Social workers □ Master's level therapists □ Neuropsychologists □ Child life specialist □ Other 	
If you selected Other, please tell us what type of provider:		
14. What is the psychosocial providers' dedication to IBD patients in the OUTPATIENT setting (If multiple providers, please select the maximum dedication)?	○ Full-time○ Part-time○ Unsure	
15. In what ways are psychosocial providers involved in the care of IBD patients at your center in the OUTPATIENT setting? (Check all that apply):	☐ Joint visits with medical provider ☐ Psychosocial provider sees patient after provider, whether or not a concern is ide ☐ Psychosocial provider sees patient after provider, only if a concern is identified ☐ Patients care seen at separately schedu with a psychosocial provider ☐ Other	entified medical
16. Do your psychosocial providers see patients via telehealth? If yes, in which formats? (Check all that apply):	 N/A, psychosocial providers do not have see patients via telehealth ☐ Telephone ☐ Video visits ☐ Unsure 	ability to
17. If a clear psychosocial need arose, how soon would a psychosocial provider see the IBD patient in the OUTPATIENT setting?	Same visit/same dayA separate visit/within one weekA separate visit/within one monthUnsure	
18. Approximately what percentage of your IBD patients currently see a psychosocial provider during their OUTPATIENT GI visits?	50	100
	(Discount of the seales)	

(Place a mark on the scale above)



19. Approximately what percentage of your IBD patients would benefit from seeing a psychosocial provider during their OUTPATIENT GI visits?	50 (Place a mark on the scale above)
20. Approximately what percentage of your IBD patients currently see a psychosocial provider after or in addition to their outpatient GI visits?	50 (Place a mark on the scale above)
21. Do you ever refer your IBD patients to psychosocial providers OUTSIDE of your center?	○ No○ Yes○ Unsure
22. For what reasons do you refer patients to see psychosocial providers? (Check all that apply)	 □ Procedural anxiety □ Pill swallowing □ Poor adherence/disease management □ Limited engagement with medical team □ Difficulty adjusting to diagnosis □ Coping with symptoms □ Pain management (including biofeedback) □ Transition readiness □ Cognitive/developmental concerns □ Social or school challenges □ School avoidance □ Ostomy Teaching □ Psychoeducational testing (i.e., learning concerns □ Current mental health concerns (anxiety, depression) □ History of mental health concerns □ Self-harm □ Suicidal ideation □ Family dynamic issues □ Other
If you selected Other, please tell us more:	
Please tell us about your experiences with psychosocial provide	ders in the INPATIENT medical setting.
23. Do you have access to INPATIENT psychosocial consults at your center?	○ No○ Yes○ Unsure
Please skip to question #25.	
24. If yes to question 23, which types of INPATIENT psychosocial providers to you have access to? (Check all that apply):	 □ Pediatric psychologists □ Social workers □ Master's level therapists □ Neuropsychologists □ Child life specialist □ Other
If you selected Other, please tell us what type of provider:	



The following question addresses bacenter:	rriers and facilitators to	providing psychosocial care for	IBD patients at your
25. How feasible is it for you to refer IBD patients to knowledgeable psychosocial providers who work at your institution?		 Not at all feasible Somewhat not feasible Neutral Somewhat feasible Very feasible Not applicable 	
26. How difficult do the follow setting	wing make it for you	r patients to receive psy	chosocial care in any
Secting	Not at all difficult	Somewhat difficult	Very difficult
Clinic time/flow	\bigcirc	\circ	
Clinic space/rooming	\bigcirc	\circ	\circ
Number of psychosocial	\bigcirc	\bigcirc	\circ
providers Time/availability of psychosocial providers	0	0	0
IBD experience amongst psychosocial providers	0	0	0
Ability to reach psychosocial providers	0	0	0
Ease of referral process	\circ	\circ	\circ
Geographic constraints	\bigcirc	\bigcirc	\circ
Insurance coverage	\bigcirc	\bigcirc	\circ
Patient's openness to psychosocial providers	0	0	0
Family's openness to psychosocial providers	0	0	0
27. How do the following imp provider?	act your likelihood o	of referring a patient to a	psychosocial
provideri	Less likely	No change	More likely
Whether a patient is already linked to outside support	0	0	0
Impact of psychosocial concerns on the patient/family (e.g., impact on child's functioning)	0	0	0
28. Are there any other factors that likelihood of referring a patient to a provider?		○ No ○ Yes	
If Yes, please tell us more:			

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with IBD:	ings toward psychosocial care for children
29. How important do you think psychosocial care is for pediatric and adolescent patients with IBD?	 Not at all important Somewhat unimportant Neutral Somewhat important Very important
30. How helpful do you feel psychosocial providers are with management of your IBD patients?	 Not at all helpful Somewhat unhelpful Neutral Somewhat helpful Very helpful
31. How comfortable are you with working with psychosocial providers in care of your IBD patients?	 ○ Not at all comfortable ○ Somewhat uncomfortable ○ Neutral ○ Somewhat comfortable ○ Very comfortable
32. Since you began seeing IBD patients, how has your threshold for requesting involvement of a psychosocial provider changed?	 My threshold has not changed I tend to reserve referrals for only very high needs patients I tend to request psychosocial providers more for prevention or earlier in care Other
If you selected Other, please tell us more:	
33. How well do you feel you understand what psychosocial providers do with your IBD patients?	 Do not understand at all Somewhat do not understand Uncertain Somewhat understand Understand completely
34. How did you learn about what psychosocial providers do in the care of pediatric patients with IBD? (Check all that apply)	☐ A presentation was given in my department ☐ I sought out a presentation/talk on this topic ☐ I asked my psychosocial colleagues ☐ I asked my physician/medical colleagues ☐ I observed what my psychosocial colleagues did ☐ I noticed the impact on my IBD patients who worked with psychosocial providers ☐ Other
If you selected Other, tell us more:	
35. How often do you talk with your medical trainees (e.g., medical students, residents, fellows) about the role of psychosocial care in pediatric IBD?	 Never Rarely Sometimes Often Always N/A - there are no trainees at my center



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36. What other aspects of working with psychosocial providers in caring for IBD patients are important to consider? (e.g., successes, frustrations, challenges, future opportunities)?	

Thank you for participating in the survey - your participation is greatly appreciated!



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