

BARRIERS TO REHABILITATIVE CARE SURVEY

University of North Carolina at Chapel Hill

Research Information Sheet

IRB Study #: 20-2420

Principal Investigator: Jessica M. Cassidy, PT, DPT, PhD

The purpose of this research study is to understand accessibility to rehabilitation care from the patient and clinician perspective. You are being asked to take part in a research study because you are either a physical therapist providing care or a current/former patient that received care.

Being in a research study is completely voluntary. You can choose not to be in this research study. You can also say yes now and change your mind later. Deciding not to be in the research study, now or later, will not affect your ability to receive medical care at UNC.

If you agree to take part in this research, you will be asked to complete a survey. Your participation in this study will take about 15-20 minutes. We expect that 50 people will take part in this research study.

You can choose not to answer any question you do not wish to answer. You can also choose to stop taking the survey at any time. You must be at least 18 years old to participate. If you are younger than 18 years old, please stop now.

The possible risks to you in taking part in this research are:

- Breach of confidentiality

This study does not provide any potential benefits to participants.

To protect your identity as a research subject, no identifiable information will be collected.

If you have any questions about this research, please contact the Investigator named at the top of this form by calling 919-966-8404 or emailing CassidyLab@unc.edu. If you have questions or concerns about your rights as a research subject, you may contact the UNC Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Who **should** fill out this survey: Licensed PTs currently practicing in North Carolina for at least 6 months. Complete this survey online by scanning the QR code at the top or by going to <https://bit.ly/3imUS54>.

Part A. General Background Information

1. How old are you? 18-24 25-34 35-44 45-54 55-64 65 or older
2. With what race do you identify? Select all that apply: Black or African-American
 American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
 White Other: _____ I prefer not to disclose.
3. Are you of Hispanic, Latinx, or Spanish origin? Yes No I prefer not to disclose.
4. With what gender do you identify? Woman Man Non-binary Transgender
 Other: _____ I prefer not to disclose

Part B. Clinical Experience Information (Please answer the following questions reflecting on your overall clinical practice.)

1. In what NC county do you live? _____
2. In what type of community do you live? Rural Suburban Urban
3. How frequently do you treat patients with neurodegenerative diseases (of any type)?
 Every day At least once a week At least once a month At least every 6 months
 Once or twice a year Never



4. How frequently do you treat patients with MS, ALS, or PD? Every day At least once a week
 At least once a month At least every 6 months Once or twice a year Never
5. In what type of setting do you primarily practice? Acute Care Inpatient rehabilitation
 Skilled Nursing Facility Home Health Neurologic outpatient Orthopedic outpatient
 Pediatric outpatient Geriatric outpatient Other: _____
6. How confident are you in your ability to treat patients with neurodegenerative diseases?
(0 = Not at all confident, 10 = Very confident)
 0 1 2 3 4 5 6 7 8 9 10 Not applicable (N/A)
7. Have you received specialty training in clinical practice of neurodegenerative diseases, such as residency, fellowship, continuing education, specialized certification, etc?
 Yes, please specify: _____ No
8. What treatment barriers do you frequently encounter when treating patients with MS, ALS, or PD?
Select all that apply: Lack of transportation Distance patient has to travel
 Lack of available time Overall cost/Insurance/Co-pay Difficulty due to diagnosis
 Other: _____ None of these
9. Does your clinic typically have a waiting list for patients with MS, ALS, or PD?
 Yes (There is a waiting list for all patients due to overall demand for services.)
 Yes (Limited numbers of clinicians with necessary advanced knowledge)
 Yes (Other: _____) No
10. What is the typical wait time that someone with MS, ALS, or PD experiences between seeking care and initial evaluation? <7 days 7-13 days 14-28 days >4 weeks I'm not sure.
11. What barriers do you feel like you face as a clinician to providing the best care possible?
Select all that apply: Language Cultural differences, not including language barriers
 Need for/difficulty accessing advanced knowledge Lack of specialized equipment
 Lack of available time in clinic Other: _____ None of these
12. How often does your clinic lose patients to follow-up after an initial evaluation or before completion of a plan of care? Never Rarely Sometimes Often
13. Have you received any cultural humility, sensitivity, or other related training? Select all that apply:
 Implicit bias training Focus groups Simulated patient encounters
 Interactive presentation Other: _____ None of these
14. How has the COVID-19 pandemic affected the *diversity* of patients you treat?
(This could include race, ethnicity, socioeconomic status, age, sex, and/or gender)
 Increased diversity Decreased diversity No change
15. Is there anything else you'd like us to know in relation to barriers to access of physical therapy services in the neurologic population?

End of questions. **Thank you for taking the time to complete this survey.**