

Questionnaire: Knowledge, attitudes and practices regarding drug-resistant TB

This questionnaire has been sent to you as part of a study about the knowledge, attitudes, and practices of final year medical students regarding drug-resistant tuberculosis in South Africa.

Consent

You are invited to participate in a study about the knowledge, attitudes, and practices of sixth year medical students regarding drug-resistant tuberculosis (DR-TB). Please read the following summary of the study details carefully.

What is the study about?

South Africa has a high prevalence of DR-TB, and previous studies have reported insufficient knowledge, illinformed attitudes (not based on evidence), and inappropriate practices in health professionals involved in DR- TB care. These challenges undermine tuberculosis control strategies. This study aims to describe knowledge, ideas, perceptions, and behaviours related to DR-TB in a cohort of graduating medical students in Cape Town, South Africa. Medical students learn in clinical environments in which they are exposed to DR-TB, and thus constitute a high-risk group. This study will also explore student perceptions and values in relation to risk and responsibility for occupationally acquired tuberculosis.

Why am I being invited to participate?

All members of the University of Cape Town MBChB class of 2018 are invited to participate. As medical students nearing the end of their undergraduate studies in a DR-TB endemic region, members of this class are well-positioned to answer questions about their own knowledge, attitudes, and behaviour regarding DR-TB.

What happens if I choose to take part?

Students who choose to participate will follow a link to a questionnaire, which they can complete online. Completion of this questionnaire will take 5 - 10 minutes. Questions will relate to your knowledge of DR-TB, ideas about DR-TB patients, and perceptions of risk and responsibility about occupational exposure. Participants will also be required to complete an electronic consent form at the same time as the questionnaire is submitted. There will be no follow-up after the questionnaire is completed, and participants will not be contacted by the researchers again. The anonymity of respondents will be maintained by coding of questionnaire responses to remove identifying data.

What are the risks and benefits if I choose to take part?

There are no direct risks involved in taking part in this research. Some students may find certain questionsevoke uncomfortable emotions, especially is they have had past personal experiences with TB. Links to more training information and sources of support will be made available at the end of the questionnaire. There are no direct benefits to participants, however this research may benefit future undergraduate students by identifying issues related to students' knowledge, attitudes, and practices regarding DR-TB. Findings may play a role inimproving medical education about DR-TB, and informing policy to improve and secure institutional support and compensation for students affected by occupationally acquired TB.

What happens if I choose not to take part?

Participation is entirely voluntary, and you will not be disadvantaged in any way should you decline to participate in the study.

This study has been approved by the Health Research Ethics Committee at the University of Cape Town and will be conducted according to the ethical principles of the international Declaration of Helsinki.

Should you have any questions or require further information about this research, please contact the principal investigator, Dr Arne von Delft, Dr Helene-Mari van der Westhuizen or any of the sixth year MBChB student researchers, using the contact details provided at the end of this document. Alternatively, you can contact the Health Research Ethics Committee by visiting their offices (Floor E53, Room 46, Old Main Building, Groote Schuur Hospital, Observatory) if you have any concerns or complaints that have not been adequately addressed.

Arne von Delft	vuzumsi@gmail.com	(072 699 2473)
Michael Harrison	hrrmic015@myuct.ac.za	(078 1203604)
Johnathan Watts	wtjoh008@myuct.ac.za	(084 534 2794)
Michael-Jon Rosslee	rssmic019@myuct.ac.za	(071 872 5595)

* Required * Correct answer (indicated in this copy for purposes of clarity)

1. Name *

2. Student number *

Declaration of consent

I agree to take part in a research study entitled 'The knowledge, attitudes, and practices of final year medical students regarding drug-resistant tuberculosis in South Africa'.

I declare that:

I have read and understood the information provided above, and it is written in language with which I am fluent and comfortable

I have had a chance to ask questions about the research, via email or telephone, and my questions have been adequately answered

I understand that taking part in this study is entirely voluntary and I have not been pressured to take part I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

By selecting yes below, I hereby give my consent for voluntary participation in this study.

3. Do you consent to participate in this study? *

Mark only one oval.

Yes *Skip to question 4*

No

Questionnaire:
Section 1

Select only one the best option for each question, unless specified differently:

4. How would you rate your knowledge about drug-sensitive TB and its management? *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

5. How would you rate your knowledge about drug-resistant TB and its management? *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

6. Multidrug-resistant TB (MDR-TB) is defined by resistance to at least: *

Mark only one oval.

- Isoniazid and pyrazinamide
- Rifampicin and aminoglycosides (e.g. amikacin)
- Rifampicin and isoniazid *
- Aminoglycosides (e.g. amikacin) and fluoroquinolones (e.g. moxifloxacin)

7. Which factor below best explains the rationale for multidrug therapy in the treatment of drug-sensitive TB? *

Mark only one oval.

- To improve treatment tolerability
- To increase selection pressure
- To target resistant mycobacteria
- * To increase selective toxicity

8. The predominant mode by which people are infected with drug-resistant TB is: *

Mark only one oval.

- Development of resistance during treatment for a susceptible strain (acquired resistance)
- Primary infection with a resistant strain (transmitted resistance) *

9. Which of the following diagnostic modalities can detect drug resistance? (Select all of the correct responses) *

Check all that apply.

- Phenotypic drug sensitivity testing
- * Smear microscopy
- Line probe assay *
- Nucleic acid amplification test e.g. GeneXpert MTB/Rif *

Questionnaire:
Section 2

Select only one the best option for each question, unless specified differently:

10. Which one of the following tests can be used to confirm a diagnosis of MDR-TB? (Select the single best answer) *

Mark only one oval.

- GeneXpert MTB/Rif
- Chest X-ray
- Line probe assay *
- Smear microscopy

11. For optimal treatment of drug-resistant TB, the use of a standardised treatment regimen is preferred to the use of an individualised treatment regimen. *

Mark only one oval.

- True
- False *
- Don't know

12. What is the minimum duration of treatment required for individuals diagnosed with MDR-TB, according to current guidelines? *

Mark only one oval.

- 6 months
- 9 months *
- 12 months
- 18 months
- 24 months

13. From the list, select the five factors that you believe to be the most important contributors to the prevalence of drug-resistant TB in South Africa. (Please do not select more than five answers). *

Check all that apply.

- HIV/AIDS
- Diabetes mellitus
- Mental illness
- Substance addiction
- Indirect costs of treatment
- Inadequate adherence to TB treatment
- Adverse interactions with health practitioners
- Poor housing
- Large prison population
- Stigma surrounding TB
- Lack of patient-centred approaches
- Inadequate access and availability of second-line drugs
- Inadequate TB case detection rate
- High rates of community transmission of DR-TB
- High rates of nosocomial transmission of DR-TB

Other: _____

14. Indicate the extent to which you agree with the following statement: During at least one point in my studies, I have been seriously concerned that I might have active TB. *

Mark only one oval.

- Strongly disagree
- Disagree
- Unsure
- Agree
- Strongly agree

15. What do you believe the relative risk of MDR-TB infection is for health science students in comparison to the general population of South Africa? *

Mark only one oval.

- Much less likely to be infected with MDR-TB
- Less likely to be infected with MDR-TB
- As likely to be infected with MDR-TB
- More likely to be infected with MDR-TB
- Much more likely to be infected with MDR-TB

16. Which of the following supportive measures do you think a health science student with occupationally acquired TB should be able to access from the University or Department of Health? (Select all that apply) *

Check all that apply.

- Assistance with diagnosis and/or compensation for diagnostic costs
- Assistance with treatment and/or compensation for treatment costs
- Reimbursement for tuition fees (for period of leave of absence from studies)
- Discounted tuition fees (in the case of extended duration of studies) Financial
- compensation for disability due to TB
- Psychological support
- None of the above

Other: _____

17. Who do you think should primarily bear responsibility for the costs associated with occupationally acquired TB? *

Mark only one oval.

- Department of Health
- University of Cape Town
- Student and family
- Other: _____

Questionnaire:
Section 3

Select only one the best option for each question, unless specified differently:

18. Indicate the extent to which you agree with the following statement: The current UCT policy for the support and compensation of health science students who acquire TB is acceptable. *

Mark only one oval.

- Strongly disagree
- Disagree
- Agree Strongly
- agree
- I am not aware of such a policy or its content

19. In the past year, have you come into contact with a patient with drug-resistant TB? *

Mark only one oval.

- Yes
- No
- Unsure

20. In the past year, have you avoided interacting with a patient because of a suspected or confirmed diagnosis of drug-resistant TB? *

Mark only one oval.

- Yes
- No
- Unsure

21. How confident are you that you are able to get an N95 respirator (N95 mask) when you need one in clinical environments on the teaching platform? *

Mark only one oval.

- Very confident (masks are always available)
- Confident (masks are almost always available)
- Neutrally confident (masks are usually available)
- Unconfident (masks are usually not available)
- Not confident at all (masks are seldom or never available)

22. In the past year, have you ever needed an N95 respirator and not been able to get one? *

Mark only one oval.

- Yes
- No
- Unsure

23. Do you generally wear an N95 respirator when sharing an environment with a patient with confirmed or suspected TB? *

Mark only one oval.

- Always Almost
- always
- Most of the time
- Some of the time
- Seldom
- Never

24. Do you have access to medical insurance? *

Mark only one oval.

- Comprehensive medical aid cover
- Partial medical aid cover
- No cover

25. During the course of your studies, have you ever sought medical attention due to personal concern of TB infection? *

Mark only one oval.

- Yes
- No

26. Have you ever been diagnosed with active TB? *

Mark only one oval.

- Yes
- No
- Decline to respond

27. Has a close friend or relative ever been diagnosed with active TB? *

Mark only one oval.

Yes

No

Decline to respond

This content is neither created nor endorsed by Google.

Google Forms