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## Community Pharmacist Participation in a Practice-Based Research Network (PBRN): a Report from the Medication Safety Research Network of Indiana (Rx-SafeNet)

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### Abstract

**Objective**—To describe the experiences and opinions of pharmacists serving as site coordinators for the Medication Safety Research Network of Indiana (Rx-SafeNet). Setting: Twenty-six site coordinators representing 127 community pharmacy members of various practice types including retail chain, independent, and hospital/health-system outpatient community pharmacy locations.

**Practice Description**—Rx-SafeNet, a statewide practice-based research network (PBRN) was formed in 2010; experiences and opinions of site coordinators could assist in improving Network operations and research activities.

**Practice Innovation**—A telephone survey to characterize site coordinator experiences and opinions that could be useful in promoting quality improvement and enhancing member satisfaction.

**Evaluation/Impact**—Barriers and facilitators to participation in available studies, confidence participating in research studies, and satisfaction with overall Network communication.

**Results**—Twenty-two of twenty-six site coordinators participated, resulting in an 85% response rate. Most (72.2%) of the respondents had received a Pharm.D., and 13.6% had post-graduate year one (PGY-1) residency training. The highest reported benefits of Network membership were

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Patel P, Hemmeger H, Kozak MA, Kleyman SA, Snyder ME. Experiences shared by site coordinators in a community pharmacy practice-based research network (PBRN): a study from the Medication Safety Research Network of Indiana (Rx-SafeNet). Presented as a poster at the 2014 North American Primary Care Research Group PBRN Annual Conference in Bethesda, Maryland.

enhanced professional development (80% agreed or strongly agreed) and an enhanced relationship with the College of Pharmacy (81% agreed or strongly agreed.) Time constraints were the greatest barrier to participation, reported by 62% of respondents. In regard to site coordinators' research experience prior to Network involvement, the majority (59%) identified no prior experience. Furthermore, confidence performing research appeared to increase substantially after respondents became members; 43% reported a lack of confidence in engaging in research before joining the Network as compared to 90% reporting confidence after joining the Network.

**Conclusion**—In general, Rx-SafeNet site coordinators appeared to experience greater confidence in research engagement after joining the Network. Benefits to participation were identified however time constraints remained an important barrier preventing members from participating in available Network studies. These findings will assist Network leadership in identifying opportunities to positively increase member participation in the future.

### Keywords

practice-based research network; community pharmacy; pharmacists

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### Introduction

According to the Agency for Healthcare Research and Quality (AHRQ), a primary care practice-based research network (PBRN) can be defined as a “group of ambulatory practices devoted principally to the primary care of patients, and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care.”<sup>1</sup> Further, AHRQ reports that PBRNs should have at least fifteen practice sites and multiple ongoing projects. Since the 1970s, hundreds of primary care PBRNs have been established, however there are a rather small number of community pharmacy PBRNs across the country. According to Goode,<sup>2</sup> community pharmacies are ideal locations to establish a PBRN, offering unparalleled opportunities to enhance patient care and advance medication safety research.

In 2010, the Purdue University College of Pharmacy established Indiana's first community pharmacy PBRN, the Medication Safety Research Network of Indiana (Rx-SafeNet).<sup>1,3-5</sup> Since its formation, 181 community pharmacies (127 at the time of this survey) across the state of Indiana have joined Rx-SafeNet (See Figure 1.) To date, six projects have been completed, several abstracts have been presented at professional meetings, and five journal articles have been published.<sup>3-4,6-8</sup> Furthermore, Network leadership have been contacted by colleagues at other institutions for guidance on how to initiate a community pharmacy PBRN, and had the opportunity to lead a well-attended roundtable session at the 2014 North American Primary Care Research Group (NAPCRG) Annual PBRN conference.

Therefore, while there is evidence of Rx-SafeNet's early success as a novel PBRN, future initiatives must be considered. To do this, as suggested by Seston et al.,<sup>9</sup> regular feedback from pharmacy PBRN participants can help guide network leadership to ensure a better understanding of the barriers and benefits associated with participation. Thus, the objective of this project was to characterize Rx-SafeNet site coordinators' experiences within the Network. Site coordinators are the primary point of contact for Network leadership, who are

based at the College of Pharmacy. We aim not only to enhance Network operations and satisfaction of existent members, but also to provide pharmacists who may be contemplating joining a research network with an understanding of the experiences they can expect.

## Methods

### Sample

All Rx-SafeNet site coordinators as of February 2014 (n= 26) were eligible for participation in a telephone survey. As noted, site coordinators are the primary point of contact for Network leadership. These site coordinators are self-selected by member pharmacies and members may elect to have two or more individuals serve as “co- site coordinators,” if desired. For example, a pharmacy with multiple locations may have a store-level individual serve as a “co- site coordinator” with an individual overseeing several stores. Depending upon their role in the pharmacy and the nature of projects, site coordinators may elect to participate in a project themselves as well as share the project opportunity with other pharmacists and staff. Alternatively, they may be the conduit to engaging other employees at the pharmacy in the project. It is always at the site coordinators’ discretion whether or not to take available projects to the rest of their pharmacy staff for consideration. All survey procedures were approved by the Purdue University Institutional Review Board prior to commencement.

### Survey

Survey items (Appendix A) were drafted by Rx-SafeNet leadership and partially modeled after items administered as part of Rx-SafeNet’s “pre-launch” survey, whose goal was to determine community pharmacy employee interest in joining a PBRN.<sup>3</sup> Items on the pre-launch survey were developed from a review of PBRN literature.<sup>9–11</sup> The current survey consisted of six sections; the first section contained three closed-ended questions capturing member pharmacy demographics. The second section (two items) recorded the site coordinator’s position in the pharmacy (Pharmacy Manager, Pharmacist, etc.) and the pharmacy’s approximate weekly prescription volume. The third section consisted of a series of Likert-type questions (11 items) assessing the degree to which respondents agreed (1= strongly agree, 5= strongly disagree) with potential benefits associated with Network participation. The fourth section (9 items) consisted of close-ended, partially open-ended, and open-ended questions. Specifically, we were interested in learning more about the participants’ overall research experience; e.g., previous research training completed, applicability of projects offered by Rx-SafeNet thus far, barriers encountered during the research process, and topics of future interest. The fifth section of the survey (9 items), consisting of open and close-ended questions, asked respondents about their satisfaction with overall network communications. The last section (4 items) captured basic demographics (e.g., age, educational background) of the site coordinator.

### Data Collection

The Network Manager sent all Rx-SafeNet site coordinators an email to make them aware of the upcoming telephone survey and providing them the option of declining participation. A PharmD student completing an Advanced Pharmacy Practice Experience rotation with the

Network Director and who was not otherwise affiliated with the Network, contacted the pharmacy site coordinators by telephone that had not declined participation. The student arranged a time for conducting the telephone survey, and in this process, left up to a total of three voicemail messages, resulting in a maximum of four total points of contact.

The Network Manager provided information for the first section of the survey consisting of basic demographics obtained as a result of a Registry survey conducted as part of the pharmacy's process of becoming a member. The student maintained a code key, available only to her, to link demographic data to the site coordinator until all data were collected; upon completion, the code key was shredded to maintain anonymity. Survey participants received a \$10 gift card as a token of appreciation for their participation in the telephone survey.

## Data Analysis

Descriptive statistics were computed to summarize findings. All computations were performed in SPSS v. 21 (IBM, 2013).

## Results

### Sample

Twenty-two of the total 26 site coordinators participated in the telephone survey (Table 1), resulting in a response rate of 85%. Approximately 72% of respondents earned a PharmD as their highest pharmacy degree attained and 13.6% completed a post-graduate year one (PGY-1) residency. Respondents varied in age from 25–62 years, with a mean age of 45.4. Most site coordinators (59.1%) worked in an urban/inner city environment for either an independent pharmacy (40.9%) or a health-system outpatient pharmacy (50%). The majority of respondents (63.6%) classified themselves as a pharmacist manager and/or owner, while the remaining respondents classified themselves as either a full-time staff pharmacist (27.3%) or as “other.” (9.1%). Most respondents (52.4%) reported filling < 1,000 prescriptions per week. More than one-half of respondents (64%) reported participation in at least one Network project at some point in the past.

### Reported Benefits of PBRN Membership

The greatest reported benefit of PBRN membership (Table 2) included enhanced professional development (80% agreed or strongly agreed) and an enhanced relationship with the Purdue College of Pharmacy (81% agreed or strongly agreed). This was supported by responses to the open-ended item asking respondents to name the “greatest benefit to being a network member.” Examples of responses included, “the connection to university,” and “increased collaboration between our organization and [University] in an effort to drive community practice forward.” Additional benefits commonly reported included enhanced patient/healthcare provider relationships (70% agreed or strongly agreed) and enriched patient care (60% agreed or strongly agreed). Only 25% of respondents felt that network participation led to additional networking opportunities among pharmacy peers. While 42.9% of respondents agreed that they lacked confidence engaging in research prior to joining the Network, only 10.0% disagreed with feeling confident after joining the Network.

## Reported Barriers to PBRN Participation

The most frequently reported barrier to PBRN participation cited by participants was time constraints (61.9%). (Table 3) From responses to the open-ended item, “What has been the greatest challenge to being a network member?,” perceived time constraints relate to concerns balancing project tasks with responsibilities and having adequate staffing support to enable dedicated time to study tasks. Examples of responses to this item included, “being able to get staffing so I can do project-related work,” and “...being able to incorporate research into a scheduled shift and not imposing on other pharmacists.” Other commonly reported barriers to PBRN involvement included just having recently joined the Network (38.1%), anticipating difficulty in recruiting patients for research projects (19%), and a lack of personal experience/confidence (14.3%). There were no respondents reporting a lack of interesting projects as a barrier to Network participation, and 100% of respondents felt that they had received adequate communication regarding available Network projects. However, more than half (54.5%) had never visited the Rx-SafeNet website, and about one-third (27.3%) reported not reading monthly Network newsletters. (Table 4)

## Discussion

Upon joining Rx-SafeNet and participating in various research initiatives, site coordinators have experienced an increase in their confidence in their ability to engage in research. A lack of research experience and confidence in engaging in research had been reported as a barrier to PBRN participation.<sup>10,12</sup> Further, this was identified as an important barrier during our pre-launch survey in 2012.<sup>3</sup> Therefore, it is encouraging that site coordinators reported such confidence boosts in performing research after joining the Network. This finding may encourage other community pharmacists currently hesitant about participating in a PBRN.

Other highly rated benefits to participation included professional development and an enhanced relationship with the College of Pharmacy. It has been stated in the past that a successful collaboration model involving a PBRN “promotes relationships between academic pharmacy and pharmacy practitioners for the purpose of generating practice-based evidence to improve practice and patient care.”<sup>2</sup> Similarly, it seems as though the association of Rx-SafeNet with the College of Pharmacy is attractive to members. Creating more opportunities for Network members to interface with the College may assist in furthering members’ satisfaction.

Unfortunately, site coordinators reported minimal opportunities for networking with community pharmacy peers. This is concerning as those who reported greater interest in a PBRN during our pre-launch survey indicated a greater desire for networking opportunities.<sup>3</sup> Therefore, enhancing networking opportunities for site coordinators appears to be an ideal area for improvement.

Prior qualitative research has suggested that time constraints reported by pharmacists engaged in practice-based research are due more to an underlying workflow or confidence issue,<sup>13</sup> however our Network members reported satisfaction with projects that have been made available to them and overall high confidence in their ability to participate in research.

Furthermore, as they reported minimal to no interference with their workflow, time remains an important barrier that may have prevented some members from participating in projects or developing their own project ideas; this requires further exploration. Time has been repeatedly reported as a key barrier to PBRN participation<sup>3,10,14–16</sup> and this finding emphasizes a need for continued focus on how to reduce the time burden of studies conducted in Rx-SafeNet. In the future, we plan to identify high-participating members and ascertain characteristics of those who effectively manage time constraints.

The results also suggest that communication was adequate despite the fact that many participants did not visit the Network website or participate in outreach events. While encouraging, it is clear that identifying strategies to improve or better promote existing avenues of communication while exploring new approaches could be beneficial. This may also assist with improving networking opportunities among site coordinators.

There are limitations to this survey. First, we surveyed only the designated site coordinators and not all of the staff members such as pharmacy technicians and other pharmacists who may have been involved in Network research. Therefore, our findings may not accurately represent the opinions and experiences of all pharmacy staff participating in Network activities. This is important because prior research has highlighted the role that pharmacy technicians have played in community pharmacy patient management. Furthermore, technicians may serve as key data collectors, suggesting that support staff may play a pivotal role in overall practitioner participation.<sup>17</sup> The importance of pharmacy technicians in community pharmacy research is one of the reasons why Rx-SafeNet membership is comprised of pharmacies rather than pharmacists. Since all Rx-SafeNet site coordinators are pharmacists, we recognize that the views of important stakeholders are missing and acknowledge this as a limitation. A second limitation is that our findings likely reflect a less comprehensive assessment of our most recent members as they may not have had opportunities to thoroughly understand and partake in research opportunities. Additionally, specific details about each pharmacy's work environment were not collected, thereby limiting our understanding of the impact of research on workflow and time constraints, as well as the potential to derive future workflow aids to better assist our members in participating in research. Finally, we attempted to assess respondent confidence in engaging in research after joining the Network as compared to prior to joining. In phrasing these survey items, we had aimed to accomplish essentially a "post then" approach<sup>18</sup> wherein the respondent would consider their confidence in the same manner at two defined time points, however the writing of the items could have been improved. In one item respondents indicated their agreement with a lack of confidence and in the other they indicated their agreement with feeling confident. This may have created confusion and introduced bias.

In conclusion, these findings will assist Network leadership in identifying opportunities to further enhance member participation while encouraging participants to contribute research ideas of their own. Furthermore, areas of potential research may include identifying ways to optimize project logistics without compromising workflow and identifying best practices for incorporating pharmacy support staff or trained research assistants to assist in gathering data more efficiently.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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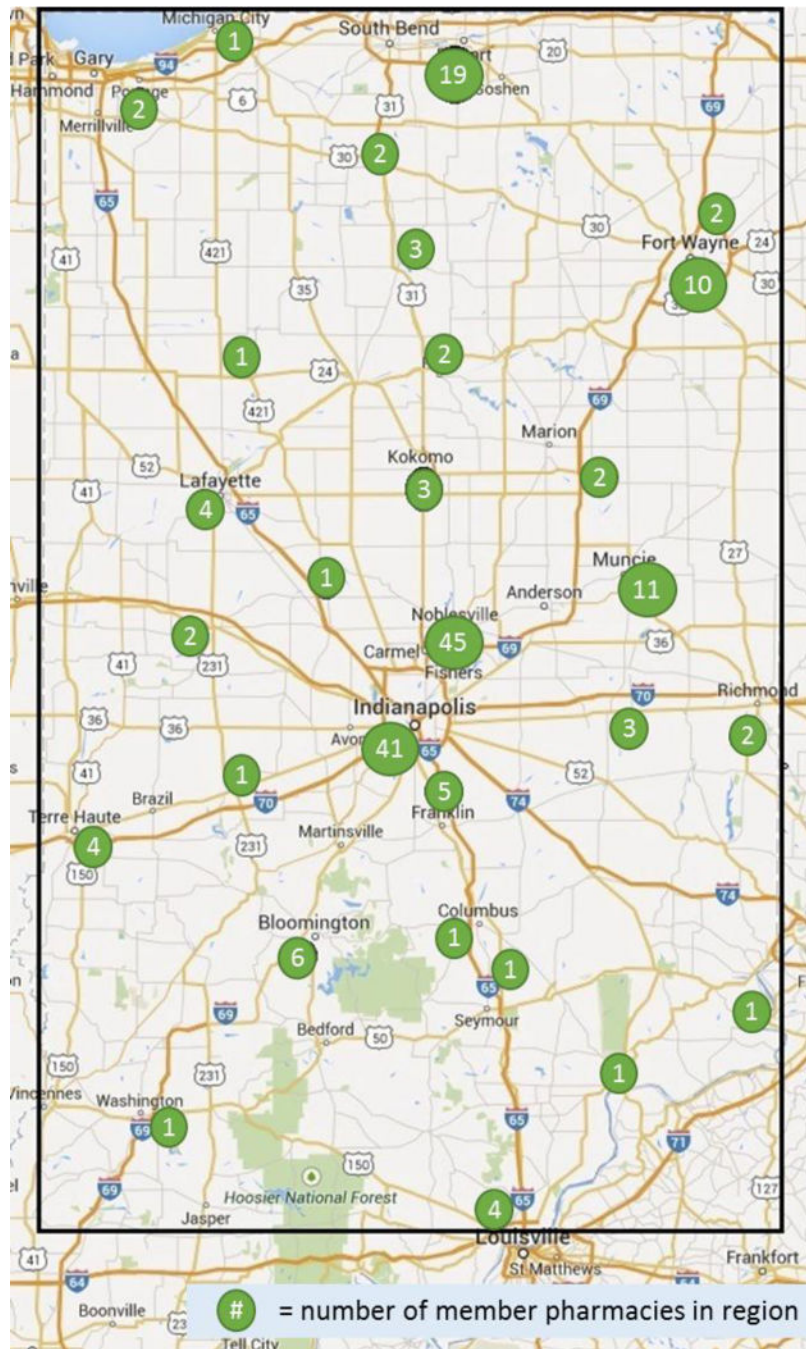
### Article Relevance and Contribution to the Literature

#### What is known

- While identified as a valuable opportunity for conducting practice-based research, there are a limited number of community pharmacy PBRNs nationally.
- Minimal information is available concerning the experiences and opinions of pharmacy practitioners who are engaged in PBRN research.

#### What this adds

- This work confirms barriers and facilitators to PBRN participation in an active, community pharmacy PBRN.
- Findings will be used to improve member participation and contribute to community pharmacy PBRN literature.



**Figure 1.** The Medication Safety Research Network of Indiana (Rx-SafeNet) member locations as of May, 2015.

**Table 1**Characteristics of Respondents<sup>a</sup>

Characteristics		Results
Male sex, n (%)		8 (36.4)
Age, mean (range)		45.4 (25–62)
Years as RPh, mean (range)		19.6 (2–40)
Pharmacy degree received, n (%)	B.S.	6 (27.3)
	Pharm.D.	12 (54.5)
	B.S. and Pharm.D.	4 (18.2)
Post-graduate training, n (%) <sup>b</sup>	PGY-1 Residency	3 (13.6)
	PGY-2 Residency	0 (0)
	Fellowship	0 (0)
Prior research experience, n (%) <sup>b</sup>	Serving as project leader/principal investigator	2 (9.1)
	Data collection	8 (36.4)
	Data analysis	5 (22.7)
	Writing up results	4 (18.2)
	Other	2 (9.1)
	No prior experience	13 (59.1)
Participation in any Rx-SafeNet project to date, n (%)		14 (63.6)
Position within pharmacy, n (%)	Staff pharmacist (floater and/or temporary)	0 (0)
	Staff pharmacist (part-time)	0 (0)
	Staff pharmacist (full-time)	6 (27.3)
	Pharmacist manager and/or owner	14 (63.6)
	Other	2 (9.1)
Type of pharmacy where employed, n (%)	Independent	9 (40.9)
	Chain	1 (4.5)
	Hospital/health-system outpatient pharmacy	11 (50)
	Other	1 (4.5)
Location of pharmacy where employed, n (%)	Town (less than 10,000 people)	8 (36.4)
	City (between 10,000 and 50,000 people)	0 (0)
	Urban/inner city (>50,000 people)	13 (59.1)
	More than one of the above	1 (4.5)
Approximate # of prescriptions filled per week, n (%) <sup>c</sup>	< 1,000	11 (52.4)
	1000 – 2500	8 (38.1)
	2500	2 (9.5)

<sup>a</sup>Total n= 22

<sup>b</sup>Not mutually exclusive

<sup>c</sup>Total n= 21, one respondent did not answer this question

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**Table 2**Respondent Ratings of Potential Benefits to Participation<sup>a</sup>

Item	Rating, n (%)	
As a network member, I feel more knowledgeable about medication safety now than I did before joining the Network.	Strongly agree	2 (10)
	Agree	9 (45)
	Neither agree nor disagree	8 (40)
	Disagree	1 (5)
	Strongly disagree	0 (0)
Network participation has enhanced my professional development.	Strongly agree	2 (10)
	Agree	14 (70)
	Neither agree nor disagree	4 (20)
	Disagree	0 (0)
	Strongly disagree	0 (0)
Network involvement has strengthened the overall professional image of my pharmacy.	Strongly agree	1 (5)
	Agree	10 (50)
	Neither agree nor disagree	8 (40)
	Disagree	1 (5)
	Strongly disagree	0 (0)
Network participation has enhanced my relationship with patients and other healthcare providers.	Strongly agree	2 (10)
	Agree	10 (50)
	Neither agree nor disagree	7 (35)
	Disagree	1 (5)
	Strongly disagree	0 (0)
Involvement with the Network has helped to enrich patient care.	Strongly agree	3 (15)
	Agree	9 (45)
	Neither agree nor disagree	7 (35)
	Disagree	1 (5)
	Strongly disagree	0 (0)
Membership has given me the opportunity to network with other community pharmacy peers.	Strongly agree	3 (15)
	Agree	2 (10)
	Neither agree nor disagree	10 (50)
	Disagree	5 (25)
	Strongly disagree	0 (0)
Network involvement has enhanced my relationship with the Purdue University College of Pharmacy.	Strongly agree	4 (19)
	Agree	13 (61.9)
	Neither agree nor disagree	3 (14.3)
	Disagree	1 (4.8)
	Strongly disagree	0 (0)

Item	Rating, n (%)	
Before joining the Network, I did not feel confident participating in research projects.	Strongly agree	1 (4.8)
	Agree	8 (38.1)
	Neither agree nor disagree	2 (9.5)
	Disagree	8 (38.1)
	Strongly disagree	2 (9.5)
Currently, I feel confident participating in research projects.	Strongly agree	4 (20)
	Agree	14 (70)
	Neither agree nor disagree	2 (10)
	Disagree	0 (0)
	Strongly disagree	0 (0)

<sup>a</sup>n=22, respondents did not answer every question

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**Table 3**Potential Barriers to Participation<sup>a</sup>

Item		Response, n (%)
I receive adequate compensation for my work within the Network	Strongly agree	3 (15)
	Agree	12 (60)
	Neither agree nor disagree	4 (20)
	Disagree	1 (5)
	Strongly disagree	0 (0)
To what extent did you feel projects you participated in were applicable to your area of practice? <sup>b</sup>	Very applicable	10 (71.4)
	Somewhat applicable	4 (28.6)
	Not applicable	0 (0)
To what extent did the projects interfere with your workflow <sup>b</sup>	No interference	4 (33.3)
	Minimal interference	7 (58.3)
	Moderate interference	0 (0)
	Large interference	1 (8.3)
Reasons prevented member from participating in previous/current studies	Time constraints	13 (61.9)
	Lack of personal experience/confidence doing research	3 (14.3)
	Anticipated difficulty in recruiting patient participation	4 (19)
	High percentage of patients that speak English as second language	0 (0)
	Uninteresting research options	0 (0)
	Community distrust of research	0 (0)
	Staff turnover	2 (9.5)
	Just recently joined the Network	8 (38.1)
Other	3 (14.3)	
How satisfied are you currently with the projects that have been made available to you as a Network member?	Very satisfied	6 (28.6)
	Satisfied	10 (47.6)
	Neutral/no opinion	5 (23.8)
	Unsatisfied	0 (0)
	Very unsatisfied	0 (0)

<sup>a</sup> n=22 except when indicated but respondents did not answer every question

<sup>b</sup> n=14 as this item was only asked of respondents who had indicated participation in at least one project to date; not every respondent answered the questions

**Table 4**Perceptions of Network Communications<sup>a</sup>

Item		Response, n (%)
Receive adequate communication regarding project opportunities		22 (100)
Ever visited Rx-SafeNet website		10 (45.5)
Ever attended Rx-SafeNet outreach event		2 (9.1)
If I need help completing Network initiatives, assistance is readily available	Strongly agree	5 (23.8)
	Agree	12 (57.1)
	Neither agree nor disagree	4 (19)
	Disagree	0 (0)
	Strongly disagree	0 (0)
Helpfulness of Network newsletters	Very helpful	5 (22.7)
	Somewhat helpful	11 (50)
	Not helpful	0 (0)
	I do not read them	6 (27.3)

<sup>a</sup>n=22, respondents did not answer every question

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