

Title: Therapist Perceptions of Implementing a Novel Rehabilitation Research Study in the Intensive Care Unit: A Trinational survey.

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Additional File 2

CYCLE Pilot RCT Survey

The CYCLE Pilot RCT was a study to assess the feasibility of early in-bed cycling with mechanically ventilated patients in multiple ICUs.

We are interested in your experiences with and perceptions of barriers and facilitators to participating in the CYCLE study. Information from this survey will help therapists and research coordinators conduct the future large CYCLE study.

Thank you for your participation.

There are 59 questions in this survey.

Preamble Statement

This survey is administered by Julie Reid (PhD candidate) and Dr. Michelle Kho on behalf of the CYCLE study team. The purpose is to understand your experiences with and perceptions of barriers and facilitators to conducting in-bed cycling and outcome measures as part of CYCLE. Your input is invaluable and what we learn from this survey will help us plan for the larger randomized clinical trial to optimize cycling delivery and outcome measure ascertainment.

This survey has 5 pages and should take approximately 20-25 minutes to complete.

Please refer to the accompanying letter of information (</limesurvey/upload/surveys/838514/files/Reid-letter%20of%20information-FINALmk.pdf>) to learn more about the survey, particularly in terms of any associated risks or harms, how confidentiality and anonymity will be handled, withdrawal procedures, and how to obtain information about the survey's results.

This survey is part of a study that has been reviewed and cleared by the Hamilton Integrated Research Ethics Board (HiREB) (<http://www.hireb.ca/>). The HiREB protocol number associated with this survey is 14-531. You are free to complete this survey or not. If you have any concerns or questions about your rights as a participant or about the way the study is being conducted, please contact HIREB. The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, Hamilton Integrated Research Ethics Board at 905.521.2100 ext 42013.

Consent to Participate

Having read the above, I understand that by clicking the "Yes" button below, I agree to take part in this study under the terms and conditions outlined in the accompanied letter of information.

*

🗳️ Choose one of the following answers
Please choose **only one** of the following:

- Yes, I agree to participate
- No, I do not agree to participate

What center were you practicing at during your involvement with CYCLE?

❗ Choose one of the following answers
Please choose **only one** of the following:

- St. Joseph's Healthcare Hamilton
- Juravinski Hospital
- Hamilton General Hospital
- Toronto General Hospital
- St. Michael's Hospital
- London Health Sciences
- Ottawa General Hospital
- Ottawa Civic Hospital
- Austin Health
- Duke

Sex

❗ Choose one of the following answers
Please choose **only one** of the following:

- Female
- Male
- Prefer not to say

Age

❗ Choose one of the following answers
Please choose **only one** of the following:

- < 25
- 26 to 30
- 31 to 35
- 36 to 40
- 41 to 45
- 46 to 50
- 51+

What is your clinical background?

📌 Check all that apply

Please choose **all** that apply:

- Physiotherapist/physical therapist (PT)
- Occupational therapist (OT)
- PT/OT assistant
- Respiratory therapist
- Registered nurse
- Physician
- I have no clinical background

Other:

What is your highest level of clinical education?

📌 Choose one of the following answers

Please choose **only one** of the following:

- Diploma
- Bachelors
- Masters
- Doctor of Physical (DPT)
- Doctor of Occupational Therapy (DOT)
- Other degree(s) (please specify)

Make a comment on your choice here:

Do you have formal research education (e.g., research-based Masters, PhD)?

Please choose **only one** of the following:

- Yes
- No

What is your highest level of completed research education?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '8 [D17]' (Do you have formal research education (e.g., research-based Masters, PhD)?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- Masters
- Doctorate

Prior to your involvement in CYCLE, had you previously participated in research?

Please choose **only one** of the following:

- Yes
- No

What year did you begin your involvement with CYCLE? (yyyy)

❗ Only numbers may be entered in this field.

Please write your answer here:

What was your role in CYCLE?

❗ Check all that apply

Please choose **all** that apply:

- Cycling with patients in ICU
- Physical function assessments in ICU
- Blinded physical function assessments
- Study coordination (e.g., recruitment, enrolment, patient-reported outcome measures)

In what country did you receive your clinical degree?

Only answer this question if the following conditions are met:

Answer was 'Cycling with patients in ICU' or 'Physical function assessments in ICU' or 'Blinded physical function assessments' at question '12 [D03]' (What was your role in CYCLE?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- Canada
- Australia
- United States
- Other (please specify below)

Make a comment on your choice here:

At the time you started CYCLE, how long had you practiced PT or OT?

Only answer this question if the following conditions are met:

Answer was 'Cycling with patients in ICU' or 'Blinded physical function assessments' or 'Physical function assessments in ICU' at question '12 [D03]' (What was your role in CYCLE?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- Less than 5 years
- 5 - 9 years
- 10 - 14 years
- 15 - 19 years
- 20 + years

At the time you started CYCLE, how long had you practiced PT or OT in the ICU?

Only answer this question if the following conditions are met:

Answer was 'Blinded physical function assessments' or 'Cycling with patients in ICU' or 'Physical function assessments in ICU' at question '12 [D03]' (What was your role in CYCLE?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- Less than 5 years
- 5 - 9 years
- 10 - 14 years
- 15 - 19 years
- 20 + years

At the time of CYCLE, what service delivery model did you work in?

Only answer this question if the following conditions are met:

Answer was 'Physical function assessments in ICU' or 'Blinded physical function assessments' or 'Cycling with patients in ICU' at question '12 [D03]' (What was your role in CYCLE?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- Department-based (therapists work for a centralized therapy department and not a specific program)
- Program management (therapists work for individual programs (e.g., ICU, orthopaedics, general surgery, etc.) and are managed in interdisciplinary teams)
- Matrix model (therapists work within a specific program and report to the program's manager, but support and leadership are provided by a discipline-specific person)

At the time of CYCLE, what area(s) of the hospital did you practice in?

Only answer this question if the following conditions are met:

Answer was 'Blinded physical function assessments' or 'Cycling with patients in ICU' or 'Physical function assessments in ICU' at question '12 [D03]'
(What was your role in CYCLE?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- ICU
- ICU and ward
- ICU and ward on weekends only
- ICU on weekends only
- Wards on weekends only
- Other (please specify below)

Make a comment on your choice here:

During CYCLE, how long was your typical clinical shift (hours)?

Only answer this question if the following conditions are met:

Answer was 'Blinded physical function assessments' or 'Cycling with patients in ICU' or 'Physical function assessments in ICU' at question '12 [D03]'
(What was your role in CYCLE?)

How many patients did you typically see in your clinical shift?

Only answer this question if the following conditions are met:

Answer was 'Cycling with patients in ICU' or 'Blinded physical function assessments' or 'Physical function assessments in ICU' at question '12 [D03]'
(What was your role in CYCLE?)

Considering your total practice hours in the last year, please indicate the percentage of hours spent in each of the following: (total percentage must not exceed 100)

Only answer this question if the following conditions are met:

Answer was 'Blinded physical function assessments' or 'Physical function assessments in ICU' or 'Cycling with patients in ICU' at question '12 [D03]' (What was your role in CYCLE?)

❗ Only numbers may be entered in these fields.

Please write your answer(s) here:

Direct patient care services

Administration (including meetings, continuing education, etc.)

Research

Academic teaching to prepare students for a health profession

Clinical education while providing professional services

Service to the profession (e.g., service to professional associations outside of hospital, etc.)

All other areas

At the time you started CYCLE, how much experience did you have with cycling?

Only answer this question if the following conditions are met:

Answer was 'Blinded physical function assessments' or 'Physical function assessments in ICU' or 'Cycling with patients in ICU' at question '12 [D03]' (What was your role in CYCLE?)

❗ Only numbers may be entered in these fields.

Please write your answer(s) here:

Years

Please answer with decimals for partial years (e.g., 6 months = 0.5 years)

At the time you started CYCLE, how much experience did you have conducting outcome measures?

Only answer this question if the following conditions are met:

Answer was 'Physical function assessments in ICU' or 'Cycling with patients in ICU' or 'Blinded physical function assessments' at question '12 [D03]' (What was your role in CYCLE?)

❗ Only numbers may be entered in these fields.

Please write your answer(s) here:

Years

Please answer with decimals for partial years (e.g., 6 months = 0.5 years)

1.3. Implementing CYCLE

Please choose the appropriate response for each item:

	Strongly disagree	Moderately disagree	Somewhat disagree	Neutral (neither agree nor disagree)	Somewhat agree	Moderately agree	Strongly agree	Not applicable
1.3.1) My caseload prevented <u>enrolling</u> patients in CYCLE even when we were fully staffed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.2) Prior to approaching patients for consent, my opinion was sought regarding their <u>appropriateness</u> for CYCLE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.3) Prior to approaching patients for consent, my opinion was sought regarding my <u>capacity</u> to offer CYCLE (i.e., based on staff availability and caseload).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.4) I planned my day to facilitate my participation in CYCLE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.5) When patients were enrolled in CYCLE, I was able to incorporate cycling and outcome measures into my usual caseload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.6) Implementing the CYCLE protocol presented challenges to providing equitable service for all patients (i.e., patients not enrolled in CYCLE).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.7) Having a CYCLE champion (e.g., PT and/or RN or study investigator) in the unit would be important to implementing the CYCLE protocol in our ICU.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Champion - someone who supports and advocates for the CYCLE study and its participants.

2.8. Ideally, if your site could receive additional resources to support your participation in CYCLE, how would you allocate these resources?

Please note that sites' allocation of research funds may be pre-specified and not able to change

❗ All your answers must be different and you must rank in order.

Please number each box in order of preference from 1 to 5

Provide backfill for therapists when a patient is enrolled on study

Provide ICU therapists additional compensation to cycle outside of regular working hours

Provide research personnel to deliver cycling sessions (also see question 2.10)

Provide a contribution to rehabilitation education fund (e.g., attendance at courses, invite speakers, accessing teleconferences and webinars)

Provide a contribution to rehabilitation equipment fund

2.9. Are there other ways that additional resources may be helpful?

Please choose **only one** of the following:

Yes

No

Please specify

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '37 [C33]' (2.9. Are there other ways that additional resources may be helpful?)

Please write your answer here:

2.10. Enrollment is critical to study success. One way of helping improve enrollment is to offer help to study sites for **in-bed cycling**. In some jurisdictions both PT and OT are involved with early rehabilitation in the ICU. Please rate your comfort with the following people conducting in-bed cycling:

Please note that these people would be trained to use the bike and implement the study protocol.

Please choose the appropriate response for each item:

	Very uncomfortable	Moderately uncomfortable	Somewhat uncomfortable	Neutral (neither comfortable nor uncomfortable)	Somewhat comfortable	Moderately comfortable	Very comfortable
2.10.1) ICU PT from study site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.2) Research PT <u>with an ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.3) Research PT <u>with no ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.4) Research PT <u>with no clinical background at all</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.5) PT student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.6) ICU OT from study site not currently participating in CYCLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.7) Research OT <u>with an ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.8) Research OT <u>with no ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.9) Research OT <u>with no clinical background at all</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.10) OT student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.11) Research personnel (e.g., RT, RN) <u>with an ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.12) Research personnel (e.g., RT, RN) <u>with no ICU clinical background</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.10.13) Research personnel (e.g., RT, RN) <u>with no clinical background at all</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.11. Is there anyone else that you might consider delegating cycling to for the study?

Please choose **only one** of the following:

Yes

No

Please specify

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '40 [C32]' (2.11. Is there anyone else that you might consider delegating cycling to for the study?)

Please write your answer here:

2.12. If we chose to delegate cycling, this could occur at different times during the course of the patient's stay. Please rate your comfort with delegating cycling at the following times:

Please note that people would be trained to use the bike and implement the study protocol.

Please choose the appropriate response for each item:

	Very uncomfortable	Moderately uncomfortable	Somewhat uncomfortable	Neutral (neither comfortable nor uncomfortable)	Somewhat comfortable	Moderately comfortable	Very comfortable
2.12.1) Initial cycling session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.12.2) After a few cycling sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.13. Would you be comfortable with delegating cycling at another time(s)?

Please choose **only one** of the following:

Yes

No

Please specify

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '43 [C39]' (2.13. Would you be comfortable with delegating cycling at another time(s)?)

Please write your answer here:

2.14. With your site's current rehabilitation therapy staffing, how many CYCLE patients can you accommodate at a time?

3.4. Your feelings about outcome measures

Please choose the appropriate response for each item:

	Strongly disagree	Moderately disagree	Somewhat disagree	Neutral (neither agree nor disagree)	Somewhat agree	Moderately agree	Strongly agree	Not applicable
3.4.1) I felt overwhelmed by collecting outcome measures with critically ill patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4.2) I felt overwhelmed by the equipment set-up and takedown needed for the outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4.3) I felt overwhelmed by the time required to collect outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4.4) I felt overwhelmed by the number of outcome measures to collect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4.5) I felt anxious when I knew I had to conduct outcome measures with a CYCLE patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.5. Outcome measure intentions

Please choose the appropriate response for each item:

	Strongly disagree	Moderately disagree	Somewhat disagree	Neutral (neither agree nor disagree)	Somewhat agree	Moderately agree	Strongly agree	Not applicable
3.5.1) I intend to use the outcome measures from CYCLE as part of usual care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.6. Please describe how your site coordinated blinded outcomes assessments.

Please write your answer here:

3.7. Is there anything not captured in the questions above that you would like to tell us about your experiences with outcome measures for the CYCLE study?

Please write your answer here:

4.1. From your perspective, what were the three **easiest** parts of the CYCLE study to implement?

E.g., collecting outcome measures, coordinating sessions, recruitment and enrolment, cycling set-up and takedown, etc.

4.2. From your perspective, what were the three **most difficult** parts of the CYCLE study to implement?

E.g., collecting outcome measures, coordinating sessions, recruitment and enrolment, cycling set-up and takedown, etc.

4.3. Do you have any tips to share with other therapists or study coordinators to make the study more successful?

Please write your answer here:

4.4. Do you have any suggestions to improve the next phase of the CYCLE study?

Please write your answer here:

4.5. Is there anything else you would like us to know?

Please write your answer here:

Thank you for taking this survey. Your answers are a valuable part of this research.

09-20-2018 – 09:23

Submit your survey.

Thank you for completing this survey.