















IN	ISTRUCTIONS						
	ease answer by marking your c ease use a BLUE or BLACK per		e clearly, like th	nis: Opti	on 1	C Option 2	Option 3
W	rite clearly with BLOCK LETTE	RS for open-res	sponse questio	ns, like this:	3LOCK LETTI	ERS ONLY	
1.	DEMOGRAPHIC INFORM	ATION					
a.	Please provide your email add This is required so we may cont		vent you win the	gift voucher pr	ize - please use	capital letters for	ease of legibility.
b.	Please choose your gender:	Female	N	ale	Other	Prefe	r not to disclose
c.	Please state your current age ((in years):					
d.	Please select your discipline:	Medical	student (final y	rear) P	hysiotherapy/p	hysical therapy s	tudent (final year)
e.	Please select your university:	La Trobe	d University of e University (Au ty of British Co ty of Otago (No	stralia) Iumbia (Canad		Monash U	versity (Australia) niversity (Australia of Melbourne (Australia)
2.	TRAINING HISTORY	☐ Offiversi	ty of Otago (146	ew Zealand)			
	Have you been awarded a Uni	ivarsity dagraal	c) or qualificati	on(c) prior to o	ntoring your c	urrant training pro	agram?
a.	Trave you been awarded a on		ase answer 2b)	•	_	e proceed to 2c)	ogram:
b.	Please select the qualification((s) and state the	e field(s) in whic	ch it was award	 ed:	,	
	Qualification		Field in which	it was awarded	(e.g. biomedic	al science)	
	☐ PhD			(* 5 * * * * * * * * * * * * * * * * * *			
	Masters degree by research	ch					
	Masters degree by course						
	Post graduate certificate c						
	Bachelor degree with honours						
	Bachelor degree						
	Other						
c.	Please indicate which year of y	your current tra	aining program	you are curren	tly completing	(e.g. select 4 if y	ou are in your
	fourth year):						
	<u> </u>	2	3	<u> </u>	5	<u> </u>	
d.	Have you assessed or manage training placements related to	your current tr		n?	parthritis during	g one or more of	your clinical
	Yes	∐ No		Unsure			
e.	Have you had practical experie of your clinical placements?	ence with deve	loping or imple	ementing a chr	onic disease m	anagement plan	on one or more
	Yes	☐ No		Unsure			

Building capacity among health professionals to improve care for people with osteoarthritis

3. CONFIDENCE IN OSTEOARTHRITIS MANAGEMENT KNOWLEDGE

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We are interested in your self-rated level of confidence related to <u>Please select one response option per item.</u>	osteoarthri	itis (OA) man	agement kno	wledge.	
How confident do you feel in your knowledge of:	Not at all confident	Not very confident	Somewhat confident	Confident	Very confident
The pathology (e.g. involvement of articular and peri-articular structures and neurobiology of persistent pain) and typical disease course of OA					
The relationship between pathology of OA and pain and disability					
Risk factors associated with the development of OA					
Current clinical diagnostic criteria for OA					
Current best practice non-pharmacologic and non-surgical treatment strategies for OA					
Current best-practice pharmacologic care for OA					
Principles of chronic disease self-management for \ensuremath{OA} and other chronic health conditions					
Principles for supporting self-management and health behaviour change	. 🗌				
Physical performance measures to monitor the functional impact of OA					
Appropriate tools to capture patient-reported outcomes to monitor the impact of \ensuremath{OA}					
Timing and suitability for surgical intervention for people with OA					
4. CONFIDENCE IN CLINICAL SKILLS FOR OSTEOARTH	HRITIS MA	NAGEMEN	NT		
We are interested in your self-rated level of confidence related to Please select one response option per item.	clinical ski	lls in osteoar	thritis (OA) ca	re.	
How confident do you feel in your clinical skills to:	Not at all	Not very	Somewhat		Very
Clinically assess a person complaining of joint pain to determine the likelihood of OA	confident	confident	confident	Confident	confident
Engage in a discussion and provide education about:					
The disease of OA (pathology, risk factors, typical disease course)					
Role of exercise and physical activity					
• Role of nutrition management (incorporating weight loss, if appropria	ate)				
• Role of medicines					
Role of surgery					
 How to practically manage pain, based on a contemporary understanding of pain neurobiology 					
 A diagnosis of OA does not mean that joint symptoms will inevitably worsen 					
Explain why a particular diagnostic test, imaging (e.g. MRI), procedure or surgery is <u>not</u> indicated to diagnose or manage osteoarthritis					
Discuss with a patient their beliefs about OA and their beliefs about therapeutic options					
Engage in shared decision-making regarding therapeutic options					
Develop a management plan based on best evidence for non-pharmacologic and non-surgical care options					
Support positive health behaviour change in a person with OA					
Develop a physical activity or exercise program that considers pain, disability and beliefs about physical activity/exercise					
Engage in a discussion with overweight or obese patients about a nutritional/weight management program, and develop such a program					
Measure the impact of OA using standard outcome measures					

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5. ATTITUDES TO MUSCULOSKELETAL PAIN						
Please select the extent to which you agree or disagree with the osteoarthritis.	he stateme	ents below	related to p	oain associ	ated with	
Please select one response option per item.	Totally disagree	Largely disagree	Disagree to some extent	Agree to some extent	Largely agree	Totally agree
The severity of joint damage on imaging determines the level of pain						
Increased pain indicates new joint damage or the spread of existing damage						
Pain is a nociceptive stimulus, indicating tissue damage						
If pain increases in severity, I immediately adjust the management program accordingly						
If patients complain of pain during exercise or activity, I worry that damage is being caused						
Patients with pain should preferably do only pain free movements						
Pain reduction is a precondition for restoration of normal functioning						
If treatment does not result in a reduction in pain, there is a high risk of severe restrictions in the long term						
Joint pain represents the presence of a structural injury						
In the long run, patients with joint pain have a higher risk of developing skeletal impairments						
Mental stress can cause joint pain even in the absence of joint damage						
The cause of joint pain is unknown						
Functional limitations associated with joint pain are the result of						
psychosocial factors						
There is no effective treatment to eliminate joint pain						
Learning to cope with stress promotes recovery from joint pain						
People with OA will ultimately require joint replacement surgery						
Arthroscopic surgery is an appropriate intervention to manage knee joint OA						
Magnetic Resonance Imaging (MRI) is an informative tool for the diagnosis and clinical management of hip and knee OA						
All people with OA should engage in physical activity or an exercise program, irrespective of the stage of the disease*						
* For this question "All people with OA should engage in physic of the disease" please briefly explain the rationale for your				ım, irrespe	ctive of the	stage
/ PARRIEDS TO DELIVERY OF RESTREACTION CARE			FIL OSTE	A DTUDE	TIS (OA)	
6. BARRIERS TO DELIVERY OF BEST-PRACTICE CARE	FOR PE	OPLE WII	IN OSTEC	JARIHRI	115 (OA)	
In your day-to-day clinical study, you may have encountered specific barriers to delivering best-practice non-pharmacologic and non-surgical care to people with OA, such as education, supporting physical activity and nutritional/weight management. Below is a list of barriers that people have told us about. Please indicate the relevance of each item to your situation (select one response option per item)						
-		Not at a	all Some	ewhat	1	Highly
6.1 Knowledge and skills		applicab to me		cable A _l me	pplicable to me	applicable to me
I am not aware of the current clinical guidelines describing best-practi-	ce	.o me		 ¬		
non-pharmacologic and non-surgical care for OA, so I don't know wha		rovide \Box		_		
I find dealing with comorbid conditions associated with OA too comp	lex					
I feel comfortable in what care to provide, but lack skills in \boldsymbol{how} to \boldsymbol{del}	iver the ca	re**				
					Continued	overleaf

**If you selected highly applicable, applicable or somewhat applicable comfortable in what care to provide but lack skills in how to deliver the care				el		
Please explain what skills you feel you are lacking in being able to deliv	er best pra	ctice care fo	r OA			
6. BARRIERS TO DELIVERY OF BEST-PRACTICE CARE FOR PEOF	LE WITH	OSTEOARTH	HRITIS (OA)	(cont.)		
Please indicate the relevance of each item to your situation (select one response option per item)	Not at all applicable	Somewhat applicable	Applicable	Highly applicable		
6.2 Personal factors Providing guideline-consistent care is difficult because clinical guidelines are difficult to access	to me	to me	to me	to me		
Providing guideline-consistent care is difficult because clinical guidelines are difficult to interpret						
Clinical guidelines are not relevant to my practice because the profile of my patients with OA is different to those from which clinical guidelines have been derived						
6.3 Workplace/clinical placement factors						
Delivery of best-practice non-pharmacologic and non-surgical care is too time consuming for me						
Colleagues within my clinical placements do not follow best-practice non-pharmacologic and non-surgical care for OA						
Team-based or interdisciplinary care, required for some patients, is not possible within my clinical placements						
6.4 Health system factors						
There are no financial incentives to deliver best practice non-pharmacologic and non-surgical care for OA						
6.5 Patient factors						
My patients seek care that does not align with current evidence						
My patients are unable to access appropriate care options due to their financial or geographic circumstances						
6.6 Other factors						
Please use the text box to list any other barriers to delivering best-practice no with osteoarthritis that you have experienced in your clinical training placement		ogic and non-s	urgical care to	people		
7. PROFESSIONAL DEVELOPMENT MODES						
Please rank your preferred modes of participating in professional development Please order the options below from 1 to 5, where 1 is most preferred and 5						
Participation in a professional conference/lecture as a delegate (lecture based)						
Participation in face-to-face workshop-style activities (mix of lecture and small group work)						
Independent reading (e.g. text books, journal articles)						
Modular, interactive online learning						
Blended mode involving some modular, interactive online learning and	some face-	to-face learnir	ng			
8. FURTHER PARTICIPATION						
Are you interested in participating in other components of this research at a	later stage?					
Yes, I am interested in participating in other components of this research	n 🗌	No, I am not	interested			

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