# Assessment of Factors Affecting the Preference of Pain Medicine Subspecialty Choices and Training Course in Turkey: A Cross-Sectional Survey Study

* Mandatory

1. Email: *

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2. Form completion date: *

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**About the study**

We invite you to the study titled "Assessment of Factors Affecting the Preference of Pain Medicine Subspecialty Choices and Training Course in Turkiye" conducted by Dr. Tural Bayramov. The aim of this study is to investigate the factors affecting the preference of the doctors who are currently continuing or have completed their Pain Medicine fellowship program in Turkiye and to evaluate the training process by the same doctors. Pain Medicine (Algology) subspecialty fellows and specialists who have completed training will participate in our study. Participation in this study is completely voluntary. What is expected from you in order for the study to achieve its purpose is to answer all questions completely, without any pressure or suggestion, and to give the most appropriate answers sincerely. If you read and approve this form, it will mean that you agree to participate in the study. However, you also have the right not to participate in the study or cancel at any time after participating. The information obtained from this study will be used for research purposes and your personal information will be kept confidential; however, your data may be used for publication purposes. Your contact information, on the other hand, can only be transferred to the "joint pool of participants" so that different researchers can contact you with your permission. If you need more information now or later, other than the information given about the purpose of the study, you can reach the researcher via the e-mail address dr_tural@yahoo.com and the phone number 05444210834. If you want the general/specific results to be shared with you when the study is completed, please inform the researcher.

3. I have read the information above, which should be given to the participant before the research, and I understood the scope and purpose of the study I am asked to participate in and my responsibilities as a volunteer. Sufficient confidence has been given that my personal information will be carefully protected. Under these conditions, I agree to participate in the study voluntarily, without any pressure or suggestion. *

☐ Agree

## General information

### 4. Gender *
*Tick only one option.*

☐ Male
☐ Female

### 5. Age *

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### 6. Main specialty *
*Tick only one option.*

☐ Anaesthesiology and Reanimation
☐ Neurology
☐ Physical Therapy and Rehabilitation

### 7. Was Pain Medicine your first choice as a subspecialty? *
*Tick only one option.*

☐ Yes
☐ No

### 8. Your Pain Medicine training status *
*Tick only one option.*

☐ First year of fellowship
☐ Second year of fellowship
☐ Pain Medicine specialist

### 9. Your training hospital *
*Tick only one option.*

☐ University Hospital
☐ Training and Research Hospital

## Factors affecting the preference of subspecialty Pain Medicine

### 10. Please indicate the factors affecting the preference of subspecialty Pain Medicine *
0 - no affect 1 - little affect, 2 – moderate affect, 3 - high affect

*Tick only one option per line*

|  | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Personal interest | ☐ | ☐ | ☐ | ☐ |
| Subspecialty exam score | ☐ | ☐ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| Comfortable working conditions | ☐ | ☐ | ☐ | ☐ |
| High income | ☐ | ☐ | ☐ | ☐ |
| Influence of colleagues | ☐ | ☐ | ☐ | ☐ |
| Social and family factors | ☐ | ☐ | ☐ | ☐ |
| City of training | ☐ | ☐ | ☐ | ☐ |
| Hospital of training | ☐ | ☐ | ☐ | ☐ |
| Opportunities on research | ☐ | ☐ | ☐ | ☐ |
| Interest in an academic career | ☐ | ☐ | ☐ | ☐ |
| Social status | ☐ | ☐ | ☐ | ☐ |

11. If there is another condition that affects your preference, you are kindly requested to specify it together with the impact score

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## The level of realization of expectations in the subspecialty training course

12. In this section, you are kindly requested to indicate the degree to which your expectations regarding the rotations you have completed are met, using the scale values according to the relevant fields

0 - my expectations were not realized, 1 - my expectations were partially realized, 2 - my expectations were fully realized, 3 - above my expectations

*Tick only one option per line*

| | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Outpatient practice | ☐ | ☐ | ☐ | ☐ |
| Physical Therapy and Rehabilitation rotation | ☐ | ☐ | ☐ | ☐ |
| Anaesthesiology and Reanimation rotation | ☐ | ☐ | ☐ | ☐ |
| Neurology rotation | ☐ | ☐ | ☐ | ☐ |
| Psychiatry rotation | ☐ | ☐ | ☐ | ☐ |
| Inpatient practice | ☐ | ☐ | ☐ | ☐ |
| Conducting scientific research | ☐ | ☐ | ☐ | ☐ |
| Practice on fluoroscopy guided interventions | ☐ | ☐ | ☐ | ☐ |
| Practice on ultrasound guided interventions | ☐ | ☐ | ☐ | ☐ |

**13. If you have different evaluation fields, please specify and write your evaluation score in front of it**

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### Proficiency in Pain Medicine after completing the subspecialty training

_Those who have completed their Pain Medicine fellowship training are kindly requested to fill in this section._

**14. Just after completing the subspecialty training programme, did you find yourself sufficient in the field of Pain Medicine?**

1 - Insufficient, 2 - Partially sufficient, 3 - Completely sufficient

_Tick only one option per line_

|  | 1 | 2 | 3 |
|---|---|---|---|
| Proficiency on fluoroscopy guided interventions | ☐ | ☐ | ☐ |
| Proficiency on ultrasound guided interventions | ☐ | ☐ | ☐ |
| Proficiency on management of chronic pain patients | ☐ | ☐ | ☐ |

**15. Please share your views on the areas that you think were insufficient and the factors that caused it**

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**16. In which institution do you currently work?**

_Tick only one option_

- ☐ University Hospital
- ☐ Training and Research Hospital
- ☐ Public Hospital
- ☐ Private Hospital

**17. To what extent do you find yourself competent in the following areas in your current institution?**

_Pain Medicine specialists who have completed subspecialty training and have worked for at least 6 months are kindly requested to fill in this section._

1 - Insufficient, 2 - Partially sufficient, 3 - Completely sufficient

_Tick only one option per line_

|  | 1 | 2 | 3 |
|---|---|---|---|
| Proficiency on fluoroscopy guided interventions | ☐ | ☐ | ☐ |
| Proficiency on ultrasound guided interventions | ☐ | ☐ | ☐ |
| Proficiency on management of chronic pain patients | ☐ | ☐ | ☐ |

18. Please share your views on the areas that you think are insufficient and the factors that cause it

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19. What would you suggest to improve so that you can work more efficiently?

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