

Questionnaire for GPs 2022:

POCMUS Q 22 (Point of Care of Patients with MUS Questionnaire 2022)

Dear colleagues,

We aim to map the attitude of Czech general practitioners towards patients with unclear problems with a low probability of organic cause (simplified as MUS - medically unexplained symptoms). **We are interested in your experiences, approaches, problems and, above all, needs regarding the care of these patients and education in communication and psychosomatic issues.** This research project, initiated by the Division of General Practice of the 3rd Faculty of Medicine of the Charles University in collaboration with the National Institute of Mental Health, is supported by the Society of General Medicine and the Society for Psychosomatic Medicine of the Czech Academy of Medical Sciences, as well as the Young Practitioners of the Czech Republic.

Please fill in this anonymous questionnaire, which will serve as a springboard for further research work in this area, and which will also serve as one of the bases for the preparation of effective education tailored to you. Please **answer according to how you actually work, not how you think something should be done.**

I. Demography and professional issues

- 1) Age:
- 2) Gender:
 - A) Woman
 - B) Man
- 3) How many years after your GP certification?
 - A) in preparation for attestation
 - B) 0-5 years
 - C) 6-10
 - D) 11-20
 - E) 21 years and over
- 4) Type of practice:
 - A) Single practice (only you care for your patients)
 - B) Shared practice (more than one doctor involved in the care of registered patients in any form)
- 5) Practice size (number of registered patients for the whole practice):
 - A) Up to 1000
 - B) 1000 - 2000
 - C) 2000 - 3000
 - D) More than 3000

- 6) Place of practice:
- A) Capital or regional city
 - B) Other city over 5000 inhabitants
 - C) Municipalities up to and including 5000 inhabitants
- 7) Place of practice - what region?
- A) Prague
 - B) Central Bohemia Region
 - C) South Bohemia region
 - D) Pilsen Region
 - E) Karlovy Vary Region
 - F) Ústí nad Labem Region
 - G) Liberec Region
 - H) Hradec Králové Region
 - I) Pardubice Region
 - J) Vysočina Region
 - K) South Moravian Region
 - L) Zlín Region
 - M) Olomouc Region
 - N) Moravian-Silesian Region
- 8) Do you have another specialised qualification other than GP? *(select one or more options)*
- A) No, and I'm not preparing for one.
 - B) Psychosomatic medicine
 - C) Completed psychotherapeutic training
 - D) Completed seven-part course IPVZ Basic Psychosomatic Care
 - E) I am in preparation for the "extension attestation" Psychosomatic medicine
 - F) I am actively training in psychosomatic patient care in an alternative form other than the above *(can you specify)*
 - G) Other qualifications (certification, etc.) *(can you specify)*
- 9) Do you practice any of these therapies in your practice or elsewhere? *(select one or more)*
- A) Psychotherapy (you have completed or started psychotherapy training)
 - B) Psychosomatic consultation or therapy (you have at least the necessary education)
 - C) Family therapy
 - D) Acupuncture or other Chinese medicine methods
 - E) Homeopathy
 - H) Other methods that are not part of the normal VPL activities according to the recommended procedures *(can you specify)*
 - I) I don't practice.
- 10) Have you ever attended a Balint group? (a structured form of group case supervision led by an experienced facilitator, focusing mainly on psychodynamic, relational processes between the physician and the difficult patient or colleague, one case lasts 90 minutes, ideally one group of 6-12 physicians meets regularly)

- A) Never
 - B) Once
 - C) Multiple times
- 11) Would you attend Balint groups if they were well accessible and well run?
- A) No, I don't believe it would do me any good
 - B) I believe it would benefit me and/or my patients, but I won't take the time
 - C) Once in a while when needed
 - D) Yes, I prefer to go regularly, maybe once a month with a regular group

II. Patients with suspected psychosomatic aetiology in the GP office

- 12) For what proportion of your patients who come to your office for any physical problems, do you think their problems are predominantly due to non-organic causes or to some psychosomatic mechanism? (0-100 %):
- 13) How and by what means do you identify these "non-organic" patients? *(please answer in text form and according to your daily clinical experience)*
- 14) In your communication with colleagues, what label do you find most appropriate and acceptable for patients with problems without evidence of organic aetiology? *(select preferably one or more options)*
- A) Psychosomatic patients
 - B) Patients with psychosomatic problems
 - C) Medically unexplained symptoms (MUS)
 - D) Patients with non-specific complaints with a low probability of organic disease
 - E) Non-organic patients
 - F) Somatizers
 - G) Hypochondriacs
 - H) Functional problems
 - I) Other:
- 15) How large a proportion of patients, for whom no examination will explain the cause of their problems, deliberately simulate those problems as part of a purposeful act? *(Your estimate) 0-100%:*
- 16) Do you use any systematic tools (e.g. questionnaires) in your practice to diagnose or assess the severity of depression, anxiety, insomnia or somatisation?
- A) No.
 - B) Yes. - 16B) What kind and how often? *(Please answer in text form and based on your daily clinical experience).*
- 17) In the diagnostic process with patients with non-specific physical symptoms, usually *(select one)*
- A) I send the patient straight away to specialists for the suspected organic problem and only after the specialist has ruled out the organic cause do I decide what to do next with the patient
 - B) I first rule out all possible organic causes of the problem by a thorough examination, which I indicate myself (including e.g. CT, MRI, endoscopy, etc.)

- C) I perform only a basic laboratory and non-invasive, non-burdensome examination (sonography) and then discuss with the patient the possible psychosocial causes of his/her problems
- D) from the beginning I discuss with the patient the possible psychosocial causes of his/her problems and at the same time I carry out a basic examination looking for organic causes
- E) I try to guide the patient from the beginning to address the psychosocial roots of his/her problems, or I practice "watchful waiting" and do not order any examinations for some time as a prevention of "overdiagnosis".
- F) I am proceeding differently as follows (please elaborate):

18) In your conditions, where do you most often refer patients who have been ruled out as having an organic cause for their problems that are still troubling them? (*select preferably one or more options*)

- A) To specialist clinics where they have more resources to determine/eliminate the actual organic cause of the problem
- B) To psychiatry
- C) Psychologist for psychological examination
- D) For any individual psychotherapy - 18)B: What do you primarily expect from psychotherapy for these patients? (*select preferably one or more options*)
- A) The patient's relief from physical ailments
- B) The patient's understanding of the psychosocial context of his/her difficulties
- C) Your understanding of the aetiology of the patient's problems
- D) Improving the patient's skills and coping strategies in managing their difficulties
- E) The patient's personality change
- F) Your relief from the demanding care of such a patient
- G) Other:

- E) Someone with a background in psychosomatics
- F) The multidisciplinary psychosomatic workplace
- G) To alternative care outside the health care system
- H) I take care of the patient mostly alone due to the unavailability of adequate professional care
- I) I take care of the patient mostly by myself because I enjoy it and have relatively satisfactory results.
- J) Elsewhere (*please elaborate*):

19) When referring patients with a strong suspicion of a psychosomatic aetiology to specialists to rule out an organic cause, usually: (*select one*)

- A) I indicate on the application form my suspicion of a psychosomatic cause and I also communicate this to the patient.
- B) I indicate on the application form my suspicion of a psychosomatic cause without communicating this suspicion to the patient.
- C) I do not mention this suspicion on the application form, but I contact the specialist in a different way to alert him to this possibility.

- D) I do not indicate this suspicion on the request form, but I discuss this possibility with the patient before the referral.
 - E) I do not indicate this suspicion on the application form and I also do not discuss it with the patient at least until the results of the examination.
 - F) I am proceeding differently (*please elaborate*):
- 20) What do you miss the most to be able to provide patients with unexplained symptoms with the care you want? (*please answer in text form and based on your beliefs*)
- 21) What do you find most difficult when caring for patients with unclear difficulties? (*please answer in text form and based on your beliefs*)
- 22) Do you believe these patients can recover? (*choose one*)
- A) Yes, anyone can achieve full health with the right treatment and effort.
 - B) With good treatment, the condition of most patients can improve significantly.
 - C) About a third will improve significantly, a third will still have the same problems, a third will get worse.
 - D) They have a small chance of improvement, but in most cases the condition will be permanent or progressive.
 - E) In the vast majority of cases, patients with unexplained symptoms have no chance of recovery.
 - F) Other answer (*please add text*):

III. Physician needs and education

- 23) Do you feel confident and competent working with patients with a strong suspicion of a psychosomatic aetiology? (*select one*)
- A) Yes, absolutely, I know what I'm doing.
 - B) Quite so, but sometimes I have my doubts about my actions.
 - C) Sometimes yes, but often I feel insecure, sometimes helpless.
 - D) Most of the time I don't know what to do with such patients and often feel despair.
 - E) Other answer (please add text):
- 24) How do these patients burden you compared to other processes in the practice?
- A) Psychosomatic patients and patients with unexplained symptoms are a joy and a refreshment to my practice.
 - B) Working with these patients is interesting for me, I quite enjoy it, but it is often very burdensome for me in regular practice.
 - C) Working with these patients is much more time consuming and emotionally demanding than working with other patients, but I accept it as part of the spectrum of my patient care.
 - D) Working with these patients is very taxing for me, it takes away my energy to work with other patients and I would prefer not to see these patients in the office at all.
 - E) Other answer (please add text):
- 25) From what sources do you draw when explaining the cause of their symptoms to patients with medically unexplained symptoms? (*select one or more*)
- A) From the knowledge of studying medicine
 - B) From training events specifically for GP

- C) From training events other than primarily for GP
 - D) From the recommended procedures of SVL ČLS JEP (Czech Society of General Practice)
 - E) From foreign internet sources
 - F) From books available to the general public
 - G) From another source (*please add text*):
- 26) Have you read the SVL ČLS JEP guideline "Psychosomatic disorders and medically unexplained symptoms"?
- A) YES
- 26 B) If yes: What did you appreciate most? (*select preferably one or more options*)
- A) Theoretical information
 - B) Clinical information to diagnose and assess the severity of the problem
 - C) A practical approach to discussing patients in the practice
 - D) Tables and charts with diagnostic tools and other information
 - E) Information about treatment options for these patients outside of GP offices
 - F) Information on psychosomatic education
 - G) Other (*please add text*):
- 26 C) If yes: What did you find missing in the guideline and what would you expect from the revised edition? (*please answer in text form and based on your beliefs*)
- B) NO
- 26 D) If not: What was the reason for not reading the guideline? (*choose one*)
- A) I don't study guidelines in general
 - B) I read guidelines sometimes or even more often, but other than those from SVL
 - C) I usually read the SVL guidelines, but this one didn't interest me
 - D) Other reason (*please add text*):
- 27) What education in psychosomatics and communication would you be truly interested in and willing to pay for or invest your time in? (*select one or more options*)
- A) I don't want to educate myself in this area.
 - B) A good book for general practitioners
 - C) More scientific articles in GP journals
 - D) Tutorial video
 - E) Bálint groups
 - F) Emotional communication training
 - G) Online lectures
 - H) Attendance lectures
 - I) Self-experience simulation workshop (training of consultations with fake patients)
 - J) Other answer (*please add text*):
- 28) Would you appreciate the performance of "basic psychosomatic intervention" (e.g. 15 min 1x/month for 250 CZK), which you could report to the insurance company for your patients if you had completed the course of Basic Psychosomatic Care (about 110 hours of lectures, training in emotional self-reflection and communication partly in the form of self-experience)?
- A) I wouldn't use this option

- B) I would consider this option
 - C) I would definitely take this opportunity
 - D) Other answer (*please add text*):
- 29) Is there anything else you would like to say that was not covered above?

Thank you so much for your time and for filling out the survey!

And now 3 short questions aimed at your interest in participating in the research:

IV. Participation in a research project

This part of the questionnaire will not be paired with your answers from the first part. Therefore, giving your data will not violate the anonymity of your questionnaire.

- 30) Would you be willing to recruit your patients with unexplained symptoms on a short-term basis for a study in which they would be interviewed and recorded anonymously by a researcher, complete questionnaires and possibly be followed up if they consented)?
- A) No
 - B) Yes, I would like to know more without further obligation - *please write your name, email, phone number and address of your practice (just the region).*
- 31) Would you be willing to participate in a study focusing on the needs of GPs in the care of psychosomatic patients? (For example, in the form of a focus group, where about 6-8 physicians anonymously discuss the topic under the guidance of a facilitator, or an individual interview.)
- A) No
 - B) Yes, I would like to know more without further obligation - *please write your name, email, phone number and address of your practice (just the region).*
- 32) Would you like to become more actively involved in research in primary care for psychosomatic and MUS patients and become part of a research team?
- A) No
 - B) Yes, I would like to know more without further obligation - *please write your name, email, phone number and address of your practice (just the region).*

Thank you again for your time, we wish you sound psychosomatic health and we look forward to working with you again!

Please email any comments or questions to martin.seifert@lf3.cuni.cz

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