



## Survey of Clinicians' Use and Perceptions of the Decreased Conscious Level Guideline

This survey explores your perception of The Management of a Child with a Decreased Conscious Level guideline.

Please complete all questions as required and where applicable select the appropriate response by making a cross (X) in the pertinent box.

### Section A: Awareness of the Decreased Conscious Level Guideline

Is your trust currently participating in the RCPCH Decreased Conscious Level Multi-site Audit?

Yes	
No	
Don't know	

1. At what point did you first become aware of the guideline's existence?

Prior to the audit (Go to Qu.2)	
Through this audit (Go to Qu. 3)	
Do not remember (Go to Qu.2)	

2. How did you first find out about the guideline? Please select only one response.

Received a formal education/training session	
Via the RCPCH website	
Via my trust intranet	
Journal article	
From a colleague (please specify) _____	
Do not remember	
Other (specify) _____	

3. Have you read the guideline either prior to or since the start of the Decreased Conscious Level Multi-site Audit?

Yes fully	
Yes partially	
No	
Do not remember	

4. How do you usually first find out about a guideline's existence or a new guideline's publication? Please select all responses that apply.

Via trust clinical governance meetings	
Via RCPCH website	
Via my trust intranet	
Via a posted copy of the guideline	
Journal article	
From a colleague (please specify their speciality Paediatric, Anaesthetic, Emergency Medicine, Nursing or Other) _____	
Other (specify) _____	

5. What response best describes your knowledge of the information in the Management of a Child with a Decreased Conscious Level prior to this audit?

No knowledge (Go to Qu. 10)	
Partial knowledge (Go to Qu. 6)	
Full Knowledge (Go to Qu. 6)	
Not sure (Go to Qu. 10)	

## Section B: Features of the Guideline

**6. What response best describes your views of the following statements: The Management of a Child with a Decreased Conscious Level guideline:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Is relevant to my clinical practice					
b. Is not applicable to my clinical practice					
c. Has a clear presentation and structure					
d. Provides me with all the information I need					
e. Possesses gaps in its information					
f. Is easy to extract the information I need from					
g. Is easy to read					
h. Has a lot of terminology that is difficult to understand					

## Section C: Your Use of the Guideline

**7. How would you classify your use of the guideline in clinical practice?**

Do not use (Go to Qu. 9)	
Use some aspects relevant to my practice	
Use all aspects relevant to my practice	
Not sure (Go to Qu. 9)	

**8. If you have used the guideline: which recommendations have you employed? Select all responses that apply.**

Assessment	
Investigations	
Treatment	
Other (specify) _____	

**9. How do you think the Management of a Child with a Decreased Conscious Level guideline could be improved?**

Please comment

## Section D: Factors influencing Guideline Use

**10. What factors do you believe may positively influence your use of the Management of a Child with a Decreased Conscious Level guideline in clinical practice?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<b>10.1 Content</b>					
a. The broad scope of the guideline					
b. Recommendations based on high level evidence					
c. Recommendations based on high level expert opinion					
d. Some recommendations are based on consensus					
e. My agreement with some aspects of the guideline					
f. My agreement with all aspects of the guideline					

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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**10.2 Accessibility & Resources**

- a. Access to the guideline in my workplace
- b. It is an established guideline in my workplace
- c. Sufficient resources to apply guideline's recommendations in my workplace
- d. High level organizational support for the guideline


**10.3 Other**

- a. RCPCH endorsement
- b. Endorsement by other professional bodies
- c. My own clinical experience and knowledge
- d. My patient's or their family's preferences
- e. Research evidence in support of the guideline


**11. What factors do you believe may negatively influence your use of the Management of a Child with a Decreased Conscious Level guideline in clinical practice?**

**11.1 Content**

- a. My lack of familiarity with the guideline/subject area
- b. The high volume of information in the guideline
- e. The broad scope of the guideline
- f. The guideline is too long
- g. Too many unfamiliar terms in the guideline
- h. Some recommendations are based on consensus
- i. My disagreement with some aspects of the guideline


**11.2 Accessibility & Resources**

- a. Lack of access to the guideline in my workplace
- b. Insufficient resources to apply guideline's recommendations in my workplace
- c. Too expensive to apply the guideline's recommendations in my workplace
- d. Lack of high level organizational support for the guideline
- e. Time limitations


**11.3 Other**

- a. My own clinical experience and knowledge
- b. My patient's or their family's preferences
- c. Lack of research evidence in support of the guideline


**Section E: Strategies for Guideline Use**

12. What strategies do you think will support your use of guidelines in clinical practice?

Please rank the following list in order of importance to you, with 1 being the most important and 8 the least important. Each option (row) must have a different rank.

- a. Provision of education or training sessions on the guideline
- b. Printed paper copy of the guideline
- c. Guideline in an electronic PDF format
- d. Quick reference summary of the guideline
- e. Guideline summarised as a poster
- f. One page algorithm of the guideline's content
- g. Guideline in an e-learning format
- h. Guideline as Powerpoint slides


Please comment on any other strategies which you think support guideline use in your clinical area?

**Section F: About You**

13. What is your gender?

Female	
Male	
Prefer not to answer	

14. What is your age?

< 20 years	
20-30 years	
31-40 years	
41-50 years	
51-60 years	
Over 60 years	
Prefer not to answer	

15. What is your current grade (role)?

Consultant	
Staff Grade	
Clinical Fellow	
Associate Specialist	
ST1 or equivalent	
ST2 or equivalent	
ST3 or equivalent	
ST4 or equivalent	
ST5 or equivalent	
ST6 or equivalent	
ST7 or equivalent	
ST8 or equivalent	
F1	
F2	
Advanced Nurse Practitioner	
Nurse Consultant	
Other, specify: _____	

16. How many years have you been at your current grade (role)?

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17. How would you quantify your current clinical experience in the provision of care for children and young people with a decreased conscious level?

Often provide care	
Sometimes provide care	
Rarely provide care	
Never provide care	

If you wish to comment about the questionnaire or any other issues relevant to this topic: please use this box to do so.

Thank you for completing this survey.