

Supplementary Material

Capacity building for providers of cognitive rehabilitation in Queensland: a needs analysis survey

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Changes to Survey after Feedback from Reference Group

Original Survey Question	Feedback	Changes
Q 11 - please rate your current skills in cognitive rehabilitation	It is difficult to rate skills as how do you know? Typically we downrate our self-perceptions. Had to think about it for a while. Some therapists may be specialists in different areas of cognitive rehabilitation (e.g., disorders of consciousness) and they would rate skills differently depending on specific type of cognitive rehabilitation. Reference group discussed it may be more about confidence (note Questions 12 asks therapists to rate confidence)	Q11 changed to: 'Please rate your overall current level of skills in cognitive rehabilitation.' (to overcome the issue about different levels for different areas of practice).
Q 16 – list types of CPD	In Q16 listed any CPD, not just TBI CPD, answered in a generalised fashion then realised in Q17 it was about TBI-specific CPD	Q16 edited to specify in TBI
Q 17 – preferred format of CPD	Feedback that not sure what a web-based community of practice or expert masterclass is.	Definitions of terms provided in Q 17
Q 21 – willingness to pay for CPD	Amounts to be paid for CPD should be given in whole dollar amounts e.g., \$300, \$400, \$500 rather than the range that is currently shown (i.e., \$200-400). Big difference between \$400 and \$600 and they were in the same group – clinician found it difficult to choose	Q 21 updated to exact dollar amounts instead of ranges.
Q27 – topics interested in learning about	Debated question. Feedback that it forces person to rate a very long list of topics that may not be relevant (Is it possible to just tick top 10?). Do we want everyone to respond to every single bit or minimum number before everyone moves on (i.e. up to	Q 26 changed to: 'Please indicate up to 10 topics that you would be interested in learning more about' Q 26 & 27 moved to earlier in the survey.

	<p>10 or all of the above down the bottom).</p> <p>Two clinicians really liked this long list as it made them think about potential topic areas and topics were quite important. Drills down to the specifics of areas that people have previously had training and have interest in as well as people identifying areas they need to develop in. Exhaustive but needed. Will help in planning around what capacity program may need to look like. Feedback that the list should be ordered in a different place (i.e., before the skills question) within the survey as this list prompted the clinician to think about what they were doing in the survey.</p>	
Q 28 & 29 – barriers and facilitators	Are barriers and facilitators not the same thing and can be answered in one question?	Q 29 removed
Other feedback	NIIISQ Agency requested a question on sources of funding if providing privately funded community-based services	Question added requesting main source of funding (e.g., NDIS/DVA/My Aged Care/Other)
Other feedback	Unclear what target age group is for services (adults vs paediatrics)	Main focus is adult. Paediatric cognitive rehabilitation added to the list in Q27 and Q36 to capture data on this area.
Cover letter	On cover letter for survey 'add, please feel free to pass onto anyone that you might know would like to do this'	Statement added to beginning of survey

Survey Questions

Q1. Participant ID Code (4 numbers and 3 letters: day of birth (i.e. 02), month of birth (ie. 12 for December of 01 for January), first three letters of middle name and if no middle name use XYZ). Example for Jane Emma Smith born 2nd December, code would be 0212EMM.

Q2. What is your main professional background/ discipline are you from? Occupational therapy /Speech Pathology/ Neuropsychology/ Clinical Psychology / Other

If you have an additional qualification from a second discipline please list.

Q3. How many years have you worked in your profession? (Please enter number of years rounded to nearest whole number)

Q4. How many years have you worked with people with traumatic brain injury? (Please enter number of years rounded to nearest whole number)

Q5. What type of service do you work in? Qld Health hospital, private hospital, Qld Health community service, non-governmental community organization, private practice group/company, sole provider, other

Q6. What schemes do you interact with or have you interacted with when providing services? National injury Insurance Scheme Queensland (NIISQ)/National Disability Insurance Scheme (NDIS)/Department of Veterans' Affairs (DVA)/ My Aged Care/ iCARE (NSW)/ TAC (Vic)/ TIO (NT)/ None of these schemes, I am not sure/ Other

Q7. What is the postcode of the place where you work? (If multiple sites, please select the main location)

Q8. Is your service/practice brain-injury specific? Yes/Mostly/No

Q9. How often do you work with clients with traumatic brain injury? Often e.g. Daily/ Regularly e.g. weekly/ Occasionally / Very rarely.

Q10. How often do you provide cognitive rehabilitation services? Often e.g. Daily/ Regularly e.g. weekly/ Occasionally / Very rarely.

Q11. Please indicate which of the following you have previously received some form of training in since gaining your qualification (seminars, workshops etc)

Impairment-focused training

Disorders of Consciousness

Fatigue

Impulsivity

Disinhibition

Apathy

Attention

Memory

Executive function

Self-awareness

Self-identity

Cognitive Communication Disorders

Social Cognition

High level language skills

Providing feedback and education

Participation-focused training

Functional cognition

Behaviour Management

Communication Partner Training

Learning routines and habits

Basic ADL training

Instrumental ADL training

Community living skills training

Driving

Vocational rehabilitation

General Training

Cognitive assessment

Goal setting

Group therapy

Outcome measurement

Working with families/ carers

Telerehabilitation

Paediatric Cognitive Rehabilitation

Mild traumatic brain injury

Appraising cognitive rehabilitation evidence

Second degree relating to cognitive rehabilitation

None of the above

Please list any other forms of cognitive rehabilitation training that you have previously received

Q12. Please indicate up to ten topics which you would be interested in learning more about: Strong Interest / some interest / slight interest / not interested.

Impairment-focused training

Disorders of Consciousness

Fatigue

Impulsivity
Disinhibition
Apathy
Attention
Memory
Executive function
Self-awareness
Self-identity
Cognitive Communication Disorders
Social Cognition
High level language skills
Providing feedback and education

Participation-focused training

Functional cognition
Behaviour Management
Communication Partner Training
Learning routines and habits
Basic ADL training
Instrumental ADL training
Community living skills training
Driving
Vocational rehabilitation

General Training

Cognitive assessment
Goal setting
Group therapy
Outcome measurement
Working with families/ carers
Telerehabilitation
Paediatric Cognitive Rehabilitation
Mild traumatic brain injury
Appraising cognitive rehabilitation evidence

Please list any other topics you would be interested in learning about

Q13. Please rate your current level of knowledge about cognitive rehabilitation. Highly knowledgeable/ Moderately knowledgeable/ Somewhat knowledgeable / Not very knowledgeable/ Not at all knowledgeable

Q14. Please rate your overall level of skills in cognitive rehabilitation. Highly skilled/ Moderately skilled/ Somewhat skilled / Not very skilled/Not at all skilled

Q15. Please rate your current level of confidence in providing cognitive rehabilitation. Highly confident/ Moderately confident/ Somewhat confident / Not very confident/ Not at all confident

Q16. What continuing professional development activities have you undertaken in the area of cognitive rehabilitation in your career and in the past 12 months? Postgraduate research / Postgraduate coursework / Workshops / Online training / Workplace inservice training /professional conference attendance / independent reading / formal mentoring / asking a colleague/ nil / other.

Q17. How sufficient do you think the above continuing professional development activities have been for enhancing your cognitive rehabilitation practice? Very sufficient/ sufficient/insufficient /very insufficient

Q18. Please provide any additional comments about what you liked or disliked about cognitive rehabilitation continuing professional development activities you have previously undertaken. Open ended answer.

Q19. How important do you think it is for you to receive continuing professional development in cognitive rehabilitation? Extremely important/ Very important / Moderately important/ Slightly important/ Not at all important.

Q20. If you were to do further cognitive rehabilitation training, how useful would each of these be for enhancing your cognitive rehabilitation practice? Workshops / Webinars / Expert Masterclasses (workshop facilitated by an expert on a specific topic) / Small group discussion about difficult case problem solving)/ Update on recent research advance / Sharing resources.

Extremely useful/ very useful/ Moderately useful/ slightly useful / not at all useful.

Please list any other forms of cognitive rehabilitation training that would meet your needs.

Q21. What would be your preferred delivery mode for continuing professional development activities in cognitive rehabilitation? Online / mostly online with some face-to-face / mostly face-to-face with some online / all face-to-face /other.

Q22. When would be the most convenient time for you to participate in continuing professional development activities? During work time (full day) / during work time (part day)/ weekend / evening / self-paced learning (i.e. flexible) / Other

Q23. Hypothetically, how much would you consider reasonable to pay per hour for continuing professional development delivered by experts in cognitive rehabilitation? <\$50 per hour/ \$50 per hour/\$75 per hour / \$100 per hour/ >\$100 per hour.

Q24. Hypothetically, how much would you consider reasonable to pay per day for continuing professional development delivered by experts in cognitive rehabilitation? \$200 / \$300/\$400 / \$500/\$600 / \$700/ \$800

Q25. How would you usually pay for continuing professional development on cognitive rehabilitation? Employer-funded / Self-funded / Combination / Unable to fund

Q26. Would you be able to engage in continuing professional development activities during work time? Yes / No / Depends [please provide details]

Q27. What level would you prefer continuing professional development to be pitched at? Beginner/ Intermediate / Advanced / Combination [please provide details].

Q28. How frequently could you commit time to participating in continuing professional development on cognitive rehabilitation? Weekly / Fortnightly / Monthly / 1-2 times per year / Less than once per year.

Q29. What do you see as the barriers and facilitators to your participation in continuing professional development about cognitive rehabilitation? Open-ended question.

Q30. Would you be interested in participating in a pilot evaluation of cognitive rehabilitation capacity program in the coming year as described in the introductory information with this survey? Yes / No

Do you have any further comments you would like to make about capacity building in cognitive rehabilitation?

Survey complete - Thank you for participating!

Supplement 1: Checklist for Reporting Of Survey Studies (CROSS)

Section/topic	Item	Item description	Reported on page #
Title and abstract			
Title and abstract	1a	State the word “survey” along with a commonly used term in title or abstract to introduce the study’s design.	1
	1b	Provide an informative summary in the abstract, covering background, objectives, methods, findings/results, interpretation/discussion, and conclusions.	1
Introduction			
Background	2	Provide a background about the rationale of study, what has been previously done, and why this survey is needed.	2-6
Purpose/aim	3	Identify specific purposes, aims, goals, or objectives of the study.	6-7
Methods			
Study design	4	Specify the study design in the methods section with a commonly used term (e.g., cross-sectional or longitudinal).	7
	5a	Describe the questionnaire (e.g., number of sections, number of questions, number and names of instruments used).	8
Data collection methods	5b	Describe all questionnaire instruments that were used in the survey to measure particular concepts. Report target population, reported validity and reliability information, scoring/classification procedure, and reference links (if any).	8-9
	5c	Provide information on pretesting of the questionnaire, if performed (in the article or in an online supplement). Report the method of pretesting, number of times questionnaire was pre-tested, number and demographics of participants used for pretesting, and the level of similarity of demographics between pre-testing participants and sample population.	7-8
	5d	Questionnaire if possible, should be fully provided (in the article, or as appendices or as an online supplement).	Suppl. file 2
Sample characteristics	6a	Describe the study population (i.e., background, locations, eligibility criteria for participant inclusion in survey, exclusion criteria).	7-8, 11
	6b	Describe the sampling techniques used (e.g., single stage or multistage sampling, simple random sampling, stratified sampling, cluster sampling, convenience sampling). Specify the locations of sample participants whenever clustered sampling was applied.	7-8

	6c	Provide information on sample size, along with details of sample size calculation.	11
	6d	Describe how representative the sample is of the study population (or target population if possible), particularly for population-based surveys.	16
	7a	Provide information on modes of questionnaire administration, including the type and number of contacts, the location where the survey was conducted (e.g., outpatient room or by use of online tools, such as SurveyMonkey).	8-9
Survey administration	7b	Provide information of survey's time frame, such as periods of recruitment, exposure, and follow-up days.	9
		Provide information on the entry process:	9
	7c	→For non-web-based surveys, provide approaches to minimize human error in data entry.	
		→For web-based surveys, provide approaches to prevent "multiple participation" of participants.	
Study preparation	8	Describe any preparation process before conducting the survey (e.g., interviewers' training process, advertising the survey).	8
Ethical considerations	9a	Provide information on ethical approval for the survey if obtained, including informed consent, institutional review board [IRB] approval, Helsinki declaration, and good clinical practice [GCP] declaration (as appropriate).	7, 22
	9b	Provide information about survey anonymity and confidentiality and describe what mechanisms were used to protect unauthorized access.	9
	10a	Describe statistical methods and analytical approach. Report the statistical software that was used for data analysis.	10
	10b	Report any modification of variables used in the analysis, along with reference (if available).	NA
Statistical analysis	10c	Report details about how missing data was handled. Include rate of missing items, missing data mechanism (i.e., missing completely at random [MCAR], missing at random [MAR] or missing not at random [MNAR]) and methods used to deal with missing data (e.g., multiple imputation).	Negligible missing data reported in tables (n=3-4)
	10d	State how non-response error was addressed.	NA
	10e	For longitudinal surveys, state how loss to follow-up was addressed.	NA
	10f	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for non-representativeness of the sample.	NA
	10g	Describe any sensitivity analysis conducted.	NA

Results			
Respondent characteristics	11a	Report numbers of individuals at each stage of the study. Consider using a flow diagram, if possible.	11
	11b	Provide reasons for non-participation at each stage, if possible.	NA
	11c	Report response rate, present the definition of response rate or the formula used to calculate response rate.	20
	11d	Provide information to define how unique visitors are determined. Report number of unique visitors along with relevant proportions (e.g., view proportion, participation proportion, completion proportion).	NA
Descriptive results	12	Provide characteristics of study participants, as well as information on potential confounders and assessed outcomes.	11 Table 1
	13a	Give unadjusted estimates and, if applicable, confounder-adjusted estimates along with 95% confidence intervals and p-values.	12
Main findings	13b	For multivariable analysis, provide information on the model building process, model fit statistics, and model assumptions (as appropriate).	NA
	13c	Provide details about any sensitivity analysis performed. If there are considerable amount of missing data, report sensitivity analyses comparing the results of complete cases with that of the imputed dataset (if possible).	NA
Discussion			
Limitations	14	Discuss the limitations of the study, considering sources of potential biases and imprecisions, such as non-representativeness of sample, study design, important uncontrolled confounders.	20
Interpretations	15	Give a cautious overall interpretation of results, based on potential biases and imprecisions and suggest areas for future research.	20-21
Generalizability	16	Discuss the external validity of the results.	20
Other sections			
Role of funding source	17	State whether any funding organization has had any roles in the survey's design, implementation, and analysis.	22
Conflict of interest	18	Declare any potential conflict of interest.	22
Acknowledgements	19	Provide names of organizations/persons that are acknowledged along with their contribution to the research.	22