

Appendix 1 (as supplied by the authors): Survey tool development steps

We followed Burns et al. guidelines for self-administered clinician surveys to develop our survey tool. The steps are summarized below:

- 1. Item generation:** Items for inclusion into the survey were gathered through literature review, focus groups with co-investigators and finally reviewed by an expert panel. Our expert panel consisted of 5 physicians, with expertise in emergency medicine, pediatric pain management, toxicology and survey methodology. Afterwards, our item questions were grouped into domains. The expert panel reviewed and ranked the generated items and were asked to suggest any additional items to include in the survey.
- 2. Item reduction:** The expert panel reviewed each question and provided a binary response (include/exclude) to eliminate redundant items³.
- 3. Pre-testing:** Our expert panel reviewed and judged the questions to determine if each question was developed properly and would generate appropriate and consistent interpretation by the respondents. The expert panel provided written feedback for each question and a course of action (accept question and meaning, change question and keep meaning, or to eliminate the question)³.
- 4. Pilot testing:** We asked 5 pediatric emergency physicians to review the final draft of our survey in regards to its flow, salience, acceptability and administrative ease³. Redundant, unusual, irrelevant or poorly worded question stems were flagged³. In addition, we asked the group to record the time required to complete the survey.
- 5. Clinical sensibility testing:** The goal of this phase was to assess the comprehensiveness, clarity and face validity of the survey. A single page assessment sheet was administered to the pilot testing group to determine if there were any inappropriate, redundant or missing items and whether or not the survey addressed our goals and objectives³.