



# CFPC Family Physicians Survey on COVID-19 (2022)

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## 1) Are you currently engaged in providing clinical care? \*

- Yes
- No

## 2) Please describe the setting(s) where you provide care.

Check all that apply.

- Family medicine clinic
- Hospital – ER
- Hospital – ICU
- Hospital – inpatient setting
- Hospital – outpatient setting
- Long-term care home
- Personal care/retirement home
- Virtual care from my home
- Patients' private residences/home visits
- Community – other setting
- Other (specify): \*

## 3) What is your MAIN PRACTICE SETTING?

- Family medicine clinic
- Hospital – ER
- Hospital – ICU
- Hospital – inpatient setting
- Hospital – outpatient setting
- Long-term care home
- Personal care/retirement home
- Virtual care from my home
- Patients’ private residences/home visits
- Community – other setting
- Other

## **RESPONSE TO COVID**

**4) Please indicate action your MAIN PRACTICE SETTING has taken in response to COVID-19.**

**Check all that apply.**

- Administering COVID-19 vaccines
- Caring for ambulatory patients with COVID-19
- Caring for hospitalized patients with COVID-19
- Caring for patients with “long COVID”
- New or increased in-person home care services
- New programs/services for patients with high COVID-19 risks
- Contributing to COVID-19 research and/or clinical studies
- Participating in COVID-19 advisory/planning committees, task forces, or groups
- Other actions in response to COVID-19 (please specify):: \*
- None of the above

**5) Please indicate how your MAIN PRACTICE SETTING has used/coordinated/collaborated with public health authorities during the COVID-19 pandemic.**

**Check all that apply.**

- More actively monitoring official public health guidance to inform practice
- Have communicated directly with public health authorities to seek COVID-19 information and/or practice guidance
- The practice reports confirmed or suspected COVID-19 cases directly or indirectly to public health authorities
- The practice has worked with public health authorities to administer COVID-19 vaccinations
- I, or my practice, participated in advisory/planning committees, task forces, or groups of public health authorities
- Other – please specify: \*
- Have not used/coordinated/collaborated with public health authorities differently due to the COVID-19 pandemic

**6) I have started or increased providing specific health services due to reduced availability of secondary referral services.**

Yes

No

**7) Please indicate what health services you started or increased due to reduced availability of secondary referral services.**

**Check all that apply.**

- Mental health care
- Hospital inpatient care
- Hospital ER care
- Non-hospital urgent care
- Obstetrical deliveries
- PAP test
- Endometrial aspiration biopsy
- Skin biopsy – shave, punch or excisional biopsy
- Digital anesthetic block, finger or toe
- Removal cerumen

- Breast cyst aspiration
- Aspiration and/or injection of a joint or bursa
- Other health services (please specify): \*

## IMPACT OF COVID-19

### 8) Please describe your personal experience with COVID-19.

Check all that apply.

- I have not had COVID-19
- I have, or have had, COVID-19
- I think I had COVID-19 but not sure
- I am experiencing lasting effects of COVID-19 infection
- I returned to work after having had COVID-19
- How many days of work did you miss due to having COVID-19: \*

### 9) Has the COVID-19 pandemic affected you in any of the following ways?

	Yes	No	Uncertain	Prefer not to say
I plan to LEAVE PRACTICE due to my work experiences during the pandemic	( )	( )	( )	( )
I RETURNED TO PRACTICE to help during the pandemic	( )	( )	( )	( )
I personally experienced abuse as a health worker due to the pandemic	( )	( )	( )	( )

	<b>Yes</b>	<b>No</b>	<b>Uncertain</b>	<b>Prefer not to say</b>
I have colleagues who experienced abuse as health workers due to the pandemic	( )	( )	( )	( )

**10) Has your confidence in the health care system changed due to its performance during the pandemic?**

- Yes, increased
- Yes, decreased
- No, it stayed the same

## **VIRTUAL CARE**

**11) How frequently do you use the following technologies in your practice for virtual care?**

	<b>Very frequently</b>	<b>Often</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>
Video	( )	( )	( )	( )	( )
Telephone	( )	( )	( )	( )	( )
Email	( )	( )	( )	( )	( )
Text messaging	( )	( )	( )	( )	( )

	<b>Very frequently</b>	<b>Often</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>
Other (please specify below)	( )	( )	( )	( )	( )

**12) Please specify other types of virtual care you provide:**

**13) Approximately what percentage of your office visits or patient contacts in the past week were handled through virtual care?**

Please enter zero if none.

**14) When providing virtual care, what percentage of your time is spent in the following locations:**

- [ ]% Virtual care from family medicine / primary care clinic
- [ ]% Virtual care from other clinical setting
- [ ]% Virtual care from my home
- [ ]% Virtual care from other setting

**15) How has virtual care affected access to and the quality of the care that you and your team provide?**

Virtual care has...

	<b>Worsened</b>	<b>Had no effect on</b>	<b>Improved</b>	<b>Undecided / Uncertain</b>
Access to care for patients	( )	( )	( )	( )
Interactions and relationships with patients	( )	( )	( )	( )
Collaborative care across the health care team	( )	( )	( )	( )
Delivery of procedural health care services	( )	( )	( )	( )
Chronic disease management	( )	( )	( )	( )
Mental health care	( )	( )	( )	( )
Assessing/diagnosing new patient complaints	( )	( )	( )	( )
Personal work-life balance	( )	( )	( )	( )

**16) For each type of direct patient care, estimate your TIME ALLOCATION at present, and what you think your ideal time allocation will be for optimal patient care after the pandemic.**

	<b>At present %</b>	<b>Ideal after pandemic %</b>
In person care	_____	_____

	At present %	Ideal after pandemic %
Telephone care	_____	_____
Video care	_____	_____
Text/E-mail care	_____	_____

## YOUR HEALTH

**17) Overall, how would you describe your current sense of well-being/personal wellness?**

- I feel the best I've ever felt and at the top of my game professionally and personally
- Generally I feel pretty good, but there are trying days
- I'm neither excited nor exhausted; I have a job to do
- Exhausted but coping—I still derive meaning from my work
- Burned out and am thinking of, or have taken, a break from work

**18) Please describe your current physical, mental, and emotional states.**

	Always	Often	Sometimes	Seldom	Never/almost never
How often do you feel tired?	( )	( )	( )	( )	( )
How often are you physically exhausted?	( )	( )	( )	( )	( )
How often are you emotionally exhausted?	( )	( )	( )	( )	( )
How often do you think, "I can't take it anymore"?	( )	( )	( )	( )	( )
How often do you feel worn out?	( )	( )	( )	( )	( )



	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never/almost never</b>
How often do you feel weak and susceptible to illness?	( )	( )	( )	( )	( )
Do you feel worn out at the end of the working day?	( )	( )	( )	( )	( )
Are you exhausted in the morning at the thought of another day at work?	( )	( )	( )	( )	( )
Do you feel that every working hour is tiring for you?	( )	( )	( )	( )	( )
Do you have enough energy for family and friends during leisure time?	( )	( )	( )	( )	( )
Are you tired of working with patients/clients?	( )	( )	( )	( )	( )
Do you sometimes wonder how long you will be able to continue working with patients/clients?	( )	( )	( )	( )	( )

**19) Please describe your current feelings about work.**

	<b>To a very high degree</b>	<b>To a high degree</b>	<b>Somewhat</b>	<b>To a low degree</b>	<b>To a very low degree</b>
Is your work emotionally exhausting?	( )	( )	( )	( )	( )
Does your work frustrate you?	( )	( )	( )	( )	( )
Do you feel burnt out because of your work?	( )	( )	( )	( )	( )
Do you find it hard to work with patients/clients?	( )	( )	( )	( )	( )
Does it drain your energy to work with patients/clients?	( )	( )	( )	( )	( )

	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Do you find it frustrating to work with patients/clients?	( )	( )	( )	( )	( )
Do you feel that you give more than you get back when you work with patients/clients?	( )	( )	( )	( )	( )

## PRIORITIES AND CONCERNS

20) Please rate your level of concern about each of the following issues related to COVID-19.

	Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Extremely concerned	Not sure
Patients' emotional/mental stress	( )	( )	( )	( )	( )	( )
Patients' health risks due to reduced patient-doctor contact	( )	( )	( )	( )	( )	( )
Patients being diverted to virtual care when they want to see a care giver in person	( )	( )	( )	( )	( )	( )
Ability to refer patients to secondary care due to work overload in that area	( )	( )	( )	( )	( )	( )

	Not at all concerned	Slightly concerned	Somewhat concerned	Moderately concerned	Extremely concerned	Not sure
Health of patients with “long COVID”	( )	( )	( )	( )	( )	( )
Negative health consequences due to loosening of pandemic restrictions	( )	( )	( )	( )	( )	( )
Negative health consequences due to continued pandemic restrictions	( )	( )	( )	( )	( )	( )
New COVID variants causing negative health consequences	( )	( )	( )	( )	( )	( )
Disrupted learning for medical STUDENTS	( )	( )	( )	( )	( )	( )
Disrupted learning for medical RESIDENTS	( )	( )	( )	( )	( )	( )

**21) The CFPC advocates for appropriate government support for family physicians like yourself. Could you select up to three options from the list below to help us direct our efforts to the areas most in need of attention? Which areas of care do you most need additional support for in the post-COVID environment?**

**Check up to 3 items.**

- Additional administrative support (reduced paperwork)
- Ability to unplug and not be constantly on call / available for messages
- More providers in my area / Reduced volume of patients to look after
- Shift away from Fee for Service to a more blended remuneration

- Additional allied health support for load management (e.g. Nurse Practitioners)
- Improved system-wide integration of information technology (e.g. EMR)
- Improved access to locums
- Better understanding by my patients of the best ways to seek and receive care
- Additional technology support
- Other, please specify: \*

## **PRACTICE DESCRIPTION**

**22) Excluding on-call work, how many hours do you work in an average week?**

**23) Please estimate the average number of on-call work hours you work per month:**

**24) What best describes your current professional workload?**

- Working below desired capacity
- Working at desired capacity
- Working beyond desired capacity

**25) Approximately what proportion of your professional income do you receive from these payment methods?**

**The total must equal 100 per cent.**

- [ ]% Fee-for-service
- [ ]% Salary
- [ ]% Capitation
- [ ]% Sessional/per diem/hourly
- [ ]% Service contract

- [ ]% Incentives and premiums
- [ ]% Other

**26) What population does your MAIN PRACTICE SETTING Primarily serve?**

- Urban/suburban
- Small town
- Rural
- Geographically isolated/remote
- Cannot identify a primary geographic population

**27) Please share any other thoughts you've not had a chance to express earlier in this survey.**

**Thank you!**

Thank you for taking our survey. Your response is very important to us.