

CFPC Members Survey on COVID-19 (2020)

1) What care setting(s) have you worked in during the COVID-19 pandemic?

Check all that apply.

- Family medicine clinic
- Hospital - ER
- Hospital - ICU
- Hospital – in-patient setting
- Hospital - outpatient setting
- Community clinic/community health centre
- Long-term care/personal care home
- Other (please specify): _____ *
- None; I am not currently engaged in patient care

2) What has been your main practice setting during the COVID-19 pandemic?

- Family medicine clinic
- Hospital - ER
- Hospital - ICU
- Hospital – in-patient setting
- Hospital - outpatient setting
- Community clinic/community health centre
- Long-term care/personal care home
- Other specified

3) Has your main practice setting (Q2) experienced confirmed cases of COVID-19 infection among staff or patients?

- Yes
- No
- Not sure

4) Please indicate which groups in your practice have confirmed COVID-19 infection.

Check all that apply.

- Physicians
- Other clinical staff (e.g., nurses, physician assistant)
- Non-clinical staff (e.g., reception, cleaning staff)
- Patients
- Other (please specify): _____*

5) Please describe your personal experience with COVID-19.

Check all that apply.

- I've been tested and/or assessed for COVID-19.
- I've tested positive for COVID-19.
- I have COVID 19 and remain symptomatic.
- I've fully recovered from COVID-19.
- I've self-isolated (self-quarantined) due to illness, close contact, travel, or other reasons
- I've returned to work after having had COVID-19.
- Members of my household have, or have had, COVID-19.
- None of the above

6) Have you made any of the following practice changes in your main practice setting (Q2) due to COVID-19?

Check all that apply.

- Screening patients for COVID-19
- Administering the COVID-19 antigen test
- Implementing new virtual care services by telephone, video, email, and/or text messaging
- Contacting patients at their homes, by phone, email or other communications
- Triageing patients while they are outside the clinic or building
- Directing people with confirmed/suspected diagnoses of COVID-19 to alternative facilities
- Creating restricted areas for people with confirmed/suspected diagnoses of COVID-19

- Limiting or eliminating access for patients' accompanying family, friends, and/or visitors
- Altering patient waiting arrangements (e.g., patients wait outside, increased space between seats)
- Increasing the cleaning and sterilization of space and equipment
- Limiting the number of staff who come in contact with people who have confirmed/suspected diagnoses of COVID-19
- Increasing the use of personal protective equipment (PPE)
- Using PPE for all direct contact with patients and long-term care residents
- Taking steps to ensure patients with chronic conditions continue to receive care
- Other (please specify): _____*
- None of the above

7) With respect to your main practice setting (Q2), describe the population primarily served by you in your practice.

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

8) How has COVID-19 affected your overall workload?

- Increased practice hours and/or patient visits (please note by what percentage):
_____*
- Reduced practice hours and/or patient visits (please note by what percentage):
_____*
- Experienced no change

9) Describe how your practice setting(s) has/have changed due to COVID-19.

Check all that apply.

- Started work in a new setting
- Stopped work in a usual practice setting

- Closed practice
- Re-entered practice from retirement
- Not applicable

10) Please specify which setting(s) you started working in due to COVID-19.

Check all that apply.

- Family medicine clinic
- Hospital - ER
- Hospital - ICU
- Hospital – in-patient setting
- Hospital - outpatient setting
- Community clinic/community health centre
- Long-term care/personal care home
- Other (please specify): _____*

11) Please specify which setting(s) you stopped working in due to COVID-19.

Check all that apply.

- Family medicine clinic
- Hospital - ER
- Hospital - ICU
- Hospital – in-patient setting
- Hospital - outpatient setting
- Community clinic/community health centre
- Long-term care/personal care home
- Other (please specify): _____*

12) Approximately what percentage of your office visits/contacts in the past week were handled through face-to-face encounters?

Please enter zero if none!

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

Please enter zero if none!

14) Please describe what percentages of your virtual care encounters in the past week were handled through each medium.

	None (0%)	Few (less than 20%)	Some (21- 49%)	Most (more than 50%)	Unsure
Video	()	()	()	()	()
Telephone visits	()	()	()	()	()
Email	()	()	()	()	()
Text messaging	()	()	()	()	()
Other (please specify)	()	()	()	()	()

15) Please specify what other media you are using to provide virtual care:

16) Are you aware of any new fee codes or other reimbursement programs that cover virtual care services?

() Yes

() No

My risk of being exposed to COVID-19	()	()	()	()	()	()
Poor remuneration for virtual care	()	()	()	()	()	()
Patients' emotional/mental stress	()	()	()	()	()	()
Lost revenue due to fewer patient visits	()	()	()	()	()	()
Reduced contact with patients for concerns not related to COVID-19	()	()	()	()	()	()
Access to practice information and support to deal with COVID-19	()	()	()	()	()	()
Too much incoming information about COVID-19	()	()	()	()	()	()
Other (please specify)	()	()	()	()	()	()

20) Please specify your other concern(s).

21) How would you describe your sense of well-being/personal wellness during the COVID-19 pandemic?

- 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

22) How are you remunerated for your professional practice?

Check all that apply.

- Fee-for-service
- Salary
- Capitation
- Sessional/per diem/hourly
- Service contract
- Incentives and premiums
- Other (please specify):: _____*

23) How would you rate the communications and resources that the College of Family Physicians of Canada has provided during the COVID-19 pandemic?

- Not helpful at all
- Slightly helpful
- Somewhat helpful
- Very helpful
- Extremely helpful
- N/A – have not used CFPC resources

24) What information and/or organization(s) have you found to be the most helpful for your practice during the COVID-19 pandemic?

25) Overall, how is COVID-19 affecting your practice and how are you responding?

26) What does your practice need most urgently to deal with COVID-19 in the coming weeks?

27) What do you think family physicians should do to prepare for the aftermath of the COVID-19 pandemic?

Thank you!