CFPC Family Physicians Survey on COVID-19

April/May 2021

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.

	Practised in this setting before COVID-19	**Practised in this setting during COVID-19**
Family medicine clinic	[ ]	[ ]
Hospital – ER	[ ]	[ ]
Hospital – ICU	[ ]	[ ]
Hospital – in-patient setting	[ ]	[ ]
Hospital – outpatient setting	[ ]	[ ]
Community clinic/community health centre	[ ]	[ ]
Long-term care home	[ ]	[ ]
Personal care/retirement home	[ ]	[ ]
Virtual care from my home	[ ]	[ ]
Patients' private residences/home visits	[ ]	[ ]
Other (please specify):	[ ]	[ ]

Please specify other setting(s):

____

3) What was your main practice setting prior to COVID-19?

( ) Family medicine clinic

( ) Hospital – ER

( ) Hospital – ICU

( ) Hospital – inpatient setting

( ) Hospital – outpatient setting

( ) Community – other setting

( ) Long-term care home

( ) Personal care/retirement home

( ) Virtual care from my home

( ) Patients' private residences/home visits

( ) Other specified

4) Have you served in a COVID-19 screening, vaccination, or other dedicated COVID-19 facility during the pandemic?

( ) Yes

( ) No

5) With respect to your main practice setting, describe the population you primarily serve in your practice.

( ) Urban/suburban

( ) Small town

( ) Rural

( ) Geographically isolated/remote

( ) Cannot identify a primary geographic population

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

Check all that apply.

[ ] I've been tested and/or assessed for COVID-19.

[ ] I have, or have had, COVID-19.

[ ] I am experiencing lasting effects of COVID-19 infection.

[ ] I've self-isolated (self-quarantined) due to illness, close contact, travel, or for other reasons.

[ ] I've returned to work after having had COVID-19.

[ ] I've had patients die from COVID-19.

[ ] None of the above.

7) Have you received a COVID-19 vaccination (full or partial)?

( ) Yes

( ) No

8) In your region, do family practices/primary care clinics contribute to infectious disease tracking by reporting confirmed or suspected cases of COVID-19 to public health authorities?

( ) Yes, and my practice reports cases.

( ) Yes, but I'm not in a practice that reports cases.

( ) No.

( ) Uncertain.

9) Please describe the situation in your main practice regarding COVID-19 vaccination.

Check all that apply.

[ ] Vaccines have not been delivered to the practice.

[ ] The practice will administer vaccines when they arrive.

[ ] The practice does not have adequate cold storage equipment for vaccines.

[ ] The practice is administering COVID-19 vaccines.

[ ] The practice is directing patients to COVID-19 vaccination sites.

10) Please rate your confidence in …

	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident	Not sure
… having conversations with patients and addressing their questions about COVID-19 vaccines	( )	( )	( )	( )	( )	( )
… delivering COVID-19 vaccines in your clinic, once they are more readily available	( )	( )	( )	( )	( )	( )

11) Has your main practice been asked to help identify patients who should be prioritized for COVID-19 vaccination?

( ) Yes

( ) No

( ) Uncertain

12) Please indicate which of the following activities are part of your practice:

Check all that apply.

[ ] Providing diagnostic tests for possible COVID-19 infection

[ ] Performing antigen tests for past COVID-19 infection

[ ] Counselling patients about COVID-19 vaccines

[ ] Caring for ambulatory patients with COVID-19

[ ] Caring for hospitalized patients with COVID-19

[ ] Developing new programs in response to COVID-19

[ ] 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

13) Please indicate if you're treating or managing COVID-19 with the following patient/population groups:

Check all that apply.

[ ] Elderly patients in their homes

[ ] People living in long-term care homes

[ ] People living in personal care, retirement, or other residential facilities

[ ] People with pre-existing and/or chronic conditions

[ ] Homeless people

[ ] Indigenous communities

[ ] Health care workers

[ ] Other (please specify): ____

[ ] None of the above

14) Since September 2020 how has your overall professional workload changed?

( ) Workload has **increased** since September 2020 (please estimate by what percentage): ____*

( ) Workload has **decreased** since September 2020 (please estimate by what percentage): ____*

( ) Workload has **not changed** since September 2020

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

____

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

____

17) What best describes your current professional workload?

( ) Working below desired capacity

( ) Working at desired capacity

( ) Working beyond desired capacity

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

Please enter zero if none.

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

	Very frequently	Often	Occasionally	Rarely	Never
Video	( )	( )	( )	( )	( )
Telephone	( )	( )	( )	( )	( )
Email	( )	( )	( )	( )	( )
Text messaging	( )	( )	( )	( )	( )
Other (please specify below)	( )	( )	( )	( )	( )

20) Please specify other types of virtual care you provide:

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

Virtual care has…

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

22) What can the College of Family Physicians of Canada do to support the adoption of virtual care in family practice?

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23) 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' non-prescription substance use (e.g., alcohol, cannabis)	( )	( )	( )	( )	( )	( )
Patients' prescription substance use (e.g., opioids)	( )	( )	( )	( )	( )	( )
Patients' health risks due to reduced patient-doctor contact	( )	( )	( )	( )	( )	( )
Availability of personal protective equipment	( )	( )	( )	( )	( )	( )

Access to COVID-19 vaccines for patients	( )	( )	( )	( )	( )	( )
Access to COVID-19 vaccines for health workers	( )	( )	( )	( )	( )	( )
Fewer in-person interactions with patients	( )	( )	( )	( )	( )	( )
Reduced access to electronic medical record/electronic health record information during remote work	( )	( )	( )	( )	( )	( )
Reduced access to practice support staff	( )	( )	( )	( )	( )	( )
Ability to fulfill teaching role with medical residents/students	( )	( )	( )	( )	( )	( )
Lost practice revenue due to fewer patient visits	( )	( )	( )	( )	( )	( )
Poor remuneration for virtual care	( )	( )	( )	( )	( )	( )
Possibility that I will get COVID-19	( )	( )	( )	( )	( )	( )

Possibility that I will infect patients with COVID-19	( )	( )	( )	( )	( )	( )
Possibility that I will infect family/friends with COVID-19	( )	( )	( )	( )	( )	( )
Lack of clarity from governments on my role in the pandemic response	( )	( )	( )	( )	( )	( )

24) 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?	( )	( )	( )	( )	( )
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?	( )	( )	( )	( )	( )

25) Please describe your current feelings about work.

	To a very high degree	**To a high degree**	**Somewhat**	**To a low degree**	**To a very low degree**
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?	( )	( )	( )	( )	( )
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?	( )	( )	( )	( )	( )

26) 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

27) Are you a member of an interdisciplinary team at your MAIN PRACTICE SETTING?

( ) Yes

( ) No

28) (If Q27=Yes) Please rate your level of agreement with the following statements related to the pandemic's impacts on interdisciplinary teamwork at your main practice setting.

Since September 2020 the pandemic has…

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Led to some members leaving the team for extended periods of time	( )	( )	( )	( )	( )
Led to important shifts in the role or scope of practice of some team members	( )	( )	( )	( )	( )
Has had a negative impact on team communication or interactions	( )	( )	( )	( )	( )
Has led to a greater sense of solidarity among team members	( )	( )	( )	( )	( )
Changed how we work as a team, leaving a greater burden on me	( )	( )	( )	( )	( )
Forced us to adopt new ways of working effectively as a team	( )	( )	( )	( )	( )
Had a positive impact on the active participation of my patients in their care	( )	( )	( )	( )	( )
Led to more tension or conflict among team members	( )	( )	( )	( )	( )

Made it more difficult to resolve tensions or conflicts among team members	( )	( )	( )	( )	( )
Made it easier to recognize the contributions of each team member	( )	( )	( )	( )	( )
Strengthened the climate of teamwork in my practice setting	( )	( )	( )	( )	( )

29) (If Q27=No) Please rate your level of agreement with the following statements related to the pandemic's impacts on interdisciplinary teamwork at your main practice setting.

Since September 2020 the pandemic has…

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
Had a negative impact on teamwork with other professionals in my community	( )	( )	( )	( )	( )
Led to important shifts in the role or scope of practice of other professionals in my community	( )	( )	( )	( )	( )
Led to important shifts in my role or scope of practice, placing a greater burden on me	( )	( )	( )	( )	( )
Led me to adopt new ways of communicating effectively with other professionals	( )	( )	( )	( )	( )

Has led to a greater sense of solidarity among professionals in my community	( )	( )	( )	( )	( )
Had a positive impact on the active participation of my patients in their care	( )	( )	( )	( )	( )
Led to more tension or conflict with other professionals in my community	( )	( )	( )	( )	( )
Made it more difficult to resolve tensions or conflicts with other professionals	( )	( )	( )	( )	( )
Made it easier to recognize the contributions of other professionals in my community	( )	( )	( )	( )	( )
Strengthened the climate of teamwork in my practice setting	( )	( )	( )	( )	( )

30) 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

31) If you entered a value for "Other" in the previous question that is greater than zero, please specify the relevant payment method:

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32) Please tell us what support you need most as you respond to the COVID-19 pandemic.

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

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Thank you!

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