

NATIONAL PALLIATIVE MEDICINE SURVEY QUESTIONNAIRE

**Canadian Society of Palliative Care Physicians
Canadian Medical Association
College of Family Physicians of Canada
Royal College of Physicians and Surgeons of Canada
Technology Evaluation in the Elderly Network**

November 2014

Palliative Medicine Survey

Are you:

- a licensed physician in full or part-time practice, a locum, in a medically related field, or on a leave of absence
- student
- resident
- completely retired

A. ABOUT YOU

1. Your year of birth

2. You are:

- female
- male

3. In what year did you become licensed to practice medicine?

4. Which of these best describes your primary practice?

- Family practice NOT including palliative care as part of your primary care practice
- Family practice including palliative care as part of your primary care practice
- Family physician with focused practice
- Specialist/Subspecialist

4a) In which area is your focused practice?

- Palliative Care
- Emergency Medicine
- Care of the Elderly
- General Practitioner in Oncology
- Hospitalist
- Other, please specify area of focused practice _____

4b) What is your specialty / subspecialty?

- Anatomical Pathology
- Anesthesiology
- Cardiovascular/Thoracic Surgery
- Cardiology
- Clinical Immunology and Allergy
- Community Medicine
- Critical Care Medicine
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Endocrinology and Metabolism
- Gastroenterology
- General Pathology
- General Surgery
- Geriatric Medicine
- Hematological Pathology
- Hematology
- Infectious Diseases
- General Internal Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Medical Oncology
- Nephrology
- Neurology
- Neuropathology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Occupational Medicine
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Palliative Medicine
- Pediatrics
- Pediatric Palliative
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Respiriology
- Rheumatology
- Urology
- Other, please specify... _____

5. Select ALL that apply:

- Current member of the College of Family Physicians of Canada
- Specialty certification with the Royal College of Physicians and Surgeons of Canada
- Specialty certification with the Collège des Médecins du Québec
- Other medical designation(s), please specify... _____

5a. Do you hold any of the following designation(s)?

- CCFP
- CCFP (EM)
- FCFP
- MCFP

6. Province/territory where you primarily work?

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Yukon
- Northwest Territories
- Nunavut

7. The remaining survey questions depend on the extent to which you practice palliative medicine, as determined by the following question. Do you practice Palliative Medicine by: a) providing palliative care consultations & direct follow-up visits; and / or b) acting as a palliative care resource to other care providers; and / or c) providing indirect care as part of a local/regional palliative care service?

- Yes (Please skip to question 8)
- No (Please answer questions B1 and B2 and return the survey)

B1. Are you able to refer patients to Palliative Care services in your area?

- Full access
- Some access
- No access

Comments:

B2. Are you satisfied with the services available to your patients at end of life?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied
- Not applicable

Comments:

8. How many hours per week on average excluding on-call, do you practice medicine (including clinical, teaching, administration, research, etc.)?

9. How many hours per week do you spend doing Palliative Medicine (including clinical, administration, teaching, academics, etc.)?

10. Are you a member of: (please select ALL that apply)

- Canadian Society of Palliative Care Physicians
- Canadian Hospice Palliative Care Association
- Provincial Hospice Palliative Care Association
- Provincial Section of Palliative Care/ Medicine (if applicable)
- Other Palliative Care organizations
- None of the above

10a. Please specify:

- IAHPC (International Association for Hospice and Palliative Care)
- AAHPM (American Academy of Hospice Palliative Medicine)
- EAPC (European Association for Palliative Care)
- Other, please specify... _____

11. Did you complete an accredited postgraduate training program in Palliative Medicine/Year of Added Competence in Palliative Medicine?

- Yes
- No

11a. When did you receive your training? (Year)

11b. Where did you receive your training?

- Canada
- Australia
- USA
- UK
- Other, please specify... _____

11c. What Canadian site?

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Manitoba
- University of Western
- McMaster University
- University of Toronto
- Queen's University
- University of Ottawa
- McGill University
- Université de Montréal
- Université Laval
- Dalhousie University

12. Did you complete other training in Palliative Medicine?

- Yes
- No

12a. What year?

12b. Where did you receive your training?

- Canada
- Australia
- USA
- UK
- Other, please specify... _____

12c. How long was this other training?

- ≤ 3 months
- 3 – 6 months
- 7 – 11 months
- 1 year
- 13 – 24 months
- > 24 months

12d. Have you completed any exams in Palliative Medicine?

- Yes
- No

12e. In which country was your exam/accreditation?

- Canada
- Australia
- USA
- UK
- Other, please specify... _____

13. Do you have post-graduate training in addition to your medical degree (e.g., Masters, PhD)?

- Yes
- No

13a. What additional training do you have? (Select all that apply)

- M.Sc.
- MBA
- M.Ed.
- PhD
- Other

B. YOUR PALLIATIVE MEDICINE PRACTICE

14. Please indicate the number of years that you have been working in Palliative Medicine (full or part-time)?

15. In your geographic area: Palliative Care is provided by: (Select ALL that apply)

- Family physician (own patient)
- Specialist (own patient)
- Specialty Palliative Care Team
- Home Health
- Other, please specify... _____

16. With respect to your MAIN practice setting where you provide palliative care, select the palliative care population PRIMARILY served by you.

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

17. In the clinical element of your palliative medicine practice, what percentage of patients have a non-cancer diagnosis?

- Less than 20 %
- 21-50 %
- More than 50 %

C. PALLIATIVE MEDICINE WORKLOAD

18. What percentage of your Palliative Medicine practice do you spend on the following. Your answers **MUST total 100%.**

Clinical work	<input type="text"/>
Administrative/Leadership (including committee work)	<input type="text"/>
Teaching and Education (at bedside and formal)	<input type="text"/>
Research	<input type="text"/>

19. Of the time you spend doing clinical palliative care, what percentage of time do you spend in each setting? Your answers **MUST total 100%.**

Consultation in an acute care facility	<input type="text"/>
Consultation in an emergency room	<input type="text"/>
Long term / residential care facility	<input type="text"/>
Palliative care unit where palliative care physician is the most responsible physician	<input type="text"/>
Residential hospice	<input type="text"/>
Office practice	<input type="text"/>
Patient's home	<input type="text"/>
Hospital outpatient clinic	<input type="text"/>
Cancer clinic	<input type="text"/>
Other setting, specify below:	<input type="text"/>

19a. Other setting, please specify:

20. Do you do unpaid / volunteer work related to palliative care outside of your regular practice hours (e.g., boards, committees)?

- Yes
- No (skip to question 21)

20a. How many hours per week?

- 1-2 hours/week
- 3-5 hours/week
- > 5 hours/week

21. Do you do home visits?

- Yes
- No (skip to question 22)

21a. Do you receive an additional fee for home visits?

- Yes
- No

21b. Is your mileage reimbursed?

- Yes
- No

22. Do you provide telephone advice to other physicians or other health care providers about palliative care?

- Yes
- No (skip to question 23)

22a. How many such telephone calls do you do on average per week?

- 1-5
- 6-10
- 11-15
- 16-20
- > 20 calls/week

22b. Do you receive an additional fee for these calls?

- Yes
- No

D. AFTER HOURS AVAILABILITY / ON CALL FOR PALLIATIVE CARE

23. Do you provide after-hours on call / coverage for palliative care (time outside of regularly scheduled activity during which you are available to patients)?

- Yes
- No (Skip to question 24)

23a. Are you part of an identified/formal call group?

- Yes
- No

23a. i) What is your call schedule for palliative care?

- | | |
|---------------------------|--|
| <input type="radio"/> 1:1 | <input type="radio"/> 1:8 |
| <input type="radio"/> 1:2 | <input type="radio"/> 1:9 |
| <input type="radio"/> 1:3 | <input type="radio"/> 1:10 |
| <input type="radio"/> 1:4 | <input type="radio"/> 1:11 |
| <input type="radio"/> 1:5 | <input type="radio"/> 1:12 |
| <input type="radio"/> 1:6 | <input type="radio"/> Other, please specify... |
| <input type="radio"/> 1:7 | _____ |

23b. Are you expected to do rounds (e.g. weekends in an inpatient palliative care unit)?

- Yes
- No

23c. When you are on call/providing coverage, do you provide mostly telephone support?

- Yes
- No

23d. When you are on call/providing coverage, please indicate the average number of hours spent on direct patient care (e.g. ward rounds, phone, e-mail or face-to-face) per month?

- 1-5
- 6-10
- 11-20
- > 20

23e. Are you reimbursed separately for being on call / providing coverage?

- Yes
- No

23f. Are you paid extra for providing direct patient care (e.g. phone, e-mail or face-to-face) while on call?

- Yes
- No (Skip to question 23h)

23g. If you are paid extra for direct patient care, how is this funded?

- Fee for service
- Contract
- Sessional
- Other, please specify... _____

23h. Do you get days off in lieu of time spent on weekend call?

- Yes
- No

E. PALLIATIVE CARE INTER-PROFESSIONAL TEAM

Please comment on the team that is the primary part of your practice.

24. Are you part of an Inter-professional Palliative Care Team?

- Yes
- No (skip to question 25)

24a. Who is on your team? (Please select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Other Palliative Care Physician(s) | <input type="checkbox"/> Spiritual Care Practitioners |
| <input type="checkbox"/> Nurse practitioner/CNS | <input type="checkbox"/> PT/OT |
| <input type="checkbox"/> Advanced Practice RN | <input type="checkbox"/> Recreation therapist |
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Home Care RNs | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Music therapist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Respiratory therapist |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Other, please specify... _____ |

24b. Who usually triage's the workload?

- Physicians
- Nurses
- Other, please specify... _____

24c. Are all newly referred patients requiring face-to-face consultation seen by a palliative care physician?

- Yes
- No

24d. How many hours per week do you dedicate to interprofessional team activities, where some or all of the team is present? (e.g. team rounds/meetings or case reviews)

- 1-3
- 4-6
- 7-10
- > 10 hours

F. PROFESSIONAL DEVELOPMENT

25. How many days per year do you spend on CPD/CME activities?

- | | |
|----------------------------|--------------------------------------|
| <input type="radio"/> 1-3 | <input type="radio"/> 13-17 |
| <input type="radio"/> 4-7 | <input type="radio"/> 18-21 |
| <input type="radio"/> 8-12 | <input type="radio"/> > 21 days/year |

25a. Are you reimbursed for your CPD/CME time?

- Yes
- Sometimes
- No

25b. Do you have access to locum coverage while on CPD/CME?

- Yes
- Sometimes
- No

G. ACADEMIC APPOINTMENTS

26. Do you have an academic appointment?

- Yes
- No (Skip to question 27)

26a. What type of appointment:

- Lecturer/Instructor
- Assistant Professor
- Associate Professor
- Professor

26b. Do you have tenure?

- Yes
- No

26c. Do you have protected academic time?

- Yes
- No

26d. How many days per month do you spend on academic work (non-clinical work/teaching)?

- 1-5
- 6 - 10
- 11 - 15
- > 15

26e. Do you have the option of paid sabbatical leave?

- Yes
- No

H. PEDIATRIC PALLIATIVE MEDICINE

27. How many children (up to age 18) do you provide palliative care for in an average year? (enter number)

28. How would you describe your comfort level in dealing with pediatric palliative patients?

- Very comfortable
- Somewhat comfortable
- Adequate
- Somewhat uncomfortable
- Very uncomfortable

29. Are you part of a formal pediatric palliative care team/program?

- Yes
- No (Skip to question 30)

29a. Do you have access to specialized pediatric palliative care services?

- Yes
- No (Skip to Q29b)

29ai. Who provides these services?

- A local team
- Provincial team
- Regional team
- Telemedicine

29b. How much support do you receive from formal pediatric palliative care services?

- Full support
- Minimal support
- Moderate support
- No support available

29c. Are you satisfied with the services available to your pediatric patients at end of life?

- Very Satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied
- Not Applicable

Comments:

I. PALLIATIVE MEDICINE INCOME

30. What percentage of your palliative medicine income is provided by: (total MUST be 100 %)

Fee for service insured	<input type="text"/>
Fee-for-service uninsured (private pay)	<input type="text"/>
Salary	<input type="text"/>
Capitation	<input type="text"/>
Sessional / Per diem / hourly	<input type="text"/>
Service contract	<input type="text"/>
Incentives and premiums	<input type="text"/>
Other	<input type="text"/>

Please specify other below:

- Cannot estimate
- Prefer not to answer

31. How does compensation for palliative care services compare to other areas of practice?

	Equivalent	More than	Less than	Don't know
Other areas of focused practice (e.g Hospitalists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full practice family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full practice specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. We would like to establish standards for remuneration of Palliative Medicine physicians across Canada. If you are willing, please provide an estimate of income that comes from your palliative practice each year.

- < \$100,000
- \$100,001 - \$200,000
- \$200,001 - \$300,000
- \$300,001- \$400,000
- \$400,001 - \$500,000
- > \$500,000
- Prefer not to answer

33. Do you know the approximate payment per hour that you receive from your Palliative Medicine practice?

- Yes
- No (Skip to question 34)

33a. If Yes in 33, please indicate your approximate hourly rate?

- =< \$100 per hour
- \$101-\$125 per hour
- \$126-\$150 per hour
- \$151-\$175 per hour
- \$176-\$200 per hour
- > \$200 per hour
- Prefer not to answer

34. Do you also receive personal benefits or other supports as part of your payment system?

- Yes
- No (Skip to question 35)

34a. Which personal benefits or other supports do you receive? (Select ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Office space | <input type="checkbox"/> Paid holiday time |
| <input type="checkbox"/> Administrative assistant time | <input type="checkbox"/> Paid CPD/CME time |
| <input type="checkbox"/> Travel allowance | <input type="checkbox"/> Conference registration fees |
| <input type="checkbox"/> Medical /dental | <input type="checkbox"/> Telecommunication devices (pager, cell phone, laptop) |
| <input type="checkbox"/> Pension | |

34b. How many weeks of paid holiday time do you receive?

- | | | | |
|-------------------------|-------------------------|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 3 | <input type="radio"/> 5 | <input type="radio"/> > 6 weeks |
| <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 | |

J. PROFESSIONAL SATISFACTION

35. Please rate your satisfaction with each of the following aspects of Palliative Medicine:

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	N/A
Your relationship with your patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with specialist physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with family physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with other interdisciplinary team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of CME/CPD opportunities to meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to find locum coverage for CME/CPD, holidays, personal time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current professional life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The balance between your personal and professional commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your remuneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. With reference to your Palliative Medicine practice, please indicate if you plan to make any significant changes in the next five years:

- | | Yes | No |
|---|-----------------------|-----------------------|
| a) Reduce work hours | <input type="radio"/> | <input type="radio"/> |
| b) Transition to another discipline in Medicine | <input type="radio"/> | <input type="radio"/> |
| c) Retire | <input type="radio"/> | <input type="radio"/> |
| d) Increase your working hours | <input type="radio"/> | <input type="radio"/> |

Comments:

THANK YOU for completing this survey. Submission of your responses constitutes consent.