



Pre-Visit Questionnaire – For Physicians Providing Anatomical Pathology Services

PAR Physician #

Address of site to be visited: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The purpose of this questionnaire is to familiarize the visitor with you and your practice, and to reduce the time necessary for on-site collection of information.

A. Medical Education

- 1. Year of graduation: \_\_\_\_\_
2. Number of years in Canadian practice: \_\_\_\_\_
3. Number of years in current practice location: \_\_\_\_\_
4. Post-graduate qualifications and certifications: \_\_\_\_\_

B. Continuing Medical Education

- 1. Please list rounds attended regularly, also conferences and lectures attended, in the past 12 months with dates:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- 2. Please list paper and electronic reference material consulted in the past 12 months:

In Office
(eg. Stat Dx, Pathology Texts)

Out of Office
(eg. Online Journals, CAP Website)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**C. Description of Practice**

1. Number of office hours worked per week: \_\_\_\_\_
2. General Anatomic Pathology practice? Yes  No
3. Sub-specialty practice or area of special interest? Yes  No 
  - (a) If yes, please explain: \_\_\_\_\_
4. Caseload per year:
  - (b) Surgical \_\_\_\_\_
  - (c) Pap tests \_\_\_\_\_
  - (d) Non-gynecological cytology \_\_\_\_\_
  - (e) Frozen sections \_\_\_\_\_
  - (f) Autopsies \_\_\_\_\_
  - (g) Others (please describe): \_\_\_\_\_
5. Describe the setting: (e.g. academic institution, non-teaching hospital, private lab etc) \_\_\_\_\_
6. List subspecialties you cover: \_\_\_\_\_
7. Do you perform procedures? Yes  No 
  - (a) If yes, what procedures are performed (e.g. FNAs, Bone marrows)? \_\_\_\_\_
8. Do you perform autopsies? Yes  No 
  - (b) If yes, please indicate approximately how often? \_\_\_\_\_

**D. Organization of Records** (please review 15 of your reports and complete the following)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Can you determine the ordering physician and physicians who are to receive copies?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Can you identify, by any means who dictated the findings/diagnosis?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is the patient’s name, date of birth, address and/or phone number identified in each record? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are the following present in the reports:  |                              |                             |
| (a) Appropriate clinical history?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Gross description?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Microscopic description (if appropriate)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Synoptic report if CAP checklist is available?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Complete data elements for cancer reports (as per CAP checklists)?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Results of special stains, immunos or EM?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Results of internal and external consultations?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**E. Laboratory:**

1. Frozen sections:
  - (a) Distance from frozen section lab to operation room: \_\_\_\_\_
  - (b) Distance from office to frozen section lab: \_\_\_\_\_
2. Communication and access:
  - (a) How accessible are you to physicians who would like to visit the lab/pathologists to review slides?  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (b) How accessible are referring physicians to you?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Does the gross room have adequate ventilation? Yes  No
4. Does the gross room have adequate safety standards? Yes  No
5. Is there adequate storage for specimens? Yes  No
6. Is there adequate equipment for contaminated cases:
  - (a) Does the lab have adequate lighting? Yes  No
  - (b) Does the lab have suitable layout and physical structure? Yes  No

7. Does your workspace have the following tools readily available:
- (a) high quality and well maintained microscope Yes  No
  - (b) ocular micrometer Yes  No
  - (c) polarizer Yes  No
  - (d) teaching microscope and/or video displays Yes  No
  - (e) digital camera Yes  No
  - (f) internet access Yes  No
  - (g) access to provincial EHR (Netcare) and/or electronic access to hospital medical records Yes  No
  - (h) fax and photocopier Yes  No
  - (i) adequate transcription service or voice recognition software Yes  No
8. Are Xylene and formalin levels monitored? Yes  No
9. Is there suitable safety equipment for spills? Yes  No
10. Do you have N95 fit testing / masks? Yes  No
11. Are reagents properly labeled? Yes  No
12. Is there a back-up cryostat? Yes  No
13. Are there adequate procedures for CJD? Yes  No
14. Are there adequate safety precautions and personal protective apparel available for handling tissues and sharps? Yes  No
15. Do you use and follow safety protocols in your practice? Yes  No
- (a) If not, please explain:

---



---

**F. Office Personnel**

1. Do you have the opportunity to participate in:
- (a) Staff meetings? Yes  No
  - (b) Recruitment of new staff members? Yes  No
  - (c) Training of staff members? Yes  No
  - (d) Performance appraisals? Yes  No
  - (e) Working with staff to accomplish common goals? Yes  No
  - (f) Quality Assurance/Control activities? Yes  No

Comments:

---



---

(g) If you do not have the opportunity to participate in lab management activities, please comment:

---



---

2. How many supervisory lab technologists and lab managers are employed in your facility?

3. Do you have adequate technical, transcriptional, secretarial and administrative support?

Yes  No

(a) Please comment on deficiencies:

---



---

4. Do you attend University and/or hospital departmental meetings/ medical staff meetings/regional committee meetings?

Yes  No

(a) If so, how often?

---



---

5. Additional description (optional):

---



---

**G. Practice Policies**

1. What is the average turn around time:

(a) For your routine case reports?

(b) For your final autopsy reports?

---



---

2. How do these times compare with your colleagues?

---



---

3. Can you explain any discrepancy?

---



---

4. Do you know your discrepancy rate on frozen sections?

Yes  No

(a) If yes, what is it?

---



---

5. How often are you consulted by pathologists or your pathology colleagues for your opinion on practice points or cases?

---



---

---

6. How often do you consult a second pathologist before you commit to a diagnostic conclusion? (Estimate please.)

---

7. How often are your signed-out cases reviewed by a second pathologist? (Estimate please.)

---

8. What proportion of your work is reviewed by a second pathologist?

---

9. Do you have access to relevant historical information when reporting? Yes  No

10. Are previous slides and reports available for comparison when reporting current cases? Yes  No

11. How accessible are previous slides, reports and historical information?

---

12. What safeguards are in place to prevent specimen identification errors?

---

13. What tracking processes are in place for incomplete, lost or overdue cases?

---

14. What is the procedure for tracking consultation reports/special studies/external reports in order to incorporate them into the final report?

---

15. What process do you follow for notification of critical results?

---

16. Do you have access to the Standard Operating Procedure Manual? Yes  No

(a) Can you access this information in a timely fashion during your work? Yes  No

(b) If no, please explain:

---



---

17. Can you retrieve cases electronically by SNOMED or ICD-10 codes or other means? Yes  No

(a) Comments:

---



---



---



---

A practice visit is conducted by a physician in a practice similar to yours. The visitor (s) will be in your office for about four (4) hours. Please mark your preferred times (3 slots minimum):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
am								<i>Preferred a.m. times:</i> 08:00-12:00 09:00-13:00
pm								<i>Preferred p.m. times:</i> 12:00-16:00 13:00-17:00

**Please mail the Pre-Visit Questionnaire when complete to:**

Dr. Nigel Flook  
 PAR Director of Practice Improvement  
 c/o College of Physicians and Surgeons of Alberta  
 2700, 10020 – 100 Street NW  
 Edmonton, Alberta  
 T5J 0N3

or fax to (780) 428-2712