



Pre-Visit Questionnaire - Medical Specialists

Name: _____

Address of office to be visited: _____

Business Phone Number: _____

Fax Number: _____

The purpose of this questionnaire is to familiarize the practice visitors 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. Speciality certification(s) _____

B. Description of Practice

1. My practice is predominantly: Community-Based or Hospital-Based or 50:50

2. My speciality discipline is: _____

3. My sub-specialty / special practice interest(s) in this discipline is: _____

4. Proportion of patient contact time:
- | | | | |
|-----------------------|------------------------------|----------------------------------|---|
| | <i>In-patients:</i> | <input type="text"/> | % |
| | | <input type="text"/> | % |
| <i>Out-Patients</i> { | o <i>Hospital Office:</i> | <input type="text"/> | % |
| | o <i>Out-patient Clinic:</i> | <input type="text"/> | % |
| | o <i>Community Office:</i> | <input type="text"/> | % |
| | Total = | <input type="text" value="100"/> | % |

5. Proportion of patient contact time spent on procedures: %

Please list procedures: _____

6. Total number of scheduled medical practice hrs. worked/week: hours / week

7. Average number of additional on-call hours each week: _____

C. Patient Information

1. Average number of patients seen per hour in the clinic or office: *New patients:* / per hour
Review Patients: / per hour

2. What percentage of your practice patients are self-referred? %

3. Describe the roles of support personnel who assist in your office-based clinical activities:

D. Professional Development

1. How many hours each week do you attend clinical case rounds or formal rounds with colleagues in your discipline: hours / week

2. How many hours do you spend each week in clinical teaching:

- During your clinical practice (e.g. teaching clinics or rounds with residents or students): hours / week

- Structured teaching outside your own practice: hours / week

3. List practice quality improvement projects that you have participated in during the last 12 months:

4. Please list journals and electronic references you have accessed in the past 12 months.

5. What medical textbooks have you purchased in the last 12 months?

E. Office Personnel:

1. Do you have any administrative responsibilities in the site of your principal practice location? Yes No

2. How many physicians share your office facilities?

3. Do you share practice records or charts with other physicians? Yes No

4. Do residents or medical students dictate or write medical records for your practice? Yes No

If yes to either (c) or (d) above, what percentage of all the visit records are written by you? %

5. Do you instruct office personnel on:

- communicating with patients? Yes No
- measuring blood pressure, temp., etc.? Yes No Not performed by staff
- performing other clinical tasks? Yes No Not performed by staff

If yes, please list:

F. Managing the Interface Between Primary & Secondary Care

1. Access

○ What is the waiting period for typical consultations? _____

○ How are referrals triaged? _____

○ How are urgent referrals identified and handled? _____

2. Preparatory Investigations

○ How are the results of previously performed investigations gathered? _____

○ Are case specific preparatory investigations requested? _____

Yes No

3. Interim Management

○ Are referring physicians given instructions for patient management while waiting for consultations? _____

Yes No

○ Do you provide instructions about monitoring for adverse changes while patients wait for consultations? _____

Yes No

4. Final Report

○ How soon after a visit is a report typically sent to the referring physician? _____

○ Are follow-up reports sent in response to subsequent test results? _____

Yes No

5. Responsibility for Future Care

○ Do you indicate who is responsible for on-going care and follow-up? _____

Yes No

○ Do you identify who is responsible for follow-up of all abnormal results and what that follow-up should be? _____

Yes No

○ Do you provide opportunities for shared care - patients to revisit or primary care physicians to contact you when appropriate? _____

Yes No

○ Do you offer the referring physician instructions for on-going care? _____

Yes No

○ Do you offer instructions for monitoring/managing adverse change? _____

Yes No

G. Practice Management

1. What is the average length of waiting time for patients in your waiting room? _____

2. What arrangements do you have for the after-hours or weekend care of your patients? _____

3. Are all tests reviewed by the physician who requested each test? _____

Yes No

4. What is the procedure to ensure review of investigation results before they are filed in the patient's record?

5. Are patients notified of all abnormal results? Yes No

6. When sensitive examinations are performed (e.g. genitalia), is a third person present? If no, please explain: Yes No

7. Are patients' records stored electronically ("computerized")? Yes No

8. Do you have a practice policy for protection of medical records under the Health Information Act of Alberta? Yes No

9. Please identify any healthcare system issues that pose as a barrier to the provision of optimum care to your patients.

A Practice Visit is conducted by a physician in a practice similar to yours and a physician experienced as a practice visitor. The visitors will be in your office for about four hours. Please mark your preferred times for a Practice Visit (3 slots minimum):

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

Please mail the Pre-Visit Questionnaire when complete to:

Dr. Nigel Flook
 c/o College of Physicians and Surgeons of Alberta
 2700 Telus Plaza South, 10020 - 100 Street NW
 Edmonton AB T5J 0N3

or fax to (780) 428-2712