

C. Peer Review

Have you had the opportunity to operate with colleagues?

Yes No

Please explain:

What changes have you made to your surgical technique / approach as a result of observing or being observed?

What feedback about your care of patients do you receive from hospital or regional activities (e.g. morbidity and mortality rounds, other rounds, OR statistics, chart audits, etc)?

D. Description of Practice

Number of office hours worked per week:

Average number of patients seen per hour in the office:

Type of hospital privileges (e.g. admitting, surgical, etc.):

Where:

Describe the characteristics of your practice population:

Surgical procedures performed in the office:

E. Office Personnel:

How many physicians do you work with in the office? _____

How many RNs / LPNs do you work with in the office? _____

How many administrators/others do you work with in the office? _____

Additional description (optional): _____

Do you discuss policies with office personnel?

Yes No

Do you instruct office personnel on:

- A. communicating with patients? Yes No
- B. cleaning and sterilization? Yes No Not performed by staff
- C. measuring blood pressure, temp., etc.? Yes No Not performed by staff
- D. performing other clinical tasks? Yes No Not performed by staff

If yes, please list: _____

F. Practice Policies:

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

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

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

Yes No

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

Are patients notified of all abnormal results?

Yes No

When sensitive examinations are performed (e.g. genitalia), is a third person present? Yes No

If no, please explain:

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

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								<i>Preferred a.m. times:</i> 08:00-12:00 <input type="checkbox"/> 09:00-13:00 <input type="checkbox"/>
pm								<i>Preferred p.m. times:</i> 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, 10020 – 100 Street NW
 Edmonton AB T5J 0N3

or fax to (780) 428-2712