

Name: Dr. \_\_\_\_\_

**Marking Instructions**  
Please indicate your answer by filling in the bubbles like this, ● **not like** ⊗ or ⊙. Thank you!

**Please provide the following demographic information.**

1. **Gender:**  
 Male    Female
  
2. **Size of community in which you practice:**  
 Less than 5,000    5,000 - 50,000    Greater than 50,000
  
3. **Year of graduation from medical school (i.e., medical degree):**  
 1959 or earlier    1990 - 1995  
 1960 - 1969    1996 - 2001  
 1970 - 1979    2002 or later  
 1980 - 1989
  
4. **Based on your experiences in the last six months, what is your best estimate of the average number of patients you see each week?**  
 Less than 50    50 to 100    101 to 150    More than 150
  
5. **Which of the following best describes your type of practice? (Select one from a. AND one from b.)**  
 a.  Group    Solo  
 b.  Full - time    Part - time
  
6. **In what type of setting do you primarily practice? (Choose one only)**  
 Private office    Hospital    Clinic    Other
  
- 7a. **Does your practice have a special interest (such as palliative care, psychotherapy/mental health, sports medicine, geriatrics, obstetrics)?**  
 Yes    No
  
- 7b. **If yes, what type of special interest does your practice have? (Choose one only)**  
 Palliative care    Sports medicine  
 Psychotherapy/mental health    Obstetrics  
 Emergency medicine    Addiction/substance abuse medicine  
 Geriatrics    Other
  
8. **What percentage of your working time do you spend doing (a) clinical work, (b) administrative work, or (c) research work?**  
 a. \_\_\_\_\_ (% of time spent doing clinical work)  
 b. \_\_\_\_\_ (% of time spent doing administrative work)  
 c. \_\_\_\_\_ (% of time involved in research)
  
9. **In the past six months, how frequently did you perform technical procedures (e.g., suturing, starting IV's, applying splints or casts, assisting in the OR) that were observed by your medical colleagues? (Choose one only)**  
 Daily    Weekly    Monthly    Never
  
- 10a. **Do you look after patients in hospital?**  
 Yes    No
  
- 10b. **If yes, thinking of the last six months, how frequently (on average) did you work in the hospital: i.e., see patients, attend meetings? (Choose one only)**  
 Daily    Weekly    Monthly    Other
  
11. **What is your most common means of contact with specialist physicians? (Choose one only)**  
 In person    Letters    Telephone    Email    Fax    Other
  
12. **What is your most common means of contact with peer physicians? (Choose one only)**  
 By telephone    In person (work in same office)  
 By letter    In person (work in same hospital)  
 By email    In person (work in same community)  
 By fax    Other

Please turn over

**The following statements describe physician behaviours. Please rate yourself on each of the performance statements listed using the scale to the right.**

**Interpretation of the Rating Scale**

Not all of the following items may be relevant to you. If any of these items are **NOT** relevant to you, mark these "**Unable to Assess**".

**Compared to other physicians you know, please rate your performance for each statement:**

|  | Among the Worst<br>1  | Bottom Half<br>2      | Average<br>3          | Top Half<br>4         | Among the Best<br>5   | Unable to Assess<br>UA |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| 1. I communicate effectively with patients   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 2. I communicate effectively with patients' families   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 3. I communicate effectively with other health care professionals                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 4. Within the range of services provided by me, I perform technical procedures skillfully          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 5. Within the range of services provided by me, I demonstrate appropriate judgement                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 6. I select diagnostic tests appropriately   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 7. I critically assess diagnostic information  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 8. I make the correct diagnosis in a timely fashion  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 9. I select the appropriate treatment  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 10. I maintain quality medical records   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 11. I handle transfer of care  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 12. I refer patients in an appropriate manner  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 13. I am willing to accept a patient back from a consultant for continuing care                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 14. I provide a clear understanding about who is responsible for continuing care of the patient    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 15. I communicate referral information to patients   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 16. I recognize psychosocial aspects of illness  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 17. I make appropriate use of community resources for psychosocial aspects of care                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 18. I make appropriate referrals for psychosocial aspects of illness                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 19. I manage patients with complex psychosocial problems   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 20. I manage patients with complex medical problems  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 21. I coordinate care effectively for patients with other health professionals and physicians      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 22. I show compassion for patients and their families  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 23. I maintain confidentiality of patients and their families                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 24. I respect the rights of patients   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 25. I collaborate with medical colleagues  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 26. I am involved with professional development  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 27. I accept responsibility for my professional action   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 28. I manage health care resources efficiently   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 29. I manage personal stress   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 30. I am aware of my own shortcomings  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |
| 31. I participate in a system of call to provide care for patients outside of regular office hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |

