

Faculty of Medicine
Department of Family Medicine
Impacting Communities

Working Hours Practice Survey

This is a summary of the types of questions posed by the research assistant when making the survey call. For detailed information about the wording of questions, please contact the Principal Investigator, Dr. Emily Gard Marshall [emily.marshall@dal.ca].

Practice Information

Site ID _____
 Doctor's Telephone Number _____
 Doctor's First Name _____
 Doctor's Last Name _____
 Doctor's Location _____
 Postal Code _____
 Group _____

Attempt #1: Date _____
 Time _____

(**If you cannot complete in 5 attempts, note call result and enter in database)

Call Result:

- Live person answered
 Number of rings _____ (Skip to Question A1)
- Answering machine picked up
 Number of rings _____ (Skip to Question D1)
- No Answer (kept ringing)
- Number Not in Service
- Wrong Number
- Other. Please specify _____
- Busy Signal
- Doctor no longer there...
 For how long has the doctor been gone?

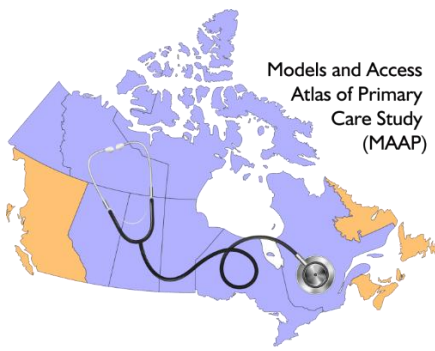
- Refused

If person answers....

Hi, is this the office of Dr. _____? If yes, continue...

Hello, my name is XXX and I am calling from Dalhousie University. We are conducting a study in conjunction with Capital District Health Authority and the Nova Scotia Department of Health and Wellness. We have previously sent a letter to your practice about this study and I have a short number of questions to ask that should only take a few minutes. Is this the best time?

(optional responses: ●We will not ID individual offices; ●Letter was sent to the physician who had the option of declining to participate; ●We are asking a few questions that any patient might ask about getting an appointment or services offered)



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If Yes, continue with Question A1...

If No, record best time to call _____

Confirm the list of doctors you have for the practice is correct.

Section A: Provider Demographic Information

1. Role of person answering the phone
2. Number and type of care providers who are available to patients

Section B: Information About Access

Ask questions for each family physician that has this as their primary office contact number. If more than one primary health care provider at this number, then ask about Dr. X, then Y, then Z in turn.

1. Acceptance of new patients
2. Exceptions, if any
3. Type of practice (eg. walk-in component)
4. Acceptance of patients requiring narcotics
5. Process for accepting patients
6. Wait times for urgent and non-urgent appointments
7. Hours available for patient visits (query each day of the week and week-ends)

Section C: Primary Health Care Organization Model

1. Use of EMR
2. Sharing of resources (if not a solo practice)

Thank you very much for taking the time to answer my questions and helping us with this research. If you have any questions or concerns about the study you can contact Dr. Emily Marshall. Would you like her number? (If yes, give number. If no, thank again and end call.)

Length of call in minutes _____

Section D: If answering machine picks up...