

Family Practice Oncology Network Survey

1. When did you graduate?

Response	Frequency	Percent	0	20	40	60	80	100
Before 1960	1	0.4%						
1960 - 1969	25	8.9%						
1970 - 1979	73	25.9%						
1980 - 1989	88	31.2%						
1990 - 1999	89	31.6%						
2000 or later	6	2.1%						

2. Please describe your practice



Traditional (appointment with same practitioner most times)								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	242	94.2%						
No	15	5.8%						
Accepting new patients								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	100	41.3%						
No	142	58.7%						
Walk in (no appointment, provider varies)								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	60	29.3%						
No	145	70.7%						
Blended (describe below)								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	59	31.6%						
No	128	68.4%						
Alternate payment Family/General Practice (describe below)								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	31	17.1%						
No	150	82.9%						
Alternate payment non Family/General Practice (describe below)								
Response	Frequency	Percent	0	20	40	60	80	100
Yes	23	14.8%						
No	132	85.2%						

3. Other (or description for above)

- small amount of time set aside daily to see urgent/walk in patient of my own and three colleagues
- P.C.O.
- WCB
- Teaching Family Practice Resident
- 2 GP walk-in clinic with hospital appointments
- Mixed walk-in, Family Practice
- Mixed Family Practice - Open Access
- Sessional - serve clients in Downtown Eastside Vancouver mostly walk-ins but can book appointments
- Sessional - serve clients in Downtown Eastside Vancouver mostly walk-ins but can book appointments
- Sessional Clinician with Alcohol Drug
- FFS
- Family practice research fellowships from UBC, Contract work for Mheccu
- my practise consists of 3 separate work environments - one that is office based, fee for service; a second that is office-based, salaried position; and a third that consists of work in walk-in clinics in the city
- 5% walk-in
- 5% walk-in
- 2 1/2 walk-in shifts per month some UBC teaching payment
- AM walk-in - PM appointments
- Hospitalist
- Sessional with 3 mornings a week in geriatrics
- 5 man group - 1 man per day - regular and walk-in patients
- 90% from MSP - some seasonal work solo FP
- 90% traditional
- ACG payments
- One evening/week that allow for walk-in appt.
- Will take new patients if related to existing patient
- Sessional Youth Clinic Planned Parenthood
- Group Practice (3)
- Family Practice
- Locum
- family practice emerg resident with occasional walk-in moonlighting
- Disregard this survey -- test by MPG!!!
- Half family, half walk-in
- 4 GP Clinic Open M-Th. Walk-ins of clinic patients only
- GP and walk-in planned parenthood OB
- Locum (rural) + Castlegar (fee for service)
- Locum family practice, community health care centres VCHA, walk-in clinics
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- Semi-retired seeing people by appt;/consults and also walk-ins
- Moved 14 years ago to combined
- Long term locums, part time work, youth clinic
- Service contact
- Service contact
- Regular rotation
- Sessional GP Psychiatry + GP Palliative Care
- solo practice
- Some walk-in but mostly my patients unable to book, Student Health Session
- Clinic - patients have usual regular MD but see others as well
- Youth Clinics - appointment walk-in Langara
- Locum part time traditional FP
- Salaried group of 5 GPs, 1/5 days walk-in, ER patients

- Regular office hours with appointments - walk-in for urgent care own patients 4-5 daily
- Locums and hospitalist
- Student Health Service at Community College, Palliative Care Unit
- 85% appointments; 15% walk-in-2 hr/day open for walk-in
- Evening Weekend Walk-in
- Methadone Clinic 1/2 day/wk; Family Practice Preceptor
- GP/Anaesthesia
- Sessions as Youth Clinic Directors/+ Eating Disorders, Mental Health
- Additional fellowship training in geriatrics
- Sattelite clinic 1/month. Palliative care call
- Sattelite clinic 1/month. Palliative care call
- Sattelite clinic 1/month. Palliative care call
- 2-3 shifts @ walk in clinic, locally operated by GP's practices
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- 2-3 shifts @ walk in clinic, locally operated by GP's practices
- Fee for service
- I also do sessional GP work
- One 4 hr shift 3x/month
- Locums, also in hospital OB Clinic, Bridge Clinic
- Locum
- Methadone Clinice 1/2 day/wk. Family Practice. Preceptor
- I work at 3 different offices. One office one day/wk on APP a locum only. I also so a Planned Parenthood Clinic. I have a part time regular type.
- Clinical Associate - Medical Oncology
- Occupational Medicine - WCB
- ignore
- Family Practice walk-ins, n o appointment. Sees one physician most times
- Locum Traditional
- Director, Diabetes Teaching Centre (sessional fees)
- I have a Family Practice, but will fit in my patients same day if they are sick
- Blended - walk-in / Family Practice Clinic
- Univ. Prof teaching Gross Anatomy, Embryology, Radiological Anat.
- One session / Planned Parenthood
- Hospitalist - General practice / emergency room, work with VIHA
- Sessional Wound Care Specialist
- FFS Stipend ER
- G.P.
- sessional work in hospital palliative case.
- Surgical Assistant - Vascular / General
- Surgical Assistant - Vascular / General
- long term locum doctor
- 80% booked / 20% walk-in
- Fee for service
- Locum 60 - 75% Billings

4. Do you have hospital privileges?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	242	86.7%						
No	37	13.3%						

5. Does your practice include obstetrics?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	93	33.7%						
No	183	66.3%						

6. Does your practice include emergency care?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	77	28.0%						
No	198	72.0%						

7. Which Health Authority is your practice in (select all that apply).

Response	Frequency	Percent	0	20	40	60	80	100
Fraser	87	32.2%						
Interior	64	23.7%						
Northern	17	6.3%						
Provincial	4	1.5%						
Vancouver Coastal (including Providence)	47	17.4%						
Vancouver Island	59	21.9%						

8. Do you currently have internet access?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	268	97.1%						
No	8	2.9%						

9. If so, please describe your internet access for each of the following:

Home								
Response	Frequency	Percent	0	20	40	60	80	100
Dial-up	46	17.6%						
ADSL	75	28.7%						
Cable	134	51.3%						
Don't know	6	2.3%						
Office								
Response	Frequency	Percent	0	20	40	60	80	100
Dial-up	30	19.7%						
ADSL	60	39.5%						
Cable	53	34.9%						
Don't know	9	5.9%						
Hospital								
Response	Frequency	Percent	0	20	40	60	80	100
Dial-up	7	7.1%						
ADSL	36	36.7%						
Cable	21	21.4%						
Don't know	34	34.7%						
Other (Specify below)								
Response	Frequency	Percent	0	20	40	60	80	100
Dial-up	1	25.0%						
ADSL	1	25.0%						
Cable	0	0.0%						
Don't know	2	50.0%						

10. Other:

- hospital is very high speed.
- Disregard this survey -- test by MPG!!!
- N/A
- email via PDA modem in office

11. Do you currently use the internet to find patient care information?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	214	77.0%						
No	64	23.0%						

12. Do you currently use email for reasons related to patient care?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	110	39.3%						
No	170	60.7%						

13. Are you aware of video conferencing capability in your community?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	143	51.1%						
No	137	48.9%						

14. If yes, do you use it?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	86	47.3%						
No	96	52.7%						

15. If you do not use video conferencing please indicate why.

- Time
- Can't make it to those rounds, converting to electronic records in the next few months
- only for teaching
- I have a strong aversion to computers although there are three high speed ones at home
- I have a strong aversion to computers although there are three high speed ones at home
- no time
- don't have time
- always during my office time
- can't get there at 7 am
- Not time efficient or as interesting
- start up
- No time to setup
- No need
- No tiime
- Time consuming
- Not considered it
- Unsuitable times
- Have not had an opportunity yet
- No need as yet
- Impossibly hard to time everyone at both end, don't know who to use it on.
- Not available
- usually offered at poor times and then too time consuming
- Tedious
- Difficult to commit to set times
- Difficult to set up, haven't had the need so far.

- have not felt the need
- No time
- No time
- Not sure how.
- Not enough time/how much value
- Time
- Unsure how I assess or how to apply to my practice
- No time
- Not aware of the potential and when in practice did not have time to explore this option.
- Used it once - time consuming and impractical - I prefer live conferences
- Not on at convenient times
- Time
- Time
- No time
- What is it?
- Not aware of it.
- n/a
- no need presently
- Disregard this survey -- test by MPG!!!
- Not aware of any in my community.
- No need to.
- Capability but no available at local college
- Rarely
- unsuitable times
- No need for #12
- no time
- Takes too much time - lack of experience to get quality specific info quickly
- have not had the opportunity
- no time
- not enough knowledge in how to work
- No TV
- use teleconferencing
- Lots of technical problems
- too expensive for value of material
- Too expensive for value of material
- Just don't seem to have time.
- time, not very good at it
- Unsure how to access. Unsure how to apply to my practice.
- Teleconferencing
- Educational purposesw
- Not interested in videoconferencing
- Not interested in videoconferencing
- there is none
- No need
- time
- time
- sometimes for obscure conditions
- too expensive for value of material
- Not yet used it - new to town
- Time factors accessibility, lack of keen interest
- marginal when it works, most of the time it does not work

- marginal when it works, most of the time it does not work
- N/A
- timing and topics
- Utilized for hospital purposes
- conflicting interests
- lack time
- time
- Wrong time
- N/A at hospital
- Too many other adequate alternatives
- lack of time
- time
- time constraints
- no need to
- only becoming available now
- Palm pilot serves my needs
- Do not have time
- Not convenient times for me
- Not convenient times for me
- No time
- Don't really know how - just recently became comfortable computer time limitations
- Timing is not good not best for my learning style
- Plenty of traditional CME
- too expensive for value of material
- Not convenient

16. Do you use a Personal Digital Assistant/PDA (eg Palm Pilot or other such device)?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	154	55.0%						
No	126	45.0%						

17. If so, do you use it currently as a "decision support tool" to provide patient care information?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	114	62.0%						
No	70	38.0%						

18. If so, which of the following resources do you use?

Response	Frequency	Percent	0	20	40	60	80	100
Five-Minute Consult	91	59.9%						
Washington Manual	26	17.1%						
PEPID	4	2.6%						
Epocrates	120	78.9%						
Lexicomp	19	12.5%						
MosbyRx	5	3.3%						
John Hopkins Antibiotic Guide	13	8.6%						
iSilo	24	15.8%						
TealDoc	6	3.9%						
Other (describe below)	46	30.3%						

19. Other:

- Drugs of choice - Therapeutics Initiative
- Drugs of choice - Therapeutics Initiative
- Merck Manual; Reader
- self made notes from multiple sources
- Medcalc
- ABC Lab Data Signs Sx
- Documents to go
- eProcrates
- Palm 500
- Anticoagulation
- Tarascon Pharmaco. 5 Minute ER Consult
- Med. Calc. PregTrak 5 min Ortho consult
- Harrisons, Medcalc, 5-min Pediatrics
- It varies
- Physicians Pocket Reference
- Hospital Medicine Skyscape Multiple ISILO programs Tarascon Pharmacopeia
- Emergency Medium 5 minute consult, stat cholesterol Griffiths reader' Palm 515
- My PDA's are books, journal, internet
- Merck Manual DSM IV
- Pedometer Med Calc
- Documents to go
- PsychPharm
- skyscape products: `little black book,` `5 minute toxicology.
- Disregard this survey -- test by MPG!!!
- stat cholesterol 1.0, MedMath
- Taking course for the above
- Wordsmith My call group uses database for all our obstetrics patients
- Treo
- Toronto notes, Merck Manual,Internet, Medical magazines
- My office is supplied with quality recent reference books--would use internet/PDA more if working in environment where that is not so
- Lexi Reader
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- Cardiac risk
- Generally I work in traditional family practice within a group of 5 FTEs. 1/5 `duty doc` walk-in patients who don't visit to see their own family physician
- Sanford Text - Med Letter ADI
- Harrisons, Couer's, MD consult Medical Letter, Goodmjan Sullivan
- Breast Cancer Predictor. Merck's Differential Diagnosis
- Merck Manual
- PAS
- Palm Pilot III xe
- Palm 515
- Palm 515
- Palm 515
- Merck Manual, CPS
- MedRules, MedCalc,ABG, Growth charts
- Framing Hammish calculator Pregnancy Wheel
- Dr. Drugs
- Colleagues, journals

- Tarascon epharmacopia, Med. Letter Drug x1, Pocket PC format (PPC), Sanford Guide. Would like to us Uptodate.com for PPC but too expensive
- ignore
- Aportis doc, Palm eBook, Reader, Adobe Acrobat PDF for Palm, (as I have Linux utilities to render my own documents into these formats)
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- CPS
- Med Calc; Growth 2
- Framingham Risk Calculator - Med. Calculator
- Documents to Go
- Sanford Guide

20. Time required to adequately address health needs

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	7	2.5%						
2	23	8.2%						
3	26	9.3%						
4	100	35.7%						
5 (Significant)	124	44.3%						

21. Lack of ready access to information necessary to insure high quality care

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	18	6.5%						
2	81	29.1%						
3	90	32.4%						
4	73	26.3%						
5 (Significant)	16	5.8%						

22. Level of confidence in current skills/training

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	33	11.9%						
2	92	33.1%						
3	96	34.5%						
4	49	17.6%						
5 (Significant)	8	2.9%						

23. Compensation for caring for such patients

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	18	6.5%						
2	32	11.5%						
3	48	17.2%						
4	69	24.7%						
5 (Significant)	112	40.1%						

24. Lack of coverage for time off

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	42	15.3%						
2	44	16.0%						
3	55	20.0%						
4	66	24.0%						
5 (Significant)	68	24.7%						

25. Nursing home visits

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	37	13.4%						
2	58	21.0%						
3	68	24.6%						
4	72	26.1%						
5 (Significant)	41	14.9%						

26. Hospital visits

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	56	20.4%						
2	71	25.9%						
3	71	25.9%						
4	41	15.0%						
5 (Significant)	35	12.8%						

27. Associated phone calls

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	19	6.8%						
2	44	15.8%						
3	71	25.5%						
4	73	26.3%						
5 (Significant)	71	25.5%						

28. The Family Practice Oncology Network and the BC Cancer Agency are committed to removing the barriers for Family and General Practitioners to improve the level of care to patients with chronic and complex illnesses. As the barriers will vary from community to community and practice to practice it is necessary to engage practitioners from across the Province in this endeavor. Assuming that means were found to engage practitioners in a respectful fashion in this effort what is your level of interest in participating?

Response	Frequency	Percent	0	20	40	60	80	100
1 (None)	12	5.1%						
2	21	8.9%						
3	59	25.1%						
4	79	33.6%						
5 (Strong)	64	27.2%						

29. Do you have any areas of special interest that you have, or would like to develop in your practice? Y=Yes, N=No, W=Would like to)

Cancer care								
Response	Frequency	Percent	0	20	40	60	80	100
Y	100	40.0%						
N	61	24.4%						
W	89	35.6%						
Palliative care								
Response	Frequency	Percent	0	20	40	60	80	100
Y	129	51.2%						
N	51	20.2%						
W	72	28.6%						
Teaching								
Response	Frequency	Percent	0	20	40	60	80	100
Y	85	34.3%						
N	118	47.6%						
W	45	18.1%						

Research			
Response	Frequency	Percent	0 20 40 60 80 100
Y	32	13.3%	
N	173	72.1%	
W	35	14.6%	
Information Technology			
Response	Frequency	Percent	0 20 40 60 80 100
Y	60	24.8%	
N	109	45.0%	
W	73	30.2%	
CVD			
Response	Frequency	Percent	0 20 40 60 80 100
Y	80	37.7%	
N	97	45.8%	
W	35	16.5%	
Mental Health			
Response	Frequency	Percent	0 20 40 60 80 100
Y	76	31.9%	
N	136	57.1%	
W	26	10.9%	
Aboriginal Health			
Response	Frequency	Percent	0 20 40 60 80 100
Y	34	14.5%	
N	179	76.2%	
W	22	9.4%	
Chronic Disease Management			
Response	Frequency	Percent	0 20 40 60 80 100
Y	130	51.0%	
N	53	20.8%	
W	72	28.2%	
Other (describe below)			
Response	Frequency	Percent	0 20 40 60 80 100
Y	37	38.5%	
N	48	50.0%	
W	11	11.5%	

30.

- Acquired brain injury
- HIV Management
- Full service F.P.
- Wanted to do more palliative care including community work and got burned out.
- addiction medicine: a chronic disease model rarely mentioned in `CDM`
- health maintenance; education of school-aged children in healthy lifestyles; plant soil health as a basis for human health; more promotion of the importance of physical fitness in ones daily routine - especially doctors!
- Health concerns amongst ethnic groups e.g. Hepatitis B amongst Asian patients
- geriatrics
- Abortion
- Electronic Medical Records
- Medical Ethics
- new treatment for hepatitis C
- Care of the Elderly
- Rheumatology/Musculoskeletal medicine

- Psychotherapy
- preventative medicine (primary prevention)
- Geriatrics
- Hepatitis B C Care and Management
- Aviation medicine.
- Disregard this survey -- test by MPG!!!
- Diabetes
- Sports Medicine
- Obstetrics
- Obstetrics
- Diabetes
- My practice is already heavily weighted with elderly medically complicated patients who have many problems, often requiring tons of treatment with frequent office visits and home visits
- What is CVD?
- What is CVD?
- Sports Medicine
- obstetrics/paediatrics
- Obstetrics/Paediatrics
- Care of the Elderly
- 80% Aboriginal population in community
- a patient level of involvement tool
- Obstetrics/Paediatrics
- I have a geriatric family practice, and use my geriatric/palliative care very often
- I already work 2 half days/week as an associate in local cancer clinic
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- I already work 2 half days/week as an associate in local cancer clinic
- I already work 2 half days/week as an associate in local cancer clinic
- I have deliberately entered 4+ w because in these choices I do have special interest and I would like to develop it further
- I struggle with these things but seem to manage
- Preventative Medicine
- Obstetrics, Rural Medicine
- Obstetrics
- Youth
- ignore
- I already do the above.
- Cystic Fibrosis
- Poorly designed questions! Already do lots of these especially DM CVD care
- Wound care / diabetic foot care
- Obstetrics
- Obstetrics for GP's
- I am interested to do all I can for my own patients but, am not looking to care for others or to acquire more patients
- Diabetes
- Surgical Hospitalist. ei; Pre Post op care surgical assisting
- Surgical Hospitalist. ei; Pre Post op care surgical assisting
- obstetrics, pediatrics
- dermatology, surgery, methadone

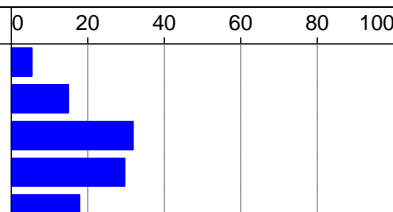
31. General Patient Management

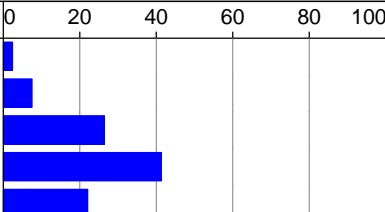
Discussing a cancer diagnosis			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	15	5.5%	
2	37	13.6%	
3	51	18.7%	
4	98	35.9%	
5 (High)	72	26.4%	
Dealing with family members			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	17	6.3%	
2	30	11.2%	
3	66	24.5%	
4	105	39.0%	
5 (High)	51	19.0%	
Psychological needs			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	13	4.8%	
2	28	10.3%	
3	80	29.4%	
4	93	34.2%	
5 (High)	58	21.3%	

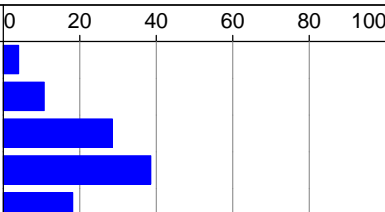
32. General Patient Management

Febrile Neutropenia			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	10	3.7%	
2	25	9.2%	
3	59	21.7%	
4	109	40.1%	
5 (High)	69	25.4%	
Nausea and vomiting			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	4	1.4%	
2	19	6.9%	
3	49	17.7%	
4	125	45.1%	
5 (High)	80	28.9%	
Oncologic emergencies			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	15	5.5%	
2	30	10.9%	
3	48	17.5%	
4	96	34.9%	
5 (High)	86	31.3%	
Pain management			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	5	1.8%	
2	5	1.8%	
3	39	13.9%	
4	89	31.8%	
5 (High)	142	50.7%	

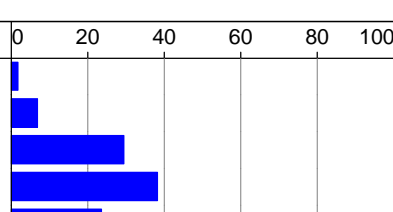
Palliation care management			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	8	2.9%	
2	10	3.6%	
3	40	14.5%	
4	104	37.7%	
5 (High)	114	41.3%	
Follow up after treatment			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	3	1.1%	
2	11	4.0%	
3	54	19.6%	
4	120	43.5%	
5 (High)	88	31.9%	
Preparing the pt. for treatment			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	7	2.5%	
2	31	11.2%	
3	90	32.4%	
4	94	33.8%	
5 (High)	56	20.1%	
Nutritional support			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	8	2.9%	
2	41	14.8%	
3	87	31.4%	
4	97	35.0%	
5 (High)	44	15.9%	
Childhood cancer management			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	37	13.5%	
2	74	26.9%	
3	90	32.7%	
4	47	17.1%	
5 (High)	27	9.8%	
Chemotherapy administration in the community			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	49	18.0%	
2	47	17.3%	
3	77	28.3%	
4	59	21.7%	
5 (High)	40	14.7%	
Increased understanding of radiation treatments			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	16	5.8%	
2	42	15.3%	
3	78	28.4%	
4	88	32.0%	
5 (High)	51	18.5%	

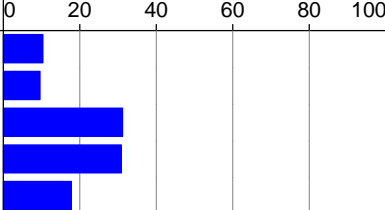
Increased understanding of surgical treatments			
Response	Frequency	Percent	
1 (Low)	15	5.5%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 15 for response 1, 41 for response 2, 87 for response 3, 81 for response 4, and 49 for response 5.
2	41	15.0%	
3	87	31.9%	
4	81	29.7%	
5 (High)	49	17.9%	

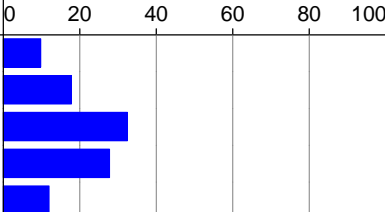
Chemotherapy and radiation side effects			
Response	Frequency	Percent	
1 (Low)	7	2.5%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 7 for response 1, 21 for response 2, 73 for response 3, 114 for response 4, and 61 for response 5.
2	21	7.6%	
3	73	26.4%	
4	114	41.3%	
5 (High)	61	22.1%	

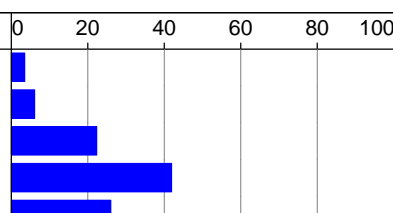
Chemotherapy and radiation treatments			
Response	Frequency	Percent	
1 (Low)	11	4.1%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 11 for response 1, 29 for response 2, 77 for response 3, 104 for response 4, and 49 for response 5.
2	29	10.7%	
3	77	28.5%	
4	104	38.5%	
5 (High)	49	18.1%	

33. Other Topics of Interest

Chronic disease management initiatives			
Response	Frequency	Percent	
1 (Low)	5	1.8%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 5 for response 1, 19 for response 2, 81 for response 3, 105 for response 4, and 65 for response 5.
2	19	6.9%	
3	81	29.5%	
4	105	38.2%	
5 (High)	65	23.6%	

Primary care renewal initiatives			
Response	Frequency	Percent	
1 (Low)	28	10.4%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 28 for response 1, 26 for response 2, 84 for response 3, 83 for response 4, and 48 for response 5.
2	26	9.7%	
3	84	31.2%	
4	83	30.9%	
5 (High)	48	17.8%	

Alternative and complementary therapies for cancer			
Response	Frequency	Percent	
1 (Low)	27	9.9%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 27 for response 1, 49 for response 2, 89 for response 3, 76 for response 4, and 33 for response 5.
2	49	17.9%	
3	89	32.5%	
4	76	27.7%	
5 (High)	33	12.0%	

Use of tumour markers			
Response	Frequency	Percent	
1 (Low)	10	3.6%	 A horizontal bar chart with a scale from 0 to 100. The bars represent the frequency of responses for each rating from 1 to 5. The bars are blue and their lengths correspond to the frequency values: 10 for response 1, 17 for response 2, 62 for response 3, 116 for response 4, and 72 for response 5.
2	17	6.1%	
3	62	22.4%	
4	116	41.9%	
5 (High)	72	26.0%	

Screening			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	5	1.8%	
2	9	3.3%	
3	47	17.1%	
4	101	36.7%	
5 (High)	113	41.1%	

Community team oncology care			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	16	6.0%	
2	27	10.2%	
3	94	35.3%	
4	83	31.2%	
5 (High)	46	17.3%	

Debriefing a team member			
Response	Frequency	Percent	0 20 40 60 80 100
1 (Low)	35	13.7%	
2	59	23.1%	
3	91	35.7%	
4	47	18.4%	
5 (High)	23	9.0%	

34. What percentage of your practice is concerned with the care of cancer patients?

Response	Frequency	Percent	0 20 40 60 80 100
0.5	5	1.9%	
0	7	2.6%	
1	17	6.4%	
10	55	20.7%	
15	8	3.0%	
2	25	9.4%	
20	12	4.5%	
25	7	2.6%	
3	10	3.8%	
30	1	0.4%	
4	2	0.8%	
40	2	0.8%	
5	109	41.0%	
7	2	0.8%	
8	3	1.1%	
90	1	0.4%	

35. Would you be interested in participating in a Cancer Preceptorship Program?

Response	Frequency	Percent	0 20 40 60 80 100
Yes	100	40.0%	
No	150	60.0%	

36. If remuneration were provided, would you consider becoming a Community GP Oncology Facilitator?

Response	Frequency	Percent	0 20 40 60 80 100
Yes	110	41.8%	
No	153	58.2%	

37. Would you like a BC Cancer Agency contact to talk with you about your oncology patient care?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	137	51.3%						
No	130	48.7%						

38. Educational Method

Response	Frequency	Percent	0	20	40	60	80	100
Distance education	62	23.3%						
Seminar sessions	193	72.6%						
No preference	44	16.5%						

39. Distance Education

Response	Frequency	Percent	0	20	40	60	80	100
Specialist on-line consultations	59	25.3%						
Internet (Web based) programs	108	46.4%						
Teleconferenced sessions (live)	48	20.6%						
Video (taped) sessions	39	16.7%						
Not interested in distance education	77	33.0%						

40. Style

Response	Frequency	Percent	0	20	40	60	80	100
Evening session with dinner	158	58.7%						
Full day session	145	53.9%						
Two day session	45	16.7%						
Half day Session	70	26.0%						
Would not attend a session	3	1.1%						

41. Frequency of Sessions

Response	Frequency	Percent	0	20	40	60	80	100
Single large annual conference	63	24.3%						
Multiple small sessions	166	64.1%						
No preference	45	17.4%						

42. Location of Sessions

Response	Frequency	Percent	0	20	40	60	80	100
Kelowna	40	15.2%						
Penticton	13	4.9%						
Kamloops	15	5.7%						
Vernon	16	6.1%						
Nelson	17	6.4%						
Cranbrook	8	3.0%						
Kitimat	3	1.1%						
Prince George	9	3.4%						
Dawson Creek	5	1.9%						
Fort St. John	5	1.9%						
Smithers	6	2.3%						
Terrace	3	1.1%						
Prince Rupert	1	0.4%						
Vancouver	123	46.6%						

Response	Frequency	Percent	0	20	40	60	80	100
Surrey	33	12.5%						
Port Coquitlam	25	9.5%						
Chilliwack	16	6.1%						
Burnaby	19	7.2%						
Squamish	7	2.7%						
Victoria	61	23.1%						
Nanaimo	24	9.1%						

43. Other locations

- Delta, Richmond, White Rock
- Coquitlam, New Westminister
- Coquitlam, New Westminister
- Courtenay
- North Shore
- North Shore
- Trail
- Trail
- North Vancouver
- Coquitlam
- Courtenay
- Duncan/we had a community oncology program here
- gulf islands
- Coquitlam
- Coquitlam
- Courtenay
- Richmond
- Alcapulco
- Langley
- Hawaii
- Langley
- Langley
- Langley
- Whistler, Harrison
- Disregard this survey -- test by MPG!!!
- Trail, Castlegar
- Maple Ridge
- Coquitlam
- White Rock/South Surrey
- North Shore
- Upper Island
- Calgary
- Whistler
- Whistler
- Abbotsford
- Abbotsford
- Creston
- Saltspring Island
- Richmond/Delta
- Richmond/Delta
- Mill Bay/Duncan
- Mill Bay/Duncan

- Salmon Arm
- Comox/Campbell River
- New Westminster
- Duncan
- Comox to cover north island
- Sechelt
- richmond
- Sun Peaks
- ignore
- Hawaii, morning sessions once in a resort setting
- Hawaii, morning sessions once in a resort setting
- Whistler
- Delta / Richmond
- New Westminster
- North Vancouver
- Whistler
- Whistler
- Courtney / Comox / Campbell River
- North Shore
- Whistler, Sun Peaks, Big White

44. Timing of session(s) in year (Select the choice you MOST prefer)

Response	Frequency	Percent	0	20	40	60	80	100
Fall	52	19.2%						
Winter	73	26.9%						
Spring	38	14.0%						
Summer	5	1.8%						
No preference	103	38.0%						

45. Timing of session(s) in week (Select the choice you MOST prefer)

Response	Frequency	Percent	0	20	40	60	80	100
Monday	13	4.7%						
Tuesday	12	4.4%						
Wednesday	30	10.9%						
Thursday	26	9.5%						
Friday	58	21.2%						
Saturday	60	21.9%						
Sunday	7	2.6%						
No preference	68	24.8%						

46. Cost of Session It is the objective of the Network to provide education sessions free of charge. However, in the event that this is not possible for some sessions, how much would you be willing to pay for a half day session?

Response	Frequency	Percent	0	20	40	60	80	100
Nothing	25	9.5%						
\$50	70	26.5%						
\$75	71	26.9%						
\$100	76	28.8%						
\$125	19	7.2%						
\$200	3	1.1%						

47. Please use the space below to provide any additional comments.

- Getting time off from practice is difficult because we have no office coverage. Providing replacement locums for our practice while we attend a conference would be the most helpful.
- Oncology round is very rare in Kamloops. I would like to see more. Even morning rounds for one hour would be good.
- Very poor questionnaire. In Victoria the biggest problem I have with my cancer patients is that the care is being taken away from me by the cancer centre which is providing drop-in service for everything from secondary screening, long term followup, pain control etc. so that there are long periods of time I do not see my patient until they end up too sick at home to go to the cancer centre so that they ask me to make a house call. I feel family doctors can be encouraged to be more involved by receiving guidance on what to expect in terms of side effects from treatment, signs of recurrence, how often to screen, how to manage pain and sending patient back to the family doctor. PS the home palliative care nursing teams are great!
- Internet CME is like elevator music vs a live symphony -- I benefit most from live interaction. Much of my CME is gained from audiodigest family practice and audiodigest journal watch
- Should try to provide MainPro credits as well
- The Cancer Treatment Policy Manual has not been updated since '92. It is significantly out of date. It was useful. The routine followup of patients does not need to be done at the agency. We only need the protocols and the tools (probably electronic) to track the protocols for the patient. BCCA's role could be to collate the data and issue reminders as needed. eg Prostate cancer - doing rectal exam - checking PSA or Melanomas - checking skin etc. can be done well by conscientious FP. It is unreasonable that the 0100 for a 6 month followup visit is only a fraction of a 00310 6 month followup for what is often a very similar activity.
- Sessions Fall, Winter or Spring
- The best care you could provide is providing an updated version of the BCCA Cancer Treatment Policy Manual to each practitioner on a regular basis. This is a most valuable resource to the doctor with occasional cancer patients especially regarding appropriate follow-up of the various cancers.
- I am hopeful you will join with the B.C. College of Family Physicians Nightingale EMR project to support web based patient care CPG's etc.
- Delivery of BCCA documents to GP could be much faster following patient visits with oncologist. I rarely have the results of the latest assessment by the time of my next patient visit 2-3 weeks later.
- Percentage of Oncology Practice - did not respond with percentage -- lots, don't know percent
- Questions- Necessity to perform - not clear if you are asking if I think these things are necessary or if the necessity of doing these things impairs my ability/interest in caring for patients....
- Website not accessible
- We need better communication with the BCCA. Our patients disappear until some crisis on palliative care brings them back. We should do shared care to give our patient the best support.
- Dr. Elena Nelson 120-6180 Blundell Road Richmond, B.C. 604-171-1314
- Would like regular update on changes to treatment for certain cancers and assess to listing of current recommended BCCA protocols. Some years ago BCCA distributed excellent finder to FP's re this. If there is similar online access to this info throughout BCCA website this would be useful Also suggest BCCA oncologists be prepared to present rounds @ regional hospitals on cancer tx updates.
- Dr. C. Shearer 65-11900 Haney Place Maple Ridge, B.C. V2X 8R9 604-463-1399
- -need a refresher course with cancer experience re different tumour (pathology) types, information on prognosis to allow me to answer questions from patient in an informed manner -updated info on `new` techniques eg stem cells
- One of the major stumbling blocks I have encountered to providing ideal oncology care is patient volume (mine). I have too many patients competing for my time to schedule palliative care visits the way I would like to. There is no one to offload my excess volume to due to physician shortage.
- Current referral system is very slow. Response to receive consultant report is slow. Many `routine` oncology treatments could be done in FP's office with appropriate training.
- would pay up to \$100
- RE: Oncology facilitator - Involvement maybe - I run the oncology pain clinic at Lions Gate Hosp. unfortunately this is fee for service - volunteer work practically any help/ideas would be great RE: Education Sessions: I am already overly involved in CME initiatives, call me about expert MD if you don't already know about it.
- Would pay \$125
- -Medical students have to choose their post MD training choice too early -Walk In clinics should only be open 5-9 pm weekends -Get rid of all the overpaid under qualified, redundant nurse administrators, `clinicians`, `managers` and get them back to bedside care where they belong
- No comments

- Presuming this could be offset by the CME fund through the BCMA
- Disregard this survey -- test by MPG!!!
- I find the `Cancer Treatment Policies` publication helpful even though it is quite old. If it could be updated and available online and in print I think this would be useful. Also a section on common side effects of radiation and chemotherapy and their timing in relation to dosing would be helpful.
- My needs would best be met with `summary sessions` covering the various topics and the ability to contact a specialist on short notice for care problems that come up in the office, day to day practice.
- No weekend sessions. `The Cancer Treatment Policies` loose-leaf binder was an excellent idea, but it has not been updated for several years (since 1995 I believe). I have used it frequently over the years because the info and layout are very practical and functional. Why has it been left behind in the rush to go `high tech`? This fine resource should not be (or have been) abandoned.
- Dr. Christina Kay Fax 604-732-0168
- As you have implied, dealing with the chronically ill patients with multisystemic diseases is extremely challenging in the present fee for service private primary care practice. I feel these patients would be better served in a multidisciplinary team clinic - MD's would be paid sessional or salary.
- Monday or Friday for education sessions
- 1. a clearer knowledge of which cancers can (if need to be) treated urgently. 2. CME doesn't replace having access to adequate referral 3. CME doesn't replace followup - my impression is that more variation in followup (exams investigations) happens now that CCABC seems to follow patients for shorter periods, especially if the patient moves etc. 4. Our area have internet liasons already who monitors chemo but often GP ends up dealing with CA patients in more modest crises - more info i.e. subacute care would be helpful. 5. is there an updated `Cancer Treatment Policies` manual available.
- Dr. L. Kane RR2 S5C18 Penticton, B.C. 250-498-0043
- web page inaccessible
- May be interested in Perceptorship but would not to have it explained. What I need is just in time access to information about the patient I have right now.
- May be interested in Perceptorship but would not to have it explained.
- Can't read name so used clinic name for contest
- I am interested in care of oncology patients but as a physician in a small town I have multiple other educational needs as well. Focused sessions on specific topics of concern to my patients as most helpful. For example: post medication side effects and their treatment, especially G.E. requiring emergency care when I cannot consult with specialist. I basically need to know what (and how) I can treat my patients when they return to my practice after (or during) their treatment program at an oncology centre. I particularly need to know what I can treat and what requires further specialist evaluation. I think this tends to be site specific depending on geography, available resources, and manpower. Training needs to be individualized.
- The best teaching is provided in a thorough consultation letter which would be diagnosis/patient specific. Could include copies of articles followup protocols etc.
- Palm Pilot tools/programs re CA dx/tx/meds etc would be great
- I would like internet access to option of treatment and management for various cancers i.e. a newly Dx CA prostate or breast -- where can I go to be BC's up to date information on different treatment options. Would also like internet access to BC's (or Canada's) recommendations for treating side effects febrile neutropenia etc.
- specialist to visit region
- We are unable to attend sessions in Vancouver because of the distance time. Having locations in Abbotsford would be most ideal.
- Specialist visit to region for educational method.
- Incomplete - No CME page
- really necessary for rural GP's. Updates on basic things like nausea analgesia needed. Also `person` resources to call for advice (people ? remunerated to talk with GPs so time is not so stretched)
- \$100-\$200 At least some of cure should be local involving all Health Care Professionals. Small group/interactive/informal presenter should have some concept of rural remote health care issues*. Topics would be relevant to our practice could be anything from evening session (without dinner - its a waste of time) -- one day workshop. Therapeutics initiative is a good model of roadshow. Topics should be needs based (not always our needs -- sometimes you see a need we don't identify in ourselves). *Team presentation would be ideal i.e. Oncologist GP
- \$100-\$200
- Possible interest in involvement
- We need an updated manual - as computer info not quickly available in office

- As a young female FP, I do a lot of pap smear screening. That is why my oncology related percentage is so high.
- J. Bratty 250-832-2151
- ignore
- I do locums and walk-in Clinic. I would be interested in participating when I start my practice in the next year or so.
- any weekday
- Saturday - day or no preference - evening
- recent attempt to provide assistance with chemo clinic but some problems with specialist support of program for non BCCA physicians
- up to \$10,000 if in Hawaii! Why not organize a BC Cancer Care session in Hawaii during spring break -- am sessions 8-12 over 5 days
- up to \$10,000 if in Hawaii!
- Type of follow-up necessary for different Cancer types
- As GP's the need for: 1) giving patients advice re, pros/cons of treatment 2) help with post radiation / chemo side effects when Oncologist not available 3) Preparing pt. for tx. 4) more knowledge about support groups available etc.
- I do not treat chemically ill patients at this time
- Dr. Steve Connor Box 2922 Salmon Arm, BC V1E 4R7 Tel: (250) 832-9361 or (250) 832-4290
- I am very interested in information that helps me provide care to my own patients. So updates on early diagnosis, usual current management initial workup; is great. I would be keen to provide their follow up if I was given some details on what was felt appropriate. re imaging, exams, lab.
- I am very anxious to re-establish Golden as a rural center for administering chemotherapy and follow-up, under guidance of the regional center, and am more than willing to upgrade my education to this end. This, I see as one of the most compassionate possible offerings to any rural community.
- Web based schedule , updates information through Avant-go so that it is down loaded to PDA every time.