

## **Innovative Tools to Improve Colorectal Cancer Screening Rates in Manitoba**

## **Family Physician Survey**

Thank you for your participation in our study. Your collaboration in this study has been accredited by the College of Family Physicians of Canada and the Manitoba chapter for up to **8 Mainpro-M1 credits**.

This survey will take approximately 10 to 12 minutes to complete. It will help us understand your experience(s) collaborating on the study and inform future research endeavors relevant clinical practice.

## **General Practice Questions**

| 1. | During a periodic health examination (PHE or CPx), I encounter the following barriers in implementing colorectal cancer screening ( <b>please check off all that apply</b> ): |   |  |  |  |  |
|----|---|---|--|--|--|--|
|    | Time constraints  |   |  |  |  |  |
|    | Lack of a reminder system   |   |  |  |  |  |
|    | Unsure of guidelines for Fe   | OBT screening   |  |  |  |  |
|    | Other   |   |  |  |  |  |
|    | None  |   |  |  |  |  |
| 2. | 2. I find it difficult to ensure my par screening.  | ients have completed their fecal occult blood test (FOBT) |  |  |  |  |
|    | Yes No  | (If no, please go to question #4)                         |  |  |  |  |
| 3. | 3. A tracking system for patient FOE screening status.  | T screening would help me follow-up with patient FOBT     |  |  |  |  |
|    | Yes No  |   |  |  |  |  |

## **Research Collaboration Questions**

| 4. | I have pa  | I have participated in other research studies in the past? |               |                   |                 |                     |                    |
|----|--|--|---------------|-------------------|-----------------|---------------------|--------------------|
|    |  | Yes  | No            |                   |                 |                     |                    |
| 5. | Collabora  | ation in the   | study was i   | ntrusive in the o | overall functio | ning of my clinic   | al practice?       |
|    | 1  |  | 2             | 3                 | 4               | 5                   |                    |
|    | Not at   | All  |               |                   |                 | Highly              |                    |
| 6. | I found practice?  |  | to impleme    | nt the study p    | rotocol into th | ne daily function   | ing of my clinical |
|    | 1  |  | 2             | 3                 | 4               | 5                   |                    |
|    | Not at   | All  |               |                   |                 | Highly              |                    |
| 7. | . The barriers I encountered in implementing the study protocol into my clinical practice were (please check off all that apply) |  |               |                   |                 | ical practice were: |                    |
|    | Limited support staff resources to assist with study implementation  |  |               |                   |                 |                     |                    |
|    | Time constraints of family physician   |  |               |                   |                 |                     |                    |
|    | Practice change disrupting im  |  |               | ting implement    | ation           |                     |                    |
|    | Eligibility criteria for patient enrollment  |  |               |                   |                 |                     |                    |
|    |  | Lack of cor  | ntact with st | udy coordinato    | r               |                     |                    |
|    | Other:   |  |               |                   |                 |                     |                    |

| 8.             | My patients were receptive to filling out the In-Clinic Survey? |   |              |                   |                               |     |
|----------------|---|---|--------------|-------------------|-------------------------------|-----|
|                | Yes   | No  | Ţ            | Jnsure            |                               |     |
| 9.             | Participating in practice(s)?                                   | pating in the study caused me to reflect on my standard $cose(s)$ ? |              |                   | dard colorectal cancer screen | ing |
|                | Yes   | No  | Į            | Jnsure            |                               |     |
| 10.            | Participating i practice?                                       | n the study caused me   | to change    | e my standard o   | colorectal cancer FOBT screen | ing |
|                | Yes   | No  | Ţ            | Jnsure            |                               |     |
| 11.            | Participating in  | n the study will have a   | beneficial   | impact on my p    | atients' health?              |     |
|                | Yes   | No  | J            | Jnsure            |                               |     |
| 12.            | Participating in  | n the study will have a   | beneficial   | impact on my c    | linical practice?             |     |
|                | Yes   | No  | Ţ            | Unsure            |                               |     |
| 13.            | The study prot  | ocol caused my patier   | its to ask m | nore questions th | nan usual about:              |     |
|                | Colorectal o  | ancer   | Yes          | No                | Unsure                        |     |
|                | Colorectal o  | ancer screening   | Yes          | No                | Unsure                        |     |
|                | Fecal occult  | blood test  | Yes          | No                | Unsure                        |     |
| 14.            | I gained a valu   | able clinical learning e  | experience   | by collaborating  | g on this research study.     |     |
| Agree Disagree |   |   |              | Jnsure            |                               |     |

|   | that facilitated in check off all that                                     | -                   | udy protocol into my clinical practice were:           |  |  |  |  |
|---|--|---------------------|--|--|--|--|--|
|   | The small amount of paperwork to required to be completed by the physician |                     |  |  |  |  |  |
|   | Flexibility of the study protocol  |                     |  |  |  |  |  |
|   | Good communication with my support staff                                   |                     |  |  |  |  |  |
|   | Assistance from my support staff   |                     |  |  |  |  |  |
|   | Contact with the s   | tudy coordinator    |  |  |  |  |  |
| 16. I would                               | like to be informe   | ed about future opp | portunities to collaborate on research projects?       |  |  |  |  |
| Yes                                       | No   | Unsure              | (If No, go to question # 18)                           |  |  |  |  |
|   | ndicate the best w   | • • •               | ide you with updates on future research opportunities: |  |  |  |  |
|   | Email  |                     |  |  |  |  |  |
| Support staff (name and telephone number) |  |                     |  |  |  |  |  |
| FAX                                       |  |                     |  |  |  |  |  |
| Telephone                                 |  |                     |  |  |  |  |  |
| Face-to-face meeting/contact              |  |                     |  |  |  |  |  |

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| Yes                      | No  | Unsure  |   |
|--------------------------|---|---|---|
| 9. Have you he           | eard about the Canadian   | n Primary Care Sentine                        | l Surveillance Network (CPCSSN)?  |
| Yes                      | No  | Unsure  | (If NO, go to question #20)   |
| College of F epidemiolog | camily Physicians of Ca<br>ical surveillance data u<br>a stronger national kn | anada, whose mission is using EMRs to improve | The CPCSSN is a sub entity of the sto collect and maintain national coutcomes in primary health care are a of primary health care and chronical contents. |
| Yes                      | No  |   |   |
| ny additional co         | omments and feedbac   | k you would like to p                         | rovide would be greatly appreciat   |
| ny additional co         | omments and feedbac   | k you would like to p                         | rovide would be greatly appreciat   |
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