

SURVEY QUESTIONS

QUALIFYING SURVEY

In an effort to survey a representative sample of physicians in British Columbia and respect the time of family physicians, we will not ask you to complete the full survey if we have already received a large number of surveys from other physicians in your region.

Which Regional Health Authority and Health Service Delivery Area do you practice in? See map. (Check all that apply)

- Northern – Northwest, Northern Interior, Northeast
- Interior – East Kootenay, Kootenay Boundary, Okanagan, Thompson Cariboo Shuswap
- Fraser – Fraser East, Fraser North, Fraser South
- Vancouver Coastal – Richmond, Vancouver, North Shore/Coast Garibaldi
- Vancouver Island – South Vancouver Island, Central Vancouver Island, North Vancouver Island
- Prefer not to answer

Which Division of Family Practice do you belong to?

- Northern – North Peace, Northern Interior Rural, Pacific Northwest, Prince George
- Interior – Central Interior Rural, Central Okanagan, East Kootenay, Kootenay Boundary, Shuswap North Okanagan, South Okanagan Similkameen, Thompson Region
- Fraser – Abbotsford, Burnaby, Chilliwack, Delta, Fraser Northwest, Langley, Mission, Ridge Meadows, Surrey North Delta, White Rock South Surrey
- Vancouver Coastal – North Shore, Powell River, Richmond, Sea-to-Sky, Sunshine Coast, Vancouver
- Vancouver Island – Campbell River & District, Comox Valley, Cowichan Valley, Nanaimo, Oceanside, Port Alberni, South Island, Victoria
- Rural & Remote
- Prefer not to answer

SURVEY COMPLETE

Thank you for participating in our survey. Unfortunately, we have already received responses from a representative sample of physicians in your area. Thank you for your time.

PARTNER NOTIFICATION TOOLKIT SURVEY

*Thank you for participating in our survey. The remainder should take approximately 30 minutes. You will be remunerated for 30 minutes at the family physician sessional rate (\$125.73) for your time. In order to be remunerated, you will need to provide your personal identification (e.g. name, address, MSP billing number). **However, this will not be linked to the responses in the survey and will be administered by an Operations Manager at the BC Centre for Disease Control who will not see the survey responses.** If*

you do not wish to be remunerated for responding to this survey, you do not need to provide any personal identification.

1) Have you diagnosed a patient/client with an STI within the past year? (Check all that apply)

- Chlamydia
- Gonorrhea
- Syphilis
- HIV
- Genital herpes
- Genital warts

Attitudes and Practices

*The following questions are regarding partner notification of common sexually transmitted infections that are reportable under the BC Public Health Act by all sources (i.e. including physicians). These are genital chlamydia, gonorrhea, syphilis, and HIV. **Partner notification** is a process whereby sexual partners and contacts of individuals diagnosed with an STI are identified and treated.*

2) Do you feel that partner notification should be done by family physicians?

- Yes
- No
- Uncertain

If you answered no, who should be responsible for partner notification?

3) Question: Do you always, sometimes, or never take the following actions in your practice after diagnosing an STI

Action	Chlamydia	Gonorrhea	Syphilis	HIV
Tell patients to inform partners of exposure	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable
Instruct patients to tell partners to seek care for diagnosis and treatment	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable

Follow-up to determine whether patients referred partners for treatment	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable
Collect partners' information and have your office contact partners	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable
Complete the BCCDC case report form (i.e. Health208 form)	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable
Report patients' names to public health in another way i.e. calling or mailing (but not the Health208 form)	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable
Instruct patients to provide public health with partner information	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable 	<ul style="list-style-type: none"> • Always • Usually • Sometimes • Rarely • Never • Not applicable

If you report patients' names to public health in another way, please specify:

4) Which of the following factors are barriers to clinician-initiated partner notification in your practice? (Check all that apply)

- Patient does not attend treatment
- Patient could not be reached or required to be followed up
- Focus on treating the patient, not necessarily partners
- Patient unable to give an accurate list of sexual partners or contact information
- No feedback on effectiveness of partner notification
- Insufficient time
- Poor compensation for physician-led partner notification
- Concern for patient privacy
- Negative impacts on the physician-patient relationship
- Unclear clinical guidelines

Other (please specify):

5) Which of the following factors would facilitate clinician-initiated partner notification in your practice? (Check all that apply)

- Clear clinical guidelines
- A clear legal framework for clinicians to perform partner notification
- Improved remuneration for STI follow-up or counselling
- Education and practical support for health professionals
- Raising awareness of STIs in the community/among patients
- Health professional (e.g. RN/RPN/LPN/RN(C)) assigned to follow up with partner notification

Other (please specify):

6) Please rank the following resources in order of how useful you would find them in supporting partner notification for STIs (#1-11).

Resource	Rank
Information aimed at patients.	
Practice guidelines aimed at GPs.	
Letter template that patients can use for partner notification.	
Text message template that patients can use for partner notification.	
Email template that patients can use partner notification.	
Conversation template that patients can use for partner notification.	
Referral/notification slips which patients can pass on to partners.	
Text message that patients can send to partners.	
Email that patients can send to partners.	
Home testing kits that patients can distribute to partners.	
A public health employee to whom you can refer to notify partners	

Other (please specify):

7) How do you think partner notification resources should be distributed?

Resource distribution method	Useful	Neutral	Not useful
A website aimed at GPs.			
A website aimed at patients.			
A mobile application (App) aimed at GPs.			
A mobile application (App) aimed at patients.			
A printed information pack for GPs.			
A printed information pack for patients.			

An electronic information pack built into practice software that can be chosen when a patient is diagnosed with an STI.			
An electronic information pack built into practice software that can be chosen when STI medications are prescribed.			
Text at the bottom of positive STI laboratory reports linking to electronic information			
A telephone hotline for GPs which can provide advice on partner notification.			
CME events on partner notification.			
An online tutorial on partner notification, including simulated interviews.			

Other (please specify):

Expedited partner therapy

“Expedited partner therapy (EPT) is the practice of treating the sex partners of persons with sexually transmitted infections (STIs) without an intervening medical evaluation or professional prevention counseling. The usual implementation of EPT is through patient delivered partner therapy (PDPT), although other methods may be employed.” – adapted from Centers for Disease Control and Prevention

8) Which of the following factors are barriers to clinician-initiated expedited partner therapy in your practice? (Check all that apply)

- Patient does not attend treatment
- Focus on treating the patient, not necessarily partners
- Patient unable to give an accurate list of sexual partners or contact information
- No feedback on effectiveness of expedited partner therapy
- Insufficient time
- Poor compensation
- Concern for patient privacy
- Negative impacts on the physician-patient relationship
- Unclear clinical guidelines
- Potential medicolegal issues

Other (please specify):

9) Which of the following factors would facilitate clinician-initiated expedited partner therapy in your practice? (Check all that apply)

- Clear clinical guidelines
- A legal framework around expedited partner therapy
- Improved remuneration for STI follow-up or counselling
- Education and practical support for health professionals
- Raising awareness of STIs in the community/among patients

- Health professional (e.g. RN/RPN/LPN) assigned to follow up after a patient and/or partner is provided expedited partner therapy

Other (please specify):

Demographic and Practice Context

10) Which of the following best describes your practice? (Check all that apply)

- Family Physician with a general practice
- Family Physician with a focused practice (e.g. emergency medicine, sport and exercise medicine, obstetrics, etc.)
- Other, please specify: _____

11) What best describes the setting(s) where you work? (Check all that apply)

- Solo private office/clinic (excluding free standing walk-in clinics)
- Group practice private office/clinic including only physicians (excluding free standing walk-in clinics)
- Group practice private office/clinic including both physicians and other health professionals i.e. RN, LPN, dietician, pharmacist (excluding free standing walk-in clinics)
- Community clinic/Community health centre
- STI clinic
- Youth clinic
- Free-standing walk-in clinic
- Academic health sciences centre (AHSC)/hospital
- Non-AHSC teaching hospital
- Community hospital
- Emergency department (in community hospital or AHSC)
- Nursing home/ Long term care facility / Seniors' residence
- Occupational health
- University
- Free-standing lab/diagnostic clinic
- Other, please specify: _____

12) For your main practice setting, the population served is? (Check only one)

- Urban/suburban
- Small town
- Rural
- Geographically isolated/remote
- Cannot identify a primary geographic population

13) How many years have you been in Practice? _____

14) What is your gender?

- Male

- Female
- Transvariant or transgender
- Other, please specify: _____
- Prefer not to answer

15) Your age is:

- 20 – 29 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 – 69 years
- 70 – 79 years
- ≥ 80 years

16) Where did you complete your medical training? (Pick one location per category)

UG = Undergraduate medical graduation (medical school)
 PG = Post-graduate medical training (i.e. residency/internship)

	UG	PG
Canada		
USA		
Other country		

17) Additional comments

Thank you for completing the partner notification toolkit survey. Please contact [REDACTED] to complete the payment process.

REFERENCES