

NOTE: This copy is for information.
The survey is available online at www.TheWHC.ca

Purpose: The purpose of this survey is to understand gaps between clients' expectations and health system practices. In addition, it is foundational to identifying barriers, gaps and best practices that influence access to gynecological health supports in Alberta. The survey is being conducted from the perspective of clients/patients and practitioners.

Survey outcomes:

- Understand wait time conditions
- Identify best practices that facilitate timely access to gynecological health
- Identify information/navigation weaknesses and opportunities for improvement

This exploratory survey will take approximately 10-15 minutes to complete and will be used to identify areas for further study. **All responses are anonymized.** Highlights of the survey will be available to the public (Fall 2022). Comprehensive study results will be available to members of the Women's Health Coalition. You can find out more at www.TheWHC.ca or by contacting Carmen Wyton, Chair, Women's Health Coalition of Alberta at info@TheWHC.ca.

| <p>PATIENT PERSPECTIVE I am a patient who has talked to a healthcare provider in Alberta for gynecological health</p> | <p>PRACTITIONER PERSPECTIVE I am a registered healthcare provider</p> | | | | | | | | |
|---|---|------------|-----------------|---------|------------|------------|------------------|----------|-----------|
| <p>I have seen a family doctor or health care provider and discussed gynecological health concerns in:</p> <ul style="list-style-type: none"> <input type="radio"/> The last 6 months <input type="radio"/> 6-12 months <input type="radio"/> 12-24 months <p>Are you an Albert resident? Yes/No</p> <p>If yes, what city do you live closest to: Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat, Grande Prairie, Fort McMurray, Other</p> <p>Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I identify as _____</p> <p>Age <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 Over 65</p> <p>I represent a minority group: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please specify:</p> | <p>Please choose the area that best describes your practice.</p> <table border="0"> <tr> <td>Obstetrics</td> <td>Family Practice</td> </tr> <tr> <td>Nursing</td> <td>Psychology</td> </tr> <tr> <td>Psychiatry</td> <td>Physical Therapy</td> </tr> <tr> <td>Pharmacy</td> <td>Midwifery</td> </tr> </table> <p>Other Specialist or Practitioner (please specify)</p> <p>In what city do you practice? Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat, Grande Prairie, Fort McMurray, Other</p> <p>Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I identify as _____</p> <p>Years in practice <input type="checkbox"/> Under 6 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> Over 20</p> <p>Clinical practice (check all that apply) <input type="checkbox"/> Hospital <input type="checkbox"/> Community <input type="checkbox"/> Medical Clinic</p> <p>I represent a minority group: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please specify:</p> | Obstetrics | Family Practice | Nursing | Psychology | Psychiatry | Physical Therapy | Pharmacy | Midwifery |
| Obstetrics | Family Practice | | | | | | | | |
| Nursing | Psychology | | | | | | | | |
| Psychiatry | Physical Therapy | | | | | | | | |
| Pharmacy | Midwifery | | | | | | | | |

| SYSTEM NAVIGATION | |
|---|--|
| <p>The last time I was seeking support from a health care professional my visit was prompted by conditions and symptoms such as: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Heavy menstrual bleeding <input type="radio"/> Irregular or painful periods <input type="radio"/> Painful intercourse <input type="radio"/> Sexual health: low libido, lack of orgasms <input type="radio"/> Sexually transmitted infections <input type="radio"/> Mental health, depression <input type="radio"/> Contraception <input type="radio"/> Bladder health/incontinence <input type="radio"/> Perimenopause/Menopause <input type="radio"/> Hormones <input type="radio"/> Reproductive health <input type="radio"/> Breast health <input type="radio"/> Routine gynecology care <input type="radio"/> Other (please specify) | <p>What are the most common conditions you have seen in your practice, related to women's health, in the last six months? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Heavy menstrual bleeding <input type="radio"/> Irregular or painful periods <input type="radio"/> Painful intercourse <input type="radio"/> Sexual health: low libido, lack of orgasms <input type="radio"/> Sexually transmitted infections <input type="radio"/> Mental health, depression <input type="radio"/> Contraception <input type="radio"/> Bowel/Bladder health/incontinence <input type="radio"/> Perimenopause/Menopause <input type="radio"/> Hormones <input type="radio"/> Reproductive health <input type="radio"/> Breast health <input type="radio"/> Routine gynecology care <input type="radio"/> Other (please specify) |
| <p>How many times have you accessed emergency room services for gynecological health concerns in the last year?</p> <p><input type="checkbox"/>None <input type="checkbox"/>1-3 times <input type="checkbox"/>3-7 times <input type="checkbox"/>More than 7 times</p> <p>Comments</p> | <p>Are your patients accessing emergency services due to gynecological health concerns?</p> <ul style="list-style-type: none"> <input type="radio"/> Most of the time <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Not sure <p>Comments</p> |
| <p>Do you have a regular family doctor or medical clinic?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>When you first experienced gynecological symptoms, how long did it take for you to obtain an appointment with a family doctor or healthcare provider</p> <ul style="list-style-type: none"> <input type="radio"/> 1 month or less <input type="radio"/> 2-6 months <input type="radio"/> 7-12 months <input type="radio"/> Over a year <p>Other healthcare provider (please specify)</p> | <p>What are your patients experiencing in wait times for:</p> <p><input type="checkbox"/>Gynecologist <input type="checkbox"/>Other Speciality (specify)</p> <ul style="list-style-type: none"> <input type="radio"/> Not sure <input type="radio"/> 1 month or under <input type="radio"/> 2-6 months <input type="radio"/> 7-12 months <input type="radio"/> Over a year |
| <p>From the first time you saw a family doctor, or other healthcare provider, for gynecological issues, how long did it take for you to be referred to a gynecologist or other specialist?</p> <ul style="list-style-type: none"> <input type="radio"/> 6 months or less <input type="radio"/> 6-12 months <input type="radio"/> 1-3 years <input type="radio"/> 4-7 years <input type="radio"/> 7 years or more | |

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| <ul style="list-style-type: none"> ○ I have not been referred to a Gynecologist or Specialist | |
| KNOWLEDGE, CONFIDENCE AND COMFORT | |
| <p>In your most recent appointment with a family doctor or general healthcare provider, were you confident that your healthcare provider had patient resources, knowledge and skills related to your gynecologic needs:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No If no, please explain</p> <p>Was it comfortable for you to talk to your family doctor or other healthcare provider about your gynecological health concerns? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Sometimes</p> <p>If no or sometimes, what gynecological health concerns do you feel are harder to discuss? Comment</p> <p>Is there something that would make it easier to initiate the discussion? Comment</p> | <p>Are you confident in your knowledge and skills in gynecological health including?</p> <ul style="list-style-type: none"> ○ Youth, puberty, STIs, etc. ○ Conditions such as endometriosis, uterine fibroids, PCOS, etc. ○ Perimenopause, menopause, hormones, etc. ○ Sexual health: Low libido, painful sex, etc. ○ Women's bowel/bladder, prolapse, incontinence, etc. ○ Reproductive Health: Contraception, Infertility, Miscarriage, Post Partum <p>Matrix:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No, more resources are needed <input type="checkbox"/> Sufficient patient resources are available <input type="checkbox"/> Outside of the scope of my practice <p>Do your patients initiate discussions about gynecological, sexual or menstrual health concerns without your prompt?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <p>Comment</p> |
| <p>On your last visit, did your family doctor or healthcare provider initiate additional questions about gynecological health in addition to the original reason for the visit. (Check all that apply)</p> <ul style="list-style-type: none"> ○ Menstruation ○ Bowel or bladder health ○ Vaginal health ○ Mental health ○ Perimenopause/Menopause ○ Hormones ○ Sexual Health ○ Reproductive health ○ Other (please specify) | <p>Do you regularly inquire about gynecological health concerns with your patients when it is not the primary/or original reason for the visit? Choose the option that best describes your approach.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <p>Comment</p> <p>If you answered most of the time or regularly, what areas are you most likely to initiate discussions (check all that apply)</p> <ul style="list-style-type: none"> ○ Menstruation ○ Bowel or bladder health ○ Vaginal health ○ Mental health ○ Perimenopause/Menopause ○ Hormones ○ Sexual health ○ Reproductive health ○ Other (please specify) |

| | |
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| <p>When you see your family doctor or other healthcare provider, do you feel there is enough time to deal with all of your gynecological health concerns?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Sometimes</p> <p>If no or sometimes, please explain</p> | <p>Do you feel that there is adequate time in routine appointments to address the gynecological health concerns of your patients?</p> <p><input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely</p> <p>Comment</p> |
| ADDITIONAL INVESTIGATIONS AND WAIT TIMES | |
| | <p>How regularly do you refer gynecological patients for additional investigations for the following symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heavy menstrual bleeding <input type="checkbox"/> Irregular or painful periods <input type="checkbox"/> Painful intercourse <input type="checkbox"/> Sexual health: low libido, lack of orgasms <input type="checkbox"/> Sexually transmitted infections <input type="checkbox"/> Mental health, depression <input type="checkbox"/> Contraception <input type="checkbox"/> Bowel/Bladder health/incontinence <input type="checkbox"/> Perimenopause/Menopause <input type="checkbox"/> Hormones <input type="checkbox"/> Reproductive health, infertility <p>Matrix: <input type="checkbox"/>Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/>Rarely</p> |
| <p>In your most recent family doctor or healthcare provider appointment for gynecology health concerns issues, were you referred for additional follow up? (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lab tests <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> X-Ray <input type="checkbox"/> None of the above <p>Other tests or comments</p> | <p>In your practice you are most likely to request additional investigations including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lab tests <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> X-Ray <input type="checkbox"/> Other tests or comments <p>Matrix: <input type="checkbox"/>Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/>Rarely</p> |
| <p>What did you experience in wait times for: Ultrasound, MRI, Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> Over a year <input type="checkbox"/> N/A | <p>What are you currently telling patients they can expect for wait times for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> Surgery <p>Comments</p> <p>Matrix: <input type="checkbox"/>1 month or under <input type="checkbox"/>2-6 months <input type="checkbox"/>7-12 months <input type="checkbox"/>Over a year</p> |
| <p>Please share any additional patient insights, experiences, gaps, biases and opportunities</p> | <p>Please provide any additional insights and/or comments about patient or practitioner experiences in gynecological health.</p> |

Not for distribution