

Virtual Provider Experience Survey (VPES) for Mental Health and Addictions Care

We would like your feedback on your recent experience providing virtual care, specifically videoconference-based care. This feedback will help us improve the quality of virtual care at our organization, and understand the impact on providers.

Please answer the following questions about your experience. Completion of the survey is voluntary. This survey will take approximately 10-15 minutes to complete.

What is your gender?

<input type="checkbox"/> Female	<input type="checkbox"/> Two-Spirit (a term used by some Indigenous people)
<input type="checkbox"/> Male	<input type="checkbox"/> Do Not Know
<input type="checkbox"/> Intersex	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Trans - Female to Male	<input type="checkbox"/> Other (Please specify): _____
<input type="checkbox"/> Trans - Male to Female	

What is your health profession?

<input type="checkbox"/> Health Professions Learners (non-physician)	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Hospitalist	<input type="checkbox"/> Psychotherapist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Resident Physician
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Physician (other)	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other (Please specify): _____

How long have you been in your health profession role?

<input type="checkbox"/> Less Than 1 Year	<input type="checkbox"/> 5+ Years
<input type="checkbox"/> 1-2 Years	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> 2-5 Years	

How long have you provided virtual care?

<input type="checkbox"/> Less Than 1 Month	<input type="checkbox"/> 1-2 Years
<input type="checkbox"/> 1-6 Months	<input type="checkbox"/> 2+ Years
<input type="checkbox"/> 7-12 Months	<input type="checkbox"/> Prefer Not to Answer

How often do you provide virtual care?

<input type="checkbox"/> Rarely (Less than once per month)	<input type="checkbox"/> Frequently (Multiple times per week)
<input type="checkbox"/> Occasionally (Less than once per week)	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Weekly (At least once per week)	

How comfortable do you feel with technology in your daily life?

- | | |
|---|---|
| <input type="checkbox"/> Very Uncomfortable | <input type="checkbox"/> Very Comfortable |
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Comfortable | <input type="checkbox"/> Prefer Not to Answer |

Which platform(s) did/do you use (e.g. Ontario Telemedicine Network, Webex, Zoom, etc?)

Where do you normally attend your virtual appointments from?

- At Home
- At a Community Clinic
- At the Hospital
- Other (Please specify): _____
- Prefer Not to Answer

Overall, based on your definition of burnout, how would you rate your level of burnout?

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
- Prefer Not to Answer

For each of the following statements, please indicate if you Strongly Disagree, Disagree, Agree or Strongly Agree.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Prefer Not to Answer
1.	I have received the proper training to provide virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I am provided with the proper resources to deliver virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	It was easy to connect with my virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am satisfied with the booking process for virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I am able to see patients clearly during the virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I am able to hear patients clearly during the virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I feel that I am part of a team when I provide virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The amount of time scheduled for each virtual care appointment is sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I can assess physical symptoms of patients during virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am able to conduct a mental status exam virtually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Virtual mental health and/or addiction care is just as effective as in-person healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I am able to establish a therapeutic alliance or relationship with patients through virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am able to provide compassionate virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements, please indicate if you Strongly Disagree, Disagree, Agree or Strongly Agree.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	Prefer Not to Answer
14.	I feel emotionally and physically safe during virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I am able to attend to my physical wellness when providing virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I know what to do in an emergency during virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I am able to provide high quality virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	All of my patients are able to access virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I would recommend virtual care to other clinicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I am satisfied with the care I provide through virtual appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I am satisfied with the remuneration that I receive for providing virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I am satisfied with the quality of the technology for virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	My organization supports the delivery of high quality virtual care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Looking to the future, I believe my organization should continue to make virtual care an option for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What are the benefits of providing care virtually?

26.	What are the challenges of providing care virtually?
26a.	Were you able to overcome these challenges? If so, how did you overcome or adapt to these challenges?
27.	What would you do to improve virtual care at your organization?
28.	What additional training or resources would be useful to support you in your continued work providing virtual care?

THANK YOU FOR COMPLETING THE SURVEY!

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