Project - Shine

Screener – Surgeons

July 2023

**CONSENT FORM**

***IQVIA – PROJECT PARTICIPATION AND CONSENT FORM***

|  |  |
| --- | --- |
| ***Project Name*** | ***Shine*** |
| ***SFDC code*** |  |
| ***Recruiter/ Interviewer Name*** |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting a study **to understand current and future needs in professional education programs for surgeons**. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The purpose of our study is **to understand current and future needs in professional education programs for surgeons**.The discussion will be conducted via online survey and will last for about **45 mins**. The discussion will be arranged at a time to suit you and we can offer honorarium in appreciation of your time and participation.

Please let me reassure you that this Market Research is sponsored by a company and is conducted in accordance with International Market Research guidelines. The research is not designed to be promotional in any way – we are not trying to sell you anything. You have a right to withdraw from the interview at any time and withhold information as you see fit. All information provided will be treated in the strictest confidence and all data will only reported in a consolidated form – no personal information (including your name, email address and phone number) will be included in any reports provided to the company sponsoring the research, or to their affiliated companies or business partners.

Based on the (above) information, would you be interested in taking part in this market research program?

Yes……………………………………… …1 **→ CONTINUE**

No……………………………………… …2 **→ THANK AND CLOSE**

**Recruiter, please read out -**

As I mentioned earlier, we would be pleased to offer a honorarium in appreciation of your time and participation in the study. This compensation will be provided through PAYTM

1. Do you agree to receive compensation in this method?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

**[USE IF APPLICABLE]** I am going to audio record our discussion, because I cannot possibly remember everything that is said or write it down. However, as I mentioned earlier the meeting is completely confidential. The recordings will be listened to by an analyst who will summarize the data for confidential reporting purposes.

1. Do you agree to audio recording of the interview?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

It may also be necessary at a future date to re-contact you if we have a query on any of the information you have provided for our analysis.

1. Do you agree to be re-contacted in case of a query?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ CONTINUE BUT NOTE ON FILE**

***Following new regulations, we require you to indicate that you have understood and agree to the information above by signing on the project participation sheet.***

*PLEASE COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** | XX | *To be completed by IQVIA* |
| **PROJECT NAME** | Shine |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **RESPONDENT NAME** |  |
| **COUNTRY** |  |
| **CITY** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT** |  |  |

**PARTICIPANT CONSENT:**

* **YES**, I want to take part in the Study as outlined above and confirm my consent to the collection, storage and use of my personal data as outlined above.
* **YES**, I confirm that I may be contacted by IQVIA directly by telephone or e-mail using the contact information I have given above.
* **YES,** I have complied with anti-corruption and anti-bribery laws.
* **YES,** I agree to have received the incentive as stated above, in lieu for my interview.

**PARTICIPANT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**CENTERS AND SAMPLE SPREAD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualitative phase** | | | | | | | | | | | | | **Total** |
| **Town class** | **General Surgeon** | **Onco Surgeon** | **Obs Gyne Surgeon** | **Cardiovascular Surgeon** | **Bariatric Surgeon** | **Neurosurgeon** | **Transplant Surgeon** | **Arthroscopy** | **Joint Replacement /Arthroplasty** | **Robotic Surgery in Joint replacement** | **Trauma Surgeon** | **Spine Surgeon** |
| Mumbai | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| Chennai | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| **Total (Metro/ Tier 1)** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **24** |
| Chandigarh | 1 | 1 | 1 | 1 | 1 | - | 1 | 1 | - | 1 | - | - | 8 |
| Guwahati | 1 | 1 | 1 | 1 | - | 1 | 1 | 1 | - | - | 1 | 1 | 9 |
| Vijayawada | 2 | 1 | 2 | - | 1 | 1 | - | 1 | 1 | - | - | - | 9 |
| **Total (Tier 2/3)** | **4** | **3** | **4** | **2** | **2** | **2** | **2** | **3** | **1** | **1** | **1** | **1** | **26** |
| **Total** | **6** | **5** | **6** | **4** | **4** | **4** | **4** | **5** | **3** | **3** | **3** | **3** | **50** |

|  |
| --- |
| SCREENER QUESTIONS |

1. Please record the **specialty** of the doctor. **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| **General Surgeon –** MBBS, MS/MCH/DNB (General Surgery) | 01 | **CONTINUE AND RECRUIT AS PER THE QUOTA EXCEPT 08** |
| **Onco-Surgeon -** MBBS, MS/MCH/DNB- Oncology | 02 |
| **Obstetrics and Gyne Surgeon –** MBBS, MS/MCH/DNB (OBGY) | 03 |
| **Cardiovascular Surgeon –** MBBS, MS/DNB (Cardiology), MCH (Cardio Thoracic) | 04 |
| **Bariatric Surgeon-** MBBS, MS/MCH/DNB (Gen. Surgery/ Gastroenterology) | 05 |
| **Neurosurgeon –** MBBS, MS/DNB (Neurosurgery), MCH (Neurosurgery) | 06 |
| **Transplant Surgeon –** MBBS, MS (Urology/ Surgical Gastroenterology) | 07 |
| **Orthopedic Surgeon –** MBBS, MS/DNB/MCH(Orthopedics) | 08 |
| Any other specialty | 99 | **TERMINATE** |

[ONLY ASK TO RESPONDENTS SELECTING 08 in Q1]

1. Please record the **specialty** of the doctor. **MULTIPLE CODING POSSIBLE**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| **Joint Replacement/Arthroplasty Surgeon** | 01 | **CONTINUE AND RECRUIT AS PER THE QUOTA** |
| **Joint Replacement Using Robotics Surgeon** | 02 |
| **Trauma Surgeon** | 03 |
| **Spine Surgeon** | 04 |
| **Arthroscopy Surgeon** | 05 |

1. Doctor, may I know the total number of years since you have been practicing, post your residency? RECORD VERBATIM. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS. TERMINATE IF >30 YEARS. POST CODE APPROPRIATELY IN THE GRID BELOW

|  |  |  |
| --- | --- | --- |
| **YEARS OF PRACTICE** | **CODE** | **ACTION** |
| **Currently on-going residency in surgery** (MS/MCH/DNB surgical courses) | 01 | **CONTINUE AS RESIDENT DOCTOR** |
| **0 – 5 years** | 02 | **CONTINUE AS JUNIOR CONSULTANT** |
| **5 – 15 years** | 03 | **CONTINUE AS SENIOR CONSULTANT** |
| **15 – 30 years** | 04 |  |
| **>30 years** | 99 | **KOL** |

1. Doctor, can you tell me in which all different type of hospital set-ups do you practice? **DO NOT PROMPT, MULTIPLE CODING POSSIBLE**
   1. Which is your **primary practice setup, where you spend at least 70% of your time** ? **POST CODE, SINGLE CODING. CATEGORIZE THE DOCTOR AS PER PRIMARY PRACTICE SETUP**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLACE OF PRACTICE** | **CODE** | **PRIMARY PRACTICE SETUP** | **ACTION** |
| Large private super-specialty hospitals >250 beds | 01 | 01 | **CONTINUE AND RECRUIT AS PER THE QUOTA** |
| Corporate chain multispecialty hospitals | 02 | 02 |
| Teaching hospitals (Trust or Private hospitals) | 03 | 03 |
| Public Hospitals | 04 | 04 |
| Medium private hospitals 100-250 beds | 05 | 05 |
| Small private hospital 50-100 beds | 06 | 06 |
| Others | **99** | **99** | **TERMINATE** |

1. Doctor can you please tell us the **total number of beds** in your hospital, where you spend >70% of your time? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Total number of beds in the hospital** |

1. Do you have any accreditations for your hospital?
   1. If yes, please specify. **MODERATOR TO ALLOW SPONTANEOUS RESPONSES. IF NOT MENTIONED, THEN PROBE ON THE BELOW:**

* National Accreditation Board for Hospitals in India (NABH)
* Federation of Obstetric and Gynecological Societies of India (FOGSI)
* Joint Commission International (JCI)
* Association of Healthcare Providers India (AHPI)
* Other (please specify)

**[ASK FOR RESIDENT DOCTORS]**

1. Doctor, approximately how many patients (including new and follow up) do you personally see on an average in a month? RECORD EXACT NUMBER. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS

|  |  |
| --- | --- |
|  | **TOTAL NUMBER OF PATIENTS PER MONTH** |

1. Doctor, approximately how many surgeries do you assist/perform on an average in a month? RECORD EXACT NUMBER. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS.

|  |  |
| --- | --- |
|  | **TOTAL NUMBER OF SURGERIES PER MONTH** |

|  |
| --- |
| **RECRUITMENT CRITERIA** |
| **IF < 20 PLEASE TERMINATE** |

[ASK Q9 & Q10 FOR PANEL JUNIOR & SENIOR CONSULTANT]

1. Doctor, approximately how many patients (including new and follow up) do you personally see on an average in a month? RECORD EXACT NUMBER. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS

|  |  |
| --- | --- |
| **DOCTOR SPECIALITY** | **RECRUITMENT CRITERIA** |
| General Surgeon | **CONTINUE ONLY IF > 200** |
| Orthopedic Surgeon (Joint Replacement, Spine Surgeon) |
| Obstetrics and Gynae Surgeon |
| Onco Surgeon |
| Cardiovascular Surgeon |
| Neurosurgeon |
| Orthopedic Surgeon (Joint Replacement, Trauma) |
| Orthopedic Surgeon (Arthroscopy, Spine Surgeon) | **CONTINUE ONLY IF > 100** |
| Bariatric Surgeon |
| Transplant Surgeon |

1. Doctor, approximately how many surgeries do you perform on an average in a month? RECORD EXACT NUMBER. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS.

|  |  |
| --- | --- |
| **DOCTOR SPECIALITY** | **RECRUITMENT CRITERIA** |
| General Surgeon | **CONTINUE ONLY IF > 50** |
| Orthopedic Surgeon (Joint Replacement, Spine Surgeon) |
| Obstetrics and Gynae Surgeon |
| Onco Surgeon |
| Cardiovascular Surgeon |
| Neurosurgeon |
| Orthopedic Surgeon (Joint Replacement, Trauma) |
| Orthopedic Surgeon (Arthroscopy, Spine Surgeon) | **CONTINUE ONLY IF > 30** |
| Bariatric Surgeon |
| Transplant Surgeon |

1. Doctor, what is your level of involvement and participation in the continuous medical education programs **to understand the advancement in technology and its impact on surgeries** conducted by different companies. **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| I stay updated with the current developments/ advancements happening in surgical intervention in my field | 01 | **MUST SELECT ATLEAST 2 TO QUALIFY** |
| I try to acquire a maximum of 6 CME credit hours / years as mandated by Medical Institution of India | 02 |
| I enroll and complete the Online CME programs available on internet | 03 |
| I enroll and participate in In-Person CME courses taken by national and international faculty | 04 |
| I attend company sponsored educational programs specifically for surgical interventions | 05 |
| I have undergone interactive learning experience such as simulator-based learning etc. | 06 |

1. Doctor, are you associated with any medical device company as an employee? SINGLE CODE ONLY

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | 01 | **TERMINATE** |
| No | 02 | **CONTINUE** |

1. Have you **participated in any market research study** related to current and future needs in professional education programs for surgeons in the last 1 month? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | 01 | **TERMINATE** |
| No | 02 | **CONTINUE** |

IF RESPONDENT QUALIFIES, SAY:

Thank you very much for your responses and the time spent. I would now like to request for your time to conduct the Main Interview. The interview will last approximately 45 minutes, and it has some questions to **understand your opinion on current and future needs in professional education programs for surgeons.** Please be assured that the interview is being conducted under the Market Research Society’s Code of Conduct, whereby your particulars will not be revealed to any other party

INTERVIEWER TO NOTE DOWN THE TIME AND PLACE FOR INTERVIEW

PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                DATE:       /             /2023       TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/pm