**Project Jewel**

**Screener\_HCPs**

**December 2022**

**NOTE: ALL SCREENERS SHOULD HAVE A VISITING CARD ATTACHED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Doctor |  | | | | |
| Qualification |  | | | | |
| Address |  | | | | |
|  | | | | |
| Phone Number |  | | Database Code |  | |
| E-mail address |  | |  |  | |
| Interview date |  | | Duration of interview |  | |
| Interviewer name |  | | Supervisor Name |  | |
| Accompanied | 1 | Back checked | 2 | Scrutinized | 3 |
| Back checked by |  | | Scrutinized by |  | |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting market research **to understand your opinion on treatment and management of patients with acute and chronic wounds** and would like to speak to a small number of people in India about this subject. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The discussion will be conducted telephonic and will last for about **40-45mins**. 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 an **honorarium** in appreciation of your time and participation in the study. This compensation will be provided through PAYTM or RTGS.

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.

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.

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

Yes……………………………………… …1 **→ CONTINUE**

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

**Adverse Events**

We are now being asked to pass on to our client details of adverse events that are mentioned during market research interviews. Although what you say will of course be treated in confidence, should you raise an adverse event during the discussion we will need to report this even if it has already been reported by you directly to the company or regulatory authorities. In such a situation you will be asked whether you are willing to waive the confidentiality given to you using the market research codes of conduct specifically in relation to that adverse event. Everything else you say during the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

**RECRUITER:** Did the respondent agree to the AE statement?

Yes………………………………………1 **→ CONTINUE**

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

**ADVERSE EVENT REPORTING:**

**NOTE TO INTERVIEWER FOR ADVERSE EVENT REPORTING:** Incase during interview there is mention of adverse effects/side-effects for any of the products used either by the physicians for his patients or patient himself, it must be brought to the notice of the researcher

**Interviewer to read out before interview:**

IQVIA is committed to supply any product safety information resulting from the market research activities as well as carry out all the reporting requirements of pharmaco-vigilance which then has to be reported directly to pharmaco-vigilance department of the research sponsor company

**AFTER READING THIS, CONTINUE WITH THE SCREENER**

**SCREENER**

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

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| **Burn care specialist -** MBBS, MD / DNB Anesthesiology/ Certification - American Burn Association (Intensivist involved in treatment and management of Burns Patient) | 01 | **CONTINUE & RECRUIT AS PER QUOTA** |
| **Plastic surgeon -** MCh - Plastic Surgery, MBBS, MS/ DNB - Plastic Surgery | 02 |
| **Vascular surgeon -** MCh - Vascular Surgery, MBBS, MS / DNB - Vascular Surgery | 03 |
| **Podiatric surgeon-** MBBS, MS/ DNB - General Surgery (Wound care Surgeon) | 04 |
| **Dermatologist-** MBBS, MD- Dermatology | 05 |
| **Orthopedic Surgeon - -** MBBS, MS / DNB - Orthopedic Surgery | 06 |
| **GPs/ CPs** -MBBS, MD | 07 |
| **Gynaecology Surgeon** - MBBS, MS / DNB - Gynecology & Obstetrics | 08 |  |
| Others | 98 | **TERMINATE** |

1. May I know the total number of years since you have been practicing? **RECORD VERBATIM. TAKE MID-POINT IF THE DOCTOR GIVES RANGES. FILL IN WITH LEADING ZEROS. TERMINATE IF <3&>25**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

1. A. Doctor, can you tell me which **type of practice** are you involved in? **DO NOT PROMPT. CODE IN THE GRID BELOW. MULTIPLE CODING POSSIBLE**

B. Doctor, of these, which is your **primary place of practice**/ main place of work i.e., place of practice where you spend more than 70% of your time? **SINGLE CODE ONLY. ONLY RECRUIT FOR DOCTORS WITH PRIVATE PRIMARY PLACE OF PRATICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **PLACE OF PRACTICE** | **CODE**  **3A** | **ACTION** | **CODE**  **3B** |
| In a private solo practice only | 01 | **CONTINUE** | 01 |
| In a wound care clinic | 02 | 02 |
| In a private hospital / multispecialty hospital | 03 | 03 |
| In a private nursing home/maternity home | 04 | 04 |
| In a private clinic + attached to private hospital | 05 | 05 |
| In a private clinic + attached government hospital | 06 | **TERMINATE** |  |
| In a private clinic + attached to teaching hospital/ Institutions | 07 |  |
| In a government hospital only (no private practice / in public practice only) | 08 |
| Others | 99 |

1. Doctor, can you please tell me your **first visit consultation fees/charges (in INR)**? **RECORD IN THE GRID BELOW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **FIRST CONSULTATION FEES** |

|  |  |
| --- | --- |
| **SPECIALTY** | **RECRUITMENT CRITERIA** |
| Plastic surgeon/ Vascular Surgeon/ Podiatric Surgeon/ Orthopaedic Surgeon/ Gynaecology Surgeon/ Dermatologist | **CONTINUE ONLY IF >= INR 500** |
| GPs/ CPs | **CONTINUE ONLY IF >=INR 250** |

1. Doctor, approximately how many **patients (including new and follow up)** do you personally see on an **average in a month**? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Total patients seen per month** |

|  |  |
| --- | --- |
| **SPECIALTY** | **RECRUITMENT CRITERIA** |
| Plastic surgeon/ Vascular Surgeon/ Podiatric Surgeon/ Orthopaedic Surgeon/ Gynaecology Surgeon/ Dermatologist | **CONTINUE ONLY IF >=200** |
| GPs/ CPs | **CONTINUE ONLY IF >=300** |

1. Doctor, approximately how many **wound care patients (including new and follow up)** do you personally see on an **average in a month**? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Total patients seen per month** |

|  |  |
| --- | --- |
| **SPECIALTY** | **RECRUITMENT CRITERIA** |
| Orthopaedic Surgeon/ Gynaecology Surgeon/ Dermatologist | **CONTINUE ONLY IF >=10** |
| Plastic surgeon/ Vascular Surgeon/ Podiatric Surgeon/ | **CONTINUE ONLY IF >=40** |
| GPs/ CPs | **CONTINUE ONLY IF >=60** |

1. Doctor are you **actively involved** in treatment and management of patients with acute/ chronic wound ? **SINGLE CODING ONLY**

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

1. Doctor do you use **advanced dressing products** in treatment of acute/ chronic wounds? **SINGLE CODING ONLY**

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

1. Which are the **different types of dressings** you use for treating acute/ chronic wounds? **MULTIPLE CODING POSSIBLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **PRODUCT** | **CODE** | **ACTION** |
| Advanced | Foam Dressing | 01 | **CONTINUE IF ATLEAST 2 OPTIONS ARE CODED BETWEEN 01-10,**  **OR ELSE TERMINATE** |
| Advanced | Silicone Dressing | 02 |
| Advanced | Non- Silicone Dressing | 03 |
| Advanced | Film Hydrocolloid Dressing | 04 |
| Advanced | Alginate | 05 |
| Advanced | Hydrogel | 06 |
| Advanced | Collagen | 07 |
| Advanced | Hydrofiber | 08 |
| Advanced | Wound contact layers | 09 |
| Advanced | Super absorbent | 10 |
| Basic | Dressing: Antimicrobial greasy gauze dressing | 11 |
| Basic | Cream: Creams (Antibiotics/ SSD) | 12 |
| Basic | Solution: Cleaning local solutions (NS/ Prontosan) | 13 |
| Basic | Iodine based products (e.g.: Iodine solution / powder) | 14 |

1. Are you **associated with any medical device/ pharmaceutical company** as an employee, a panel member or consultant? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | **01** | **THANK AND CLOSE** |
| No | **02** | **CONTINUE** |

1. Have you **participated in any market research** study related to treatment and management of patients with acute/ chronic wound in last 1 month? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | **01** | **THANK AND CLOSE** |
| No | **02** | **CONTINUE** |

IF RESPONDENT QUALIFIES, SAY:

The purpose of our study is to understand your opinion on treatment and management of patients with acute and chronic wounds. The discussion will be conducted face to face/ telephonically 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?

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **ACTION** |
| Yes | 01 | RECRUIT |
| No | 02 | THANK AND CLOSE |

**Explain purpose of recording the discussion** – Doctor, can I get your permission to record this interview. The tape recording of this discussion is for my transcribing purposes only since it would otherwise be difficult to keep writing down the responses as we discuss. In case you want me to pause the recording at any point, please let me know.

|  |  |
| --- | --- |
| **RESPONSE** | **CODE** |
| Yes | 01 |
| No | 02 |

INTERVIEWER TO NOTE DOWN THE TIME AND PLACE FOR INTERVIEW

PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                DATE:       /             /2021         TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/pm