

APPENDIX. 2018 CUA census questions

G1. Please select your current country of residence. (Select your country from the pull-down list)

G2. Please enter the postal area code for your primary practice location. [_ _ _ _ _]

G3. Please select each degree earned (select all that apply)

- MD (Doctor of Medicine)
 - Other type of medical degree
 - PhD or other doctoral degree
 - Registered Nurse (RN) or Licensed Practical Nurse (LPN)
 - MBA
 - MPH or MHS (Health Services)
 - Other
- Please specify: _____

G4. Please indicate your current profession: (Select all that apply)

- Practicing urologist (go to U questions)
 - Non-practicing urologist (go to D questions)
 - Provider in an area other than urology (go to D questions)
 - Medical student (go to D questions)
 - Resident/Trainee (go to RF questions)
 - Fellow (go to RF questions)
 - Nurse (go to PA-NP-RN questions)
 - Educator (go to D questions)
 - Researcher (go to R questions)
 - Administrator/medical officer/practice manager (go to PM questions)
 - Fully retired (go to D questions)
 - Other (go to D questions)
- Please specify: _____

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U1. Please indicate the 4- digit year when you completed the following:

- Medical school (MD or DO) [_ _ _ _]
- Residency [_ _ _ _]
- Initial full certification by the American Board of Urology (ABU) or other Medical/DO board if applicable [_ _ _ _]
- Most recent fellowship training (programs at least one year in duration) (if “None” skip U2, U3, U4) [_ _ _ _]

U2. Please indicate any fellowship training (at least one year in duration) you have received. (Select all that apply)

- Oncology
- Pediatrics
- Endourology/ Stone Disease
- Female Pelvic Medicine and Reconstructive Surgery
- Erectile Dysfunction
- Male Infertility
- Renal Transplantation
- Male Reconstruction/ Trauma
- Robotic Surgery
- Research
- Other,

Please specify: _____

U3. Why did you pursue fellowship training? (Select all that apply)

- I felt I needed additional clinical and surgical experience before entering practice
- I wanted advanced training so I could specialize in it in practice
- I wanted to enter into an academic practice
- Other,

Please specify: _____

U4. Could you find a job that allows you to practice your fellowship specialty as the majority of your practice? (Select one only)

- Yes
- No
- I don't know

U5. Please select the primary subspecialty area in which you practice. (Select one only)

- General without subspecialty
- Oncology
- Pediatrics
- Endourology/Stone Disease
- Female Pelvic Medicine and Reconstructive Surgery
- Erectile Dysfunction
- Male Infertility
- Renal Transplantation
- Male Genitourinary Reconstruction
- Robotic Surgery
- Laparoscopic Surgery

U6. Please select all subspecialty areas in which you practice. (Select all that apply)

- Oncology
- Pediatrics
- Fetal Urology
- Endourology/Stone Disease
- Female Pelvic Medicine and Reconstructive Surgery
- Erectile Dysfunction
- Male Infertility
- Renal Transplantation
- Male Genitourinary Reconstruction
- Robotic Surgery
- Laparoscopic Surgery
- None of the above

U7. Please select your primary practice setting? (Select one only)

- Solo practice
- Single urology group
- Multi-specialty group
- Academic medical center/medical school
- Other public hospital
- Community health center
- Industry (pharmaceuticals, EMR vendors, device manufacture, etc.)
- Other,

Please specify: _____

U8. Please indicate your employment status. (Select all that apply)

- I am an employee of my practice
- I am the sole owner of my practice
- I am a partner in my practice

U9. Please provide your best estimates on the following questions.

- Number of urologists within your practice
- Number of patient visits/encounters you have in a typical week
- Number of minutes you spend with a patient in a typical office visit
- Percent of visits/encounter with female patients
- Number of work hours spent on clinical activities (e.g., rounding, seeing patients, ordering and reviewing lab tests, taking calls, etc.) in a typical week
- Number of work hours spent on nonclinical activities (e.g., administration, teaching, research, etc.) in a typical week
- Total number of weeks you were on vacation leave in the past year
- Total number of years you have practiced urology since completion of residency

U10. Do you perform major inpatient operative procedures? (Select one only)

- Yes
- No
- I prefer to not answer

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U11. Do you perform cystectomy with continent urinary diversion? (Select one only)

- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/ academic practice in my region
- Other, please specify: _____

U12. Do you perform redo complex hypospadias surgeries? (Select one only)

- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/ academic practice in my region
- Other, please specify: _____

U13. Do you perform radical nephrectomies for renal tumors with vena cava thrombus? (Select one only)

- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/ academic practice in my region
- Other, please specify: _____

U14. Do you perform urethroplasties using buccal mucosa? (Select one only)

- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/ academic practice in my region
- Other, please specify: _____

U15. How many major inpatient operative procedures do you perform in a typical month [_ _ _]

U16. Does your practice currently have difficulty filling urologist vacancies? (Select one only)

- Yes
- No
- I don't know

U17. What are your difficulties filling urologist vacancies? (Select all that apply)

- Not enough candidates available
- Not enough qualified candidates available
- Not enough funding to fill the position
- Other

U18. Do you participate in a telemedicine program? Telemedicine is defined as the remote diagnosis and treatment of patients by means of telecommunications technology. (Select all that apply)

- No
- Yes, in less than 10% of my patients
- Yes, in 10-25% of my patients
- Yes, in 26-50% of my patients
- Yes, in greater than 50% of my patients

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U19. Does your organization have telemedicine practice standards/ guidelines for delivering telemedicine services? (Select one only)

- Yes
- No
- I don't know

U20. If you participate in telesurgery, which procedures do you include? (Select all that apply)

- Cystoscopic
- Robotic
- Laparoscopic
- Open
- None of the above

U21. Do you treat Benign Prostatic Hyperplasia (BPH) surgically? (Select one only)

- Yes
- No
- I don't know

U22. Of your BPH patients treated surgically, what percentages are treated using each of the following techniques? (Should add to 100%)

- Transurethral resection of the prostate (TURP) - Monopolar [0%]
- Transurethral resection of the prostate (TURP) - Bipolar [0%]
- Button-TURP ('Button Procedure') [0%]
- Photoselective vaporization (PVP) [0%]
- Holmium laser ablation of the prostate (HoLAP) [0%]
- Holmium laser enucleation of the prostate (HoLEP) [0%]
- UroLift [0%]
- Other [0%]

U_23. Have you participated in any quality reporting programs over the past 12 months? (Select one only)

- Yes
- No
- I am unsure/not aware

U_24. Have you enhanced the quality of your practice with changes to the following? (Select all that apply)

- No, I have not enhanced the quality of my practice.
- Yes, with changes to patient care work flow
- Yes, with changes to practice patterns
- Yes, with changes to performance assessment
- Yes, with changes to financial incentives
- Unsure/not aware
- Other,

Please specify: _____

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U_25. Does your practice routinely use timeouts prior to procedures in the ambulatory clinic? (Select all that apply)

- Yes
- No
- Unsure

U26: Do you treat advanced prostate cancer (Castration Resistant Prostate Cancer) in your practice?

- Yes
- No
- I don't know

U27: Do you utilize minimally invasive procedures using lap or robotics in your practice?

- Yes
- No
- I don't know

U28. Do you use electronic health record (EHR) system to record patient information?

- I use EHR only
- I use paper records only
- I use both EHR and paper records
- I don't know

U29. Do you utilize CUA Clinical Guidelines when making clinical decisions?

- Yes
- No
- I am not aware of the AUA Clinical Guidelines (skip IU12 and IU13)

U30. How do you access CUA Guidelines? (Select all that apply)

- CUA Website
- CUA email notification
- Canadian Urological Association Journal
- Printed Guidelines

U31. Do you utilize AUA Clinical Guidelines when making clinical decisions?

- Yes
- No
- I am not aware of the AUA Clinical Guidelines

U32. How do you access CUA Guidelines? (Select all that apply)

- AUA Website
- AUA email notification
- Journal of Urology
- Guidelines International Network Website
- National Guidelines Clearinghouse Website
- Printed Guidelines-at-a-Glance (Pocket Guide)

SECTION C	0	1	2	3	4	5	6
SB15. I accomplish many worthwhile things in this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB16. I feel full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB17. I am easily able to understand what my patients/clients feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB18. I look after my patients'/clients' problems very effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB19. In my work, I handle emotional problems very calmly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB20. Through my work, I feel that I have a positive influence on people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB21. I am easily able to create a relaxed atmosphere with my patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SB22. I feel refreshed when I have been close to my patients/clients at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What is your gender?

- a. Male
- b. Female
- c. Other

35. What is your current marital status?

- a. Single
- b. Single in a committed relationship
- c. Married
- d. Divorced
- e. Divorced and currently in a committed relationship

36. How many children do you have?

- a. None
- b. 1
- c. 2
- d. 3-4
- e. 5+

37. How many times do you exercise on a weekly basis?

- a. 0
- b. 1-2
- c. 3-4
- d. 5+

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38. Do you wish you had more time for hobbies outside of work?
- Yes
 - No
39. Would you describe your social life as active?
- Yes
 - No
40. Are there resources available to manage stress and burnout within my organization?
- Yes
 - No
 - I don't know
41. Have you utilized available resources to manage stress and burnout?
- Yes
 - No
 - Prefer not to say
42. Are the resources available within your organization to manage stress and burnout adequate?
- Yes
 - No
 - I don't know
43. Do you wish that there were more/better resources available to manage burnout within your organization?
- Yes
 - No
44. What is your religious/faith background?
- Christianity
 - Judaism
 - Islam
 - Buddhism
 - Hinduism
 - Other
45. Are you under financial strain?
- Yes
 - No

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46. How would you rate your personal physical health?
- Excellent
 - Good
 - Fair
 - Poor
47. How often are you on call?
- Everyday
 - Every other day
 - 2-3 days per week
 - Once a week
 - Less than once a week
 - 2-3 days per month
 - Once a month
 - Less than once a month
 - Never on call
48. Do you have any outstanding malpractice claims/lawsuits?
- Yes
 - No
49. Do you use any illicit substances?
- Yes
 - No
50. Do you drink alcohol?
- Yes
 - No
51. Have you ever felt you should **Cut** down on your drinking?
- Yes
 - No
52. Have people **Annoyed** you by criticizing your drinking?
- Yes
 - No
53. Have you ever felt bad or **Guilty** about your drinking?
- Yes
 - No

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54. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye opener**)?

- a. Yes
- b. No

D1. Please enter your 4-digit year of birth. [_ _ _ _]

D4. What is your country of origin? (Pre-loaded or select from the pull-down list)

D5. Please enter the age at which you fully retired or plan to fully retire from practice. [_ _]
(A mandatory question with default as “65”)