Peer Advisory Conversation

PRE-CONVERSATION QUESTIONNAIRE

THE COLLEGE OF VETERINARIANS OF ONTARIO

Completing this questionnaire will help the College to match you with an appropriate Peer Advisor. This information is intended to provide a "snapshot" of your practice. You will be matched with a Peer Advisor based on your specific area(s) of practice (e.g. species group) and practice setting.

Full Name: _____ Licence Number: _____

Where do you work? Please provide details about the clinical practice location where you work most often. If you are a locum, you may choose one of your practice locations as your primary practice, or leave the table blank and provide further details below.

	Primary Practice Location
Practice Name:	
Number of veterinarians:	
Number of Technicians/RVTs:	
Number of other office staff:	
Records system: (paper, electronic, or combination)	

Please describe your practice including your practice setting(s), veterinary team(s), and patient(s):

Do you have an area of interest, a practise focus, or an AVMA or CVMA Specialty Board Certification? Please describe:

What types of cases and conditions do you see?

Case Type	% of Case Load	Details (e.g. common conditions, procedures performed)
Wellness/Routine		
Acute Condition		
Emergency		
Surgical		
Complex Diagnosis		
Chronic Condition		
Other (e.g. complementary and alternative services, rehabilitation, etc.)		

In order to make the conversation as valuable as possible, please share your learning goals for the Peer Advisory Conversation.

1.
2.
3.

If you have any additional information that you'd like to provide, please use the box below. (Optional)

Scheduling

A Peer Advisor trained by the College conducts the Peer Advisory Conversation. The Advisor will meet with you in-person or by Lifesize or telephone for approximately two hours. This time must be protected. No patient care will be observed and you must be free to spend the entire time with the Advisor, without interruption.

Please select your preferred conversation format:
☐ In person
☐ Lifesize or telephone
☐ No preference

Please select **at least three** preferred times for the conversation. You may choose a morning, afternoon or evening time slot and indicate your preference within that part of the day. For example, you might select Monday morning, 8:00 – 12:00, and Tuesday afternoon 1:00 – 5:00 and Friday morning 9:00 – 1:00. The Advisor will have reviewed your scheduling preferences prior to contacting you to schedule the conversation date and time.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please indicate your preferred times:
☐ Morning, 8 am - 12 pm
☐ Morning, 9 am - 1 pm
☐ Afternoon, 12 pm - 4 pm
☐ Afternoon, 1 pm - 5 pm
☐ Evening, 5 pm - 9 pm

Conflict of Interest

The information you provide on this questionnaire will assist us in matching you to an appropriate Peer Advisor. Matches are made on the basis of similarities in scopes of practice and the absence of conflict of interest. Below is a list of Peer Advisors that may be selected to conduct your Peer Advisory Conversation. Using the checkbox beside each name, please indicate any Peer Advisors with whom you may have a conflict of interest.

To assist in determining if conflict of interest exists, please consider the following questions:

1. Have you had a working or close personal relationship with this individual in the past (e.g. a close friend, a previous work colleague, a competitor)?
2. How long ago was this relationship?
3. Could you or the facility in which you work reasonably be viewed as a competitor to the licensed member/Advisor (e.g., for patients, clients, referral sources, etc.)?

Indicate "Yes" if any potential, apparent, or real conflict of interest exists.

Conflict of Interest	Peer Advisor	Conflict of Interest	Peer Advisor
☐ Yes ☐ No	Dr. Leann Benedetti	☐ Yes ☐ No	Dr. Julia Kremer
☐ Yes ☐ No	Dr. Sarah Charron	☐ Yes ☐ No	Dr. Wendy Menary
☐ Yes ☐ No	Dr. Michael Corradini	☐ Yes ☐ No	Dr. Paul O'Neill
☐ Yes ☐ No	Dr. Kathleen Day Dunbar	☐ Yes ☐ No	Dr. Shalini Ramsubeik
☐ Yes ☐ No	Dr. Maggie Himann	☐ Yes ☐ No	Dr. Chiara Switzer
☐ Yes ☐ No	Dr. Shannon Howitt	☐ Yes ☐ No	Dr. Karen Ward
☐ Yes ☐ No	Dr. Anna Kato	☐ Yes ☐ No	Dr. Barbara Winslow
☐ Yes ☐ No	Dr. David Kerr	☐ Yes ☐ No	Dr. Maher Zaytoun

Please provide details regarding any conflicts of interest indicated above:

Signature: _____ Date: _____

Please submit this completed questionnaire to:

Emily Ewles, Principal, Quality Assurance & Improvement
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