Survey

Identifying child maltreatment during virtual medical appointments

Your contribution is greatly appreciated.

1. As part of your paediatric practice, have you ever provided virtual medical appointments?  ○ Yes  ○ No
   * Virtual medical appointments include consults and follow-up appointments conducted via telephone (telehealth), video, or an equivalent technology. Email or text-based correspondence is not included.

2. Which of the following best describes your practice?
   ○ General paediatrician  ○ Paediatric subspecialist, specify: _____________________
   ○ Other, specify: _____________________

3. Indicate the practice setting in which you spend the majority (>50%) of your time? (Select all that apply)
   a)  ○ Urban  ○ Suburban  ○ Rural/Remote
   b)  ○ Academic  ○ Non-academic
   c)  ○ Inpatient hospital  ○ Emergency/Urgent care centre  ○ Outpatient clinic  ○ Private office/Community setting

4. Provide the first three digits of the postal code of the practice where you spend the majority (>50%) of your time: ___   ___   ___

5. How many years have you been in independent practice? _____ years

6. Did you provide any virtual medical care prior to the start of the pandemic (March 2020)?  ○ Yes  ○ No

7. Since March 2020, approximately what percentage of your total clinical encounters have been virtual?
   ○ 0–10%  ○ 11–40%  ○ 41–60%  ○ 61–90%  ○ 91–100%

8. In your experience, has providing care in the virtual environment made it easier or more difficult to identify concerns for child maltreatment?  ○ Much easier  ○ Slightly easier  ○ Neutral  ○ Slightly more difficult  ○ Much more difficult

   Provide the main reason for your answer above: _________________________________________________________________

9. Throughout your clinical career, approximately how many cases of possible or confirmed child maltreatment have you reported to a child protection authority following an in-person appointment?
   ○ 0  ○ 1–2  ○ 3–9  ○ 10–19  ○ >20

10. Throughout your clinical career, approximately how many cases of possible or confirmed child maltreatment have you reported to a child protection authority following a virtual appointment?
    Prior to March 2020:  ○ 0  ○ 1–2  ○ 3–9  ○ 10–19  ○ >20
    Since March 2020:  ○ 0  ○ 1–2  ○ 3–9  ○ 10–19  ○ >20

   **If you reported ZERO cases of possible or confirmed child maltreatment following a virtual appointment, skip to question 13.**

11. If you reported at least one possible or confirmed case of child maltreatment to a child protection authority following a virtual appointment, what factor(s) listed below triggered your concerns? For each factor that triggered concern, specify the approximate number of cases to which it applies. If multiple factors were involved in one case, please include all that applied.

<table>
<thead>
<tr>
<th>Disclosed directly to physician</th>
<th>Observed by physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated # cases disclosed by child/youth</td>
<td>Estimated # cases disclosed by parent/caregiver</td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
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<tr>
<td>Emotional abuse</td>
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<td>Neglect</td>
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<tr>
<td>Social stressors (e.g., financial difficulty, social isolation, home environment)</td>
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<tr>
<td>Parental capacity (e.g., cognitive capacity, mental health or addictions issues)</td>
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<tr>
<td>Use of hand signal previously established with physician</td>
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<tr>
<td>Virtual physical exam</td>
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<tr>
<td>Observation by physician of interactions between participants on video</td>
<td></td>
</tr>
<tr>
<td>Other factor(s) not listed above</td>
<td></td>
</tr>
</tbody>
</table>
12. Was a subsequent in-person appointment necessary prior to reporting your concerns to a child protection authority? (Select all that apply)
   - I reported based on the virtual medical appointment alone. (Number of cases: ______)
   - I required a subsequent in-person follow-up appointment. (Number of cases: ______)

13. Have you had any concerns regarding a possible missed case(s) and/or possible delays in the identification of a case of child maltreatment associated with virtual care?  
   - Yes  
   - No

   If yes, please specify impact (if any): ___________________________________________________________________________

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Please return this survey with your monthly reporting form. Thank you for your participation.