Default Question Block

PAIGE Podiatrists in Australia - Investigating Graduate Employment.

There are many factors which podiatrists consider when choosing where to work. Additionally, many health professionals are confronted with burnout and their own mental health challenges. We are interested in determining how these factors apply to you and your situation.

This is the 4th survey of the PAIGE study. Surveys 1 and 2 were conducted just in Victoria and now we are expanding for a second year to the whole of Australia.

We <u>strongly</u> encourage you to repeat this survey even if you completed it in 2019 to capture any changes in your work practices.

You are invited to take part in this research if you are a podiatrist working in Australia. We are interested in EVERY podiatrist working in Australia being part of this study. Your responses are essential for this research to achieve it's aims.

Detailed information about these factors are essential for future workforce planning in the podiatry profession. This study is similar to others underway in medicine and nursing. Exploration of these factors has not been undertaken in this detail for allied health, and particularly not in the podiatry profession.

The information that you provide in the PAIGE study will be used to:

- Understand how life impacts on workplace decisions
- Improve the access to podiatry services for every Australian, particularly in rural and regional areas
- Improve the evidence base informing podiatry workforce policy

This research is being undertaken by researchers at Monash University (A/Prof Cylie Williams, Anna Couch, Dr Belinda O'Sullivan, and Prof Terry Haines) and La Trobe University (Prof Hylton Menz).

It is not expected that you will directly benefit from this research and there is no payment for being part of this research.

At the end of the survey you may choose to enter a draw to win:

- One (1) of ten (10) \$100 vouchers for Continued Professional Development sessions or conferences delivered by the Australian Podiatry Association. You do not have to be a member of the APODA to use.

If you choose to leave your contact details to receive results, you can be assured that your contact details will not be subsequently linked to your survey responses. You will see this by the survey window opening up a new survey.

This survey will take up to 30 minutes depending on if you have completed it before. You can complete it in your own time and it is important that the whole survey is completed.

You can withdraw at any time by closing your Internet browser window. Being part of this study is voluntary. However, if you do consent and answer questions, anything you have answered may be used within the research. You will not be able to withdraw the answers to any questions you have answered.

This study has been partially funded by the Australian Podiatry Association to support a research worker, and researchers on the team are supported by fellowships and a stipend through the National Health and Medical Research Council and the Australian Government Research Training Program.

The results of this survey are confidential. You will not be asked to give any identifying information in a way that your results can be matched to you. Answers are being collected through Qualtrics and you can access the privacy policy here: https://www.qualtrics.com/privacy-statement/

Any provided information and details (in separate survey) will only be viewed by the research team. The

collected responses will be stored in accordance with Australian Privacy Regulations, and will be kept as a password protected data file stored on a cloud based server for 15 years. If there is future funding of this project, your responses to this survey may be linked to your responses in future surveys. A report of this study will be submitted for publication. No individual responses will be identified in any publications.

A newsletter containing key survey results and information about how results are being used to advance the podiatry profession will be produced during this project and shared with participants and funder. You have the option to provide your email address to receive this at the end of the survey. It will not be linked with your survey responses.

If you would like to contact the research team about aspects of this study or have a complaint concerning the manner in which this research is being conducted, please contact the principal investigator:

Cylie Williams: cylie.williams@monash.edu

Ph: (03) 9784 2678

OR

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact:

Executive Officer, Monash University Human Research Ethics (MUHREC) Room 111, Chancellery Building E,
24 Sports Walk, Clayton Campus Research Office, Monash University Tel: +61 3 9905 2052 Email:
muhrec@monash.edu Fax: +61 3 9905 3831

If you completed the 1st, 2nd or 3rd survey in 2017, 2018 or 2019 please enter the same code that you created in survey one.

If this is the first PAIGE survey you have complete and to consent to being part of this research, please create your code to enable your answers to be linked during subsequent rounds.

To create this code, please use:

- Your two (2) initials and two (2) digits of the date in the month of your birthday.
- e.g. Cylie Williams and birthday date in the month is 28, the code example is CW28

If you have a double surname (e.g. Smith-Peterson), only the first initial - S should be used as the code should be only 4 digits.

News your consisted the Devel 2 DAIGE sympty	
Have you completed the Round 3 PAIGE survey	
Yes	
No	
Can't remember	
Are you in the same job since the beginning of 2019?	
Voa	

A) About your job satisfaction

O No

1. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your job

Moderately Neither satisfied Moderately

Qualtrics Survey Software 07/09/2020, 20:23 Very dissatisfied dissatisfied or dissatisfied satisfied Very satisfied Not applicable Freedom to choose your own method of working Amount of variety in your work Physical working conditions Opportunities to use your abilities Your colleagues and fellow workers Recognition you get for good work Your hours of work Your remuneration Amount of responsibility you are given Taking everything into consideration, how do you feel about your job? 2. Please indicate the degree to which you agree or disagree with the following statements Strongly disagree Disagree Neutral Agree Strongly Agree Not applicable The balance between my personal and professional commitments is 0 0 0 0 0 about right I have a poor support network of other podiatrists like me It is difficult to take time off when I want to I can take time off at short notice, for example if one of my children is ill or for a home emergency My patients have unrealistic expectations about how I can help them The majority of my patients have complex health and social problems I have good support and supervision from podiatrists with advanced skills (ie: Sports, Paediatrics, High Risk, Surgery) The hours I work are unpredictable Running my practice is stressful most of the time I often undertake tasks that somebody less qualified could do I cannot work my preferred hours due to a lack of jobs offering those

3. Would you like to change your hours of work?	
○ No	
Yes, I'd like to increase my hours	
Yes, I'd like to decrease my hours	

hours

○ Yes	liatric Surgec	(, 101 0):						
Unsure								
No, I'm already enrolled/have a	place							
No, I have already completed m	y credential or	I am a register	red (with AHPI	RA) Podiatrio	c Surgeon			
○ No								
2. What year do you expect to b	pegin?							
Not sure								
Year								
Paediatric Credential through th Sport Podiatry Credential throug High Risk Foot Credential throug	h the Australia	n Podiatry Ass	sociation					
. What is the likelihood that yo	u will: Very unlikely	Unlikely	Neutral	Likely	Very likely	Not relevant as I only work in podiatry management or administration	Not relevant as I only work in podiatry academia	as I have already le or never commence
4. What is the likelihood that you	Very	Unlikely	Neutral	Likely	Very likely	as I only work in podiatry management or	as I only work in podiatry	or never commence a podiatry
Leave direct patient care (private practice, community health or nospital) within FIVE YEARS?	Very	Unlikely	Neutral	Likely	Very likely	as I only work in podiatry management or	as I only work in podiatry	as I have already le or never commence a podiatry
Leave direct patient care (private practice, community health or nospital) within FIVE YEARS? Leave podiatry work entirely vithin FIVE YEARS? C) About your work p 1. How many locations do you	Very unlikely laces practice at?	0	0	0	Very likely	as I only work in podiatry management or	as I only work in podiatry	as I have already le or never commence a podiatry
Leave direct patient care (private practice, community health or nospital) within FIVE YEARS? Leave podiatry work entirely within FIVE YEARS? C) About your work p 1. How many locations do you p	Very unlikely laces practice at?	0	0	0	Very likely	as I only work in podiatry management or	as I only work in podiatry	as I have already le or never commence a podiatry

□ Suburb	
Postcode	
4. How long have you been workingMonths	in or close to this geographic location?
World	
Years	
5. How many podiatrists work in you	ur current main workplace? (Include yourself if applicable)
Female	
Males	
Unsure (place 0 in number column)	
	annual salary and benefits with tax deducted) red payment for specified time or a % of billings before tax)
Salaried employee (e.g. receive fixed	
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll	lowing is the best fit for your primary workplace
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worker	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) h workers or professionals
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fixed Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health Private setting with podiatrists only (e	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) h workers or professionals xcluding podiatry assistants)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other healtl Private setting with podiatrists only (e University (with or without a teaching	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) h workers or professionals xcluding podiatry assistants)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other healtl Private setting with podiatrists only (e University (with or without a teaching Business (no patients)	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) h workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other healtl Private setting with podiatrists only (e University (with or without a teaching Business (no patients) 8. How many other health workers of	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) th workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply ners)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health Private setting with podiatrists only (e University (with or without a teaching Business (no patients) 8. How many other health workers or enter 0 into ones that have no oth	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) th workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply ners)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health Private setting with podiatrists only (e University (with or without a teaching Business (no patients) 8. How many other health workers or enter 0 into ones that have no oth Other allied health professionals Podiatry assistants	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) th workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply ners)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health Private setting with podiatrists only (e University (with or without a teaching Business (no patients) 8. How many other health workers or enter 0 into ones that have no oth	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) th workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply ners)
Salaried employee (e.g. receive fixed Contracted employee (e.g. receive fix Locum Other 7. Please nominate which of the foll Private setting with other health worke Public funded setting with other health Private setting with podiatrists only (e University (with or without a teaching Business (no patients) 8. How many other health workers or enter 0 into ones that have no oth Other allied health professionals Podiatry assistants	lowing is the best fit for your primary workplace ers or professionals (including podiatry assistants) th workers or professionals xcluding podiatry assistants) clinical load) or professionals are employed at your current main workplace? (Please enter all that apply ners)

how many) 9. My opportunities for continuing podiatry education and professional development are: Very limited Average Very good 10. What type of leave do you have access to as part of your employment arrangements (Select all that apply) Paid annual leave Unpaid annual leave Paid sick leave No leave available 11. How much leave have you taken in the past 12 months for recreational purposes? (Where you have taken paid and unpaid leave, please select both) Weeks Weeks of paid recreational leave Weeks of unpaid recreational leave 12. In your most recent USUAL week at work, for approximately how many HOURS did you undertake work in each of the following settings? (Include ALL of the work you do as a podiatrist) Hours Private practice hours Community health centre or other state-run primary care organisation hours Public hospital hours Private hospital hours Residential/aged care health facility (nursing/residential home, hospice etc.) hours Tertiary education institution hours Other (please list setting and number of hours) 13. In question 12, you reported how many HOURS you worked in your MOST RECENT USUAL WEEK. Using this as your total, please break down how you spent these hours on the following activities? (Include ALL of the work you do as a podiatrist in ALL jobs/workplaces) Hours Direct patient care hours (face-to-face, phone consultations, home visits, including any patient care with a student you are supervising) Indirect patient care hours (patient notes, reports, phone calls, care planning meetings)

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Education activity hours (teaching, research, continuing education)	
Practice management hours (including supervision of staff, ordering stock, advertising etc)	
Other (please report what and how many hours	
14. For how many years did you live in a r left secondary school?	rural area up until the age you
0 years, did not live rurally	
Years	
14a Please indicate the town name and s	state of the main rural area where you lived up until school leaving age.
☐ Town	state of the main raid area where you have up and concerted hig age.
State	
Has your workload changed since co	ompleting survey three in 2019?
	ompleting survey three in 2019?
O Yes	ompleting survey three in 2019?
 Yes No D) About your workload 1. In your most recent USUAL week at wo	ompleting survey three in 2019? ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting.
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting.
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting.
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting.
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting. Number
Yes No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting.
No No D) About your workload 1. In your most recent USUAL week at wo patients in ALL SETTINGS—eg. hospital a hours) Place a 0 (zero) if you do not see a Private practice Hospital/community health Home visit/ Residential Aged Care facilities 2. Excluding emergencies or urgent needs	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting. Number
No	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting. Number
No No D) About your workload 1. In your most recent USUAL week at wo patients in ALL SETTINGS—eg. hospital a hours) Place a 0 (zero) if you do not see a Private practice Hospital/community health Home visit/ Residential Aged Care facilities 2. Excluding emergencies or urgent needs or a podiatrist in your workplace: Less than 3 work days	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting. Number
No No D) About your workload 1. In your most recent USUAL week at wo patients in ALL SETTINGS—eg. hospital a hours) Place a 0 (zero) if you do not see a Private practice Hospital/community health Home visit/ Residential Aged Care facilities 2. Excluding emergencies or urgent needs or a podiatrist in your workplace: Less than 3 work days 4-7 work days	ork, for around HOW MANY patients did you provide care? (Include new and existing and private practice—procedures and telephone consultations for day time and out of any patients in that setting. Number

3. For patients who attend with a N	Medicare chronic disease management plan, do you usually bulk bill?
○ Yes	
○ No	
My workplace doesn't accept Medic	care chronic disease management plans
Not applicable	
4. What percentage of your usual	clinical load involves Medicare chronic disease management plans that are bulk billed?
<25%	
25-50%	
<u>51-75%</u>	
>75%	
5. What percentage of your usual 0%	clinical load involves telehealth consultations?
1-24%	
25-50%	
51-75%	
>75%	
Not applicable	
6. Are you registered or accept no	stiente who have NDIS funding? (If you are uneurs, calcut no)
Yes	tients who have NDIS funding? (If you are unsure, select no)
O No	
0 110	
M/hat naraantana af yayr yayal ali	nicel lead involves accepting or treating nationts who have NDIC funding?
	nical load involves assessing or treating patients who have NDIS funding?
<25% 25-50%	
51-75%	
>75%	
Not applicable	
What percentage of your usual wo care facility?	orking week involves home visits where care is provided in a person's home or residential aged
<50%	
50-99%	
100%	
Not applicable	
How long does your average cons	sultation last?
<10 minutes	
\cap	

11-15 minutes						
16-20 minutes						
21-30 minutes						
>31 minutes						
Not applicable						
Do you intend on undertaking the	e requirements set	t out by the P	odiatry Board of A	ustralia to heco	ime an endorse	ed prescriber?
Yes	o requirements set	tout by the r	odiatiy board of A	addiana to beco	inc an chaors	ou presender:
Unsure						
○ No						
I am currently in the process of ur	ndertaking the require	ements for endo	orsement			
I have already been endorsed to proceed	-					
F) A 1 (. 1. 2					
E) About your geograp	onic location					
Have you moved house/unit since	e completing surv	ey three in 20	019?			
○ Yes						
○ No						
E) About your geograp	hic location					
What is the suburb and postco	nde where you live	2				
Suburb	de where you hve	, .				
Postcode						
2. The opportunities for social inf	eraction for you a	nd your famil	y in the geographi	c location of you	ur main workpla	ace are:
Very limited						
Average						
Very good						
3. Please indicate the degree to	which you agree o	or disagree w	ith the following st	atements.		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable
I don't have many friends or family	0, 0					
members in my current work location	0	0	0	0	0	0
It is easy to pursue my hobbies						
and leisure interests in my current work location		0	O	0	0	0
My partner does not have many						
friends or family members in this work location						
There are good employment			0	0	0	0
		0	0	0	0	0
opportunities for my partner in this work location	0	0	0	0	0	0

children is adequate in this work location	0	0	0	0	0	0
F) About you						
1. Year of Birth (Full year:	i.e. 1980 not 80)					
2. Gender						
Male						
Female						
○ Intersex						
Prefer not to answer						
3. In what year did you comple	oto vour podiatry de	ograpa (Full yan	r: i o 1000 not 9	90)		
5. III what year did you compr	ete your podiatry de	gree: (ruiryea	1. 1.6. 1900 1101 0			7
Other, please list						
5. Where did you complete yo	our podiatry training	?				
La Trobe University, Bundoora						
La Trobe University, Bendigo						
Western Sydney University						
Queensland University of Tech	nnology					
University of Newcastle						
Charles Sturt University, Albur	ry-Wodonga					
University of South Australia						
O Southern Cross University						
University of Western Australia	a					
Central Queensland University	<i>y</i>					
Other						
6. Did you complete any rural	or regional placeme	ents?				
Yes, Where?						
○ No						

Qualtrics Survey Software 07/09/2020, 20:23 7. In general, would you say your health is: Excellent Very Good Good Fair Poor Part B- Psychological Distress We are interested in understanding some of the aspects about your health that may impact your work. Part B will focus on measuring impacts of distress, resilience and burnout. Please note all data collected is confidential and you will not be asked to give any identifying information in a way that your results can be matched to you. If any of the follow questions make you feel uncomfortable you can close the survey window. If you need further help, please call Life Line: 13 11 14 or see your general practitioner. 1. Brief Resilience Scale Strongly Strongly Disagree Disagree Neutral Agree Agree I tend to bounce back quickly after hard times I have a hard time making it through stressful events It does not take me long to recover from a stressful event It is hard for me to snap back when something bad happens I usually come through difficult times with little trouble I tend to take a long time to get over set-backs in my life 2. Allied Health professionals frequently have staff-client interaction that are based primarily around the client's current problems (psychologial, social or physical). Solutions to the client's issues may not always be obvious. Sometimes the chronic stress of working with these individuals can be emotionally draining and lead to burnout. The Maslach Burnout Inventory is a tool used to assess Burnout. Please answer the following statements; A few times a Once a month A few times a A few times a Once a week Everyday week month or less Never I deal very effectively with the problems of my patients I feel I treat some patients as if they were impersonal objects I feel emotionally drained from my I feel fatigued when I get up in the morning and have to face another day on the job I've become more callous towards people since I took this job I feel I'm positively influencing other people's lives through my work

Working with people all day is really a strain for me	0	0	0	0	0	0	0
don't really care what happens to some patients	0	0	0	0	0	\circ	0
feel exhilarated after working closely with my patients	0	\circ	0	\circ	\circ	\circ	0
think of giving up podiatry for another career	0	\circ	0	\circ	\circ	\circ	0
reflect on the satisfaction I get from being a podiatrist	0	\circ	0	\circ	\circ	\circ	0
regret my decision to become a podiatrist	0	0	0	0	0	0	0
3. The Ten-Item Personality I see myself as:	nventory (T	IPI)					
de mysen as.	Disagree strongly	Disagree moderately	Disagree a little	Neither agre		Agree e moderately	Agree strongly
. Extraverted, enthusiastic	0	0	0	0	0	0	0
2. Critical, quarrelsome	0	0	0	0	0	0	0
3. Dependable, self-disciplined	0	0	0	0	0	0	0
1. Anxious, easily upset	0	0	0	0	0	0	0
5. Open to new experiences, complex	0	0	0	0	0	0	0
S. Reserved, quiet	0	0	0	0	0	0	0
7. Sympathetic, warm	\circ	\circ		0	\circ		0
B. Disorganised, careless	\circ	\circ	\circ	0	0		0
_	0	0	0	0	0	0	0
Disorganised, careless Calm, emotionally stable Conventional, uncreative	0	0	0	0	0 0	0	0
O. Calm, emotionally stable O. Conventional, uncreative O. The personal life events listed for each statement below, places 12 months. For each statement statement statement below, places 12 months.	ease indica itement you	te 'YES' or 'I answer 'YE	NO' as to w S', please	hether you indicate hov	experienced	I the event du	uring the
2. Calm, emotionally stable 10. Conventional, uncreative 14. The personal life events lise 15. For each statement below, places 12 months. For each statement below, places 12 months.	ease indica	te 'YES' or 'N answer 'YE	NO' as to w S', please	hether you indicate hov	experienced v long ago th	I the event dune event occu	uring the urred or
2. Calm, emotionally stable 10. Conventional, uncreative 4. The personal life events lise For each statement below, placest 12 months. For each statemented. Serious personal injury or illness to a	ease indica	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago
2. Calm, emotionally stable 10. Conventional, uncreative 11. The personal life events list 12. The personal life events list 13. The personal life events list 14. The personal life events list 15. For each statement below, placest 12 months. For each statement below, placest 12 months. For each statement life events list 15. For each statement below, placest 12 months. For each statement life events list 16. Serious personal injury or illness to select life events list 16. Serious personal injury or illness to a close relative or family member	ease indica	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago
2. Calm, emotionally stable 10. Conventional, uncreative 14. The personal life events lise For each statement below, placest 12 months. For each state commenced. Serious personal injury or illness to a close relative or family member Death of spouse or child Death of other close relative or family	ease indica	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago
2. Calm, emotionally stable 10. Conventional, uncreative 14. The personal life events list 25. For each statement below, places 12 months. For each statement below, places 14 months are placed to be personal injury or illness to a close relative or family member (e.g parent or sibling)	ease indica	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago
9. Calm, emotionally stable	ease indicate tement you	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago
9. Calm, emotionally stable 10. Conventional, uncreative 4. The personal life events lise For each statement below, placest 12 months. For each statement below, placest 13 months are considered to be personal injury or illness to a close relative or family member (e.g parent or sibling) Death of a close friend	ease indicate tement you	te 'YES' or 'N answer 'YE	NO' as to w S', please	whether you indicate how	experienced v long ago th	I the event dune event occu	uring the urred or 10 to 12 months ago

Qualtrics Survey Software 07/09/2020, 20:23 How likely are you to engage in each of the following activities? 1. Verv unlikely 2. Unlikely 3. Neutral 4. Likely 5. Very likely Financial risks (e.g investments with an uncertain outcome) Career and professional risks (e.g. publicly challenging your professional colleagues) Clinical risks (e.g recommending a treatment which is new to your usual practice or is controversial) 6. These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been. 1. None of the 2 A little of the 3. Some of the 4. Most of the 5. All of the time time time time time During the last 30 days, about how often did you feel tired out for no good reason? During the last 30 days, about how often did you feel nervous? During the last 30 days, about how often did you feel so nervous that nothing could calm you During the last 30 days, about how often did you feel hopeless? During the last 30 days, about how often did you feel restless or fidgety? During the last 30 days, about how often did you feel so restless you could not sit still? During the last 30 days, about how often did you feel depressed? During the last 30 days, about how often did you feel that everything was an effort? During the last 30 days, about how often did you feel so sad that nothing could cheer you up? During the last 30 days, about how often did you feel worthless? Part C- Life long learning and social media use We are interested to understand the different ways podiatrists network and continue to learn. Engagement, networking and learning are known protective factors to the health and well being of professionals. We are interested in the ways you continue to learn throughout your career. This can be measured through scales of life long learning attributes. We are also interested in understand your use of social media use as a mechanism for engagement and networking both professionally and personally. Please remember all data collected is confidential and no identifying information is collected or matched in a way to identify you. 1. The Revised Jefferson Scale of Lifelong learning is a tool used to assess how you continue to learn throughout your career.

Disagree

Agree

Please indicate the extent of your agreement with each of the following statements.

Strongly Disagree

Strongly Agree

Searching for the answer to a question is, in and by itself rewarding	0)	0		0		0
Life-long learning is a professional responsibility for all health practitioners	0)	0		0		0
I enjoy reading articles in which interest of my professional interest are discussed	0)	0		0		0
I routinely attend annual meetings run by professional podiatry organisations	0)	0		0		0
I read professional journals at least once every week	0)	0		\circ		0
I routinely search computer databases to find out about new developments in podiatry	0)	0		0		0
I believe that I would fall behind if I stopped learning about new developments in my profession	0)	0		0		0
One of the most important goals of university is to develop students' life-long learning skills	0)	0		0		0
Rapid changes in medical science require constant updating of knowledge and development of new professional skills	0)	0		0		0
I always make time for self-directed learning, even when I have a busy work schedule and other professional and family obligations	0)	0		0		0
I recognise my need to constantly acquire new professional knowledge	0)	0		0		0
I routinely attend continuing podiatry education programs to improve patient care	0)	0		0		0
I take every opportunity to gain new knowledge/skills that are important to my profession	0)	0		0		0
My preferred approach in finding an answer to a question is to search the appropriate computer databases	0)	0		0		0
The following questions relate What is your attitude towards so Waste of time	cial media?	nd attitudes to					sential use
0 1 2	3	4	5	6	7 8	9	10
3. Please indicate the degree to	which you agr	ee or disagree	with the follo	owing stateme	nts.		
	Strongly disagree	Disagree moderately	Disagree a	Neither disagree nor agree	Agree a little	Agree moderately	Strongly agree
I find social media useful in my daily life	0	0	0	0	0	0	0
Using social media increases my							
productivity		0	0	0	0		0

Qualtrics Survey Software 07/09/2020, 20:23 Using social media supports the 0 exchange of knowledge Learning to use social media is easy for me My interaction with social media is clear and understandable I find social media easy to use It is easy for me to become skillful at using social media People in my practice setting who use social media have more prestige than those who do not People in my practice setting who use social media have a high profile Using social media is a status symbol in my practice setting People whose opinion I value prefer me to use social media At work, my colleagues who are important to me, think I should use social media People who are important to me think that I should use social media I am able to use social media in my work I am able to use social media despite the legal concern I am able to use social media despite the privacy concern I am able to use social media despite the ethical concern The use of social media has become a habit for me I am addicted to using social media I must use social media I am too busy to participate in social media I don't have time to use social media for increasing my productivity I am concerned about work policies when using social media 4. Which social media or networking platforms do you engage with? Have an account Heard of but don't but don't engage Have an account but Not aware with it use occassionally Current active user use Restricted online communities Facebook Twitter Instagram LinkedIn WhatsApp

YouTube

TikTok			0	\circ	0		0
	0		0	0	0		0
5. What is your overall frequency	of social me	dia use?	2-3 times a	4-6 times a		2-3 times a	4-6 times a
	Never	Once a week	week	week	Once per day	day	day
What is your overall frequency of using social media for knowledge exchange?	0	0	0	0	0	0	0
What is your overall frequency of using social media for increasing your productivity?	0	0	0	0	0	0	0
What is your overall frequency of using social media for interpersonal communication?	0	0	0	0	0	0	0
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Qualtrics Survey Software 07/09/2020, 20:23 to supplement my income My employer (or business owner) has asked me to reduce my hours or not to come into work at present and I have no paid leave entitlements Other (please describe) Please indicate your use and the helpfulness of information sources in the past week to guide your health and business decision responses to COVID-19. Use Perceived helpfulness (if used) I have 1 Nο Not Very Applicable used in have help Slightly Fairly the past 7 helpful helpful helpful as not not at used all used days Department of Health (Federal) Department of Health (State sites) Local health services (their newsletter, website and/or social media) APodA (newsletters, social media posts or ringing the local office) Twitter Facebook - general feed or or groups Ahpra Friends and/or family (non-health professionals) Friends and/or family (health professionals) COVID-19 Government app Other (please describe) Any other comments on the impact of COVID-19 on your practice: You will now be directed to a separate survey to enter your contact details if you wish. This is not linked with your responses. MONASH University

