

**Departmental Feasibility - [Clinical Area]**

Principal Investigator / Project Lead:  
 Study Acronym:  
 Study Title:

The following clinical areas / departments have been selected by the Study team:

Perioperative Services	
Gynecology	
Anaesthesiology	
Mental Health	
Specialized Medicine	
Primary Care	

Please provide a synopsis of your study/project. Please include information about the study/project type (example: APQIP/REB; retrospective/prospective; etc.)	
Will there be an impact to clinical staffing?	
Please explain:	

This is an example of information that would need to be included

What do you require from the following clinic staff & please include the time commitment (per participant per day/week/month):

**Physicians/Specialists**

**Time Commitment:** 0.5hr per patient per week.

**Consulted with:** Karen Smith (Clinical Manager)

**Medical Secretaries**

**Time Commitment:** 0.5hr per patient per week.

**Consulted with:** Karen Smith (Clinical Manager)

**Nurses**

**Time Commitment:** \_\_\_\_

**Consulted with:** \_\_\_\_

**Nurse Practitioners**

**Time Commitment:** \_\_\_\_

**Consulted with:** \_\_\_\_

**Administrative & Patient Flow Supervisor**

**Time Commitment:** 1hr per month

**Consulted with:** Karen Smith (Clinical Manager)

**Health Disciplines**

**Time Commitment:** \_\_\_\_

**Consulted with:** \_\_\_\_

**Others**

**Time Commitment:** \_\_\_\_

**Consulted with:** \_\_\_\_

<p><b>What is the overall time period expected of this impact (e.g. 6 months, 2 years etc.)? Please provide specific details.</b></p>	
<p><b>Do you foresee an impact to the clinic and its workflow?</b></p>	
<p><b>Please provide details as to what point of the day/time?</b></p>	
<p><b>Will surveys be distributed?</b></p>	
<p><b>In-person contact and/or telephone/virtual?</b></p>	
<p><b>Please explain your patient recruitment process:</b></p>	
<p><b>Please describe your space requirements within the department or clinic. Please specify 76 or 77 Grenville as applicable.</b></p>	
<p><b>Are you going to be requiring patient data via the EMR?</b></p>	
<p><b>Please explain:</b></p> <p><b>Note: access to patient records requires REB approval. Please consult with the Epic Analyst if additional information is required. (provide Rodica's email)</b></p>	
<p><b>Is there any additional relevant information that you would like to share? Please provide details:</b></p>	

# SAMPLE FEEDBACK FORM FOR REVIEWERS #1 AND #2

Name (first name last name)

Institutional Email Address (WCH preferred)

**Have you received full information about the study/project and its impact to your clinical area(s) of responsibility?**

\* must provide value

- Yes as is
- Yes with revisions
- We have additional questions that require clarification. A meeting is required.

[reset](#)

**Please include any additional comments/feedback.**

[Expand](#)

**Do you confirm that you have reviewed the information about those areas which you are qualified to sign off on?**

\* must provide value

YES

Reviewers can request for additional information and/or revisions.