Physician Survey

Collaboration with the Nurse Practitioner in Long-Term Care

March 2006

Throughout this survey, we are using the terms “Nurse Practitioner” and “NP” for those nurses who have obtained their extended class (EC) certificate (certification by the College of Nurses of Ontario to function as an NP). The term “MD” refers to physicians who are general practitioners or family physicians.
**Part A – Demographics and Experience**

1. **What is your gender?**
   - [ ] Male
   - [ ] Female

2. **What is your age in years?**
   - ________ years

3a. **What is the highest degree you have obtained?**

3b. **At which university was your medical program located?**

3c. **What year did you graduate from medical school?**

3d. **Did you complete a specialty residency program?**
   - [ ] Yes
   - [ ] No (If no, proceed to question 4)

3e. **If yes, what was the specialty, where did you take the program and in what year did you graduate?**
   - Specialty: ______________________________
   - Location: ______________________________
   - Year: __________________

4. **How long have you practiced in long-term care (LTC)?**
   - ________ years

5. **How are you paid for the LTC services you provide?**
   - [ ] Fee-for-service
   - [ ] Capitation
   - [ ] Salary

6. **What percentage of your time is spent in each activity?**
   - ___% Clinical in this LTC facility
   - ___% Clinical in other LTC facilities
   - ___% Clinical outside of LTC
   - ___% Management/leadership in this LTC facility
   - ___% Research
   - ___% Education/Training provision
   - ___% Other (please specify) __________________

7. **How much time is spent per month in direct resident care at this facility?**
   - ________ hours

8a. **Have you had previous experience with MD-NP collaboration?**
   - [ ] Yes, proceed to 8b
   - [ ] No, proceed to Part B

8b. **If yes, please describe the most recent collaboration other than the current relationship with the NP in this LTC setting in terms of the type of primary care setting and the duration.**

8c. **Practice setting(s) for previous collaboration (e.g., community health centre, nursing home):**

8d. **Duration of previous collaboration:**
   - ________ months

8e. **How satisfied were you with the collaborative relationship with the previous NP? (please circle one number)**

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**Part B – Collaborative Experience with the LTC Nurse Practitioner [RN(EC)]**

Please complete the following information for the long-term care facility in which you work with the NP

1. **Name of long-term care facility:**

2. **How long have you worked as a physician in this facility?**
   - ________ years ________ months

3. **Are you the Medical Director of this facility?**
   - [ ] Yes
   - [ ] No
4. Were you involved in developing the proposal for this NP position? □ Yes □ No

5. Please identify the NP with whom you work most frequently at this facility. NP’s Name: ________________________________

6. How would you describe the extent of collaboration with this NP? (please circle one number)
   1                      2                      3                      4                      5                      6
   No collaboration       Total collaboration

7. How satisfied are you with the collaborative relationship with this NP? (please circle one number)
   1                      2                      3                      4                      5                      6
   Not satisfiedXXXXXXX Extremely satisfied

8. How long have you worked with this NP at this facility? _____ months

9a. How much time per month is currently spent collaborating with this NP on specific resident issues? _____ hours

9b. Do you receive reimbursement for collaborating with this NP? □ Yes □ No

9c. Does your work with this NP impact on your income? □ Yes □ No

9d. If yes, is the income impact positive (e.g., more time in your office practice) or negative (less time in your office practice)? Comments: __________________________

10. Please identify the ways you communicate with the NP in the LTC facility (check ALL that apply).
    □ Discussions on the telephone
    □ Unplanned communication (e.g. meeting in the hallway)
    □ As needed – e.g. we seek each other out when there are questions about a resident
    □ Regular meetings
    □ Work side by side with the NP
    □ Review charts/orders
    □ E-mail
    □ Written messages (not in the residents’ charts)
    □ Messages via staff
    □ Other (please describe) __________________________

11. List the three most important contributions the NP makes to resident and/or family care at this facility.
    1. ______________________________________________________________
    2. ______________________________________________________________
    3. ______________________________________________________________

12. Please briefly describe the collaborative structure (i.e., how collaboration occurs with the NP) at this facility.
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
    ______________________________________________________________
PART B1: MEASURE OF CURRENT COLLABORATION

Consider your current experience of collaborative practice between you and the nurse practitioner you have named above and rate your level of agreement or disagreement with each statement, using a check mark (✓).

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<tr>
<th>Please check the <strong>one best answer</strong> for each statement below</th>
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<td><strong>The nurse practitioner and you:</strong></td>
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<td>1. Plan together to make decisions about the care for the residents</td>
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<td>2. Communicate openly as decisions are made about resident care</td>
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<td>3. Share responsibility for decisions made about resident care</td>
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<td>4. Co-operate in making decisions about resident care</td>
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<td>5. Consider both nursing and medical concerns in making decisions about resident care</td>
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<td>6. Co-ordinate implementation of a shared plan for resident care</td>
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<td>7. Demonstrate trust in the other’s decision making ability in making shared decisions about resident care</td>
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<td>8. Respect the other’s knowledge and skills in making shared decisions about resident care</td>
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<td>9. Fully collaborate in making shared decisions about resident care</td>
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PART B2: PROVIDER SATISFACTION IN CURRENT COLLABORATION

Consider your current experience of collaboration with the nurse practitioner you have named above and rate your current level of satisfaction or dissatisfaction with each statement, using a check mark (✓).

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<td><strong>What is your current level of satisfaction with:</strong></td>
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<td>1. The shared planning that occurs between you and the nurse practitioner while making decisions about resident care</td>
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<td>2. The open communication between you and the nurse practitioner that takes place as decisions are made about resident care</td>
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<td>3. The shared responsibility for decisions made between you and the nurse practitioner about resident care</td>
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<td>4. The cooperation between you and the nurse practitioner in making decisions about resident care</td>
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<td>5. The consideration of both nursing and medical concerns as decisions are made about resident care</td>
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<td>6. The coordination between you and the nurse practitioner when implementing a shared plan for resident care</td>
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<td>7. The trust shown by you and the nurse practitioner in one another’s decision making ability in making shared decisions about resident care</td>
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<td>8. The respect shown by you and the nurse practitioner in one another’s knowledge and skills</td>
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<td>9. The amount of collaboration between you and the nurse practitioner that occurs in making decisions about resident care</td>
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<td>10. The way that decisions are made between you and the nurse practitioner about resident care (that is, with the decision making process, not necessarily with the decisions)</td>
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<td>11. The decisions that are made between you and the nurse practitioner about resident care</td>
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<td>12. The amount of time you spend consulting with the nurse practitioner</td>
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<td>13. The availability of the nurse practitioner</td>
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<td>14. The appropriateness of consultations initiated by the nurse practitioner</td>
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<td>15. The quality of care provided by the nurse practitioner</td>
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Thank you for taking the time to complete this survey. Please return it in the enclosed self-addressed, stamped envelope or fax to Faith Donald at (905) 524-5199 by June 15, 2006, or as soon thereafter as possible.