PART 1: EMPLOYMENT STATUS

We are interested in hearing whether you are currently employed as an NP. Whether you are employed as an NP or not, it is very important that you complete this questionnaire and return it to us in the postage paid envelope.

Are you:

1. Working as a primary health care NP  [ ] Please complete the entire questionnaire
2. Working as an acute care NP  [ ] Please complete PART 4 starting on page 16
3. Working as a nurse  [ ] Please complete PART 4 starting on page 16
4. Not working as a nurse or NP  [ ] Please complete PART 4 starting on page 16
PART 2: PRACTICE CHARACTERISTICS

In this section, we are interested in learning about the nature of your job. Please, respond to each of the following questions by checking the appropriate boxes or by writing in the space provided.

1. In what type(s) of agency/agencies are you currently employed? If you are employed by more than one institution, please check all that apply.

1. Community health centre
2. Health service organization
3. Fee-for-service family physician's office
4. Outpost setting/nursing station
5. Specialty clinic (e.g., diabetic clinic, STD clinic)
6. Chronic care hospital
7. Nursing home
8. Home for the aged
9. Retirement home
10. Public health unit
11. Visiting nursing agency
12. Emergency department
13. Mental health centre
14. Private/independent nursing practice
15. Health services in a public agency (e.g., university, college)
16. Occupational health
17. Rehabilitation/convalescent centre
18. Other, specify: ____________________________

2. Please list the name(s) of the agency/agencies where you currently work. For each agency, give the number of months you have worked in this agency and the number of hours per week spent working as an NP.

<table>
<thead>
<tr>
<th>Agency Name and City</th>
<th># of months</th>
<th># hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR THE REST OF THIS QUESTIONNAIRE, PLEASE ANSWER WITH RESPECT TO THE AGENCY AT WHICH YOU SPEND THE MOST TIME AS AN NP.

DO NOT COMPLETE THE REST OF THIS QUESTIONNAIRE IF YOU ARE NOT
### PLEASE ANSWER WITH RESPECT TO THE AGENCY AT WHICH YOU SPEND

#### 3. How old are your clients? Please give the percentage of clients in each age range (these should total 100%):

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 11 years</td>
<td></td>
</tr>
<tr>
<td>12 - 18 years</td>
<td></td>
</tr>
<tr>
<td>19 - 40 years</td>
<td></td>
</tr>
<tr>
<td>41 - 65 years</td>
<td></td>
</tr>
<tr>
<td>&gt; 65 years</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 4. With what types of clients do you work? Please give the percentage of clients in each category (these should total 100%):

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients who are well</td>
<td></td>
</tr>
<tr>
<td>Clients who are acutely ill</td>
<td></td>
</tr>
<tr>
<td>Clients who are chronically ill</td>
<td></td>
</tr>
<tr>
<td>Clients who require palliative care</td>
<td></td>
</tr>
<tr>
<td>Other: Please specify:</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 5. Do you care for a specific population of clients (e.g., native Canadians, immigrants, abused women, women)?

1. Yes
2. No

If yes, please describe below:

________________________________________________________________________
________________________________________________________________________

#### 6. What is the total number of patients who received care in your agency in the past year? (include all repeat visits.)

________

#### 7. In which language is health care service provided by your agency? (please check all that apply)

1. English
2. French
3. Other, specify: ____________________________
8. What types of services are generally offered to patients in your agency? (please check all that apply)
   1. Wellness care
   2. Care of minor acute illness
   3. Monitoring of chronically ill
   4. Care of major acute illness
   5. Care of palliative patients
   6. Other, specify:______________________________

9. What types of services do YOU generally provide to your clients? (please check all that apply)
   1. Wellness care
   2. Care of minor acute illness
   3. Monitoring of chronic illness
   4. Care of major acute illness
   5. Care of palliative patients
   6. Other, specify:______________________________

10. How are the clients assigned to your care? (please check all that apply)
    1. Client books appointment specifically with me
    2. Referral from another agency
    3. Referral from a colleague within the agency
    4. Triage
    5. Supervisor assigns clients
    6. Other, specify:______________________________

11. How many full time equivalent (FTE) physicians, nurses and other health care professionals staff your agency?
    MD
    RN
    RPN
    NP
    Social Worker
    Dietician
    Chiropodist
    Mental Health Worker
    Health Educator
    Dentist
    Other, specify:______________________________
12. Do you always have physician back-up available on-site?

   1 Yes  
   (if yes, please go to question 14)

   2 No  

If no, how often is on-site physician back-up available? (please check one only)

   1 Never
   2 Sometimes
   3 Often

13. Is off-site physician back-up available when there is no physician on-site? (please check one only)

   1 Never
   2 Sometimes
   3 Often
   4 Always

14. Do you use standing orders/protocols when planning and providing care for your clients?

   1 Yes
   2 No

   Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

15. How is revenue generated in your practice setting? (please check all that apply)

   1 Fee for service
   2 Capitation
   3 Global budget
   4 Other, specify: __________________________________________

16. How many hours per week do you get paid to work as an NP?  

   Regular hours per week
   Overtime hours per week
17. How many hours per week do you work as an NP (whether paid or unpaid)?

18. How many weeks per year do you work as an NP (excluding holidays)?

19. How are you paid? (please check all that apply)
   1. An annual salary
   2. An hourly wage
   3. A daily wage
   4. A percentage of fee-for-service
   5. Other (specify):

   If you checked more than one of the above, please explain:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

20. What is your base and overtime gross annual income or hourly wage?

   Gross base annual income: $ , or Hourly wage: $ ,
   Gross overtime annual income: $ , or Hourly wage: $ ,

21. Are you assigned on-call activities?
   1. Yes
   2. No

   If yes, what is the average number of hours per month on call?

   [ ] hours/month

   Please describe your on-call activities:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

22. Do you do home visits?
   1. Yes
   2. No

   If yes, how many home visits do you do per month?

   [ ] visits per month
23. Do you admit patients to hospital?

1 Yes ☐
2 No ☐

24. Do you make medical diagnoses?

1 Yes ☐
2 No ☐

if yes, please list the 3 most frequent medical diagnoses you make:

1. __________________________________________
2. __________________________________________
3. __________________________________________

25. Do you order laboratory and diagnostic tests (e.g., blood work, urinalysis, ECG, x-rays)?

1 Yes ☐
2 No ☐

if yes, please list the 3 most frequent tests you order:

1. __________________________________________
2. __________________________________________
3. __________________________________________

26. Do you prescribe medications?

1 Yes ☐
2 No ☐

if yes, please list the 3 most frequent medications you prescribe:

1. __________________________________________
2. __________________________________________
3. __________________________________________
27. How would you describe your practice? (please check one only)

1 Independent ........................................... □
2 Collaborative ........................................... □

28. To whom are you accountable for your clinical activities? (check all that apply)

1 Nursing director ........................................... □
2 Manager or administrator ................................. □
3 Medical director .......................................... □
4 Physician(s) to whose patient you are assigned ...... □
5 Both nursing and medical directors .................. □
6 Other (specify):_________________________________ □

29. Do you have other non-clinical responsibilities?

1 Yes □
2 No □

If yes, to whom are you accountable for your non-clinical activities? (please check all that apply)

1 Nursing director ........................................... □
2 Manager or administrator ................................. □
3 Medical director .......................................... □
4 Both nursing and medical directors .................. □
5 Other (specify):_________________________________ □
PLEASE ANSWER WITH RESPECT TO THE AGENCY AT WHICH YOU SPEND

30. Who is responsible for your annual performance appraisal? (please check all that apply)
   1 No one; annual performance appraisals are not done in this setting
   2 No one, because I work independently
   3 Nursing director
   4 Manager or administrator
   5 Medical director
   6 Physician(s) to whose patient you are assigned
   7 Both nursing and medical directors
   8 Other (specify):_________________________________

31. Do you believe you are primarily a member of the (please check one only):
   1 Medical group practice
   2 Nursing team
   3 Both medical group practice and nursing team
   4 Interdisciplinary health care team (includes more than physician and nurse)

   Please describe:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

32. When providing client care, do YOU put more emphasis on: (please check one only)
   1 a nursing perspective and role
   2 a medical perspective and role
   3 equal weight given to both

   Comments:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
33. Within your work setting, where is the greatest emphasis: (please check one only)

1 diagnosing and treating human responses to health and illness .
2 diagnosing and treating medical illness of the client ............
3 equal emphasis on both of the above .........................

Comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

34. Are you able to deliver care in the way you would like?

1 Yes
2 No

If no, please explain:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
35. From whom do you get referrals? (please check all that apply)
   1 Physicians ..........................................................  
   2 Nurses ..............................................................  
   3 Other health care professionals .................................  
   4 Clients refer themselves .......................................  
   5 No referral - clients walk in ...................................  
   6 Other (specify):______________________________________

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

36. To whom do you make patient referrals? (please check all that apply)
   1 On-site physician ..................................................  
   2 Medical specialist ...............................................  
   3 Midwife ....................................................................  
   4 Nutritionist .........................................................  
   5 Social Worker .......................................................  
   6 Podiatrist ............................................................  
   7 Mental Health Worker .............................................  
   8 Home Care/Community Care Access Centre ..................  
   9 Other, specify:________________________________________

37. When working with physicians, are you treated as a valued colleague? (please circle one only)
   not at all  very much so
   0 1 2 3 4 5 6

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
38. When working with nurses, are you treated as a valued colleague? (please circle one only)

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________

39. When working with other allied health care professionals (eg: social workers, physiotherapists), are you treated as a valued colleague? (please circle one only)

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________

40. Do you feel like an equal partner in your health care team? (please circle one only)

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________

41. Are you implementing a role you were trained to provide? (please circle one only)

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

Comments:
______________________________________________________________
______________________________________________________________
______________________________________________________________

If not, what barriers have you experienced in implementing your role?
______________________________________________________________
______________________________________________________________
______________________________________________________________

42. Would you be willing to record clinical encounter data for each patient you see over a two week period?

1 Yes □
2 No □
PART 3: ROLE IMPLEMENTATION

In this section, we are interested in learning about your perception of the nurse practitioner role.

Each of the statements below is something that a person might say about her or his job. Please indicate your own personal feelings about your job by **circling** a number to show how much you agree with each of these statements. Use the following response format:

1. Disagree strongly
2. Disagree
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree
7. Agree strongly

How much do you agree with these statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree strongly</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally speaking, I am very satisfied with this job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>I frequently think of quitting this job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>I am generally satisfied with the kind of work I do in this job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Most people in this job are very satisfied with the job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>People in this job often think of quitting.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate your level of agreement with the content of the following items, by **circling** the appropriate number. Use the following response format:

1. Disagree strongly
2. Disagree
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree
7. Agree strongly

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree strongly</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>The attitudes of others toward the role of nurse practitioner interfere with my ability to carry out my responsibilities as a nurse practitioner.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Disagree</td>
<td>2</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
<td>---</td>
</tr>
<tr>
<td>2. Lack of standardized certification for the role of nurse practitioner prevents me from carrying out my role.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. I am adequately prepared for the nurse practitioner role.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. Lack of support from others interferes with my ability to carry out my responsibilities as a nurse practitioner.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5. My role as a nurse practitioner is well-accepted by clients.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. Others have confidence in my skills to carry out my functions.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7. There are guidelines that prevent me from making a diagnosis of a client's condition.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8. There are adequate resources to help me carry out my responsibilities.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9. I receive inadequate reimbursement for my services.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10. I had adequate clinical training for my role.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11. I have confidence with regard to my ability to perform the clinical skills expected of a nurse practitioner.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>12. My knowledge of health and/or illness conditions is inadequate.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13. I have limited knowledge of pharmacologic treatments.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>14. I have limited knowledge of non-pharmacologic treatments.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>15. I have a heavy workload that I can't possibly finish during an ordinary work day.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>16. The amount of work I have to do may interfere with how well it gets done.</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
PLEASE ANSWER WITH RESPECT TO THE AGENCY AT WHICH YOU SPEND

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree strongly</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Others lack confidence in my clinical knowledge.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>18. My role as a nurse practitioner is well accepted by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>support staff (eg: receptionist)</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>physicians</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>other nurses</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>administrative staff (eg: clinic manager)</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>other professional staff (eg: social worker)</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>19. The job gives me full responsibility for deciding how and when the work is done.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>20. I am able to prescribe on my own.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>21. I am able to order tests without seeking approval from physicians.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>22. I am able to make minor treatment decisions regarding patients without seeking final approval from physicians.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

For each of the following items, please indicate the extent to which the statement is true in the setting in which you practice. Using the following response format, please circle the appropriate number:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Don't know</th>
<th>Definitely false</th>
<th>Definitely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Definitely false</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>More false than true</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>More true than false</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Definitely true</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

In this setting,

1. the scope of practice for the nurse practitioner is well defined.
2. there is an official written document that delineates the functions and responsibilities of the nurse practitioner.
3. there is a manual that describes the procedures related to the utilization of the nurse practitioner services.

4. the standards for practice for the nurse practitioner are clear.

5. guidelines for dealing with medical situations are available.

6. the nurse practitioner is expected to assume an advanced practice role.

7. the nurse practitioner role definition has been agreed upon by the nursing and medical directors.

What are the 3 most positive aspects of your NP role?

1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________ 

What are the 3 most negative aspect of your NP role?

1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________

PART 4: NURSE PRACTITIONER PROFILE

1. In what program did you take your basic nursing training?
   1 Diploma .........................................................
   2 Baccalaureate .................................................

2. In what year did you graduate from your basic nursing program? 19

3. Have you completed any post-basic degrees?
   1 Yes
   2 No (if no, please go to question 4)

If yes, which degree(s) (please check all that apply)
   1 Baccalaureate (nursing) ........................................
   2 Baccalaureate (other) ........................................
   3 Master's (nursing) ...........................................
   4 Master's (other) ............................................
   5 PhD .................................................................

NURSE PRACTITIONER EVALUATION PROJECT

PRIMARY CARE PRACTICE PATTERNS

4. In total, how many years have you practiced as a nurse?

Questionnaire Number: ___________________
5. How did you obtain your Nurse Practitioner training?

1. COUPN certificate program  □
2. COUPN integrated program  □
3. Non-COUPN certificate program  □
4. On-the-job  □
5. Other (please describe)  □

6. How many months have you practiced as an NP? □□□

7. Marital status:

1. Single  □
2. Married  □
3. Other (please describe)  □

8. Number of children: □□

9. Your age in years: □□

10. Sex:

1. Female  □
2. Male  □

11. Ethnic origin (please describe): ________________________________

12. The Ontario Ministry of Health is interested in learning more about agencies that choose not to hire Nurse Practitioners.

In the past year, have you applied to work as an NP to an agency that did not hire you?

1. Yes  □
2. No  □

In order for us to collect data from these agencies, please list the names of these agencies and the city in which they are located. You will not be identified to any agency.

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for taking the time to complete this questionnaire!

NURSE PRACTITIONER EVALUATION PROJECT
PRIMARY CARE PRACTICE PATTERNS

PART 5: Daily activity/Encounter report

In this section, we are interested in learning about the professional activities in which you engage, and about the characteristics of the clients. Please complete Daily Activity/Encounter Forms for each day of the week beginning ___________ and ending ___________. If you do not usually work on the week-end,
we kindly ask you to indicate so on the forms. In the “Services/Activities” column, please indicate the nature of the service you provided or the nature of the activity you performed by writing it down. A list of activities is provided below to guide you in completing the ‘Services/Activities’ column of the form. If you selected ‘seeing patient’, please provide the information requested about the patient in the appropriate columns in the form. A list of procedures and a list of dispositions are provided below to guide you in completing the respective columns. Finally, please indicate if you consulted with a site physician regarding the patient you saw by writing the appropriate code in the “Consult with site physician” column.

THANK YOU FOR YOUR COOPERATION

Examples of Services/Activities, Procedures, and Disposition

<table>
<thead>
<tr>
<th>PROBLEM/DIAGNOSIS</th>
<th>SERVICES/ACTIVITIES</th>
<th>PROCEDURES</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor assessment</td>
<td>Lab work</td>
<td>Appointment</td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td>X-Ray</td>
<td>Follow-up PRN</td>
<td></td>
</tr>
<tr>
<td>General assessment</td>
<td>Pap smear</td>
<td>No follow-up</td>
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<tr>
<td>Reassessment</td>
<td>Urinalysis</td>
<td>Telephone consultation</td>
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<tr>
<td>School examination</td>
<td>Allergy injection</td>
<td>Admit to hospital</td>
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<tr>
<td>Annual health</td>
<td>IM/SC injection</td>
<td>Referral to other professionals (like social work)</td>
<td></td>
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<tr>
<td>Well baby</td>
<td>Immunization</td>
<td>Referral to external specialist</td>
<td></td>
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<tr>
<td>Well child</td>
<td>Dressing</td>
<td>Hospital emergency</td>
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<tr>
<td>Individual</td>
<td>ECG</td>
<td>Community health referral</td>
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<tr>
<td>psychotherapy</td>
<td>Suturing</td>
<td>External social services</td>
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<tr>
<td>Monitor chronic</td>
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<tr>
<td>illness</td>
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<tr>
<td>Birth control</td>
<td>Suture removal</td>
<td>Lab tests</td>
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<tr>
<td>Prenatal visit</td>
<td>Minor surgery</td>
<td>X-Ray ordered</td>
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<tr>
<td>Supportive care</td>
<td>I.U.D. insertion/ removal</td>
<td>Prescription/Medication</td>
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<tr>
<td>Individual</td>
<td>Anoscopy</td>
<td>Prescription/Non-pharmacologic (please, specify)</td>
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<tr>
<td>counselling</td>
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<tr>
<td>Case conference</td>
<td>Plaster application</td>
<td>Other (please, specify)</td>
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<tr>
<td>Provider supervision</td>
<td>D. &amp; D. abscess</td>
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<tr>
<td>Forms completion</td>
<td>Removal of foreign body</td>
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<tr>
<td>Health teaching</td>
<td>Syringe ears</td>
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<tr>
<td>Home visit</td>
<td>Audiogram</td>
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<tr>
<td>Hospital visit</td>
<td>Sigmoidoscopy</td>
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<tr>
<td>Seeing patient</td>
<td>Other (Please specify)</td>
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<tr>
<td>Planning short-term care</td>
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<tr>
<td>Planning long-term care</td>
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<tr>
<td>Coordinating follow-up care</td>
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<tr>
<td>Community health education</td>
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<tr>
<td>Providing formal education to staff</td>
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<tr>
<td>Supervising students (nursing or medical)</td>
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<tr>
<td>Presenting at conferences</td>
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<tr>
<td>Attending conferences</td>
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<tr>
<td>Participating in strategic planning for the clinic/unit</td>
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<tr>
<td>Participating in clinic/unit quality improvement programs</td>
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<tr>
<td>Developing practice-related programs or protocols</td>
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<tr>
<td>Participating in research projects</td>
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<tr>
<td>Participating in agency committees</td>
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<tr>
<td>Participating in community committees</td>
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</table>