

March 2003

*Business Consulting Services
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Primary Care Physician General Survey

Survey B

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).

Section I. Physician Profile

1. Gender Male Female

2. What is your age in years _____ years

3. Year of graduation from medical school 19_____

Section II. Practice Profile

4. Please indicate the practice setting where you spend most of your time. (Check ONE only)

- | | |
|---|--|
| <input type="checkbox"/> Family Health Network/Primary Care Network | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Health Service Organization | <input type="checkbox"/> Nursing Home/Home for the Aged |
| <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Aboriginal Health Access Centre |
| <input type="checkbox"/> Solo Private Practice | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Private Group Practice (excluding free-standing walk-in clinics) | <input type="checkbox"/> Hospital In-patient Unit/Ward |
| <input type="checkbox"/> Free-standing Walk-in Clinics | Other (specify)_____ |

5. Is this practice setting/organization in an officially designated UNDERSERVICED area? Yes No Don't know

Section III. History of Working with an NP

6a. Have you worked with an NP in the past?

- Yes, worked with an NP in the past No (go to Q 8)

6b. How long did you work with an NP in the past? (total time)

- Less than one year 25 months to 36 months
 12-24 months More than three years

7. Please indicate the reason(s) why you stopped working with an NP. (Check ALL that apply)

- MD left the practice setting
- Ineffective working relationship between NP and physicians
- Other health care providers in the practice setting did not accept the NP in the practice setting
- Lack of acceptance from health care providers outside of the practice
- Lack of community acceptance
- Lack of patient acceptance
- Practice style of the NP

Section IV. Interest in Working with an NP

8. Given the opportunity now, would you be interested in working with an NP?] Yes (go to Q10)] No (go to Q9)] Don't know (go to Q 11)
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9. Please indicate the reason(s) why you would <u>not</u> be interested in working with an NP. (Check ALL that apply then skip to Q 11)	
] Would not benefit from NP's services	
] Other providers in my practice setting do not support the NP in the practice setting	
] Healthcare providers outside of this practice would not support an NP	
] Lack of patient support	
] Lack of community support	
] Limited availability of NPs	
] Lack of Funding for NP's salary	
] Lack of Funding for overhead related to NPs	
] Lack of space	
] Patient volume too low	
] Other (please specify) _____	

10. The following is a list of services that an NP may provide. Please indicate the services you would see as most valuable to you or your practice.	
Services	Check all that apply
Prevention/Wellness care/Health Promotion]
Care of episodic illness/minor acute]
Care of major acute illness]
Monitoring of chronic illness]
Care of palliative patients]
Home visits to housebound patients]
Night and weekend coverage]
Linkages to community organizations (e.g. CCACs)]
Psychosocial support and counselling]
Other (specify) _____]

Section V. Facilitators to the Integration of the Nurse Practitioner role

11. In your view what factors facilitate effective integration of NPs? (Check all that apply)	
	Facilitators
How the working relationship between the MD and NP is structured]
The nature of the NP employment relationship (e.g. employed by organization, employed by physician practice)]
Co-workers' understanding of the role of the NP]
Co-workers' acceptance of the role of the NP]
Acceptance of the role of the NP by health care providers outside of the practice (e.g. specialist MDs)]
Practice style of the NP]
Expertise of the NP]
Confidence of the NP]
Acceptance of NP role by patients]
Acceptance of NP role by the Community]
Other (specify) _____]

12. Who should be the NP employer? (Check ONE only)	
MOHLTC]
MD or group practice]
Health centre or organization]
Self-employed]
Municipality or regional authority]
Other (please specify) _____]

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN IT IN THE STAMPED ADDRESSED ENVELOPE THAT IS ENCLOSED BY MARCH 21, 2003

PLEASE PROVIDE US WITH YOUR NAME AND ADDRESS SO THAT WE CAN SEND YOU YOUR REMUNERATION FOR HELPING US COMPLETE THIS SURVEY
