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Nurse Practitioner Survey

Throughout this survey, we are using the terms “NP” for those licensed as a RN (EC).

Section I – Demographics

1. What is your educational background? *(Check ALL that apply)*

- ❑ Diploma
- ❑ B.Sc.N
- ❑ Baccalaureate (other)
- ❑ Master of Nursing
- ❑ Master of (Other)
- ❑ PhD

2. How many years have you practiced as a registered nurse, in total? _____(years)

3. How did you obtain your Nurse Practitioner education? *(Check ALL that apply)*

- ❑ COUPN certificate program
- ❑ COUPN integrated program
- ❑ COUPN transition program
- ❑ Non-COUPN certificate program
- ❑ Non-COUPN degree program
- ❑ Other (please describe) _____

4. How did you become licensed as an RN (EC)? *(Check ALL that apply)*

- ❑ Completed COUPN program
- ❑ Completed Non-COUPN program
- ❑ Completed the CNO three step process (Portfolio, OSCE, registration exam)
- ❑ Wrote CNO registration exam
- ❑ Other (please describe) _____

5. What is your age in years? _____**(**years)

6. Are you currently practising as an NP ❑ Yes → go to 6a & b ❑ No → go to 8

6a. If yes, please indicate where you are working

- ❑ Ontario
- ❑ Another Canadian province (specify) _____
- ❑ Outside of Canada (specify country) _____

6b. If yes, are you currently practising ❑ Full-time ❑ Casual ❑ Part-time ❑ Contract (term)

7. How many months have you practiced as a licensed NP? _____(months) → go to 14

Section II - For Non-practising NPs

8. Have you ever practiced as an NP? ❑ Yes → go to 9 ❑ No → go to 10

9. Why did you leave practice? *(Check ALL that apply)*

- ❑ Salary was too low
- ❑ Benefits
- ❑ On-call requirements
- ❑ Setting is too far from home
- ❑ Spousal factors e.g. spouse cannot work in area
- ❑ Workload (describe) _____
- ❑ Too much travel as a job requirement
- ❑ Limitations imposed by employer
- ❑ Limitations imposed by workplace
- ❑ Did not like role or relationship with other providers
- ❑ Other (please describe) _____

10. What is the reason that you are not currently practising as a NP? *(For each category, check (✓) ONE Primary and ONE Secondary reason)*	**Primary** *(Check ONE)*	**Secondary** *(Check ONE)*
Can't find employment as a NP	❑	❑
Can find employment, but salary is too low	❑	❑
Can find employment, but it is a contract position	❑	❑
Can find employment, but don't like the setting	❑	❑
Can find employment, but too much travel as job requirement	❑	❑
Spousal factors i.e. spouse cannot find work in area	❑	❑
Can find employment, but setting is too far from home	❑	❑
Can't find employment that allows me to work within my full scope of practice	❑	❑
Other (please describe)_____	❑	❑

11. Would you consider relocating to a rural/remote area in order to gain employment as an NP?

❑ Yes → go to 11a
❑ No → go to 13

11a. If yes, on a temporary basis (less than one year) or a long-term basis? ❑Temporary ❑ Long-term

12. If you would consider relocating, what factors would you consider in the decision? ***(Check ALL that apply)***

- ❑ Spousal factors (i.e. can spouse find work in area)
- ❑ Housing
- ❑ Salary and relocation packaging
- ❑ Educational/continuing education opportunities
- ❑ Networking opportunities / support of colleagues
- ❑ Ability to work fully within scope of practise
- ❑ Ability to work more independently
- ❑ Availability of physician support
- ❑ Lifestyle issues/social factors
- ❑ Location remoteness
- ❑ Career mobility/future opportunities
- ❑ Availability of locum /vacation relief
- ❑ Other (please specify) _____

13. Please indicate where you are currently living.

❑ Ontario ❑ Another Canadian province (specify) _____
❑ Outside of Canada (specify country) _____

13a. May we contact you to follow up on any of the information provided? ❑ No ❑ Yes → go to 13b

13b. Contact Information

Name: _____

Address: _____

Telephone Number: _____ **E-mail:**_____

Thank-you for completing this survey

Section III - For those practising as a NP

14. With respect to your role, which of the following best describes how you spend the majority (more than 50%) of your time? (*Check ONE only*)

- ❑ Working as a primary health care NP (i.e. in a CHC, long-term care facility, HSO etc.)
- ❑ Working as an acute care NP
- ❑ Other (specify) _____

15. In what type(s) of organization are you currently practicing (i.e the organization in which you work, not the agency sponsoring your position)? Please fill out the following chart as applicable.

Organization *(Check ALL that apply)*	Hours Per Week/per site	Number of Facilities/Offices you work in	Number of Physicians in this setting	Number of Physicians you work with in this setting
❑ Community Health Centre				
❑ Aboriginal Health Access Centre				
❑ Family Health Network/Primary Care Network				
❑ Health Service Organization				
❑ Fee for Service physician office				
❑ Outpost/Nursing station setting				
❑ Long term care centre				
❑ CCAC				
❑ Community Nursing Agency such as VON				
❑ Emergency Department				
❑ Other (describe type) _____				

16. Have you changed practice settings (e.g. gone from a CHC to a Fee-for-Service Practice) in the past 3 years as a NP?

- ❑ Yes → go to 16a & b
- ❑ No → go to 17

16a. If yes, how often have you changed practice settings in the past 3 years? _____

16b. If yes, why have you changed practice settings? _____

17. Have you changed employers in the past 3 years as a NP (e.g. moved from one Primary Care Network to another?

- ❑ Yes → go to 17a & b
- ❑ No → go to 18

17a. If yes, how often have you changed employers in the past 3 years? _____

17b. If yes, why have you changed employers? _____

Section IV - Funding and Employment Details

18. Through which of the following mechanisms are you paid?

- ❑ Direct employer (i.e. CHC, physician employer)
- ❑ Transfer payment agency (e.g. municipality)
- ❑ Don't know
- ❑ Other (specify) _____

19. What are the sources of funds for your salary?	**Percentage**
❑ MOHLTC	_____%
❑ Physician practice	_____%
❑ Other_____	_____%
❑ Don't know	_____
	100%

20. What are the sources of funds for your direct/indirect overhead?	**Percentage**
❑ MOHLTC	_____%
❑ Physician practice	_____%
❑ Other_____	_____%
❑ Don't know	_____
	100%

21. Do you contribute directly to your overhead expenses?

❑ Yes → go to 21a & b
❑ No → go to 22

21a. Please indicate the amount that you contribute to your overhead expenses per month $_____per month

21b. Please specify what overhead expenses you contribute to: _____

_____

22. Do you travel to see patients?

❑ Yes → go to 22a ❑ No → go to 23

22a. If yes, why do you travel to see patients?

❑ Different practice locations ❑ Home visit ❑ Other (specify) _____

23. Are there any travel costs associated with your role (e.g. travel for home visits)?

❑ Yes → go to 23a & b
❑ No → go to 24

23a. What is the estimated travel costs per week? _____

23b. Who pays these costs?

❑ I pay and am reimbursed by my employer/ or the employer pays
❑ I pay and do not get reimbursed by my employer

24. Did you pay a fee for medical or computer equipment to establish your current practice?

❑ Yes → go to 24a
❑ No → go to 25

24a. Please specify what you had to pay a fee for? _____

25. Do you pay a fee for use of support staff?

❑ Yes → go to 25a
❑ No → go to 26

25a. Please specify the amount you pay $_____per month

26. Do you pay a fee for use of office space?

❑ Yes → go to 26a
❑ No → go to 27

26a. Please specify the amount you pay $_____ per month

27. Were you or another NP involved in developing your position/job description? ❑ Yes ❑ No ❑ Don't know

Comments:

28. Was there any orientation of the physician and health care team to your role prior to or upon your arrival? ❑ Yes ❑ No ❑ Don't know ❑ Not applicable

29. If your position was created in response to a Ministry of Health and Long-Term Care Request for Proposal, were you involved in developing the proposal(s) for your NP Position(s)? ❑ Yes ❑ No ❑ Don't know ❑ Not applicable

30. How are the physician(s) you work with paid? *(check ALL that apply)*

❑ Fee-for-service ❑ Salary ❑ Combination (e.g. FFS & other)
❑ Capitation ❑ Don't know ❑ Other (specify) _____

31. How many hours per week do you get paid to work as a NP?
Regular hours per week _____
Overtime hours per week_____

32. How many overtime hours per week do you work as a NP for which you are not paid?
Overtime hours per week_____

33. Are you a member of a union? ❑ No ❑ Yes (specify) _____

34. Is your position: ❑ Permanent → go to 35 ❑ Contract → go to 34a ❑ Other (specify)_____ ❑ Don't know

34a. If your position is contract, what is the total length of your contract? _____(months)

35. 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	$ _____
Total Income	_____		

36. How satisfied are you with your salary?

❑ Very Satisfied ❑ Satisfied ❑ Minimally Satisfied ❑ Minimally Dissatisfied ❑ Dissatisfied ❑ Very Dissatisfied

37. How do you think that NPs should be remunerated (please indicate your level of agreement)? Please check (✓) the one best answer for each question below	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Salary with funding provided by the MOHLTC to a transfer payment agency such as a municipality	❑	❑	❑	❑	❑
Salary with funding provided by the MOHLTC to a physician employer	❑	❑	❑	❑	❑
Salary with funding paid by the MOHTLC to an organization employer (i.e. long term care facility, CHC)	❑	❑	❑	❑	❑
Salary with funding paid by the MOHLTC to a central incorporated agency that would manage all NP salaries and benefits.	❑	❑	❑	❑	❑
NP directly bills OHIP for services rendered	❑	❑	❑	❑	❑
NP directly bills private insurer for services rendered	❑	❑	❑	❑	❑
NP bills patient for services rendered	❑	❑	❑	❑	❑

38. How many days per year of paid vacation do you have?	_____ (days)

39. How many days per year of paid education do you have?	_____ (days)

40. Are your educational expenses reimbursed?	❑ Yes	❑ No	❑ Some but not others

Section V - Job Satisfaction

41. Is your current role clearly defined?	❑ Yes	❑ No	❑ Don't know

42. Please indicate your level of satisfaction in your current job as a NP. There may be items that do not pertain to you; however, please answer them based on the employer's policy, i.e., if you needed it, would it be there? Please check (✓) the one best answer for each question below	6 Very Satisfied	5 Satisfied	4 Minimally Satisfied	3 Minimally Dissatisfied	2 Dissatisfied	1 Very Dissatisfied
Vacation/Leave policy	❑	❑	❑	❑	❑	❑
Benefit package	❑	❑	❑	❑	❑	❑
Retirement plan	❑	❑	❑	❑	❑	❑
Time allotted for answering messages	❑	❑	❑	❑	❑	❑
Time allotted for review of lab and other test results	❑	❑	❑	❑	❑	❑
Your immediate supervisor	❑	❑	❑	❑	❑	❑
Percentage of time spent in direct patient care	❑	❑	❑	❑	❑	❑
Time allocation for seeing patients (e.g. amount of time allocated to see patients)	❑	❑	❑	❑	❑	❑
Amount of administrative support	❑	❑	❑	❑	❑	❑
Quality of assistive personnel	❑	❑	❑	❑	❑	❑
Patient scheduling policies and practices (e.g. practices regarding scheduling of patients)	❑	❑	❑	❑	❑	❑
Patient mix	❑	❑	❑	❑	❑	❑

42. Please indicate your level of satisfaction in your current job as a NP. There may be items that do not pertain to you; however, please answer them based on the employer's policy, i.e., if you needed it, would it be there?

Please check (✓) the one best answer for each question below	6 Very Satisfied	5 Satisfied	4 Minimally Satisfied	3 Minimally Dissatisfied	2 Dissatisfied	1 Very Dissatisfied
Sense of accomplishment	❑	❑	❑	❑	❑	❑
Social contact at work	❑	❑	❑	❑	❑	❑
Status in the community	❑	❑	❑	❑	❑	❑
Social contact with your colleagues after work	❑	❑	❑	❑	❑	❑
Professional interaction with other disciplines/other providers	❑	❑	❑	❑	❑	❑
Support for continuing education (time & $$)	❑	❑	❑	❑	❑	❑
Opportunity for professional growth	❑	❑	❑	❑	❑	❑
Time off to serve on professional committees	❑	❑	❑	❑	❑	❑
Amount of involvement in research	❑	❑	❑	❑	❑	❑
Opportunity to expand your scope of practice	❑	❑	❑	❑	❑	❑
Interaction with other NPs, including faculty	❑	❑	❑	❑	❑	❑
Consideration given to your opinion and suggestions for change in the work setting or office practice	❑	❑	❑	❑	❑	❑
Input into organizational policy	❑	❑	❑	❑	❑	❑
Freedom to question decisions and practices	❑	❑	❑	❑	❑	❑
Expanding skill level/procedures within your scope of practice	❑	❑	❑	❑	❑	❑
Ability to deliver quality care	❑	❑	❑	❑	❑	❑
Opportunities to expand your scope of practice and time to seek advanced education	❑	❑	❑	❑	❑	❑
Recognition of your work from superiors	❑	❑	❑	❑	❑	❑
Recognition of your work from peers	❑	❑	❑	❑	❑	❑
Level of autonomy	❑	❑	❑	❑	❑	❑
Evaluation process and policy	❑	❑	❑	❑	❑	❑
Reward distribution	❑	❑	❑	❑	❑	❑
Sense of value for what you do	❑	❑	❑	❑	❑	❑
Challenge in work	❑	❑	❑	❑	❑	❑
Opportunity to develop and implement ideas	❑	❑	❑	❑	❑	❑
Process used in conflict resolution	❑	❑	❑	❑	❑	❑
Amount of consideration given to your personal needs	❑	❑	❑	❑	❑	❑
Flexibility in practice protocols	❑	❑	❑	❑	❑	❑
Monetary bonuses that are available in addition to your salary	❑	❑	❑	❑	❑	❑
Opportunity to receive compensation for services performed outside of your normal duties	❑	❑	❑	❑	❑	❑
Respect for your opinion	❑	❑	❑	❑	❑	❑
Acceptance and attitudes of physicians outside of your practice (such as specialist you refer patients to)	❑	❑	❑	❑	❑	❑

Section VI - Practice Patterns and Patient Care

43. In an average week, please allocate what percentage of your time is spent on each of the following categories of duties:

	Percentage of Time
❑ Clinical	_____
❑ Non-clinical	_____
❑ Clerical	_____
❑ Travel (i.e. to see patients)	_____
Total	100%

44. What percentage of time do you spend providing the following types of services to your clients? *(Check all that apply)*

	Percentage of Time
❑ Wellness care/Health Promotion	_____
❑ Care of minor acute illness	_____
❑ Monitoring of chronic illness	_____
❑ Care of major acute illness	_____
❑ Care of palliative patients	_____
❑ Other (specify) _____	_____
Total	100%

45. Please provide an estimate of the breakdown of the patient population that you (not the practice) serve.

Age of patient	Percentage
Children (0-12 years)	_____
Adolescents (13-18 years)	_____
Adults (19-64 years)	_____
Elderly (65+ years)	_____
Total	100%

46. Please estimate the number of patients you see individually in an average day (i.e., 8 hours), EXCLUDING patients seen after hours.

Average number of patients seen per day _____

47. Please estimate the number of patients you see individually after hours (i.e. evening, weekends)

Average number of patients seen after hours _____ **per week**

48. For what percentage of your patients are you their primary care provider? _____

49. Do you care for a specific population of clients (e.g., Aboriginal, immigrants, abused women, diabetics)?

❑ Yes → go to 49a
❑ No → go to 50

49a. Which groups do you care for? *(Check ALL that apply)*

❑ Aboriginal	❑ Abused women	❑ Immigrants
❑ Senior	❑ Children	❑ Babies/newborns
❑ Mental Health	❑ Women's health	❑ Patients with specific condition or disease (e.g. diabetes, hypertension)
❑ Other (specify)_____		

50. Do you find using clinical practice guidelines better enables you to work with your physician partner? ❑ Yes ❑ No ❑ Do not use

51. Do you participate in on-call activities?

❑ Yes → go to 51a & b
❑ No → go to 52

51a. What is the average number of hours per month on call? _____

51b. Please describe your on-call activities (i.e. what do you do, how do you work with your physician, how are you backed up): _____

52. Do you do home visits?

❑ Yes → go to 52a & b ❑ No → go to 53

52a. How many home visits do you do per month? _____

52b. Please describe the nature of visits: _____
_____

53. How are the patients assigned to your care? *(Check ALL that apply)*

❑ Patient books appointment specifically with me
❑ Referral from another setting
❑ Referral from a colleague within the setting
❑ Referral from physician out in the community
❑ Triage
❑ Receptionist assigns patients
❑ Other (please describe) _____

54. Is the physician with whom you collaborate located…

❑ On-site → go to 54a ❑ Off-site → go to 54b & c

54a. If on-site, how often is the physician available to you?:

❑ Rarely ❑ Sometimes ❑ Often ❑ As needed

54b. If off-site, how do you primary connect with this physician?

❑ Phone ❑ In person ❑ Fax ❑ E-mail ❑ Combination ❑ Other (specify)_____

54c. If off-site, how often do you connect?

❑ Once a day ❑ More than once a day ❑ A few times per week
❑ Once per week ❑ Once per month ❑ Other(specify) _____

55. How satisfied are you with the physician's availability?

❑ Very Satisfied ❑ Satisfied ❑ Minimally Satisfied ❑ Minimally Dissatisfied ❑ Dissatisfied ❑ Very Dissatisfied

56. From whom do you receive referrals? *(Check ALL that apply)*

❑ Physicians
❑ Nurses
❑ Nutritionist
❑ Other (please specify) _____
❑ Mental Health
❑ Social Worker
❑ No referral – patients walk in
❑ Patients refer themselves

57. Do you make referrals to specialists?	❑ Yes → go to 57a ❑ No → go to 58

57a. If yes, how?

- ❑ I refer the patient to the physician who sees the patient, and writes the consult note
- ❑ I write the consult note, and the physician signs the note
- ❑ The physician writes the consult note after discussing the matter with me
- ❑ Other (specify) _____

58. In a given week, what percentage of patients do you: *(Check All that apply)*		**Percentage**
Refer to the physician for referral to a specialist	❑	_____
Refer to the physician because patient care needs are outside the scope of your practice	❑	_____
Refer to the physician because the patient care needs are within the scope of your practice but you are not comfortable handling the case	❑	_____
Refer to the physician due to a pre-set arrangement with the physician (i.e. you refer all cardiac patients to the physician	❑	_____
Refer to a specialist directly	❑	_____

59. Do you have full access to the patient's chart?	❑ Yes → go to 60	❑ No → go to 59a

59a. If no, please explain

60. Are you able to deliver care in the way you would like?	❑ Yes → go to 61	❑ No → go to 60a

60a. If no, please explain

Section VII - Practice Models

61. Please indicate which of, and how many, of the following practitioners you practice with in your practice setting? (*Check All that apply)*		**Number**
RNs	❑	_____
RPNs.	❑	_____
Midwives	❑	_____
Physiotherapists	❑	_____
Dieticians	❑	_____
Occupational Therapists	❑	_____
Social Workers	❑	_____
Mental Health	❑	_____
Don't practice with other practitioners in my practice setting	❑	_____
Other _____	❑	_____

Measure of Current Collaboration

62. Consider your current experience of collaborative practice between you and the family physician(s) and rate your degree of agreement or disagreement with each statement. If this statement does not apply to your current situation, select 6 (not applicable)

Please check (✓) the one best answer for each question below The family physician(s) and I:	**1 Strongly Disagree**	**2 Disagree**	**3 Neutral**	**4 Agree**	**5 Strongly Agree**	**6 Not applicable**
Plan together to make decisions about the care for the patients	❑	❑	❑	❑	❑	❑
Communicate openly as decisions are made about patient care	❑	❑	❑	❑	❑	❑
Share responsibility for decisions made about patient care	❑	❑	❑	❑	❑	❑
Co-operate in making decisions about patient care	❑	❑	❑	❑	❑	❑
Consider both nursing and medical concerns in making decisions about patient care	❑	❑	❑	❑	❑	❑
Co-ordinate implementation of a shared plan for patient care	❑	❑	❑	❑	❑	❑
Demonstrate trust in the other's decision making ability in making shared decisions about patient care	❑	❑	❑	❑	❑	❑
Respect the other's knowledge and skills in making shared decisions about patient care	❑	❑	❑	❑	❑	❑
Fully collaborate in making shared decisions about patient care	❑	❑	❑	❑	❑	❑

Satisfaction with Current Collaboration

63. Consider your current experience of collaboration between nurse practitioners and family physicians. For each of the following questions, please circle the number that represents your current level of satisfaction or dissatisfaction. If this statement does not apply to your current situation, select 6 (not applicable).

Please check (✓) the one best answer for each question below **What is your current level of satisfaction with:**	**1** **Very satisfied**	**2** **Satisfied**	**3** **Neutral**	**4** **Dissatisfied**	**5** **Very dissatisfied**	**6** **Not applicable**
The shared planning that occurs between you and the family physician(s) while making decisions about patient care	❑	❑	❑	❑	❑	❑
The open communication between you and family physician(s) that takes place as decisions are about patient care	❑	❑	❑	❑	❑	❑
The shared responsibility for decisions made between you and the family physician(s) about patient care	❑	❑	❑	❑	❑	❑
The co-operation between you and family physician(s) in making decisions about patient care	❑	❑	❑	❑	❑	❑
The consideration of both nursing and medical concerns as decisions are made about patient care	❑	❑	❑	❑	❑	❑
The co-ordination between the you and family physicians when implementing a shared plan for patient care	❑	❑	❑	❑	❑	❑
The trust shown by you and family physician(s) in one another's decision making ability in making shared decisions about patient care	❑	❑	❑	❑	❑	❑
The respect shown by the you and family physician(s) in one and other's knowledge and skills	❑	❑	❑	❑	❑	❑
The amount of collaboration between you and family physician(s) that occurs in making decisions about patient care	❑	❑	❑	❑	❑	❑
The way that decisions are made between you and the family physician(s) about patient care; (that is with the decision making process, not necessarily with the decisions)	❑	❑	❑	❑	❑	❑
The decisions that are made between you and the family physician(s) about patient care	❑	❑	❑	❑	❑	❑

Reporting and Responsibilities

64. To whom are you accountable for your **clinical** activities? ***(Check ALL that apply)***

- ❑ Manager or administrator
- ❑ Medical director
- ❑ Other (please specify) _____
- ❑ Physician
- ❑ Not applicable, I work independently

65. Do you have non-clinical responsibilities? (e.g. education, group facilitation, sitting on committees, supervising other staff, research)

- ❑ Yes → go to 65a & b
- ❑ No → go to 66

65a. If yes, please describe your non-clinical responsibilities:

_____

_____

65b. If yes, to whom are you accountable for your non-clinical activities *(Check all that apply)*

- ❑ Manager or administrator
- ❑ Nursing director
- ❑ Medical director
- ❑ Physician
- ❑ Not applicable, I work independently
- ❑ Other (specify) _____

66. Do you have clerical duties? (faxing, filing, photocopying)

- ❑ Yes → go to 66a
- ❑ No → go to 67

66a. If yes, please describe your duties _____

67. Do the physicians in your practice have clerical duties? (faxing, filing, etc.)

- ❑ Yes → go to 67a
- ❑ No → go to 68
- ❑ Don't know→ go to 68

67a. If yes, please describe your duties _____

68. Do you have annual performance appraisal?

- ❑ Yes → go to 68a
- ❑ No → go to 68b

68a. If yes, who is responsible for your annual performance appraisal? *(Check all that apply)*

- ❑ Manager or administrator
- ❑ Nursing director
- ❑ Medical director
- ❑ Physician partner
- ❑ Not applicable, I work independently
- ❑ Other (specify)_____

68b. If no, when was your last performance appraisal? _____

Section VIII – Education and Continuing Education

69. Thinking back to when you first started practising as a NP, did you feel educationally prepared?	❑ No → go to 69a, b & c ❑ Yes → go to 69a
69a. Currently, do you feel educationally prepared for the role you have taken on?	❑ No → go to 69b & c ❑ Yes → go to 70

	First Started Practising	Currently
69b. If no, what are some of your concerns? *(Check ALL that apply)*	❑	❑
Not prepared for the level of independence of the role	❑	❑
Lacking in some substantive knowledge (such as geriatric care etc.)	❑	❑
Not prepared for the complexity of health problems presented by patients	❑	❑
Other (specify) _____	❑	❑
69c. How can some of these concerns be addressed *(Check ALL that apply)*		
Longer educational program	❑	❑
Have an internship type of year	❑	❑
Have a longer clinical practicum	❑	❑
Greater emphasis on continuing education	❑	❑
Have a Masters level program	❑	❑
Make the program region specific ((i.e. special curricula to suit needs of the rural and remote areas versus urban needs)	❑	❑
Other (specify) _____	❑	❑

70. Please indicate which of the following you have included as part of your on-going/continuing education in the past year? (*Check ALL that apply*)

- ❑ Clinical practice guidelines
- ❑ Chart audit with feedback on performance
- ❑ Lectures, conferences and/or clinical presentations
- ❑ Distance education courses or night courses
- ❑ Small group learning, traineeships or workshops
- ❑ Other education materials (e.g., audio/video tapes, journal articles, etc)

71. Please indicate the GREATEST barrier to participating in continuing education? (*Check ONE only*)

- ❑ Financial
- ❑ Distance to learning venue
- ❑ Time commitment
- ❑ Other (specify) _____

Section IX - Integration

72. Do you believe you are primarily a member of: *(Check ONE only)*

- ❑ Medical group practice
- ❑ Nursing Team
- ❑ Interdisciplinary health care team (includes more than physician and nurse
- ❑ Other (please specify) _____
- ❑ Both medical group practice and nursing team

73. Do you function within your full scope of practice?	❑ Yes → go to 74 ❑ No → go to 73a
73a. If no, why not?	

74. Is your practice limited to seeing certain patients? (i.e. home care visits)	❑ Yes → go to 74a ❑ No → go to 75
74a. If yes, are your limitations due to: ❑ Chosen area of speciality ❑ At request of employer ❑ Other (describe) _____	

75. What factors in your practice setting facilitate / create barriers to your ability to fulfil your NP role? *(Check All that apply and rank the top 3 barriers and top 3 facilitators)*	**Barriers**	**Rank Top Three Barriers**	**Facilitators**	**Rank Top Three Facilitators**
The personality and philosophy of physicians with whom I practice	❑	_____	❑	_____
Orientation of the health care team to my role	❑	_____	❑	_____
The nature of my employment relationship (e.g. employed by organization, employed by physician practice)	❑	_____	❑	_____
The practice model under which I operate (e.g. collaborative practice, consultative practice etc.)	❑	_____	❑	_____
The way my role has been defined – too narrow	❑	_____	❑	_____
The way my role has been defined – too broad	❑	_____	❑	_____
My educational preparation through the NP program	❑	_____	❑	_____
Working relationships with other providers within the practice	❑	_____	❑	_____
My work experience prior to entering the NP program	❑	_____	❑	_____
Health care financing (e.g. NP can't refer directly to specialist and specialists can't bill for referral from NP)	❑	_____	❑	_____
Level of my own confidence to take on the responsibilities of this new role	❑	_____	❑	_____
Resistance from other health care providers in the practice	❑	_____	❑	_____
Resistance from health care providers outside the practice	❑	_____	❑	_____
Resistance from patients	❑	_____	❑	_____
Resistance from the community	❑	_____	❑	_____
Isolation in practice (e.g. hard to be the only NP in setting)	❑	_____	❑	_____
Too few patients to practice in this role satisfactorily	❑	_____	❑	_____
Too many patients to practice in this role satisfactorily	❑	_____	❑	_____
Limitations of space (e.g. not enough room in the office)	❑	_____	❑	_____
Limitations of funding (e.g. lack of money for health promotion, travel etc.)	❑	_____	❑	_____
Legislation such as the Public Hospitals Act, Long Term Care Act, Nursing Homes Act etc.	❑	_____	❑	_____
Other	❑	_____	❑	_____

76. Has your physician partner expressed any concerns regarding your scope of practice and his or her liability?

❑ Yes → go to 77a & b
❑ No → go to 78

77a. If yes, how have these concerns been addressed?

- ❑ We have discussed them and resolved the concerns
- ❑ We are still discussing these concerns
- ❑ These concerns have not been addressed

77b. Do you view this issue as a barrier to your practice? ❑ Yes ❑ No

78. Do you have any concerns regarding your own liability as a nurse practitioner?

❑ Yes → go to 78a & b
❑ No → go to 79

	How Often	
	Sometimes	Often
78a. If yes, what are some of the reasons for these concerns? *(Check All that apply)*		
❑ I feel that I am asked to practice outside of my scope	❑	❑
❑ I feel that I am not given enough information to treat patients properly	❑	❑
❑ I feel that I am not competent to perform some of the tasks I am asked to perform	❑	❑
❑ I feel that my liability insurance is inadequate	❑	❑
❑ Other (specify) _____	❑	❑

78b. Do you view this issue as a barrier to your practice? ❑ Yes ❑ No

Section X - Innovation

79. What new services/programs have you developed in this position (list and describe up to three)?

a. _____
b. _____
c. _____

79b. How many patients are receiving or have received services in these programs?

a. _____
b. _____
c. _____

80. Do you use any of the following in your practice? (*Check ALL that apply*)

- ❑ Telemonitoring technology-distance monitoring of patient conditions
- ❑ Telehealth programs for patient care and education
- ❑ Continuing education workshops for nursing staff
- ❑ Counsel patients relating to use of alternative health care products or services e.g. herbal medicines, massage therapy, traditional Chinese medicine
- ❑ Other (specify) _____
- ❑ **Do not use any of the above**

81. Do you use Information Technology for any of the following? *(Check ALL that apply)*	Yes ✓	Number of months you have used it
Electronic patient records	❑	_____
E-mail	❑	_____
Patient management features (e.g., preventative alerts)	❑	_____
Generating statistical reports	❑	_____
Communicating with labs	❑	_____
Referral letters	❑	_____
Clinical practice guidelines	❑	_____
Tracking patient encounters	❑	_____
Other (specify) _____	❑	_____

Section XI – Conclusion

In answering the following questions, please remember that all answers are anonymous and confidential.

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

a. _____
b. _____
c. _____

83. What are the 3 most negative aspects of your NP role?

a. _____
b. _____
c. _____

84. If you could give the Ministry of Health and Long-Term Care one piece of advice to further the integration of nurse practitioners what would it be?

Comments:

85. Any other comments about your role that you would like us to know?

Comments:

86. May we contact you to follow up on any of the information provided?

❑ Yes → go to 86a
❑ No

86a. Contact Information

Name: _____

Address: _____

Telephone Number: _____ **E-mail:**_____

THANK YOU FOR COMPLETING THIS SURVEY

WE WILL DETACH THE COMPLETED CARD BELOW AND ENTER IT IN THE DRAW

Nurse Practitioner Survey

Thank you for completing this survey. Your responses will be extremely valuable in planning for the ongoing implementation of Nurse Practitioners in Ontario.

To show our appreciation, we invite you to complete this card. Your card will be entered into a draw for a chance to win one of 10 subscriptions to a nursing journal of the winner's choice. The winner will be contacted by mail.

Name: _____

Mailing Address: _____

_____

_____