

The Role of Social Workers in Interprofessional Primary Healthcare Teams

Rôle des travailleurs sociaux dans les équipes interprofessionnelles de soins primaires

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Appendix 1

Survey Questions

MAPPING: ORGANIZATIONAL ATTRIBUTE

ORIGIN: ADDED

1. What type of practice is this?

- Traditional Fee For Service
- Family Health Group/Comprehensive Care Model
- Family Health Network/Family Health Organization (and NOT a Family Health Team)
- Family Health Network/Family Health Organization AND a Family Health Team
- Health Centre (Community Health Centre/Aboriginal Health Centre)
- Nurse Practitioner Led Clinic
- Other (please specify): _____

MAPPING: RESPONDENT

ORIGIN: ADAPTED FROM CIHI

2. Title/role of the respondents (please identify ALL those involved in completing this survey):

- Practice site lead family physician
- Other family physician
- Other primary health care professional within this practice site
- Practice site manager
- Practice site non-management administrative staff (e.g. receptionist)
- Other (please specify): _____

Practice Site Resources: Human Resources

ORIGIN: ADDED

PLEASE COMPLETE THE FOLLOWING TABLE ABOUT THE NUMBER OF PERSONNEL IN THIS PRACTICE SITE AND THEIR FTEs:

Personnel	# people	# FTEs	Personnel	# people	# FTEs
Family physicians			Speech and language pathologists		
Nurse practitioners			Physiotherapists		
Registered nurses			Psychologists		
Registered practical nurse			Other mental health workers		
Dietitians			Chiropodists		
Social workers			Respiratory therapist		
Occupational therapists			Care navigator		
Case managers			Receptionists/clerks		
Physician assistants			Secretaries		
Pharmacists			Managers		
Audiologists			Executive director		
Other clinical staff (specify) _____			Other non-clinical staff (specify) _____		
Other clinical staff (specify) _____			Other non-clinical staff (specify) _____		
Other clinical staff (specify) _____			Other non-clinical staff (specify) _____		

MAPPING: 5.2 SERVICE PROVISION AND CLINICAL PRACTICES/TYPE AND RANGE OF SERVICES OFFERED/MEDICAL AND PREVENTIVE SERVICES

ORIGIN: ADAPTED FROM THE EVOLUTION SURVEY

At this practice site, do you provide the following services, and if so, who does? (Check all that apply)

	We do not provide these services	MD	RN/RNA	Nurse Practitioner	Pharmacist	Dietitian	Mental health worker	Other (Please specify)
Individual patient appointments for (i.e., direct patient care):								
• Prevention and health promotion and/or education services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Primary mental health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychosocial services (e.g., counselling advice for physical/emotional problems)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Liaison with other healthcare organizations, such as home care, hospitals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nutrition counselling services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Home visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• End-of-life care/palliative care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Counselling on tobacco use, diet and physical activity during visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Medication reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Patient education (e.g., blood glucose testing, BP measurement)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	We do not provide these services	MD	RN/RNA	Nurse Practitioner	Pharmacist	Dietitian	Mental health worker	Other (Please specify)
Practice-level initiatives or programs (e.g., protocols, provider education, guidelines, etc.) that address the systematic management and follow-up services of patients with:								
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular disease – Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental disorders (depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group appointments for education and self-management programs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Related to lifestyle and healthy living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Related to management of chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Related specifically to management of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Regular assessment and documentation of patient self-management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	