

SUPPORTIVE CARE SURVEY, 2008

1. What is the name of the institution in which you work?

2. In what province do you practice? _____
3. Is your role mainly supervisory? Yes No
4. _____
5. Is your role mainly to provide patient care as a staff nurse? Yes No
6. Check the one answer that best fits your work pattern in the ambulatory setting:
Full time Part-time Casual
7. What per cent of your time is spent in that setting taking care of cancer patients?
0-25% 26-50% 51-75% 76-100%
8. In which of the following specialty practices are you involved? (check more than one if applicable)
 - Medical oncology
 - Radiation oncology
 - Hematologic oncology
 - Gynecologic oncology
 - Surgical oncology
 - Other Specify _____
9. Which group of cancer patients receives your care? (check more than one, if applicable)
 - Most of the groups listed below
 - Or mainly:
 - Breast
 - Lung
 - Prostate
 - Colorectal
 - Hematologic
 - Gynecologic
 - Most of the above
 - If other, specify _____
10. Do you work:
 - (a) Mainly as a team member with a particular oncologist or oncologists regularly seeing the same group of patients together? Yes No
 - (b) With several oncologists at various times, not necessarily seeing the same group of patients together? Yes No
 - (c) In a combination of (a) and (b)? Yes No
 - (d) If other, specify _____

11. Does your centre/clinic screen all new patients for distress on a routine basis (i.e. not just as part of a research study), using a formal screening questionnaire?
 (a) before treatment starts Yes No
 (b) after treatment has been completed Yes No
12. Referring to the practice styles described in question # 9, what proportion of patients receives your supportive care services:
 0-25% 26-50% 51-75% 76-100%
13. Are your patients able to contact you (e-mail, phone, pager etc.) for support re: issues after active treatment has been completed, i.e. between clinic follow-up visits? Yes No
14. Approximately how many cancer patients who have completed their active treatment receive your supportive care services in an average week?
 0-10 11-20 21-50 51-100
15. What proportion of your time is spent providing supportive care services to your patients who have completed their active treatment?
 0-25% 26-50% 51-75% 76-100%
16. What proportion of patients previously seen by you during their active treatment is now receiving your supportive care services?
 0-25% 26-50% 51-75% 76-100%
17. Answer Yes or No in all of the boxes that best describe your role in providing supportive care after active treatment has been completed

	Factors Increasing Risk of Recurrence of Cancer	Factors Increasing Risk of Potential Late Onset Side Effects of Therapy	Factors Increasing Risk of Other Chronic Diseases	Reducing On-going Symptoms Resulting from Treatment (e.g. pain, fatigue, depression)
Assess Risk Factors				
Provide Counseling/Education				
Develop Plan for Reducing Risk Factors or Alleviating Symptoms				
Coordinate Access to Services for Reducing Risk Factors or Alleviating Symptoms				
Follow-up on Adherence to Plan or Effectiveness of Intervention				

18. Do you provide sexual counseling to your patients after treatment has been completed? Yes No
19. After active treatment has been completed, do you provide each patient with a written "Survivorship Care Plan" ? Yes No

If the answer is NO skip the following sub-section

20. If the answer is YES, does the plan provide or describe:

- The type and stage of cancer which has been treated Yes No
- Details of each treatment modality administered Yes No
- Complications experienced from each modality of treatment, both acute and chronic (persistent) Yes No
- Methods for treating the chronic complications of treatment Yes No
- Methods for reducing the risk of delayed-onset treatment complications (complications which might occur in the future) Yes No
- Advice on how to reduce the risk of recurrence of the original cancer Yes No†
- Advice on how to reduce the risk of another cancer Yes No
- Advice on how to reduce the risk of diseases which share the same risk factors for cancer (heart disease, stroke, diabetes)? Yes No
- The schedule for follow-up exams and tests to determine the presence of cancer recurrence Yes No
- Which health care professional should be responsible for each aspect of follow-up care Yes No

21. Excluding documentation, what per cent of your time is occupied by clerical or non-nursing duties?

0-25% 26-50% 51-75% 76-100%

22. If more than 25% of your time is spent on non-nursing duties indicate the type of work (check all that apply)

- Clerical e.g. finding x-rays, writing requisitions etc.
- Clinical assistant duties e.g. weighing patients, changing sheets ushering patients into exam rooms
- Performing tasks at the request of doctors that have been assigned to the doctors e.g. order entry
- Other miscellaneous duties e.g. watering plants, etc

23. What nursing model are you currently practicing?

Case management

Primary care

Nurse navigator

Functional nursing (duties as assigned)

Team nursing

Collaborative Partnership

Other (specify) _____

24. Is there something else you want to add regarding your vision and goals in meeting the supportive care needs of the cancer patients you have treated previously and who are now cancer survivors?

25. What is your official title/role? _____

Note to readers: this survey was conducted via personal interviews, not as a mailout. Responses were compiled on a web-based system that required completion of every question.