

Project
Extended coordinated medical care in nursing homes
(CoCare)

Questionnaire for doctors
1st survey (baseline)

Intervention group



Section of Health Care Research and Rehabilitation
Research

Instructions for completing the questionnaire

With the following questions, we'd like to know more about your work in the enrolled nursing home and how you experience the cooperation with nursing staff.

Please answer these questions one after another in the sequence they appear on the questionnaire. **Please don't skip any questions.**

- ✓ You will answer most of the questions by checking a box. Please **check only one box per question.**
- ✓ **Please choose one of the options provided!** For some questions, you may need to fill in dates, numbers or text.
- ✓ If you feel like a question doesn't apply to you, **please check a box regardless.** Most of the time, one of the options provided will be an appropriate answer, e.g. "don't know" or "doesn't apply".
- ✓ A few questions will be very similar to one another, since this questionnaire consists of several shorter questionnaires. **Please answer all the questions regardless of repetition.**
- ✓ In case you need to correct an answer (i.e. you accidentally checked the wrong box), please do so by filling in the falsely checked box completely. You may now check the correct box:

Example question:	strongly agree	agree	agree some- what	disagree some- what	dis- agree	strongly dis- agree
<i>I actively participated in the discussion.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time
to participate in this survey!**

Assessment of cooperation

The following questions concern the collaboration of all enrolled nursing staff and general practitioners/specialists involved in caring for nursing home residents. Please indicate to which extent the following statements apply to you.

Please refer your answers to the time **before CoCare was implemented** at your facility.

Please choose only <i>one</i> option per item.						
	strongly disagree	disagree	agree	strongly agree	don't know	
	<input type="checkbox"/>	1				
	<input type="checkbox"/>	2				
<p>Questions 1 through 6 are adapted from the Internal Participation Scale (IPS): Körner, M., & Wirtz, M. A. (2013). Development and psychometric properties of a scale for measuring internal participation from a patient and health care professional perspective. <i>BMC health services research</i>, 13(1), 374.</p>						
	<input type="checkbox"/>	3				
	<input type="checkbox"/>	4				
	<input type="checkbox"/>	5				
	<input type="checkbox"/>	6				
	1	2	3	4	5	

The following questions concern the collaboration with nursing staff at the facility you provide medical care for. Please choose one of the response options and indicate to which extent the chosen option applies to you.

Please refer your answers to the time **before CoCare was implemented** at your facility.

very good						very poor 7
<input type="checkbox"/>						
1	2	3	4	5	6	
1	2	3	4	5	6	

very good					very poor	don't know 8
<input type="checkbox"/>						
1						7
1						7

Questions 7 through 12 are adapted from a questionnaire assessing work satisfaction for doctors (Fragebogen zur Arbeitssituation von Ärzten; FAÄ):
Fischbeck, S., & Laubach, W. (2005). Arbeitssituation und Mitarbeiterzufriedenheit in einem Universitätsklinikum: Entwicklung von Messinstrumenten für ärztliches und pflegerisches Personal. *PPmP-Psychotherapie · Psychosomatik · Medizinische Psychologie*, 55(06), 305-314.

very much						very little 9
<input type="checkbox"/>						
1	2	3	4	5	6	6
1	2	3	4	5	6	6

very much						very little 10
<input type="checkbox"/>						
1	2	3	4	5	6	
1	2	3	4	5	6	

very much

very little

11

1

2

3

4

5

6

1

2

3

4

5

6

**absolutely
sufficient**

**absolutely
insufficient**

12

1

2

3

4

5

6

1

2

3

4

5

6

Evaluation of Care

The following statements concern the medical care of nursing home residents. Please indicate to which extent the statements apply to the facility you provide medical care for.

Please refer your answers to the time **before CoCare was implemented** at your facility.

Please choose only <i>one</i> option per item.							
	excellent	very good	good	satisfactory	poor	very poor	
Cooperation between doctors and nursing staff concerning patient care is...	<input type="checkbox"/>	13					
Rounds at this facility are ...	<input type="checkbox"/>	14					
Documentation of rounds is...	<input type="checkbox"/>	15					
The implementation of doctor's orders is...	<input type="checkbox"/>	16					
Nursing staff's preparation of rounds is...	<input type="checkbox"/>	17					
	1	2	3	4	5	6	

Personal information

When did you complete this questionnaire?

Date

--	--	--	--	--	--	--	--	--	--

18

Your age

--	--	--

years

19

Your gender

Male

1

Female

20

2

You are enrolled in CoCare as...

General practitioner

1

Specialist

2

21

If you have any comments, questions or concerns, please provide them here:

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Thank you for your support!