

Staff engagement survey

Improving Care for People with Developmental Disabilities (DD): Staff Survey

1. What is your role?

NP __, RN __, Staff Physician __, Resident __, Social Worker __, Allied Health __, Management __ Other: _____

2. In the last 2 years, have you been involved in caring for a patient with DD? Yes No

3. Regarding patients with DD, I feel that...

<i>Rating Scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)</i>	
a. treating a patient with DD would take up more time than I have available.	N/A 1 2 3 4 5
b. talking directly to a patient with DD is as worthwhile as any other patient.	N/A 1 2 3 4 5
c. when caring for with a patient with DD, I would feel comfortable.	N/A 1 2 3 4 5
d. when caring for with a patient with DD, I would feel frustrated.	N/A 1 2 3 4 5

4. When caring for a patient with DD, I feel...

<i>Rating Scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)</i>	
a. comfortable in discussing the individual’s disability with the patient or caregiver.	N/A 1 2 3 4 5
b. knowledgeable about common comorbidities and care issues in those with DD.	N/A 1 2 3 4 5
c. familiar with community resources for people with DD (e.g. developmental services, Community Networks of Specialized Care, disability income supports, etc.)	N/A 1 2 3 4 5
d. skilled in adapting my communication and approach.	N/A 1 2 3 4 5
e. equipped with proper resources to make the desired accommodations (e.g., time).	N/A 1 2 3 4 5
f. confident that I can provide quality care to the individual.	N/A 1 2 3 4 5
g. I have the necessary skills and training to care for a patient with DD.	N/A 1 2 3 4 5

5. Are you aware of the Canadian Consensus Guidelines on the Primary Care of Adults with Developmental Disabilities? Yes No

a) If yes, have you ever used the Guidelines to inform the care you provide to a patient with a DD? Yes No

6. Have you ever used the tools to help practitioners implement the Guidelines; published in an orange booklet) from the Developmental Disabilities Primary Care Initiative in your care with such patient(s)? Yes No

- a. **IF** you have used the tools, do you find them useful?

- b. Do you have any suggestions for improvement?

