

### PHYSICIAN SURVEY

The Canadian Malnutrition Task Force (CMTF) conducted a national study from 2010 – 2013 to determine the prevalence of malnutrition in Canadian hospitals. The following survey, used to determine physicians' level of knowledge, attitudes and practices with respect to nutrition in hospitalized patients, was used in this study. Minor adaptations were made to the content valid, published version (Rasmussen HH, Kondrup J, Ladefoged K, Staun M. Clinical nutrition in Danish hospitals: a questionnaire-based investigation among doctors and nurses. *Clin Nutr.* 1999; 18:153-158). This version has been reviewed by the inter-disciplinary Education and Practice group of the CMTF for content validity.

This survey is made available by CMTF for use by hospitals in their own research or quality improvement initiatives. Permission has been provided by the author for CMTF to disseminate this questionnaire for these purposes (H.H. Rasmussen, June 24, 2014, personal communication to D. Duerksen).

This survey will provide our hospital with the necessary information required to identify training needs and evaluate training efforts.

#### Instructions:

Please complete the following questions, providing a single answer unless instructed otherwise. If you work on more than one hospital unit, please consider your primary unit, when answering questions.

Please return this survey to:

### **Information About You**

	hich type of hospital unit do you currently working in? (Please list; on multiple units, select your PRIMARY unit):	if you
2.	ou are a(n):  Attending physician Resident Fellow	
3. I	ow many years you have been practicing:	
	<pre></pre>	

### **Evaluation of Patients' Nutritional Status**

1. Please respond to the statements below concerning practices on your hospital units. Check one column for each statement.

On my hospital unit(s)	No	Yes, in selected patients (<50%)	Yes, in selected patients (>50%)	Yes, in all patients	Don't know
Patients are screened for nutrition risk upon admission to the hospital					
Patients who are screened to be at risk undergo subjective global assessment (SGA) to determine their nutritional status					
Ongoing evaluation of the patient's nutritional status/intake during hospitalization is standard procedure					
All patients have their nutritional status evaluated on discharge					
The patient's nutritional problems are routinely taken into account on unit rounds					
Patients are weighed upon admission					
Patients are weighed at regular intervals during hospitalization					
Patients are routinely weighed upon discharge					

2. Please respond to the statements below concerning patients who are AT NUTRITIONAL RISK on your hospital unit(s). Check one box for each statement.

On my hospital unit(s)	No	Yes, in selected patients (<50%)	Yes, in selected patients (>50%)	Yes, in all patients	Don't know
Measurement of food intake is undertaken in admitted patients at nutritional risk					
At risk patients are continuously monitored to determine if they are meeting their food intake requirements					
A nutritional care plan is included in the patient records					

3a. Please respond to the following statements concerning what you believe OUGHT to be standard practice on your unit(s): Check one box on each line.

All patients	Entirely agree	Largely agree	Largely disagree	Entirely disagree	Don't know
Ought to be screened for nutrition risk upon admission					
Ought to have an evaluation of their nutritional status on admission					
Ought to have an evaluation of their nutritional status at least once a week during hospitalization					
Ought to have an evaluation of their nutritional status on discharge					
That have compromised nutritional status and/or a reduced food intake, will have a nutritional care plan initiated within 24hours					

# 3b. Please respond to the following statements concerning what you believe OUGHT to be standard practice on your primary unit(s): Check one box for each statement

box for each statement.	Entirely	Largely	Largely	Entirely	Don't
	agree	agree	disagree	disagree	know
The nutritional problems of					
admitted patients should					
routinely be taken into account					
on unit rounds					
All patients should be weighed					
on admission					
Patients should be weighed at					
fixed intervals during					
admission					
Patients should be weighed on					
discharge					
There should be daily checks of					
whether patients requiring					
special nutritional treatment					
are achieving their					
requirements					
All patients should have their					
food intake monitored at least					
every few days					

### Allocation of Responsibility on the Unit

### **4.** Have your hospital units instituted any of the following? Check one box for each statement.

	Yes	No	Don't know
Established an interdisciplinary nutrition team			
Appointed one or more resource persons with special			
knowledge of and interest in clinical nutrition			
Produced or use guidelines/protocols on how patients			
with nutritional therapy needs can be identified			
Produced or use guidelines/protocols on tube feeding			
Produced or use guidelines/protocols on parenteral			
nutrition			
Defined the scope of the responsibility of dietitians			
Provided education for medical staff in nutrition care			
Provided education for nursing staff in nutrition care			

**5. Please answer the following questions** (Check one box for each question/statement)

	Yes	Yes, to some extent	No	Don't know
Do you have dietitians who are available for				
consultation?				
Do the dietitians regularly take part in one or				
more nursing, medical or inter-disciplinary				
rounds on the unit?				
Is it your opinion that it would be helpful to use				
dietitians more extensively than you do at				
present?				

6. Check the THREE most IMPORTANT reasons why patients may get insufficient nutrition support (e.g., artificial nutrition, tube feeding) on
your hospital unit
☐ Unaware of the importance of nutrition
☐ Malnourished individuals not identified
☐ Indifference
☐ Lack of documentation
☐ Too many complications
☐ No definition of responsibility
☐ Time-consuming
☐ Technically difficult
☐ Hard to identify the relevant malnourished patients
☐ Too expensive
☐ Other (specify):

## 7. Check the most IMPORTANT reasons why patients may not eat on your hospital unit:

	Rarely a problem	Sometimes a problem	Commonly a problem
Tray delivery is not coordinated between			
Food Services and Nursing			
Appearance, taste, or aroma of food is poor			
Food/fluid temperature is inappropriate			
Patients are not given enough time to eat			
Patient meals are interrupted by procedures			
or medical care			
Patients are not properly positioned to eat			
Patients are not able to feed self or open			
packages			
Patients' pain and symptoms are not well			
managed			

	_	Sometimes a problem	_
Insufficient assistance with eating			

**8. How good is your knowledge of....?** (Check one box on the scale from 1 to 10, where 1 = inadequate knowledge and 10 = very good knowledge)

Inadequate knowledge knowledge

Very good

	1	2	3	4	5	6	7	8	9	10
The										
treatment of										
malnourished										
patients										

**9.** How interested are you in....? (Check one box on the scale from 1 to 10, where 1 = low interest and 10 = very interested)

Low interest

patients

Great

interest										
	1	2	3	4	5	6	7	8	9	10
The										
treatment of										
malnourished										

10. To what extent do you find it relevant for you to be well informed about...? (Check one box on the scale from 1 to 10, where 1 = not relevant and 10 = very relevant)

Not relevant

Very

relevant	İ									
	1	2	3	4	5	6	7	8	9	10
The treatment of malnourished patients										

Please provide any further comments with respect to nutrition care on this unit.