

Nursing Continuing Education Needs Assessment (APIC)

Thank you for taking the time to complete this survey. The results from this survey will help the newly formed *Nursing Continuing Education Provider Unit* for the Nebraska DHHS with their application process. Furthermore, this survey will guide the anticipated content and learning methods needed to provide evidence based, peer reviewed CE opportunities for professional nurses working throughout Nebraska.

Please E-Mail your completed survey to Kathryn.White@Nebraska.gov by May 29, 2009.

Zip Code: _____

Profession: (Choose 1) APRN RN LPN LVN

Primary way I participate in continuing education activities or technical updates: (Choose 3)

- | | |
|---|--|
| <input type="checkbox"/> Face to Face Meetings | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> Conference Calls | <input type="checkbox"/> Self Study On-Line |
| <input type="checkbox"/> Tele-Health Activities | <input type="checkbox"/> Self Study Paper Copies |
| <input type="checkbox"/> Professional Journals | <input type="checkbox"/> Self Study CD-ROMs |
| <input type="checkbox"/> Lunch-N-Learns | <input type="checkbox"/> Other: (Specify) _____ |

What affects your decision to participate in a training/update? (Choose 3)

- | | |
|---|---|
| <input type="checkbox"/> Topic | <input type="checkbox"/> Fees |
| <input type="checkbox"/> Time Away From Clinic/Office | <input type="checkbox"/> Way Training is Offered (Meeting/Webinar/Journal...) |
| <input type="checkbox"/> Distance From Clinic/Office | <input type="checkbox"/> Amount of Advance Notice |
| <input type="checkbox"/> Continuing Education Credits | <input type="checkbox"/> Other: (Specify) _____ |

What time of the year is most convenient for you to participate in a face to face meeting? (Choose 1)

- | | |
|--|---|
| <input type="checkbox"/> Spring (March-April-May) | <input type="checkbox"/> Fall (September-October-November) |
| <input type="checkbox"/> Summer (June-July-August) | <input type="checkbox"/> Winter (December-January-February) |

What day of the week is most convenient for you to participate in a face to face meeting? (Choose 1)

- Monday Tuesday Wednesday Thursday Friday

Outside Lincoln & Omaha, where are you most likely to participate in a face to face meeting? (Choose 2)

- | | | | |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Scottsbluff | <input type="checkbox"/> Grand Island | <input type="checkbox"/> Columbus | <input type="checkbox"/> Beatrice |
| <input type="checkbox"/> North Platte | <input type="checkbox"/> York | <input type="checkbox"/> McCook | <input type="checkbox"/> Tecumseh |
| <input type="checkbox"/> Kearney | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Nebraska City | <input type="checkbox"/> Other: (Specify) _____ |

What topics are you interested in a continuing education activity on? (Choose 8)

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pandemic Flu |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> TB |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Tobacco Use/Smoking Cessation |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Vaccine Update |
| <input type="checkbox"/> MRSA | <input type="checkbox"/> Antibiotic Update |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Older Adult Fall Prevention |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Preventive Health |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Mental/Behavioral Health | <input type="checkbox"/> Pediatric & Adolescent Health |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Evidence Based Nursing |
| <input type="checkbox"/> Other: (Specify) _____ | |