**Appendix**

**Survey**

This survey is designed to assess the perceived need for a post-graduate program for Advanced Practice Nurses on hospice and palliative care throughout the life span.

1. Do you believe there is a need for palliative care education for Advanced Practice Nurses?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Not sure

## 2. Indicate your interest in a post-master's program in Palliative Care (Check all that apply)

\_\_\_ Interested in attending a program

\_\_\_ Not interested in attending a program at this time, but may be interested in attending a program in the future

\_\_\_ No interest in attending a program

## 3. If a program was offered, indicate the type of program you would be most likely to attend.

 \_\_\_ Online

 \_\_\_ Onsite

 \_\_\_ Hybrid (combination of online and onsite classroom)

## 4. Indicate your thoughts on program cost (Check all that apply)

 \_\_\_ Program cost is not an issue

 \_\_\_ Low cost program preferred

\_\_\_ Low cost program required

 \_\_\_ Financial aid or scholarship assistance required

## 5. Would you prefer the program to be

 \_\_\_ Full time study

 \_\_\_ Part time study

 \_\_\_ Either full or part time study

## 6. Indicate your interest in certificate program credentials (Check all that apply)

 \_\_\_ National palliative care certification eligibility

 \_\_\_ Certificate of completion from SFSU

 \_\_\_ Continuing Education Units

 \_\_\_ Credentials are not an issue

\_\_\_ Other

## 7. Indicate your interest in courses addressing palliative care issues in the following settings (Check all that apply)

 \_\_\_ Primary Care

 \_\_\_ Community-based Care

 \_\_\_ Acute Care

 \_\_\_ Long-term Care

 \_\_\_ Hospice Care

\_\_\_Other

## 8. Indicate your interest in courses providing an interdisciplinary focus from the following disciplines/areas (Check all that apply)

 \_\_\_ Nursing

 \_\_\_ Gerontology

 \_\_\_ Social Work

 \_\_\_ Medicine

 \_\_\_ Physical Therapy

\_\_\_ Occupational Therapy

 \_\_\_ Public Health

 \_\_\_ Pharmacy

 \_\_\_ Chaplaincy

 \_\_\_ Other

## 9. Indicate course content you would like to see included in a Palliative Care curriculum (Check all that apply)

 \_\_\_ Chronic illness and palliative care across the lifespan

\_\_\_ Pharmacology and palliative care across the lifespan

 \_\_\_ Symptom Management in palliative across the lifespan

 \_\_\_ Pain assessment and management across the lifespan

 \_\_\_ Ethical issues in palliative care across the lifespan

 \_\_\_ Case management in palliative care

 \_\_\_ Population specific palliative care issues in pediatrics

 \_\_\_ Population specific palliative care issues in adults

 \_\_\_ Population specific palliative care issues in geriatrics

 \_\_\_ Hospice care

 \_\_\_ Interdisciplinary teamwork

 \_\_\_ Communication in palliative care

 \_\_\_ Other

## 10. Indicate your interest in population specific clinical courses or residencies (Check all that apply)

 \_\_\_ Across the lifespan/family

 \_\_\_ Pediatrics

 \_\_\_ Adults

 \_\_\_ Geriatrics

 \_\_\_ Other

## 11. Indicate your interest in the clinical focus in settings for specific clinical courses or residencies (Select all that apply)

 \_\_\_ Primary Care

 \_\_\_ Community-based Care

 \_\_\_ Acute Care

 \_\_\_ Long-term Care

 \_\_\_ Hospice

 \_\_\_ Other

The following section asks demographic questions

12. Age \_\_\_\_\_

## 13. Gender

 \_\_\_ Male

 \_\_\_ Female

 \_\_\_ Other

## 14. Highest degree earned

 \_\_\_ Bachelors Degree

 \_\_\_ Masters Degree

 \_\_\_ Doctoral Degree

 \_\_\_ Certification

 \_\_\_ Other

## 15. Number of years in practice

 \_\_\_ As an RN

\_\_\_As an Advanced Practice Nurse

## 16. Current practice location (Check all that apply)

 \_\_\_ Primary Care

 \_\_\_ Community-based Care

 \_\_\_ Acute Care

 \_\_\_ Long-term Care

 \_\_\_ Hospice

 \_\_\_ Other

## 17. Type of practice

 \_\_\_ Nurse practitioner

 \_\_\_ Clinical nurse specialist

 \_\_\_ Clinical nurse leader

 \_\_\_ Educator

 \_\_\_ Administrator

 \_\_\_ Student (specify type of program)

 \_\_\_ Other

## 18. Current annual salary

\_\_\_Less than $50,000

 \_\_\_ $50,000 to $100,000

 \_\_\_ More than $100,000

## 19. Currently practicing

 \_\_\_ Full time

 \_\_\_ Part time

 \_\_\_ Not currently practicing

 \_\_\_ Retired

20. Additional Comments or Suggestions