**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