

**Clinical Nurse Specialist (CNS) & Nurse Practitioner (NP)  
Advanced Practice Nurse  
Supervisor Survey**

1. **Name** \_\_\_\_\_

2. **Unit/Institution** \_\_\_\_\_

3. **Your Contact Information:**

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Numbers:** **Office** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

4. **Your Job Title**

- |   |   |
|---|---|
| <input type="checkbox"/> a. Nursing Director                      | <input type="checkbox"/> d. Administrator (not physician/nurse) |
| <input type="checkbox"/> b. Unit Nurse Manager                    | <input type="checkbox"/> e. Staff Physician                     |
| <input type="checkbox"/> c. Medical Director                      | <input type="checkbox"/> f. Advanced Practice Nurse             |
| <input type="checkbox"/> g. Other ( <i>please specify</i> ) _____ |   |

5. **Number of Advanced Practice Nurses (APNs) You Supervise:** CNS \_\_\_\_\_ NP \_\_\_\_\_

6. **General Description of your Job Responsibilities (1-2 sentences)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **List the Benefits of working with the APN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **List the Challenges of working with the APN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. For the CNSs you supervise, Indicate Your Understanding of the Activities they perform.  
*(approximate % time/week to equal 100%)*

- a. Direct Patient Management (physical assessment, interpret findings, treatment, rounds, patient/family education)
    - Inpatient \_\_\_\_\_%
    - Outpatient \_\_\_\_\_%
  - c. Coordination of Patient Care (inpatient services, referrals, identify resources, discharge planning, team meetings) \_\_\_\_\_%
  - d. Patient Care (as bedside/staff nurse) \_\_\_\_\_%
  - e. Nursing Education (formal & informal) \_\_\_\_\_%
  - f. Medical Education (formal & informal) \_\_\_\_\_%
  - g. Consultation to other services/units/other facilities \_\_\_\_\_%
  - h. Research \_\_\_\_\_%
  - i. Support of Systems (participate in unit planning, leadership in programs/projects) \_\_\_\_\_%
- TOTAL      100%**

10. For the NPs you supervise, Indicate Your Understanding of the Activities they perform.  
*(approximate % time/week to equal 100%)*

- a. Direct Patient Management (physical assessment, interpret findings, treatment, rounds, patient/family education)
    - Inpatient \_\_\_\_\_%
    - Outpatient \_\_\_\_\_%
  - c. Coordination of Patient Care (inpatient services, referrals, identify resources, discharge planning, team meetings) \_\_\_\_\_%
  - d. Patient Care (as bedside/staff nurse) \_\_\_\_\_%
  - e. Nursing Education (formal & informal) \_\_\_\_\_%
  - f. Medical Education (formal & informal) \_\_\_\_\_%
  - g. Consultation to other services/units/other facilities \_\_\_\_\_%
  - h. Research \_\_\_\_\_%
  - i. Support of Systems (participate in unit planning, leadership in programs/projects) \_\_\_\_\_%
- TOTAL      100%**







	<b>CNS</b>	<b>NP</b>	<b>NP</b>	<b>NP</b>	<b>NP</b>	<b>___</b>	<b>___</b>
<b>Caring Practices</b>							
<input type="checkbox"/> Administer Sedation –Procedures	___	___	___	___	___	___	___
<input type="checkbox"/> Administer Local Anesthesia	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Respond to Diversity</b>							
<input type="checkbox"/> Facilitate Team Meetings	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Collaboration</b>							
<input type="checkbox"/> Participate in Medical Rounds	___	___	___	___	___	___	___
<input type="checkbox"/> Participate in Nursing Rounds	___	___	___	___	___	___	___
<input type="checkbox"/> Contribute Nurse Staff Evals.	___	___	___	___	___	___	___
<input type="checkbox"/> Contribute Medical Staff Evals.	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Systems Thinking</b>							
<input type="checkbox"/> Initiate/Plan Patient Discharge	___	___	___	___	___	___	___
<input type="checkbox"/> Coordinate Patient Care/Services	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Advocacy/Moral Agency</b>							
<input type="checkbox"/> Discuss Care with Families	___	___	___	___	___	___	___
<input type="checkbox"/> Initiate Ethics Consultation	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Clinical Inquiry</b>							
<input type="checkbox"/> Develop Standards/Pathways	___	___	___	___	___	___	___
<input type="checkbox"/> Participate in Quality Improvement	___	___	___	___	___	___	___
<input type="checkbox"/> Disseminate Research	___	___	___	___	___	___	___
<input type="checkbox"/> Participate in Research	___	___	___	___	___	___	___
<input type="checkbox"/> Initiate Research	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___
<b>Facilitator of Learning</b>							
<input type="checkbox"/> Patient/Family Education	___	___	___	___	___	___	___
<input type="checkbox"/> Nursing Education (formal/informal)	___	___	___	___	___	___	___
<input type="checkbox"/> Physician Education (formal/informal)	___	___	___	___	___	___	___
<input type="checkbox"/> Precept Students	___	___	___	___	___	___	___
<input type="checkbox"/> Other_____	___	___	___	___	___	___	___

**Thanks for your participation.**  
**We will be glad to send you a copy of the results.**