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

1. Name

2. Preferred Mailing Address

3. Phone Number:
   Office_________________________ Unit_________________________
   Fax___________________________ Home__________________________

4. Email Address

5. Your Current Job Title (indicate all that apply)
   □ a. Clinical Nurse Specialist (CNS) □ c. Advanced Practice Nurse (APN)
   □ b. Nurse Practitioner (NP) □ d. Other (specify)__________________

6. Institution/Unit (or Service)

7. Medical Director (Unit/Service)

8. Work Address

9. Hospital demographics (indicate all that apply)
   □ a. University affiliated
   □ b. Community
   □ c. Children’s hospital

10. Number of Hospital Beds __________

11. Number of ICU Beds in your Unit __________

12. Number of “Step Down” Beds in your Unit _________

13. Number of Intensivists ________
14. Number of Critical Care Fellows ______

15. Number of Residents/Month for ICU ______

16. Number of Critical Care Physician Assistants ______

17. Number Critical Care Staff Nurses (Full Time Equivalents -FTE’s) ______

18. Number of Critical Care Clinical Nurse Specialists ______

19. Number of Critical Care Nurse Practitioners ______

20. Number of Critical Care Nurse Educators ______

21. Patient Population within Your Unit/Service (indicate % for all that apply)
   
   □ a. Cardiothoracic Surgery _____ □ f. Oncology _____ □ k. Transplant _____
   □ b. Neurology/Neurosurgery _____ □ g. Pulmonary _____ □ l. Cardiology _____
   □ c. General Surgical _____ □ h. Orthopedics _____ □ m. Endocrine _____
   □ d. General Medical _____ □ i. Renal _____ □ n. Pain _____
   □ e. Gastroenterology _____ □ j. Trauma/Burns _____ □ o. Other specify _____

22. Education - Degree (indicate all that apply to you)

   □ a. Bachelor’s in Nursing □ c. Post Master’s □ e. Diploma
   □ b. Master’s in Nursing □ d. PhD □ f. ADN

   □ g. Other (please specify) ______________

23. Education – Type/Specialty (indicate all that apply to you)

   □ a. Pediatric NP-Acute/Critical Care □ e. Adult NP-Acute/Critical Care
   □ b. Pediatric NP-Primary Care □ f. Adult NP-Primary Care
   □ c. CNS-Pediatric Acute/Critical Care □ g. CNS-Adult Acute/Critical Care
   □ d. Family Nurse Practitioner □ h. Other (specify) ____________________
24. **School/University you received your APN training (include year completed)**

____________________________________________________________

25. **Organization(s) which have certified you as an APN (indicate all that apply)?**

[ ] a. ANCC (CS)          [ ] c. AACN(CCNS)
[ ] b. NCBPNP/N; “NAPNAP” (CPNP) [ ] d. Other *(specify)*

26. **Certification Specialty (indicate all that apply)**

[ ] a. Pediatric Nurse Practitioner [ ] d. Family Practice
[ ] b. General Medical-Surgical Nurse Practitioner [ ] e. Clinical Nurse Specialist
[ ] c. Acute Care Nurse Practitioner [ ] f. Other *(specify)*

27. **Total Years in Nursing**

28. **Total Years in Critical Care (in any nursing position)**

29. **Years as a Staff Nurse – Pediatric Critical Care**

30. **Years as a Staff Nurse – General Pediatric**

31. **Years as a Staff Nurse - Neonatal**

32. **Years as an Advanced Practice Nurse: CNS******** NP********

33. **Years as an APN in Pediatric Critical Care**

34. **Your Direct Supervisor (indicate all that apply)**

[ ] a. Nursing Director [ ] d. Administrator (not physician/nurse)
[ ] b. Unit Nurse Manager [ ] e. Staff Physician
[ ] c. Medical Director [ ] f. Advanced Practice Nurse
[ ] g. Other *(please specify)*

35. **Person responsible for Annual Performance Evaluation (indicate all that apply)**

[ ] a. Nursing Director [ ] d. Administrator (non-physician/nurse)
☐ b. Unit Nurse Manager ☐ e. Staff Physician
☐ c. Medical Director ☐ f. Advanced Practice Nurse
☐ g. Other (please specify) ________________

36. **Annual Income ($)**

☐ a. <35,000 ☐ f. 50,001-55,000 ☐ k. 70,001-75,000
☐ b. 35,001-40,000 ☐ g. 55,001-60,000 ☐ l. 75,001-80,000
☐ c. 40,001-45,000 ☐ h. 60,001-65,000 ☐ m. 80,001-85,000
☐ d. 45,001-50,000 ☐ i. 65,001-70,000 ☐ n. >85,001

37. **How are you Paid (indicate all that apply)?**

☐ a. Salary ☐ c. Reimbursed directly via Medicaid/Private Insurance
☐ b. Hourly ☐ d. Combination of above (describe) ________________

38. **If you are responsible for Night/Weekend “Call” are you paid extra?**

☐ a. Yes ☐ b. No ☐ c. N/A

39. **Salary Paid by (indicate % for all that apply)**

☐ a. Physician Practice Plan (e.g. Pediatrics, Anesthesia) _____
☐ b. Hospital - Physician Budget Line _____
☐ c. Hospital - Nursing Budget Line _____
☐ d. Grant Funding _____
☐ a. Other (please specify) ____________________________

40. **Type of Orientation to Current Position (indicate all that apply)**

☐ a. Formal/Structured Program ☐ f. APN Preceptor
☐ b. Informal (as needed) Training ☐ g. Attending Preceptor
c. Lectures with Resident/Fellow  h. Supervised by Fellow

d. Lectures designed for APNs  i. Supervised by Resident Staff

e. Specific Procedure Training  j. Rotations with other Services

k. Other (please specify) ______________

41. Approximate Length of Orientation period (in years/months) _________

42. Approximate Length of Time before you were fully functional in your APN role.

   (in months/years) ______________

43. Your Work Schedule (actual hours worked) in a Typical Week
   Indicate START TIME and STOP TIME (Circle or Bold Text)
   a. Sun. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   b. Mon. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   c. Tues. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   d. Wed. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   e. Thurs. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   d. Friday 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn
   e. Sat. 1am 2 3 4 5 6 7 8 9 10 11 12n 1pm 2 3 4 5 6 7 8 9 10 11 12mn

44. In a Typical Week, how many Nights/Week do you provide Coverage? ______

45. If Night Coverage is provided, is this “In-house” Coverage?

   a. Yes  c. N/A
   b. No

46. If “In-house” Night Coverage is provided, which Physicians are also present “In-house”? (indicate all that apply)

   a. Resident  c. Attending Physician
   b. Fellow  d. N/A
47. In a Typical Month, how many Weekends “in-house” do you Work?
   Saturday _______  Sunday_______

48. In a Typical Month, how many Weekends “on call” from home do you Work?
   Saturday______  Sunday_______

49. If applicable, how many In-Patients/Day (on average) do you manage? _______

50. If applicable, does Acuity or Type of Patient play a part in assignment of Patients?
   □ a. Yes (describe) __________________________  □ c. N/A
   □ b. No

51. Do you have responsibility for patients outside the ICU?
   □ a. Yes (describe) __________________________  □ c. N/A
   □ b. No

52. If applicable, how many Out-Patients/Day (on average) do you manage? _______

53. Do you have Scheduled Work Time for Activities outside of Patient Care?  
   (For example, Research, Professional Development, Teaching, Unit Leadership)
   □ a. Yes (describe) __________________________
   □ b. No

54. Indicate Activities you perform in Practice (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%

55. **Use the Scale to Indicate your assessment of the Degree of Skill you bring to each Activity. Mark N/A for those Activities that are not an expectation in your practice. (circle or bold text)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Novice</th>
<th>Proficient</th>
<th>Expert</th>
<th>N/A</th>
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<td>History/Physical Exam</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Venipuncture - Blood Draw</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Insert Intravenous Lines</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Initiate/Adjust IV Fluids</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>Insert PICC lines</td>
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<td>Place Central Lines</td>
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<td>Place Arterial Catheters</td>
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<td>Place Umbilical Lines</td>
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<td>Remove Intracardiac Lines</td>
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<tr>
<td>Suture Wounds</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Initiate/Titrate Vasoactive Drugs</td>
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<td>2</td>
<td>3</td>
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<td>Adjust Oxygen Therapy</td>
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<td>Endotracheal Intubation</td>
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<tr>
<td>Initiate/Adjust Mech. Ventilation</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>Document on Progress Notes</td>
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<tr>
<td>Chest Tube (CT) Removal</td>
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<td>2</td>
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<tr>
<td>Needle Thoracentesis/CT placement</td>
<td>1</td>
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</tbody>
</table>
- Insert Gastro./Intestinal Feeding Tube
- Initiate/Adjust Nutrition Support
- Order Common Lab./Diagnostic Tests
- Interpret Common Lab./Diagnostic Tests
- Interpret Common Radiologic Tests
- Interpret ECG
- Order Medications
- Order Blood Therapy
- Other__________________

Caring Practices
- Administer Sedation –Procedures
- Administer Local Anesthesia
- Other__________________

Respond to Diversity
- Facilitate Team Meetings
- Other__________________

Collaboration
- Participate in Medical Rounds
- Participate in Nursing Rounds
- Contribute Nurse Staff Evals.
- Contribute Medical Staff Evals.
- Other__________________

Systems Thinking
- Initiate/Plan Patient Discharge
- Coordinate Patient Care/Services
- Other__________________

Advocacy/Moral Agency
- Discuss Care with Families
- Initiate Ethics Consultation
- Other__________________

Clinical Inquiry
- Develop Standards/Pathways
- Participate in Quality Improvement
- Disseminate Research
- Participate in Research
- Initiate Research
- Other__________________

Facilitator of Learning
- Patient/Family Education
56. Use the Scale to Indicate your assessment of the Degree of Supervision you require for each activity (Circle or Bold text).

1= Always Directly Supervised 4= Supervision without Direct Presence
2= Usually Directly Supervised 5= No Supervision Required
3= Occasional Direct Supervision N/A= Not Applicable

Clinical Practice

☐ History/Physical Exam 1 2 3 4 5 □
☐ Venipuncture - Blood Draw 1 2 3 4 5 □
☐ Insert Intravenous Lines 1 2 3 4 5 □
☐ Initiate/Adjust IV Fluids 1 2 3 4 5 □
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☐ Remove Intracardiac Lines 1 2 3 4 5 □
☐ Suture Wounds 1 2 3 4 5 □
☐ Suture Lines in Place 1 2 3 4 5 □
☐ Suture Removal 1 2 3 4 5 □
☐ Initiate/Titrate Vasoactive Drugs 1 2 3 4 5 □
☐ Adjust Oxygen Therapy 1 2 3 4 5 □
☐ Endotracheal Intubation 1 2 3 4 5 □
☐ Initiate/Adjust Mechanical Ventilation 1 2 3 4 5 □
☐ Document on Progress Notes 1 2 3 4 5 □
☐ Removal of Chest Tube (CT) 1 2 3 4 5 □
☐ CT placement/thoracentesis 1 2 3 4 5 □
☐ Insert Gastro./Intestinal Feed Tube 1 2 3 4 5 □
☐ Initiate/Adjust Nutrition Support 1 2 3 4 5 □
☐ Order Common Lab./Diagnostic Tests 1 2 3 4 5 □
☐ Interpret Common Lab./Diagnostic Tests 1 2 3 4 5 □
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<th>Category</th>
<th>Activity</th>
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<td><strong>Caring Practice</strong></td>
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<td>Administer Local Anesthesia</td>
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<td><strong>Respond to Diversity</strong></td>
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<td>Precept Students</td>
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N/A
57. I’m interested in taking a Certification Exam for Pediatric Acute Care Nurse Practitioners.
   □ a. Yes  □ b. No

58. I’m interested in taking a Certification Exam for Pediatric Clinical Nurse Specialists.
   □ a. Yes  □ b. No

59. What Benefits could you achieve through a National Certification Exam?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

60. How much would you be willing to pay for a certification exam? $__________

61. I’m interested in having my name and contact information in a Directory for APNs pediatric critical care.
   □ a. Yes  □ b. No

Thank you for your willingness to complete this survey.
We will be forwarding a copy of the results to you.
Your participation is greatly appreciated!