



2007 Needs Assessment Survey

Trinity Healthforce Learning and its educational networks provide a broad range of educational activities. In order to design activities that will best meet healthcare professionals' current needs and interests, we ask that you take a few moments to complete the following survey. Your input is extremely valuable and is our way of helping to ensure that we are producing what you need.

Name _____ Credentials _____

Occupation/Profession:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physician | <input type="checkbox"/> Hospital Executive |
| <input type="checkbox"/> Nursing Assistant/PCT | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> LTC Administrator |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Laboratory Technologist | <input type="checkbox"/> Dietary Manager | <input type="checkbox"/> HC Quality Professional |
| <input type="checkbox"/> Medical Records Practitioner | | <input type="checkbox"/> Dietitian | <input type="checkbox"/> Activity Professional |
| <input type="checkbox"/> Other: _____ | | | |

Area of Specialization _____ Years in practice _____

Facility Name _____

Facility city/state _____

Type of facility: Acute care Long term care Other- please specify _____

Have you participated in any Trinity Healthforce Learning continuing education programs? Yes No

If yes, have they positively impacted your professional practice? Yes No Undecided

Please identify topics that would help you meet your education needs during the next year. Attach additional information if necessary.

Topic Recommendation	Describe Key Points To Be Addressed - please provide as much detail as possible
<i>Example: Patient safety</i>	<i>Example: Patient safety strategies - specifically high-alert medications. Please provide information on how to incorporate best practices into preventing errors involving high-alert medications</i>

During your average work day, what challenges must you overcome on a regular basis? This information will be used to provide "real world" examples in educational activities. _____

Does your state mandate specific continuing education topics for relicensure? Yes No

If yes, please list topics and time requirements: _____

Does your facility conduct **disaster preparedness training**? Yes* No, we need preparedness training

*If yes, does your facility's **disaster preparedness training** include:

- Pandemic Influenza Community & Public Health Integration Biohazards Table Top Drills

Would you like to know about federally funded DeskTop Drills and our support in the funding process?

- Yes* No

*If yes, please provide e-mail address in the space provided at the bottom of the page.

Please rank your **top 5 preferred** delivery methods with **1 being your first choice**. Please identify your **least favorite** with an X.

Please rank the **top 2 methods** you **prefer** for content reinforcement.

Delivery Method	Rank
Recorded satellite broadcast	
Live, interactive satellite broadcast	
Online course - streaming video live	
Online course - streaming video archived	
Online course - audio lecture with pictures/graphics	
Online course - audio lecture with animation	
Online course - text with audio and pictures/graphics	
Online course - text with pictures/graphics	
Videotape	
CD-ROM	
DVD	
Monograph/Journals	

Reinforcement Method	Rank
Case Study	
Demonstration	
Reflective questions	
Role play	
Diagrams	
Charts	
Other (Please specify:	

How many **Internet-based/online** continuing education courses have you taken in the last 12 months?

- 1-2 courses 3-5 courses 6-10 courses more than 10 courses none

Were the majority of **Internet-based/online** courses taken CE credit courses In-service topic courses

Do you primarily use the **Internet**: at home at work Other _____

Is your primary means of **Internet** access: (Choose only one)

- Dialup Cable DSL Fast connection at work (T1, LAN) Not sure Other _____

When participating in **Internet-based/online** continuing education what is your **preferred** format?

- Streaming video Audio with pictures/graphics Audio with animation Text with pictures/graphics

When participating in **live broadcast/online** activities, which is the preferred day of the week?

- Monday Tuesday Wednesday Thursday Friday Saturday

The most convenient time to participate in **live broadcast/online** activities is between: (Choose only one)

- 8-10 a.m. 11-2 p.m. 3-5 p.m. After 5 p.m.

How can we be more helpful in your educational endeavors? _____

Are there other comments you would like to share with us? _____

May we contact you directly with our e-newsletters? Yes No

If yes, please provide your e-mail address and signature.

e-mail address

Signature required for permission to provide information

Date