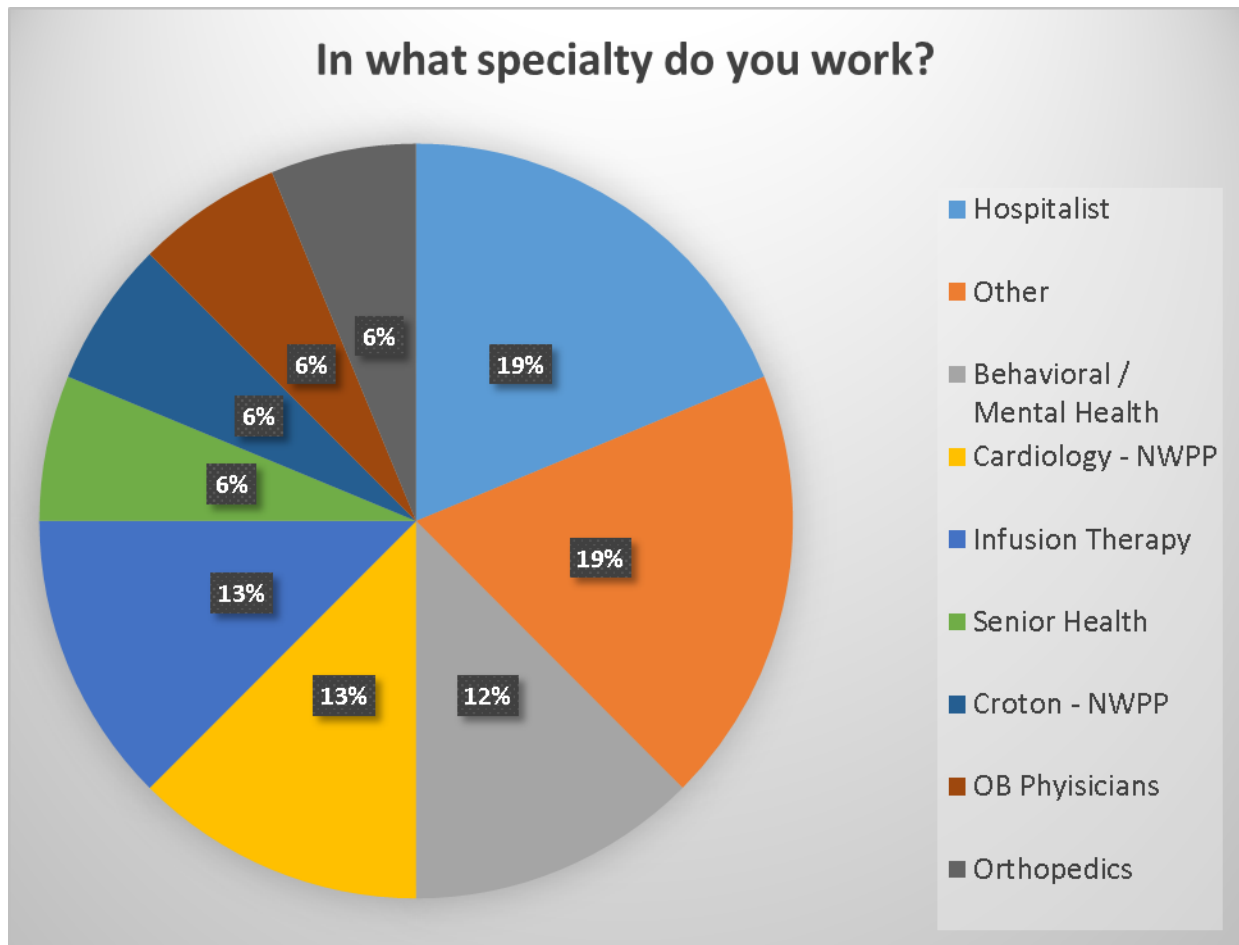


## APRN 2020 Learning Needs Assessment - Response Rate = 55.17%

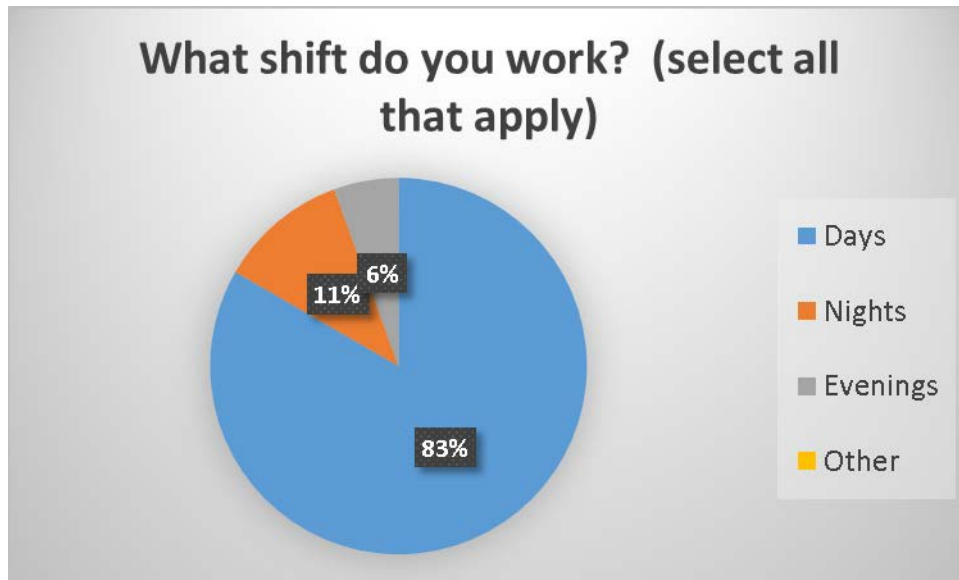
### 1. In what specialty do you work?



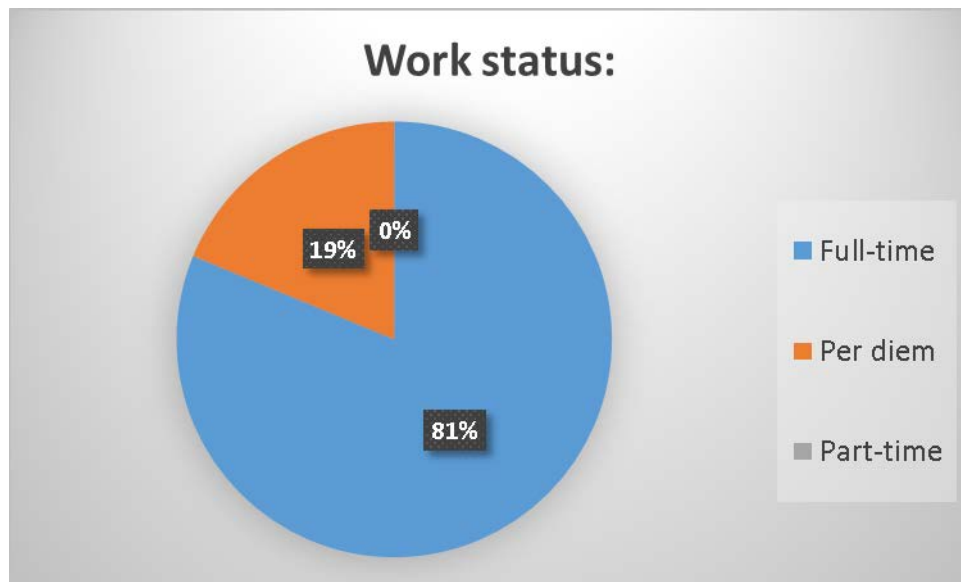
Other:

Medical/Surgical; Orthopedics; Acute  
Rehabilitation  
Palliative Care

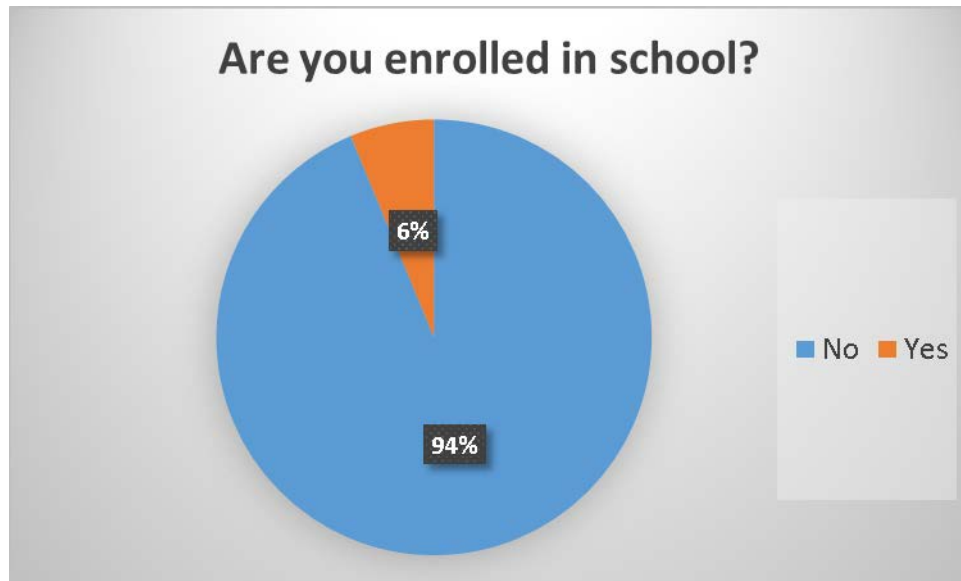
3. What shift do you work? (select all that apply)



5. Work Status

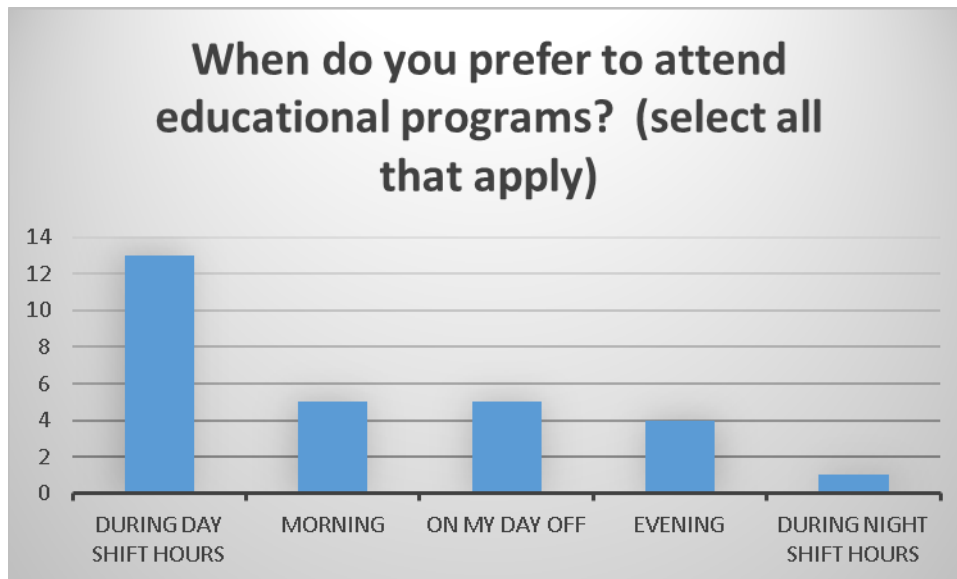


6. Are you enrolled in School?

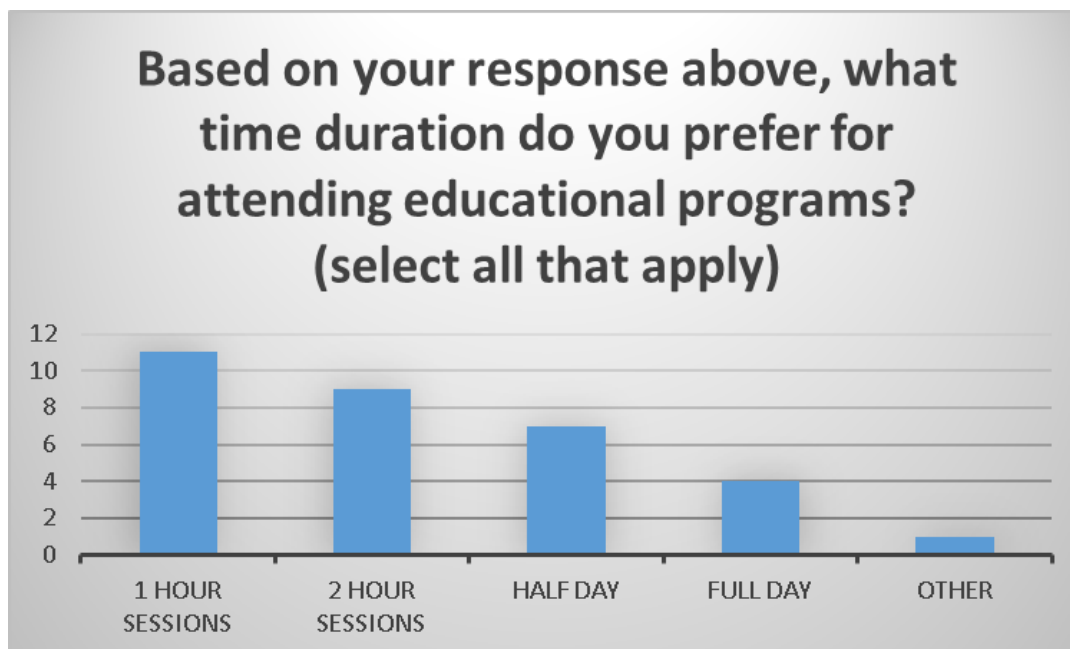


Yes ~ Master's other

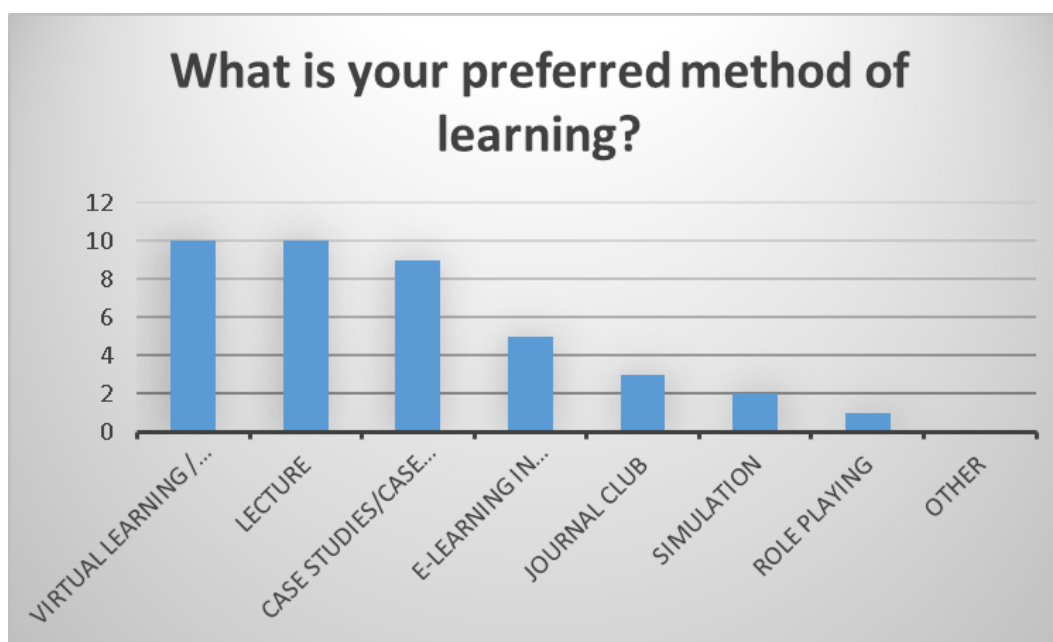
8. When do you prefer to attend educational programs? (select all that apply)



### 10. Duration Preferred?



### 12. What is your preferred method of learning?



14. Please identify the top 3 topics that would enhance your professional practice:

Row Labels	Sum of RESPONSES
Evidence Based Clinical Practice	9
Managing complex patients	6
Application of Clinical Guidelines	6
Pharmacology	6
Scholarly Writing - abstract, presentation, publication	5

Other:

16. In the past year, were you ever in a situation where you felt you could have been better prepared? If so, describe the key points.

None/NA
Cardiology pts
Enhancing pain protocols, management for complex drug dependent patients
Just finishing CITI program. Have not engaged in research since my Master's Degree. Would benefit greatly from any education in this area.
presenting
Probably in areas of mental health where I have not had as much experience; for example, active substance use (usu refer to subs use program or detox if needed as I do not have the suboxone waiver), eating disorders especially anorexia and bulimia (these have high risk medical components, usually refer out (to medical) of outpatient psychiatry if BMI < normal), patients with Borderline Personality Disorder (BPD) significantly improve with DBT as part of their treatment (it is the Gold Standard for BPD) and I am not DBT trained. Where I previously worked, I would refer to a therapist who had DBT training or refer to DBT class, but there are no DBT trained clinicians at PCS outpatient, nor is there a DBT program for patients. Literature states that at least 50% of patients with MDD and/or anxiety in outpatient clinics have BPD. Thank you.
Supporting a clinical nurse: Surgeon rounded on patient who only speaks Spanish. Surgeon did not wait for nurse to get VRI or various translation services. Walked off unit-after stating that "I'll get consent from the son." Patient is competent and in their 60's. Is able to understand. Nurse was very upset and felt dis-respected. She called/contacted surgeon again that she will get VRI and translation all set up for him. Surgeon declined. "I'll get it in ASU. Send the patient up." This occurred the week after Magnet. What kind of Magnet example is this? What can I say to the nurse? There are some things we have to let go? To choose our battles? Nurse sent patient to ASU without consent. Telephone consent was obtained by ASU and Son. This is a real life situation.
With the current COVID pandemic, I think everyone felt out of their element when volunteering to help in a different department. The institution helped prepare us the best way that it can so we can to handle the crisis.
would like to learn mechanical debridement techniques