

## KU Area Health Education Centers Needs Assessment Survey

**Directions:** Kansas AHECS (Pittsburg, Garden City, Hays) are committed to providing unique and high quality continuing education for health professionals in Kansas. Your input into this process is invaluable. Please respond to the following questions according to your individual needs for continuing education.

### PART I. BACKGROUND AND CONTINUING EDUCATION (CE) NEEDS

1. What is your profession?

- |  |   |                                    |                               |
|--|---|------------------------------------|-------------------------------|
| <input type="checkbox"/> MD                          | <input type="checkbox"/> DO               | <input type="checkbox"/> ARNP      | <input type="checkbox"/> RN   |
| <input type="checkbox"/> LPN                         | <input type="checkbox"/> ACHA             | <input type="checkbox"/> PT/OT     | <input type="checkbox"/> Resp |
| <input type="checkbox"/> CDM                         | <input type="checkbox"/> RD/LD            | <input type="checkbox"/> Radiology | <input type="checkbox"/> EMS  |
| <input type="checkbox"/> Social Worker               | <input type="checkbox"/> Funeral/Embalmer |                                    |                               |
| <input type="checkbox"/> Other, please specify _____ |   |                                    |                               |

2. In what month do you renew your license? \_\_\_\_\_

3. How long have you been practicing?

- |  |  |
|--|--|
| <input type="checkbox"/> Under 5 years | <input type="checkbox"/> 6-10 years    |
| <input type="checkbox"/> 11-20 years   | <input type="checkbox"/> over 20 years |

4. In which age category do you belong?

- |  |  |
|--|--|
| <input type="checkbox"/> 18 to 26 (Millenials) | <input type="checkbox"/> 27 to 42 (Generation X) |
| <input type="checkbox"/> 43 to 61 (Boomers)    | <input type="checkbox"/> 62 and above ( Mature ) |

5. What is your e-mail address? \_\_\_\_\_

6. What county and state do you reside in? \_\_\_\_\_  
*county* *state*

7. What are your three top **practice challenges** at the present time?

a.

b.

c.

8. Please indicate the top three **education topics** you would like to see addressed through CE.

a.

b.

c.

9. What are the biggest challenges that you face in obtaining CE hours?

\_\_\_\_\_

**PART II. PREFERENCES FOR CE**

10. Do you have access to the Internet at Work?

- Yes                       No

11. Do you have access to the Internet at Home?

- Yes                       No

12. Do you have access to an ITV (Interactive Televideo) site?

- Yes Location \_\_\_\_\_

- No

13. How do you most often learn about CE offerings?

- AHEC Monthly Calendar  
 Brochures received at home  
 Information posted at work  
 Friends and colleagues  
 Advertisements in professional newsletters and journals  
 Other, please specify \_\_\_\_\_

14. For your most recent relicensure period, how many hours of CE were obtained through programs offered by your employment facility?

- 1-5 hours                       6-10 hours                       11-15 hours  
 16-20 hours                       21-25 hours                       26 or more

15. For your most recent relicensure period, how many hours of CE were obtained through prescribed certification programs (ACLS, PALS, TNCC, etc.)?

- 1-5 hours                       6-10 hours                       11-15 hours  
 16-20 hours                       21-25 hours                       26 or more

16. What length of program do you prefer?

- 1-2 hours                       3-4 hours                       5-6 hours  
 8 hours                       2 days                       Length is not a factor

17. What time frame do you prefer?

- All day                       Afternoon only                       Weekends  
 Morning only                       Evenings only                       My schedule is flexible

18. What is your average cost for registration, per continuing education hour?

\_\_\_\_\_

19. Please indicate, by percentage, what type of programming you are **currently** attending, and what type you would **prefer** to attend.

**CURRENT**

\_\_\_\_\_ Workshops/Conferences

\_\_\_\_\_ Web Based Courses

\_\_\_\_\_ Interactive Televideo

\_\_\_\_\_ Audio Teleconference

\_\_\_\_\_ Independent Study (CD-ROM Programs)

\_\_\_\_\_ Independent Study (Journal)

\_\_\_\_\_ College Courses

\_\_\_\_\_ Other, please specify \_\_\_\_\_

(Total of column should equal 100%)

**PREFERRED**

\_\_\_\_\_ Workshops/Conferences

\_\_\_\_\_ Web Based Courses

\_\_\_\_\_ Interactive Televideo

\_\_\_\_\_ Audio Teleconference

\_\_\_\_\_ Independent Study (CD-ROM Programs)

\_\_\_\_\_ Independent Study (Journal)

\_\_\_\_\_ College Courses

\_\_\_\_\_ Other, please specify \_\_\_\_\_

(Total of column should equal 100%)

***Thank you for taking the time to complete this survey!***

*Please mail or fax survey to:*

**KUMC AHEC East**  
**PO Box 296**  
**Pittsburg, KS 66762**  
 (620) 235-4040  
 (620) 235-4041 fax