



2010
Educational Planning Survey
Educational Center for Professional Development

Name: _____ Unit: _____
(Optional)

Job Title: RN PCT WDEC Date: _____

All responses will be confidential. Data will be used to identify strengths and weaknesses in our process, and to ensure that staff input is used to improve our education & staff development efforts. Thank you for helping us to improve our services.

Nursing Staff: **Please complete Section I (only)**
Nursing Management: **Please complete Section I & II**

Drop off Instructions: (3 options)

1. Drop completed survey in the box marked "EDUCATIONAL PLANNING SURVEY 2009" located in the main lobby alcove.
2. Submit to the Educational Center for Professional Development (1E)
3. Submit via email to Muy-sotto@libertyhcs.org

Please Complete Survey By: _____.

Section I (Nursing Staff & Nursing Management):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I know how to contact my Nurse Educator.					
I am aware that the Education catalog is published three times a year and the calendar monthly.					
I am satisfied with the current registration process for Nursing Education classes/courses.					
I am satisfied with the services provided to me by the Educational Center.					
Staff in the Educational Center assists me with my education needs.					

1. What topics in addition to those currently offered, would be the most help to you in the performance of your job?

NURSES: Please CIRCLE all that apply:

Leadership:	Clinical Aspects;	Legal/Trends:	Other:
Communication	Neuro	Documentation	Computer Training
Budget	Respiratory	HIPAA	PowerPoint
Charge Nurse Role	GI	Policies	Public Speaking
Precepting	Renal		Intranet Services
Team Building	Cardiovascular		
Ethics	Ortho	Trends:	
Research	Diabetes	Wound Care	
Culture	Trauma	Nutrition	
	Reproductive	Evidence Based Practice	
	OB/GYN	Alternative Medicine	
	Wounds		

Please indicate Other:

PCTs and Ward Clerks: Please circle all that apply:

Leadership	Clinical Aspect:	Legal/Trends:	Other:
Preceptor Class	Infection Control	Gang Violence	Time Management
Effective Communication	Diabetes	De-escalation Techniques	Culture
Customer Service	Nutrition		
Team Building	EKG Placement		
	Intake and Output		

Please indicate Other:

2. What type of program best fits your learning style?
(Rank each method from 1 (least preferred) to 5 (most preferred)).

Classroom lecture
 Fairs/Skills days
 Lunch & Learn programs
 Presentation on unit/department
 Self-learning packet
 Web-based learning
 Other: _____

3. How else can the Department of Education help you? _____

4. How would you like to be notified for educational offerings? (Please state via email, flyers, catalog, nurse manager, other)

5. Your colleagues are waiting to hear from you. Would you be interested in presenting a lecture?

If so, please state your topic of specialty or interest, name and contact information:

Section II (Nursing Management Only):

1. Identify educational topics that will be beneficial to your staff: _____

2. Identify by shift the educational needs of your staff: _____

3. Identify staff development in-services you would like on your unit: _____

4. In what way can education help in facilitating quality improvement and Evidence Based Practice? _____

5. What Peer Review initiatives would be useful in your area of work?

Note: Peer Review is a staff nurse driven process to communicate with colleagues about how to improve patient care and work flow.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION AND SUPPORT!