APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Residency/Fellowship Program Snapshot (Demographics)

DEFINITIONS

Advanced Practice Provider (APP)
Advanced Practice Provider is the modern term referencing a non-physician healthcare practitioner who is either a physician assistant or an advanced practice registered nurse (APRN) serving in a provider role—typically a nurse practitioner, nurse midwife or nurse anesthetist, but may also include clinical nurse specialist.

This group of providers is still sometimes referred to as mid-level providers (MLPs), physician extenders, non-physician providers (NPPs), non-physician medical providers (NMPs) or licensed independent practitioners (LIPs).

PA= Physician Assistant
NP= Nurse Practitioner
CNM= Certified Nurse Midwife
CRNA= Certified Registered Nurse Anesthetist
CNS= Clinical Nurse Specialist

*1. Residency/Fellowship Program Information

Program Name:
Program Address:
Program Address 2:
City/Town:
State:
ZIP:
Program Website:
Program Email (general):
Program Phone (general):

*2. YOUR Information

Name (first & last):
Role/Title:
Email (work):
Phone (work):

*3. YEAR residency/fellowship program was established

4. Residency/Fellowship Program's (or Organization's) SOCIAL MEDIA sites:

Facebook	
Twitter	
LinkedIn	
Google+	
YouTube	
Pinterest	
Instagram	

***5. SUMMARY/OVERVIEW of residency/fellowship program (1-3 paragraphs)**

APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Director/Program Coordinator Contact Information

*6. DIRECTOR/PROGRAM COORDINATOR CONTACT Information

Name (first & last):

Role/Title:

Email (work):

Phone (work):

7. MEDICAL DIRECTOR CONTACT Information (if applicable)

Name (first & last):

Role/Title:

Email (work):

Phone (work):

APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Residency/Fellowship Program Details, pt I

***8. Which SPECIALTIES does your residency/fellowship program support? [select all that apply]**

- [ ] Allergy/Immunology
- [ ] Anesthesia
- [ ] Cardiology
- [ ] Critical Care
- [ ] Dermatology
- [ ] Emergency Medicine
- [ ] Endocrinology
- [ ] Family Medicine
- [ ] Hematology
- [ ] Hepatology
- [ ] Home Health
- [ ] Infectious Disease
- [ ] Internal Medicine
- [ ] Gastroenterology
- [ ] Geriatric Medicine
- [ ] Genetics/Genomics
- [ ] Nephrology
- [ ] Neonatology
- [ ] Neurology
- [ ] Obstetrics/Gynecology
- [ ] Occupational Health
- [ ] Oncology
- [ ] Orthopaedics
- [ ] Otolaryngology
- [ ] Palliative Care/Hospice
- [ ] Pain
- [ ] Pathology
- [ ] Pediatrics
- [ ] Plastic/Reconstructive Surgery
- [ ] Psychiatry/Mental Health
- [ ] Pulmonology
- [ ] Radiology
- [ ] Rheumatology
- [ ] Sleep Medicine
- [ ] Sports Medicine
- [ ] Surgery (General)
- [ ] Vascular Surgery
- [ ] Thoracic Surgery
- [ ] Urology
- [ ] Other

Other (please specify)

***9. Which ADVANCED PRACTICE ROLES does your residency/fellowship program support?**

[select all that apply]

- [ ] Physician Assistants (PAs)
- [ ] Nurse Practitioners (NPs)
- [ ] Nurse Midwives (CNMs)
- [ ] Nurse Anesthetists (CRNAs)
- [ ] Clinical Nurse Specialists (CNSs)

***10. If applicable, which NURSE PRACTITIONER (NP) ROLES does your residency/fellowship program support?**

[select all that apply]

- [ ] Acute Care Nurse Practitioner (ACNP)
- [ ] Family Nurse Practitioner (FNP)
- [ ] Geriatric Nurse Practitioner (GNP)
- [ ] Adult Nurse Practitioner (ANP)
- [ ] Pediatric Nurse Practitioner (PNP)
- [ ] Neonatal Nurse Practitioner (NNP)
- [ ] Psychiatric/Mental Health Nurse Practitioner
- [ ] Occupational Health Nurse Practitioner
- [ ] None; Not Applicable (N/A)

***11. LENGTH of residency/fellowship program**

- ◯ 6 months
- ◯ 9 months
- ◯ 12 months
- ◯ 15 months
- ◯ 18 months
- ◯ 24 months
- ◯ Other

Other (please specify)

APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Residency/Fellowship Program Details, pt II

***12. MONTH application becomes OPEN/AVAILABLE**

- ◯ January
- ◯ February
- ◯ March
- ◯ April
- ◯ May
- ◯ June
- ◯ July
- ◯ August
- ◯ September
- ◯ October
- ◯ November
- ◯ December
- ◯ Rolling Admissions

***13. Application DEADLINE (CLOSED)**

- ◯ January
- ◯ February
- ◯ March
- ◯ April
- ◯ May
- ◯ June
- ◯ July
- ◯ August
- ◯ September
- ◯ October
- ◯ November
- ◯ December
- ◯ Rolling Admissions

***14. Application FEE ($)**

***15. Total number of residents/fellows ACCEPTED ANNUALLY**

Other (please specify)

***16. ACCEPTANCE RATE (accepted applicants/total applicants) [report as a %]**

***17. Total number of RESIDENTS/FELLOWS who have COMPLETED THE PROGRAM**

APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Residency/Fellowship Program Details, pt III

***18. INSTRUCTIONAL METHODS**
[select all that apply]

- [ ] Didactic/Classroom Lecture
- [ ] Clinical Observation/Precepting
- [ ] Rounding/Report
- [ ] Grand Rounds
- [ ] M&M Rounds
- [ ] Online Education
- [ ] Journal Club
- [ ] Simulation
- [ ] Exams/Testing
- [ ] Conferences
- [ ] Meetings
- [ ] Other

Other (please specify)

***19. FACULTY/INSTRUCTOR ROLES**
[select all that apply]

- [ ] Physician Assistants (PAs)
- [ ] Nurse Practitioners (NPs)
- [ ] Nurse Midwives (CNMs)
- [ ] Nurse Anesthetists (CRNAs)
- [ ] Clinical Nurse Specialists (CNSs)
- [ ] Physicians/Surgeons (MDs/DOs)
- [ ] Nurses (RNs)
- [ ] Pharmacist (PharmDs)
- [ ] Physical/Occupational Therapists (PTs/OTs)
- [ ] Administrators/Executives (Admin)

Other (please specify)

***20. Resident/Fellow PAY**
[please provide details in comments section]

- ◯ Salary
- ◯ Stipend
- ◯ None
- ◯ Other

Comments

***21. Resident/Fellow BENEFITS**
[select all that apply]

- ☐ Relocation
- ☐ Housing
- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Life Insurance
- ☐ Malpractice Insurance
- ☐ Short Term Disability
- ☐ Long Term Disability
- ☐ Textbook Allowance
- ☐ Uniform Allowance
- ☐ Tuition Reimbursement
- ☐ Continuing Education Stipend
- ☐ Other

Other (please specify)

APPex - Advanced Practice Post-Graduate Residencies/Fellowships survey

Affiliated/Sponsoring Organization Snapshot (Demographics)

*22. Affiliated/Sponsoring Organization Information, pt I

Organization Name:

Organization Address:

Organization Address 2:

City/Town:

State:

ZIP:

Organization Website:

Organization Email (general):

*23. Affiliated/Sponsoring Organization Information, pt II

# of Beds

# of Employees

*24. TYPE of affiliated/sponsoring organization

- ◯ College/University
- ◯ Private Practice/Surgical Center
- ◯ Academic Medical Center (AMC)
- ◯ Community Hospital
- ◯ Military/Armed Forces
- ◯ Other

Other (please specify)

*25. SUMMARY/OVERVIEW of affiliated/sponsoring organization (1-3 paragraphs)

26. Please list any additional questions/comments here