

GAPNA 2013 survey data dictionary

1			Response options
	Age	Age	Free text
2	Gender	Gender	Female
			Male
3	Ethnicity	Ethnic	American Indian/Alaskan
	•		Asian/Pacific Islander
			Black
			Hispanic
			White, non-Hispanic
4	What is your highest level of nursing education/training?	HiDeg	Assoc Deg
	, , , , , , , , , , , , , , , , , , , ,		Diploma
			BSN
			MSN
			DNP
			PhD (Nursing)
			DNS, DNSc
			PhD (another discipline)
5	From what type of program did you obtain your first	NPeduc	Certificate
	APRN education?		Master's
			Post-Master's Certificate
			DNP
6	Indicate your APRN specialty by education	NPspec	(may select more than one)
O .	indicate your in its operately by education	Tropee	ANP
			FNP
			GNP
			AGNP Primary care
			AGNP Acute Care
			GCNS
			AGCNS
7	Indicate your APRN specialty by certification	Cert	(may select more than one)
,	indicate your in its operanty by continuation	Gere	ANP
			FNP
			GNP
			AGNP Primary care
			AGNP Acute Care
			GCNS
			AGCNS
8	Number of years of RN experience prior to becoming an	RN yrs	Free text field
0	APRN:	101 y y 15	The text field
9	Number of years of experience as an APRN	NP yrs	Free text field
10	Are you currently certified in by a national board or	Cert	Yes
10	certifying agency?		No
	, e e ,	- D - D -	
11	Why	ReasonNo	Open ended
11	Why	ReasonNo	Open ended

12	If yes, indicate by which board or agency	CerBody	ANCC
			AANP
			AACN
			Other
13	What certification(s) do you hold?	CurCert	GNP
		30.23020	GCNS
			ANP
			FNP
			AGNP Primary care
			AGNP Acute Care
			Acute Care NP
			Other
14	Do you belong to the Gerontological Advanced Practice	Membr	Yes
14		Memor	
	Nursing Association		No
4.5	(GAPNA)?	***	D C 11
15	If yes, how many years have you been a member?	Yrsmembr	Free text field
16	If no, have you been a member of GAPNA in the past?	Pstmembr	Yes
			No
			N/A
17	Are you currently practicing in one of the following roles:	Curprct	Yes
	GNP, ANP, FNP, AGNP		No
	Primary Care or AGNP Acute Care NP, or		Explanation
	Gerontological Clinical Nurse Specialist?		
18	In what state(s) are you currently practicing?	Prctstat	Up to 4 2-letter postal codes
19	Do you have prescriptive privileges?	Rxpriv	Yes
		1	No
20	Do you have a DEA number to prescribe controlled	DEA	Yes
_~	substances?	22.1	No
21	Do you have a Medicare NPI number?	NPI	Yes
21	bo you have a medicale 1411 humber:	1111	No
22	Do you bill using your own NPI?	billNPI	Yes, daily
22	Do you bill using your own NFT:	DIIINT	Yes, several times/week
			Yes, weekly
			Yes, several times/month
			Yes, monthly
			No
23	If no, do you bill "incident to"?	Incident	Yes
			No
24	Is "incident to" billing mandated by your practice group	Mandated	Yes
	or institution?		No
25	Indicate what percentage of your clinical time you spend	Setting	32 options plus "other"
	at each of the following settings as your primary		
	employment position.		(Check all that apply.
			Should add up to 100%. Free text field at end.)
26	Section V Proficiencies	Separate	Respondents asked to rate 62 items on a)importan
		worksheet	b)how often the proficiency is used
			Importance
			1= Not important
			2= Somewhat important
			3= Important
			4= Very important
			How often use
			1= Never
			2= Rarely
			3= Occasionally

			4= Often
27	Advanced Clinical/ Medical Services	Separate worksheet	Respondents asked to rate how often they order and perform 42 separate skills and where they learned that skill 1=Basic RN Education 2=APRN Program 3=Workshop Trained 4=On The Job Training 5=Fellowship or Residency (Respondents were able to select more than one option for training.)
28	Section VI Medications Prescribed	Separate worksheet	Respondents asked how often they prescribed drugs from 28 categories 0=Never 1=Rarely(once monthly or less often) 2=Occasionally(1-5x/week) 3=Frequently(6-15x/week) 4=Regularly(>15x/week)
29	If you are authorized to prescribe controlled substances, please indicate how often you prescribe Cat II-V	Separate worksheet	Respondents asked how often they prescribed drugs in Cat II-V 0=Never 1=Rarely(once monthly or less often) 2=Occasionally(1-5x/week) 3=Frequently(6-15x/week) 4=Regularly(>15x/week)
30.	Section VII task force questions If a gerontological nursing specialty certification were available, how likely would you be to seek this certification within the next 3 years?		Definitely Very Likely Possibly Unlikely
31	What method of gerontological nursing specialty certification would be most appealing to you?		Portfolio Certification Examination
32	I would be more likely to pursue a gerontological nursing specialty certification if it was offered by:		GAPNA ANCC AANPC No preference
33	What would motivate you to complete a gerontological specialty certification? (please select all that apply)		demonstrate my expertise in the care of older adults attractive to employers valued by the public professional recognition monetary gain Other (fill in)
34	If you would choose to obtain a gerontological specialty certification, what would you be willing to pay in terms of an initial certification fee (assuming that periodic recertification fees would be 3040% less, similar to ANCC)		\$400-500 \$300-400 \$200-300 <\$200 fees not relevant to me, my employer would pay as certification fee

		I would not choose such a certification
35	Any additional comment	Free text field