

Chapter Needs Assessment

Goals of the Needs Assessment

- Insure that all viable AACN Chapters have the resources and support they need or identify the deficiencies in that support;
- Insure that the Chapter Advisor Team (CAT) member of the region has all the information needed about each chapter to fulfill her role as a CAT;
- Insure each chapter is functioning optimally in order to attract all potential critical care nurses as members of that chapter (as well as National membership);
- Identify opportunities for networking, learning connections and affiliations between chapters, individuals, and regions;
- To provide a global picture of chapter needs in order to examine the current configuration of the regions and the current assignments of the CATs.

The Chapter Needs Assessment Tool was developed with input from the CATs and includes at least the following areas for assessment:

- Demographics
- Geographic influences or constraints
- Satisfaction of the members
- Number of members in comparison to the potential numbers (trended for past three years)
- Financial status
- Perspective of the chapter leadership
- Communication strategies of the chapter
- Interest/willingness to network or support other AACN initiatives
- Chapter strengths (or accomplishments)
- Interest in networking with other chapters
- Chapter threats (challenges)
- Open comments by participants about the chapter needs

Methodologies

- The CATs will be involved in deciding if the Chapter will complete the tool, if the CAT will, or some combination.
- The tool will be available on floppy disk.
- The paper format will allow various sections to be assigned to different chapter leaders and members.

Results

The results will be shared with the CATs, the BOD, the AACN Leadership Team and the chapter leaders (via the CAT). If you would like to order a Chapter Needs Assessment Form, please call 800-394-5995 ext.365.

DEMOGRAPHICS

Chapter: _____ Number of Members: _____

Address: _____ Region: _____

Chapter Advisor: _____

Current Officers / Board of Directors:

President

President-elect

Secretary

Treasurer

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

Board of Director

GEOGRAPHIES

Please provide a brief description of the location of the chapter, number of hospitals, institutions, size of the city (or rural) and geographic barriers.

SATISFACTION

If your chapter has completed a membership survey within the last year, you may list that information here.

NUMBER OF MEMBERS

Please give a three-year perspective on membership trends of the chapter and include information on the chapter's membership recruitment activities.

FINANCIAL STATUS

What are the sources of income? Does the chapter have enough money? What revenue generating activities has the chapter done and which were the most (or least) successful? Does the chapter donate to the AACN Annual Fund?

LEADERSHIP VIEW

To be completed by all chapter officers and leaders, either individually or as a group.

Please include the following: (1) perception of connection to the National Office, whether the chapter does its own needs assessment, through the strategic planning process or by use of another tool (method), (2) a brief description of how new leaders are brought onto the Board of Directors (the successes or barriers to this process) and (3) whether the leaders perceive their CAT is supportive to them.

COMMUNICATION

Please include communication tools in use (meetings/frequency, newsletters/frequency, etc.) and a brief description of current on-line capabilities. If none, has the chapter discussed plans to get on-line or is there a desire to get on-line?

CHAPTER-TO-CHAPTER NETWORKING

Please include all current activities and if there is a desire to do more (either from a position of strength or from a position of desiring a mentor). Please relate any prior attempts to participate in Chapter-to-Chapter Networking and list what worked well and what did not.

CHAPTER STRENGTHS

Please list the things your chapter does especially well or activities your chapter is especially proud of.

CHAPTER THREATS (challenges)

Please list the areas of vulnerability for your chapter. Include past attempts to strengthen these areas.

OPEN COMMENTS

Please provide additional comments to any of the topics listed above or address any new areas, not discussed above. Please review the goals of the Chapter Needs Assessment Tool and add more information here, if desired.

Thank you for participating!

Mail to: AACN Chapter Specialist

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