I. List the top three skills/procedures you are uncomfortable performing independently at this time? (please select from the drop down list) list is at the end of this document.

1. ____________________________ skill_1
2. ____________________________ skill_2
3. ____________________________ skill_3
4. ________I am independent in all skills indep_skill

For all items above on this page run frequencies. Can also import the last item (II) into excel and sort on responses to get responses with similar starting word alphabetized.

II. Please answer each of the following questions by placing a mark inside the circles: Assuming using 1 to 4 for the responses (or 4 to 1) for the following 24 items

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel confident communicating with physicians.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2. I am comfortable knowing what to do for a dying patient.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. I feel comfortable delegating tasks to the Nursing Assistant.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. I feel at ease asking for help from other RNs on the unit.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. I am having difficulty prioritizing patient care needs.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6. I feel my preceptor provides encouragement and feedback about my work.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7. I feel staff is available to me during new situations and procedures.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8. I feel overwhelmed by my patient care responsibilities and workload.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>9. I feel supported by the nurses on my unit.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>10. I have opportunities to practice skills and procedures more than once.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>11. I feel comfortable communicating with patients and their families.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
12. I am able to complete my patient care assignment on time.  

13. I feel the expectations of me in this job are realistic.  

14. I feel prepared to complete my job responsibilities.  

15. I feel comfortable making suggestions for changes to the nursing plan of care.  

16. I am having difficulty organizing patient care needs.  

17. I feel I may harm a patient due to my lack of knowledge and experience.  

18. There are positive role models for me to observe on my unit.  

19. My preceptor is helping me to develop confidence in my practice.  

20. I am supported by my family/friends.  

21. I am satisfied with my chosen nursing specialty.  

22. I feel my work is exciting and challenging.  

23. I feel my manager provides encouragement and feedback about my work.  

24. I am experiencing stress in my personal life.  

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress.  (You may circle more than once choice.)

The following items can be scored as yes=1/no=0 (frequencies)

- a. Finances
- b. Child care
- c. Student loans
- d. Living situation
- e. Personal relationships
- f. Job performance
- g. Other ________________________________
III. How satisfied are you with the following aspects of your job:

The following items (IV) are not used in the residency evaluation – would suggest scoring 1 to 5 and either summing for a total score or reporting frequencies on each item.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>VERY DISSATISFIED</th>
<th>MODERATELY DISSATISFIED</th>
<th>NEITHER SATISFIED NOR DISSATISFIED</th>
<th>MODERATELY SATISFIED</th>
<th>VERY SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Vacation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Benefits package</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hours that you work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Weekends off per month</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your amount of responsibility</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities for career advancement</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Amount of encouragement and feedback</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunity for choosing shifts worked</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

IV. Transition (please circle any or all that apply) For the following 5 items run frequencies on responses

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role? Difficulties
   a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
   b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
   c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
   d. fears (e.g. patient safety)
   e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit? Support
   a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
   b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
   c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
   d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)
3. What aspects of your work environment are most satisfying? **Most_satis**
   a. peer support (e.g. belonging, team approach, helpful and friendly staff)
   b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
   c. ongoing learning (e.g. preceptors, unit role models, mentorship)
   d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
   e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying? **Least_satis**
   a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
   b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
   c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
   d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

   Comments

______________________

______________________

V. **Demographics:** Circle the response that represents the most accurate description of your individual professional profile.

1. **Age:** _______ years **Age**

2. **Gender:**
   a. Female
   b. Male

3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. **Area of specialty:**
   a. Adult Medical/Surgical
   b. Adult Critical Care
   c. OB/Post Partum
   d. NICU
   e. Pediatrics
   f. Emergency Department
   g. Oncology
   h. Transplant
i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: __________________________

5. School of Nursing Attended (name, city, state located): ____________________________

6. Date of Graduation: ____________________________

7. Degree Received: AD: ________ Diploma: ________ BSN: ________ ND: ________

8. Other Non-Nursing Degree (if applicable): ____________________________

9. Date of Hire (as a Graduate Nurse): ____________________________

10. What previous health care work experience have you had:
    a. Volunteer
    b. Nursing Assistant
    c. Medical Assistant
    d. Unit Secretary
    e. EMT
    f. Student Externship
    g. Other (please specify): ____________________________

11. Have you functioned as a charge nurse? Charge_nurse
    a. Yes 1
    b. No 0

12. Have you functioned as a preceptor? Preceptor
    a. Yes 1
    b. No 0

13. What is your scheduled work pattern? Work_pattern
    a. Straight days 1
    b. Straight evenings 2
    c. Straight nights 3
    d. Rotating days/evenings 4
    e. Rotating days/nights 5
    f. Other (please specify): 6 ____________________________

14. How long was your unit orientation? Orient
    a. Still ongoing 1
    b. ≤ 8 weeks 2
    c. 9 – 12 weeks 3
    d. 13 – 16 weeks 4
    e. 17 - 23 weeks 5
    f. ≥ 24 weeks 6
15. How many primary preceptors have you had during your orientation?  
**Primary_preceptors**  
________ number of preceptors

16. Today’s date: ____________________________

**Drop down list of skills**

- Assessment skills
- Bladder catheter insertion/irrigation
- Blood draw/venipuncture
- Blood product administration/transfusion
- Central line care (dressing change, blood draws, discontinuing)
- Charting/documentation
- Chest tube care (placement, pleurovac)
- Code/Emergency Response
- Death/Dying/End-of-Life Care
- Nasogastric tube management
- ECG/EKG/Telemetry care
- Intravenous (IV) medication administration/pumps/PCAs
- Intravenous (IV) starts
- Medication administration
- MD communication
- Patient/family communication and teaching
- Prioritization/time management
- Tracheostomy care
- Vent care/management
- Wound care/dressing change/wound vac

Unit specific skills ____________________________