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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.

- 4. _____I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	0	0	0	0
2. I am comfortable knowing what to do for a dying patient.	0	0	0	0
3. I feel comfortable delegating tasks to the Nursing Assistant.	0	0	0	0
4. I feel at ease asking for help from other RNs on the unit.	0	0	0	0
5. I am having difficulty prioritizing patient care needs.	0	0	0	0
6. I feel my preceptor provides encouragement and feedback about my work.	0	0	0	0
7. I feel staff is available to me during new situations and procedures.	0	0	0	0
8. I feel overwhelmed by my patient care responsibilities and workload.	0	0	0	0
9. I feel supported by the nurses on my unit.	0	0	0	0
10. I have opportunities to practice skills and procedures more than once.	0	0	0	0
11. I feel comfortable communicating with patients and their families.	0	0	0	0

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	0	0	0	0
13. I feel the expectations of me in this job are realistic.	0	0	0	0
14. I feel prepared to complete my job responsibilities.	0	0	0	0
15. I feel comfortable making suggestions for changes to the nursing plan of care.	0	0	0	0
16. I am having difficulty organizing patient care needs.	0	0	0	0
17. I feel I may harm a patient due to my lack of knowledge and experience.	0	0	0	0
18. There are positive role models for me to observe on my unit.	0	0	0	0
19. My preceptor is helping me to develop confidence in my practice.	0	0	0	0
20. I am supported by my family/friends.	0	0	0	0
21. I am satisfied with my chosen nursing specialty.	0	0	0	0
22. I feel my work is exciting and challenging.	0	0	0	0
23. I feel my manager provides encouragement and feedback about my work.	0	0	0	0
24. I am experiencing stress in my personal life.	0	0	0	0

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

- Finances a.
- b. Child care
- Student loans c.
- d.
- Living situation Personal relationships Job performance e.
- f.
- Other _____ g.

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	0	0	0	0	0
Vacation	0	0	0	0	0
Benefits package	0	0	0	0	0
Hours that you work	0	0	0	0	0
Weekends off per month	0	0	0	0	0
Your amount of responsibility	0	0	0	0	0
Opportunities for career advancement	0	0	0	0	0
Amount of encouragement and feedback	0	0	0	0	0
Opportunity for choosing shifts worked	0	0	0	0	0

III. How *satisfied* are you with the following aspects of your job:

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

- 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?

- 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?

- 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-todate technology)

4. What aspects of your work environment are least satisfying?

- 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:

- V. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.
 - 1. Age: _____ years

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:

6.	Date of Graduation:				
7.	Degree Received:	AD:	Diploma:	BSN:	ND:
8.	Other Non-Nursing I	Degree (if app	licable):		
9.	Date of Hire (as a Gra	aduate Nurse)	:		
	What previous health	n care work e	xperience have you l	had:	
	. Volunteer				
	. Nursing Assistant				
	. Medical Assistant				
	. Unit Secretary				
	EMT				
	Student Externship				
g	. Other (<i>please specify</i>	v):			
11	Have you functioned	as a charge n	urse?		
	. Yes	as a charge h	uise.		
	. No				
U	. 110				
12.	Have you functioned	as a precepto	or?		
a	. Yes				
b	. No				
12	What is your schedul	ad work nott	0 mn 9		
	. Straight days	eu work patt			
	. Straight evenings				
	. Straight nights				
	. Rotating days/evenir	וסג			
	. Rotating days/evening . Rotating days/nights	•			
f.	.				
1.	Juior (pieuse specif)	·]•			
4. E	Iow long was your uni	t orientation	?		
	a. Still ongoing				
	b. ≤ 8 weeks				
	c. $9-12$ weeks				
	d. $13 - 16$ weeks				
	e. 17 - 23 weeks				
	f. ≥ 24 weeks				
5. H	low many primary pre	ceptors have	you had during you	r orientation?	
	number of p	-	- •		

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