October, 2008

Dear Nursing Student:

We are conducting a study of nursing students enrolled in a BSN degree program. We are interested in learning about your perception of confidence and readiness to enter the nursing profession.

The purpose of this letter is to ask you to take part in this study. If you agree to participate, please complete the attached survey, Casey-Fink Readiness for Practice Survey ©2008. This survey should take approximately 10-15 minutes to complete. All of your answers will be kept completely confidential. The study results will have no identifying information on it and no individual identities will be used in any reports or publications that may result from this study.

The survey asks for your thoughts on being a nursing student at the end of your BSN program. There is no benefit to you for participating in this study and there will be no reimbursement provided. There will be no financial costs to you as a result of taking part in this study. The survey results may help schools and colleges of nursing better prepare nursing students in the future.

Thank you in advance for assisting with and taking the time to participate in this study.

Sincerely,

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Please fill in the blank or circle the response that represents your individual profile.

1. **Age:** ______ years

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

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

4. **Other non-nursing degree (if applicable):** ________________

5. **What previous health care work experience have you had:**
   a. Nursing assistant
   b. Medical assistant
   c. Volunteer
   d. Unit secretary
   e. EMT
   f. EMT - Paramedic
   g. Student Externship
   h. Nurse Intern or Advanced Care Partner
   i. Other: (please specify) ________________________________

6. **Currently employed:**
   a. Yes
   b. No

7. **If yes (question #6), are you employed in a healthcare related position:**
   a. Yes
   b. No

8. **Average # hours worked/week while enrolled in BSN program: #__________ Hours**

9. **Please share the major reasons why you chose nursing as a career.**
   __________________________________________________________________________
   __________________________________________________________________________

10. **Current GPA ____________**
11. Type of BSN program enrolled:
   a. Traditional
   b. Accelerated
   c. Worksite
   d. CHOICE
   e. Other: __________________

12. Are you enrolled in an employer supported scholarship program?
   a. Yes
   b. No

13. School of Nursing attended
   a. CU
   b. REGIS
   c. UNC
   d. Other

14. Month/year started in BSN program: __________________

15. Clinical Area of Senior Practicum experience:
   a. Adult M/S
   b. Adult ICU
   c. Oncology/BMT
   d. OB (L&D, POST PARTUM)
   e. Pediatric M/S
   f. Pediatric ICU
   g. NICU
   h. Mental Health
   i. Ambulatory Care Setting
   j. Rehabilitation
   k. Emergency Department
   l. OR/Perioperative Setting
   m. Other: __________________

16. Was your clinical practicum experience at your current place of employment?
   a. Yes
   b. No

17. What setting was your clinical practicum experience located:
   a. Urban setting
   b. Rural setting

18. How many clinical hours were you required to complete during your senior practicum?
   #____________ Hours

19. How many hours did you spend with your unit charge nurse?
   #____________ Hours

20. How many primary preceptors did you have during your senior practicum experience?
   #____________ Preceptors

21. Were you required to review NCLEX-RN questions during your senior practicum course?
22. If yes (question 21) how many questions/week did you review? # ____________ Questions

23. What did YOU do to prepare for your senior practicum experience: (may select more than one answer)
   a. Practiced skills in learning lab
   b. Participated in simulation assignment
   c. Developed a care plan
   d. Brought medication reference or PDA to clinical
   e. Set daily goals with preceptor
   f. Met with preceptor prior to start of clinical experience
   g. Oriented to facility/tour unit
   h. Discussed personal learning needs with clinical faculty
   i. Did nothing to prepare
   j. Other: _____________________________

List three skills/procedures you are most uncomfortable performing independently at this time?
Select from list below.

1. _____________________________
2. _____________________________
3. _____________________________
4. ________ I am independent in all skills listed below

List of skills
Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood glucose monitoring device
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care
EKG/Telemetry monitoring and interpretation
Giving verbal report
Intravenous (IV) medication administration
Intravenous (IV) starts
IV pumps/PCA pump operation
Medication administration
NG tube/Dobhoff care
Pulse oximetry
Responding to an emergency/CHANGE/changing patient condition
Trach care/suctioning
Wound care/dressing change/wound vac
Other _____________________________

Please answer each of the following questions by placing a mark inside the box/circle:
What is your current level of confidence in managing a patient care assignment on an adult Medical/Surgical unit:

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<th>NOT CONFIDENT</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>VERY CONFIDENT</th>
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<td>Caring for 2 patients</td>
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<tr>
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<tr>
<td>Caring for 4 patients</td>
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</table>
1. I feel confident communicating with physicians.  STRONGLY DISAGREE  DISAGREE  AGREE  STRONGLY AGREE

2. I am comfortable communicating with patients from diverse populations.  

3. I am comfortable delegating tasks to the nursing assistant.  

4. I have difficulty documenting care in the electronic medical record.  

5. I have difficulty prioritizing patient care needs.  

6. My clinical instructor provided feedback about my readiness to assume an RN role.  

7. I am confident in my ability to problem solve.  

8. I feel overwhelmed by ethical issues in my patient care responsibilities.  

9. I have difficulty recognizing a significant change in my patient's condition.  

10. I have had opportunities to practice skills and procedures more than once.  

11. I am comfortable asking for help.  

12. I use current evidence to make clinical decisions.  

13. I am comfortable communicating and coordinating care with interdisciplinary team members.  

14. Simulations have helped me feel prepared for clinical practice.  

15. Writing reflective journals/logs provided insights into my own clinical decision-making skills.  

16. I feel comfortable knowing what to do for a dying patient.  

17. I am comfortable taking action to solve problems.  

18. I feel confident identifying actual or potential safety risks to my patients.  

19. I am satisfied with choosing nursing as a career.  

20. I feel ready for the professional nursing role.  

What could be done to help you feel more prepared to enter the nursing profession?  

_________________________________________________________________  

__________________________________________________________________________  

Thank you for completing this survey!