

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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Casey-Fink Readiness for Practice Survey
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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?

- a. Yes
- b. No

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/CODE/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:

	NOT CONFIDENT			VERY CONFIDENT	
	1	2	3	4	5
Caring for 2 patients					
Caring for 3 patients					
Caring for 4 patients					

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable communicating with patients from diverse populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am comfortable delegating tasks to the nursing assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have difficulty documenting care in the electronic medical record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My clinical instructor provided feedback about my readiness to assume an RN role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am confident in my ability to problem solve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel overwhelmed by ethical issues in my patient care responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have difficulty recognizing a significant change in my patient's condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have had opportunities to practice skills and procedures more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am comfortable asking for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I use current evidence to make clinical decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am comfortable communicating and coordinating care with interdisciplinary team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Simulations have helped me feel prepared for clinical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Writing reflective journals/logs provided insights into my own clinical decision-making skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am comfortable taking action to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel confident identifying actual or potential safety risks to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am satisfied with choosing nursing as a career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel ready for the professional nursing role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Thank you for completing this survey!