Evaluation of Nurse Orientation

Name: _________________________________  Department _____________________
Date: _________________________________

Job Title at time of orientation:  RN  GN  LVN  GVN  Nurse Aide
Unit to which you were oriented:  ____________________________________________
How long have you been a nurse (or aide)?  _______________________________________

After you have completed this evaluation form, mail to Ahnna Parker, Director of Nursing Services, Mail STOP: 8165.

Please answer the following questions.

1. In your opinion, the Welcoming Event: (circle your choice)
   a. was too short  too long  just right
   b. was not helpful  somewhat helpful  very helpful
   c. should be totally changed  change some parts  leave it the same
   d. what would you change?  ____________________________________________________

2. In your opinion, General New Nurse Orientation: (circle your choice)
   a. was too short  too long  just right
   b. was not helpful  somewhat helpful  very helpful
   c. should be totally changed  change some parts  leave it the same
   d. what would you change?  ____________________________________________________

3. In your opinion, your Department Specific Orientation (circle your choice)
   a. was too short  too long  just right
   b. was not helpful  somewhat helpful  very helpful
   c. should be totally changed  change some parts  leave it the same
   d. what would you change?  ____________________________________________________

4. How long was your Department Specific Orientation?  ____________________________

5. During your orientation, on each day that you worked, did you have an appointed preceptor?
   Yes  No  Not Sure
6. After you completed orientation did you feel prepared to begin your own practice in your department?

Yes, Definitely  Somewhat Prepared  Not Ready at All

7. In your opinion, your Department Specific Orientation:

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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____ Was well organized and helpful?
____ Covered sufficient information to get you started?
____ Always provided a preceptor for you?
____ Familiarized you with equipment used in your department?
____ Taught you all of the unique skills needed in your department?

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. In your opinion, do you feel that your school of nursing has prepared you with the clinical skills necessary to perform your duties as a staff nurse in your chosen department? (circle one)

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Comments:
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