Orientation Questionnaire

Answer these questions then decide what steps you need to take to develop or enhance your orientation program.

**BREAK OUT SESSION#1**

1. In what ways do you welcome our new staff?

2. What is your time table for letting a new staff member be on their own?
   - Experienced –
   - Non-experienced –

3. How do you test the skills of our new staff?

**BREAK OUT SESSION#2**

4. What resources do you give your new staff?

5. How often do you “touch” new staff in the first week, 30 days, 60 days, and 90 days?

**BREAK OUT SESSION#3**

6. Do you have a mentor program? How effective is it?
It has been 60 days since your Orientation class. We would like your feedback on your experience working in your Neighborhood/Household since that time. Please answer questions as completely and honestly as possible so we may better serve your needs.

1. Was the information presented at the Nursing Department Orientation appropriate and useful?

2. Do you feel you were provided enough information to perform your job well? If not, what do you feel should have been included?

3. What information presented in Nursing Department Orientation was most beneficial to you in your new role?

4. What information presented in Nursing Department Orientation was least beneficial to you in your new role?

5. Was there anything that you feel you needed to know that was not presented?

6. How do you feel you fit into the culture of the community?
7. Do you feel you received adequate training and support from your Mentor?

8. Do you feel you received adequate training and support from your Clinical Nurse Leader?

9. Please provide comments on how you feel your Orientation experience could have been better.

10. Please provide your comments on how the Orientation process benefited your transition into your new position.

Thank you for your time and participation.
Nursing Orientation Evaluation
Class: Nursing Clinical Orientation

Name of Trainer: __________________________
Date: __________________________

Your feedback is very important. Please let us know what you thought of the training so we may continue to develop training that best suits your needs. Thank you in advance for your opinions.

Please circle a number for the questions below:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at All</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a good understanding of what is expected of me in my new role</td>
<td>1</td>
<td>2</td>
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<tr>
<td>2. I have a good understanding of Culture Change and Person Centered Care.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3. Content was presented in an organized manner</td>
<td>1</td>
<td>2</td>
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<tr>
<td>4. Content was presented clearly &amp; effectively</td>
<td>1</td>
<td>2</td>
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<tr>
<td>5. Presenter was responsive to questions/comments</td>
<td>1</td>
<td>2</td>
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<tr>
<td>6. Teaching aids/audiovisuals were used effectively</td>
<td>1</td>
<td>2</td>
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<td>7. Teaching style was effective</td>
<td>1</td>
<td>2</td>
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<td>8. Content met stated objectives</td>
<td>1</td>
<td>2</td>
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<tr>
<td>9. Content presented was applicable to my practice</td>
<td>1</td>
<td>2</td>
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Your feedback is VERY IMPORTANT to us. Please note any comments or suggestions you have for how we could improve this training program.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Thank you for your time and participation.