

FIGURE 11.1

Evaluation of orientation services

Evaluation of orientation services

Date: _____
 Name (optional): _____
 Unit/Department: _____
 Preceptor: _____

Please indicate whether or not you agree with the following statements by circling the number, on a scale of 1-5, that best corresponds with your experience. 5 indicates that you strongly agree and 1 indicates that you strongly disagree.

STAFF DEVELOPMENT SERVICES

- 1. Orientation classes provided by the staff development department helped me fulfill my job responsibilities. 1 2 3 4 5

- 2. Classroom instruction was effective and helped me meet my learning objectives. 1 2 3 4 5

- 3. Computer-based learning activities were effective and helped me meet my learning objectives. 1 2 3 4 5

- 4. Staff development specialists answered my questions satisfactorily. 1 2 3 4 5

- 5. Staff development specialists treated me with respect. 1 2 3 4 5

Other comments _____

PRECEPTOR

- 1. My preceptor helped me successfully complete orientation. 1 2 3 4 5

- 2. My preceptor treated me with respect. 1 2 3 4 5

- 3. My preceptor clearly explained what was expected of me. 1 2 3 4 5

FIGURE 11.1

Evaluation of orientation services (cont.)

4. My preceptor did not ask me to perform tasks independently until I felt comfortable doing so. 1 2 3 4 5

5. My preceptor offered constructive criticism in a supportive manner and in a private setting. 1 2 3 4 5

6. My preceptor made me feel welcome. 1 2 3 4 5

Additional comments _____

MANAGER AND COLLEAGUES

1. My manager clearly explained what was expected of me. 1 2 3 4 5

2. My manager made me feel welcome. 1 2 3 4 5

3. My manager treated me with respect. 1 2 3 4 5

4. My colleagues made me feel welcome. 1 2 3 4 5

5. My colleagues treated me with respect. 1 2 3 4 5

Additional comments _____
