

## Casey-Fink Graduate Nurse Experience Survey© (revised 2023)

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### Section I – Role Transition Experience

*The following are questions about your experience as you transition into the professional nursing role. All responses are anonymous and will be kept confidential. Please select the response that best describes your recent clinical experience.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am confident prioritizing patient care needs.				
2. I feel confident delegating tasks to others.				
3. I am comfortable making suggestions to the physician/provider on changes to the plan of care.				
4. I feel confident communicating with physicians and other providers.				
5. I feel confident using best evidence when making clinical decisions.				
6. I feel confident communicating a plan of care with patients, families, and caregivers.				
7. I have confidence in my clinical decision-making skills.				
8. I can accurately recognize changes in my patient's condition.				
9. I can complete my patient care assignment on time.				
10. I feel confident managing my patient workload.				
11. I can organize my time effectively to complete my patient care tasks.				
12. I can prioritize competing tasks during my shift.				
13. I feel supported by my peers.				
14. I feel comfortable asking for help from other nurses on my team.				
15. Co-workers are available to help me during new situations and procedures.				
16. I feel supported by the nurses in my clinical practice area.				
17. My team works well together during stressful shifts.				
18. I feel safe asking my co-workers questions.				
19. I am satisfied with the clinical practice area I am working in currently.				
20. I feel valued for the work I do.				
21. My team debriefs after difficult clinical situations.				
22. I have resources at my work to help me manage my stress.				
23. I am satisfied with my current role in nursing.				
24. I feel that I am a valued member of the health care team.				

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I feel included in my clinical practice area.				
26. I would recommend nursing as a career to a friend.				
27. I consistently feel overwhelmed by my workload.				
28. I consistently feel high levels of stress while at work.				
29. I feel exhausted at the end of my shift.				
30. I am experiencing stress in my personal life that is affecting my work.				
31. I feel overwhelmed by the patient acuity in my clinical practice area.				
32. I feel stressed because of my workload.				
33. I feel comfortable if I need to handle bullying from others.				
34. I feel comfortable managing incivility from co-workers if/when it occurs.				
35. I feel confident handling stressful situations on my own.				
36. I tend to bounce back quickly after difficult clinical situations.				
37. When faced with difficult tasks, I am certain that I will accomplish them.				
38. Even when things are tough, I believe that I can perform my role quite well.				
39. I feel a strong commitment to stay at this organization.				
40. This organization's values align with my professional values.				
41. I am likely to be working at this organization in one year.				

## Preceptorship (Unit Orientation)

*If you are no longer on orientation, please select not applicable.*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
42. My preceptor provides feedback about my work performance.					
43. My preceptor helps me to develop confidence in my practice.					
44. My preceptor guides my ability to make clinical decisions.					
45. My preceptor helps me learn from my mistakes.					
46. My preceptor helps me become familiar with my clinical practice area routines/policies.					
47. My preceptor helps me integrate into my clinical practice area.					
48. My preceptor engages me in critical thinking opportunities.					

## Section II – Learning Needs Assessment of Skills

Please rate your confidence in doing these **skills** using the following scale:

	Not Confident	Somewhat Confident	Highly Confident	Not relevant to my practice area
1. IV starts				
2. Phlebotomy				
3. Blood product administration				
4. Central line care				
5. PCA pump management				
6. Nasogastric tube care				
7. Tracheostomy care				
8. Giving handoff report				
9. Chest tube care				
10. EKG/telemetry rhythm interpretation				
11. Calling a Rapid Response				
12. Participating in a Code Blue				
13. Reporting abnormal lab values				
14. Caring for a dying patient				
15. Urinary catheter insertion				
16. Wound care				
17. Documenting a plan of care				
18. Patient discharge process				
19. Suicide screening				
20. De-escalating a violent patient/family				
21. Managing ethical dilemmas				
22. Reporting errors in care				
23. Managing patients with substance use withdrawal				
24. Assessing patients for pressure injury				
25. Reporting bias/discrimination in the workplace				

## Section III - Demographics

Please complete the response that represents the most accurate description of your individual professional profile.

### 1. Age:

- a. 20-24 years
- b. 25-29 years
- c. 30-34 years
- d. 35-39 years
- e. 40-44 years
- f. 45-49 years
- g. 50-54 years
- h. 55-59 years
- i. 60-64 years
- j. ≥ 65 years

### 2. Gender:

- a. Female
- b. Male
- c. Non-binary, transgender, or gender fluid
- d. Other (please specify) \_\_\_\_\_

**3. Race/Ethnicity** (select what **best** matches your own identity):

- a. American Indian or Alaskan Native
- b. Asian
- c. Black or African American
- d. Hispanic or Latino
- e. Native Hawaiian or other Pacific Islander
- f. White or Caucasian
- g. 2 or more ethnicities
- h. Other (please specify) \_\_\_\_\_

**4. Select your primary practice setting:**

- a. Inpatient
- b. Outpatient/Ambulatory
- c. Home Health Care
- d. School Nurse
- e. Public Health
- f. Skilled Nursing Facility
- g. Long-Term Care
- h. Other (please specify) \_\_\_\_\_

**5. Select your clinical practice area:**

- a. Adult Medical/Surgical
- b. Adult Behavioral Health
- c. Adult Emergency Department
- d. Adult Oncology
- e. Adult Orthopedic
- f. Adult Telemetry
- g. Adult Step-down
- h. Adult ICU (cardiac, medical, neuro, surgical)
- i. Geriatrics
- j. Pediatrics Medical/Surgical
- k. Pediatric Oncology
- l. Pediatrics (intermediate care)
- m. Pediatric ICU
- n. Pediatric Emergency Department
- o. Pediatric/Adolescent Behavioral Health
- p. Hospice/Palliative Care
- q. Burn Unit
- r. Float Pool
- s. Labor & Delivery
- t. Mother/Baby (ante-post-partum care)
- u. NICU/Newborn Nursery
- v. Perioperative, PACU, Pre-operative, OR)
- w. Transplant
- x. Rehabilitation
- y. Urgent Care
- z. Other (please specify) \_\_\_\_\_

**6. Pre-Licensure Nursing Degree obtained:**

- a. Diploma
- b. Associate
- c. Traditional Bachelors (BSN)
- d. Accelerated Bachelors (BSN)
- e. Masters in Nursing (MSN, MS, MN)

**7. Additional Non-Nursing Degree obtained:**

- a. Yes
- b. No

**8. Previous health care work experience (e.g., nursing or medical assistant, unit secretary, EMT):**

- a. Yes
- b. No

**9. What is your scheduled work pattern?**

- a. Straight days
- b. Straight nights
- c. Rotating days & nights
- d. Other: \_\_\_\_\_

**10. Looking back to your unit orientation, how many preceptors did you work with?**

- a. 1-2
- b. 3-5
- c. 6-8
- d.  $\geq 9$

**11. How many weeks was your unit orientation?**

- a. I am currently in my unit orientation
- b.  $\leq 5$  weeks
- c. 6-8 weeks
- d. 9-12 weeks
- e. 4-5 months
- f.  $\geq 6$  months

**12. Have you precepted new hires in your clinical practice area?**

- a. Yes
- b. No

**13. Have you functioned as a charge nurse?**

- a. Yes
- b. No

**14. Do you have a clinical mentor to help guide your professional development?**

- a. Yes
- b. No

**15. Are you currently participating in an evidence-based practice project in your program/clinical practice area?**

- a. Yes
- b. No

**16. What time are you taking this survey?**

- a. Beginning of the program
- b. Middle of the program
- c. End of the program

**Please share any comments or suggestions you have about your residency, fellowship, or orientation program:**