



Transition to Nurse Residency Program

Program Evaluation

Participant's name (optional) _____

We appreciate your help in evaluating the Transition to Nurse Residency Program. Please indicate your level of agreement for each of the statements below by circling the appropriate number, using a scale of 1 = strongly disagree or poor to 4 = strongly agree or excellent.

Learning Objectives

I believe this program helped me to:	Strongly Disagree			Strongly Agree
Demonstrate competence in fundamental nursing skills.	1	2	3	4
Demonstrate competence in communication skills.	1	2	3	4
Demonstrate competence in assessment skills.	1	2	3	4

Please list additional nursing skills for inclusion in the curriculum.

Competence

I believe this program helped me gain competence with the following categories:	Strongly Disagree			Strongly Agree
Patient safety	1	2	3	4
Patient Care	1	2	3	4
Patient Assessment	1	2	3	4
Psychomotor skills	1	2	3	4



Communication	1	2	3	4
Self-confidence	1	2	3	4
Assertiveness	1	2	3	4
Independence	1	2	3	4

Please add any additional comments to assist us in understanding your responses.

Program				
	Strongly Disagree			Strongly Agree
The program length was appropriate for learning the content.	1	2	3	4
	Poor			Excellent
Overall, I would rate the program.	1	2	3	4

Please add any additional information you would like to share.