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Sharon Regional School of Nursing

Class or 2018

**ALUMNI SURVEY**

Please respond to the following items and return in the enclosed addressed, stamped envelope to Sharon Regional School of Nursing. You may also choose to complete the survey on the website or e-mail the survey to me at [Maryjane.Larmon@Steward.org](mailto:Maryjane.Larmon@Steward.org). The information you provide is used to evaluate your satisfaction with the program as well as your perception of your ability to meet the **beginning practitioner competencies.** Thank you for your feedback.

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please rate you level of comfort with the following Nursing Graduate Outcomes utilizing the following Likert Scale: (refer to the Nursing Graduate Outcomes attached for definitions)

1. Very Dissatisfied (2) Dissatisfied (3) Satisfied (4) Very Satisfied
2. **Safety and Quality**

I am able to demonstrate professional knowledge, skills, and attitudes in patient safety and quality initiatives.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Teamwork and Collaboration:**

I am able to collaborate with nursing and interdisciplinary team members to provide safe, competent care for meeting optimal patient outcomes.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. Evidence Based Practice:**

I am able to demonstrate the use of best current evidence in nursing judgment for safe quality care.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Patient Centered Care:**

I am able to respect the patient and the family as the center of the health care team.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Informatics Technology**:

I am able to utilize technology as appropriate to apply evidence for nursing practice and patient safety.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Professional Identity:**

Iam able to demonstrate professional integrity and accountability within established legal standards and ethical principles.

1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall Satisfaction with the SON 1 2 3 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Are you currently employed as an RN? Yes No (please circle one)

5. Where do you currently work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your time and input!***

***Mary Jane Larmon, MBA, MSN, RN***

***Director, Sharon Regional School of Nursing***