



Evaluation for 3-month & 6-month program

Your Name (Mentee): _____ Date: _____

Month of Orientation: _____ Department: _____

Mentor Name: _____

Upon completion, place the evaluation in a sealed envelope with your signature (Mentee) on the envelope seal to ensure confidentiality.

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

- | | | |
|-----|---|-----------|
| 1. | I am happy with my current work environment. | 1 2 3 4 5 |
| 2. | I feel adequately socialized into the work group. | 1 2 3 4 5 |
| 3. | My expectations of my present job are being met. | 1 2 3 4 5 |
| 4. | My mentor is adequately available to me now. | 1 2 3 4 5 |
| 5. | My colleagues are helpful to me. | 1 2 3 4 5 |
| 6. | My employer places a high value on the work I do. | 1 2 3 4 5 |
| 7. | My scheduled work hours are consistent with what I was told. | 1 2 3 4 5 |
| 8. | My benefits meet my needs. | 1 2 3 4 5 |
| 9. | Staffing at my work site is adequate to meet patients' needs. | 1 2 3 4 5 |
| 10. | Staffing at my work site is adequate to meet my needs. | 1 2 3 4 5 |

- 11. I believe that the workload is distributed fairly. 1 2 3 4 5
- 12. I am able to perform my work efficiently and effectively. 1 2 3 4 5
- 13. My average assignment allows me to meet my patients' needs. 1 2 3 4 5
- 14. I am satisfied with the quality of care I provide. 1 2 3 4 5
- 15. I like being a nurse. 1 2 3 4 5
- 16. Overall, I am satisfied with my choice of nursing as a career. 1 2 3 4 5
- 17. I would / do encourage others to become a nurse. 1 2 3 4 5
- 18. I would / do encourage other nurses to work at UMC. 1 2 3 4 5
- 19. How long do you expect to stay in your current nursing position? _____
- 20. I am satisfied with the Nurse Mentoring Program? 1 2 3 4 5
- 21. I am satisfied with my mentee / mentor partnership? 1 2 3 4 5
- 22. I am satisfied with the frequency of contact with my mentor? 1 2 3 4 5
- 24. I receive adequate support from my Nursing Director/Leadership. 1 2 3 4 5
- 25. What are the most significant benefits you have gained by participating in this program?

26. What topics or information do you recommend adding to the agendas?

27. What, if anything, would you change about this program?
