

UNIT ORIENTATION & EVALUATION

Employee Name _____ Assignment Date _____

Unit _____ Shift _____

Orientation (number of hours) _____ Preceptor Name _____

Performance	Yes	No	Comments
Were you greeted in a friendly manner?			
Was report given to you in an accurate and complete manner?			
Were changes in patient condition during previous shift reported to you?			
Was the patient assignment reasonable, and was the workload equally assigned?			
Was the unit neat and well-organized?			
Were the charts and forms organized where you could find them?			
Was the charge nurse available and responsive to your concerns?			
Was the nursing staff courteous to you?			
Was there appropriate teamwork on unit?			
Did you address concerns to unit manager?			

Overall rating of this unit & comments _____

Please mark all of the following items to which you were oriented:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Pyxis | <input type="checkbox"/> Dirty utility rooms | <input type="checkbox"/> Charts | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Omnicell | <input type="checkbox"/> Linen room | <input type="checkbox"/> Code cart | <input type="checkbox"/> Break room |
| <input type="checkbox"/> Nurses station | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Patient call system | |

Please return this form to the CSS office at 8.206 John Sealy Annex, Route 0515.