

Mercer County Community College
Division of Science and Health Professions
Nursing Program
ONE YEAR GRADUATE SURVEY

Personal Data (optional)

Name: _____ Date: _____

Address: _____

Current Employment

Employers Name: _____ Start Date: _____

Address: _____

Title or Responsibilities: _____

Type of Clinical Unit: _____

Hours: [] FT [] PT Shift: [] Days [] Evenings [] Nights [] Rotating

Do you direct nursing assistants and/or LPNs in client care? [] Yes [] No

Do you assume charge nurse responsibilities? [] Yes [] No

How soon were you able to find a job after graduation? _____

Continuing Education and Career Goals

Are you currently pursuing a B.S.N. degree? _____ If so, where? _____

Are you planning to pursue a B.S.N. degree in the next 5 years? _____

Are you currently pursuing a degree in non-nursing field? _____

If so, in what field? _____

B.S.N. courses you are currently enrolled in or have completed since graduation? _____

Continuing Education courses currently enrolled in or have completed since graduation?

Professional Activities

Professional organizations in which you hold membership?

Professional journals to which you subscribe?

Preparation for Employment

By using the following scale, please indicate how your education at Mercer County Community College has prepared you for your present position.

(A) Strongly Agree (B) Agree (C) Neither Agree or Disagree (D) Disagree (E) Strongly Disagree

A B C D E

1. Classroom preparation for entry into nursing practice has been adequate.
2. Clinical preparation for entry into nursing practice has been adequate.
3. Preparation for NCLEX has been adequate.
4. I use the nursing process to care for clients.
5. I use the hierarchy of basic human needs in implementing the nursing process.
6. I incorporate sociocultural influences into my plan of care.
7. I integrate individual uniqueness and developmental differences of clients in the application of the nursing process.
8. I apply principles from the social sciences, biological sciences and the humanities to nursing.
9. I apply principles of therapeutic communication with clients, families and health team members.
10. I practice as a member of the health team under the guidance of a more experienced registered nurse.
11. Would you recommend Mercer’s nursing program to others? Yes No
12. Please give an explanation of your response to question #11. _____

13. One a scale of 1 – 5 (5 being highest), how would you rate Mercer’s Nursing Program? 1 2 3 4 5
14. What do you consider to be the greatest strength of your preparation for nursing at Mercer?

15. What do you consider to be the greatest weakness of your preparation for nursing at Mercer?

16. Please use the space below for any additional comments about your preparation for nursing at Mercer, comments or suggestions for improvement for our program.