

3. Faculty's apparent interest in students 01 _____
4. Content of courses 01 _____

3. What is your overall evaluation of the following OCC services? Please check all the items you have personally used.

- | | 1 | 2 | 3 | 4 | 5 | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| | Very Poor | Poor | Fair | Good | Very Good | |
| 1. Financial assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 2. Counseling services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 3. Learning assistance/
tutorial services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 4. Libraries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 5. Job placement services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 6. Veterans' assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 7. Athletic & recreational
activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 8. Child play centers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |
| 9. Cooperative work
experiences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01 _____ |

4. How would you rate your overall education experience at OCC?

- 1 - Very Poor
 2 - Poor
 3 - Fair
 4 - Good
 5 - Very Good

01 _____

5. Would you recommend the nursing courses which you took at OCC to others?

- 1 - No, none of them
 2 - Yes, some of them
 3 - Yes, most of them
 4 - Yes, all of them

01 _____

6. Would you recommend the non-nursing courses which you took at OCC to others?

- 1 - No, none of them
- 2 - Yes, some of them
- 3 - Yes, most of them
- 4 - Yes, all of them

01

7. In your opinion, what are the three most important strengths of the OCC Nursing Program?

- 1.
- 2.
- 3.

8. What, in your opinion, are the three most important weaknesses of the OCC Nursing Program?

- 1.
- 2.
- 3.

9. In the space below, or on a separate sheet of paper, provide any additional comments, suggestions or recommendations which you might have about OCC's Nursing Program.

10. Do you plan to take any courses at OCC in the future?

- 1 - Yes
- 2 - No
- 3 - Don't know

01

11. Are you currently enrolled in a four-year college or university?

- 1 - Yes → Proceed to Q.#12
- 2 - No → Proceed to Section II

01

12. At which college or university are you currently enrolled?

13. What was the major factor dictating the choice of this institution? Please check one only.

- 1 - Acceptance of most transferable credits
 - 2 - Most convenient location
 - 3 - Tuition rate
 - 4 - Quality of courses in my field
 - 5 - General reputation of the college
 - 6 - Other, please specify:
-

01

14. What is your declared major?

- 1 - Nursing
 - 2 - Non-nursing. Please specify:
-

01

15. How many credits earned at OCC did not transfer:

- 1 - All OCC credits accepted
- 2 - Lost 1-5 credits
- 3 - Lost 6-10 credits
- 4 - Lost 11-15 credits
- 5 - Lost 16-20 credits
- 6 - Lost more than 20 credits

01

16. What is your status at your current college?

- 1 - Part-time (up to 12 hours)
- 2 - Full-time (more than 12 hours)

01

17. What is your classification at your current college?

- 1 - Junior
- 2 - Senior
- 3 - Graduate student
- 4 - Other

01

PLEASE PROCEED TO SECTION II

SECTION II

Directions: Only those who held or currently hold a nursing job should complete this section. Others should proceed directly to Section III.

1. Did you work for your first employer while still a nursing student at OCC?
 1 - Yes
 2 - No 01 _____

2. Were you able to contract for your first nursing job before graduation from OCC?
 1 - Yes
 2 - No 01 _____

3. Which was most helpful in finding your first nursing job? (Check one only.)
 1 - Nursing Career/Recruitment Day
 2 - OCC Placement Office
 3 - Other OCC staff/faculty
 4 - Employment agencies
 5 - Want ads
 6 - Personal contacts
 7 - Other. Please specify:
_____ 01 _____

4. How soon after graduation from OCC did you get your first nursing job?
 1 - Within two weeks
 2 - Two weeks-one month
 3 - One-three months
 4 - Other. Please indicate the reason for delay: _____ 01 _____

5. To which clinical area were you assigned in your first nursing job?
 1 - Medical and/or surgical nursing
 2 - Maternal nursing
 3 - Pediatric nursing
 4 - Psych./mental health
 5 - Community Health
 6 - Gerontology
 7 - Other. Please specify:
_____ 01 _____

6. Did your first employer provide you with a job orientation?

- 1 - Yes
- 2 - No → Proceed to Q. #9

01

7. How long was that orientation?

days

01

40 7

8. Was that orientation -

- 1. Planned? 1 - Yes
 2 - No
- 2. Supervised? 1 - Yes
 2 - No
- 3. Adequate? 1 - Yes
 2 - No

01

01

01

9. In that first nursing job, to which shift were you assigned?

- 1 - Days
- 2 - Afternoons
- 3 - Nights
- 4 - Rotating

01

10. Having practiced nursing, how would you evaluate your preparation at OCC?

- 1 - Very good
- 2 - Good
- 3 - Fair
- 4 - Poor
- 5 - Very Poor

01

11. How did the Nursing courses you took at OCC help you in your job? (You may check more than one.)

- 1 - Helped me obtain my job
- 2 - Helped improve my performance
- 3 - Helped me advance in my job
- 4 - Other. Please specify:

01

01

01

01

12. How did the General Education courses (i.e., non-nursing courses) you took at OCC help you in your nursing job? (You may check more than one.)

1 - Helped me obtain my job

01

2 - Helped improve my performance

01

3 - Helped me advance in my job

01

4 - Other. Please specify:

01

PLEASE PROCEED TO SECTION III.

SECTION III: DEMOGRAPHICS

1. Age:

- 1 - Under 21 years
- 2 - 21-30 years
- 3 - 31-40 years
- 4 - 41-50 years
- 5 - Over 50 years

01
5

2. Sex:

- 1 - Male
- 2 - Female

01
5

3. Ethnicity:

- 1 - Caucasian
- 2 - Black
- 3 - Hispanic
- 4 - American Indian
- 5 - Asian
- 6 - Other. Please specify: _____

01
5

4. Year obtained A.D.N. from OCC:

- 1 - 1988

01
5

5. Highest degree currently held:

- 1 - A.D.N.
- 2 - Baccalaureate in Nursing
- 3 - Baccalaureate in another field
- 4 - Other. Please specify: _____

01
5

6. Have you worked in a nursing job since graduation from OCC?

- 1 - Yes
- 2 - No

01
5

7. What is your current employment status?

- 1 - Employed in Nursing → Proceed to Q. #8
- 2 - Employed in Non-nursing (i.e., no RN license required) → Proceed to Q. #11
- 3 - Not employed. Please specify why: _____

01
5

8. Check the one phrase that best describes your current nursing practice setting.

1. Hospital/health care facility

1 - Acute

2 - Long-term care (e.g., nursing home)

01

2. Community setting

1 - Public Health Dept.

2 - HMO

3 - Home health agency

4 - VNA

5 - Doctor's office

6 - Clinic/health center

01

3. Temporary Agency/Pool

1 - Home health

2 - Hospital

01

4. Other. Please specify:

01

9. Check the focus of your current clinical practice:

1 - Medical and/or surgical nursing

2 - Maternal nursing

3 - Pediatric nursing

4 - Psych/mental health

5 - Community health

6 - Gerontology

7 - Other. Please specify: _____

01

10. Check the phrase that best describes your current position title.

1 - Staff nurse

2 - Head or charge nurse

3 - Middle manager

4 - Administrator

5 - Public health/school nurse

6 - Staff development

7 - Other. Please specify: _____

01

→ Proceed to Q. #12

11. What is the most important reason for holding a non-nursing job?

1 - Could not find a nursing job

2 - Decided that my interests were not in nursing

3 - Preferred to work in another field

4 - Found better paying job in another field

5 - Other. Please specify: _____

01

12. How long have you been employed in your current job?

- 1 - Less than one year
- 2 - One-two years
- 3 - More than two years

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69

13. Are you employed -

- 1 - Full-time?
- 2 - Part-time?

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70

14. In which county is your current place of work?

- 1 - Macomb
- 2 - Oakland
- 3 - Wayne
- 4 - St. Clair
- 5 - Other. Please specify: _____

01
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15. Information about the salaries of our graduates helps our students to make career decisions. Individual salary information will be kept confidential. Please indicate below the regular hourly rate at which you are currently employed.

\$.

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72-7

16. Do you carry malpractice insurance?

- 1 - Yes
- 2 - No

01
76

17. To which of the following professional organizations do you belong?

- 1 - M.N.A.
- 2 - M.L.N.
- 3 - Other. Please specify:

01
77

Thank you for your cooperation.

1. Having practiced nursing, how would you evaluation the preparation you received from OCC for each of the following functions:

	Very Good	Good	Fair	Poor	Very Poor
1a. Utilizing the nursing process as a basis for decision making	5	4	3	2	1
1b. Establishing priorities for the delivery of care related to patient needs and available resources	5	4	3	2	1
1c. Planning and implementing individualized nursing care	5	4	3	2	1
1d. Performing nursing procedures skillfully	5	4	3	2	1
1e. Documenting and communicating data to assist in the provision of nursing care	5	4	3	2	1
1f. Using community resources to meet patient needs	5	4	3	2	1
1g. Communicating effectively with health team members	5	4	3	2	1
1h. Respecting other individual's rights, beliefs and values	5	4	3	2	1
1i. Developing and implementing a teaching plan with individuals and families	5	4	3	2	1
1j. Collaborating and working effectively with health team members in providing care	5	4	3	2	1
1k. Recognizing the need for assistance from other agency personnel	5	4	3	2	1
1l. Guiding, supervising and evaluating team members participating in nursing care	5	4	3	2	1
1m. Incorporating standards of professional nursing practice in providing nursing care	5	4	3	2	1
1n. Carrying out responsibilities expected in position	5	4	3	2	1

OAKLAND COMMUNITY COLLEGE
SURVEY OF NURSING GRADUATES

This supplemental survey has been sent to all OCC Nursing program graduates. Your answers to the following questions will help the OCC Nursing program in its efforts to continually improve courses and services which are offered to students. All responses will be kept confidential and only averages will be reported. Thank you.

2 1. Are you presently employed?

- Yes, please continue with question #2.
- Yes, but not in the nursing profession, skip to question #15.
- No, please skip to question #15.

3 2. Is your present job your first nursing job?

- Yes
- No

4 3. How long have you been employed in your present job?

- Less than one year
- One to two years
- More than two years

5 4. Check the one phrase that best describes the setting of your present nursing position.

- Hospital/Health Care Facility-Acute
- Hospital/Health Care Facility-Long Term Care
- Community-Public Health Care Department
- Community-HMO
- Community-Home Health Agency
- Community-VNA
- Community-Doctor's Office
- Community-Clinic/Health Center
- Temporary Agency/Pool-Home Health
- Temporary Agency/Pool-Hospital
- Other, please specify _____

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6 5. What is the focus of your current nursing position?

- Medical and/or surgical nursing
- Maternal nursing
- Pediatric nursing
- Psychiatric/Mental Health nursing
- Community Health nursing
- Gerontology nursing
- Other, please specify _____

7 6. Which of the following best describes your present position title?

- Staff nurse
- Head or Charge nurse
- Middle Manager
- Administrator
- Public Health/School nurse
- Staff Development
- Other, please specify _____

8 7. Did your employer provide you with an orientation?

- Yes, please continue with questions #8.
- No, skip to question #10.

9 8. How long was the orientation?

_____ Days

10 9. Was the orientation:

	Yes	No
Planned	<input type="checkbox"/>	<input type="checkbox"/>
Supervised ...	<input type="checkbox"/>	<input type="checkbox"/>
Adequate	<input type="checkbox"/>	<input type="checkbox"/>

11/2.

Have you completed one or more continuing education offerings for registered nurses such as...

- a. non-academic credit granting courses yes no
- b. Education offerings such as workshops,
seminars, conferences yes no
- c. Staff development within the employment
setting yes no

12 10. What shift are you currently working?

- Days
- Afternoons
- Nights
- Rotating

13 11. In what county do you presently work?

- Oakland
- Macomb
- Wayne
- St. Clair
- Other, please specify _____

14 12. Do you carry malpractice insurance?

- Yes
- No

15 13. To which professional organizations do you belong?

- M.N.A.
- M.L.N.
- Other, please specify _____

16 14. Having practiced nursing, how would you evaluate the preparation that you received from OCC?

- Very Good
- Good
- Fair
- Poor
- Very Poor

15. What is the most accurate reason for holding a non-nursing job?

Could not find a nursing job.

Decided my interests were not in nursing.

Preferred to work in another field.

Found a better paying job in another field.

Other, please specify _____