

## ORIENTATION EVALUATION SURVEY

Name \_\_\_\_\_ Hospital Site \_\_\_\_\_

**Considering the entire Orientation at Southcoast Hospitals Group, please rate the following**

1. Overall, how would you rate the orientation you received at Southcoast Hospitals Group?  
 Excellent     Very Good     Good     Fair     Poor     N/A
2. Pre-orientation preparation/communication  
 Excellent     Very Good     Good     Fair     Poor     N/A
3. Orientation schedule  
 Excellent     Very Good     Good     Fair     Poor     N/A
4. Hospital tour  
 Excellent     Very Good     Good     Fair     Poor     N/A
5. Orientation Manual  
 Excellent     Very Good     Good     Fair     Poor     N/A

**The Orientation was to your satisfaction in the following areas:**

Scale Definition: SA-Strongly Agree A-Agree N-Neutral D-Disagree SD-Strongly Disagree

- |   |                       | SA                    | A                     | N                     | D                     | SD                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. The orientation itinerary was organized in a manner that met your objectives.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. A sufficient amount of time was provided in each department.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Staff was knowledgeable in presenting their specific department information.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Were able to accommodate additional departments not included on itinerary.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. What part(s) of the orientation were most helpful? _____<br>_____                                       |                       |                       |                       |                       |                       |                       |
| 11. What part(s) of the orientation were least helpful? _____<br>_____                                      |                       |                       |                       |                       |                       |                       |
| 12. Is there any additional information we can provide to you? _____<br>_____                               |                       |                       |                       |                       |                       |                       |
| 13. Is there anything Southcoast Hospitals Group could do to improve future orientations?<br>_____<br>_____ |                       |                       |                       |                       |                       |                       |

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your thoughtful completion of this survey. Your observations are greatly appreciated and will be thoroughly reviewed.