



**CENTRAL SCHOOL OF PRACTICAL NURSING  
GRADUATE FOLLOW UP SURVEY  
CLASS OF \_\_\_\_\_**

We are requesting your valuable input about this nursing program. Your suggestions assist us to improve our curriculum. Please complete the questionnaire using the scale below. Simply write the number in the space provided. When a response is needed, a space is available for your written answer.

**5 strongly agree    4 agree    3 disagree    2 strongly disagree    1 unable to evaluate**

**Curriculum Design**

1. The curriculum was organized and presented in a logical manner. The philosophy, educational outcomes, and learning activities made sense to me. \_\_\_\_\_
2. The length of the program (2 levels/4 semesters) was realistic in helping me to meet educational outcomes. \_\_\_\_\_
3. Classroom and clinical experiences contributed to my achievement of the educational outcomes. \_\_\_\_\_
4. I was able to share concerns and/or suggestions for improvement with the nursing faculty or program leader. \_\_\_\_\_
5. The program adequately prepared me to take the NCLEX-PN licensure examination. \_\_\_\_\_
6. The program adequately prepared me to assume an entry level position as a practical nurse. \_\_\_\_\_

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**Program Outcomes**

7. Did you pass NCLEX-PN on the first attempt? \_\_\_\_\_ If not, did you retake it? \_\_\_\_\_

Note: If you did not pass NCLEX-PN, and you want the school to assist you in obtaining licensure, please contact us immediately (757) 892-3300

8. Are you working as an LPN now? If so, how soon after graduation did you begin to work as an LPN? \_\_\_\_\_ If not, in what role? \_\_\_\_\_

9. In which area are you currently working?

Med/Surg \_\_\_\_\_ Pediatrics \_\_\_\_\_ LTC \_\_\_\_\_ MD office/out-patient surgery \_\_\_\_\_

Mental Health \_\_\_\_\_ Maternity \_\_\_\_\_ Clinic/Urgent Care \_\_\_\_\_ Other \_\_\_\_\_

10. Is this your first job since graduation? Do you work full time or part time?

11. Do you believe the amount of work you are required to do is realistic?

12. What tasks are required of you?

### Educational outcomes

Below are the CSPN educational outcomes. In each box, place the number you feel best describes your belief:

**5 =strongly agree 4 =agree 3 =disagree 2 =strongly disagree 1 =unable to evaluate**

Educational Outcomes Upon completion of the program, the student will:	I feel this <b>outcome is realistic</b> for entry level practice	I feel <b>I met</b> this outcome.
1. Demonstrate technical skills, using the nursing process, in the performance of direct care to clients by: <ul style="list-style-type: none"> <li>• providing a safe environment.</li> <li>• performing skills safely and effectively within the scope of PN practice.</li> <li>• responding to objective and subjective symptoms.</li> <li>• adapting nursing care to meet changing client needs throughout the lifespan.</li> </ul>		
2. Use effective communication skills with clients, their families, and other health care personnel by: <ul style="list-style-type: none"> <li>• promoting physical and psychological comfort.</li> <li>• observing, reporting, and recording pertinent signs and symptoms.</li> <li>• establishing effective interpersonal relationships initiating client teaching.</li> </ul>		
3. Implement nursing care that is compassionate, legal, ethical, and culturally sensitive by: <ul style="list-style-type: none"> <li>• promoting dignity and respect (through verbal and nonverbal actions).</li> <li>• maintaining confidentiality.</li> <li>• demonstrating competent nursing skills (based on academic and clinical practice).</li> <li>• organizing work to meet client needs.</li> <li>• functioning cooperatively with members of the health care team.</li> <li>• following school and agency policies.</li> </ul>		
4. Engage in activities to develop academic and clinical competence by: <ul style="list-style-type: none"> <li>• seeking learning experiences (through educational opportunities at school and in the community).</li> <li>• participating in HOSA or student government activities.</li> <li>• participating in community health projects.</li> <li>• using available resources for client care and personal development.</li> <li>• taking responsibility for learning needs and meeting objectives.</li> </ul>		

13. I am satisfied with the nursing education I received at CSPN. \_\_\_\_\_
14. What did you like best about CSPN?
15. If you could make a reasonable request, what would you suggest to improve the program in these areas?
- a. nursing courses
  - b. clinical experiences
  - c. skills lab
  - d. computer programs/educational resources
  - e. schedules
  - f. other
16. Have you joined a professional organization? If yes, which?  
(ANA, NLN, NAPNES, VLPNA, other)
17. Are you currently pursuing formal education? If yes, where?
18. Are you active in community work? If yes, what?
19. Would you recommend CSPN to a friend?
20. Would you be interested in attending an annual alumni meeting?

***Thank you for completing this evaluation!*** You are not obligated to provide your name, but if you are interested in keeping in touch with the school, your name, address, phone number and email would be most helpful to us, even provided separately. We really like to know what our alumni are doing.

Speaking about that, **we would love to receive pictures, announcements, accomplishments, and news about what you are doing.** We want to keep track of our graduates and what they go on to accomplish. Please help us by keeping in touch.  
[gcaliwagan@nps.k12.va.us](mailto:gcaliwagan@nps.k12.va.us)