

Salem Hospital
Floating Guidelines – Attachment A
HOW WAS YOUR FLOAT EXPERIENCE?

Please tell us if your float experience was: **Good** **Bad** **Indifferent**

Please complete this survey and return it to the unit manager of the unit to which you floated. All issues will be followed-up. If you give us your name, you will receive feedback.

Name: _____ **Home Unit:** _____

Unit to Which Floated: _____

Shift: (*Circle One*): Day Evening Night

Are you a: (*Circle One*): RN LPN CNA UC MHA

Complete the items below using the following scale:

- 1 = *Strongly Agree*
- 2 = *Agree*
- 3 = *Neutral*
- 4 = *Disagree*
- 5 = *Strongly Disagree*

I was greeted by the charge nurse with kindness and respect _____

I was asked about my skill level and what I was comfortable doing _____

I was given an assignment I was capable of performing _____

I believe my assignment was fair and equitable _____

I was assigned a "Care Partner" _____

The "Care Partner" stayed in contact with me and acted as a resource _____

I felt that I had worked within my scope of practice _____

At the end of the day, I generally felt good about what I had done _____

Floating to that unit would be easier the next time _____

Circle the appropriate response:

I was told about the unit routines	Yes	No	Did not need
I was shown where supplies and equipment were	Yes	No	Did not need
I received a copy of "Notes for Floats"	Yes	No	Did not need

Comments: _____

NURSE MANAGER: Please track and trend, and initiate any corrective action as required.