



3 Month Transition Program
UMC Employee transitioning to GN/RN

| 1st Month Agenda | Mentor Initials |
|--|--------------------|
| Introduction | |
| Identify clinical area, start date, shift designation, preceptor, Nursing Director, and clinical background. | |
| Mentoring Program Overview – review policy (NA 162.0), expectations, sign contract. | |
| What activities do you like to do outside of work? | |
| Licensure Have you taken your NCLEX? When are you scheduled to test? Do you have a GN permit or RN license? **If failed: Switch to “ALTERNATIVE RN TO NT AGENDA” ** Did you turn your NCLEX receipts into Nursing Education? | |
| HR Benefits Have you turned in all your forms to HR for insurance? (31 days) Dress Code/T-shirt (Policy HR 0.5) | |
| Nurse Staffing: How does your unit staff? (Nurse Care Hours or Core Staffing) Nursing Care Hours: calculated based upon patient census How comfortable do you feel about staffing in your unit? _____ | |
| Computer Navigation Navigation of the UMC Intranet and UMC internet Workday Portal for HR/Benefit Information Do they know how to: <input type="checkbox"/> Locate Nursing Policies <input type="checkbox"/> Locate standing orders, consents, UMC forms, etc. | |
| Computer Documentation What is your comfort level with documentation via Cerner/INET? | |
| Staff Meetings Do you know when your departmental staff meetings are scheduled? 80% requirement | |
| Don't forget the “3 month Transition Contract/Agreement” form | |

 Mentee Printed Name Date

 Mentor Printed Name Date

 Mentee Signature Date

 Mentor Signature Date