

EAH Nurse Residency Conversation Tool

Resident's Name: _____ Date of Meeting: _____
Mentor's Name: _____ Resident's Unit: _____
Mentor's Unit: _____

This month's discussion topic (refer to Schedule): _____

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| <p>What are your thoughts on this month's discussion topic?</p> <p>What is one GOAL you would like to work on related to this month's topic?</p> |
| <p>How are you feeling overall?</p> <p>What skills do you feel confident in performing?</p> <p>What are skills you feel could use some improvement? Let's make a plan to help you overcome that:</p> |
| <p>Are there any specific issues you have run into and would like to discuss? (ex. difficulty communicating with providers or coworkers; managing time throughout your day; decompressing after a hard shift, etc.)</p> |

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| <p>What do you do in your free time? How do you manage stress? What brings you joy?</p> <p>What have you done this week that makes you proud of yourself?</p> <p>What is one way you can support yourself this week?</p> |
| <p>Do you have any ideas for a quality improvement project?</p> |

Nurse Resident Signature: _____

Mentor's Signature: _____

Managers Signature: _____

It is the Resident's responsibility to get a signature from each party, acknowledging what has been discussed, and have this form returned to Bekah King, Nurse Residency Coordinator, each month at monthly Residency meetings.