30-day check-in

Settle in and build a support network

Make expectations clear, recognize early progress, and find the barriers that need attention now.

Date: _____ Unit/area (optional): _____
Participants/roles: _____

Start with the nurse's experience

What is going well, and what helped you this month?

Which parts of the shift feel manageable, and where do you need more supervision or practice?

How well do your assignment and learning opportunities match your current orientation plan?

Who can you approach for help, and do you feel comfortable asking questions?

What is affecting your workload, recovery between shifts, or sense of belonging?

Check together

- ☐ Clarify the next learning goal and the support needed.
- ☐ Confirm the preceptor, backup contact, and escalation route.
- ☐ Check access to required learning experiences and feedback.
- ☐ Review any previously raised concern and agree on next steps.

Strength to build on / support needed

Agree on an action and close the loop

Action / support agreed	Owner / role	Due / review date

Next check-in: _____ Follow-up contact: _____

Flexible discussion guide, not a validated assessment, competency sign-off, or patient-care record. Follow local policies, orientation plans, supervision, escalation processes, and approved records. Do not include patient identifiers or sensitive personal details. Act on urgent concerns through local channels now; do not wait for a scheduled check-in.

60-day check-in

Review progress and remove barriers

Look for specific examples of growth, check the consistency of support, and adjust the learning plan together.

Date: _____ Unit/area (optional): _____
Participants/roles: _____

Start with the nurse's experience

What feels more manageable than at the last check-in? Give an example without patient details.

Where do prioritization, communication, or changes in workload still require coaching?

Are feedback and expectations consistent across your preceptors and shifts?

What learning opportunity or protected support has been difficult to access?

What would make the next month more sustainable, and is there an unresolved concern we need to address?

Check together

- ☐ Revisit the previous action: completed, in progress, or needing a different approach.
- ☐ Review learning needs against the approved orientation plan.
- ☐ Agree on who will resolve a barrier and by when.
- ☐ Confirm a route to discuss concerns between scheduled meetings.

Strength to build on / support needed

Agree on an action and close the loop

Action / support agreed	Owner / role	Due / review date

Next check-in: _____ Follow-up contact: _____

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90-day check-in

Plan support beyond the first three months

Recognize progress and agree on continuing support. This conversation does not determine readiness for independent practice.

Date: _____ Unit/area (optional): _____
Participants/roles: _____

Start with the nurse's experience

Which strengths can you describe from your recent practice, without including patient information?

What still requires supervision, additional learning, or a change to the support plan?

How will you access help when your usual preceptor is unavailable or formal orientation changes?

How connected do you feel to the team, and what would help you stay supported?

What are your next development goal and preferred date for another check-in?

Check together

- ☐ Review outstanding actions and confirm who owns each one.
- ☐ Keep competency decisions within the organization's approved process.
- ☐ Identify an ongoing educator, manager, mentor, or other support contact.
- ☐ Schedule the next conversation and communicate the agreed support plan.

Strength to build on / support needed

Agree on an action and close the loop

Action / support agreed	Owner / role	Due / review date

Next check-in: _____ Follow-up contact: _____

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