***Below is a summation the Program Evaluation by graduating students 2010-2011***

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| **Nursing Total Program Evaluation** |
| **Do you feel the required course materials were effective in your education?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree / Agree | 83.3% | 10 |
| Disagree | 16.7% | 2 |
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| **Do you feel prepared to utilize Roy's Adaptation theory in a clinical setting?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 75.0% | 9 |
| Disagree | 25.0% | 3 |
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| **Do you feel you have the analytical and critical thinking skills necessary for safe entry-level practice as a staff RN?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 91.7% | 11 |
| Disagree | 8.3% | 1 |
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| **Do you feel prepared to formulate nursing diagnoses and comprehensive care plans while ensuring safety, appropriate interventions, disease prevention and/or restorative measures?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 100.0% | 12 |
| Disagree | 0.0% | 0 |
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| **Do you feel prepared to teach patients and families on disease management, follow up, prevention, and safety?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 100.0% | 12 |
| Disagree | 0.0% | 0 |
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| **Do you feel informed and prepared in leadership and management skills including the delegation of tasks to UAPS and LVNs based on legal scopes of practice and regulatory mandates?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 91.7% | 10 |
| Disagree | 9.1% | 1 |
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| **Do you feel comfortable initiating actions to improve a patient's health care and to discuss decisions, which are against the wishes of a patient?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 91.7% | 11 |
| Disagree | 8.3% | 1 |
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| **Do you feel informed and prepared to practice within the legal and ethical parameters of a professional nurse?** |
| **Answer Options** | **Response Percent** | **Response Count** |
| Strongly Agree/Agree | 91.6% | 11 |
| Disagree | 8.3% | 1 |
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| Organization from all- ( need to make very clear objectives for class and outcome) NOT everything is critical  |
| Some instructors need to be more organized when it comes to lecturing and teaching us. I really disliked being taught by a DVD/ video during first semester. |
| Correlate more with ATI. I also think that the no tolerance cheating needs to be implemented stronger in the program. It has gone on way too long and nothing has been done about it since we were in the 1st semester. |
| Instructors to have active practice experience. It would have been nice to actually have supplies, especially in the first two semesters  |
| Preceptorship in 3rd semester , more hands on skills ,like the paramedic program . |
| Students to review their exams and rationales. More exams since the majority of the grade is based solely on exam grades. |
| Incorporate the assignment of nursing test taking that the ATI course has for the first semester students. A review of the question before the simulation would have been good to understand what to look out for during the simulation. |
| More of a professional attitude in the simulations. We are prepared and the teacher needs to sit back and watch us until we are finished so that we can learn from our mistakes and not feel so intimidated. In the classroom I think they need to lecture more off of the top of their head and not read the PowerPoint  |
| Go over our exams and discuss the question  |
| Covering material and concepts needed to be covered. Being clear about what assignments and readings need to done. |
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| **10. Looking back over the past 4 semesters, which clinical site(s) were the most memorable or most helpful to the development of your nursing knowledge/skills, and why? Please be specific.** |
| ECRMC primarily because of the staff and there willingness to help |
| all of them clinical section was helpful in every semester |
| Most memorable clinical sites were OB in El Centro, OR rotations in El Centro, API in San Diego, and Preceptorship in med-surg floor and ED in Brawley. Overall, the staff at both hospitals were accommodating to having students. The ED in Brawley allowed me to perform a lot of my skills. |
| I think the most memorable clinical areas were med/surg, err, the preceptorship, and home health. On med/surg you are able to obtain the necessary skills needed to function as a well prepared nurse on the floor. In the ER I was able to see life as it is a little more fast paced. You have to be prepared to think on your toes and things need to get done a little quicker than on the floor. The preceptorship during 4th semester was great, I think it was the best thing about the whole program. I learned a lot about what it is really like to be on the floor the whole 12 hour shift and what it is like to take care of the patients in the whole time frame. It's so much better than only being there for the 5 hours during clinical hours with our instructor. Home health was interesting as well because I was paired up a great nurse and he explained everything to me as we were seeing patients. its a new environment and it is important to know what its like to be outside of the hospital. |
| I enjoyed both hospitals. I didn't like API, however I felt it gave me a much more realistic impression of mental health. I LOVED THE PRECEPTORSHIP! I felt like everything came together and it made things so much more realistic! Maybe small exposure to physician's offices would be helpful. I also really like the urgent care clinic in Calexico. |
| Instructor sitting down with me on his own time and talking to me one on one ,in regards to what I should focus on and setting up a plan to accomplish my goals . |
| ECRMC was much more welcoming and the nurses were more willing to assist the students and explain the protocols of the hospital |
| I believe four semester simulation were more real to me we were able to put everything together. |
| ECRMC for me was a better experience because the nurses were more willing to help me and teach me. In Brawley I felt as if I was bothering the nurses and I never wanted to ask for help. I loved the med/surg and ER in ECRMC I felt I learned a lot and I got to practice a lot of my skills. |
| I think that med surg clinical experience is the most beneficial and the best learning experience  |
| Med-Surg and ER rotations were most helpful because each site focused on utilizing learned skills and over-all conditions of patients. Med-surg provided an experience in caring for various types of patients. |
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| **11. Looking back over 4 semesters, do you feel each semester had enough practice in the simulations labs, and why?** |
| Could have used more explaining of pathophysiology prior to the actual simulation - it really helped |
| independently clarify what do you want to get from the students and how can the students be prepare to actually get something positive form the experience |
| 3rd and 4th semesters we received a good amount of time in simulations. I feel that in second, we should have had a little bit more time because it would have prepared us for what we had to do in third and fourth. |
| I don't think simulations should be implemented until 2nd, things should be left the way they are now. students do not have the necessary skills to make the simulations go as needed. There could be more in 2nd and 3rd to get more hands on experience. |
| Yes, especially fourth. By the end, I was tired of them and they all started to feel the same. |
| No , 3rd semester needs more simulation lab . |
| No, first semester needs more practice of skills so that they are confident and do not forget the skills that are not as regularly used. Second semester should also have more simulations. |
| yes |
| I feel that 4th semester was the best when it came to simulations because we knew all of the skills and most of the scenarios we had seen in the hospital so we were more prepared so we felt more comfortable with the simulations. In 1st semester I didn't feel we should do simulations because we weren't prepared as to dealing with the patients yet so I feel starting simulations in 2nd would be better. Overall I liked simulations and I felt more comfortable as each semester went on. |
| yes |
| Yes, many simulations have covered various scenarios and were helpful. |
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| **12. How could the IVC Nursing Program improve to make better nurses? Please be specific** |
| there should be additional assessments done on newly learned material |
| explaining objectives, better organization. what as a nurse I really need to focus on |
| faculty more well rounded and current. More emphasis needs to be placed on NCLEX style test questions.  |
| Nursing administration should focus more on the students concerns and needs - a comment was brought up about pharm because the majority of the class was failing and administration said that pharm was used to weed out the bad seeds. I feel that the weeding out process is when people take the TEAS exam and the entrance process. once excepted into the nursing program I feel that the instructors should do what they can to nurture us into the best future nurses that we can be instead of beating our confidence down |
| IVC could actually enforce their 'no cheating policy'. Our class had cheating incidences in 2nd |
| By focusing on more preceptorships with the 3rd semester . |
| Encourage the students more. Instead of making excuses such as language barriers as to the reason why the majority of the class is failing. Be allowed to go over their tests and give rationales for answers so that the student can correct their train of thought. When students complain about faculty teaching strategies the staff should look into the reasons why the students are complaining instead of making excuses such as "many schools use this class to weed out their weaker students". If the majority of the class fails a test then the topic needs to be reviewed and the questions asked should be reassessed for clarity. |
| Strict with the policies that they set in place. We had cheating going on between a few students - 0 tolerance for cheating. Some new teachers because I feel some teachers are tired of teaching so they don't really care.  |
| checking the way that the instructors lecture and giving their exam |
| Can't think of any other improvements needed. |
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| **13. Do you have any other comments, issues, or concerns regarding the IVC RN program?** |
| I think that more interaction should be made or allowed to be made between student and teacher  |
| simply organization for lecture. I really feel I am figuring out what I need to learn because It is impossible to learn it all in 2 years example topic CHF definition, ss, causes, Nurse management, medical treatment |
| I think that the NLC needs to be a place of quiet study time and learning. I could not use the NLC because the staff running it was very loud at times, students would congregate and talk, and it was a poor learning environment. |
| The ladies in the front office don't get enough recognition :) I feel like I've grown a lot the last 2 years and truly feel as though overall the program is good. I just think everyone should take it seriously and act professional, students and staff included! |
| I would like to thank the entire nursing program. |
| Faculty should listen to the students when they are requesting clarification instead of making excuses!!! |
| The only concern I have is that during the program new things got add and they shouldn't have applied to the semesters that have past it. |
| Overall I think it is an ok program if they stuck to the rules that are here and the teachers cared a little bit more about teaching and not criticizing us then it would be a better program. This is a very hard program and sometimes I feel we don't get enough time between tests to prepare but maybe that's just my problem and not for the teachers to worry about. Overall I'm glad I came here and I hope one day IVC will have the accreditation that they use to. |