

Registered Nurse

Graduate Survey



Department of Nursing Education

Joliet Junior College

Nursing Graduates of Spring 2016

(6 - 9 month follow-up)

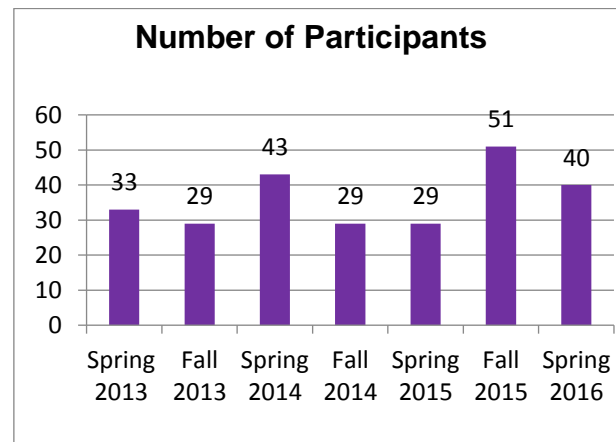
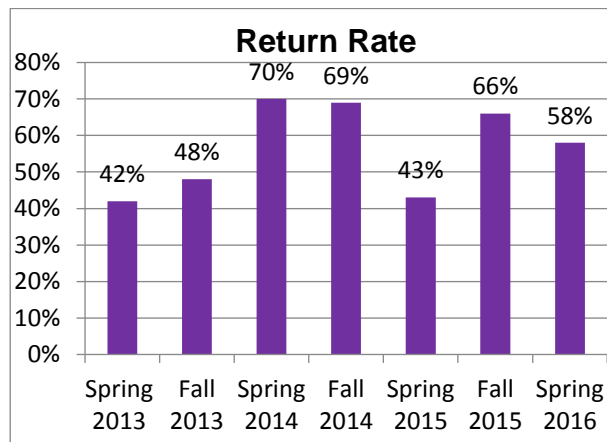


Introduction

Graduate surveys (obtained via Survey Monkey) are sent approximately six (6) months to nine (9) months after the student graduates, which made the target date in December 2016 for the graduating class of May 2016. The survey was sent out to sixty-nine (69) graduates on December 2, 2016 via the student's personal e-mail address, which they provided to us prior to graduation. On December 12, 2016 nineteen (19) graduates replied, so a reminder was sent. On December 20, 2016 thirty (30) responded and a final reminder was sent which indicated a closing date of December 29, 2016. On December 29, 2016 the survey was closed with forty (40) graduates participating. The overall response rate for this survey group is 58%.

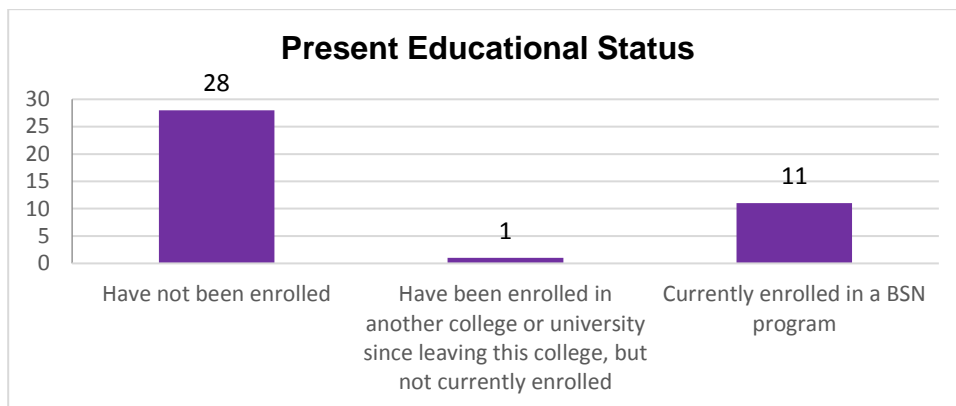
Please Note: graduate responses in quotations are reprinted as they appeared on the survey, including spelling and grammatical errors..

Historical Data Trends:



Results:

Educational status (40 out of 40 responded): 27.5% (n=11) indicated that they are enrolled in a BSN program. 70% (n=28) are not enrolled in a BSN program. Zero (n=0) of responding graduates is currently enrolled in a RN-MSN program and 2.5% (n=1) have been enrolled in another college or university since leaving this college, but not currently enrolled.



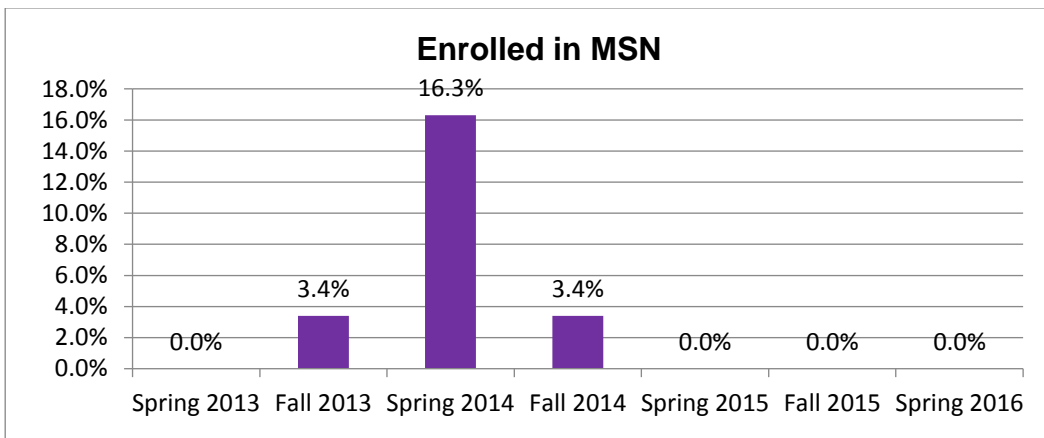
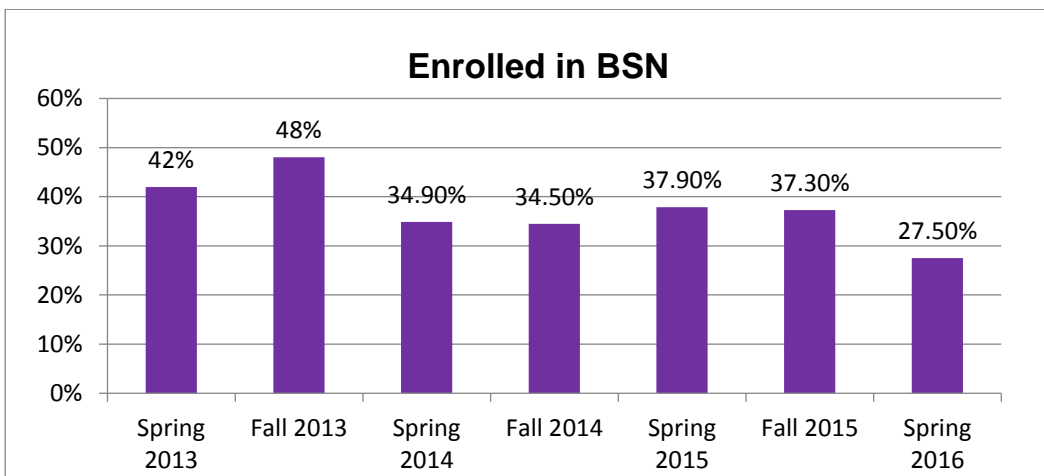
Enrollment in a BSN program by educational institution (11 out of 11 enrolled responded): 36% (n=4) were enrolled at Purdue/Purdue Calumet; 9% (n=1) enrolled at Benedictine University; 9% (n=1) enrolled at Resurrection University; 9% (n=1) enrolled at Aurora University; 9% (n=1) enrolled at Loyola University; 9% (n=1) enrolled at Illinois State University; 9% (n=1) enrolled at Saint Anthony College of Nursing; 9% (n=1) enrolled at Chamberlain.

When asked why they were not enrolled in a BSN program, thirty-six (36) graduates responded. Nearly 45% (n=12) cite too many family responsibilities; 23.9% (n=7) cannot afford school right now; Nearly 4% (n=1) are not motivated to continue education; almost 19% (n=5) indicate that it is not required by their employer; and 40.7% (n=11) reported “other” stating the following reasons:

- *“Going back this coming year. Was adjusting to work first”*
- *“I want to get some experience as a med surg nurse before starting school for RN to BSN”*
- *“Completing pre-requisites at JJC before applying to Purdue RN to BSN program”*
- *“Want to get established in my career before adding on more school/stress”*
- *“My current facility does not offer tuition reimbursement”*
- *“Getting acclimated to my new job first and then I plan on starting school for my BSN”*

- *“It took me so long to find a job that I missed registration”*
- *“Too busy with work”*
- *“Wanted to get a few months of nursing under my belt first. Didn’t want to overwhelm myself starting a new job and school”*
- *“Signed contract for BSN by 2020”*
- *“Trying to get adjusted to two kids now and working full time. Also, building a house and living with family right now....”*

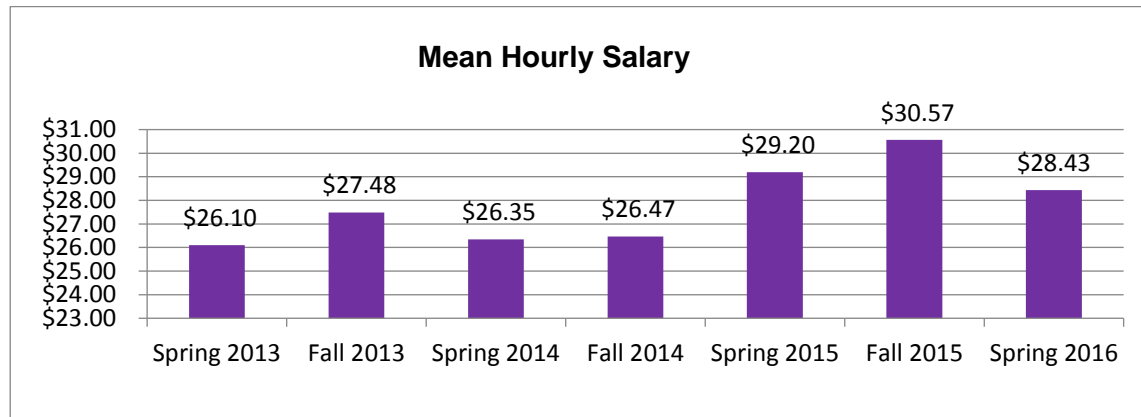
Historical Data Trends:



Hourly salary (37 out of 40 responded) before deductions (does not include overtime).

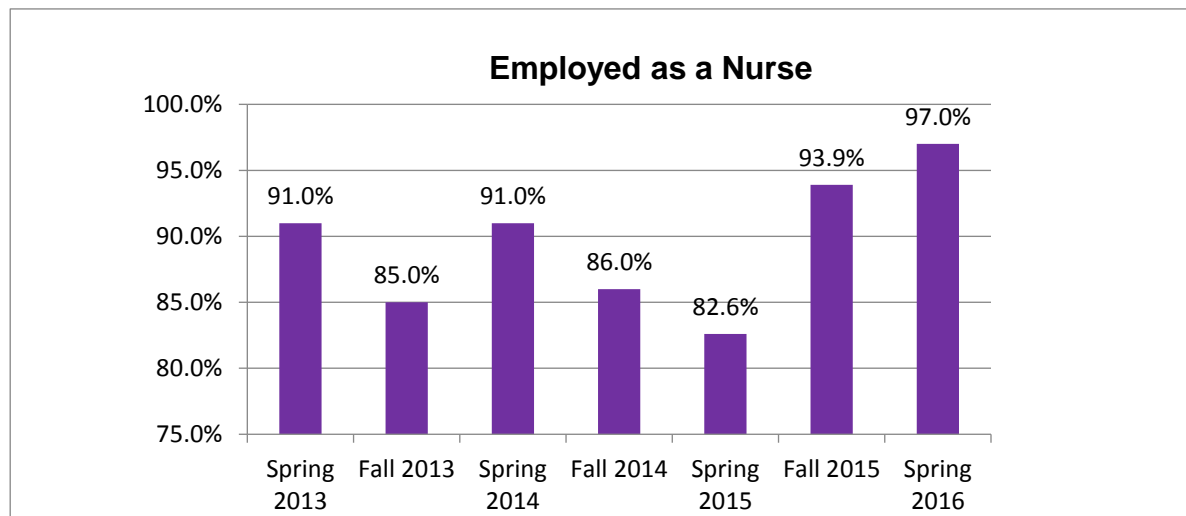
Range of responses: \$21.00 to \$40.00 per hour, with an average of \$28.43 per hour.

Historical Data Trends:



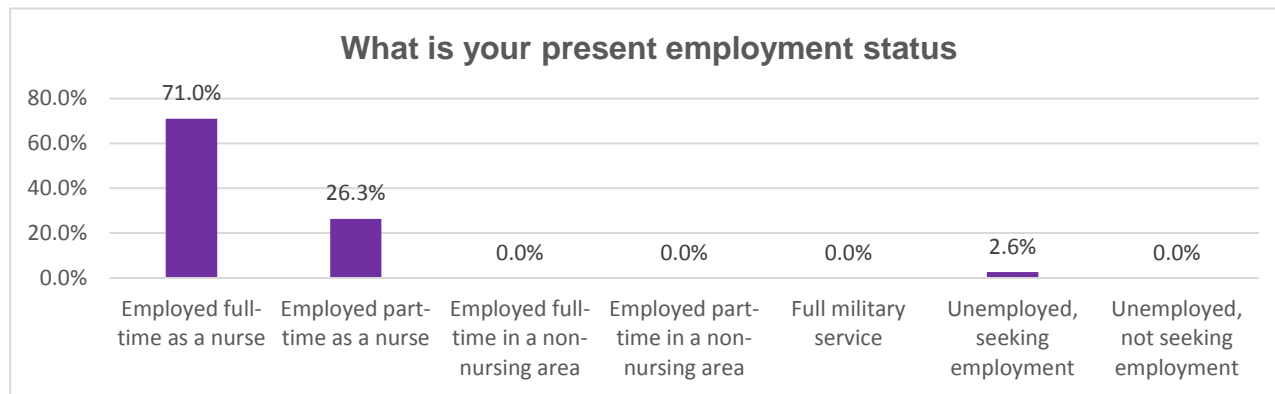
Employment status (38 out of 40 responded): 97% (n=37) of the graduates were employed as a nurse. With, 71% (n=27) full time and 26.3% (n=10) part time. Employment in a non-nursing area was 0% (n=0), 0% (n=0) was currently enlisted in full time military service, unemployed seeking employment was 2.6% (n=1), and unemployed not seeking employment was 0% (n=0).

One comment was provided by the graduate to state; *“Currently working full time under my LPN license. My employer will not hire me as an RN. Working part-time as a RN”.*



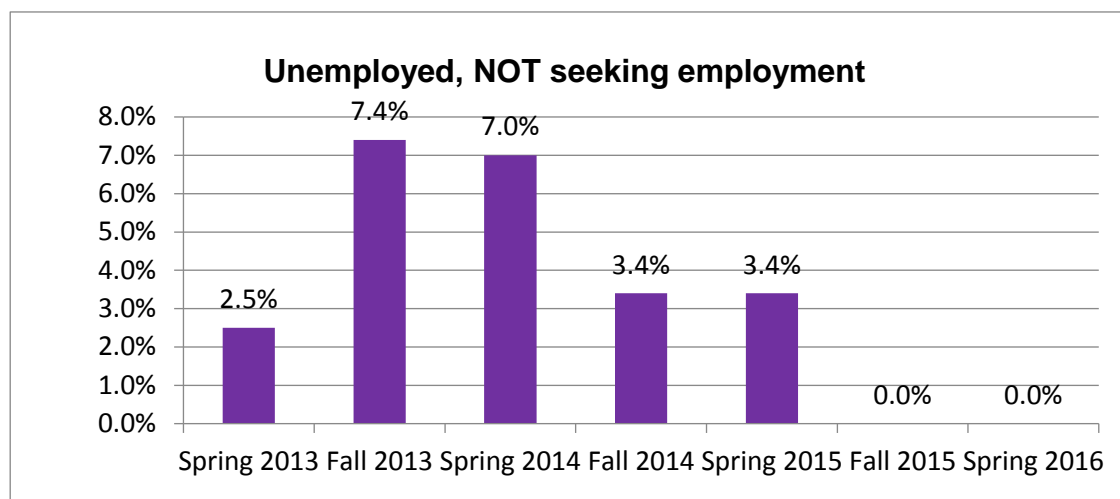
If unemployed as a nurse, but seeking employment: One (n=1) graduate commented:

“No nursing experience and/or not BSN prepared” as the reason.

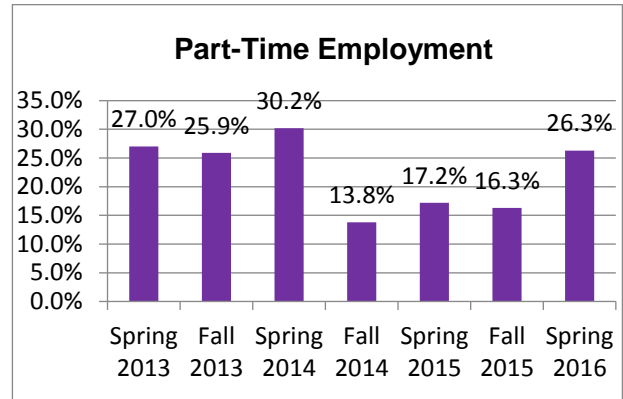
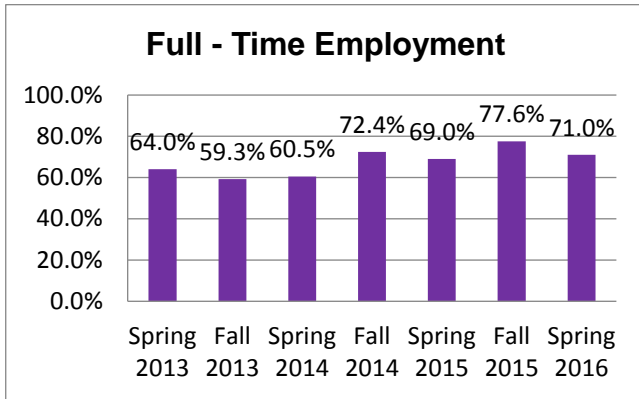


If unemployed and NOT seeking employment. There are no graduates in this category this reporting cycle.

Historical Data Trends:

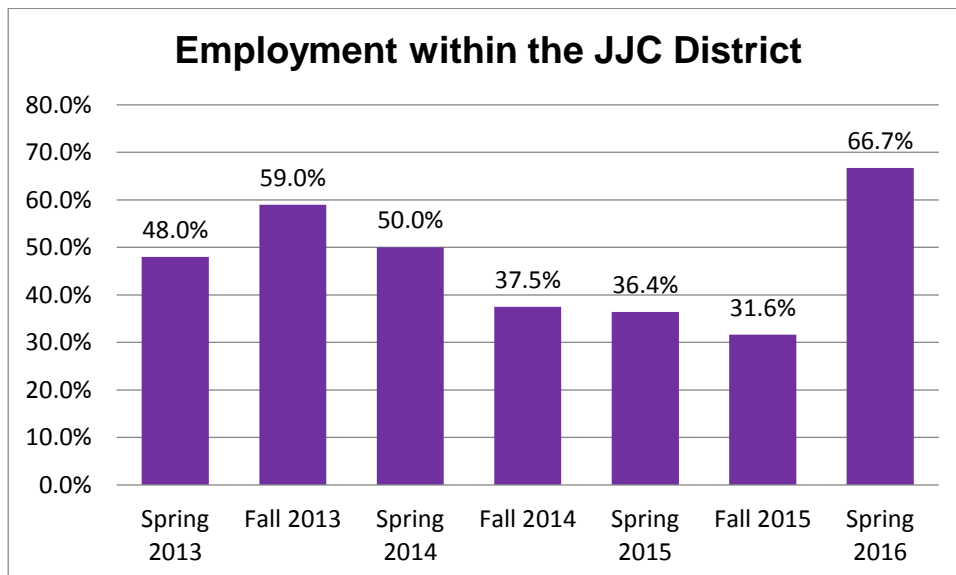


Historical Data Trends:

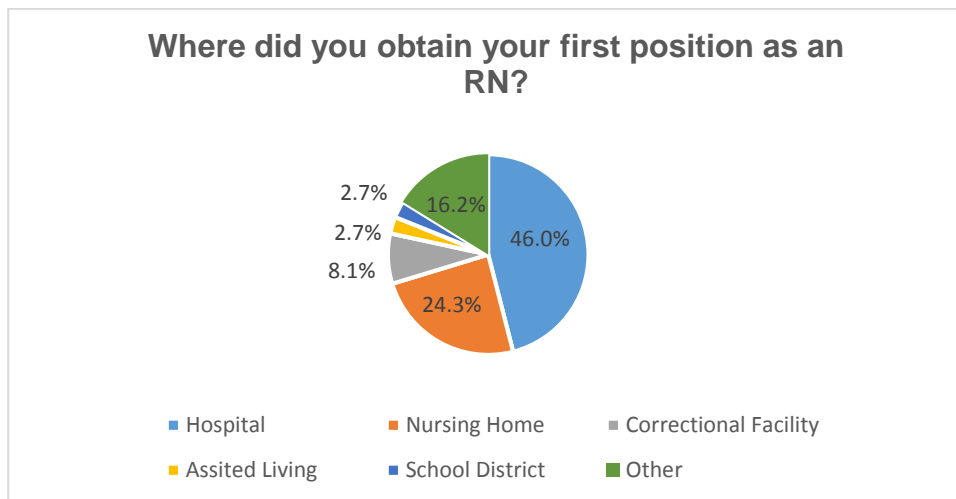


JJC Community (33 out of 40) responded: employment within the JJC community district is 66.7% (n=22) and 33.3% (n=11) outside the JJC community district. Previously, we asked the graduates if they worked in or out of district. Since the in-district numbers were decreasing, the nursing faculty decided to just ask what city they are employed in. The faculty felt that some students may not be fully aware of how large the JJC district really is, thus they may had thought that they worked out of district if they did not work in the immediate Joliet area.

Historical Data Trends:

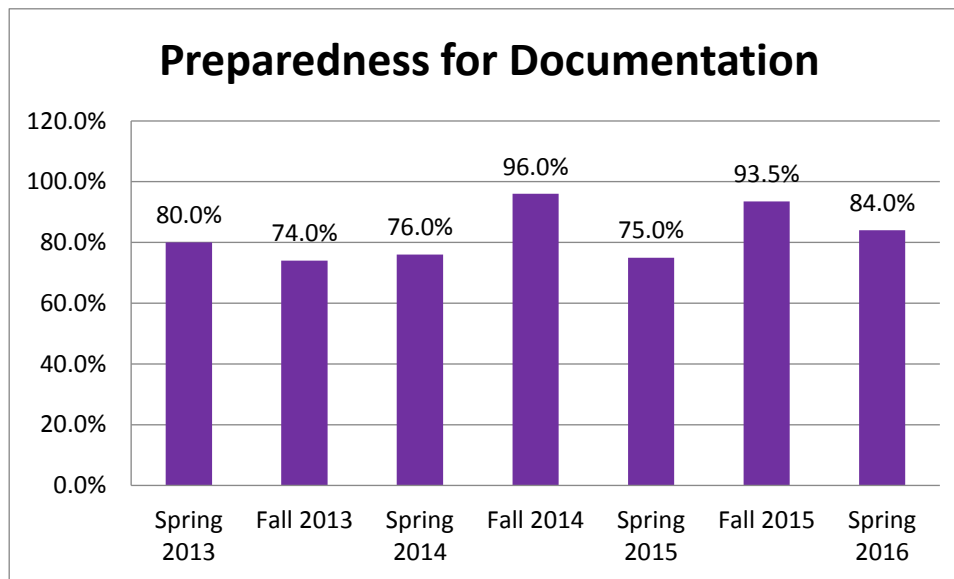


First position as a nurse: Of the thirty-seven (37 out of 40) graduates who answered this question; 46% (n=17) obtained their first RN job in the hospital, 24.3% (n=9) in the nursing home, 8.1% (n=3) in correctional services, 2.7% (n=1) in assisted living, 2.7% (n=1) in a school district, and 16.2% (6) in other areas (four in a rehabilitation facility, one in a long term acute care (RML) facility, and one in a skilled nursing facility).



If your first position as an RN was in the hospital, what unit or specialty? Seventeen (17) graduates responded: 35.3% (n=6) on a medical/surgical unit, 17.6% (n=3) on a telemetry/cardiac unit, 11.8% (n=2) on a Obstetrics/Labor & Delivery unit, 11.8% (n=2) in critical care unit, 11.8% (n=2) in neuro unit, 5.9% (n=1) in the emergency room, and 5.9% (n=1) in surgery.

How well prepared were you in your job as a registered nurse related to documentation? (37 out of 40 responded). The nursing faculty identified in recent graduate surveys (4 out of the last 7) that documentation consistently scored at or below our expected level of achievement (ELA) of 80%. The nursing program does provide practice documentation in each semester, but the faculty were not sure why the students rated this area as “somewhat unprepared” or “very unprepared”. Thus, the faculty decided to ask a specific question about documentation and provide a commentary section to find out more specific needs/concerns beginning with the fall 2015 graduates (previous survey) in order to make changes in the program regarding documentation.



As this graph demonstrates, we have reached our expected level of achievement (\geq to 80%). However, 16% (n=6) rated preparedness for documentation as “somewhat unprepared”.

Comments:

- *“My own insecurities make me feel somewhat prepared”*
- *“I don’t believe this is completely the program’s fault. Every facility is going to have their own software/program where documentation is utilized which made the learning curve difficult. However, as far as nurse’s notes and different abbreviations I think we could use more preparation”*
- *“Really just learning the system used at the facility”*
- *“Since perioperative nursing is extremely specific, it is almost impossible to cover all the skills required to be successful immediately after graduating. Thankfully, many of our skills learned at JJC pertained to sterility, but there is quite a bit more needed to learn while working in the field”*
- *“I don’t think you ever feel truly prepared as you really are. The knowledge base is there, but it’s the confidence that makes you prepared”*
- *“It’s difficult to be very prepared when there are so many different documentation systems and each facility has their own protocols. As for WHAT to document, I felt very prepared”*
- *“Each facility documents differently and there is no way to prepare for that until you learn it first hand”*

- *“Every facility has a different way or program so not sure how the school could have prepared better other than to maybe have a few of the more commonly used charting systems available but I’m sure that would be expensive”*
- *“I feel documentation is an area of weakness for me but don’t blame JJC, there is no possible way to teach any style of documentation other than general because all facilities, clinics, offices, etc.. have different documentation systems”*
- *“I believe more attention to this will aid future grads”*
- *“I still have a hard time keeping nurses notes short and to the point. I still question if I am adding enough information or if I am leaving something important out”*
- *“I still feel I am improving that skill”*

Update: The nursing faculty in collaboration with CIOS at JJC have created a computerized documentation system which was piloted this past spring 2016 semester and will be slowly integrated into the program- while working out the “bugs” by the start of our new curriculum in Fall 2018. In the meantime, each semester of nursing has agreed to slowly incorporate the documentation system into clinical or simulation experience to identify any gaps or corrections needed in general nursing documentation.

How well prepared were you in your job as a registered nurse related to the following? Graduates (33 out of 40) responded: Expected level of achievement (ELA) is 80% for each line item for responses “Very Prepared & Somewhat Prepared”. We reached our ELA for each line item.

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared	Rating of Very Prepared & Somewhat Prepared
Nursing Skills (catheterization, IV, IM, suctioning, etc)	19	14	0	0	100%
Utilization of the nursing process	28	5	0	0	100%
Delegation skills	14	17	2	0	94%
Patient/family physical assessment skills	25	8	0	0	100%
Patient/family psychosocial assessment skills	23	9	1	0	97%
Patient/family spiritual assessment skills	21	12	0	0	100%
Nursing care prioritization	24	9	0	0	100%
Cultural competence	20	13	0	0	100%
Using evidenced based practice in patient care	26	6	1	0	97%
Critical thinking skills	22	10	1	0	97%
Patient communication skills	25	8	0	0	100%
Legal/ethical issues	21	11	1	0	97%
Clinical decision making skills	22	10	1	0	97%
Patient/family teaching skills	24	9	0	0	100%
Collaboration with other healthcare members	20	12	1	0	97%
Medication knowledge/skills	20	12	1	0	97%
Patient safety issues	29	4	0	0	100%

Comments from graduates on preparedness:

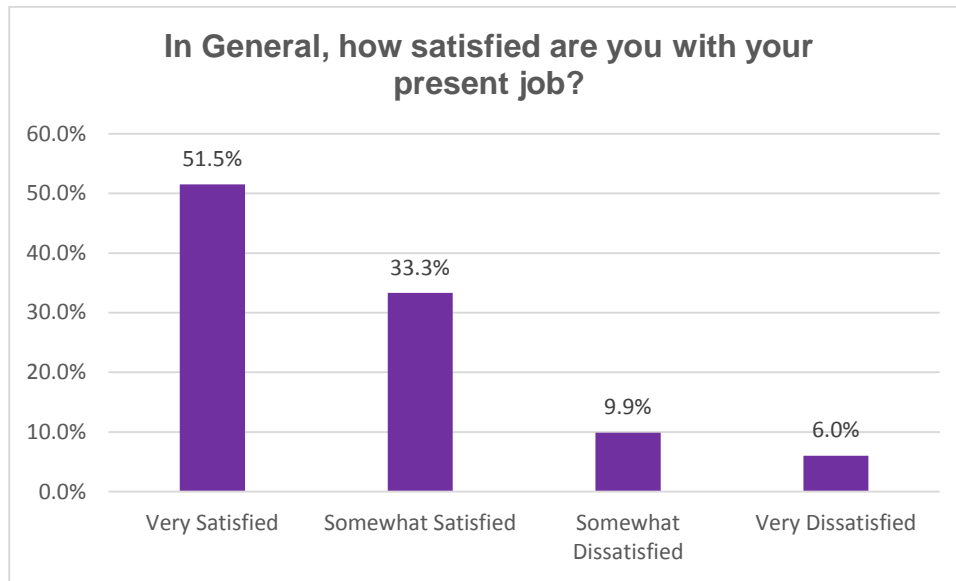
- *“I am still working on how to speak with others. I am also working on delegation and taking more of a leadership role. It’s my comfort level”*
- *“Anything that I felt was “somewhat prepared” is related to lack of experience, not necessarily a lack of knowledge. I will continue to improve as I continue to work at the clinical bedside”*
- *“These areas I think are areas that take time to perfect so any new nurse is going to feel “somewhat unprepared”. Possibly some more exposure could help though”*
- *“Some of my difficulties as a new RN are that it is difficult to know how to appropriately delegate things to my CNA’s. How do I ask them professionally? I also have issues with medication knowledge. For example, I understand that metoprolol is an anti-hypertensive but what TYPE? Another example, metoprolol succinate vs metoprolol tartrate- what’s the difference? I think this is due in part to the placement of pharmacology class in our first semester. I know that I was overwhelmed with all my other responsibilities and changes during that time, so my focus was not on my pharmacology and as such, my medication knowledge has suffered”*
- *“Spiritual and cultural competence takes time to acquire as you work with different populations. It would be impossible to be very prepared leaving nursing school, as I feel these things are life skills that you learn as you interact with clients of different religions and cultures. I felt school taught me to be very aware of the importance of learning about being aware of those differences and trying to be sensitive to those things when working with clients”*
- *“I know we will get on the job training, but I think IV insertion opportunities in clinical would have been beneficial as well as giving us a chance to communicate with doctors more. I think that is what I was the most nervous about was talking with drs. Even if in sim lab we had practice taking phone calls from “doctors” so we could practice what info we should have ready for the dr as well as practicing SBAR skills and verbal read back skills”*
- *“I was really hoping never to suction a patient, until I had to suction a patient. Also how to straight cath a fighting, punching, swearing 95 something woman. And how to draw blood from a PICC. Also, and lastly how to insert an IV, the lab was great but nothing can replace the real event and learning actually doing it”*

- *“I still do not have confidence in myself to put very prepared. I feel nursing school prepared me as good as it possibly could, however, I feel confidence in myself and knowledge comes with experience”*
- *“Clinical decision making in the real world is a very hard call to make! I have learned more when I started to work. Sim lab is very important for those situations”*
- *“I think many aspects of being a great and prepared nurse will come with time and experience. I still am learning so much about managing the various aspects of my job with my large patient load, and patient assessment skills under time constraints. Along with that comes critical thinking and quickly being able to determine problems and what to do. I am still working on it all”*
- *“One of the hardest things for me to grasp is the big picture. I am getting better though. Now I am able to know what if a pt comes in with cellulitis that I need to know how bad the infection is (do I have blood cultures, how is their white count trending, etc), I am assertive in asking ID (infectious disease) what about our ABX course will be (will they be able to go on PO or will they be IV for a while) will they need SNF vs. home health, do I need a PICC consult? I am better at knowiing what is next but I am still stumped here and there. Putting everything together is what has been my challenge. I am very pleased the I was an SNA for three years prior to graduating, I believe it made my transition into nursing much easier especially because I work at the same facility”*

Historical Data Trends:

	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
Nursing Skills (catheterization, IV, IM, Suctioning, etc)	97%	96%	92%	100%	92%	97%	100%
Utilization of the nursing process	100%	96%	95%	100%	100%	100%	100%
Delegation skills	90%	87%	81%	87%	90%	92%	94%
Patient/family physical assessment skills	97%	96%	97%	100%	100%	100%	100%
Patient/family psychosocial assessment skills	97%	91%	97%	96%	100%	100%	97%
Patient/family spiritual assessment skills	90%	91%	92%	92%	92%	92%	100%
Nursing care prioritization	100%	91%	92%	100%	92%	100%	100%
Cultural competence	93%	91%	92%	100%	100%	100%	100%
Using evidenced based practice in patient care	93%	96%	92%	100%	92%	100%	97%
Critical thinking skills	97%	91%	92%	100%	96%	100%	97%
Patient communication skills	100%	96%	97%	96%	100%	97%	100%
Legal/ethical issues	93%	91%	89%	79%	92%	95%	97%
Clinical decision making skills	90%	96%	92%	100%	88%	100%	97%
Patient/family teaching skills	90%	96%	92%	92%	100%	100%	100%
Collaboration with other healthcare members	90%	87%	89%	96%	92%	97%	97%
Medication knowledge/skills	87%	87%	86%	87%	92%	100%	97%
Patient safety issues	100%	96%	97%	100%	100%	100%	100%

Job Satisfaction (33 out of 40 responded): 51.5% (n=17) are very satisfied. 33.3% (n=11) were somewhat satisfied, 9.9% (n=3) were somewhat dissatisfied, and 6% (n=2) were very dissatisfied.



If dissatisfied, please indicate why (8 responses):

- *“Have been currently employed at my job for 14 years and they are unwilling to hire me on as an RN. The position I was able to pick up as an RN-part-time in corrections- I was unable to keep the d/t scheduling conflicts”*
- *“The dynamic of teamwork at my facility is very poor. It carries over from management and throughout each shift. I also think their new grad orientation is very poor and isn’t setting the new grad up for success”*
- *“High ratio, nurses doing social/case management work, too many follow ups, broken equipment, never can get out on time, poor food for patients, facility is a one star facility”*
- *“Mostly just the hours and lack of employee support”*
- *“The place has more positions available in proportion to patients”*
- *“I no longer want to work in long term care. My goal is to obtain a hospital position”*
- *“There are some aspects I dislike, especially the larger patient load and higher acuity, not feeling like I have the time to really assess and being thorough with my care. I rush all day, and I have already made a med error for which I was written up. I do like my management and the residents I care for. Ideally eventually I would like to pursue another job at a hospital more in line with my interests after a year. But I am learning a lot in my present job”*

- *“I love my unit and my manager! It is nice to have a home after floating for three years as an aide. I have seasoned nurses that I can trust and go to when I need to collaborate and my manager is attentive to my needs. I am also in a new grad program and my coordinator is amazing and looks out for my best interests and provides tons of education!”*

Overall satisfaction with JJC services (34 out of 40 responded): Expected level of achievement (ELA) is 80% for each line item for responses “Very Satisfied & Somewhat Satisfied”, if students marked N/A in respective areas, that data was excluded- ELA reached in all areas.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A	Very to Somewhat Satisfied
Financial Aid	18	3	2	1	10	88%
Advising	16	11	0	0	7	100%
Career Planning	13	9	1	0	11	96%
Transfer Planning	9	9	2	0	14	90%
Counseling	12	8	0	0	14	100%
Tutoring	16	3	1	0	14	95%
Library	19	5	0	0	10	100%
Student Activities	13	8	0	0	13	100%

If unsatisfied, please indicate why (3 responses)

- *“I feel that transfer planning was not a large focus during the JJC nursing program. By the time that it was really mentioned, it was our last semester. If I had known that there would be additional prerequisite classes needed to transfer to a BSN program, I would have taken them throughout the nursing program instead of after the fact. Now, I feel like I’m playig catch up. I wish transfer planning and school fairs were emphasized earlier in the program”*
- *“Financial Aid- was unable to get a loan for the full amount of 150 & 160 due to a max loan amount below the cost of school/books”*
- *“I feel that we need more options or more opportunities to meet with other schools. A lot of my research I have done on my own”*

Historical Data Trends:

	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
Financial Aid	95%	89%	100%	89%	100%	90%	88%
Advising	96%	79%	96%	88%	75%	88%	100%
Career Planning	70%	72%	91%	77%	89%	82%	96%
Transfer Planning	95%	73%	89%	92%	79%	91%	90%
Counseling	89%	80%	100%	92%	85%	92%	100%
Tutoring	88%	87%	93%	100%	100%	89%	95%
Library	100%	91%	97%	100%	95%	94%	100%
Student Activities	100%	92%	90%	100%	94%	96%	100%

Reflecting on JJC’s nursing program, please rate your satisfaction with the following items: (34 out of 40 responded): Expected level of achievement (ELA) is 80% for each line item for responses “Very Satisfied & Somewhat Satisfied”. ELA was met.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Very Satisfied & Somewhat Satisfied
Content of courses in the nursing program	28	6	0	0	100%
Lectures, lab experiences, group projects	23	10	1	0	97%
Nursing Lab Services- tutoring	27	7	0	0	100%
Nursing Lab Services- skills practice	25	9	0	0	100%
Clinical experiences	16	16	2	0	94%
Equipment, facilities, & materials	29	5	0	0	100%
Simulation experiences	22	9	2	1	91%
ATI (Assessment Technology Institute) testing	24	6	3	1	88%
Preparation for employment as a registered nurse	25	8	1	0	97%
Preparation for further education	25	6	3	0	91%
Information on current employment opportunities/trends	25	8	1	0	97%

If unsatisfied, please indicate why (9 responses):

- *“I feel ATI RN predictor in the 4th semester should not break or make you if you didn’t achieve the overall needed points to pass the semester and graduate. With my experience and my anxiety getting to me I was in a tuff, stressful situation. I am truly thankful for given the opportunity to sit and retake the ATI RN predictor multiple times but I feel it should not have been so many points worth. My 3rd or 4th time taking it (I don’t remember exactly how many times) should not determine if I will pass NCLEX the first time around. Yes... I did not get 90% the first time, but sure did pass my RN NCLEX boards the first time around with receiving all 265 questions. Nursing school is stressful enough and I feel that the RN predictor should not make or break you being your last semester”*
- *“Not really supported getting nursing jobs after graduating”*
- *“Clinical experiences are something that the professors cannot control, however, some of the preceptors and nurses assisting in the clinical experience leave much to be desired (PSJMC)”*
- *“I appreciated my clinical experiences greatly; however, I feel that it might have been more beneficial to emphasize RN reporting skills (for instance, RN student having to give report to the unit RN taking care of our patient). I also think that it would have been beneficial for us to follow an RN around for a day instead of being assigned a patient to care for. I think that simulations were amazing! I feel like they should be emphasized and utilized more frequently throughout the semester. Even if it’s something that the students are allowed/have to complete on their own time (instead of class time). Again, I feel like the transfer planning should have been emphasized earlier in the program and possibly having the school fair from our last semester changed to be in our second or third semester to allow us time to prepare and complete prerequisites classes”*
- *“I wish more clinical time was possible”*
- *“The skills lab did not always have everything you needed to practice some skills, like starting IV’s, or the correct syringes for practicing drawing up various medications. Otherwise, it was a great place to practice most skills. I personally do not care for group projects as they consume a great deal of time and some people always do the majority of the work while others skate by and get the same grade as the one who did all the work. I think group projects should get individual credit. Also, most projects and papers are given a subjective grade, so depending on the instructor; some are graded harder than others. I think papers and projects should be graded blindly and rotated through the instructors. Perhaps one instructor would grade the papers for the section while another instructor grades all*

presentations. So each student in the class is getting graded by the same instructor for paper or a project”

- *“I wasn’t dissatisfied really. However, clinical experiences at times I felt my time was utilized as a CNA role. Not that I am complaining because I feel every Nurse should be required to be a CNA first just because we need to know and appreciate the hard work CNA’s do. Still I felt we should have gotten more opportunities to perform nursing duties. Focus more on assessment, meds, IV’s, etc.”*
- *“I loved this program. Hard and rigorous, but necessary”*
- *“I honestly really loved JJC’s program. I think the clinical experiences and the instructors (nearly all) were fantastic and really cared about seeing the success of the students. I am proud to have received nursing education from this school”*

Historical Data Trends:

	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
Content of courses in the nursing program	100%	100%	100%	100%	96%	100%	100%
Lectures, lab experiences, group projects	97%	100%	95%	100%	96%	98%	97%
Nursing Lab Services- tutoring	94%	92%	95%	100%	100%	100%	100%
Nursing Lab Services- skills practice	87%	88%	84%	100%	100%	100%	100%
Clinical experiences	84%	88%	86%	94%	88%	98%	94%
Equipment, facilities, & materials	94%	100%	95%	100%	100%	100%	100%
Simulation experiences	71%	83%	84%	94%	88%	95%	91%
ATI (Assessment Technology Institute) testing	94%	96%	100%	100%	96%	93%	88%
Preparation for employment as a registered nurse	90%	79%	92%	88%	92%	100%	97%
Preparation for further education	97%	88%	95%	94%	96%	100%	91%
Information on current employment opportunities/trends	74%	67%	78%	88%	92%	100%	97%

Comments made by graduates that was not addressed in the survey are noted below (22/40 responses)

- *“Less points or no points for ATI RN Predictor”*
- *“I wish that the evening program was open to more students”*
- *“Sims was a nightmare! Clinicals I liked the preceptor experience. Let’s do more of that. The other times I felt like a glorified CNA. Maybe more experience outside the hospital- home care, office, community”*

- *“I miss going to JJC’s nursing program. I wish I could complete my BSN with the nursing faculty at JJC. I had the best experience and truly miss seeing my instructors”*
- *“I think this program is wonderful. I truly feel I was prepared for borads and being able to adjust to the workplace. Only 5 months in and I am head of a department at my workplace!”*
- *“Working as a nurse with a full patient team”*
- *“I love the JJC nursing program professor and other faculty!!! I cannot think of one negative experience with any of them ☺ So great to have educators out there that love what they do”*
- *“Not having our ATI scores being held by Paul where we have to go into his office to see if we passed”*
- *“I just wanted to mention another thing. I feel like doctor reporting should be emphasized a bit more as well. Where I work, most doctors don’t want SBAR and they can be very short on the phone. Learning how to combat that would be helpful”*
- *“My JJC nursing school experience was incredible and I wouldn’t change any of it”*
- *“A breakdown of all of the expenses required for 4th semester, i.e pins, pictures, license, etc. It would have been nice to have a better idea of the money needed to test and all“*
- *“ I felt prepared after JJC program, I am hoping to continue my career at Elmhurst Memorial Hospital after my interview on Friday”*
- *“I appreciate how much time and effort JJC nursing puts into their program. I really do feel that you listen and make changes to improve the program. I am so proud to have attended JJC nursing program. This program turns out top notch nurses. Please don’t ever start making it easier to get into the program. Your reputation as a top notch nursing school is too important to start “dummying down” the program or requirements. Your instructors care and it shows”*
- *“As students, we need more clinical experience, program theory is great. I was ready for NCLEX, but I feel we need more clinical, hands on experience”*
- *“I do feel taking the CNA course should be a prerequisite to the nursing program, I noticed quite a few of my peers struggle with some basic care skills”*
- *“Very happy with the JJC experience”*
- *“My only concern I had and I was thankful I did not have clinical instructors like that but the ones that teach by intimidation, are really doing a disservice to the students. They should be building their students up not tearing them down and making some cry. Unfortunately I had a few friends that experienced this and it really kills self esteem and confidence. Big difference between tough love and intimidation”*

- *“I passed NCLEX on 7/5/16, I only had 74 or 75 questions. Shortly thereafter I moved and got a job and all was chaos. So I’m grateful for this opportunity to let JJC know that their program was amazing”*
- *“Great Program!”*
- *“I think ATI could have fewer points associated with it. I understand the need and how it helps prepare us for testing, but I don’t think the amount of points allotted really reflected on why I was successful, if that makes sense”*
- *“The only thing that I wish was different is that instead of being given one pt in the last semester during clinical, it would be nice if you just followed a nurse and saw the whole picture and you were able to have a pre and post conf. Based on what you learned that was new. I feel like shadowing a nurse and doing skills with him/her would be SO eye opening”*

Addendum:

- The nursing evaluation committee will be looking at:
 - The length of our survey. Even though 40 students initially responded, by the end of the survey, only 33-34 answered our questions.
 - Will be evaluating whether documentation question will continue to be a standalone question or be integrated back into overall preparedness as the ELA has been met for the past 2 survey cycles.
 - Try to gather more specific items that the graduates feel would have made the program better.

Respectfully Submitted,

Mary Magruder

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