

Course Report for Courses with Clinical/Practicum Components

End-of-semester course reports for each NRSNG course should contain each of the following completed tables/information. Faculty may add any additional information.

A. Course information

Course title	N 4980 (spring 2020 – new course with new outcomes)			
Course faculty	Faculty	Responsibility		
	Laura Darby	1/3 content		
	Josie Doss	1/3 content		
	Talecia Warren	1/3 content		
Clinical faculty	Faculty	Assignment (site/unit/other)		
	Laura Darby	Clinical Supervision: 2.5 student groups Team Stepps: Assistant and Master Trainer Stop the Bleed: Assistant		
	Josie Doss	Clinical Placement: Lead Clinical Supervision: 2.5 student groups Team Stepps: Lead and Master Trainer Stop the Bleed: Lead Course Reports and Surveys		
	Talecia Warren	Clinical Supervision: 2.5 student groups Team Stepps: Assistant Stop the Bleed: Assistant Simulation: Lead Diversity Training: Assistant		
	Sterling Roberts	Simulation: Lead Diversity Training: Lead		
Evaluations ___ Evaluations reviewed by course team	<input checked="" type="checkbox"/> All preceptors qualified or ___ n/a <input checked="" type="checkbox"/> Students evaluated clinical sites <input checked="" type="checkbox"/> Students evaluated preceptors or ___ n/a <input type="checkbox"/> Students evaluated part time faculty or ___ x_n/a <u>Comments:</u> Many students did not have an opportunity to participate in bedside clinical experiences due to the COVID-19 pandemic			
Clinical Experiences	Clinical Site/Experiences	#Hours	Was the clinical site evaluated for appropriateness?	Should GCSU continue to use site/assignment for this course?
	TeamSTEPPS	12	yes	yes
	Simulation	6	Yes	yes
	Older Adult Assessment	12	Assignment not site	yes
	Diversity Training	10	Yes	Yes
	Stop the Bleed	8	Yes	Yes
	COVID-19 Case/Debrief	6	Yes	Yes
	Maternity Case Study/V-sim/Debrief	5	Experience/yes	optional
Pediatric Case Study/V-sim/Debrief	7	Experience/yes	optional	

	GI/GU/Endocrine Case Study/V-sim/Debrief	16	Experience/yes	optional
	Neuro/Resp Case Study/V-sim/Debrief	17	Experience/yes	optional
	CV/Musculoskeletal Case Study/V-sim/Debrief	12	Experience/yes	optional
	Gerontology Case Study/V-sim/Debrief	11	Experience/yes	optional
	IV Skills	8	Assignment not site	Yes (skills day)
	Physical Assessment Project	8	Assignment not site	yes
Collaborative Practice	Discuss how the experiences in this course foster interdisciplinary collaboration: The group debriefing encouraged team work as did the simulation experiences.			

B. Course demographics table

Item	Data	Comments
Initial enrollment	55	
Withdrawals prior to midterm	1	Student fatality
Course failures	0	
Successful Completion	54	
Grade Distribution	A = 53 B = 1 C = 0 D = 0 F = 0	

C. Achievement of course outcomes (raw data housed in qualtrics and course gradebook)

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (N = 54)
1. Provide leadership within the healthcare team to ensure safe, effective, patient centered care in a variety of settings.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% of students indicated they met this objective at a satisfactory level or higher
	Older Adult Assignment (written paper)	A minimum of 90% of students will achieve a grade of 90% or above on the rubric.	<u> x </u> Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (N = 54)
2. Integrate liberal arts foundation, scientific evidence, and clinical reasoning into nursing care delivery for diverse individuals, families, and populations	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	_x_ Achieved. Evidence: 100% of students indicated they met this objective at a satisfactory level or higher
	IV Skills Assignment	A minimum of 90% of students will achieve a grade of 90% or above on the rubric.	_x_ Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.
	Physical Assessment Assignment	A minimum of 90% of students will achieve a grade of 90% or above on the rubric.	_x_ Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.
3. Incorporate life-long learning, ethical principles, health policy, and professional standards into socially responsible care for individuals, communities, and populations.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	_x_ Achieved. Evidence: 100% of students indicated they met this objective at a satisfactory level or higher
4. Provide compassionate, competent, holistic nursing care across the lifespan.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	_x_ Achieved. Evidence: 98% (53) of students indicated they met this objective at a satisfactory level or higher
	Older Adult Assignment (written paper)	A minimum of 90% of students will achieve a grade of 90% or above on the rubric.	_x_ Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.
5. Demonstrate effective communication through writing, speaking, listening, and using	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	_x_ Achieved. Evidence: 98% (53) of students indicated they met this objective at a satisfactory level or higher

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (N = 54)
technology necessary for collaboration and quality nursing care.	Clinical Journal 1	90% of students will obtain a 90% or higher	_x_ Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.
	Clinical Journal 2	90% of students will obtain a 90% or higher	_x_ Achieved. Evidence: 100% of students received a grade of 90 or above on this assignment.
6. Advocate for improved population health initiatives and systems of healthcare delivery locally, nationally, and globally.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	_x_ Achieved. Evidence: 100% of students indicated they met this objective at a satisfactory level or higher

D. **Course summary:** discuss issues impacting the course, results of changes made the previous semester (did they work?), and plans for the next offering of the course that are not mentioned in the table above.

- a. Five Students (9%) indicated the pace of the course was too fast
- b. 100% of students would recommend this course to other students
- c. **Course:**

Changes from previous course	feedback	Proposed changes
Trauma Modules	Overall positive	No changes
Burn Modules	Overall positive	No changes
LGBTQ Modules	More powerpoints and fewer links	Rework these modules
Abuse Modules	More powerpoints and fewer links	Rework these modules
End of Life Module	Need more information	Rework this module (module was delayed due to student death the previous week)
OB/Peds Review Module	Create actual content	Will use evolve case studies in this manner instead of for clinical time unless further clinical restrictions dictate otherwise
MS I Review Module	No comments	Continue to use
MS II Review Module	No comments	Continue to use
Testing	Testing is unnecessary and overwhelming Exam 1 was too close to exit. Should not have content in this course	The purpose of the change in curriculum was to include content in the course which requires evaluation of the content. Exams will continue.

	Exam 2 information was scattered and confusing	
Overall	Coursework was not necessary Should be focusing on NCLEX and Exit not coursework Busywork, unnecessary contribution to student stress.	Re-evaluating coursework and content. Some coursework was added to account for missing clinical time related to the COVID pandemic. Students were overwhelmed with time in front of the computer and felt time would have been more productive and easier if spent on a clinical unit.

d. Clinical

Changes from previous course	feedback	Proposed changes
TeamSTEPPS	Generally positive	continue to implement a final workshop in the practicum semester, exploring the option of implementing specific concepts throughout the curriculum
Stop the Bleed	Generally positive	continue to require a workshop and a community service event
Multi patient simulation	Generally positive	continue with the multi patient simulation, explore options for additional simulation experiences. Considering addition of “Senior Skills Drill” day early in the semester for skills validation
COVID Module	No feedback	No changes; will continue to use
Bedside Clinical Placement	Want to start earlier in the semester “faculty need to advocate for us to have earlier placement.”	Expanding bedside clinical placement options to cover a broader geographical area.
Older Adult Assignment	No feedback	No changes. Brings in community and geriatric piece.
Clinical Journals	No feedback	No changes
Discussion Questions	Positive feedback	No changes
Shadow health V-sim	Repetitive and not useful Leadership modules were helpful.	Do not plan to use them in the future unless further clinical restrictions are imposed. Positive feedback on Leadership modules. Consider keeping.
Evolve Case Studies	No feedback	Ask a lot of questions on broad content areas. Faculty find them beneficial in NCLEX preparation Maternity and Pediatric case studies will be moved to the review modules. Consider continued use for M/S review modules.
Online Debriefing	No feedback	Debriefing was beneficial in small groups. Faculty fatigue is a question

		with such a long day. Consider continued use in some manner. May use as an alternative for “review” modules in the second half of the semester when they are off campus
Number of Assignments	Too many assignments for such a busy semester	Will review assignments and make adjustments as necessary.
NCLEX application steps	confusing	There was a change from the SBON mid semester that required revision. Will review for clarity prior to next semester.
Overall	Not “fair” to miss interviews due to clinical assignments.	

End of Program Information Spring 2020:

A. Achievement of program outcomes (raw data housed in qualtrics and course gradebook)

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
1. Provide leadership within the healthcare team to ensure safe, effective, patient centered care in a variety of settings.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome Discussion Question	90% of students will identify at least three activities that helped them achieve this program outcome.	-x- Achieved. Evidence: 100% of students provided evidence of activities to meet this outcome through completion of a discussion question.
2. Integrate liberal arts foundation, scientific evidence, and clinical reasoning into nursing care delivery for diverse individuals, families, and populations	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome Discussion Question	90% of students will identify at least three activities that helped them achieve this program outcome.	-x- Achieved. Evidence: 100% of students provided evidence of activities to meet this outcome through completion of a discussion question.

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
3. Incorporate life-long learning, ethical principles, health policy, and professional standards into socially responsible care for individuals, communities, and populations.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome Discussion Question	90% of students will identify at least three activities that helped them achieve this program outcome.	-x- Achieved. Evidence: 96% of students provided evidence of activities to meet this outcome through completion of a discussion question.
4. Provide compassionate, competent, holistic nursing care across the lifespan.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome Discussion Question	90% of students will identify at least three activities that helped them achieve this program outcome.	-x- Achieved. Evidence: 96% of students provided evidence of activities to meet this outcome through completion of a discussion question.
5. Demonstrate effective communication through writing, speaking, listening, and using technology necessary for collaboration and quality nursing care.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 100% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome Discussion Question	90% of students will identify at least three activities that helped them achieve this program outcome.	-x- Achieved. Evidence: 98% of students provided evidence of activities to meet this outcome through completion of a discussion question.
6. Advocate for improved population health initiatives and systems of healthcare delivery locally, nationally, and globally.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate they have met this objective at a satisfactory level or higher.	<u> x </u> Achieved. Evidence: 98% (21) of students indicated they met this objective at a satisfactory level or higher
	Program outcome	90% of students will identify at least three activities that helped them	-x- Achieved. Evidence: 96% of students provided evidence of activities to meet this outcome

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
	Discussion Question	achieve this program outcome.	through completion of a discussion question.

Program summary: discuss issues impacting the course, results of changes made the previous semester (did they work?), and plans for the next offering of the course that are not mentioned in the table above.

Forwarded to Curriculum cmte for review and recommendations.

See appendix B for Projects that assisted students with meeting program outcomes.

See appendix C for Student Recommendations for program changes

See appendix D for graduate employment information.

Appendix A: NRSG 4980 Student Comments (raw data housed in qualtrics)

<p>What was (were) the most important concepts(s) that you learned from this course?</p>	<p>What suggestions do you have to improve this course?</p>
<p>how to become a lifelong learner</p>	<p>nothing</p>
<p>I learned more how to be an effective communicator through this online clinical process. I think that it really made us think and use more critically thinking. Unfortunately, I did not learn as much as a could have in the clinical setting and felt that the online clinical really did not help me learn anything.</p>	<p>There is a lot of paperwork and it got overwhelming. I think the NCLEX steps could have been made clearer. That was confusing to a lot of us so maybe writing that out better. I don't agree with the modules we were given for test 2. Module 9, we were not given any content for test and honestly, it was a lot of information in general. I did not feel prepared and had no idea how to study for it.</p>
<p>The most important concept that I learned through this class is actually communication skills. The assignments were very helpful with showing me how to talk through a difficult family member as well as confronting a coworker about their mistake.</p>	<p>I think that moving forward in this program, that the leadership modules and the end of life care module should be implemented earlier on because I feel like those are concepts that take a while to build upon and we experience them in clinical early on in the program but have no idea what to do.</p>
	<p>I think it would have beneficial to start practicum earlier in the semester and offer opportunities to get extra clinical hours from the beginning of the semester.</p>
<p>Trauma, burns</p>	<p>Do not assign Shadow Health virtual clinicals. They were not useful and were very repetitive. Create actual content modules for the Peds/OB review and LGBTQ review. The elder abuse/human trafficking module was somewhat helpful, but again, contained a bunch of links to websites (like the LGBTQ module) I would have preferred a softchalk or PowerPoint with all of the important information contained. To the question below, the pace of the course was fine before the transition to online school and then it became way too fast.</p>
<p>Burns and trauma because it was really our first time touching on those subjects.</p>	<p>Nothing! I think that y'all did a great job with all of the curveballs thrown this semester! Thank you for advocating so much for us</p>
<p>I learned many important concepts about teamwork and cultural competency.</p>	<p>I would suggest that the course work be re-evaluated. It was overwhelming this semester.</p>
<p>Burns and how to interact with patients, doctors, and family members.</p>	<p>Have a review day before tests</p>

Interprofessional communication Diversity training and communication with patients Trauma/ER nursing	I do not have suggestions to improve the course. I think that it was great before the COVID-19 situation and think that the professors did a great job of changing to online classes.
patient care and critical care	better time management
The most important concept I learned in this course was probably the outcome that includes providing compassionate, competent, and holistic nursing care across the lifespan.	This is hard to say because we didn't get to complete it in person and it was completely different than it would have been, but I don't think there is anything I can think of that would improve the course at the moment.
this course was not necessary. there is no reason we should be taking this course during our final semester of nursing school while we are trying to studying for our exit exam, NCLEX, and complete practicum hours by working full time in the hospital. the assignments in this class were busy work and professors just piled on unnecessary work contributing to student stress	practicum needs to be started in the beginning of the semester. there is no reason we should have started our practicum in the hospital setting so late. i understand there are other nursing programs that need to complete clinical hours but our faculty needs to be advocating for us to get those spots (like they teach us to advocate for our patients) - we are the #1 nursing program in the state but won't be for long if the school continues to place the clinical needs of their students on the backburner.
First, the content on Burns was extremely informative and beneficial, as we have never learned about that before. Also, I think the discussion posts that focused on each individual course outcome were very helpful as it allowed me to think about how the nursing program has specifically covered those topics and an example during the clinical setting.	I do not have any suggestions to improve this course. Yes, I would have loved to have had my original practicum experience, but there was nothing else anyone could do about that. All of the teachers were accommodating and the transition to online learning and virtual Shadow Health assignments was as smooth as it could be.
I think I was really able to practice and strengthen a lot of my communication skills both with patients and with other hospital employees	I'm not really sure I have a whole lot of suggestions. There were some things that I wish would have been graded sooner, but everything was in such upheaval because of COVID that I don't think there was anything more the professors could have done. They went above and beyond to help us have the best semester possible given the circumstances.
Prioritization, review of major concepts like stroke and MI through evolve, practice in patient communication, forming an assessment routine, care of chest tubes.	That we would be able to be in the hospital:) The evolves are great but i strongly dislike shadow heath. I do think the leadership ones were helpful.
interpersonal communication, emergency interventions, and delegation	
Critical Care	Communication between professors & to students

I think the trauma module was very helpful! Learning how to triage and act in an emergency situation is really important!	Nothing in particular!
I learned a lot about caring for patients, critical skills, and I learned more information about medical conditions.	I understand why it cannot be done, but I believe that having more in-person class sessions would be extremely helpful for studying for the NCLEX.
How to deliver compassionate and holistic care to patients even amidst trauma/crisis	N/A :)
I learned about trauma and emergency care that is my main interest.	I would maybe allow a certain number of the Evolve/Shadow Health simulations to count for a Continuing Education Point. They were actually very helpful and if you ensure that they fill in all of the questions/prompts appropriately for review, then I think these are a fair substitution for hours by the bedside if necessary.
I loved learning about emergency room triaging. I think it is such an important concept to learn about because you never know when disasters will strike. Now that I have learned this information, I know it will help me step into action and put forth all of the skills that I have learned this semester.	I think that preceptorship should have started earlier than it did this semester.
I found the trauma units to be very beneficial. Although the semester didn't go as planned, I still feel good about the content from the second half of the semester. I thought the case studies were helpful and even a good review for the NCLEX.	
how to be flexible with change.	hard to say since our professors didn't have any control over it.
End of life care	Practicum should be figured out in a more clear way in hopes we start before MArch 8th.
Communication and diversity are key components in efficient nursing care.	Since this semester is very unique, it is hard to make suggestions because usually practicum is in the hospital.
I gained a much better understanding of the aspects of professional nursing outside of patient care, such as interprofessional communication, delegation, and advocacy.	none
assessment and critical thinking skills	none; this semester was hectic but it turned out alright.
The most important concepts from Transition to Nursing were to critically think through clinical concepts, prioritize and delegate care, and to communicate with all different types of healthcare workers.	Due to the coronavirus, my professors did the best that they could and I don't think that they should change anything about this course.

advocating for patients! leadership skills! communication! and delegation!	None!
I enjoyed participating in practicum. I felt like I was able to put everything I had been learning together. However, I felt like the course content was a little ridiculous. At the time of our first exam, our priority was the senior exit exam and our leadership class, but we were also having to juggle this class as well. I felt like the class added extra stress and busy work that was very unnecessary. I did not appreciate being the guinea pig once again. I also did not think it was fair for students to miss interviews due to this course.	I think it would be HIGHLY beneficial to get rid of the exams in this course. Fourth semester is busy enough with leadership, practicum, and the exit exam. We were all trying to apply for jobs and attend interviews on top of all of that as well. Once again, I think this class was not necessary or conducive to creating an environment for us to be successful.
Delegation and conflict resolution from shadow health, end of life care	Different online assignments, other than shadow health
The most important concept that I learned was the transition stage from clinical rotations to actual nursing practice.	N/A
i learned how to provide competent care	y'all did great with all the changes happening, thank y'all for being so willing to help us!
The most important concepts I learned were leadership skills through TeamSTEPPS and how to be culturally competent through diversity training. These stand out to me from this semester. Also, I was able to learn about important concepts regarding elderly adults. This course allowed me to have a well-rounded, equipped knowledge as I am transitioning to the nursing profession.	NA
I liked learning more about trauma and LGBTQ community.	The information for exam 2 was very scattered and hard to study/understand. I would suggest the use of powerpoints
I felt I learned a lot about trauma and have a better understanding on how to care for trauma patients. This was something I used to be overwhelmed when thinking about so it was very helpful.	
'Leadership skills -Stop the Bleed training -Diversity Training -Team STEPPS	N/A

I learned how important it is to be flexible (aka Covid-19)	The faculty did a great job working with students and being available due to the circumstances.
How to apply the concepts that we have learned and to think critically in clinical situations	n/a

Appendix B: One or more projects that assisted with your ability to meet program outcomes (raw data housed in qualtrics)

<p>Please select one or more projects you have been asked to complete in this program. Provide specific examples as to how it has helped you meet the program outcomes. Rate each experience on a scale of 1 (least helpful) to 5 (most helpful). (You may use classroom/laboratory/clinical experiences, case studies, care plans, journals, teaching plans, clinical case presentations, class discussions, simulation/lab experiences, community clinical experiences, research activities, creative teaching strategies, PICO projects, evidence-based practice projects etc)</p>
clinical, simulation- helped me to practice my nursing care in a safe environment
All of the simulations have been very effective on helping me to learn and meet course outcomes (5). I felt like I communicated effectively and learned so much more than I did in the clinical setting. Clinical experiences for Med Surg were alright in teaching me things (3). I felt like I gave more bed baths and took vitals more than I was able to learn things that a nurse does like documenting and assessment skills. I know it is all important but I would have felt more confident if I was able to witness more of those actions.
The most memorable project that I have completed throughout nursing school was actually the diversity and TeamSTEPPS training we had this semester. For the first time, I was not nervous to go to simulation and was actually looking forward to it. It was a great lesson on communication, not only with other healthcare professionals, but also patients that come from diverse backgrounds. So often, we have patients from diverse backgrounds and we can read about how to take care of them all day long but nothing beats having to experience it in person. I especially loved that we had standardized patients. I think that that made it seem more real to me which was really conducive to the material retaining in my brain.
Simulation experiences - 5 Care plans/journals - 4 Teaching plans - 2 Evidence-based practice projects - 4
clinical journals- 3. They helped me connect concepts, but were extremely time consuming compared to what I was learning from them mock code-5
Simulation experiences were the most beneficial because we were able to incorporate and practice everything we learned in a safe environment
TeamSTEPPS-5 Simulations-4 All lecture classes and clinical experiences-5 Research class-3 Diversity training-5 Certain leadership&management in class speakers-4 Practicum-5
Windshield project 2 Journals 4 Med surg simulations 5

<p>Patho paper 1 Open class discussions 3</p>
<p>care plans 5 mock code sim 5 windshield survey 1 community 2</p>
<p>I think that the shadow healths have really helped me with my communication with other nurses, doctors, patients and families.</p>
<p>SIM experiences- Helped meet all course outcomes, 5 Diversity training- 4 TeamSTEPPS- 5 Macon Outreach- 4 Care plans- 3</p>
<p>simulation and skills lab have been paramount to my success</p>
<p>Clinical journals have helped me to not only be more observant regarding my patient, but also think more critically when it comes to comparing labs and disease processes. They helped me to anticipate the aspects of my patient's care that I would need to pay close attention to and always document.</p>
<p>practicum shifts</p>
<p>All of the projects throughout the 4 semesters of nursing school have helped me grow and improve tremendously. For example, the clinical journals helped me improve in critical thinking and clinical reasoning as I was trying to piece all pieces of the puzzle together and make informative connections related to the patient's case. Furthermore, all clinical experiences helped to improve all of my basic nursing and communication skills.</p>
<p>I was asked to do an IV skills presentation.</p>
<p>evidence-based practice project, joining committee</p>
<p>The Windshield Survey in Community Class helped me to learn how to assess community health needs. (4) My clinical and simulation experiences helped me to learn how to provide safe and effective nursing care. (5) My leadership class project helped me to learn how to provide leadership within my community about important health issues (4). The Evidence-Based Practice class project allowed us to use PICOT and SMART goals to help create plans (4).</p>
<p>Team STEPPS - 5 Leadership project - 1 FEMA training - 5 Leadership paper - 1 Community assessment - 3 Care plans - 4</p>
<p>Debrief- 3 communication and critical thinking LVAD speaker- 3- lifelong learning Macon Outreach- providing competent and holistic care Mock Code- 5- competent care, best practice Seminar- 1- lifelong learning and advocacy for change</p>
<p>The GC nursing program has facilitated the growth of students' writing, speaking, and listening communication abilities through various activities such as: diversity training, TeamSTEPPS training, internship, and virtual simulations. The diversity training enforced concepts regarding culturally competent care with use of therapeutic communication while the TeamSTEPPS training provided education followed by opportunities to apply the evidence-based team principles. Our externship</p>

provided opportunities to actively participate in interdisciplinary communication with various healthcare worker as well as documentation. The virtual simulations helped guide us through providing therapeutic and through health interviews while providing empathic and educational statements. It also provided scenarios regarding routine (i.e. SBAR) and unpleasant interdisciplinary communication.
Clinical experiences & simulations have helped me to meet course outcomes with satisfaction. I have enjoyed learning about various nursing interventions and assessments in class, then applying it hands on with the aid of a registered nurse or my clinical instructors. I feel I will rely on these experiences the most to help me in job as a registered nurse.
I think our clinical experiences were absolutely the most beneficial to my learning experience. I am a hands on learner and I really think being in the real clinical setting helped to solidify my skills. I would rate my med surg, psych, and community clinical rotations as a 5 (most helpful). I felt that I learned a lot from each clinical as they were all very different. I think the clinical journals were really helpful for developing my critical thinking skills, but I think they were a bit redundant. I would rate the clinical journals as a 4.
We were required to complete the journals each semester for our clinical patients. I believe that it helped us to practice charting and also to try and work with the patient's condition and look at it as a whole and practice what we would do to care for that patient.
Honestly the care plans are not anyone's favorite. They are time-consuming both in and out of clinicals. However, they totally help. Our professors take the necessary time to sit down with each of us and help us to understand patho and have better discussions about patient care.
classroom/laboratory/clinical experience- 5, case studies-4, care plans-4, journals-3, teaching plans-5, clinical case presentations-3, class discussions-4, simulation/lab experiences-4, community clinical experiences-5, research activities-3, creative teaching strategies-3, PICO projects-??, evidence-based practice projects-3
I feel that the in-person experiences are always better because you can see first hand how things are done, ask questions, and get hands-on help. The online/paperwork is less helpful and usually, just a burden that is to be 'gotten over with so I can get my grade' instead of a truly impactful experience.
I completed and participated in the Diversity training simulation. It helped me meet many outcomes, like providing care to people of different cultures, and more. This was a 5/5.
I remember the pharmacology project on a class of drugs really made them make sense because we had to dive deeper into the material. 5/5.
I really enjoyed being a part of the Diversity Training simulation. Though I did not directly participate in the simulation, I was able to watch each simulation and give constructive feedback. I would rate this simulation as 5 (most helpful). It allowed me to meet the program outcome that relates to being able to provide competent and holistic care to patients from all backgrounds.
I thought the simulation/lab experiences were great. The mistakes I have made have led to lessons learned that I will not forget. I specifically enjoyed the mock code simulation and felt that it prepared me for how fast-paced a true code situation is.
We had to complete clinical journals for each fundamentals and med-surg class. These were about a 4 out of 5 in terms of helpfulness because it helped us process all of the information for a patient. It helped me personally put all of the pieces together and see the relationship of so many different factors.
As stressful as they were, I felt the simulations taught me the most. I would advocate that there should be more each semester, but I know it takes a lot to put them together. Each semester I learned so much about nursing practice that helped me meet all the program objectives. I would rate all of them as a 5.
simulation, as much as i am scared of simulation, it is VITAL to nursing school.
case studies - 4
Clinical experiences helped me use effective communication. 5
The clinical journals/care plans helped me a lot. I gained a better understanding of many different disease processes. I got to apply what I had learned in the classroom to an actual patient. Repeated

exposure to the lab values helped me remember normal and abnormal values. The care plan section improved my critical thinking skills. (5)
Our TeamSTEPPS and diversity trainings are rated a 5 and were very helpful. The case studies and Shadow Health are rated a 3 because they helped go over certain nursing knowledge but being in person would have been more helpful.
loved FEMA!
The first thing that came to mind was our simulations and lab experience. I really enjoyed getting to practice real life scenarios, lead a team, communicate, and then discuss what happened. I felt like this was a 5, very helpful, and that it helped me to become (hopefully) a competent nurse in the field. I also really enjoyed our clinical journals, while they took a very long time to complete, they grew us in critical thinking, care planning, and documentation.
Project: All 6 leadership simulations on shadow health The outcome met: Provide leadership within the healthcare team to ensure safe, effective, patient-centered care in a variety of settings Examples: - being asked to communicate effectively using different tools with providers who may not agree with us -upset patients - disagreements with coworkers
I think it would be helpful to have simulations like this in the sim lab at GCSU. This would provide us with more real-life experiences we may run into.
The journals helped me learn how to complete nurse notes, understand medications, and gain a better understanding of my patient's condition.
Simulations have really helped me the most I think out of everything we have done (other than clinical in the hospital). It has exposed us to situations that aren't as common but more serious that we may not have seen in the hospital during clinical.
One project that I completed during nursing school was conducting research in our research class. This project helped me to learn how to continue my education on best practice through the study of evidence-based practice. It is important to have this skills beyond nursing school so that I may keep my practice in with the current medical practice.
interdisciplinary cultural simulation 5
I would say one of the most helpful projects I have done would be one that I completed throughout the program. That would be the journals we would do throughout our clinical experiences. These journals helped me to reflect on my time with patients and to critically think about how these patients presented themselves. Without these journals, I might not have learned some skills as well like documentation, nurse notes, analyzing labs, creating care plans, and so on. I would rate these a 5 on a scale of 1 to 5.
Simulation has been a very good learning environment for me. It has made me more confident and understand a broad variety of concepts and objectives.
Care Plans (4) - These may have been time consuming but I truly think I learned SO much from making the connection of the patient to the book and bridging that information. Clinical (5) - I had great clinical experiences each semester. Simulation (4) - Great learning experiences. Only thing I would recommend was allowing to use cell phones to act as a phone from hospital to call providers, etc. to be more life-like. Community (2) - I just feel we could have spent our time doing other things than community projects.

I really feel like the most beneficial thing GCSU could give to its students was the practicum experience. It is really unfortunate that we weren't able to complete ours. I wish we had more clinical times in other courses because maybe it would have offset what we're dealing with now
simulation experience, standardized patient and cultural competency class/ diversity training 5
Team STEPPS- we learned about specific ways to work effectively in a team, how to be a leader, and how to handle conflict appropriately- 5
Diversity Training- educated us on how to provide more culturally competent care- 5
Windshield Survey- allowed us to assess the needs of an entire population- 4
Case Studies - 4
The older adult assessment taught me the importance of providing holistic care to patients and not just their physical needs, by assessing their emotional, spiritual, and cultural needs as well

Appendix C: Recommendations for Program Changes (raw data housed in qualtrics)

Please provide recommendations for program changes. Provide professional and constructive evidence to support your suggestions.
I really have no recommendations for further changes other than being more organized. Throughout the course of the program I felt that there was a lot of miscommunication about stuff that could have been communicated better. I think that we all became frustrated with that at some point. I also feel like faculty should be more on the same page. There were a lot of instances where we would ask a question and be told 2 different things by faculty.
100% there needs to be more content on end of life care earlier on in the program. I know a lot of nursing students who had to encounter patients during clinical as early as first semester and they had no idea how to cope with a situation like that or even how to communicate with the patients.
Communication with students and organization of the program could be better.
For psychology, I would recommend having multiple teachers. We spent most of our class time doing group work that was not helpful. For the meds/ob class, I believe that there was some miscommunication between the teachers which made our workload heavy and increased our confusion. I also believe that we learned much of the content in a random order, and would have preferred to learn the information in a way that flows better.
Better communication with students and more time oriented. Felt out of the loop and clueless often
I know many of the people in my cohort struggled with the Peds and OB classes being together. As well as that class not having some of the best instructors. The class was very unorganized, it was clear the faculty did not communicate, and the teaching styles were not catered to student's learning styles. Due to all of those issues and many more, we the students suffered. I realize many programs are switching to have these classes be together. If the content were to stay combined, I would suggest having some new faculty in charge and having a more cohesive group with better teaching styles.
We need to have some sorts of legal and ethics material again, whether it is a single lecture or seminar
definitely do not have pediatrics and obstetrics be one class. this was a really difficult combination and being the first class to have it, I don't feel like we were able to really grasp the concepts well.
I think that the only thing I would change about the nursing program is the community course. This course came at a time that was distracting from other difficult courses and was also something that I think could be completed online or combined with another course into a few lessons. This was important and I enjoyed the clinical experiences from it, but the content felt repetitive and drawn out. Out of all the courses, I think this could be moved to an online summer class. I also think that it would be a lot more beneficial to allot maternity and pediatrics their own classes as it was a lot of content that I felt like I had to cram and I could not properly learn.

practicum needs to be started in the beginning of fourth semester so that students can complete all their hours as this is where most growth happens professors need to treat all students EQUALLY and uphold the standards and rules they preach

The only recommendation that I have for program changes is to separate Peds/OB back into two separate classes. While I made these comments last semester, I felt like these two courses were shoved together and we were overloaded with information. The information kept bouncing back between OB and Peds, which made it very frustrating and hard to follow along. Furthermore, practically all of the Pediatric content was on one test in the middle of the semester, but then were still expected to take a HESI when we had finished the content over 1 month prior to that. My only recommendation is to either separate the classes all together or move in chronological order across the lifespan.

Communication between educators could be improved so that the overall message conveyed to students is accurate.

I believe that simulation experiences need to be modified to help students feel less scared. I know that simulation can be very beneficial, but the only reason no one enjoys them is because it feels as if the teachers are there to call out all of the mistakes that you make.

There were some classes that I felt were really confusing and not well-organized. For example, I remember a lot of people in cohort having difficulty understanding the expectations of our OB/PEDs class and what was expected of us. I also think that combining OB and PEDs was not a good decision, because it felt like we were being hit with too much information too quickly. Out leadership class has also been extremely frustrating. A lot of people in the cohort had difficulty understanding assignments and grading rubrics, and Dr. Sapp was not able to answer a lot of our questions.

we have been a cohort that has experienced the most changes within the program. It was obvious when taking courses which ones were new and which ones were new. Taking OB and PEDS and trying to combine them was a NIGHTMARE. leadership does not need to be a three-hour class. I needed Dr. Moore when i started nursing school. I would have done so much better.

I do not have any recommendations as our experience with this program was unlike any other. We were the "guinea pigs" and then COVID-19 happened.

I think Georgia College provides us with exceptional opportunities for growth. I wish we could spend more time with critical care concepts later on in the program but I understand how important it is to focus on the foundation of nursing.

My cohort was considered the "guinea pigs" of the new schedule of the program. I think our professors did they best they could with the given circumstances as we were all learning how it was going to go together. I think newer cohorts will have everything more set in stone which will be good! We have all learned how to be flexible together as things changed quite a bit, but that is life! We all learned how to be flexible and go with the flow. I learned SO much during these past two years, more than I ever thought I was capable of. I am very thankful for the support of our professors and their constant encouragement.

I'm not sure if I am able to make accurate constructive comments towards this program as our circumstances have been very strange to say the least. I suppose if there was one thing that I would change it would be that when students give feedback for the professors at the end of each semester, those comments are taken into consideration or perhaps addressed so that we know people are actually reading them and taking what we think into account.

The practicum experience obviously did not work out as planned for anyone. However, if we were able to do what lots of other nursing programs do- apply for practicum experiences where we wished/where we worked, I think it would be best for everyone. For a lot of hospitals, that is a huge way for them to find who they want to hire. It would have been helpful for us to have more of a choice and not have to go to Macon.

Peds and OB should not be one class.

The only recommendation that I would give is to make OB and Peds into two different classes. These classes are so important and extensive that I feel that we were not able to adequately learn about these two subjects.

Overall, I would say one thing that could really be strengthened is consistency in teaching. I understand that one professor cannot teach all of the content for a course, but I do think that the way content is presented, expectations, test questions etc could be more standardized. Overall, this was not too much of a problem but sometimes it made things harder than it needed to be when I had to take time to figure out expectations and teaching styles.

I know a lot of people have complaints about the clinical journals but I think they really helped me to think critically, specifically when it came to analyzing data. In saying this, I think the journals could be modified to be a little less time consuming for the students to complete and the professors to grade as I know they take a while.

I think the most frustrating thing for me throughout the program was that we were the first cohort to have to go by the new curriculum. This made it very confusing for the teachers because they had never taught certain classes before or they had to change the way they taught it. I felt like a lot of that burden was put on us to adapt to the confusion and the ever-changing material. I think we had a lot of extra stress and hardship put on us because we were the guinea pigs for everything. I also did not like when we would have to give feedback at the end of the semester and it was always to fix it for the next semester. That was very frustrating because when we would give feedback before the semester was over, it felt like sometimes they didn't think it was worth changing until the next semester. I think with being the first cohort in the new curriculum and finally getting to our last semester and not being able to do our practicum was very difficult to cope with (through no fault of anyone). However, I do think for everything that we have been through and all that we have persevered through, that we will be the most adaptable cohort yet, because we know how to adapt and change in order to do whatever we have to do to succeed.

I feel like the professors are stretched so thin sometimes. The only improvement I would make would be to have more professors to balance out the workload!

More information, less busy work

Although I had a unique experience with the final semester, I think it may be more beneficial to push the content of "Med Surg III" into the first half of the semester and allow students to focus solely on practicum and studying for the NCLEX in the second half of the semester. This may seem like a lot at the start but I think I would rather power through being slammed for the first half but be able to breathe while balancing practicum and studying for the NCLEX.

I think that the maternity and pediatric classes should be two separate classes because it is too much information for one class in one semester. I also think that the community class could be combined with another class or offered as a summer class because it was very repetitive.

None!

I did not like how both the maternity and the pediatrics class were combined into one. It felt too rushed and I walked away feeling like I did not fully understand material from either course, rather I rushed to memorize it

One change I think that should be necessary would be offering the students more time in the simulation lab IF they want it. I think it would be very beneficial to have weekend-practices or once a month time where students can take care of patients, perform nursing tasks that are difficult or more challenging, and grow in their skills overall. The evidence I have to support this suggestion is based on pure experience. I grew so much in the simulation lab: I grew in confidence, in trust in my team, in leadership abilities, and in simple tasks like giving medications.

I do not think a med/surg III (Transition to Nursing Practice) is necessary. The content that was tested and "taught" was not new content, like it was intended to be. However, the exams were still stressful and I felt that the class stressed me out more than it taught me anything. I think there is too much trying

to be crammed into fourth semester. Fourth semester is very busy with practicum, leadership, the senior exit exam, and applying/interviewing for jobs.
I don't really have any recommendations for changes
I recommend that you continue to employ competent faculty members. I have had both incredible instructors and mentors through this program, and have had the opportunity to seek out help when it was needed and obtain what I believe is the best possible educational experience here at Georgia College. The only thing that I could criticize about the program is a lack of organization. It seemed at some points through my experience that there was some coordination issues between instructors.
PLEASE consider modifying OB/Peds. I feel that I learned ABSOLUTELY nothing, except how to cram for the OBSCENE amount material on each test. It could be better taught if OB was taught in the first half of the semester and Peds in the second. Something needs to be done to better organize the material. I was genuinely scared about failing this class.
None come to mind. I am honored to have been a part of this wonderful program.
I would suggest starting practicum much earlier. I also would suggest asking for preferences sooner to allow for more placement spots. Many other schools get placement that sets up their students to have experience for after graduation. Without any specialized experience, many people cannot apply for jobs they desire.
Ensuring that Clinical Instructors are able to teach on the floor that they are going to be on. My clinical group and I missed out on a lot of clinical skills because our clinical instructor did not know how to do them and admitted it to all the nurses. The nurses gave us the wound changes because they didn't have the time. So we missed out on something every week because our clinical instructor wasn't able to work with us on those skills.
Separate OB/ Peds into two different classes, it seemed like too much information in one course
I would suggest separating the OB/Peds classes again. I felt that it was too much information shoved into one course. It didn't allow for time to go in-depth with much information. I felt it was also presented in a very confusing order.
I love the faculty. Thank you for being so present. I appreciate you all.

Appendix D: Spring 2020 New Graduate Employment Information (raw data housed in qualtrics)

State of NCLEX exam	Have you been hired	State of Employment	Agency of Employment
georgia	No	georgia	N/A
GA	yes	GA	Navicent Macon, Neuro ICU
Georgia	yes	Georgia	Northside Hospital Atlanta; Operating Room
Georgia	No	Georgia	N/A
Georgia	yes	South Carolina	Greenville Memorial, surgical unit
Ga	yes	Ga	Houston Healthcare, ED
Georgia	yes	Georgia	Navicent Macon, med surg/cardiac
Georgia	yes	Georgia	Northside Cherokee, oncology
Georgia	yes	Georgia	Children's Healthcare of Atlanta, Egleston Emergency Department
Georgia	yes	Georgia	Northside Atlanta; Oncology
Georgia	yes	Georgia	Northside Atlanta, Neonatal ICU
georgia	yes	georgia	Northside Hospital-Cherokee/Intensive Care Unit

Georgia	yes	Georgia	Augusta University Medical Center, Cardiology/Step-Down
Georgia	yes	Georgia	Children's Healthcare of Atlanta - Pediatric Intensive Care Unit
Georgia	yes	Georgia	Northside Hospital, Medical ICU
GA	yes	GA	Piedmont Healthcare Atlanta CCU
Georgia	yes	Georgia	Emory University Hospital Medical-Surgical/Telemetry
Georgia	No	Georgia	N/A
Georgia	yes	Georgia	Emory John's Creek on the medical unit
Georgia	yes	North Carolina	CMC Main Cardiac Step Down
GA	yes	GA	Northside Cherokee-ERU & GI/GU
Georgia	yes	Georgia	Children's Healthcare of Atlanta / Pediatric Intensive Care Unit
Georgia	yes	Georgia	Children's Healthcare of Atlanta, Scottish Rite. Respiratory Floor
GA	yes	GA	Grady Memorial, Trauma/Ortho/General
Georgia	yes	North Carolina	Mission Healthcare Adult Med-Surg
GA	No	GA	N/A
Georgia	yes	Georgia	Northside Hospital Forsyth; ED
georgia	yes	georgia	Children's Healthcare of Atlanta, Pediatric ICU
Georgia	yes	Georgia	Northside Hospital of Atlanta, Progressive Cardiac Care Unit
Georgia	yes	Georgia	Northside Hospital Forsyth, L/D
Georgia	yes	Georgia	Northside Hospital-Gwinnett, Labor and Delivery
GA	yes	GA	Children's Healthcare of Atlanta PICU
GA	yes	GA	Children's Healthcare of Atlanta, Oncology/hematology
Georgia	yes	Georgia	Emory ICU
Georgia	yes	Georgia	Northside Cherokee General Medicine
Georgia	yes	Georgia	Northside Hospital Forsyth; Older Adult/Medical Surgical
Georgia	No	Georgia	N/A
GA	yes	GA	Coliseum Med 3E
Georgia	yes	N/A	N/A
Georgia	yes	Georgia	Northside Hospital, mother baby unit
Georgia	No	Georgia	N/A
Georgia	yes	Georgia	Emory University Hospital, Neuroscience ICU
Georgia	yes	Georgia	Navicent Macon, CVICU
Georgia	No	Georgia	N/A
Georgia	yes	Georgia	Northside Cherokee Residency, Renal/GI/ERU
Georgia	yes	Georgia	Piedmont Athens Regional, Orthopedic
GA	No	CO	N/A
Georgia	No	Georgia	N/A
ga	yes	ga	Piedmont HealthCare ICU
Ga	yes	SC	Greenville Memorial Hospital, ED
Georgia	yes	Georgia	Northside Hospital Cherokee, L/D
GA	yes	GA	Piedmont Atlanta NICU

GA	yes	GA	Piedmont ATL, Cardiopulmonary PCU
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NOTE: The Fall 2019 semester is reported separately as it was a different course structured under the previous curriculum.

Course Report for Courses with Clinical/Practicum Components

End-of-semester course reports for each NRSG course should contain each of the following completed tables/information. Faculty may add any additional information.

A. Course information

Course title	NRSG 4980 Fall Semester 2019 (Spring 2020 submitted separately due to change in curriculum including course/program outcomes)			
Course faculty	Faculty		Responsibility	
	Dr. Doss		Course and Clinical Lead	
	Dr. Roberts		Diversity Training/Simulation	
	Dr. Darby		Mediation calculation/student supervision	
Clinical faculty	Faculty		Assignment (site/unit/other)	
	Mr. Smith		Student/preceptor supervision	
	Mr. Rodriguez		Student/preceptor supervision	
	Ms. Warren		Student/preceptor supervision	
Evaluations	<input checked="" type="checkbox"/> All preceptors qualified or ___ n/a (qualification records located in the course) <input checked="" type="checkbox"/> Students evaluated clinical sites <input checked="" type="checkbox"/> Evaluations reviewed by course team <input checked="" type="checkbox"/> Students evaluated preceptors or ___ n/a <input checked="" type="checkbox"/> Students evaluated part time faculty or ___ n/a <u>Comments:</u>			
Clinical Experiences	Clinical Site	#Hours	Was the clinical site evaluated for appropriateness?	Should GCSU continue to use site for this course?
	Navicent Macon		yes	yes
Collaborative Practice	Discuss how the experiences in this course foster interdisciplinary collaboration: All students worked with disciplines normally found in the hospital setting (dietary, OT, PT, resp etc.) to develop and implement care for diverse medical and surgical needs. In addition, they participated in training activities related to Team STEPPS (a training exercise related to interdisciplinary communication), diversity training, and stop the bleed.			

B. Course demographics table

Item	Data	Comments
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Initial enrollment	49	
Withdrawals prior to midterm	0	
Course failures	0	
Successful Completion	49	
Grade Distribution	A = 48 B = 1 C = 0 D = 0 F - 0	

C. Achievement of course outcomes (raw data housed in qualtrics and course gradebook)

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
1. Use effective situational communication	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
	Clinical Evaluation	100% of students will receive a grade of “S” in the communication section of the clinical evaluation.	100% of students achieved a grade of “S” on the communication section of the clinical evaluation.
2. Incorporate best current evidence with clinical expertise and client/family preferences and values to maximize health outcome.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
	Midterm Pt Summary	90% of students will obtain a 90% or higher	_x_ Achieved. Evidence: 98% of students received a grade of 90 or above on this assignment.
	Final Pt Summary	90% of students will obtain a 90% or higher	_x_ Achieved. Evidence: 100% of students received a grade of 90 or above on this assignment.
3. Apply principles of leadership, quality improvement, and client safety to monitor and	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
improve outcomes of nursing care.	Clinical Evaluation	80% of students will receive a grade of “S” in the leadership section of the clinical evaluation.	100% of students achieved a grade of “S” on the leadership section of the clinical evaluation.
	Leadership Paper	80% of students will receive a grade of 90 or above on the leadership paper.	100% of students achieved a grade of 80 or above on the leadership paper.
4. Demonstrate professional nursing values of altruism, autonomy, human dignity, integrity, and social justice.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
5. Provide culturally and spiritually sensitive care to maximize health outcomes	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
6. Apply principles of health promotion, disease and injury prevention to maximize health outcomes for individuals, families, and communities.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
	Clinical Evaluation	80% of students will receive a grade of “S” in the health promotion and disease prevention section of the clinical evaluation.	100% of students achieved a grade of “S” on the health promotion and disease prevention section of the clinical evaluation.
7. Recognize the need for advocacy in financial and regulatory, legislative, and public policy changes that influence	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
	Clinical Evaluation	80% of students will receive a grade of “S” in the advocacy section of the clinical evaluation.	100% of students achieved a grade of “S” on the advocacy section of the clinical evaluation.
8. Collaborate with the	Student end-of-course	80% of students will indicate achievement of this	47/47 (100%) of students completing the end of course survey

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results
client/designee and health care team in providing compassionate and coordinated care across the lifespan.	survey—self assessment of learning outcomes Clinical Evaluation	outcome at the “satisfactory” level of achievement or higher 1000% of students will receive a grade of “S” in the collaboration section of the clinical evaluation.	indicated satisfactory achievement of this outcome. 100% of students achieved a grade of “S” on the collaboration section of the clinical evaluation.
9. Demonstrate competent use of informatics to support decision making, mitigate error, and improve outcomes.	Student end-of-course survey—self assessment of learning outcomes	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome.
10. Apply concepts from liberal arts, social and natural sciences, clinical reasoning, and nursing science to form the basis for professional practice.	Student end-of-course survey—self assessment of learning outcomes Drug Calculation Exam	80% of students will indicate achievement of this outcome at the “satisfactory” level of achievement or higher 80% of students will achieve a grade of 90% or better on the first drug calculation exam	47/47 (100%) of students completing the end of course survey indicated satisfactory achievement of this outcome. 40/49 (82%) scored a 90 or better on the first medication calculation exam.

- D. Course summary: discuss issues impacting the course, results of changes made the previous semester (did they work?), and plans for the next offering of the course that are not mentioned in the table above.
- a. Piloted a diversity program with an interdisciplinary component for upcoming semester. This program was in collaboration with the Athletic Training department and included a classroom seminar and a clinical experience with standardized patients. It went well and will be implemented with the entire class in spring 2020.
 - b. A multipatient simulation was piloted this semester for inclusion in upcoming semesters. It went well and will be implemented with the entire class spring 2020.
 - c. Per request from clinical agencies, two students were assigned to each preceptor. One student was assigned at the beginning of the semester and a second student was assigned at the end of the semester. This was not well received by the students and created an appearance of disorganization and lack of caring. Course faculty will continue to work on this problem in upcoming semesters.
 - d. A complete course revision is underway to coincide with the new curriculum.

End of Program Information Fall 2019:

A. Achievement of program outcomes (raw data housed in qualtrics)

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (n=45)
1. Use effective situational communication	Student end-of-program survey—self assessment of learning outcomes Communication discussion Question	85% of students will rate the program as average, above average or excellent in the described area. 90% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> Achieved. Evidence: 100% of students rated the program average of above, 49/49 (100%) of students provided evidence of meeting this outcome throughout the course and/or the program
2. Incorporate best current evidence with clinical expertise and client/family preferences and values to maximize health outcome.	Student end-of-program survey—self assessment of learning outcomes EBP Discussion Question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> Achieved. Evidence 100% of students rated the program average of above. 49/49 (100%) of students provided evidence of meeting this outcome throughout the course and/or the program
3. Apply principles of leadership, quality improvement, and client safety to monitor and improve outcomes of nursing care.	Student end-of-program survey—self assessment of learning outcomes Leadership discussion question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> Achieved. Evidence 100% of students rated the program average of above. 49/49 (100%) of students provided evidence of meeting this outcome throughout the course and/or the program
4. Demonstrate professional nursing values of altruism, autonomy, human dignity, integrity, and social justice.	Student end-of-program survey—self assessment of learning outcomes Professionalism discussion question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> Achieved. Evidence 100% of students rated the program average of above. 49/49 (100%) of students provided evidence of meeting this outcome throughout the course and/or the program

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (n=45)
5. Provide culturally and spiritually sensitive care to maximize health outcomes	Student end-of-program survey—self assessment of learning outcomes Cultural and spiritually sensitive care discussion question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> <u> </u> Achieved. Evidence 98% (44) of students rated the program average of above. 48/49 (98%) of students provided evidence of meeting this outcome throughout the course and/or the program
6. Apply principles of health promotion, disease and injury prevention to maximize health outcomes for individuals, families, and communities.	Student end-of-program survey—self assessment of learning outcomes Health Promotion Discussion Question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> <u> </u> Achieved. Evidence 100% of students rated the program average of above. 49/49 (100%) of students provided evidence of meeting this outcome throughout the course and/or the program
7. Recognize the need for advocacy in financial and regulatory, legislative, and public policy changes that influence	Student end-of-program survey—self assessment of learning outcomes Advocacy Discussion Question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	<u> </u> <u> </u> Achieved. Evidence 100% of students rated the program average of above. 47/49 (96%) of students provided evidence of meeting this outcome throughout the course and/or the program
8. Collaborate with the client/designee and health care team in providing compassionate and coordinated	Student end-of-program survey—self assessment of learning outcomes	85% of students will rate the program as average, above average or excellent in the described area.	<u> </u> <u> </u> Achieved. Evidence 100% of students rated the program average of above.

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Results (n=45)
care across the lifespan.	Collaboration Discussion Question	100% of students will identify that they have met this program outcome and provide evidence of such	48/49 (98%) of students provided evidence of meeting this outcome throughout the course and/or the program
9. Demonstrate competent use of informatics to support decision making, mitigate error, and improve outcomes.	Student end-of-program survey—self assessment of learning outcomes Informatics Discussion Question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	_x_ Achieved. Evidence 100% of students rated the program average of above. 47/49 (96%) of students provided evidence of meeting this outcome throughout the course and/or the program
10. Apply concepts from liberal arts, social and natural sciences, clinical reasoning, and nursing science to form the basis for professional practice.	Student end-of-program survey—self assessment of learning outcomes Professional Practice discussion question	85% of students will rate the program as average, above average or excellent in the described area. 100% of students will identify that they have met this program outcome and provide evidence of such	_x_ Achieved. Evidence 100% of students rated the program average of above. 44/49 (90%) of students provided evidence of meeting this outcome throughout the course and/or the program

Program summary: discuss issues impacting the course, results of changes made the previous semester (did they work?), and plans for the next offering of the course that are not mentioned in the table above.

Forwarded to Curriculum cmte for review and recommendations.

See appendix B for Projects that assisted students with meeting program outcomes.

See appendix C for Student Recommendations for program changes

See appendix D for graduate employment information.

Appendix A: NRSB 4980 Student Comments (raw data housed in qualtrics)

What was (were) the most important concepts(s) that you learned from this course?	What suggestions do you have to improve this course?
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Clinical Reasoning, Critical thinking, communication	I would suggest getting rid of leadership hours and would have liked more organization in the course as a whole.
Definitely Team STEPPS and our other leadership skills we gained were much needed. I also think practicum was very valuable for me to grow as a nurse and gain confidence in my own skills and abilities.	Getting the practicum preceptor assignments given out all at the same time so the students all have the same amount of time to complete the hours. Maybe don't split the students up to where one half is doing bedside first and the others are doing leadership and a la carte.
how to be a nurse, time management	n/a
I learned how to work in the hospital setting and apply skills I learned in nursing school.	It needs to be more organized! I felt like this semester was the most hectic with the preceptorship.
I learned how to integrate clinical concepts in a real hospital setting.	More organization and communication regarding clinical placements and scheduling.
I learned that everyone has a different practicum experience that helps to prepare them for their future nursing careers. This class helped us to reflect on practicum and what we were learning.	I think the only thing to improve would be to ask people beforehand if they are thinking about going into a specialty. A lot of hospitals ask for experience in that specialty for practicum. This is something many students do not know, and knowledge that is worth having.
The power of Autonomy as well as becoming a patient advocate.	I enjoyed every aspect of this course and don't have any suggestions for improvement.
I think that this course finally brought it all together for me. Working full shifts multiple times a week really afford you the opportunity to practice competent care.	None
Communication and collaboration between the interdisciplinary team	I know that this is already on the process of changing, but the amount of preceptors was so limited I felt like my experience was rushed and unorganized. Faculty seemed too busy, and there was a lack of communication between all the parties.
I believe some of the most important concepts I learned from this course is the importance of incorporating evidence-based practice while also remaining culturally and spiritually sensitive.	I don't have any suggestions.
Communication skills with patients and healthcare workers	Do clinical hours a little differently and shorten leadership hours.
Understanding my role as patient advocate	More one on one guidance
I gained valuable clinical experience during my practicum time. My practicum was specialized in labor and delivery, which is where I will be working after graduation so I feel as if I was able to prepare so much more before starting work there.	"Allow more students to do specialty areas if they know that is what they want to do, as it helps with getting a job.

I learned how to approach situations of conflict and how to remain calm.	Also allow students to complete practicum at a hospital of their choosing- like at where they want to work after graduation. "
Providing compassionate and coordinated care	n/a
	Taking the specialty placement into consideration for others besides just the top of the cohort
Nursing skills and gaining confidence in the profession.	
In this course, I feel like I was able to synthesize everything that I have learned and put it to use. I feel like I made great strides in using situational communication. I also feel like I made great strides in applying leadership skills.	"I am completely and utterly disappointed in Georgia College and the nursing faculty. This semester has been an absolute trainwreck and the faculty is to blame. The Georgia College Nursing program is highly acclaimed for its excellence. The students are CONSISTENTLY held to an extremely high standard, so naturally I expect the same from my professors and my school. I was disappointed majorly in this regard.
	Firstly, the nursing faculty, since I have started the program, has always expected 100% from its students. Never be late, never mess up, if something goes wrong its either ""figure it out"" or ""it's in your handbook"". This is understandable since the program is very rigorous. My problem lies in the fact that while we as students are held to this standard, the faculty gets to completely screw up, but you'll never hear any of them take responsibility or apologize for anything. This semester it went beyond just disorganization. My semester was a complete disaster. I didn't get to start my practicum until three weeks after I was supposed to for reasons out of my control. I expressed my concerns numerous times to faculty and was met with no solution, no consideration, no exceptions to allow me to finish my hours on time. I did not hear anything from faculty addressing this complete screw up and did not receive ANY help despite being told there were things they could and would do for me. I truly have felt thrown to the wolves this semester and that no one cares. I have had several panic attacks and mental breakdowns due to exhaustion and pure panic that I will not graduate. Not only did I start late, but I was also misinformed by my faculty. I was told not to start my leadership hours until I start my actual practicum. So, on top of being three weeks behind I now have to scramble to get 36 more hours. I still did not receive any assistance or empathy from my faculty. This has been the most stressful

	semester of nursing school and I don't even have any tests.
Using effective communication	I just wish that the faculty would have made more of an effort to assist me and not leave me to fend for myself. The way practicum was set up this semester was stupid. Simply, plainly, just stupid. I am not the only student who has struggled with this. I know several students who are in the same position as me and who are equally as frustrated. It is extremely unfair that the students who were in the first half completed all of their hours and had no stress about it. Staggering students the way the program did does not work. If you're going to throw us to the wolves and make us fend for our own hours then the least you could do is let us find hours at other hospitals. I don't feel like any faculty wanted to help me find extra hours anywhere because it was too much work for them. Well, I had riveting anxiety for the past month and a half because I could not find these hours.
I learned how to balance all of the aspects of nursing care through working 12 hour shifts in the hospital setting. This was very beneficial to my learning.	Lastly, I have not heard anything from the faculty in weeks. I just feel like since we are in our final semester that we have been kind of neglected. Graduation is stressful and we all still have a lot of questions and we need more help than you'd think. "
Leadership	If possible, I think it would be better if we did not have to have two students per preceptor. I had my bedside hours the first half of the semester and it was very difficult to find time to study for the exit exam while also completing other class assignments. There were also multiple times where I worked back to back shifts in order to get my hours in and I would come home and not have time to do anything for school.
How to manage my time appropriately in the clinical setting	I would love more bedside hours or more practicum. I absolutely loved it. I would appreciate if there would not be quite such pressure for time crunch getting practicum hours.
How to become a nurse.	More organized, keep instructions updated
All of them	none
Effective communication	Better communication with students on assignments and due dates. Better communication with graduation information.
	Better communication

I believe the most important concept I learned was collaboration with patients and the healthcare team.	N/A
Application of nursing skills during practicum along with altruism, safety, and effective communication with TeamSTEPPS	Keeping instructions updated for each semester
	I would remove the requirement to include two resources in a lot of the discussions. It consumed too much time and was not helpful. There were many discussions where no resources should have been necessary.
	The only suggestion I would say would be to make the preceptor process better. However, I know that this is out of the control of the instructors of the course.
How to care for patients	
Clinical (practicum) was probably the most valuable aspect of the course because I learned so much for my future nursing practice.	
time management	Practicum hours could be more spread out
that you need to look at a patient as a whole and not just focus in on numbers and test results	
	I understand the need to have discussions and responses every week since there is no physical class, but for people who didn't start practicum in the second half of the semester some of the first weeks of discussions were hard to answer.
Effective communication and teamwork. I was able to practice critical thinking more and apply knowledge that we have learned throughout the course of the program.	better communication with practicum coordinators & with practicum lead; I felt always confused with the course calendar & professor responses were slow
I re-enforced my nursing skills and grew in my confidence on the unit. After practicum I feel more confident communicating with healthcare professionals and patients.	n/a
Practicum taught me a lot and it was the hands on experience that was so beneficial.	

Appendix B: One or more projects that assisted with your ability to meet program outcomes

Please select one or more projects you have been asked to complete in this program. Provide specific examples as to how it has helped you meet the program outcomes. Rate each experience on a scale of 1 (least helpful) to 5 (most helpful). (You may use classroom/laboratory/clinical experiences, case studies, care plans, journals, teaching plans, clinical case presentations, class discussions, simulation/lab experiences, community clinical experiences, research activities, creative teaching strategies, PICO projects, evidence-based practice projects etc)

<p>Simulation and lab checkoffs have allowed me to stay refreshed on my skills, communicate effectively, critically think under pressure, and learn from my errors in a safe environment. My favorite sims were the ones in 3rd semester when we had a full week of them, specifically the Code sim and Blood transfusion sim.</p>
<p>"In the first two semesters, I believe that the countless simulations we went through really helped me. I rate this as a 5. Simulations forced us to jump into situations that we could have backed out of in clinical if we didn't feel ready. I especially liked the code simulation.</p>
<p>Practicum and clinical's are definitely a crucial experience for us to complete. They are a 5 or higher. They allowed me to become competent in my care and to apply evidence based practice. Ive used informatics (outcome 9), apply principles of health promotion (outcome 6), definitely outcome 8 of collaborating with the healthcare team."</p>
<p>leadership paper and project. I feel as if i saw how to be a good staff nurse by seeing it through a leaders eyes. 5</p>
<p>Journals- 1 these journals and discussion posts are busy work and do not help me in nursing school.</p>
<p>Care Plans. Care plans helped me to learn how to make important connections about a patient's health state and how to prioritize interventions for them. I rate it as a 5.</p>
<p>we have been asked to write journals about our practicum experience. I would rate this as a 4 on how helpful it is. It keeps you doing SBAR and practicing report. It also helps you to ensure you know all of the pertinent information about your patient. I think that this has been helpful for me in learning about my future practice.</p>
<p>TeamSTEPPS 5</p>
<p>I think that working at Macon Outreach was one of the highlights of the program that brought a realization that I am going to be a competent nurse. The patient population there was very low medical IQ. They couldn't care less that we were students, they looked to us a healthcare providers. They asked questions about disease processes, medications, signs/symptoms of disease. I feel that they grilled us more than some tests have, but they had no baseline medical education. This experienced combined our book knowledge with cultural care. We got to present the health information to those who may not get it from anyone else. It was a very rewarding experience that I rate a 5.</p>
<p>I honestly feel like, aside from hands on experience in clinical, simulations at the SIM Center have helped me to meet program outcomes. These simulations challenged me as a critical thinker and required team work in every scenario.</p>
<p>clinical journals</p>
<p>I participated in Dr. Roberts standardize patient simulation with the athletic training students. I really enjoyed this simulation experience because it allowed me to collaborate with other healthcare professionals. I was able to see what areas of the team dynamic I did well as well as areas I could have improved. I think this experiences was most helpful (5).</p>
<p>Care plans completed during practicum helped me to stay active and hands-on in the care of my patients.</p>
<p>"Simulation and lab experiences - 5</p>
<p>class discussion posts -1</p>
<p>Journals -3</p>
<p>clinical experiences- 5</p>
<p>Discussion post each week that allowed me to answer if I have completed the program outcome. Rating 4.</p>
<p>Care plans from third semester (5) loved the detail</p>
<p>"Windshield project- I gained valuable experience with community knowledge and diversity.- 4</p>
<p>Code blue sim- I learned a lot from this situation regarding ACLS and BLS and it definitely prepared me to feel more comfortable during a real code at clinicals. -5</p>

class discussions and simulations helped prepare me for clinical situations that may arise. The OB emergency situation simulations were really important to me and I felt prepared when I arrived for clinical. I would rate simulations as a 4 on a level of helpfulness and class discussions on all topics as a 5 because I learn very well from in person discussions.
"5- clinical experience helped me to apply everything that we have learned in the classroom.
5- Simulation and lab experiences helped me to be able to make mistakes in a controlled environment and learn from them "
Team STEPPS has really helped me with communication; it was even a stand-out on my resume as it was mentioned in the interview for the job I accepted
n/a
Practicum was extremely helpful in helping me complete program outcomes. I was able to take everything that I have learned throughout nursing school and use them. I would rate it a 5.
Mr Smiths codes simulations
" Clinical Experiences - 5 - I learn best by doing. Applying the information to real patients helped me to understand the information better to be able to apply it for future patients.
Case Studies - 4 - Having to apply knowledge in case studied helped me to learn the information and apply it to real life practice.
Journals - 4 - Journals helped me learn medications throughout med surg I and II. It was also helpful in knowing all the information that goes into an assessment.
Care plans - it helped with learning to dig through a patients health history but i would say itâ€™s a 3 because it felt more like busy work than a learning opportunity
My practicum experience was the most beneficial (5) experience to me. Going so frequently and being paired with the same preceptor allowed me to learn significantly more than going once a week and being paired with multiple preceptors. The experience also helped me to decide against working in the CV-ICU. I was able to compare the "unit" to the "floor" which showed me that I prefer the floor for various reasons. I am so grateful for the experience and all of the knowledge I was able to obtain in addition to the different skills I was able to perform with equipment that is not on the floor.
My clinical experience during practicum in the CVICU showed me why I wanted to become a nurse. (5).
Simulation over code - 5
" Clinical Journals - being able to use effective communication 1
Windshield survey - assessing a populationâ€™s needs 2
" Case studies 2
clinical case presentations 1
PICO projects 3

Appendix C: Recommendations for Program Changes (raw data housed in qualtrics)

Please provide recommendations for program changes. Provide professional and constructive evidence to support your suggestions.
"I believe that the program, overall, was outstanding. I feel educated and prepared by the courses I took.
I would suggest less ""busy work"" assignments, less clinical journals, and more hands-on practice. This would help reduce the lack of motivation some may feel as they complete these small assignments. "

I don't think that I have any recommendations.
This program has been great to me! Organization and communication are the factors that need the most improvement!! I feel more prepared than other students from other colleges.
More organization and communication.
I think that there could be fewer discussions. I think posting the discussion and writing it is more beneficial than responding to your peers.
The journals were good for helping me understand patho and real my look into meds, however, on weeks where I needed to complete a clinical journal I would find myself missing out on just being able to work with the nurse because I was focusing on my journal. It was also very stressful to have one due the same week as a test.
I enjoyed the program the way that it was. I felt like it flowed well and never was too heavy during any semester.
Reduce amount of Leadership hours and increase amount of NRS 4981. I found Dr. Moore's class to be very beneficial and think that it would have been great if we met with her more often than we did for our other courses, such as Leadership and Management.
Having to do all bedside practicum shifts before the exit exam would be stressful. Having them more spaced out or after the exit would be helpful.
I would recommend doing practicum differently than this semester. It was very hard having to work 3 12 hour shifts a week and having class on top of that. It was also hard to study for the exit and pharm test with that as well.
Our practicum experience was split up into two groups this year. I was in the first group and felt I did not have enough time compared to other student to study for Exit or Pharm. It would have been nice to have each group have one test during practicum
"Allow more clinical time for OB- it is hard to be able to see and understand this area with only 1 day in each location (L&D, postpartum, antepartum, nursery) (If one day is all that can be managed, then make it a full clinical day of 12 hours instead of 6 hours)
I think it will be very hard for semesters below us to combine peds/OB as taking the courses separately, like we did, was very beneficial and at a steady pace."
I feel that in the last semester, leadership hours should not necessarily be a separate necessary section of hours. I did not feel that all of those hours contributed to me understanding what a charge nurse is expected to do. I also understand the importance of the clinical journals that are to be completed throughout the semesters, but maybe the length of them should be cut down. They were a major added stress to me when I needed to be worrying about studying for other tests and assignments.
I would recommend to give student more time to complete Practicum hours and more opportunities to practice in the specialty of their choice. I fortunately got the specialty that I had wanted even with no experience in that area. I believe my education at GCSU helped me earn that position despite the lack of experience in L&D.
STOP MAKING CHANGES. When you mess with a good thing too many times you ruin it. Stop adding and changing classes. The program was fine the way it was. You don't need to merge PEDs and OB and you don't need to add MedSurg 3. You are stressing everyone out for literally no reason and you're ruining the program.
As whole, the program needs to be better at informing their students of what is expected of them, deadlines they need to meet, and getting information out in a timely manor. There were multiple occasions throughout my nursing school experience where I truly had no idea what was going on and could not get an answer from my instructors.
I would love to see practicum with a preceptor throughout the whole semester. More time at the bedside or less stress getting in the hours will allow for focus on study next to working bedside. More time with research and quality journals leads to better learning outcomes and higher retention.

I do not believe that the research class gave me a great deal of further knowledge. Throughout the program we were asked to use research in each class and I believe that gave me more than enough practice in locating relevant research articles.
I think instead of dropping legal and ethics that leadership and management should be dropped. Legal and ethics provides us with information we need to know in order to document efficiently and practice nursing within ethical parameters. I feel that through TeamSTEPPS we learn leadership and management while during the class we have not really learned any knowledge. The guest lecturers are nice but I do not find this class as beneficial as legal and ethics.
When possible, have assigned nurses for clinicals so that you are able to work with the same nurse each week. We had the ability to do this during my 3rd semester and it was extremely beneficial. You are able to learn more.
If there was a way to get our preceptor assignments a little earlier so we are able to change our schedules around better
I did not like having practicum split up into groups, I think it would have been better to have the whole semester to complete clinical days.
Last semester and practicum seemed very scattered and confusing. A better plan for carrying out practicum would be nice. Leadership was also very distracting during the last semester. It was like preparing to finish the program while being thrown another course where we have so many assignments on top of practicum and preparing for the exit exam. It could be another class offered during the summer semester.
I think that the program would benefit from more simulation experiences because these were most helpful for me to really have a hands-on approach to what we were learning in class. We are so blessed to have the simulation center and I thought it was so helpful to solidify concepts.
My only real recommendation is to spread out the practicum experience. I feel when it was broken in two groups that everyone was really stressed and that it affected the grades for the students during their part since they were so wrapped up doing just that in such a small amount of time.
Discussion posts in general aren't super conducive to learning. They seem to just take up time that could be used in more productive ways.
One recommendation would be more communication with course faculty and students. Sometimes students get confused or feel as though they don't know enough information about courses, coursework and other assignments.
I would recommend sending out practicum placements earlier and allowing more time to complete hours. Due to following another nurse's schedule, the first half of the semester was a bit hectic since we had classes on Mondays. My weekend nightshift practicum paired with interviewing for jobs in Atlanta and studying for the senior exit exam created a lot of stress.
Respectful, experienced clinical professors & staff who encourage and listen to concerns not tear down students. Look at previous clinical sites & give everyone at least one opportunity on 6 Main...best floor for best opportunities & opportunities should be equally dispersed.
clinical journal lengths should be shortened. they were an extra added stress when there were other assignments and tests to study for
The nursing staff has done an incredible job helping prepare the nursing students for our future as nurses. I am extremely thankful for the opportunity to have my practicum experience because it is the only reason I was given an interview and position in the ICU.
Overall, I have really enjoyed being a part of this nursing school program! One recommendation that comes to mind is potentially incorporating more hands-on opportunities through the course of lectures. This could be more case studies, concept maps, etc. Anything to make the content more interactive. It has been much easier for me personally to remember content when I can use it and apply it in realistic ways. For example, when we are able to practice skills in the lab, it is much easier to remember what to do because you go through the process of physically and mentally executing the task. I think it could be beneficial to incorporate more of this into lectures when possible to facilitate learning of new content.

Including specialty courses would allow for students to have exposure to their field of interest prior to graduation. Even if this was an online component, just having materials available would be helpful.

"I feel like the biggest needed changes have been made, for example the grading scale, psych curriculum, and many more. These were great and needed changing so I thank you for those. Also we are the last cohort under the old curriculum so it is now different. I do wish some teachers, mainly med-surg ones (except Ms. Warren she's great) were more supportive. Often times they were cut throat and I just felt like they did not care about anyone as a person. I understand this is nursing and it's intense, but it is also a lot more than just that. For example, I had one journal I submitted, but somehow my laptop did not save the completed version, and it was only half-way finished. My preceptor, who had worked with me all semester and knew me, believed me. But the faculty member did not believe me, I felt unheard, and then they proceeded to threatened me with a U (despite me never failing a clinical journal and that not being a case for a U according to the syllabus). Why is that necessary? I had never had a history of something like that and had almost a 90 in the class. All that to say, I think the nursing faculty could support their students and actually know them.

Appendix D: Fall 2019 New Graduate Employment Information (raw data housed in qualtrics)

State of NCLEX exam	Have you been hired	State of Employment	Agency of Employment
GA	yes	GA	Northside Hospital Gwinnett, ICU
Georgia	yes	Georgia	Augusta University Medical Center in the ED
Georgia	yes	Georgia	Children's healthcare of ATLANTA in picu
GA	yes	GA	Children's Healthcare of Atlanta, respiratory/gi
Georgia	yes	Georgia	CHOA Atlanta/ PICU
Georgia	yes	North Carolina	Duke University Hospital; Cardiothoracic ICU
Georgia	yes	Georgia	Emory Midtown, MICU
Georgia	yes	Georgia	Emory Saint Joseph's Hospital, MedSurg/GI floor
Georgia	yes	Georgia	Emory Saint Joseph's Hospital; oncology;
Georgia	yes	Georgia	Emory Saint Joseph's, GI/bariatric,
GA	yes	GA	Emory University Hospital Medical/Acute Respiratory ICU
GA	yes	GA	Emory University Hospital Midtown, CCU
Georgia	yes	Georgia	Emory University Hospital. Bone Marrow Transplant.
Georgia	yes	Georgia	Emory University Hospital; Medical/Acute Respiratory ICU
Ga	yes	Ga	Floyd medical center, L/D
Georgia	yes	Georgia	Georgia. Children's Healthcare of Atlanta at Scottish Rite; PICU;
Georgia	yes	Georgia	Houston Healthcare. Cardiac/Stroke
Georgia	yes	Georgia	Memorial Health; CV stepdown
Georgia	yes	Georgia	Navicent Baldwin, L/D
Georgia	yes	Georgia	Navicent Baldwin. Emergency Department
Georgia	yes	Georgia	Navicent Macon CVICU
Georgia	yes	Georgia	Navicent Macon L&D
Georgia	yes	Georgia	Navicent Macon, CVICU
GA	yes	GA	Navicent Macon, NNICU

Georgia	yes	Georgia	Navicent Macon, Oncology
Georgia	yes	Georgia	Navicent Macon/ Cardiac- 5 Heart Tower
GA	yes	GA	no answer provided
Georgia	yes	Georgia	Northside Atlanta, L/D
Georgia	yes	Georgia	Northside Atlanta, Mother Baby
Georgia	yes	Georgia	Northside Hospital Gwinnett, Cardiac ICU
Georgia	yes	Georgia	Northside Hospital Gwinnett, CVICU
Georgia	No	Georgia	not employed upon graduation
Georgia	No	Colorado	Not employed upon graduation
Georgia	No	Georgia	not employed upon graduation
GA	No	GA	not employed upon graduation
Georgia	No	Georgia	not employed upon graduation
Georgia	No	Colorado	not employed upon graduation
Georgia	No	Georgia	not employed upon graduation
GA	No	GA	not employed upon graduation
Georgia	yes	Georgia	Piedmont Henry, L/D
			Piedmont Hospital Buckhead in the CVICU
Georgia	yes	Florida	Sacred Heart Pensacola, MICU
Georgia	yes	Georgia	South Georgia Medical Center, ER
Georgia	yes	Georgia	St. Joseph's/Candler Hospital, Progressive Care Unit (PCU)
Georgia	yes	Georgia	St. Mary's Hospital, Medical/Neuro ICU
Georgia	yes	Georgia	WellStar Kennestone Hospital Trauma Surgery ICU