

Student Evaluations Fall 2008

2320 (first time this course has been taught in our new BSN program)

I conduct formative and summative evaluations throughout my classes. I have not received any data from the school SRI system.

N=17

	Remove syllabus (currently included)	Include our timeline (currently included)	Include our lab prep sheets (currently included)	Didn't like carrying the book around	Didn't like the scenarios and the book at all	
Course Booklet *****	15/17	17/17	9/17	1/17	1/17	
I wanted	More lecture	More clinical time	More lab time	The division of the two was about right		
	10/17	9/17		3/17		
I felt trying to read for nursing and other science courses was	overwhelming	manageable	I couldn't get it all done	Most of the time I was dragging		
	11/17	1/17	11/17	6/17		
I appreciated the practice tests on blackboard	Yes, they were helpful	No, they didn't help me				
	17/17	0/17				

I liked the diverse learning activities	Body Worlds, yes	Guest Speaker, yes	Body worlds, no	Guest Speaker, no		
	15/17	17/17	2/17			
Clinical was disappointing because	not enough time	Didn't get to do a lot of RN skills	Only got to do vital signs and bed baths	Staff were not helpful in Nursing Homes	Felt my time was wasted in nursing homes/poor timing	Loved the hospital and loved following the RN
	2/17	15/17	9/17	6/17	5/17	13/17
Clinical was great because	I learned a lot	RN's let me do things				
	9/17	13/17				
Lab was good		More labs with faculty at each station for feedback	Focus on one skill at a time	We repeated skills too much	Wanted to learn more advanced skills	Too much bed baths and basic skills, I wanted to learn more advanced skills
	15/17	3/17	3/17	2/17	4/17	4/17
Dianne was knowledgeable	In clinical	In lab	In lecture			
	13/17	13/17	4/17	*****		
I believe I met the objectives of the course	yes	no				
	13/17	4/17		*****		
Dianne worked with us to accommodate our learning experience	Yes	No	Mixed			
	11/17	2/17	3/17			

N=17

**Each student had a course booklet. It is included with this portfolio. The book explained the class process, included scenarios, a syllabus, the assignments, a timeline, notes and daily work sheets. They kept this book throughout the semester; it was reviewed by the professor weekly and feed back given. At the end of the semester, the book was graded. Two students stated they did not learn nor did they like carrying the book around. Fifteen students stated the book was helpful and gave needed and valuable feed back.**

**Notes: This class was a first time for the BSN program. It inadvertently got scheduled during a time when there was not a lot of activity at the hospital or Nursing home. I offered to take them at a different time when more patient care could be given, but at least one of the students refused to change. That being the case, we kept the unpopular time.**

**Many of the students felt the Nursing Home (Orem) was not very friendly or helpful towards them. They felt they did not get to do a lot there. The did not like following the Certified Nursing Assistants around at the hospital or Nursing home; they felt the CAN;s would rather perform the tasks themselves as opposed to “teaching us and having patience”.**

**The majority of the students wanted more time with the RN. They wanted to learn what the RN does and not so much bed baths and V/S; these tasks they felt belonged to the CNA (Certified Nursing Assistant). I must reinforce with the student that 2320 is a basic skills class where they will practice and learn skills which include baths and vital signs (heart rate, blood pressure and temperature). The skills are the core of an RN.**

**I will ensure I reinforce to the students that this class (2320 Interventions) is a class that teaches skills. It is not advanced nursing. Because some of the students work in a health care environment they got “bored” quicker and felt they didn’t learn much. Four students felt I was not as knowledgeable in lecture because “she doesn’t come down to our level”, “she will bite your head off” (severe words), “she doesn’t teach us what is on the test” and “I didn’t feel comfortable asking her a question”. I did have one student tell me that she felt I would answer her with “It’s on blackboard”. She commented to me, “I don’t want to hear that, you can tell me the answer to the question”. It is true, I could. But, if I can look on Blackboard and get the answer, then I must insist the student be responsible for their learning; thus, they must seek after it. When they say “I can’t find the answer in the book or anywhere” then I will look for the answer and get it to them.**

**Admittedly, it was difficult teaching all skills without “adding in the disease portion of” why we get patients up after surgery to walk them. I did teach some pathophysiology and some disease processes. I am finding they wanted more of these (10/17) lectures.**

**The ideal is to introduce the skill in the lab, the student practices in the lab (open labs were offered many Saturdays and during the week). Few to no students attended the open labs. After practice in the lab, then the student goes to the clinical setting and practices this skill. This is the piece the faculty has no control over. The particular skill we may be anticipating practicing (foley catheter insertion) may not be available on that clinical day. Students find this disappointing. Frankly, as faculty, so do I; but this is the nature of nursing.**

Three students out of the seventeen wanted to have focus on “one skill at a time”. Because there were more than 30 skills to be taught (and some of the skills were very involved, i.e. medications), it would be impossible to do “one skill at a time. Many of the skills or dependent on other skills and need to be pulled together; they can not be taught in isolation. The problem with doing it “several skills pulled together” is faculty assistance. I only had one faculty member designated to help me in the lab. I did gather several more faculty on 2 occasions for the “bigger” labs and the students liked this. They commented: “having several faculty there helps us as we get immediate feedback and we don’t “practice/learn the skill the wrong way”. I pull many skills together so that the student will be prepared to function in a clinical setting. We perform skills in harmony in real life clinical settings; we do not perform skills in isolation. Staff at the hospital have said to me on more than one occasion that often the new grad gets frustrated quickly because they cannot “pull it all together”; they are slow and moving with only one piece of the puzzle when there are several pieces that need to come together. I am attempting to teach these “pieces” as a whole so they hopefully make more sense to the student later. This is why I teach using patient scenarios.

When I have been in labs in the past here at UVU, I found myself often the only faculty in the lab. My helpers (faculty) did not show up to the lab. When teaching fundamental skills, the faculty has to know the skills. Because students work in the health care setting, they often ask very technical questions. Some faculty may find these questions daunting. Clinical practice changes so rapidly. For this reason I continue to practice so I can stay “one-up” on the student. (I also work to pay for my advanced degree as UVU does not offer tuition reimbursement).

I was absent for three labs due to pursuit of an advanced degree. Two students commented that they did not like the fact that I was gone so much. They felt their “learning” should not suffer because of my absence. I agree. When I was gone, they had an assignment or an open lab. The open lab was attended by 3 students. I left a module assignment on one of my absences. The faculty member I left to oversee the students got delayed in Heber. The students were frustrated with the assignment. The assignment required reading of the material in the book (and the module guided them through this) but they came to class unprepared and began to flounder. Another faculty member did come in and helped them through the assignment. The third absence was filled by my colleague taking the students to the State Hospital for flu shots. This was well received by the students.