

# Dq comments

[Health & Medicine](#), [Nursing](#)



DQ Comments Student Response 1 Your post was great. However, the stakeholder should get more involved with the running of the programs than they are now. Although they appoint board members to guide them in the evaluation of the programs, they should have representatives in these institutions in order to supervise the processes. After the students are through with the learning programs, they will be working for these stakeholders more than the learning institutions. It is good that they make sure that they have come up with the best. It would not be fair to find out that the students got too much of the theory and not enough of the practical (Russell, Cornello & Wright, 2007).

Student Response 2 The post hits the nail on the head. There is nothing as frustrating and disappointing that finding out that a person got credentials from a non-recognized program. There should be more ways of informing the students of the eligible programs recognized by NLN and ANCC.

The stakeholders should also stop being discriminative on the students they take in as interns or as workers. Some stakeholders only submit interns that have undergone through programs provided by certain learning institutions. This is not fair for the students who want a chance in these clinics and hospitals but they did not go through the wanted learning institutions (Russell et al 2007).

Student Response 3 The constant evaluations made will keep the programs at the top. Adjustments, corrections and improvements can be constantly made to make sure that the programs are tailored to tackle the problems being faced at the present. If the outcomes of the evaluations are positive,

then the students are happy and the stakeholders are happy too. Students tend to enroll in the institutions that are offering successful programs more than the institutions with the unsuccessful programs. As the evaluations, guide the stakeholders and the board members to make future decisions, the students and the patients stand at higher chance of providing and being provided for good services respectively (Gaberson, Gaberson, Oermann & Oermann, 2010). Student Response 4 There is total agreement.

A curriculum that was effective some ten to five years ago, may be not as effective now. Changes are happening every day, month, year, decade, and so on. If possible, it is important that the curriculum be reviewed after every five years especially in the field of medicine. Diseases and their treatments keep changing. A type of medicine that was effective some two years ago may not be as effective now. The curriculums should be changed or adjusted in order to keep up with these changes. It would not be fair to evaluate a new program that is being run by an old curriculum (Gaberson et al 2010).

Student Response 5 This post can never be explained any better.

Stakeholders want to feel that their interests are met or fulfilled. In some ways, the stakeholders' interests compliment each other. If the presidents and the tutors of the institutions give quality teachings, then the students give back good performances to the student's and the staff's satisfaction. If there are good performances, the hospitals get the best, who also offer the best to the community. The planning should be carried out in way that it meets the goals of all these stakeholders.

As seen, when the planning satisfies one party, then it almost satisfies all the other parties (Russell et al 2007). References Gaberson, K., Gaberson, K. B., Oermann, M. & Oermann, M.

H., (2010). Clinical Teaching Strategies in Nursing. New York, NY: Springer Publishing Company. Russell, A. T., Cornello, R.

J. & Wright, D. L., (2007).

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