RESPIRATORY THERAPY PROGRAM



ADVISORY COMMITTEE MEETING Thursday February 9, 2009 5:30 – 6:00pm – Dinner 6:00 – 7:30pm – Meeting

Building 7, 2nd floor, room 7215

AGENDA

- I. Introductions as necessary
- II. Minutes from last meeting
- III. Continuing Business
 - a. Enrollment
 - b. Budget/Facilities Update
 - c. Clinical rotations
 - d. CoARC Accreditation Self Study site visit preliminary summary
 - e. Advisory Committee Goals / Priorities
 - f. RT Club Update 2nd Year /1st Year

IV. New Business

- a. Job Fair
- b. Human Resource Survey
- c. Survey of RT manager/community needs for education and training
- V. Announcements/Other
 - Winter Bash Saturday, February 21, Macaroni Grill San Mateo
 - GBAR Meeting Ohlone College
 - Tahoe Conference March 11-13
 - SF General Hospital Conference -April 24
 - CSRC Convention, Riverside June 7-10
- VI. Date for next meeting

Advisory Committee Priorities / Goals

Advisory Committee

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|---|---------------------------------------|-------------|---|
| Utilize assessment resource tool | Advisory | Fall each | Improved effectiveness of |
| to identify yearly goals/objectives | Committee Chair | year | advisory committee |
| and formulate action plans to strengthen advisory committee's effectiveness | and Program Director | | ✓ Program resource survey✓ Advisory committee minutes |
| Establish a committee to review | Program Faculty | Spring 2009 | Improved sequencing of |
| program curriculum and sequencing to better meet community and student needs. | Medical Director Community Students | | program curriculum.✓ Program resource survey✓ Student surveys |

Medical

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|------------------------------------|--------------------|----------|---|
| | | | (quantinable measures) |
| Continue collaboration with | Program Faculty | Ongoing | Currency of medical |
| Medical Director to ensure current | | | practice standards |
| standards of medical practice are | Medical Director | | |
| met. | | | |
| | | | |

Faculty

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|--|--------------------|------------|---|
| Program faculty and dean to find | Program Director | Fall 2008 | Students identify |
| means to ensure additional personnel support for laboratory | Clinical Director | | satisfaction with laboratory experiences. |
| instruction | Dean | | ✓ Student/program personnel surveys |
| Encourage professional development opportunities for all faculty focusing in teaching and evaluation methods | Program Director | Continuous | Faculty are more uniform in classroom teaching methods and assessing student performance. |
| | | | ✓ Student Surveys |

Support Personnel

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|--|--------------------|-----------|---|
| Hire a part-time administrative assistant for health care programs | Dean | Fall 2008 | Increased administrative support ✓ Program personnel surveys |

Facilities

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|-----------------------------|----------------------------------|----------|---|
| Classroom/laboratory | Skyline College, | Spring | Improved student learning |
| currently under renovation. | the Respiratory | 2009 | outcomes. |
| | Care Program faculty and Dean | | Increased student satisfaction. |
| | | | ✓ Student/program personnel surveys |

Laboratory Equipment and Supplies

| What is to be done New equipment and supplies will be purchased | Who is responsible Skyline College, Respiratory Care Program faculty and Dean. | Due Date Spring 2009 and ongoing | Expected Result (quantifiable measures) Improved student satisfaction. Improved learning outcomes. ✓ Student/program personnel surveys |
|--|--|-----------------------------------|---|
| Solicit vendors of respiratory care equipment regarding donation of supplies/equipment to program. | Director of Clinical Education | Ongoing | Greater access to equipment and supplies Improved student satisfaction. ✓ Student/program personnel surveys |

Learning Resources

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|--|--|-----------|---|
| Coordinate access through the library and learning center to respiratory software and multimedia resources | Program Director Clinical Director Library, learning resource coordinators | Fall 2008 | Improved student access and support of RT learning resources ✓ Student surveys |

Financial Resources

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|---|------------------------|-----------------|---|
| Complete renovation of RT classroom/lab | Skyline College | January 2009 | Sufficient physical resources to meet program goals ✓ Program personnel and student surveys. |
| Purchase new equipment to meet program needs | Program Director Dean | January 2009 | Sufficient equipment resources to meet program goals Program personnel and student surveys. |
| Provide more detailed budget reports at advisory board meetings | Program Director Dean | Fall 2008 | Advisory board better informed regarding budget allocation and their processes <pre> Program personnel surveys</pre> Advisory board minutes |

Clinical Resources

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|--|----------------------|----------|--|
| Continue to explore affiliation | Director of Clinical | Spring | Increased community presence. |
| with other hospitals in this community in efforts of further enhancing the variety of learning experiences. | Education | 2009 | Decompression of current sites. ✓ Student/program personnel surveys |

| Student evaluation rubric will | Director of Clinical | Fall 2008 | Consistent student evaluation by |
|---|----------------------|-----------|---|
| be reviewed with each clinical site annually to ensure that it is utilized effectively. | Education | | clinical affiliates. ✓ Student/program personnel surveys |
| Develop and pilot Clinical | Program / Clinical | Fall 2009 | Consistent preceptor support |
| Preceptor Program | Director | | for students. ✓ Student/program personnel surveys |

Physician Input

| What is to be done | Who is responsible | Due Date | Expected Result (quantifiable measures) |
|--|---|-----------|--|
| Implement more opportunities for student/Medical Director interaction during year 1 of program. | Program Director, Clinical Director, Medical Director | Fall 2008 | Students receive more physician interaction during year 1 of program. ✓ Student/program personnel surveys |
| Increase physician presence by having clinical affiliate physicians address the students while in the classroom/clinical setting on various aspects of respiratory care. | Program faculty | Fall 2008 | Increased physician/student interaction. ✓ Student surveys |
| Address inconsistencies in support and expectations of physician interaction at clinical sites. Increase student participation of respiratory care rounds at each clinical site. | Clinical Director | Fall 2008 | Students receive more physician interaction. Clear expectations are identified. ✓ Student/program personnel surveys |

Philosophy of Shared Governance Skyline College

The primary mission of Skyline College is to provide quality education to its students in partnership with its community. Shared governance is a method of college management in which decision makers, whether with primary or delegated authority, are committed to involving affected constituencies in decisions as much as possible. Shared governance is based upon individuals having a voice in decisions that affect them.

Shared governance is carefully planned, instituted and evaluated. It is designed to lead to effective participation in decision making that unites constituencies, produces an improved college environment, and draws upon the strength of diversity. Shared governance includes the structures and processes for decision making that engage students, staff, faculty and administrators in reaching and implementing decisions that further the primary mission of the college—to educate students. The groups formed to address college matters are properly charged and empowered, the members carefully selected, and processes clearly structured. The structures and processes for shared governance vary according to task.

Members of the constituent groups must commit to participating in the implementation of decisions made through shared governance processes and to working within legal and pragmatic parameters of decision makers. The partners in shared governance acknowledge that traditional and legally mandated roles continue within the context of shared governance; e.g., the publicly elected members of the Board of Trustees have the ultimate legal and ethical responsibility for setting policy and making decisions regarding the operations of the District's colleges.

College Budget Committee

The Skyline College Budget Committee is the primary budget recommendation group for the College, thereby establishing recommendations to the College administration on College budgetary matters. The Committee is responsible for reviewing the revenues and expenditures of the College.

Institutional Planning Committee

The Institutional Planning Committee was created by the College Council in September 2003 and is governed by charter and By-Laws of the College Council. The task of the IPC is to formulate and recommend to the College Council a plan for the IPC as a standing committee and implementation timeline for the integration of the IPC into the governance structure of the College. The IPC will be the primary body responsible to coordinate, communicate and integrate College-wide planning at Skyline.