

Skyline College
Respiratory Care Program Community College Advisory Committee Meeting Minutes
February 7th, 2017

In attendance:

Skyline faculty and administrative staff, clinical site managers, and clinical preceptors: Ijaz Ahmed, Chris Comstock, Brian Daniel, Heather Esparza, Benjamin Fernandez, Lee Guion, Ray Hernandez, Gordon Mak, Joe Rice, Mark Siobal, Nadia Tariq, A.S. and B.S. Degree Programs students.

	DISCUSSION	ACTION
Minutes from last meeting, introductions, and welcome	<p>Minutes approved by Gordon Mak and second by Ijaz Ahmed. Lee announced that she retired recently from her position.</p> <p>Introduction of everyone in attendance including students enrolled in Bachelor's Degree program.</p>	Minutes of past meetings posted on Skyline website. Changes or additions will be directed to Program Coordinator.
<p>Continuing Business:</p> <p>Enrollment A.S. / B.S.</p> <p>B.S. Degree Program</p> <p>Clinical Rotations</p>	<p>Enrollment: 26 students in first year, 19 in second year students while we have 26 students enrolled in Bachelor's Degree program. Application cycles for both A.S. and B.S. programs are open through May 1st and June 1st. 2nd students are encourages to apply to reserve their seat in the program.</p> <p>The program brochure was handed to the group for review. Ray shared that potential students in cohort 2 will be meeting once weekly for 6 hours on Wednesdays approximately from 3-9pm and asked everyone to provide their feedback and concerns. He mentioned that many factors are in considerations for this change such as students' and faculty availability, space and time.</p> <p>Brian reported that this upcoming Friday would be the 1st year student clinical rotation day. He's currently working on two new clinical sites (Lucy and Mission Health Clinic). He will be finalizing the last few details and will know how many students can be at their sites in four weeks cycle. Brian also mentioned that he keep reaching out to Alameda Services site(s) to bring them on board but has no luck yet however on a positive side we might be able to start clinical rotations at SSF Kaiser effective summer 2018. He also reported that he's currently in the process of combing through last few more details before brining VA Palo Alto on deck for PFT rotations. In terms of Seton Medical Center, the site was lost in flux however, it looks promising that we'll be able to bring them on board soon.</p>	<p>Ijaz will continue to inform committee of enrollment, attrition, and program accreditation status with the goal of maintaining or improving positive outcomes for all students.</p> <p>Brian will continue to report on student clinical experience and addition of new clinical sites with the goal of maintaining or improving the quality of clinical experiences for all students.</p>

<p>Inter-rational Report</p>	<p>Brian has used the same rubric developed by Ray when he was director to create interrater reliability reports for students. He evaluated over a term of six weeks on the following elements associated with clinical clerkship:</p> <ul style="list-style-type: none"> • Student preparedness with specific objectives for a given clinical day. • Student understanding theory and concepts relating to respiratory care related task performed. • Student is ability to carry out respiratory care related tasks/procedures with minimal preceptor intervention. • Student response to constructive criticism. • Student communication skills. <p>Based on the rubric and last two rotations, we met 85% inter-rater reliability for spring rotations while reaching 94% for fall rotations.</p>	
<p>Budget Update</p>	<p>Things are stable. College has approved two additional buildings. Construction will start in the next 6 months. Building 1 will also be demolished and will have a new layout. While the construction is in process, we'll be down total of 22 classrooms. In addition using one-time funds, Allied Health computer lab will be converted to simulation lab.</p>	<p>Ray will continue to keep committee members informed of the financial health of Skyline College and RC Program.</p>
<p>RT Club Update</p>	<p>Respiratory Care Meet and Greet has been scheduled for February 8th from 11:30 to 1:00pm. Associate Program graduation is scheduled for June 22th. Luma mentioned that she's in the process of looking into uniforms and will provide update. In consensus with everyone, 45th anniversary celebration will be delayed while planning 50th year celebration on a bigger scale.</p>	<p>Continued Goals: Mentoring of First Year students by Second Year students; Find fundraising and community volunteer opportunities that allow for continued education and promotion of the profession of Respiratory Care.</p>
<p>Continuing Business Degree: Faculty Updates</p>	<p>It has been hard to fill in the full-time position. To make it outstanding, revised hiring brochure has been created with additional highlights such affordable housing and overload assignment over the summer to make it 12 month position. The plan is to outreach at east coast Master's program to recruit.</p>	
<p>ACCJC Site Visit</p>	<p>Accreditation site visit had three team members and went very well. They talked to five different groups, which consists Executive/Division Leadership, Program faculty, student representatives, student services/academic support and curriculum committee. Everyone was very engaging in the conversation and had consistent information to provide. We don't know the exact timeline for</p>	<p>RC Program faculty and administrators will continue to seek and provide improved educational opportunities for students with the goal of promoting classroom and clinical excellence and expanding professional opportunities following graduation.</p>

<p>New Business & Updates:</p> <p>CoARC Revised Standard</p> <p>CoARC Self-Study Task Force</p> <p>Simulation Lab</p> <p>Announcements:</p> <p>Date for next meeting</p>	<p>the official report. However, the team will review the information and provide some sort of recommendation but nothing major. Our next step is to submit substance of change to convert the program fully online. On a side note, Modesto Jr. College is also launching their program in Fall 17, which will be fully onsite. Our team has been meeting with them to share our resources.</p> <p>In November 12th meeting, accreditation standards for entry into respiratory care professional practice has been updated. See attached handout for details.</p> <p>The CoARC report is due sometime in November. The letters should be received by April and will have all the details which will be shared with everyone in the next advisory board meeting. The task force will be formed including multidiscipline members; faculty, students, community members who will review standards and provide feedback. One of the suggestion was to designate one whole meeting in Fall towards review of self-study report.</p> <p>Allied Health library located in the hallway will be converted to simulation lab using one-time funds in the Summer semester.</p> <ul style="list-style-type: none"> • Job Fair is scheduled for April 19th. Reminders will go out next week for registration while follow up phone calls will be made in March for one last push. • At his point, GBAR Tahoe conference is sold out. • ZSFGH conference is scheduled for April 28th. • Mock Interviews are schedule for May 12th. • AARC conference is scheduled from October 4th through 7th, 2017 <p>June 6th, 2017</p>	
---	--	--

Specific Revisions to Accreditation Standards for Entry into Respiratory Care Professional Practice

Approved by CoARC Board on 11/12/16

1.01 Institutional Accreditation

The following is added to the glossary:

Post-Secondary Academic Institution: Any accredited school that awards a degree beyond that of a high school education.

The Committee is recommending the following additional changes:

1.03 Sponsor Responsibilities

Interpretive Guideline:

This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be provided.

All required educational resources (didactic, laboratory and clinical) must be available prior to the admission of students into the program. For programs with a distance learning component, arrangements for laboratory and clinical instruction/experience of sufficient quality for the program to meet the Standards (such as 3.01, 3.12, 4.02, 4.09) must be in place prior to each student's enrollment.

Rationale: All resources must be available prior to admission of students to the program.

1.04 Sponsor Responsibilities

Interpretive Guideline:

On at least an annual basis, the sponsor should provide program faculty the time and support needed to review the curriculum based on the most recent TMC Subscores by Content Domain report provided by the NBRC, to develop program concepts, to conceptualize the curriculum design and course delivery format, and to enhance the curriculum based on evaluation feedback from course evaluations by students, graduates and instructors. During the school year, program faculty should regularly meet on a regular basis in order to discuss the curriculum evaluations and efforts to maintain the health and effectiveness of to make any modifications necessary to ensure that the curriculum is up to date and effective the curriculum. Programs should maintain the minutes of these meetings.

valid government-issued photo identification to confirm the identity of each person who takes the proctored examination, thus ensuring that examination results will reflect each enrolled student's knowledge and competence in accordance with stated educational objectives and learning outcomes.

This rewording prompted a change to the glossary:

Faculty (Clinical)-Individuals who teach, supervise, or evaluate students in a clinical setting but who are not program faculty. This includes clinical preceptors.

Rationale: Clinical faculty can conduct the final check offs and make recommendations to the program faculty for the final grade.

3.09 Reporting Program Outcomes

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds of Success) for each of the mandated outcomes (See www.coarc.com). ~~The~~ program must meet all the outcomes assessment thresholds, as documented in ~~the~~ Annual Report of Current Status (RCS). Programs ~~shall~~must include analysis and action plans to address any subthreshold outcomes, shortcomings revealed by these evaluation systems.

Credentialing exam performance is evaluated by what CoARC has defined as 'NBRC CRT credentialing success', which is the percentage of all program graduates (not ~~the percentage of~~ just those taking the test) who achieve the low cut score on the Therapist Multiple Choice Exam (TMC) and thereby earning the NBRC's CRT credential. This outcome measure is applicable to all accredited, Entry into Respiratory Care Professional Practice (Entry), educational programs ~~in Respiratory Care~~ regardless of the ~~Entry into Respiratory Care Professional Practice~~ degree awarded. Programs must also submit their NBRC Annual School Summary Report. The established threshold for CRT credentialing success is 80%.

Beginning with the RCS due in July, 2018, the CoARC will require that all Entry programs also meet the threshold for the high cut score on the TMC. A threshold for the high cut score on the TMC will be established and made public prior to the submission date for the 2018 RCS. Graduates who achieve the high cut score are eligible to take the NBRC Clinical Simulation Exam (CSE). Upon successful completion of the CSE, graduates will earn the NBRC RRT credential.

Attrition is defined as the percentage of students who enrolled in a respiratory care program and began fundamental (non-survey) respiratory care coursework but left the program. Students who leave the program before the fifteenth calendar day from the beginning of the first term with fundamental respiratory care coursework, and those students transferring to satellites, are not included in program attrition. The established threshold for attrition is 40%.