

ST. PETERSBURG COLLEGE
Respiratory Care Program
ADVISORY MEETING MINUTES
April 4, 2012

Present:

Ed MacManus	All Children's Hospital – Chairman
Shirley Westrate	ALA Public Rep.
Sonya Mickens	Bay Pines VA Healthcare System
Traci Klauka	Largo Medical Center
Tim Luba	Bayfront Medical
Michelle Maher	Mease Countryside/ Dunedin
Mark Pellman	Sarasota Memorial Hospital
Dr. Anthony Ottaviani	SPC Program Medical Director
Dr. Phillip Nicotera	SPC Provost
Nancy Kelley	SPC Associate Provost
Gary Graham	SPC Academic/ Student Affairs
Dawn Janusz	Connections, HEC
Stephen Mikles	SPC Program Director
Dan Craddock	SPC Director of Clinical Education
Margie Quinn	Freshmen Representative
Kristine Hayes	Sophomore Representative

I. Introduction and Approval of Minutes

Ed MacManus called the meeting to order @ 2:33 pm. Mark Pellman motioned and was seconded by Michelle Maher to approve the minutes of the April 6, 2011 meeting without correction. Motion carried.

II. Reports and Discussion

PROGRAM UPDATE

LAB EQUIPMENT

There has been no capital equipment purchased in the last 12 months. No capital equipment approvals are needed at this meeting.

ENROLLMENT

Freshmen – 16 of 24 students who matriculated in August 2011 are still enrolled. Two were lost to academic attrition. Six were lost for

personal reasons. Four of the six had academic issues at the time of withdrawal.

No CRT or paramedic transitional students matriculated in January 2012. Paramedic transitional students will now matriculate in August due to changes in the EMS/Paramedic curriculum impacting advanced placement of such graduates.

Sophomores – 15 of 24 students that matriculated in August 2010 remain in the program. Six were lost to academic attrition. Two were lost for personal reasons. One will graduate with the 2013 class. One paramedic transitional student matriculated in January 2011 and is scheduled to graduate in July.

The new selective admissions process that was approved by the advisory committee in October 2009 will be in place for selection of some of the class starting the program in August 2012.

NBRC EXAMINATION RESULTS

2011 CRT Credentialed Graduates

13 of 15 (87%) of the 2011 graduates have obtained their CRT credential. 13 passed on their 1st attempt.

ELE Content Results - % of National Mean for New Candidates

Data 101%
Equipment 102%
Procedures 106%

2011 RRT Credentialed Graduates

11 of 15 (73%) of the 2011 graduates have obtained their RRT credential.

CoARC RCS 2011

Page 8 of the 2011 CoARC Report of Current Status was distributed and the thresholds for attrition, job placement, CRT credentialing success and overall graduate/employer satisfaction were discussed. Page 9 of the 2011 CoARC Report of Current Status was distributed and the RAM summary was discussed.

MARKET DATA - EMPLOYER SURVEYS OF GRADUATES

Gary Graham provided state market data figures. Employer surveys were sent out this week. Delayed employment has delayed distribution of the surveys this year.

BACCALAUREATE PROGRAM – HSA Sub-plan in Respiratory Care

The college has approved the development of courses for the HSA sub-plan in Respiratory Care. This is due in large part to the strong support reflected in the survey we conducted. Thanks to all who participated.

The college has asked that the four courses be developed two at a time. We have started to develop the Advanced Cardiopulmonary Medicine and the Advanced Neonatal- Pediatric courses.

We currently have course developers working on the courses and are in the process of submitting them to the College's Curriculum and Instruction committee. We anticipate these courses will go online in Summer, 2013.

Since students could begin the actual non respiratory courses for this degree before the respiratory courses go online, we anticipate we will begin recruiting efforts for in earnest for this program for Fall, 2012.

Clinical Status

Sophomores

Clinical Practice V – 15 students attending clinical. The sophomores continue basic care and critical care rotations at Bayfront Medical, Manatee Memorial and Tampa General Hospital.

Specialty Rotations

All Children's – neonatal and pediatric rotation: Student clinical summaries have been very positive regarding the staff and the rotation.

Tampa General – neonatal and pediatric rotation: Student clinical summaries have been very positive regarding the staff and the rotation.

Pulmonary Rehab – students are involved in the assessment and teaching of pulmonary rehabilitation at: BayPines VA, Sarasota Memorial Hospital, Mease Countryside, and Morton Plant Hospital.

Sleep Lab Rotation – students attend an evening rotation at a sleep lab to observe the evaluation of a patient at: Manatee Memorial Hospital, Mease Countryside and Tampa General Hospital.

Freshmen

Clinical Practice II – 16 students attending. The freshmen continue patient evaluation and basic care at: Bayfront Medical Center, Largo Medical Center, Morton Plant Hospital, and Sarasota Memorial.

Facility Evaluations

The following grid shows the overall facility ratings on a Likert scale of 0 (Unacceptable) to 4 (Excellent) from last semester*.

CP 4 2010	CP 1 2010
BFMC – 3.0	BFMC – 3.8
SMM – 4.0	LMC – 4.0
TGH – 3.8	MMH – 3.7
	MPH – 3.4

* Please note that overall ratings are based on the number of students participating and with such small numbers the rating can be strongly influenced by a single student.

As always we appreciate all that everyone does to support this program and we recognize you for your endeavors in providing us with the resources to make this program one of which we can be proud.

Student Report

Freshmen – Margie Quinn

The freshmen are having an academically challenging semester. Mechanical Ventilation covers a lot of difficult and new material in a short amount of time. It requires constant attention with reading and reviewing weekly. Paired with Cardiopulmonary Physiology, it can be overwhelming at times. However, everyone is getting through and feels they are being well prepared for finals and future classes within the program.

Clinical Practice 2 bears a lot of resemblance to Clinical Practice 1. This gives us the opportunity to become more efficient at our clinical skills, improve on patient assessment, and work in a different hospital

environment. Overall, it is going well. However, at the beginning of the semester we were given an outline of benchmarks we may be required to meet at the end of each Clinical Practice. For Clinical Practice 2, the benchmark is to manage and treat 4 general care patients. As of today, we have only 4 clinical days left and the number of patients seen varies by group. The students at Bayfront are seeing 3 – 5 patients per week while the Sarasota group is seeing 2 – 4 patients. The students at Morton Plant are seeing 2 patients per week, but do feel confident they will be up to 4. However, the Largo group is not seeing many patients alone and feels they are falling behind. They talk most about weekly problems with the computers and charting.

Lastly, the class spent the first 5 weeks in lab sessions at the Health Education Center. One of the weeks was devoted to AHEC, the in service on the risks of smoking and smoking cessation. It was suggested that this in service be moved from a clinical lab day to either during another class period or on a day the students don't regularly meet. This would give an extra clinical day in the hospital.

Sophomores – Kristine Hayes

The sophomore would like to be able to spend more time in clinicals. Many times after the students leave additional procedures involving their patients are performed and feel they are missing a lot of these events.

The students are excited to know that the end is near however, they are also cautious about what the future holds for them. As for now they are just working on getting through the next couple months and passing board exams, not to mention trying to find a job.

III. New Business –

Clinical Benchmarks

One of the most difficult, yet most important, clinical skills to teach a student is time management. A new graduate lacking basic time and assignment management skills will be hard pressed to succeed. It is much easier to teach these skills if you work them up to it slowly throughout their clinical education rather than having them play catch up at the end of the program.

We need to provide our students a measurable standard for time management. This time standard has to be based on the input of the advisory committee.

An email was sent out to some of you about clinical performance benchmarks a few months ago and we received some excellent replies. A memorandum listing the clinical performance benchmarks was distributed.

Appropriate clinical sections with treatment workloads and separate ventilator workloads were noted.

Following a lengthy discussion about benchmarks, a motion to approve the clinical performance benchmarks as written was made by Michelle Maher and seconded by Mark Pellman. Motion unanimously carried.

IV. Old Business – None

V. Adjournment

Motion at 3:50 pm by Michelle Maher and seconded by Shirley Westrate. Meeting was adjourned.