

**ST. PETERSBURG COLLEGE**  
**Respiratory Care Program**  
**ADVISORY COMMITTEE MEETING**  
**MINUTES**  
**Wed. April 22, 2015 - 2 PM**  
**Health Education Center**  
**Provost's Conference Room**

**Present:**

Mark Pellman	Sarasota Memorial Hospital- Chair
Janelle Middents	ALA Public Rep.
Annette Burney	Largo Medical Center
Sonya Mickens	Veteran's Medical Center
Ryan Philpot	All Children's Hospital
Michelle Maher	Mease Countryside
Dr. Anthony Ottaviani	SPC Program Medical Director
Dawn Janusz	SPC Connections Coordinator
Steve Hardt	SPC Program Director
Dan Craddock	SPC Director of Clinical Education
Melissa Mathieson	Sophomore Representative
Vickie Grantham	Freshman Representative
Brent Noble	Graduate Representative

**I. Introduction and Approval of Minutes**

Mark Pellman called the meeting to order @ 2:05. Mark Pellman motioned and was seconded by Ryan Philpot to approve the minutes of the March 22, 2014 and September 10, 2014 meetings without correction. Motion carried.

**II. Reports and Discussion**

**PROGRAM UPDATE**

**CHANGES IN PROGRAM PERSONNEL (NON KEY)**

Steve Hardt announced in July of 2014 the program had hired Suzanne Lersch to teach classes for SPC's lower and upper division RT programs. Since Suzanne's interests and talents were better suited to teach at the upper division, and there was a pressing need for qualified and credentialed upper division faculty, a decision was made to allow Suzanne to teach exclusively for the upper division.

Therefore, the lower division program currently has an opening for a full-time faculty member.

## **PERSONNEL RESOURCE SURVEYS**

The program personnel resource assessment surveys were distributed at the meeting this year. Members not in attendance will be sent the survey electronically.

## **PROGRAM GOAL & COMPETENCIES ANNUAL REVIEW**

The program goals and competencies were distributed. A change was proposed to make sure the program goals and competencies better reflected the mission of the program. The proposed changes are as follows:

The Respiratory Care Program is dedicated to the philosophy and goals of the college. The Respiratory Care Program is designed to offer the student planned learning experiences and to provide knowledge, skills, and promote attitudes that will culminate in successful employment of the graduate as a respiratory therapist.

In addition, the program is designed to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs)

### **I. COMPETENCY ONE:**

**Upon completion of the program, the student will demonstrate cognitive traits consistent with professional and employer expectations for respiratory therapists**

### **II. COMPETENCY TWO:**

**Upon completion of the program, the student will demonstrate psychomotor traits consistent with professional and employer expectations for respiratory therapists.**

### **III. COMPETENCY THREE:**

**Upon completion of the program, the student will demonstrate affective traits consistent with professional and employer expectations for respiratory therapists.**

A motion to approve the program goals and competencies was made by Michelle Maher and approved by Annette Burney. Motion carried.

## **REPORT OF CURRENT STATUS**

### **ENROLLMENT**

The enrollment data contained on the attached data dashboard was reviewed (see attached).

Applications for the August 2015 class will be accepted from March 1-May 15. There may be a few waiting list students who may enter the program in August, 2015.

### **NBRC EXAMINATION RESULTS**

The credentialing success data contained on the attached data dashboard was reviewed. In addition, Steve Hardt announced the program had recently been notified they will receive a CoARC Distinguished RRT Credentialing Success Award.

### **CoARC RCS 2014**

The 2014 CoARC Report of Current Status was distributed and the thresholds for attrition, job placement, CRT credentialing success and overall graduate/employer satisfaction were discussed. In addition, the RAM summary was distributed and discussed.

A fact sheet (attached) was distributed that summarized this information in a "data dashboard" format.

### **MARKET DATA – Co-ARC EMPLOYER & GRADUATE SURVEYS**

State market data figures were reviewed.

Employer surveys had been sent out and have been very favorable. As indicated, 11 out of 12 Employer Surveys were returned (92%) and all contained a cut score of 3 or higher.

Graduate surveys were sent out earlier this year. 14 of 14 surveys (100%) were returned and all items were rated at or above the cut score of 3.

## **LAB EQUIPMENT UPDATE**

### **Capital Equipment**

Steve Hardt announced as a result of input from the advisory committee at previous meetings, it has been decided it is in the best interests of the program and students to rent or lease equipment in lieu of purchasing it. Therefore, it was discussed and agreed the program should no longer fund any maintenance contracts on the Draeger and Maquet ventilators.

A motion was made by Michelle Maher to approve the purchase of \$2,100.00 to replace the program's existing KoKo spirometer. Motion was seconded by Ryan Philpot. Approved.

### **Clinical Status**

#### **Sophomores**

Clinical Practice 5 –  
15 students currently enrolled. The sophomores continue critical care and basic care rotations at Bayfront Medical, Tampa General Hospital, and Manatee Memorial.

#### **Specialty Rotations**

Neonatal and pediatric care rotations at All Children's Hospital and Tampa General.

Pulmonary Rehabilitation Rotations at Mease Countryside, Morton Plant Hospital and Sarasota Memorial.

Sleep Lab Rotations at Mease Countryside, Tampa General Hospital, Largo Medical Center, and Sarasota Memorial Hospital.

#### **Freshmen**

Clinical Practice 2 –  
22 students enrolled. The freshmen continue patient evaluation and basic care at four facilities: Bayfront Medical Center, Morton Plant Hospital, Manatee Memorial, and St. Anthony's.

## **BACCALAUREATE PROGRAM – HSA Sub-plan in Respiratory Care**

### **Baccalaureate Program**

Steve Hardt reported SPC's online baccalaureate degree in Health Services Administration with a concentration (sub plan) in Respiratory Care is going well, with steady enrollment gains. Members continued to offer support for the HSA with sub plan degree as opposed to the more conventional BS RT format. It was agreed that should enrollment gains continue, SPC may want to investigate the possibility of adding additional RT classes so a BSRT degree could also be offered.

### **Facility Evaluations**

The students' evaluations of all clinical facilities, including specialty rotations, were distributed and discussed. These results were excellent, and Dan Craddock thanked those present for their support of our students. In addition, letters to the facilities' staff thanking them for their efforts were provided.

### **Student and Graduate Report**

***Freshmen*** – Vickie Grantham reported all was well with her class.

***Sophomores*** – Melissa Mathieson reported all was well with her class.

***Graduate report*** - Brent Noble reported there were no issues.

### **III. New Business –**

Steve Hardt reported on recent changes to CoARC credentialing standards and the proposed new CoARC standards for Degree Advancement and Advanced Practitioner programs.

Steve Hardt reviewed the attached program growth plan. While the members agreed the area would support the additional graduates, such growth should proceed with caution as more applicants are coming from out of state to compete with students for available positions. In addition, changes to reimbursement will require a new, more advanced skill set for graduates that might affect a facilities ability to hire large numbers of new graduates. It was agreed the program will proceed with its growth plan with caution, continue to monitor the situation, and make adjustments as needed.

Steve Hardt reviewed the program's plan to improve success rates. He also stressed that under no circumstances will program standards be changed in

any way in an effort to improve success rates. The members present agreed with the contents of the plan, especially the plan to begin offering 12-hour clinical days.

Steve Hardt mentioned in an effort to continue to maintain a well prepared graduate, he had informally surveyed those therapists who were responsible for precepting graduates after they became employed. Although this informal survey indicated a high level of satisfaction, the following opportunities for improvement were mentioned:

1. Graduates where able to perform ABGs during their employer's competency sign off; however, some seemed nervous when doing so. Therefore, the program has elected to begin teaching ABGs in Clinical Practice 3 instead of Clinical Practice 4 to allow more opportunities for students to become more comfortable. In addition, the program will monitor the number of arterial punctures performed by each student.
2. Graduates could be more familiar with HCAP scores and Core Measures, so the program has elected to devote more time to teaching these important items.
3. Graduates have demonstrated difficulty integrating all the individual skills required to successfully intubate a patient, so the program has elected to use increased simulation to help students better integrate the individual skills involved.
4. The program was encouraged to continue its efforts to help students develop the critical thinking/clinical judgement skills required. The program has a number of initiatives designed to better model and teach clinical thinking and clinical judgment skills.

The members of the advisory committee were asked if they noted any additional opportunities to improve the quality of graduates, and could not provide any additional suggestions.

#### **IV. Old Business – None**

#### **V. Adjournment**

Motion at 3:05 PM by Mark Pellman and seconded by Michelle Maher. Meeting was adjourned.

Data Dashboard as of February 26, 2015

Current Students

<u>Yr Admitted</u>	<u># admitted</u>	<u>-Lost Academic</u>	<u>- Lost Personal</u>	<u>+ From Prev</u>	<u>Remain</u>
2014	26	-1	-5	+3 + 2 CRT to RRT=+ 5	25
2013	24	-6	-4	+2	15
2012	22	-7	-2	+1	14

Graduating Classes

<u>Year</u>	<u># Grads</u>	<u>Passed CRT</u>	<u>% National</u>	<u>Passed RRT</u>	<u>% National</u>	<u>Placement</u>	<u>Nat%</u>
2014	14	14	125%	14	139%	13	115%
2013	18	17	119%	17	127%	17	110%
2012	12	12	126%	12	123%	12	115%
#/(%)	44	43/(98%)		43/(98%)			

CoARC RCS Line (2011-2013 graduates)

<u>Category</u>	<u>SPC</u>	<u>National Ave</u>	<u>All FL</u>	<u>FL State</u>	<u>Threshold</u>
Attrition	32.4	19.0	20.5	20	40
Placement	95.6	84.7	80	85	70
CRT Success	97.8	92.5	88	93	80
RRT Success	91.1	68	67	76	N/A
On time grad	97.6	91.19	89	92	N/A

**SPC A.S. Program vs. Baccalaureate Programs (CoARC Outcomes Report 2011-2013 graduates)**

	<u>SPC</u>	<u>Baccalaureate Programs</u>
CRT success	97.8	96.4
RRT success	91.1	82

**Other Indicators**

<u>Year Graduated</u>	<u>Grad Satisfaction</u>	<u>Employer satisfaction</u>	<u>Cohort attrition</u>
<u>%</u>			
2014	100%	100%	37%
2013	100%	100%	25%
2012	100%	100%	32%
3 year average	100%	100%	31%

**Number of completed applications to program**

2014	63
2013	78
2012	45



## Growth Plan

### Number of students admitted

2015 (projected)	28
2014	26
2013	24
2012	24

### Spring enrollment (from BI)

2015	40
2014	35
2013	35

### Graduates

2015 (projected)	15
2014	14
2013	18 (includes 3 from previous cohort)
2012	13

### Completed applications to program

2014	63
2013	78
2012	45

Plan: Admit 28 in 2015 with plan to increase to 30 admissions in 2016. Monitor placement rates and number of applications. Continue to work on increasing program success rates per retention plan.

**Retention Plan**

**Retention by cohort**

<u>Year admitted</u>	<u># admitted</u>	<u>Grad year</u>	<u>#graduated from cohort</u>	<u>retention %</u>
2013	23	2015	15 (anticipated)	65%
2012	22	2014	14	64%
2011	23	2013	15 (excl. 3 from prev cohort)	65%

**Steps to improve retention**

1. Regular out of class faculty support via an “open lab” format to supplement support offered by NIP.
2. Continue to track which prerequisites lead to higher success rates and require them for program entry, such as A & P II and college level math
3. Upgraded program orientation to help minimize withdrawals caused by student unfamiliarity with professional and essential standards of program and profession
4. Peer mentoring
5. Results of informal student surveys
  - a. Consider adding more flexibility in clinical hours, such as offering 12-hour shifts
  - b. Where possible, break large tests down to smaller tests