

**ST. PETERSBURG COLLEGE**  
**Respiratory Care Program**  
**ADVISORY MEETING MINUTES**  
**March 31, 2021 2:30 PM**  
**Held via Zoom due to COVID 19 Pandemic**

**Present:**

Mark Pellman	Sarasota Memorial Hospital- Chair
Dr. Anthony Ottaviani	SPC Program Medical Director
Joanne Dixon	Consumer Representative
Scott Pino	Graduate Rep/St. Anthony's Hospital
Nathan Namolik	Sophomore Representative
Sydney Dodson	Freshman Representative
Andrew Barnett	Tampa General Hospital
Tricia Castle	Mease Countryside Hospital
JD Hancock	Mease Dunedin/SPC adjunct
Nicole Henry	Morton Plant Hospital
Suzanne Hyde	Bayfront Medical Center
Sonya Mickens	Bay Pines Hospital
Linda Semones	John Hopkins All Children's Hospital
Deanna Stentiford	SPC Dean
Steve Hardt	SPC Program Director
Gene Macogay	SPC Director of Clinical Education
Pauline Eberhardt	SPC Faculty
Marilyn Brown	SPC Workforce Development

**Excused:**

Tina Barton	Palms of Pasadena Hospital
Sharon Miles	SPC
Ryan Philpot	Vapotherm
Bob Sokowiak	COPD Foundation
Linda Ward	St. Joseph's Hospital
Michelle Maher	Bay Care

**I. Introduction and Approval of Minutes**

Mark Pellman called the meeting to order @ 2:32 PM

All parties present were introduced.

Mark Pellman motioned to approve the minutes of the Fall 2020 meetings without correction. Seconded by Andrew Barnett. Motion carried.

## **II. Old Business**

### **Program Website**

The program's advisory committee website and resources were briefly reviewed

### **Mock Interviews**

The committee had previously recommended mock interviews for sophomores preparing to graduate. Steve Hardt reported that a mock interview process will be adapted from one used by the SPC Radiography program for many years. We anticipate starting this in Summer, 2021. In addition, SPC Student Government had covered the costs of having several of the sophomores attend the Florida Society of Respiratory Care (FSRC) Sunshine State Seminar, which included presentations on effective interviewing.

### **Review of Capital Budget**

The committee reviewed the previously approved capital budget and the current inventory of ventilators in the lab. All items had been purchased, and the program is awaiting delivery of a Servo U ventilator. Quotes for the Trilogy and Hamilton ventilators were reviewed and determined to be reasonable. The committee discussed future equipment needs, and agreed the program should consider purchasing a cough assist device, a Para Pac ventilator, an LTV 1200, and a Glidescope Go. It was also agreed the program would get quotes on these items and review these quotes with the committee.

### **PPRS**

Program Personnel Resource Surveys had been previously distributed via email.

### **III. New Business**

#### **RespiSim Grant/Cares Act**

The possibility of applying for Cares Act funding to purchase a RespiSim package was discussed. The program has received a quote for \$69,000 for the package. The committee supported the idea of moving forward with the grant application. Deanna Stentiford mentioned that the costs of warranty and maintenance agreements should be included in the grant application.

#### **Student report**

Neither class rep had any issues to discuss at this time

#### **Bachelor's of Science in Cardiopulmonary Sciences (BSCS) degree.**

Steve Hardt discussed the status of the program's application to the Florida Department of Education (FDOE) for a Bachelor's degree in Cardiopulmonary Sciences (BSCS) degree.

As more state colleges in Florida apply for BSCS programs, the state is beginning to develop a listing of mandated pre requisites and a preferred academic pathway. As these preferred pathways to the BSCS degree become more established, AS degree programs in the state may adjust their curriculum to allow for a more efficient transfer to BSCS programs. At this time, this pathway seems to prefer Microbiology and penalize Chemistry

#### **Proposed changes in Curriculum**

The Committee discussed the possibility of changing the current curriculum in the current AS program to replace the pre req Chemistry with the pre req Microbiology. Many programs in the state have already done so. The COVID 19 pandemic may be another example of the importance of ensuring the program's graduates have a strong background in Microbiology. It was agreed that the program should make this change.

#### **CoARC and the BCSC**

The program has been in touch with CoARC and has determined that no substantive change would be required when the BSCS degree is approved. It is the goal of the new BSCS to obtain CoARC accreditation within the first two years.

## **Marketing the BSCS**

Plans for marketing the BSCS program were also discussed. These plans include programs designed to accommodate those who have baccalaureate degrees in other fields who wish to obtain a BSCS, the possibility of dual enrollment for students currently enrolled in an AS RT program, and certificate programs.

The existing certificate programs (Neonatal/Pediatrics and Adult Critical Care) were briefly discussed. There was some discussion regarding other possible BSCS certificates, and hyperbarics was mentioned as a possibility.

## **Review of Clinical Hours and Curriculum**

A breakdown of the total clinical hours and the distribution of these hours by clinical session and location (lab vs. clinical agency) was reviewed and discussed. The program will likely budget additional hours for verifying clinical proficiency in the future.

The feasibility of having a therapist teach students at a hospital they are not employed at was discussed. It was determined that unless a therapist is working pool there that this would be very difficult and should not be considered a feasible option.

## **Impact of COVID 19**

The impact of COVID 19 was discussed. The program followed CoARC recommendations not to delay graduations, using simulation, and verifying competency through proficiency testing. "Hospital hopping" and all "non-essential" specialty rotations that were deemed to present an unnecessary risk to patients, such as pulmonary rehab, were temporarily suspended. Essential rotations were completed through "specialty in place" rotations, where students did these specialty rotations at the clinical affiliates they were originally assigned to. The program also purchased and provided N95 masks and other personal protective equipment (PPE). N95 masks were fit tested using the existing protocol from EMS.

## **Performance Improvement Initiatives**

Steve Hardt presented a performance improvement initiative that the program had been working on. This initiative reviewed the reasons students had completed the program but did not become RRTs during the

last 10 years. Please see the PowerPoint for additional information on this performance improvement initiative.

### **Misc.**

Steve Hardt mentioned that the program obtains signed waivers from all graduates for references checks and CoARC mandated surveys

There will be a virtual information session for all students who have applied to the program as soon as the application window closes. The date will be announced at a later time.

Steve Hardt asked if anyone present had any concerns, suggestions for improvement, or questions at this time. There were none. Steve stressed that advisory committee members should feel free to call at any time with questions or concerns

### **Adjournment**

The meeting was adjourned at 3:08 PM by Mark Pellman