

Minutes
Advisory Board
April 30, 2015

Members present. Jason Brady, Abigail Greaves, Kristi Holmes, Nancy Graff, Kathy Alarie, Jan Burdick, Eric Feucht, Darrell Ratcliff, Holly Turner, Rod Albrecht and Al Moss.

Student representatives: Josh Haughn and Danielle Sweet

The meeting was called to order at 9 am. The minutes from the December 05, 2015 advisory board were reviewed and approved.

Enrollment/placement:

Al Moss reported that the second year program has 18 graduates. The first year program started out with 23 students. Four first year students left the department due to academic attrition and three did not register for the winter semester. Tuition is now based on contact hours rather than credit hours. This increase in cost may have affected some students' ability to continue in the program. The entry class for Fall 2015 program has at least 16 new students and up to four returning students. After grades are posted for winter 2015 prerequisite courses there may be additional applicants for Fall 2015. Last summer there was a waiting list of 12 students and all were offered the opportunity to enroll in the program. Al would like a longer waiting list.

Job openings are looking better. Spectrum has openings periodically and Lakeland and Bronson both have openings.

Program Update-Downtown:

As of now the downtown campus is expected to open in the middle of the winter 2016 semester. The program will move to the new building at the end of the winter semester.

Capital:

2015-2016 requests:

Perkins money has been used to buy an oximeter-capnograph combination and two tubing dryers. The following requests are still the approval process and we should know the capital budget by the end of May:

ALS manikins

Critical Care Ventilator

Twelve Lead EKG machine

Gas cabinet

O2 Analyzer

Test Lung

Simulation Technology Coordinator.

NBRC results

Looking over the statistics from the last five years, 85 new graduates have taken the RRT 70 passed the first time. The national first time passing rate is 66%. For KVCC the passing rate is 82.3% which is 124% of the national pass rate. Over this 5 year period weakest areas are:

- 3E Evaluate and monitor patient's subjective and responses to Respiratory care at 99% of the mean. (Pharmacology questions seem to be in this area and are missed frequently focus on the purpose of the medication.)
- 3H Determine the appropriateness of the Prescribed Respiratory and recommend modifications based on the patient's response at 98% of the mean.
- 3J Act as an assistant to the physician at 96%.

When statistics are looked at for the class of 2014 there were 16 graduates. Fourteen of them have taken the RRT and 13 of them are registered. All expects 15 of them to be registered by July 1st if not all 16. The weak areas for this class were:

- 1C Recommend Procedures to obtain additional data at 94% of the national mean.
- 2B Ensure infection control at 99% of the national mean.
- 3C Remove Bronchopulmonary secretions at 98% of the national mean.
- 3E Evaluate and monitor patient's subjective and responses to Respiratory care at 99% of the mean. (Pharmacology questions seem to be in this area and are missed frequently focus on the purpose of the medication.)
- 3J Act as an assistant to the physician at

One student has taken the new Therapist Multiple choice exam since the December meeting. This student achieved the cut score that allows her to take the clinical simulation exam which is the last requirement for attaining the RRT credential. The new therapist multiple choice exam has 2 cut scores. Low is 88/140 which earns a student the CRT credential. A cut score of 94/140 earns the CRT credential allow the student to be eligible for the clinical simulations. All's goal is a score in the triple digits.

The new Clinical Simulation Exam has 20 problems. There is not as much information gathering as in the previous exam. The cut score for passing information gathering is higher than the cut score for passing decision making. On the comprehensive practice simulation that students just completed, one of the 20 problems has no information gathering at all, only decision making.

CoARC update:

Students have completed the survey. Instructors and program personnel (advisory board, medical director and instructors) need to complete their surveys. The results of the students' surveys are generally very strong most students rated all areas at or above our cut score of 3 (neutral). Physician interaction was rated low by a handful of students. This rating was primarily from first year students. In the past, first year students had done mock physician phone calls with Dr. Feucht. Phone calls to Dr. Feucht were not as productive as had been hoped so the program deleted this activity. These phone calls have not been replaced by anything else yet. Dr. Feucht suggested that small groups with informal discussions right on the floor for first year clinic students may be more effective. Rounds with Hospitalists were also

suggested. Dr. Feucht, Rod and Al will meet to come up with an action plan to improve physician exposure for first year students.

Advisory Board:

By consensus, Darrell Ratliff, Abigail Greaves, John Anderson, and Mark Olmstsead were appointed to the Advisory Board for three years terms. Also by consensus all current advisory board members will be renewed.

Clinical Update.

KVCC tried to get St. Mary's as a clinical placement site for students. Now it appears to be back in the works again. There are no first year students at Borgess. The Lakeland affiliation agreement is moving forward and seems to be on track. We are looking at Zeeland for first year students. The program is trying to find placements with home health care companies. The program is no longer working with Airway in Kalamazoo; we still place students at Airway in Grand Rapids. The program is exploring clinical affiliations with Access Medical. Lakeland has their own home care as does Bronson which also are possible home care clinical sites.

There have been some slow times this year. The small hospital rotation has been enjoyed by all students. The one-on-one is good but small hospitals can be slow at times. Allegan and Lakeview are so slow the program will plan to pull out students for of the four weeks. They will be assigned to pulmonary function and/or pulmonary for the week that they are pulled away from the small hospital rotation.

Intubation went well. There were some scheduling issues but overall the comments were mostly positive. Rod was pleased with the overall survey results.

Exhalators/Inhalators are being taken off the list of competencies. Students only need exposure to them.

High flow nasal cannula needs to be added to the list of competencies for the program.

Al had to create a schedule for the Texas Township Campus as well as the new downtown campus. The program will now be able to have lab on clinical conference days for both first year and second year students. First year students will have clinic conference (on campus) on Mondays. Clinics for first year will be either Tuesday-Wednesday or Thursday-Friday. Second year students will have clinic conference on Wednesday. Clinics for second year will be Monday-Tuesday or Thursday-Friday.

Community of Interest needs:

Student suggestions-Pulmonary rehab is slow. Perhaps only a half day is needed rather than a whole day. First year students need mock simulations and first year students need more contact with physicians.

Al Moss- Al asked those attendees who had recently hired KVCC graduates what improvements could be made to the program to better educate/train our students. More exposure to general pediatrics and Pediatric Intensive Care was suggested. Al also wanted to know if users of critical care ventilators are going away from the Drager model. Both Spectrum and Bronson are evaluating a variety of critical care ventilators.

Adjournment: The meeting adjourned at 10:25am.