

Minutes
Advisory Board
January 27, 2017
Culinary Arts Building Private Dining Room

Members present: Kathy Alarie, Jason Brady, Jan Burdick, Eric Feucht, Nancy Graff, Kristi Holmes, Breeann Markle, Deborah Neuman, Amy Rhinehart, Darrell Ratliff, Holly Turner, Megan Van Donselaar,

Members absent: Abigail R Greaves, Zaundra Lipscomb

Student Representatives: Dianna De Larosa, Jessica Ulsh.

The meeting was called to order at 10 am. Members of the committee each introduced themselves. Megan VanDonselaar was introduced at the new clinical director for the program. Megan reviewed her background as a previous therapist in neonatal at Bronson and as a prn therapist at Borgess PIPP. Megan also shared that she had been clinical director at Platt College in Oklahoma just prior to being hired as the clinical director of the KVCC program.

Minutes from the April 28, 2016 Advisory Board Meeting were reviewed and approved.

Sim-Center update:

Al Moss reported that we had completed one semester in the new center. The learning curve with the simulation equipment is steep and challenging. The first semester is skill building. We did do a simulation with standardized patients at the end of first year. The new environment made seem to make the simulation more realistic. During this second semester the program plans to implement simulation more fully. The only challenge may be lack of easy access to computer services in the building. At Texas Township there were a number of computer labs and open areas with computer stations for students to use as needed. Students need to go to Anna Whitten hall to access a computer lab. The program is able to use wireless on wheels carts which hold 30 computers to do in class computer activities.

Baccalaureate Degree.

Al Moss reported that beginning in 2018 the CoARC will not approve any new programs at the Associates Degree Level. New program must offer Bachelors of Science in Respiratory Care. Associates Degree programs in good standing will be allowed to maintain their accreditation. KVCC's program is meeting and actually exceeding all benchmarks for exam performance, graduate surveys and employer surveys.

There are around 300 respiratory care programs in the United States. About 20% of them are housed in institutions that offer Baccalaureate degrees. Even some of these institutions are offer Associate Degrees as there entry to practice point.

The program is exploring opportunities with Western Michigan University and Grand Valley State University for 2+2 programs. Western Michigan is giving students with the RRT credential more credits towards their bachelor's degree. They can complete as little as 42 credits at WMU. The University of Michigan's Flint Campus is opening a BSRT program in the Fall of 2017. KVCC's program will look for opportunities to partner with that program. Within the next 10 years the Respiratory care education may be forced to be at the baccalaureate level. So the program needs to pursue partnerships that will allow us to continue to use this wonderful simulation center for respiratory therapy education.

Enrollment/Placement:

Enrollment:

The program accepts up to 24 students each Fall. The enrolled 21 students in the program for the Fall 2016 cohort. This is the first Fall that admission to the Allied health programs was competitive. We lost two of the 21 first year students both to tragic personal issues. We currently have 17 second year students.

Placement.

All of the 2016 graduates are employed. Several of the second year students have employed externships at both Bronson Methodist and Bronson Battle Creek. Spectrum is opening up some internships for 2nd year. Some of the second year have already begun applying for these internship. All affiliates report that they have open positions. Nancy Graff mentioned and a number of managers concurred that many positions are opening due to therapist retirements.

Capital Needs and report.

The program is requesting the following items on capital for the 2017-2018 fiscal year.

Replace Sim-Man Classic, arterial puncture arm that will create its own pulse, another critical care ventilator, a battery system for the LTV ventilator, a spontaneous breathing module for our existing test lungs, touch screen laptops for our Kelly manikins, and EKG machine, and badge-key entry pads doors from the labs to the storage rooms.

Al briefly justified each of the above items.

A motion was made to support the program's capital request for the 2017-2018 fiscal year. The motion was passed unanimously.

The following Capital from the current 2016-17 fiscal year has been received. Three Hamilton G5 ventilators, Vacuum Regulators, Oxygen Analyzer, 3 ALS manikins. The following have been ordered but not yet received. Gas storage cabinet and 2 mega-code Kelly manikins.

NBRC report:

Al Moss reminded the Advisory Board that the credentialing process changed in 2015. Prior to 2015 there was a Certification exam (CRT), a written registry exam (WRT) and a clinical simulation exam (CSE). In 2015 the CRT and WRT exams were combined into one exam called the therapist multiple choice exam (TMC). The TMC exam has two cut scores. If graduates score below the low cut score they are not able to receive any credential. Graduates that score between the high cut score and low cut score are awarded the Certified Respiratory Therapist (CRT) credential; however these graduates, must retake the TMC exam until they attain the high cut score to be eligible to take the CSE. Once a graduate passes both the TMC at the high cut score and the CSE they attain the Registered Respiratory Therapist Credential.

TMC exam:

Eighteen 2016 graduates attempted the TMC exam. All 18 graduates passed the TMC above the low cut score. One graduate passed the TMC above the high on a subsequent attempt. Seventeen of the 18 passed the TMC exam at the high cut score on the first attempt.

The national first time pass rate at the low cut score is 83.26%. The program's pass rate is 100%. The national first time pass rate at the high cut score is 74.228%. The program's pass rate is 97.14 or 130.79% of the national mean.

There was only one content area that was below the national on the TMC was area 3f Use Evidence Based Medicine. This area concentrates on the National Asthma Education and prevention guidelines NAEPP and ARDSnet guidelines.

CSE exam.

Eighteen 2016 graduates attempted the Clinical Simulation exam. Fifteen passed the CSE on the first attempt. Two passed on subsequent attempts. The national new candidate pass rate for the clinical simulation is 56.36%. The program's pass rate for the period from 1/15/2015 to 1/25/2017 is 73.68% which is 130.74% of the national mean.

Content areas below the national mean on the CSE exam were 1A Evaluate data in the patient record 98% of the national mean, 2B Ensure infection control at 95% of the national mean and area 3B Perform airway clearance and lung expansion techniques at 93% of the national mean.

CoARC update.

Al Moss shared the results of the Graduate and Employer Surveys. The program was above the cut score of 3 (neutral) on all items by most raters. No employers nor graduate rated any item below 3 on any item. The vast majority of ratings were 4 or 5.

The program is meeting CoARC Thresholds for Exam performance, Graduate and employer satisfaction, as well as retention (lack of attrition), and placement.

Clinical update:

Megan Van Donselaar reported that the program is planning on placing students at Lakeland Health. The program is looking to the possibility of expanding its rehabilitation placements perhaps include Lakeland Health and Bronson. She also stated the program was not able to place second year students in home care this academic year. She will be looking for additional homecare sites and will be trying to work with our current affiliate (Airway Oxygen) to re-establish placement.

Megan:

She discussed adding Non-invasive Positive Pressure Ventilation in the neonatal setting. **The consensus of the advisory committee was**

She discussed the challenge associated with getting enough hands CPR opportunities for students.

She asked about new competencies, protocols, procedures and equipment. **Advisory committee members responded that....**

She asked about graduate performance. **Advisory committee members responded that....**