

Minutes
RCP Advisory Board
December 16, 2017
Rm 305- 306 Culinary and Allied Health Building

Members Present: Jason Brady, Brian Dykstra, Alex Gass, Nancy Graff, Kristi Holmes, Seth Marlin, BreeAnn Markle, Albert Moss, Christy Neve, Darrel Ratcliff, Amy Rinehart and Megan Van Donselaar

Student Representatives: Dianna De La Rosa, Michelle Holly, Bobbie Martin

Members Absent: Jan Burdick, Nick Jenema, Zaundra Lipscomb, Jessica Sturgill.

Introductions. Each member of the Advisory Board introduced themselves and their role in the community. Al Moss distributed the College Advisory Board Member information form to be reviewed by members for accuracy. These forms will be used to reappoint members for 3-year terms.

Minutes: The minutes of the June 16, 2017 meeting were reviewed and approved.

Program Update:

Medical Director: Al Moss reported that Dr. Marlin's appointment as Medical Director had been approved by CoARC.

Curriculum: Al Moss reported that the following curriculum changes have been approved by the curriculum committee and that they would be going to the College's Board for final approval.

RCP 125 - Basic Cardiac Life Support is being eliminated from the curriculum. Students will be required to attain American Heart Association (AHA) Basic Life Support (BLS) Certification prior to admission to the program. They will be required to maintain current Basic Cardiac Life Support while enrolled in the program. This change was made because the CPR course is now 8 hours of instruction. The RCP 125 course was 1 credit which is 16 hours of instruction. Students are able to attain AHA- BLS certification along Heartsaver First Aid in the college's WPE 112 course – Safety and first Aid.

RCP 230 – Contemporary Respiratory Topics was increased from 2 credits to 3 credits. RCP 230 is the capstone course in the program. It is offered the last 3 weeks of the semester. In this course, the students are required to turn in a final draft of a Research paper, which is 10% of the grade. The rest of the course is spent on National Board for Respiratory Care Review. The NBRC increased the number of simulations from 10 to 20. The program time was sufficient to perform number of practice simulations required; but not to allow for time to provide directed feedback to the students.

Curriculum changes continued.

Microbiology Prerequisite. Applied Microbiology (HCR 120) has been replaced with Microbiology and Infectious Disease (Bio 130). HCR 120 was a 2-credit course and had a 2-credit prerequisite of HCR 118 Cellular Biology. Neither of these courses (HCR 118 and HCR 120) are readily transferable to WMU or other 4-year institutions. Since the profession is moving toward Baccalaureate degrees, the program felt that this was an appropriate modification in the curriculum to require the 4-credit BIO 130 as the microbiology pre-requisite.

General studies change. Requirements for Associates in Applied Science (AAS) Degree no longer specify the inclusion of political science. Previously the program required 3 credits in Psychology or Sociology and 3 credits in Political Science. Current AAS degrees require 3 credits from Social Sciences, which could include Psychology, Sociology, or Political Sciences along with a number of other elective courses.

Baccalaureate Degree:

Al Moss reported that the college has been working closely with the University of Michigan/Flint and Davenport University to establish articulation agreements. University of Michigan Flint has begun the process of developing a CoARC approved degree completion program.

Dean McCurdy (the program's Dean), Dennis Bertch (Executive Vice-President for Instruction and Student Services) met with Davenport to discuss their development of a CoARC approved degree completion program. Representatives of Davenport University would like to meet with members of our advisory board to get their input on Respiratory Care Program development. Al Moss asked permission of advisory board members to forward their names to Davenport. The members present agreed to share their information. Al Moss stated that he would ask permission to share contact information with Davenport from any members not attending the meeting. The plan is to set up a meeting early in the Winter 2018 semester.

Enrollment/Placement

Al Moss reported that currently the program has 21 first year and 17 second-year students. The second year class started with 20 students and one returning student. Two students withdrew before the start of the second semester for personal issues. One student completed the entire first year but due to financial concerns withdrew but plans on returning for second year in Fall 2018. Another student withdrew for personal reasons and we don't know his plans.

The program started with 23 first year students this Fall. Two first year students have dropped. Both stated personal reasons for their departure.

Capital Update

Requests for 2017-2018

Al Moss reported that the college has approved the following items under Perkins funding for 2017-2018 and given permission to order these items:

Arterial Puncture Arm, a Critical Care Ventilator, EKG machine, and a Spontaneous Breathing Module (test lung).

Requests for 2018-2019

Al Moss asked the Advisory Board to support the following capital requests for the 2018 – 2019 fiscal year:

Two Non-invasive Ventilators, Interface for the Ingmar Computerized test lung and the Sim-Man 3 G.

A motion was made and unanimously approved to support the purchase of the above capital items.

NBRC update

TMC exam Report dates

The national pass rate for new candidates at the low cut score for the report period was 82.02. Our program pass rate was 100% or 121.91% of the national pass rate.

The national pass rate for new candidates at the high cut score for the report period was 72.47. The program's pass for new candidates at the high cut score for the report period was 76.47 or 105.83%.

All seventeen of the 2017 graduate passed the TMC above the low cut score on and earned their CRT credential. Fourteen of the Seventeen 2017 graduates passed the TMC above the high cut score, which made them eligible for the Clinical Simulation exam.

The high and low cut score system has been in place since January of 2015. This is the first time that we had 4 candidates below the high cut score.

Content areas below the national mean include:

- 1A Evaluate Data in the Patient record 99% of the mean
- 1E Recommend Diagnostic Procedures 99%
- 2A Assemble and trouble shoot equipment 97%
- 3F Utilize Evidence Based Medicine Principles 97%

Clinical Simulation Exam (CSE)

Eleven of the fourteen graduates that were eligible for the Clinical Simulation Exam have taken and passed the exam on the first attempt. Another candidate passed the Clinical Simulation on a repeat attempt.

Weak areas on the clinical simulation exam for first time candidates include:

- 2A Assemble and trouble shoot equipment, 86% of national mean
- 2B Ensure infection control, 73% of national mean
- 3D Administer Medications and Specialty Gases, 95% of national mean
- 3F Utilize Evidence Based Medicine Principles, 79% of national mean
- 3G Provide Respiratory Care in High Risk Situations, 96% of national mean
- 3I Initiate and Conduct Patient and Family Education, 96% of national mean

CSE problem types

Problem types that scored below the national mean were:

- Adult Trauma, 82% of national mean
- Adult Cardiovascular, 99% of national mean
- Adult Neurological or Neuromuscular, 93% of national mean
- Neonatal, 98% of National Mean

CoARC update

Al Moss reviewed the results of the following surveys:

CoARC Program Personnel Survey

No items on this survey were rated below the cut score of 3 or neutral. The vast majority of responses were in the *Agree* or *Strongly Agree* areas.

CoARC Graduate Survey (2016 Graduate)

No items on this survey were rated below the cut score of 3 or neutral. The vast majority of responses were in the *Agree* or *Strongly Agree* areas.

CoARC Employer Survey (Employers of 2016 Graduates)

Item 1D, Apply problem-solving strategies in the patient care setting, had 1 employer rate a graduate with a rating of *disagree* (2). Four employers rated this item as *Agree* and Twelve employers rated this item as *Strongly Agree*.

All other items on the CoARC employer Survey were rated at or above our cut score of 3 or neutral. The vast majority of responses were in the *Agree* or *Strongly Agree* areas.

Clinical Update

Megan Van Donselaar provided a clinical update.

Clinical Affiliations

The program added two new clinical Affiliates:

Lakeland Health in St. Joseph

Lakeland was used for critical care during the Fall 2017 semester and will be used for both basic care in first year clinic and critical care for first year clinic in the Winter.

Metro Health – University of Michigan

Metro Health will be used for Long-Term Ventilation and basic floor therapy in the Winter Semester.

The program re-established a Home Care Clinic with Airway Oxygen and placed second year students at Airway during the Fall semester and will place second year students at Airway in the Winter Semester.

Competency Clinical Procedures:

Megan reviewed the program competencies with the advisory board. She asked whether competencies needed to be added, deleted or modified.

All the affiliates stated that they are replacing or have replaced the Phillips Vision with Phillips V60's as their primary device for Non-invasive ventilation. PIPP is eliminating the Phillips Espirit or V200 and will be using the Puritan Bennett 840 ventilator.

Two affiliates are now nebulizing Velbert (epoprostenol sodium) as an inhaled pulmonary vasodilator. This should be covered in pharmacology and the basics of administration should be reviewed. It was agreed that this is not something that should be a required competency at this time.

No other suggestions for deletions, modification, or additions of competencies was recommend at this time.

Clinical Tracking Software.

The program has been using DataArc clinical tracking software. The DataArc clinical tracking software has some limitations. The program has been using a generic sign-on process that is not ideal. It makes it difficult to track clinical preceptor and do clinical preceptor assessments. It has a set of pre-developed competencies that the program can't modify. The student resource survey given during the Winter 2017 semester had not been updated and did not match CoARC requirements. These drawbacks led the program to review tracking software from other vendors. The vendor, Trajecsys appears to give the program much more control over clinical tracking. We can modify

or develop our own competencies. Each preceptor can have their own login which allows more security on clinical competencies. It should also allow the program to ensure that any preceptor that takes a student, receives an assessment from students.

The program would like to move to Trajecsys with January 2018 Clinicals. This will be a big challenge to complete prior to the start of clinicals. The primary reason for making the change at this time is to have better data for our 2020 CoARC self-study.

The program asked the advisory board if they would rather we wait a year or start the Trajecsys system in January. It was the consensus of the Advisory Board that we should start the new system in January.

Next Meeting

Al Moss reported that the next meeting will be scheduled shortly after the completion of the Winter 2018 semester.

Adjournment

The meeting was Adjourned at approximately 10:45 am.