



ANTELOPE VALLEY COLLEGE
Respiratory Care Program
Advisory Committee Meeting Minutes

May 12, 2010, 4:30 pm

Attending:

Juli Bolterman, RRT, Clinical Instructor, AVC Respiratory Care Program
Lynn Brandt, RRT, Advisory Committee Chair
Gabriela Briseno, first year student
Dr. Karen Cowell, Dean, Health Sciences
Heather Danforth, first year student
Glenda Franklin, CRT, Respiratory Therapist, Antelope Valley Hospital
Pamela Heard, Second year student
Ashley Hubbell, Manager, Radiology and Respiratory Services, Lancaster
Community Hospital
Emily Lundin, Second year student
Foster Madison, Instructor, AVC Respiratory Care Program
Julio Martinez, First year student
Donna Ratliff, RT, Lancaster Community Hospital
Dr. Ravi Shankar, Medical Director
Jeff Stephens, Director, Antelope Valley College Respiratory Care Program
Suzanne Underwood, Director of Clinical Education, Antelope Valley College
Respiratory Care Program

The chair called the meeting to order at 4:30 pm. She thanked everyone for their attendance. Student representatives to the committee were introduced by Mr. Stephens.

I. Minutes of the October 28, 2009 meeting

Motion to approve as written: Ms. Franklin; Seconded by Dr. Shankar. Approved unanimously.

II. Review of Program Goals

The chair gave the floor to Mr. Stephens who presented the program goals. CoARC standards require annual approval of the program goals. After the CoARC campus visit in March 2009, the visitors recommended reducing the program goals to one: Prepare students as advanced practice therapists.

Motion to approve the reduction in program goals: Ms. Ratliff; Seconded by Ms. Hubbell. Approved unanimously.

III. NBRC Annual School Summary

CRT

2008 N= 18 94% pass rate
2009 N=17 70.4% pass rate

WRRT

2008 N=18
2009 N=17

CSE

2008 N=18
2009 N=17

Class 2009 CRT SAE Results

N=16

- | | | |
|------|--|---------------------|
| I. | Patient Data Evaluation
score | 15.87/25 = 64% mean |
| | a. Review Existing Data | |
| | b. Collect and Evaluate Clinical Info | |
| II. | Equipment Application & Cleanliness
score | 19.81/30 = 66% mean |
| | a. Select Assemble Use and Troubleshoot | |
| | b. Ensure Infection Control | |
| | c. Perform QC Procedures | |
| III. | Therapeutic Procedures
score | 58.56/85 = 69% mean |
| | a. Maintain Records and Communication | |
| | b. Maintain Patent Airway | |
| | c. Remove Bronchopulmonary Secretions | |
| | d. Achieve Adequate Respiratory Support | |
| | e. Evaluate and Monitor Patient responses | |
| | f. Independently Modify Procedures | |
| | g. Recommend Modifying Plan of Care | |
| | h. Determine Appropriateness of Plan | |
| | i. Emergency Setting Techniques | |
| | j. Assist Physician Special Procedures | |
| | k. Pulmonary Rehabilitation | |

NOTE: THE CRT PASSING SCORE IS 75%

Individual Scores

Total Students Tested = 16

Student ID	Raw Score	
830968512	83/140	= 59%
418858732	80/140	= 57%
085395751	83/140	= 59%
703450597	91/140	= 65%
073321709	110/140	= 78%
383684122	99/140	= 71%
362739403	107/140	= 76%
047219778	102/140	= 73%
328795039	108/140	= 77%
193743977	94/140	= 67%
321336545	92/140	= 65%
561444775	93/140	= 66%
771626297	77/140	= 55%
437260336	110/140	= 78%
191830910	89/140	= 63%
228612340	90/140	= 64%

Average Total Score 94/140 = 67%

Students Passed – 3/16 = 18%

2010 Comprehensive CRT Self-Assessment Examination

GROUP PERFORMANCE SUMMARY PART I

School Code: 2523

Class Code: 2010

Report Range: 1/1/2000 to 5/4/2010

Student ID#	Percentage
065551369	86.4
543744347	87.1
892898217	67.9
789057780	80.7
734521744	82.1
752392072	79.3
138436409	76.4
912047868	70.7
033302379	74.3
181666722	77.9
476598945	76.4
119109009	74.3

278093185 67.1
749102027 70.7

Total Students Tested - 14

Average Total Score - 76.5

2009 Comprehensive CRT Self-Assessment Examination

GROUP PERFORMANCE SUMMARY PART I

School Code: 2523

Class Code: 2010

Report Range: 1/1/2000 to 5/4/2010

Student ID#	Raw Score
065551369	121
543744347	122
892898217	95
789057780	113
734521744	115
752392072	111
138436409	107
912047868	99
033302379	104
181666722	109
476598945	107
119109009	104
278093185	94
749102027	99

Total Students Tested – 14 9/14=64% passed

Average Total Score - 107.1

Results on the WRRT SAE were 67% in 2009 and 70.1% in 2010.

The results meet CoARC benchmarks 55% and the NBRC benchmark of 70%.

Specific areas of concern, curriculum : Select, assemble, troubleshoot equipment; Assist physician in special procedures; independently modify procedures

Action plan to improve scores in those areas: More work with equipment; Dr. Shankar lecturing every other week and including students in procedures; Use simulators to assist students to modify procedures (There are no standard protocols in this area, so it is difficult for students to understand this concept.)

There have been low participation rates on the graduate surveys which caused difficulty tracking job placement. Attempts to reach graduates were made by mail and phone.

Comments were made that members of the committee were pleased to see the scores have increased.

IV. Equipment

Lancaster Community Hospital will donate a used blood gas machine. Students will be able to tear down one machine and have another running 24 hours.

Sim Baby will be purchased with a Perkins grant for the neonatal area of the lab.

Mr. Stephens requested bids for an infant ventilator, the Drager BabyLog. There are no oscillating ventilators locally, but Santa Barbara Cottage Hospital has them.

V. Credentialing/New CoARC Threshold requirements

Evaluation System	Cut Score	Threshold
CRT Credentialing Success	NBRC 75%.	$\geq 80\%$ of total number of graduates obtaining NBRC CRT credential (3-year average)
RRT Credentialing Success	NBRC 70%	$\geq 50\%$ of total number of graduates obtaining NBRC RRT credential (3-year average)
Comprehensive Written RRT Self-Assessment Exam (CWRRT SAE)	CoARC 55%	$\geq 80\%$ of cohort meeting the cut score on NBRC CWRRT SAE (most recent one year results)
Retention/Attrition	Student is no longer enrolled in the program and is not expected to return (attrition)	$\leq 30\%$ attrition of the total number of students in the enrollment cohort. (3-year average)
Positive (Job) Placement	Defined as a graduate who within ten (10) months after graduation is:	$\geq 70\%$ positive placement (3-year average) A. employed full- or part-time in respiratory care,

- B. enrolled full- or part-time in another degree
- C. employed full- or part-time in respiratory care,
- D. enrolled full- or part-time in another degree program,
- E. serving in the military, or
- F. employed full- or part-time in the polysomnography field (for graduates of the polysomnography option of programs offering same).

Graduate Survey – Success (for each learning domain)	A rating of 3 or higher on a 5-point Likert scale for each item/statement.	Each item/statement has at least 80% of The responses rated 3 or higher (within each learning domain).
Graduate Survey – Participation	≥ 50% of the graduates have returned surveys (3-year average)	≥ 50% of the grads have returned surveys (3-year average)
Employer Survey – Success (for each learning domain)	A rating of 3 or higher on a 5-point Likert scale for each item/statement.	Each item/statement has at least 80% of the responses rated 3 or higher (within each learning domain).
Employer Survey – Participation	≥ 50% of the employers have returned surveys (3-year average)	

VI. Physician interaction

Dr. Shankar was thanked for his assistance in improving the amount of physician interaction that the students now have.

VII. Other items

The committee discussed the need for priority registration so students complete the program in four semesters. A motion to request priority registration for the RCP students was made by Ms. Franklin and seconded by Ms. Hubbell. It was approved unanimously.

Ms. Heard recommended that the program start a chapter of the Lambda Beta society. It was agreed by consensus that this is a good idea, as it would build an alumni network.

The students will contact Dr. Zimmerman, Dean of Student Services, to discuss forming a chapter.

Mr. Stephens mentioned that there was a groundbreaking ceremony for the new Health and Science Building on May 7th. The program will have its own lab with an adjacent classroom. The new facility will open in fall 2012.

Ms. Brandt thanked all for attending. Meeting was adjourned at 5:10 pm.





ANTELOPE VALLEY COLLEGE
Respiratory Care Program
Advisory Committee Meeting Minutes

December 2, 2010 4:30 pm

Attending:

Dr. S. Ahmed, Medical Director
Juli Bolterman, RRT, Clinical Instructor, AVC Respiratory Care Program
Fernando McGregor, First year student
Heather Danforth, Second year student
Ashley Hubbell CRT, Manager, Radiology and Respiratory Services, Lancaster
Community Hospital
Ardella Tatro RRT, Instructor, AVC Respiratory Care Program
Duane Roberts CRT, Technical Director Respiratory Care, Antelope Valley
Hospital
Jeff Stephens, Program Director, Antelope Valley College Respiratory Care
Program
Suzanne Underwood, Director of Clinical Education, Antelope Valley College
Respiratory Care Program

Members Excused:

Karen Cowell PhD, Dean Health Sciences
Lynn Brandt RRT, Advisory Chair
Glenda Franklin CRT, Supervisor Respiratory Care, Antelope Valley College
Donna Ratliff CRT, Educator/Supervisor, Lancaster Community Hospital

Jeff Stephens called the meeting to order at 4:30 pm. He thanked everyone for their attendance. Introductions were made by Mr. Stephens.

I. Minutes of the May 12, 2010 meeting were reviewed.

Motion to approve as written: Ms. Hubbell; Seconded by Mr. Roberts. Approved unanimously.

II. Introductions

Mr. Stephens introduced Dr. S. Ahmed as the programs new medical director, and discussed the monthly seminars/rounds that were being conducted. They were very welcomed by the students. There was also discussion that Mr. Stephens would make available every semester the syllabus to Dr. Ahmed so that he might be able to prepare topics for the students in advance. Ms. Hubbell agreed to have a conference room available monthly for Dr. Ahmed.

III. Review of Program Goals

Mr. Stephens presented the program goal. CoARC standards require annual approval of the program goal, "to prepare the students for advance respiratory care practice".

Motion to approve the program goal: Ms. Underwood; Seconded by Ms. Hubbell.
Approved unanimously.

IV. (A) Resource Assessment Matrix

Mr. Stephens presented the 2010 resource assessment matrix that will be submitted to CoARC in April. He discussed the change in CoARC as they have formally split from CAAHEP a parent organization. New reporting requirements include a change to April from October. He will also be preparing a 2011 matrix to be submitted at that time. These were directions given to him by CoARC. In review, the program meets all thresholds except for returns of the employer surveys. Our program for 2009 graduates has only received 18% of employer surveys. We are required to have a 3 year average of 70%. Mr. Stephens stated that the program will NOT meet this threshold. In addition, the actual employment for the class is at 54% based on Mr. Stephens knowledge of student employment. Mr. Stephens contacted Tom Smalling PhD, Director CoARC and informed him of the impending deficiency. Dr. Smalling suggested that Mr. Stephens place an addendum within the annual program summary attesting to student employment. Dr. Smalling also suggested that the Advisory Committee be made aware and suggestions for improved compliance be discussed.

Mr. Roberts suggested that a follow-up phone call be made to the graduates' employers. Ms. Hubbell suggested that perhaps Starbucks Cards for a small amount be included with the surveys to enhance returns. Mr. Stephens stated that he would look into both suggestion and discuss them with Dr. Cowell

(B) Physician Interaction

Mr. Stephens stated that the physician interaction has improved significantly with Dr. Ahmed. The students also look forward to their rounds/lecture topics.

V. Programmatic Organizational Chart

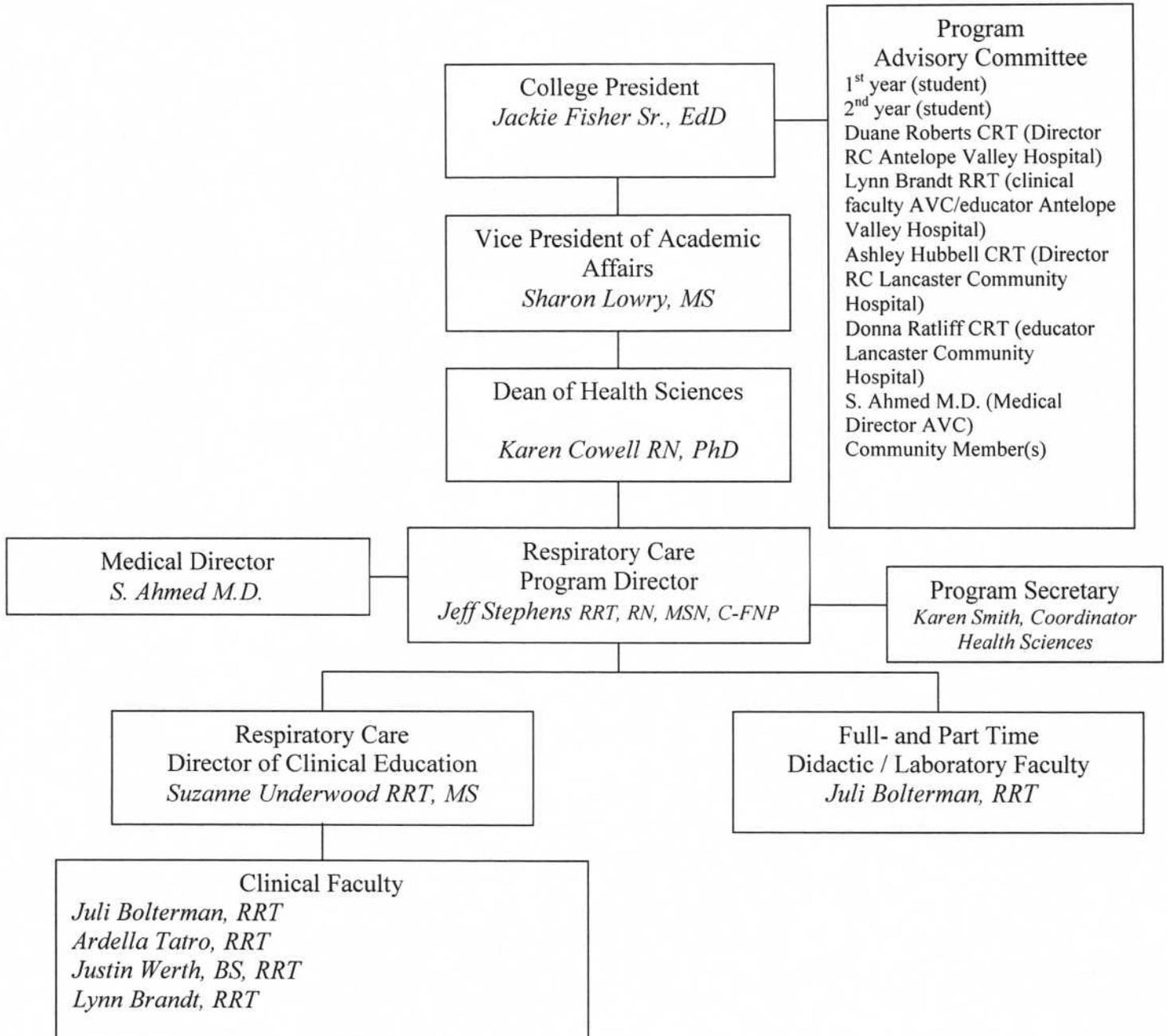
Mr. Stephens presented the programmatic organizational chart for advisory approval with changes that had been made. Ms. Hubbell made a motion to approve the chart with (2) typographical changes and that was seconded by Ms. Bolterman. Approved unanimously.

Programmatic Organization Chart

Antelope Valley College

CoARC # 200523

Respiratory Care Program



VI. Credentialing Results NBRC 2010

Mr. Stephens discussed the NBRC 2010 student results. There was 100% pass rate for the students the first time for the CRT examination by the entire class (13 students) and that those that had taken the WRRT and Clinical Simulation exam had also passed the first time.

VII. Equipment Purchases and Donations

Mr. Stephens discussed the receipt of a donated arterial blood gas machine by Ms. Hubbell and thanked her for her generosity. He also discussed that the machine would not be put into service until the program moves into its new building as the machine would not respond well to any power outages. Ms. Hubbell and Mr. Roberts agreed.

Mr. Stephens also indicated that the Laerdal SimNewB (simulation infant) was purchased and would be arriving by next semester. He also stated that her received the new Vapotherm and it is now ready for student use.

VIII. Additional Discussion

Dr. Ahmed addressed both Ms. Hubbell and Mr. Roberts about Heliox administration and the lack of supportive equipment. Ms. Hubbell replied and stated that her department had all the necessary equipment for utilization. In addition Dr. Ahmed addressed Mr. Stephens and suggested that additional curriculum teaching aids for Heliox administration be acquired for student education. Mr. Stephens replied, "the students have limited exposure to both Heliox and Nitric Oxide administration at Cottage Hospital only". Mr. Stephens agreed to cost out the rental of a Heliox "E" cylinder (30/70 & 40/60 mixtures) and purchase of the necessary gauges and flow meters.

Ms. Underwood asked that the hospitals promote the upcoming Kettering Spring Seminar at Antelope Valley College, March 28-30. Ms Hubbell and Mr. Roberts would post fliers to help promote the event. Ms. Danforth also discussed that the students would receive a discount for every attendee over the minimum (12).

Mr. Roberts and Ms. Hubbell stated that both hospitals and staff are very happy with the program and the students.

Mr. Stephens thanked all for attending. Meeting was adjourned at 5:00 pm.





ANTELOPE VALLEY COLLEGE
Respiratory Care Program
Advisory Committee Meeting Minutes

September 22, 2011, 4:30 pm

Attending:

Juli Bolterman, RRT, Educator, Kaiser Permanente
Dr. Karen Cowell, Dean, Health Sciences
Glenda Franklin, CRT, Interim Director, Respiratory Therapy, Antelope Valley
Hospital
Dr. Sayed Ahmed, Medical Director
Jeff Stephens, Director, Antelope Valley College Respiratory Care Program
Wendy Stout, Director of Clinical Education, Antelope Valley College
Respiratory Care Program
Rick Stout, community member & parent of respiratory patient
Kelly Nowicki, student
Chris Pulliam, student
Charmaine Lievve, student
Jessica Carrillo, student

The chair called the meeting to order at 4:30 pm. He thanked everyone for their attendance. Student representatives to the committee were introduced by Mr. Stephens.

I. Minutes of the past meeting

Deferred

II. Review of Program Goals

Mr. Stephens who presented the program goals. CoARC standards require annual approval of the program goals.

Motion to approve the reduction in program goals: Mr. Stout; Seconded by Ms. Franklin.
Approved unanimously.

III. Organizational Chart

Changes to the student members of the advisory committee were made. Jessica and Charmaine will represent the second year class; Chris and Kelly will represent the first

year class. Emily and Pam graduated in June and could serve as graduates or professionals if they wish to.

Mrs. Lowry's title and functions have changed. The chart will be updated to reflect the change.

Motion to accept with changes: Mr. Pulliam

Second: Ms. Franklin

Approved unanimously.

IV. Program Review

In 2010, 100% passed the CRT and 100% of those who took the test passed the written and clinical simulation exams. This was fourth in the State of California respiratory schools. The 2011 data will be available in January 2012.

The program met all CoARC benchmarks, even in the graduate and employer surveys, which have been a problem to meet in the past.

Dr. Ahmed has had monthly meetings with the students and is spending more time with them than the previous medical director.

It was agreed by consensus to recommend an increase to Dr. Ahmed's stipend to \$3000 per year.

V. New Enrollment

Twelve students were admitted to the program in August 2011. This is a 50% decline in enrollments due to the statewide and college budget constraints. It also reflects the difficulties in the current job market.

By consensus, the group agreed to maintain first semester enrollment at 12 for August 2012.

VI. Clinical Sites

Students are no longer going to Santa Barbara Cottage Hospital for PICU experience, as the instructor is no longer working there. He could not be replaced due to the lack of qualified therapists who would meet CoARC requirements. Ms. Stout is currently in discussions with Valley Presbyterian and Northridge Hospital for clinical experiences.

VII. Credentialing/CoARC

Students passed all credentials. Approximately 80% of graduates in 2010 found jobs. No one in the class of 2011 has found a job yet.

VIII. Curriculum Updates

Mr. Stout recommended that the program purchase some of the newer chest physiotherapy modalities. Ms. Stout (who is employed at Good Samaritan Hospital) agreed, as she sees new graduates who do not know about the newer CPT modalities.

Dr. Ahmed and Ms. Bolterman recommended additional content about sleep medicine. Dr. Ahmed is board-certified in sleep medicine and is willing to have students rotate through his sleep lab. However, there is no time in the program for the extensive training that is required for certification in this specialty. Mr. Stephens said that students could do a one-night rotation in their last semester of the program as an option.

Ms. Franklin said that NBRC will be offering certification in ABGs. Ms. Bolterman said that NBRC will be offering an adult critical care credential in 2015.

Meeting was adjourned at 5:20 pm.

