



2016-2017 Instructional Program Review Annual Update

1. Discipline/Area Name: <i>Respiratory Care – Public Safety & Allied Health</i>	For: 2016-2017
2. Name of person leading this review: Jeff Stephens RRT, RN, MSN, FNP-BC	
3. Names of all participants in this review: Jeff Stephens, Wendy Stout	
4. Status Quo option: Year 1: Comprehensive review <input type="checkbox"/> Year 2: Annual update or status quo option <input type="checkbox"/> Year 3: Annual update <input type="checkbox"/> Year 4: Annual update or status quo option <input checked="" type="checkbox"/>	In years two and four of the review cycle, programs may determine that the program review conducted in the previous year will guide program and district planning for another year. <input type="checkbox"/> Check here to indicate that the program review report written last year accurately reflects program planning for the current academic year. (Only programs with no updates or changes may exercise the status quo option. All others will respond to questions 6 – 13.)

Number of Full-time Faculty

Number of Part-time Faculty

Data/Outcome Analysis and Use

5. Please review the [subject level data](#) and comment on trends (more data will be available the Program Review [web page](#)):

Indicator	2012-2013	2013-2014	2014-2015	2015-2016	Recent trends?	Comment
Enrollment #	104	96	126	114	No Change	
# of Sections offered	15	15	15	15	No Change	Offered sections vary based on enrollment/retention and accreditation standards for mandated 1:6 ratio in clinical courses.
# of Online Sections offered	0	0	0	0	No Change	
# of Face-to-Face Sections offered	15	15	15	15	No Change	
# of Sections offered in Lancaster	15	15	15	15	No Change	
# of Sections in other locations	0	0	0	0	No Change	
# of Certificates awarded	0	0	0	0	No Change	Not offered
# of Degrees awarded	14	11	13	11	No Change	
Subject Success Rates	95.2%	94.8%	96.0%	94.7%	No Change	
Subject Retention Rates	98.1%	100%	98.4%	96.5%	No Change	

Full-time Load (Full-Time FTEF)	2	2	2	2	No Change	
Part-time Load (Part-time FTEF)	5	5	5	4	Decrease	
PT/FT FTEF Ratio	1:2.5	1:2.5	1:2.5	1:1	Decrease	

#	Indicator	Comments and Trend Analysis
7.	If applicable, report program/area data showing the quantity of services provided over the past four years (e.g. # of workshops or events offered, ed.plans developed, students served)	Program capacity is approved at 24 students. 2011-2012 State budgetary constraints limited enrollment to 12. We have expanded our enrollment to 18 (2014-2015) due to increased funding in addition to increased market demand.
8.	Student success and retention rates by equity groups within discipline	<p>Review and interpret the subject data by race/ethnicity and gender. Identify achievement gaps. List actions that are planned to meet the Institutional Standard of 69.1% for student success and to close achievement gaps:</p> <p>The Respiratory Care Program trends (2012-2016) show a course completion rate of 94.7% an increase of 6% from 2013 comprehensive program review. (Age) 19% are 20-24 years, 79% between the ages of 25-49 years, and 1% above the age of 49; (Gender) male/female 37%/63% respectively; (Ethnicity/Race) African-American 17%, American Indian/Alaskan Native 2%, Asian 9%, Filipino 34%, Hispanic 4% and White Non-Hispanic 34%. Comment: The program exceeds the colleges' institutional standard in all demographics.</p> <p>When the respiratory care program was instituted there were limited requirements for admission that lead to significant attrition rates. Specific observations and data collection revealed a limited ability for student success based on knowledge gaps between anatomy physiology, chemistry, and algebra. The highly technical nature of respiratory care in combination with the gaps led to student failure. In 2009 pre-requisites of anatomy, physiology, chemistry, and algebra were instituted as program requirements. This has improved students' ability to complete the program successfully as seen by a decrease in student attrition from 40% to 23.1%.</p>
9.	Career Technical Education (CTE)	Comment on the <u>occupational projections</u> for employment in your <u>discipline</u> for the next two

<p>programs: Review the labor market data on the California Employment Development Department website for jobs related to your discipline.</p>	years and how the projections affect your planning:				
	Geographic Area	2014 Employment SOC Code 291126/CIP Code 510908 Respiratory Care	Projected Employment (2014-2024)	Growth (2014-2024)	Annual Job Openings Reported (2014-2024)
	California	14,700	17,200	+1.7%	600
	California Accredited Programs		Number of Graduates Estimated (24 students =Mean)	Job Short Fall	
36		864	-44%		
<p>While there is a current job short fall for respiratory therapists' annual job openings have increased from 450 to 600 based on program review 2015-2016. This number is expected to rise. With that being said, the RCP is expecting to provide its students with additional training and NIOSH certification in pulmonary function that will increase their marketability and give the students a competitive advantage from any other program in the State. In addition, projected planning includes marketing to potential students outside of Southern California specifically central coastal areas where programs are non-existent.</p>					

10. Cite examples of using action plans (for SLOs, PLOs, OOs, ILOs) as the basis for resource requests and how the allocation of those resources or other changes resulted in improved outcomes over the past four years.

SLO/PLO/OO/ILO	Action Plan	Current Status	Impact of Action
PLO 1,2,3,4, & 5 SLO's (all RCP courses)	2012-2013 2013-2014 2014-2015 2015-2016	Ongoing	<p>2015-2016 cohort 100% graduate students who took national examinations passed credentialing examination and obtained a California State license to practice; 38% attrition of the total number of student enrolled in the cohort; 100% satisfactorily passed program cumulative competencies; 85.7% (3-year average) positive placement based on returned surveys. Which has increased significantly from prior years.</p> <p>SLO's identified additional areas in patient data evaluation (critical thinking) 41.7% as compared to national average 65%. Additional changes made in competencies evaluations occurred. Identified weaknesses in equipment manipulation of mechanical ventilation 33% of the national average prompted acquisition of Perkins funding to purchase up-to-date mechanical ventilators.</p>

Review of SLO data and national test results revealed an improvement in all previously deficient content areas; students exceed national standards.

TMC – High Cut Score – Instituted 6/2014 and required by the State of California 1/2015 for licensure.

Graduation Year	Graduates Tested	Total Passing	Passing First Time%	Passing Repeaters %
2015	11	11 100%	8 72.7%	3 27.3%
2016	11	10 90.9%	9 81.8%	1 9.1%

New testing data and SLO measurements reveal marked improvement in student performance in all content areas. Using the new high cut score of 94 correct responses (established by the NBRC), there were 2 additional area deficiencies identified in equipment manipulation and modification of therapeutic procedures that did not meet cut scores. Additional focus has been placed on these areas in SLO achievement through curriculum review.

11. Review the goals identified in your most recent comprehensive self-study report and any subsequent annual reports. Briefly discuss your progress in achieving those goals.

Goals/Objectives	Current Status	Impact of Action (describe any relevant measures/data used to evaluate the impact)
Goal 1: <i>Fulfill the need for Advanced Respiratory Care Practitioners in our community.</i>	Ongoing	The Respiratory Care program has to date filled open positions at both area hospitals and durable medical supply companies who perform out-patient services within the local community. In addition, our students have expanded outward into other communities as well as additional states. All measures the graduate and employer surveys continue to reveal 100% satisfaction in knowledge base (cognitive domain), clinical proficiency (psychomotor domain), and behavioral skills (affective domain).
Goal 2: <i>Increase program faculty and hold to a high quality while maintaining accreditation standards for respiratory care.</i>	Ongoing	As our program is dynamic, our faculty fluctuates dependent on student enrollment. We continue to seek new and innovative ways to ensure critical-thinking processes as evidenced by improved examination performance. Our program has maintained all accreditation standards meeting or exceeding benchmarks for success.
Goal 3: <i>Continue monitoring student progress by utilizing data from standardized testing</i>	Ongoing	Student success is measured on performance of course competencies, written self-assessment exit examinations, and national board testing annually. These results are utilized by the program chair and director of clinical education to adjust curriculum to meet the needs of

<i>and national board examinations.</i>		students and maintain standards of practice within the respiratory care community.
Goal 4: <i>Continue to provide medical direction for Respiratory Care Program as required by accreditation (CoARC) body.</i>	Ongoing	<p>We continue to employ a medical director for our program as mandated CoARC Accreditation Standards 2.03 The sponsoring institution must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.</p> <p>2.14 The program must appoint a Medical Director to provide and ensure direct physician interaction and involvement in student education in both the clinical and non-clinical settings; the Medical Director must be a Board certified, licensed physician, credentialed at one of its clinical affiliates, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices.</p> <p>Recommendation from CoARC site visit 2009/ initial accreditation was to increase physician (medical director) involvement.</p> <p>Advisory Committee 9/22/2011: It was agreed by consensus to recommend an increase to Dr. Ahmed's stipend to \$3000 per year.</p>
<p>Briefly discuss your progress in achieving those goals:</p> <p>Review: As all goals are on-going we have made significant improvements in student success and outcomes as reflected in national board examinations. Goal 4: This goal has <u>not</u> been accomplished completely; despite adherence to recommendations by the Commission on Accreditation for Respiratory Care and Advisory Committee (increased medical direction involvement) re-imburement has not been increased accordingly. In addition, action plans have been addressed in RCP courses to reflect the need for additional support for the medical director.</p>		
<p>Please describe how resources provided in support of previous program review contributed to program improvements:</p> <p>As of 07/01/2014 the Respiratory Care program was awarded \$28,000.00 in Perkins funding for the purchase of 2 Puritan Bennett 840 adult ventilators. However as the industry and technology changes occur additional support will be needed for the purchase of neonatal/pediatric mechanical ventilators.</p>		

12. Based on data analysis, outcomes, program indicators, assessment and summaries, list discipline/area goals and objectives to advancing district Strategic Goals, improving outcome findings and/or increasing the completion rate of courses, certificates, degrees and transfer requirements in 2018-2019. Discipline/area goals must be guided by district Strategic Goals in the Educational Master Plan (EMP), p.90. They **must be supported by an outcome or other reason (e.g., health and safety, data analysis, national or professional standards, a requirement or guideline from legislation or an outside agency).**

Goal #	Discipline/area goal and objectives	Relationship to Strategic Goals* in Educational Master Plan (EMP) and/or Outcomes	Action plan(s) or steps needed to achieve the goal**	Resources needed (Y/N)?
5	Improve student performance on exit examinations.	1. Commitment to strengthen Institutional Effectiveness	Increasing student experiences in use of protocols and	Yes

		measures and *2. Increase efficient and effective use of all resources: Technology, Facilities, Human Resources, Business Services 5.Align instructional programs to the skills identified by the labor market	computer based testing. Acquire additional “state of the art” mechanical ventilators to maintain standards of training in simulation,	
6	Return program enrollment to 24 students.	1. Commitment to strengthen Institutional Effectiveness measures and *3. Focus on utilizing proven instructional strategies that will foster transferable intellectual skills *4. Advance more students to college-level coursework. 5.Align instructional programs to the skills identified by the labor market	Continue to analyze job markets and assist graduates in job placement. As of January 2016, the Commission on Accreditation of Respiratory Care will no longer grant accreditation of new associate degree programs. The minimum entry will be baccalaureate level. Consider expanding the respiratory care program to baccalaureate level as there are only 2 programs in the State of California 1) proprietary (Loma Linda University – that will not accept transfer students) and 2 Skyline Community College in Northern California. Consideration of applying for baccalaureate status. .	Yes

****Action plan verbs: expand, reduce, maintain, eliminate, outsource, reorganize, re-engineer, study further, etc.**

13. Identify significant resource needs that should be addressed currently or in near term. For each request type identify which **discipline/program goal(s) from #12 guide this need.**

Indicate which Goal(s) guide this need	Type of Request (Personnel ¹ , Technology ² , Physical ³ , Professional development ⁴ , Other ⁵)	New or Repeat Request?	Briefly describe your request here	Amount, \$	One-time or Recurring Cost, \$?	Contact's name
RCP/CTE 1, 5	Technology	Repeat	Neonatal/Pediatric Ventilator and simulation mannequin	60,000.00	One-time	J. Stephens
RCP/CTE 4	Personnel	Repeat	Increase Medical Director stipend	500.00	Recurring	J. Stephens

¹List needed human resources in priority order. For faculty and staffing request attach Faculty Position Request form.

²List needed technology resources in priority order.

³In priority order, list facilities/physical resources (remodels, renovations, or new) needed for safer and appropriate student learning and/or work environment.

⁴List needed professional development resources in priority order. This request will be reviewed by the professional development committee.

⁵List any other needed resources in priority order.