**SANTA MONICA COLLEGE PROGRAM REVIEW: April 2012**

**HEALTH SCIENCES DEPARTMENT, RESPIRATORY THERAPY PROGRAM**

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# Program History and Program Goals

The Santa Monica College (SMC) Respiratory Therapy Program has contributed to the training of respiratory therapists since 1969 to meet the needs of the community.  Until 1996, the SMC Respiratory Therapy Program was in a "consortium" with UCLA Medical Center and together they operated the program until organizational restructuring at the Medical Center. The latter organizational restructuring resulted in the formation of a new "consortium" between East Los Angeles College (ELAC) and the SMC Respiratory Therapy Program.  The partnership was created in 1996; this innovative partnership allowed the SMC Respiratory Therapy Program to continue to provide career training for students who desired to enter this allied health specialty job training as well as to continue to help meet the need for respiratory therapists in the local community.  In 1997, the California Community College Chancellor recognized the uniqueness of this program by awarding it the "Student Success" Award.  Furthermore, this arrangement with ELAC gave SMC the opportunity to provide this career option in a manner that provides the lowest cost (to SMC) of any of the other 16 California community colleges that offer this career training. All other community colleges in the state that offer a Respiratory Therapy Program have a minimum of 2 full-time faculty (programmatic accreditation requirements), as well as provision of substantial classroom and lab space, secretarial support, adjunct faculty, lab supplies, etc.   However, SMC provided ELAC with the opportunity to increase clinical placements to some of the best medical centers in the area, for example, UCLA Medical Center and SM-UCLA Medical Center. The innovative arrangement has allowed SMC to continue to offer this excellent career track for its students and provide this service to the

community, all at a lower cost than any other Respiratory Therapy program offered by a community college in the state.

## **Program Goals**

There is only one primary goal for this program: To train and graduate, excellent, competent, Advanced Respiratory Care Practitioners which meet the needs of the community, the student and the college. The SMC Respiratory Therapy program goal will be aligned with the mission of Santa Monica College, which is "to create a learning environment that both challenges and supports students in achieving their educational goals...students learn to contribute to the global community...and prepare student for successful careers..." To that end, the SMC Respiratory Therapy Program will adapt the mission statement of the ELAC Respiratory Therapy Program, "to offer the highest quality medical education in a learning environment that fosters critical thinking, encourages leadership, and instills a strong appreciation of ethical values and human diversity." This multifaceted program emphasizes critical care, acute care, neonatal /pediatrics, cardiac care, home care and pulmonary diagnostics. Utilizing the standards established by the Commission on Accreditation for Respiratory Care (CoArc), the established curriculum provides students with the opportunity to develop the knowledge, skills, and attitudes necessary to be outstanding patient care providers. Further, the latter philosophy is congruent with SMC's goals "to obtain the knowledge and skills necessary to access, evaluate and interpret ideas, images, and information critically in order to communicate effectively, reach conclusions, and solve problems."

## How the Partnership "Works"

The ELAC/SMC Respiratory Therapy Program admits a total of 90 students that have met all prerequisites into each year's cohort. SMC admits 40 students and ELAC admits 50 students. Students choose a "home campus," either ELAC or SMC; not both, for the purpose of admission to the Respiratory Therapy Program. Students that chose SMC as their "home campus" take their first year of course work (Life and Physical Sciences, General Education, and Respiratory Therapy courses) on the SMC campus, with exception of RT 2 (equipment class) which is offered only at ELAC. The first year Respiratory Therapy courses offered on the SMC campus are RT 1 (Introduction to Respiratory Therapy), RT 29 (Neonatal and Pediatric Respiratory Therapy), RT 30 (Adult Critical Care Monitoring and Diagnostics), RT 60 (Respiratory Physiology) and RT 70 (Respiratory Pathophysiology). Once the students complete all of their first year courses they enter the second year, "clinical year", on the ELAC campus. SMC students join those students from the ELAC campus to make a joint cohort of students who progress through the "clinical year" of the Respiratory Therapy Program courses offered only on the ELAC campus. In Fall 2011, 56 students entered the clinical phase of the training program. This makes the ELAC/SMC Partnership Program by far the largest Community College Respiratory Therapist Program in California (and probably the country). Most Community College programs graduate 15-30 students per year. It is worth mentioning that for the first time SMC students surpassed the number of ELAC students in the clinical phase of the program. Upon completion of the Respiratory Therapy Program, students earn a certificate of completion and an associate degree in Respiratory Therapy from their home campus.

SMC provides instructional support with one full-time faculty and four hourly faculty and supported the Program Medical Director during the transition period to continue rounds with clinical students in the hospital. At this time, the hourly faculty support is 14 hours/week of clinical (bedside) instruction and evaluation activities for students. The hourly RT faculty provide bedside instruction and clinical instruction for our second (clinical) year students, and didactic instruction in RT 29 for first year students.

## **Respiratory Program Student Characteristics**

The SMC Respiratory Therapy Program has an exceptional track record for successfully graduating an ethnically and culturally diverse group of students, which is representative of the Santa Monica and greater Los Angeles areas. The composition of Respiratory Therapy students in terms ethnicity, race, gender, age, educational goal, enrollment status, and part-time status is as follows: the majority of the Respiratory Therapy Program is made up female students, as well as, disproportionally larger number of Asian/Pacific Islander students when compared to the college-wide population. In addition, the majority of SMC Respiratory Therapy students in their first academic year at SMC are usually older than the general college-wide population. In terms of educational goals, a larger percentage of Respiratory Therapy students have an associate degree as their highest educational goal compared to the college-wide population. Furthermore, a larger proportion of the Respiratory Therapy students carried a part-time load compared to the college-wide population. The specific reasons for the majority of the Respiratory Therapy students' composition being female and or Asian/Pacific Islanders are unknown. However, the increase in female students in the Respiratory Therapy Program can be

explained as a direct result of the increase in female college students that has been taking place since the 1970s and our program is in agreement with that national trend. An additional plausible explanation for the increased number of female students according to Centers for Disease Control and Prevention (CDC) is that women represent 80% of the healthcare work force. As for the disproportionally large number of Asian/Pacific Islander students in comparison to the college-wide population, the Center for Economic and Policy Research (CEPR) explains that for Asian-American and Pacific Islanders, the health-care industry is the largest employer. The latter explanations account for both, the majority of female students, and the large disproportioned number of Asian and Pacific Islanders students. The rationale for Respiratory Therapy students being older than the general college-wide population can explained by the downturn of the economy, and by the large number of unemployed individuals seeking new or second careers that are more, "financially stable," and have better employment outlook. The older age of the Respiratory Therapy students also serves as a reason for a large proportion of students carrying only part-time school workload compared to the general college-wide population. For example, many older students have families to support, or are living independently from their parents. Consequently, many of those students work to support themselves and/or their families. The fact that Respiratory Therapy students set their highest educational goal as an associate degree is a reflection of the current requirements to be licensed as Respiratory Care Practitioner, that is, the only requirements are the completion of an approved advanced level Respiratory Therapy Program and an associate degree from an institution such as SMC. Therefore, Respiratory Therapy students set their highest education goal to an associate degree in Respiratory Therapy.

The aforementioned demographic data was obtained by the Santa Monica College Office of Institutional Research. The research brief on Demographic Profile of the Respiratory Therapy students was gathered from data of 559 students enrolled in at least one Respiratory course at SMC, and included student enrollment for fall and spring terms of the academic year 2006-2007 through academic year 2010-2011. For complete details of the Research Brief: Demographics Profile of Respiratory Therapy Students, please refer to Appendix A.

During the last few years there has been an increase demand for the Respiratory Therapy Program at SMC. The increase in demand for the Respiratory Therapy program is multifactorial. One factor is the increase in student's awareness of the Respiratory Therapy program. Another factor is the economy, high levels of unemployment due to harsh economic times has many students seeking second careers. Many of those students view Respiratory Therapy as the perfect career, which provides the opportunity to earn high levels of income in a relative short period time. To meet the demands, the number of first year Respiratory Therapy courses offered on the SMC campus has increased from one course to five courses (RT1, RT 29, RT 30, RT 60, and RT 70), since the last program review in 2006.

## Response to Commendations and Recommendations

The consortia agreement with ELAC will expire in June 2012. The SMC and ELAC faculty want to continue with the partnership and will renew the consortia. Ratifying the agreement is a priority; the faculty are motivated to get this completed as soon as possible.

Additionally, the faculty from both campuses realizes the benefits of the partnership to the students.

Although attendance to the advisory board meeting has been light, it has improved from years past. Semiannual meetings have not increased advisory board member attendance; instead it has resulted in irregular attendance and lack of continuity in membership. It is very difficult to get the members to attend semiannual as they, too, have busy schedules. Efforts have been made to improve member attendance. For example, meetings are held at times which are convenient to the advisory board members; emails are sent to group members with various dates and times for members to choose time convenient to them, free parking is provided, and lunch and/or refreshments are provided. As a result, the advisory board meeting will be held annually rather than semiannual as with current practice to improve attendance.

To facilitate the mechanisms of admission, retention, exit and readmission, the ELAC/SMC Respiratory Therapy Program developed a student handbook. The handbook undergoes revisions from time to time to reflect current changes in practice to minimize negative impacts to the respiratory therapy program and the students.

At this time, the program has very good retention and graduation rates. The attrition rates are low (0-16.1%) for the years 2007-2011. In addition, the on-time graduating rates are also very good (83-94%) for the year 2007-2011. Further details on this data can be found in Appendix B, as well as in the section "Program Effectiveness" within this document.

The SMC Respiratory Therapy program evaluates course student learning outcomes (SLOs) when grades are submitted at the end of the semester into the SMC integrated

school information system (ISIS). The SMC and ELAC faculty collaborate to formulate similar SLOs for the classes taught at both campuses, this is a mandate of our accrediting body, CoARC.  SLOs for the Fall 2011 RT courses are noted in Appendix F.

## Summarize Program and/or Course Modifications

SMC demonstrated commitment to the Respiratory Therapy program, to career technical education and the community by hiring a full-time tenured track faculty in the Fall of 2011. In addition, SMC has increased the number of Respiratory Therapy courses offered at SMC campus from one to five courses due to the increasing demand for classes.

Although the SMC Respiratory Therapy program is in transition mode, the program has continued to thrive.  The impending retirement of Mr. Mel Welch, in December of 2010, led the Health Sciences Department and Mr. Mel Welch to anticipate the need to mentor faculty to smoothen the transition of the program. Thus, two "new" adjunct faculty were mentored and team taught two RT courses with Mr. Welch. In addition, the "new" adjunct faculty were briefed about the admissions process of the program. Furthermore, Mr. Mike Carr, ELAC/SMC Program Director provided guidance to the "new" adjunct faculty whenever questions aroused. Nevertheless, the retirement of senior faculty member, Mel Welch, from the SMC Respiratory Therapy Program, left the program devoid of an experienced person to run the program.  The two relatively new hourly instructors were given the responsibility of running the program and they did their best to keep the program afloat.  However, the latter created issues with admission to the program; for example, students often claimed that Mr. Welch offered them admissions to the program

and had completed educational plans to prove it. Some students up to this day, state that Mr. Mel Welch admitted them to the program; however, the number of those individuals has with this claim has diminished.

The new full-time faculty has assimilated well into the SMC culture and has formed strong working relations with ELAC faculty to maintain the high level of achievement of the program.

The manner in which program admitted students was an "informal" admission process, CoARC requires that both campuses (ELAC and SMC) have the same admissions criteria. Thus, in order to comply with the CoARC mandates a structured "formal" admission procedure was created and is included in the [Respiratory Therapy Student Handbook](). In addition to establishing procedures for admission, the handbook establishes procedural guidelines for exiting, and readmission to the Respiratory Therapy Program.

## Employment Outlook

There continues to be an increasing demand for respiratory therapists and the job outlook for respiratory therapy continues to be very good. According to the Bureau of Labor and Statistics, the employment for respiratory therapists is expected to grow by 21% from 2008-2018, much faster than the average for all occupations. In 2008, respiratory therapists held 105,900 jobs and are expected to increase to 128,100 by the year 2018. The statistics are higher for California with an expected growth of 26.6% by the year 2018, according to the California career zone. The increase in demand for respiratory therapists will be driven by an increasing aging population which will heighten the incidence of cardiopulmonary disease. Older Americans suffer most from respiratory ailments and

cardiopulmonary diseases such as pneumonia, chronic bronchitis, emphysema and heart disease. Further growth will come from the expanding role of the respiratory therapist outside of the hospital setting. For example, respiratory therapist roles will include: case management, disease prevention, emergency care, and the early prevention of pulmonary disease.  In addition, the increase will be driven by advances in inhalable medications and the treatment of lung transplant patients, heart attack, accident victims and premature infants- many of whom are ventilator dependent.

The job opportunities will be especially good for those holding bachelor's degree and certification, and those with cardiovascular care skills or experience working with infants.  The vast majority of respiratory therapist will continue to be employed in hospitals. However, more job openings are expected outside hospitals, especially in home healthcare services, physician offices, or other health practitioners, consumer-goods rental firms, or in the employment industry as temporary worker in various areas.

The Bureau of Labor and Statistics report that the average median wages of wage-and-salary respiratory therapists were $52,200 in May 2008. The middle 50 percent earned between $44,490 and $61, 720. However, California career zone reports that, the annual wage in California was $69,970 in 2010, with most therapists making between $50,760 and $89,140.

## **Reality of the Job Market**

Although the aforementioned data does support the notion of increasing and sustained employment trends, the reality of job placements in the local market is very different; one hundred applicants per job opening is not uncommon, especially in the

greater Los Angeles area. The change in direction of the job market is a reflection of

individuals prolonging retirement due to loss of retirement funds in the recent crash of

stock market. In addition, there has been an increase in proprietor respiratory therapy

schools opening in the area which have contributed to the saturation of the job market for

respiratory therapists. The effect of the local employment market has not spared the

ELAC/SMC Respiratory Therapy Program. Although, our students are still finding

employment, it is taking them longer time to do so. Consequently, ELAC/SMC Respiratory

Therapy Program "positive placement," is slightly low at 64-65% for 2009-2011. The

threshold for this outcome is 70% positive placement for a three year average. CoArc

defines positive placement as "a graduate who within ten (10) months after graduation is:

a. employed in respiratory care (i.e. full- or part-time, per diem, etc.), or b. enrolled full- or

part-time in another degree program, or c. serving in the military, or d. employed in the

polysomnography field (i.e. full- or part-time, per diem, etc. for graduates of the

polysomnography option of programs offering the same)." This information can be found in

table "Outcome Summary" of CoArc Annual Report (page 9) and Appendix B for more

details.

### Future of Respiratory Care Education

The future Respiratory Therapy Education is being debated. "The 2015 and

beyond" task force headed by the American Association for Respiratory Care (AARC) has

affirmed that health care systems are in the midst of dramatic changes to decrease the

costs and improve the quality of health care. The latter will affect the skills, attitudes and competencies of the respiratory therapist of the future. Thus, the respiratory therapist of the future will need to achieve specific competencies and is likely to be assigned new roles and responsibilities.  The AARC has proposed that in order to prepare the respiratory therapist of the future, a baccalaureate degree must be the minimum entry level for respiratory therapists.  The ELAC/SMC program will be proactive and visionary in order to remain competitive and innovative in respiratory care education.  Consequently, the program will inquire about and structure consortia agreement with senior colleges or universities that offer baccalaureate degree in Respiratory Therapy in our area. At present time, there are only two local colleges or universities that offer baccalaureate degrees in Respiratory Therapy, Platt College (Alhambra, California) and Loma Linda University (Loma Linda, California), respectively. The ELAC/SMC program will seek partnerships with either or both.

## Curriculum: Course and Program Content

The SMC/ELAC program strives to make excellent, advanced and professional respiratory care practitioners in the manner consistent with program goals. The courses are designed to prepare students for board examinations and for employment. For this reason, classes are taught in sequential manner which build on prior knowledge and culminate with capstone courses such as RT 5 and RT 11, which are designed to prepare the students as working professionals when they enter the working force. Accordingly, the design of Respiratory Therapy courses has been aligned with the program goals and the course SLOs. The sequence of SMC courses has been modified to match ELAC's sequence of

classes. Furthermore, the sequencing of the Respiratory Therapy courses in terms of course content and SLOs is appropriate and consistent with prerequisites, co-requisites and advisories. Until recently, all Respiratory Therapy courses were open to everyone. However, with the increased demand for Respiratory Therapy courses, some classes had enrollments of 50 to 60 students. Thus, in order to create a structured and fair manner of enrollment into the Respiratory Therapy course, the following statement "admission to Respiratory Therapy Program" was added to SMC catalog as prerequisite for all SMC Respiratory Therapy courses, with the exception of RT 1.

Since the last program review, SMC has increased the number of Respiratory Therapy courses offered on campus, from one to five. The Respiratory Therapy courses offered at the SMC campus are: RT 1 (Introduction to Respiratory Therapy), RT 29 (Neonatal and Pediatric Respiratory Therapy), RT 30 (Adult Critical Care Monitoring and Diagnostics), RT 60 (Respiratory Physiology) and RT 70 (Respiratory Pathophysiology). The sequence of classes offered at SMC has been modified, effective spring 2012, to reflect the sequence of courses offered at ELAC. The change in sequence was made to augment student success, courses like RT 29 and RT 30 are considered capstone courses that require the application of prior knowledge and should be taught in the latter part of the program. Additionally, many of the students taking RT 29 and RT 30 had not completed any other Respiratory Therapy courses only the basic prerequisites, anatomy 1 and physiology 3. The latter resulted in many of those students not doing well, even, failing those courses, especially, RT 30.

The course outlines, course SLOs, prerequisites, co-requisites and advisories for all active SMC Respiratory Therapy courses have been updated. For more details please refer to Health Sciences Department, Appendix C.

### Instructional Improvement

The teaching effectiveness of SMC faculty's instruction of Respiratory Therapy courses is evaluated by the standard faculty evaluation process.

The SLOs and course outlines for all SMC Respiratory Therapy courses have been developed to reflect current trends in practice and can be found in the Health Sciences Department SLOs in Appendix C.

The teaching effectiveness of the program is evaluated by an extensive annual evaluation process mandated by the program's accreditation organization. This process is the responsibility of the ELAC partnership. Since all the clinical RT courses are actually on the ELAC campus, they are responsible for maintaining the program's accreditation. Since the entire "accreditation process" is "outcome oriented" (as opposed to "process" oriented) this process includes annual: Employer Satisfaction Surveys, Graduate Satisfaction Surveys, and Assessment of Attainment of Program Goals; in order to produce competent Advanced Practice Respiratory Therapists (as verified by evaluation of graduate performance on the CRT Licensure exam as well as the Advanced Practice Exam(s) (known as the Registered Respiratory Therapist exam). More discussion on the final outcome of program can be seen on Appendix B.

## Instructional Environment

The SMC Faculty in this program has recently changed, as of Fall 2011. A new full-time tenured track instructor was hired to replace the former full-time faculty member that had been with SMC since the summer session of 1977. Inevitably, there will be a learning period for the new full-time faculty to adjust to a new system and to develop strategies to enhance the success of the SMC Respiratory Therapy Program. There are four adjunct faculty, three of whom have been with the program since 2000. The adjunct faculty performs their teaching activities at the patient's bedside and do not need traditional instructional and administrative support. However, they do get administrative support in the form of coordination and supervision of their activities by the full-time SMC faculty. As previously mentioned, SMC contributes one full-time faculty and 14 hours/week hourly faculty.

The SMC and ELAC faculty continue to be committed to partnership program success for both the institution and the students. The SMC faculty and ELAC faculty hold regular staff meetings to discuss matters of accreditation, changes in admission policies, clinical placements, and other matters pertaining to upkeep of the program.

Due to the increase in the number of Respiratory Therapy courses offered at the SMC campus, SMC has added the equivalent of a full-time counselor to the Health Sciences Department and a portion of their assignment has been allocated to service the ELAC/SMC Respiratory Therapy students. The function of the counselor is to guide the students with the application process, admissions and to establish remediation plans when applicable. At this time, the Health Sciences counselor is being mentored to work with Respiratory

Therapy students and is a work in progress. The previous counselor assigned to help Respiratory Therapy students also helps ECE students. However, the 0.5 Full-time counselor assignment apportioned to the Respiratory Therapy Students was subsidized with the Allied Health Program Expansion and Enhancement Grant acquired by SMC. The grant was terminated and ended in March 31, 2012. The latter will increase the number of Respiratory Therapy students that will be seen by the Health Sciences counselor. Therefore, it is of upmost importance for the Health Sciences counselor to allocate at least 0.5 of their assignment to service the Respiratory Therapy students. In addition, the clerical support provided by Health Sciences Department administrative secretary must remain in place, and apportion a percentage of their assignment to service Respiratory Therapy students.

The RT Club continues to be a strong uniting force for first year and second year students. It provides the students with an identity and a voice on campus. The club members volunteer in various community service activities; such as, volunteering at pediatric hospitals, toy-drives, adopting families for Christmas, Club Row, and the offering of Healthcare Provider BLS classes to allied health students at discounted prices. The proceeds raised by providing the BLS classes will be utilized to pay for their graduation ceremony. In the Fall 2011, three Respiratory Therapy students attended the AARC International Congress in Tampa, Florida. The event is the most prominent respiratory care symposium in the world, and the students gained a tremendous amount of awareness of the profession and being a professional respiratory care practitioner.

Current SMC contributions to faculty have been described previously. SMC supplies the classroom space for the SMC courses offered at the Bundy campus. All faculty maintain

their current licensure as Respiratory Therapists.  Although, all the lab equipment and other facilities to support the program are the responsibility of the ELAC partner, the SMC Respiratory Program submitted a VTEA/CTEA grant proposal to acquire a ventilator for the SMC students to practice and use at the Bundy Campus.

The support from the ELAC partnership for this program is excellent.  They are in the process of building all new facilities for their Life Sciences Department, and the RT program will have new classrooms and lab facilities in an estimated 2-3 years.

Vocational grant funds (VTEA/CTEA), (from ELAC) are frequently made available, resulting in the maintenance of a high-quality equipment technology lab for students. ELAC has been able to purchase the latest in life-support systems each of the past three years based on support from VTEA/CTEA funds.  Additionally, we provide scheduled "drop-in labs" for students to remediate their skills with the assistance of faculty paid with VTEA/CTEA funds.   The SMC Respiratory Therapy Program submitted a VTEA/CTEA grant proposal for a life support system (mechanical ventilator), as we have limited respiratory equipment available at the SMC campus.

## ELAC/SMC Respiratory Therapy Program Effectiveness

The ELAC/SMC Respiratory Therapy Program's accreditation through the Commission on Accreditation for Respiratory Care (CoARC) mandates extensive evaluation of program "outcomes".  The entire 'accreditation system" under which respiratory care education operates is through an "outcomes based" accreditation monitoring system.  The one major program goal (to produce competent advanced-level respiratory therapists) is evaluated through a combination of evaluations systems, including Graduate Surveys,

Employer Surveys (both six months post graduation) and a series of nationally based board exams. Attached is the most recent "Annual Report" (Appendix B), generated by ELAC, which pertains to the "outcome" of the program (Graduate Outcomes). This report is titled; "2011 Report of Current Status for the Education Program for the Respiratory Therapist – Advanced at East Los Angeles College/Santa Monica".

The report, "Threshold Levels of Success Report", depicts the outcome summary tables (pages 6-9). As seen on this tables and explanations, the ELAC Program exceeds all accreditation thresholds on all of the evaluations and measures with one exception. The one exception is the outcome "Positive Placement," for which the program is below threshold at 64-65%. This issue is discussed in detail in the section, "Reality of the Job Market" of this document. In addition, although CoArc no longer places a threshold for success on the outcome "RRT credentialing success," our program, like a majority of Advanced Practice programs throughout the country, has been having difficulty getting graduates to follow through on taking the two "Advanced Practitioner" exams that is "voluntarily" taken. These are referred to as the "Clinical Simulation Exam" and the "Written Registry Exam" which lead to awarding of the National credential: "Registered Respiratory Therapist (RRT)". These exams are a form of critical care board exams, and are not mandatory by any state or national agency. Although few employers in the area differentiate their pay scale for this additional credential, the current employment market has increased the number of graduates earning such a credential. This topic has been a very serious national level debate within the profession for several years now. Accordingly, the commission on accreditation has mandated that all Respiratory Therapy programs provide

education at a minimum to prepare students for the RRT credential; now considered the national standard.

The ELAC/SMC Respiratory Therapy Program boasts very low attrition rates (0-16.1%) for the years 2007-2011. The threshold set by CoArc is < 40% attrition of the total number of students in the enrollment cohort, as defined by "students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in the program attrition." The on-time graduating rates are also very good (83-94%) for the year 2007-2011. CoArc has no threshold for this outcome; however, it needs to be reported by Respiratory Therapy programs.

The "NBRC Annual School Summary Report", as of 12/11/11, documents the performance on all three board exams utilized for the past seven years (Appendix B). The first listed exam is the critical one, the one used by the state of CA as the license exam for the state.  The other two are the voluntary "Advanced Practice" boards referred to above.

### California License Exam Performance

The Respiratory Care Board (RCB) of California is a CA Dept. of Consumer Affairs License Board that regulates the practice of respiratory care in California.  The CA "licensure exam" used by this Board is the NBRC's "CRT" (Certified Respiratory Therapist) exam.  As can be seen in Appendix B, the ELAC Program shows 95+ % "Pass" rate for the

past four years.  There are a small number who must "repeat" the exam; however,

ultimately almost all are successful on their license exam.

## Job Placement

The stagnant employment market has decreased the number of job placements,

however, no analysis was provided in the current "2011 Report of Current Status for an

Education Program for the Respiratory Therapist – Advanced at East Los Angeles

College/Santa Monica," (page 9). Historically, our job placement rate has been essentially

95-100%.  As previously discussed, the ELAC/SMC Respiratory Therapy Program is

currently below threshold in the outcome "Positive Placement," is slightly low at 64-65%

for the year periods 2009-2011. The threshold for this outcome is 70% positive placement

for a three year average. The program will monitor the progress of this outcome to meet

CoArc's threshold. However, one of the reasons for the low positive placement outcome is

that many graduates do not complete the survey for positive placement, either because

they do not get or do not have time to complete it. The program will address this issue by

distributing surveys through multiple media outlets, such as (email and regular mail) with

multiple reminders. In addition, occasionally a graduate will continue their education, e.g.,

transfer into a Physician Assistant program, Medical School, or Nursing program, etc.  We

have also had approximately one graduate every other year who, although able to

eventually complete all program course work, would demonstrate very poor interpersonal

skills, work habits, communication skills, or finds that the profession is "too stressful", etc.

This leads to an occasional graduate who does not successfully stay employed in the

profession.

## Degrees/Certificates Obtained

California licensure mandates obtaining of an Associate Degree from the RT program. As long as the students meet the "12 unit on campus" degree requirement, they may transfer the RT courses taken on the ELAC campus to SMC to obtain their Associate of Sciences (AS) Degree. However, once students transfer to ELAC for the advanced RT coursework, they often do not bother "transferring back" their ELAC courses to obtain their actual degree from SMC. However, there has been increased in the number of AS Degrees award by SMC in Respiratory Therapy. When students have been queried in the past over the reasons for this, the most common cited reason(s) are the additional requirement for a course that meets the SMC "diversity"/global citizenship requirement, or that it is "just easier" to obtain the degree from ELAC once they are there. As a result of the above, the number of "degrees granted" from SMC for this major have been minimal. This practice will be corrected by including a statement in the student handbook, program application, and brochure, that states "students that select SMC as their "home campus" MUST obtain their AS degree and certificate in Respiratory Therapy from SMC." Students, however, will be allowed to obtain AS degree from ELAC if they wish to, as long as, the student meets ELAC's degree requirements.

The number of Associate degrees awarded in Respiratory Therapy by SMC has ranged from 2 in (2006-2007) and increased to 14 in (2010-2011).

## Certificate of Completion's Awarded

The SMC program does have a jointly issued "Certificate of Completion" that is awarded to students who choose to apply for it.  With the mandating of the Associate Degree for entry level examination, this certificate is now largely "ceremonial."  Currently the CA state licensing agency and the National Board no longer requires the certificate.  In 2000, when Associate Degrees were mandated on a national basis for program accreditation, these certificates lost their "official" significance.  These certificates are issued and controlled by ELAC; however they do require the signatures of the Associate Dean of Health Sciences and the SMC President.

**Course Success and Retention Rates of SMC Course Offerings in Respiratory Therapy**

Success in the five courses offered in the Respiratory Program at SMC was evaluated from data retrieved from Cal-Pass which can be found in Appendix D. The results indicate that three of the courses (RT 29, RT 60 and RT 70) have a success rate of 85% to 95 % in fall 2010-2011.  However, RT 30, RT 60 and RT 70 success rate for the years 2006-2010, has ranged from 62% to 82%. Physiology (RT 60) had a success rate of 86% in 2010-2011 following three academic years with a success rate of 60% to 66%. Two of the courses, RT 30, and RT 1 have consistently had success rates less than 70%.  However, when the data is reviewed collectively the successful completion rate for courses in Respiratory Therapy was 72.3%. Seventy-two percent is greater than the college-wide course success rate of 68.2%. It is believed that the success rate can be improved by limiting the enrollment in all of the RT courses except for RT 1, to students admitted to the RT program.

According to data retrieved from Cal-Pass in Appendix D, the RT course retention rates have ranged from 60.1% (2005- 2006) to 63.64%  (2006-2007) which is less than the

college-wide retention range of 80.4% to 83.3%. However, the overall retention rate for RT courses has ranged from 63.4% (2005-2006) to 95% (2010-2011).

## Advisory Board Meetings

The Advisory Board for our partnership program meets regularly, on a semiannual basis. There is representation from both ELAC and SMC campuses; Program Medical Director, current student clinical cohort, as well as representatives from our "Industry" (hospitals that we have clinical affiliation contracts with). The most recent meeting was February 24th, 2012. Minutes from the previous meetings can be found in Appendix C in this document. The ELAC Workforce Education department is responsible for maintaining these files.

The program's recent growth and expansion were largely in response to continued feedback from our industry on the ongoing shortage of respiratory therapists in the hospital setting. More recently, the topic has shifted from the need of respiratory therapists in the hospital setting to the homecare setting. There seems to be evidence that points to the need to keep patients out of the hospital; thereby, an increasing demand for respiratory therapists in the homecare and pulmonary rehabilitation settings. Dr. Gueravitch, Medical Director for ELAC/SMC Program, is a strong advocate for the training of future Respiratory Care Practitioners to function in outpatient settings and pulmonary rehabilitation centers. At the advisory board meeting held on October 14th, 2011, he made a strong case to align the program curriculum to meeting the needs of the community in those outpatient settings. As such, the ELAC/SMC program will monitor shortage of respiratory therapist in

those work environments and update or modify the curriculum as necessary to meet the needs of the community.

## Conclusions & Recommendations

As previously mentioned, the recent growth of the Respiratory Therapy program was to meet the needs of the community. The acquisition of the Allied Health Program Expansion and Enhancement Grant funded by Governor's 15% Workforce Investment Act Funds for Allied Health Programs obtained by SMC increased the size of the SMC Respiratory Therapy program to meet those demands. The grant provided the Respiratory Therapy program with the support necessary to expand. Personnel support has been instrumental to the expansion of the program, as previously described. The most evident enhancements to program are prominent in the well-defined structure of the program from the admissions process to the support services available to Respiratory Therapy students. Unfortunately, as of March 31, 2012, the funds pledged to the Allied Health Expansion and Enhancement Grant will not be funded as a result of California's community college budget crisis. As previously mentioned, the latter creates a high degree of uncertainty to the sustainability of the current size, support services and to some extent, the upkeep of the SMC Respiratory Therapy program. Therefore, the recommendation for SMC is to continue the current support to the Respiratory Therapy program and sustain the 0.5FTE assignment full-time counselor and 0.75 administrative secretary as their function to the program is invaluable.

The ELAC/SMC program is a successful model of collaboration between two local community colleges that is still quite unique.  With this current arrangement, SMC is able to offer to its students (and local industry) the opportunity for critically needed health care

workers to be trained for our community.  An additional benefit of a Respiratory Therapy program to SMC is that it serves as feeder to prerequisite sciences and many general education courses taken by Respiratory Therapy students at SMC.  While SMC benefits from the above, our campus is not required to provide the substantial additional resources that would normally be required to offer a "free standing" traditional program.   A minimum of one additional FT faculty member, classroom and lab space, and a budget to keep the required "high-tech" lab "up to date" are all expenses avoided by SMC through this unique arrangement.

In conclusion, the SMC Respiratory Therapy program has experienced a major transformation, from a small, informal and unrecognized program in the Health Sciences Department to a bigger, more structured and noticeable Program.

The expansion of the Respiratory Therapy program has led to a considerable increase in the number of qualified applicants applying to the program. Currently, applications for the upcoming "new cohort" have now surpassed 70 applicants. This will be the first year the SMC Respiratory Therapy program will have a waiting list.  Therefore, now more than ever it is imperative that SMC provides the support the Respiratory Therapy program deserves. We must do it for our students, and the community which we serve.

# Appendix A: Research Brief: Demographic Profile of Respiratory Therapy Students

Research Brief: Demographic Profile of Respiratory Therapy Students

*Prepared by Daniel Berumen*

Key Findings

1. Asian/Pacific Islander students make up a disproportionally larger percentage of Respiratory Therapy (RES) students when compared to the college-wide population.

2. RES students are older than the general college-wide population.

3. Compared to the college-wide population, a disproportionately greater number of RES students have their highest educational goal as earning an Associate Degree.

4. The majority of Respiratory Therapy students are in their first academic year at Santa Monica College (SMC).

**Introduction**

The Respiratory Therapy program is a joint program with East Los Angeles College that allows students to earn a certificate of completion as well as an Associate Degree in Respiratory Therapy. The five courses offered at SMC, which are included in this study are, RES TH 1(Introduction to Respiratory Therapy), RES TH 29 (Neonatal and Pediatric

Respiratory Therapy), RES TH 30 (Adult Critical Care Monitory and Diagnostics), RES TH 60 (Respiratory Physiology) and RES TH 70 (Respiratory Pathophysiology).

This research brief was requested by the RES faculty to help identify the specific demographic profile of their students in relation to the college as a whole.

**Methodology**

This brief contains quantitative data collected from the college's Management Information Systems (MIS) database. Student enrollment data is included for fall and spring terms from the 2006-2007 academic year through the 2010-2011 academic year.

Descriptive statistics were used to disaggregate students enrolled in RES courses by their gender, race/ethnicity, age, residence status, enrollments status, educational goal, course load, basic skills status and length of enrollment. An RES student was identified as any student enrolled in an RES course during the academic year. The unduplicated count of RES students across the five academic years is 559. For comparison, demographic data for all 2010-2011 SMC credit students were included.

**Findings**

Gender, age, ethnicity/race, educational goal, and educational status are self-reported by students on the college application. Students are able, but not required, to revise their information at any time.

**Table 1. RES Students by Gender**

|  | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
|  | 39 | 79 | 94 | 109 | 87 | 329 | 21915 |
| **Female** | **60.9%** | **61.2%** | **59.1%** | **58.9%** | **53.7%** | **58.9%** | **54.7%** |
|  | 25 | 50 | 65 | 76 | 75 | 230 | 18163 |
| **Male** | **39.1%** | **38.8%** | **40.9%** | **41.1%** | **46.3%** | **41.1%** | **45.3%** |
|  | 64 | 129 | 159 | 185 | 162 | 559 | 40,078 |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

Females made up the majority of students enrolled in RES courses during the five academic years. The combined percentage of female RES students, 58.9%, was 4.2% higher than the overall female population at the college.

**Table 2. RES Students by Race/Ethnicity**

|  | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
|  | 18 | 48 | 62 | 67 | 54 | 196 | 7354 |
| **Asian/PI** | **28.1%** | **37.2%** | **39.0%** | **36.2%** | **33.3%** | **35.1%** | **18.3%** |
| **Black** | 15 | 17 | 24 | 22 | 23 | 86 | 3994 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **23.4%** | **13.2%** | **15.1%** | **11.9%** | **14.2%** | **15.4%** | **10.0%** |
| | 12 | 29 | 35 | 55 | 51 | 148 | 12439 |
| **Hispanic** | **18.8%** | **22.5%** | **22.0%** | **29.7%** | **31.5%** | **26.5%** | **31.0%** |
| | -- | 1 | -- | 2 | -- | 3 | 107 |
| **Native Am** | **--** | **0.8%** | **--** | **1.1%** | **--** | **0.5%** | **0.3%** |
| | 1 | 6 | 2 | -- | -- | 7 | 18 |
| **Other** | **1.6%** | **4.7%** | **1.3%** | **--** | **--** | **1.3%** | **0.0%** |
| | 11 | 22 | 29 | 34 | 27 | 93 | 13021 |
| **White** | **17.2%** | **17.1%** | **18.2%** | **18.4%** | **16.7%** | **16.6%** | **32.5%** |
| | -- | -- | -- | 2 | 2 | 4 | 1236 |
| **Multi-Races** | **--** | **--** | **--** | **1.1%** | **1.2%** | **0.7%** | **3.1%** |
| | 7 | 6 | 7 | 3 | 5 | 22 | 1927 |
| **Unreported** | **10.9%** | **4.7%** | **4.4%** | **1.6%** | **3.1%** | **3.9%** | **4.8%** |
| | 64 | 129 | 159 | 185 | 162 | 559 | 40078 |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

The Chancellor's Office introduced the "multiple races" ethnicity/race category in the summer of 2009 and eliminated the "other" category.  Asian/Pacific Islander students made up a disproportionately larger percentage of all RES students, at 35.1% over the five years, compared to the general population which was at 18.3% in 2010-2011. White students were disproportionately underrepresented in RES courses compared to the general population.

In Table 3 below, students were disaggregated by their age in their first term (fall or spring) of enrollment in a RES course within an academic year. The count for the "All Terms" column includes a student's age at their first term of enrollment in a RES course.

**Table 3. RES Students by Age**

| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| **19 or Younger** | 4 | 1 | 10 | 13 | 12 | 40 | 12001 |
| | 6.3% | 0.8% | 6.3% | 7.0% | 7.4% | 7.2% | 29.9% |
| **20 to 24** | 16 | 31 | 37 | 46 | 34 | 140 | 14804 |
| | 25.0% | 24.0% | 23.3% | 24.9% | 21.0% | 25.0% | 36.9% |
| **25 to 29** | 20 | 39 | 35 | 49 | 43 | 148 | 5643 |
| | 31.3% | 30.2% | 22.0% | 26.5% | 26.5% | 26.5% | 14.1% |
| **30 to 39** | 8 | 34 | 44 | 44 | 42 | 129 | 4372 |
| | 12.5% | 26.4% | 27.7% | 23.8% | 25.9% | 23.1% | 10.9% |
| **40 to 49** | 10 | 17 | 24 | 20 | 20 | 71 | 1886 |
| | 15.6% | 13.2% | 15.1% | 10.8% | 12.3% | 12.7% | 4.7% |
| **50 or Older** | 6 | 7 | 9 | 13 | 11 | 31 | 1372 |
| | 9.4% | 5.4% | 5.7% | 7.0% | 6.8% | 5.5% | 3.4% |
| **Total** | 64 | 129 | 159 | 185 | 162 | 559 | 40078 |
| | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Students in the 19 or younger group made up only 7.2% of all RES students over the five year period compared with 29.9% college wide. Overall, RES students tended to be older than the college-wide population.

**Table 4. RES Students by Residence Status**

|  | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| California | 57 | 118 | 145 | 172 | 151 | 516 | 33542 |
|  | 89.1% | 91.5% | 91.2% | 93.0% | 93.2% | 92.3% | 83.7% |
| Out-of-State | 3 | 3 | 3 | 3 | 6 | 18 | 2660 |
|  | 4.7% | 2.3% | 1.9% | 1.6% | 3.7% | 3.2% | 6.6% |
| Foreign Country | 4 | 8 | 11 | 10 | 5 | 25 | 3876 |
|  | 6.3% | 6.2% | 6.9% | 5.4% | 3.1% | 4.5% | 9.7% |
| Total | 64 | 129 | 159 | 185 | 162 | 559 | 40078 |
|  | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Out-of-state and foreign students made up a disproportionately smaller percentage of the RES population than for the college-wide population. California residents made up 92.3% of RES students compared to 83.7% of the college-wide population.

Table 5 contains students' enrollment status for their first term (fall or spring) of enrollment in a RES course within an academic year. The "All Terms" column contains the enrollment status for their first term of enrollment over the five year period.  First-time transfer students are defined as students enrolled at SMC for the first time and who transferred from another institution of higher education. Returning students enrolled at

SMC after an absence of one or more primary terms. Special admit students are high school

students concurrently or dually enrolled at SMC.

**Table 5. RES Students by Enrollment Status**

| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| **First-Time** | 6 | 5 | 3 | 8 | 4 | 26 | 8481 |
| **Student** | **9.4%** | **3.9%** | **1.9%** | **4.3%** | **2.5%** | **3.7%** | **21.2%** |
| **First-Time Transfer** | 26 | 59 | 63 | 80 | 65 | 293 | 7165 |
| **Student** | **40.6%** | **45.7%** | **39.6%** | **43.2%** | **40.1%** | **41.9%** | **17.9%** |
| **Returning** | 10 | 15 | 30 | 26 | 32 | 113 | 6990 |
| **Student** | **15.6%** | **11.6%** | **18.9%** | **14.1%** | **19.8%** | **16.2%** | **17.4%** |
| **Continuing** | 22 | 50 | 63 | 70 | 61 | 266 | 17086 |
| **Student** | **34.4%** | **38.8%** | **39.6%** | **37.8%** | **37.7%** | **38.1%** | **42.6%** |
| **Special Admit** | -- | -- | -- | 1 | -- | 1 | 355 |
| **Student** | **--** | **--** | **--** | **0.5%** | **--** | **0.1%** | **0.9%** |
| | 64 | 129 | 159 | 185 | 162 | 699 | 40077* |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

*One student marked as "Unknown/Unreported"

While first-time students made up only 3.7% of the RES population, first-time transfer

students made up about 41.9%. Both are different than the proportions of first-time

student and first-time transfer student in the college-wide population.

Table 6 contains the disaggregated count of RES student's primary or highest educational goal. The goal is not updated unless the student's enrollment lapses for at least one academic year.

**Table 6. RES Students by Educational Goal**

| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Unduplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| | 17 | 48 | 67 | 68 | 57 | 209 | 25972 |
| Transfer | **26.6%** | **37.2%** | **42.1%** | **36.8%** | **35.2%** | **37.4%** | **64.8%** |
| Associate | 17 | 37 | 44 | 55 | 48 | 155 | 2290 |
| Degree | **26.6%** | **28.7%** | **27.7%** | **29.7%** | **29.6%** | **27.7%** | **5.7%** |
| | 1 | 4 | 8 | 9 | 12 | 27 | 562 |
| Certificate | **1.6%** | **3.1%** | **5.0%** | **4.9%** | **7.4%** | **4.8%** | **1.4%** |
| Career | 16 | 25 | 25 | 24 | 27 | 94 | 3323 |
| Objective | **25.0%** | **19.4%** | **15.7%** | **13.0%** | **16.7%** | **16.8%** | **8.3%** |
| Educational | 6 | 6 | 8 | 9 | 4 | 25 | 2921 |
| Development | **9.4%** | **4.7%** | **5.0%** | **4.9%** | **2.5%** | **4.5%** | **7.3%** |
| Improve Basic | -- | 1 | 1 | -- | 1 | 2 | 202 |
| Skills | **--** | **0.8%** | **0.6%** | **--** | **0.6%** | **0.4%** | **0.5%** |
| Complete HS | -- | -- | -- | 1 | -- | 1 | 166 |
| Credits/GED | **--** | **--** | **--** | **0.5%** | **--** | **0.2%** | **0.4%** |
| Move from NC | -- | -- | -- | -- | -- | -- | 20 |
| to Credit | **--** | **--** | **--** | **--** | **--** | **--** | **0.0%** |
| | -- | -- | 1 | 4 | 2 | 6 | 1882 |
| 4-Yr Stu | **--** | **--** | **0.6%** | **2.2%** | **1.2%** | **1.1%** | **4.7%** |
| Unreported | 7 | 8 | 5 | 15 | 11 | 40 | 14 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 10.9% | 6.2% | 3.1% | 8.1% | 6.8% | 7.2% | 0.0% |
| | 64 | 129 | 159 | 185 | 162 | 559 | 40078 |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

About 28% of RES students marked "Associate Degree" as their highest educational goal when compared to 5.7% of the college-wide population. Conversely, only 37.4% of RES students marked a goal of "Transfer" compared to 65.8% of the college-wide population.

**Table 7. RES Students by Course Load**

| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Duplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| | 52 | 108 | 98 | 156 | 136 | 550 | 24935 |
| Part-time | 81.3% | 83.7% | 61.6% | 84.3% | 84.0% | 78.7% | 62.2% |
| | 12 | 21 | 61 | 29 | 26 | 149 | 15143 |
| Full-time | 18.8% | 16.3% | 38.4% | 15.7% | 16.0% | 21.3% | 37.8% |
| | 64 | 129 | 159 | 185 | 162 | 699 | 40078 |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Table 7 contains the count of students by course load. Students were classified as "Full-Time" if they enrolled in at least 12 or more units in at least one semester during the academic year. In this table the "All Terms" column contains the duplicated count of students enrolled in RES courses. Compared to the college-wide population, students in RES courses were more likely to have been enrolled only part-time.

In Table 8 below students are defined as "Basic Skills" if they enrolled in at least one pre-collegiate English, math or ESL credit course during the academic year. The "All Terms" column contains the duplicated, or sum count, of all students enrolled in RES courses during the five year period.

**Table 8. RES Students by Basic Skills Status**

| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | All Terms (Duplicated) | College-Wide 2010-2011 |
|---|---|---|---|---|---|---|---|
| | 59 | 121 | 145 | 166 | 147 | 638 | 30756 |
| **No** | **92.2%** | **93.8%** | **91.2%** | **89.7%** | **90.7%** | **91.3%** | **76.7%** |
| | 5 | 8 | 14 | 19 | 15 | 61 | 9322 |
| **Yes** | **7.8%** | **6.2%** | **8.8%** | **10.3%** | **9.3%** | **8.7%** | **23.3%** |
| | 64 | 129 | 159 | 185 | 162 | 699 | 40078 |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

About 91% of students in RES courses did not enroll in a basic skills course. A closer look at the data revealed that in general, students in RES courses enrolled in a English, math or ESL course at a much lower rate than the general population. Out of 559 students, only 68 (12.2%) enrolled in any English, math or ESL course. Additionally, only 72 students (12.9%) who enrolled in RES courses completed the assessment process at the college. Therefore the data above must be read with caution as the percentages might not reflect an accurate representation of RES students' overall English, math or ESL skill levels.

Table 9 contains the disaggregated counts of students by their first academic year of enrollment.

**Table 9. RES Students by Year of Enrollment**

| | First Year at SMC | Enrolled Previous Year | Enrolled Two Years Prior | Enrolled Three or more years prior | Count |
|---|---|---|---|---|---|
| | 34 | 8 | 4 | 18 | 64 |
| **2006-2007** | **53.1%** | **12.5%** | **6.3%** | **28.1%** | **100.0%** |
| | 64 | 17 | 12 | 36 | 129 |
| **2007-2008** | **49.6%** | **13.2%** | **9.3%** | **27.9%** | **100.0%** |
| | 66 | 34 | 12 | 47 | 159 |
| **2008-2009** | **41.5%** | **21.4%** | **7.5%** | **29.6%** | **100.0%** |
| | 88 | 28 | 15 | 54 | 185 |
| **2009-2010** | **47.6%** | **15.1%** | **8.1%** | **29.2%** | **100.0%** |
| | 69 | 52 | 10 | 31 | 162 |
| **2010-2011** | **42.6%** | **32.1%** | **6.2%** | **19.1%** | **100.0%** |
| | 321 | 139 | 53 | 186 | 699* |
| **Total** | **45.9%** | **19.9%** | **7.6%** | **26.6%** | **100.0%** |

*Duplicated

Students in their first year at SMC make up the largest percentage of the RES population.

**Conclusions**

In the fall and spring terms of 2006 through 2010, there were 559 students enrolled in at least one Respiratory Therapy course at SMC.

   o   The majority of RES students were female (58.9%).

- Asian/Pacific Islander students made up a disproportionally larger percentage of the RES population (35.1%) when compared to the college-wide population (18.3%).

- The percentage of RES students who were "19 or younger" (7.2%) or "21-24 years old" (25.0%) were smaller when compared to the college-wide population (29.9% and 36.9%, respectively).

- 41.9% of RES students were classified as "First-time transfer" students compared to 17.9% of the college-wide population.

- 27.7% of RES students marked "earn an Associate Degree without transferring to a four-year institution" as an educational goal compared to 5.7% of the college-wide population.

- A larger proportion of RES students carried a part-time load (78.7%) when compared with the college-wide population (62.2%)

- A larger percentage of RES students did not enroll in a Basic Skills English, math or ESL class (91.3%) when compared to the college-wide population (76.7%); this data should be interpreted with caution as additional data reveal that only 12.2% of RES students enrolled in an English, math or ESL class at all.

## Appendix B: CoARC, NBRC and RCB Reports

Commission on Accreditation: 2012 Report of Current Status for an Education Program-

Respiratory Therapy- Advanced Level at East Los Angeles College/Santa Monica College

CoARC Program Reference: 200102


National Boar for Respiratory Care (NBRC) Annual School Summary- Report as of

12/30/2011

**2012 Report of Current Status for an Education Program**

§

**Respiratory Therapy - Advanced Level**
**at East Los Angeles College/Santa Monica**
**CoARC Program Reference: 200102**

§

Generated for *Michael Carr <carrmr@elac.edu>* on *03/22/2012*

## Sponsoring Institution and Personnel

**East Los Angeles College/Santa Monica**
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Glendale Adventist Medical Center - Clinical Affiliate - Glendale, California
California Medical Center - Clinical Affiliate - Los Angeles, California
Kaiser Permanente (Sunset) - Clinical Affiliate - Los Angeles, California
Los Angeles County-USC Medical Center - Clinical Affiliate - Los Angeles, California
Ronald Reagan-UCLA Medical Center - Clinical Affiliate - Los Angeles, California
USC - University Medical Center - Clinical Affiliate - Los Angeles, California
White Memorial Medical Center - Clinical Affiliate - Los Angeles, California
Long Beach Memorial Medical Center - Clinical Affiliate - Long Beach, California
Presbyterian Intercommunity Hospital - Clinical Affiliate - Whittier, California
Garfield Medical Center - Clinical Affiliate - Monterey Park, California
Barlow Respiratory Hospital - Clinical Affiliate - Los Angeles, California
Santa Monica-UCLA Hospital - Clinical Affiliate - Santa Monica, California

## Current Program Statistics

CoARC Reference: 200102

Program Enrollment and Attrition Table with Current and Past Five Years' Data (if available):

| Enrollment Year | Enrollment Date | Graduation Date | Estimated Number of Applicants | Maximum number of Students | Number Initially Enrolled | Number Enrolled After Class Start | Total Enrollment Number | 'In Progress' To-Date | Non-Academic Attrition | Academic Attrition | Total Attrition | Percent Attrition | # Grads to Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2001 | 05/29/2001 | 05/27/2002 | 40 | 40 | 34 | 0 | 34 | **0** | 5 | 0 | **5** | 14.7 % | **17** |
| 2002 | 05/31/2002 | 06/09/2003 | 30 | 45 | 24 | 0 | 24 | **0** | 0 | 0 | **0** | 0.0 % | **16** |
| 2003 | 06/16/2003 | 06/18/2004 | 50 | 45 | 25 | 6 | 31 | **0** | 1 | 0 | **1** | 3.2 % | **26** |
| 2004 | 06/07/2004 | 06/06/2005 | 45 | 45 | 40 | 6 | 46 | **0** | 7 | 0 | **7** | 15.2 % | **32** |
| 2005 | 06/06/2005 | 06/02/2006 | 75 | 50 | 38 | 0 | 38 | **0** | 0 | 0 | **0** | 0.0 % | **31** |
| 2006 | 08/31/2006 | 06/06/2008 | 42 | 42 | 42 | 0 | 42 | **0** | 0 | 0 | **0** | 0.0 % | **42** |
| 2007 | 08/31/2007 | 06/06/2009 | 58 | 58 | 58 | 0 | 58 | **0** | 0 | 0 | **0** | 0.0 % | **58** |
| 2008 | 08/31/2008 | 06/06/2010 | 97 | 90 | 92 | 5 | 97 | **7** | 22 | 12 | **34** | 35.1 % | **56** |
| 2009 | 08/29/2009 | 06/06/2011 | 56 | 52 | 56 | 0 | 56 | **10** | 0 | 0 | **0** | 0.0 % | **46** |
| 2010 | 09/01/2010 | 06/06/2012 | 205 | 97 | 111 | 0 | 111 | **111** | 0 | 0 | **0** | 0.0 % | **0** |

**Graduates by Enrollment Cohort**

| Enrollment Year | Enrollment Date | On-Time Graduation Date | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | # Grads to Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2001 | 05/29/2001 | 05/27/2002 | | | | | | | | | | | 17 | | | **17** |
| 2002 | 05/31/2002 | 06/09/2003 | | | | | | | | | | 16 | | | | **16** |
| 2003 | 06/16/2003 | 06/18/2004 | | | | | | | | | 26 | | | | | **26** |
| 2004 | 06/07/2004 | 06/06/2005 | | | | | | | | 32 | | | | | | **32** |
| 2005 | 06/06/2005 | 06/02/2006 | | | | | | | 31 | | | | | | | **31** |
| 2006 | 08/31/2006 | 06/06/2008 | | | | | 42 | | | | | | | | | **42** |
| 2007 | 08/31/2007 | 06/06/2009 | | | | 58 | | | | | | | | | | **58** |
| 2008 | 08/31/2008 | 06/06/2010 | 7 | 49 | | | | | | | | | | | | **56** |
| 2009 | 08/29/2009 | 06/06/2011 | | 46 | | | | | | | | | | | | **46** |
| 2010 | 09/01/2010 | 06/06/2012 | | | | | | | | | | | | | | **0** |

## Outcomes

**Evaluation System:** NBRC CRT Credentialing
**Cut Score:** 80 %
**Analysis:** Percent NBRC CRT Credentialing exceeds current threshold.
**Action:** No action plan at this time. Continue to monitor.

**Evaluation System:** NBRC RRT Credentialing
**Cut Score:** N/A
**Comments:**

**Evaluation System:** Attrition/Retention
**Analysis:** Percent retention exceeds current threshold.
**Action:** No action plan at this time continue to monitor

**Evaluation System:** Positive Placement
**Analysis:**
**Action:**

**Evaluation System:** Overall Employer Satisfaction
**Cut Score:** 80 %
**Analysis:** Percent satisfaction exceeds current threshold.
**Action:** No action plan at this time continue to montitor

**Evaluation System:** Overall Graduate Satisfaction
**Cut Score:** 80 %
**Analysis:** Percent graduate satisfaction exceeds current threshold.
**Action:** No action plan at this time continue to monitor

**Evaluation System:** On-Time Graduation Rate
**Analysis:** Percent meets current reasonable standard.
**Action:** No action plan at this time continue to monitor.

## Outcomes Summary

| Calculation | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Graduates | 0 | 53 | 49 | 58 | 42 | 0 | 31 | 32 | 26 | 16 | 17 | 0 | 0 | 324 |

| Calculation | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | Threshold | Current period year ave. 2011 - 2009 | Last period year ave. 2010 - 2008 | Previous period year ave. 2009 - 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Attrition † | N/A | N/A | 0.0% | 0.0% | 35.1% | 0.0% | 0.0% | 0.0% | 15.2% | 3.2% | 0.0% | 14.7% | N/A | 40 ‡ | 0.0 % | 12.9 % | 16.1 % |
| Positive Placement | N/A | 52.8 % | 65.3 % | 74.1 % | 52.4 % | N/A | 87.1 % | 81.2 % | 96.2 % | 100.0 % | 88.2 % | N/A | N/A | 70 | 64.4 % | 65.1 % | 65.0 % |
| CRT Credentialing Success | N/A | 79.2 % | 81.6 % | 89.7 % | 81.0 % | N/A | 83.9 % | 81.2 % | 96.2 % | 100.0 % | 88.2 % | N/A | N/A | 80 | 83.8 % | 84.6 % | 86.0 % |
| RRT Credentialing Success | N/A | 45.3 % | 57.1 % | 74.1 % | 66.7 % | N/A | 48.4 % | 37.5 % | 57.7 % | 43.8 % | 58.8 % | N/A | N/A | N/A | 59.4 % | 66.4 % | 71.0 % |
| Overall Employer Satisfaction | N/A | N/A | 100.0 % | 100.0 % | 100.0 % | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 80 | 100.0 % | 100.0 % | 100.0 % |
| Overall Graduate Satisfaction | N/A | N/A | 100.0 % | 100.0 % | 100.0 % | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 80 | 100.0 % | 100.0 % | 100.0 % |
| On-Time Graduation Rate | 0.0% | 82.1% | 74.6% | 93.1% | 95.2% | N/A | 81.6% | 82.1% | 86.7% | 66.7% | 58.6% | N/A | N/A | N/A | 83.1 % | 86.5 % | 94.0 % |

*† - This row is based on enrollment date, not graduation date.*

*‡ - The threshold for this item is reversed. Below 40% meets the Threshold.*

*Note: Any missing data is marked as N/A.*

| Calculation | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Enrollment | 0 | 0 | 111 | 56 | 97 | 58 | 42 | 38 | 46 | 31 | 24 | 34 | 0 | 537 |

## RAM Summary

| | Purpose(s) | Measurement System | Date(s) of Measurement | Results and Analysis | Action Plan and Follow-Up/Reassessment |
|---|---|---|---|---|---|
| Faculty | A)To Determine Faculty Effectiveness in the Classroom, Laboratory and Clinical Area.<br><br>B) To Determine Adequate Faculty to Support the Program | 1) Resource assessment matrix<br>2) Program annual review<br>3) Student Surveys<br>4) Faculty Evaluations<br>5) Student Feedback<br>6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18,2010 | PERSONNEL RESOURCES<br>A. FACULTY TEACH EFFECTIVELY:<br>1. In the classroom. Rating: Percentage: 2.8% disagreed with this statement<br>Total Responses: 36<br>2. In the laboratory. Rating: Percentage: 2.8% disagreed with this statement<br>Total Responses: 36<br>3. In the clinical area. Rating: Percentage: 8.4% disagreed with this statement<br>Total Responses: 36<br><br>Anonymous - teaching is good but sometimes we are left to learn through reading the book more about certain procedures<br>Javaherian, Hanriet - Sometimes it felt like some teachers were not really teaching us that well in the classroom and we had to read the book to understand the information.<br>Anonymous - The faculty are always helpful and provided us with a convenient schedule for hands-on learning outside class.<br>Anonymous - The faculty staff discuss materials in a simple way...which is good.<br>Anonymous - In my clinical site, some RTs did not teach studens, but used students as a labor. Al | A) Will continue to monitor. A 90% or greater approval rating the effectiveness of instructors requires no action at this time. However, some comments from the students require investigation and possible increased evaluation of certain instructor(s).<br><br>B) Will continue to monitor. A greater than 97% approval of the adequatcy of instructors require no action at this time. |
| Support Personnel/Services | There is sufficient administrative and clerical support staff to meet the program's goal and objectives | 1) Resource assessment matrix<br>2) Program annual review<br>3) Student Surveys<br>4) Faculty Evaluations<br>5) Student Feedback<br>6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2011 | PROGRAM SUPPORT PERSONNEL<br>CLERICAL SUPPORT<br>1. The clerical staff is adequate to meet the clerical needs of the program. Rating: Percentage: 50%<br>Total Responses: 8<br>PROGRAM SUPPORT PERSONNEL Comments Ramirez, Anne - No Comment Entered<br>Semerjian, Anna - No Comment Entered<br>Anonymous - daily regular clerical support is needed<br>Booth, Kevin - There is no clerical support available to support the student application and admissions processes; these fall to the faculty to complete outside of their other assigned duties. There is sporadic work study assistance, but those students are not permitted to access the personal, protected student data, so they cannot help with the application processing. Program applications have been drastically increasing over the past several years (the Program received over 200 applications for the upcoming 2009-2010 class year), so timely processing and application response manangement is becoming increasingly more difficult to accomplish without | Action was taken. Assignment of a Program Assistant was done to perform office/clerical duties |
| Facilities | To determine if the classroom and laboratory are adequate facilities to support the program | 1) Resource assessment matrix<br>2) Program annual review<br>3) Student Surveys<br>4) Faculty Evaluations<br>5) Student Feedback<br>6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2010 | FACILITIES<br>1. CLASSROOMS<br>a. Have adequate lighting. Rating: Percentage: 100% approval<br>Total Responses: 36<br>b. Have adequate ventilation. Rating: Percentage: 100% approval<br>Total Responses: 36 | The entire campus is under construction, classroom space is limited. When completed there will be a Health Science building with classrooms designed for the RT program. |

| | | | | c. Have adequate seating. Rating: Percentage: 97.2% approval Total Responses: 36 d. Have appropriate equipment to support effective instruction. Rating: Percentage: 97.2% Total Responses: 36 FACILITIES Comments Anonymous - simple yet affective classrooms KIM-PAK, ANDREA - Not enough computers for all the students. In the classroom a piece of the ceiling felt twice (thank God didn't hit any student or faculty). Anonymous - For a class as big as ours, we have enough seats for everybody. But we had to split exam times because computers are limited in the classroom. Anonymous - The classroom is small and there were times the A/C was not working. Vera, Maribel - Students should be placed in a different classroom bec | There is a diffident need to improve the ceiling of lecture classroom we presently occupy. Request will be made. There doesn't seem to be many complaint's about the laboratory. Will continue to monitor. |
| Laboratory Equipment and Supplies | To determine if the Equipment and Supplies are sufficient in amount and variety for performance of Laboratory exercises. | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2011 | LABORATORY EQUIPMENT 1. The amount of equipment is sufficient for student performance of required laboratory exercises. Rating: Percentage: 100% approval Total Responses: 36 2. The variety of equipment is sufficient for student performance of required laboratory exercises. Rating: Percentage: 100% Total Responses: 36 3. Supplies are sufficient for student performance of required laboratory exercises. Rating:Percentage: 100% Total Responses: 36 LABORATORY EQUIPMENT Comments Anonymous - some old equipment but still the concept is the same KIM-PAK, ANDREA - Some times we need to wait while others students are using the equipment/ventilator. Anonymous - The students are given opportunities to practice with the equipments and promote active learning and group discussions. Vera, Maribel - I think the program should invest in getting the Drager Ventialtor and a new updated suction setup. To compare the on | All though we have a variety of ventilator's representative of our clinical facilities students seem to think there are not enough. Our laboratory has a total of 10 of the latest ventilators. There is 100% approval rating in each category. Will continue to monitor. |
| Learning Resources | To determine if there is enough Learning Resourses to Support the Program | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Service Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2011 | LEARNING RESOURCES 1. Library resources are adequate to support the curriculum. Rating: Percentage: 96.8% approval Total Responses: 31 2. Computer resources are adequate to support the curriculum. Rating: Percentage: 97.2% Total Responses: 36 3. Learning resources are available outside regular classroom hours. Rating: Percentage: 100% Total Responses: 33 LEARNING RESOURCES Comments Anonymous - there is online book interaction which provided additional information about certain subjects. KIM-PAK, ANDREA - The open lab is a good resource to learn or relearn. Also the staff are whiling to help and answer questions. Anonymous - Computer | No major problems identified. Continue to monitor. |

| | | | | programs specific to Respiratory Therapy are available not only in the classroom but in learning centers in campus to allow students to practice. Open labs are conveniently scheduled so that the students can take advantage of hands-on learning. Anonymous - All good. Faccinto, Sean - I didn't use it much, but | |
|---|---|---|---|---|---|
| Financial Resources | To Determine if Financial Resources are adequate to support the program | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Service Outcomes | Thursday, April 30, 2009 to Tuesday, June 30, 2009 | FINANCIAL RESOURCES A. INSTITUTIONAL BUDGET 1. The institutional budget provides the program with equal access to all financial resources available to all other instructional programs. Rating: Percentage: 100% approval Total Responses: 9 B. PROGRAM BUDGET 1. Provides for sufficient access to functioning and up-to-date equipment to achieve classroom and laboratory competencies. Rating: Percentage: 100% approval Total Responses: 9 2. Provides for supply purchases necessary to achieve the program's classroom and laboratory competencies. Rating: Percentage: 88.9% approval Total Responses: 9 3. Provides for a sufficient number of faculty for didactic (classroom) instruction. Rating: Percentage: 88.9% Total Responses: 9 4. Provides for a sufficient number of faculty for laboratory and clinical instruction.Rating:Percentage: 100% Total Responses: 9 5. Provides for adequate continui | Higher than 85% approval. No action at this time |
| Clinical Resources | To determine if Clinical Racecourses are adequate in number,adequate in variety of procedures, adequate in exposure to current equipment and have an adequate student instructor ratio. | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2011 | CLINICAL RESOURCES 1. The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives. Rating: Percentage 100% approval Total Responses: 36 2. The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives. Rating: Percentage: 100% approval Total Responses: 36 3. The clinical facilities provide adequate exposure to current equipment. Rating:Percentage: 100% Total Responses: 36 4. The clinical instructor to student ratio is adequate. Rating: Percentage: 97.2 Total Responses: 36 CLINICAL RESOURCES Comments

Anonymous - most of the clinical resources are adequate KIM-PAK, ANDREA - Really depends on the facility, some hospitals RTs do many things but others they use more critical thinking and nurses or doctors do some of the ABGs, intubation, bronchoscopy, and etc. Anonymous - The clinical experience overall was great. Vera, Marib | Clinical Resources have an approval rating of greater than 97% which require no action at this time. Continue to monitor |
| Physician Input | To determine Medical Director/Physician Interaction | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Learning | Wednesday, May 26, 2010 to Friday, June 18, 2011 | MEDICAL DIRECTOR/PHYSICIAN INTERACTION 1. Physician/student interaction is sufficient to facilitate development of effective communication | Approval percentage is 100% no action needed at this time. |

| | | | | | |
|---|---|---|---|---|---|
| | | Outcomes | | skills between physicians and students. Rating: Percentage: 100% approval Total Responses: 35 2. Physician contact is sufficient to provide the student with a physician perspective of patient care. Rating: Percentage:100% approval Total Responses: 35 3. Overall student exposure to physicians in the program is adequate. Rating: Percentage: 100% approval Total Responses: 36 4. Medical Director and student interaction contributes to the development of effective communications skills between physicians and students. Rating: Percentage: 100% approval Total Responses: 33 MEDICAL DIRECTOR/PHYSICIAN INTERACTION Comments Anonymous - most of the hospital staff are friendly and easy to talk to KIM-PAK, ANDREA - In some hospitals it is difficult to find a doctor 24/7. Some o | |
| Medical Director | To determine Medical Director/Physician Interaction | 1) Resource assessment matrix 2) Program annual review 3) Student Surveys 4) Faculty Evaluations 5) Student Feedback 6)Student Learning Outcomes | Wednesday, May 26, 2010 to Friday, June 18, 2011 | MEDICAL DIRECTOR/PHYSICIAN INTERACTION 1. Physician/student interaction is sufficient to facilitate development of effective communication skills between physicians and students. Rating:Percentage: 100% approval Total Responses: 35 2. Physician contact is sufficient to provide the student with a physician perspective of patient care. Rating: Percentage: 100% approval Total Responses: 35 3. Overall student exposure to physicians in the program is adequate. Rating:Percentage: 100% approval Total Responses: 36 4. Medical Director and student interaction contributes to the development of effective communications skills between physicians and students. Rating: Percentage: 100% approval Total Responses: 33 MEDICAL DIRECTOR/PHYSICIAN INTERACTION Comments Anonymous - most of the hospital staff are friendly and easy to talk to KIM-PAK, ANDREA - In some hospitals it is difficult to find a doctor 24/7. Some of them m | Approval percentage is 100% no action needed at this time. |

## EAST LOS ANGELES CLG - 200102

### Exam: CRT

| Graduation Year | Graduates Tested | Total | Passing % | Passing | First Time % | Passing | Repeaters % |
|---|---|---|---|---|---|---|---|
| 2011 | 42 | 41 | 97.6% | 40 | 95.2% | 1 | 2.4% |
| 2010 | 41 | 40 | 97.6% | 40 | 97.6% | 0 | 0% |
| 2009 | 53 | 52 | 98.1% | 52 | 98.1% | 0 | 0% |
| 2008 | 34 | 34 | 100% | 30 | 88.2% | 4 | 11.8% |
| 2007 | 41 | 40 | 97.6% | 37 | 90.2% | 3 | 7.3% |
| 2006 | 30 | 29 | 96.7% | 25 | 83.3% | 4 | 13.3% |
| 2005 | 26 | 26 | 100% | 23 | 88.5% | 3 | 11.5% |

### Exam: CSE

| Graduation Year | Graduates Tested | Total | Passing % | Passing | First Time % | Passing | Repeaters % |
|---|---|---|---|---|---|---|---|
| 2011 | 27 | 20 | 74.1% | 19 | 70.4% | 1 | 3.7% |
| 2010 | 34 | 28 | 82.4% | 21 | 61.8% | 7 | 20.6% |
| 2009 | 45 | 43 | 95.6% | 28 | 62.2% | 15 | 33.3% |
| 2008 | 30 | 28 | 93.3% | 16 | 53.3% | 12 | 40% |
| 2007 | 37 | 34 | 91.9% | 24 | 64.9% | 10 | 27.0% |
| 2006 | 28 | 22 | 78.6% | 9 | 32.1% | 13 | 46.4% |
| 2005 | 22 | 20 | 90.9% | 14 | 63.6% | 6 | 27.3% |

### Exam: WRRT

| Graduation Year | Graduates Tested | Total | Passing % | Passing | First Time % | Passing | Repeaters % |
|---|---|---|---|---|---|---|---|
| 2011 | 29 | 28 | 96.6% | 26 | 89.7% | 2 | 6.9% |
| 2010 | 34 | 31 | 91.2% | 28 | 82.4% | 3 | 8.8% |
| 2009 | 45 | 44 | 97.8% | 39 | 86.7% | 5 | 11.1% |
| 2008 | 33 | 28 | 84.8% | 21 | 63.6% | 7 | 21.2% |
| 2007 | 37 | 36 | 97.3% | 25 | 67.6% | 11 | 29.7% |
| 2006 | 27 | 25 | 92.6% | 18 | 66.7% | 7 | 25.9% |
| 2005 | 23 | 21 | 91.3% | 19 | 82.6% | 2 | 8.7% |

| GRADUATION YEAR | CRT | RRT |
|---|---|---|
| 2011 | 41 | 20 |
| 2010 | 42 | 30 |
| 2009 | 52 | 43 |
| 2008 | 35 | 29 |
| 2007 | 41 | 34 |
| 2006 | 32 | 23 |
| 2005 | 26 | 20 |

*8/28/2011 at 7:55:07 PM*
*NBRC Annual School Summary*
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Version 1.0

# PROGRAM PASS/FAIL INFORMATION

## January 1, 2010 - December 31, 2010

National Pass % - New Candidates -   77.27%

National Pass % - Repeat Candidates - 24.29%

**New Candidate Summary:**  The total number of applicants who have attempted the examination for the first time during the reporting period.

**Repeat Candidate Summary:**  The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **AMERICAN CAREER COLLEGE - ANAHEIM** | | | | |
| New Candidate Summary | 34 | 21 | 13 | 61.76% |
| Repeat Candidate Summary | 24 | 8 | 16 | 33.33% |
| **AMERICAN CAREER COLLEGE - ONTARIO** | | | | |
| New Candidate Summary | ---NO DATA--- | | | |
| Repeat Candidate Summary | No candidates tested during this reporting period | | | |
| **AMERICAN RIVER COLLEGE** | | | | |
| New Candidate Summary | 19 | 19 | 0 | 100.00% |
| Repeat Candidate Summary | 8 | 0 | 8 | 0.00% |
| **ANTELOPE VALLEY COLLEGE** | | | | |
| New Candidate Summary | 13 | 13 | 0 | 100.00% |
| Repeat Candidate Summary | 15 | 1 | 14 | 6.67% |
| **BUTTE-GLENN COMMUNITY COLLEGE** | | | | |
| New Candidate Summary | 23 | 20 | 3 | 86.96% |
| Repeat Candidate Summary | 4 | 3 | 1 | 75.00% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates - 77.27%

National Pass % - Repeat Candidates - 24.29%

New Candidate Summary: The total number of applicants who have attempted the examination for the first time during the reporting period.

Repeat Candidate Summary: The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **CALIFORNIA COLLEGE SAN DIEGO** | | | | |
| New Candidate Summary | 37 | 26 | 11 | 70.27% |
| Repeat Candidate Summary | 41 | 10 | 31 | 24.39% |
| **CARRINGTON COLLEGE - PLEASANT HILL** | | | | |
| New Candidate Summary | 12 | 9 | 3 | 75.00% |
| Repeat Candidate Summary | 8 | 2 | 6 | 25.00% |
| **CONCORDE CAREER COLLEGE - GARDEN GROVE** | | | | |
| New Candidate Summary | 76 | 67 | 9 | 88.16% |
| Repeat Candidate Summary | 10 | 2 | 8 | 20.00% |
| **CONCORDE CAREER COLLEGE - NORTH HOLLYWOOD** | | | | |
| New Candidate Summary | 80 | 57 | 23 | 71.25% |
| Repeat Candidate Summary | 79 | 21 | 58 | 26.58% |
| **CONCORDE CAREER INSTITUTE SAN BERNARDINO** | | | | |
| New Candidate Summary | 75 | 67 | 8 | 89.33% |
| Repeat Candidate Summary | 9 | 7 | 2 | 77.78% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates - 77.27%

National Pass % - Repeat Candidates - 24.29%

New Candidate Summary: The total number of applicants who have attempted the examination for the first time during the reporting period.

Repeat Candidate Summary: The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **CONCORDE CAREER COLLEGE - SAN DIEGO** | | | | |
| New Candidate Summary | 56 | 44 | 12 | 78.57% |
| Repeat Candidate Summary | 18 | 6 | 12 | 33.33% |
| **CRAFTON HILLS COLLEGE** | | | | |
| New Candidate Summary | 29 | 28 | 1 | 96.55% |
| Repeat Candidate Summary | 4 | 0 | 4 | 0.00% |
| **EAST LOS ANGELES COLLEGE** | | | | |
| New Candidate Summary | 36 | 36 | 0 | 100.00% |
| Repeat Candidate Summary | 4 | 1 | 3 | 25.00% |
| **EL CAMINO COMMUNITY COLLEGE** | | | | |
| New Candidate Summary | 17 | 8 | 9 | 47.06% |
| Repeat Candidate Summary | 11 | 5 | 6 | 45.45% |
| **FOOTHILL COMMUNITY COLLEGE** | | | | |
| New Candidate Summary | 20 | 20 | 0 | 100.00% |
| Repeat Candidate Summary | 0 | 0 | 0 | 0.00% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates - 77.27%
National Pass % - Repeat Candidates - 24.29%

New Candidate Summary: The total number of applicants who have attempted the examination for the first time during the reporting period.

Repeat Candidate Summary: The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **FRESNO CITY COLLEGE** | | | | |
| New Candidate Summary | 15 | 7 | 8 | 46.67% |
| Repeat Candidate Summary | 19 | 1 | 18 | 5.26% |
| **GROSSMONT COLLEGE** | | | | |
| New Candidate Summary | 30 | 24 | 6 | 80.00% |
| Repeat Candidate Summary | 13 | 4 | 9 | 30.77% |
| **KAPLAN COLLEGE** | | | | |
| New Candidate Summary | 68 | 51 | 17 | 75.00% |
| Repeat Candidate Summary | 86 | 14 | 72 | 16.28% |
| **LOMA LINDA UNIVERSITY** | | | | |
| New Candidate Summary | 6 | 3 | 3 | 50.00% |
| Repeat Candidate Summary | 5 | 1 | 4 | 20.00% |
| **LOS ANGELES VALLEY COLLEGE** | | | | |
| New Candidate Summary | 22 | 21 | 1 | 95.45% |
| Repeat Candidate Summary | 1 | 1 | 0 | 100.00% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates - 77.27%

National Pass % - Repeat Candidates - 24.29%

**New Candidate Summary:** The total number of applicants who have attempted the examination for the first time during the reporting period.

**Repeat Candidate Summary:** The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **MODESTO JUNIOR COLLEGE** | | | | |
| New Candidate Summary | 20 | 16 | 4 | 80.00% |
| Repeat Candidate Summary | 4 | 1 | 3 | 25.00% |
| **MOUNT SAN ANTONIO COLLEGE** | | | | |
| New Candidate Summary | 30 | 27 | 3 | 90.00% |
| Repeat Candidate Summary | 5 | 4 | 1 | 80.00% |
| **NAPA VALLEY COLLEGE** | | | | |
| New Candidate Summary | 22 | 18 | 4 | 81.82% |
| Repeat Candidate Summary | 6 | 5 | 1 | 83.33% |
| **OHLONE COLLEGE** | | | | |
| New Candidate Summary | 19 | 18 | 1 | 94.74% |
| Repeat Candidate Summary | 1 | 1 | 0 | 100.00% |
| **ORANGE COAST COLLEGE** | | | | |
| New Candidate Summary | 37 | 30 | 7 | 81.08% |
| Repeat Candidate Summary | 18 | 8 | 10 | 44.44% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates -    77.27%
National Pass % - Repeat Candidates - 24.29%

New Candidate Summary: The total number of applicants who have attempted the examination for the first time during the reporting period.

Repeat Candidate Summary: The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **PIMA MEDICAL INSTITUTE** | | | | |
| New Candidate Summary | 44 | 28 | 16 | 63.64% |
| Repeat Candidate Summary | 34 | 11 | 23 | 32.35% |
| **PLATT COLLEGE** | | | | |
| New Candidate Summary | ---NO DATA--- | | | |
| Repeat Candidate Summary | No candidates tested during this reporting period | | | |
| **SAN JOAQUIN VALLEY COLLEGE - BAKERSFIELD** | | | | |
| New Candidate Summary | 50 | 43 | 7 | 86.00% |
| Repeat Candidate Summary | 23 | 4 | 19 | 17.39% |
| **SAN JOAQUIN VALLEY COLLEGE - RANCHO CORDOVA** | | | | |
| New Candidate Summary | 69 | 58 | 11 | 84.06% |
| Repeat Candidate Summary | 18 | 10 | 8 | 55.56% |
| **SAN JOAQUIN VALLEY COLLEGE - RANCHO CUCAMONGA** | | | | |
| New Candidate Summary | 62 | 60 | 2 | 96.77% |
| Repeat Candidate Summary | 3 | 3 | 0 | 100.00% |

# PROGRAM PASS/FAIL INFORMATION
## January 1, 2010 - December 31, 2010

National Pass % - New Candidates -   77.27%

National Pass % - Repeat Candidates - 24.29%

New Candidate Summary: The total number of applicants who have attempted the examination for the first time during the reporting period.

Repeat Candidate Summary: The total number of applicants who have re-attempted the examination after failing on at least one prior occasion (possibly during an earlier reporting period).

| Program | Total | Pass | Fail | Program Pass % |
|---|---|---|---|---|
| **SAN JOAQUIN VALLEY COLLEGE - VISALIA** | | | | |
| New Candidate Summary | 47 | 38 | 9 | 80.85% |
| Repeat Candidate Summary | 22 | 6 | 16 | 27.27% |
| **SIMI VALLEY ADULT SCHOOL** | | | | |
| New Candidate Summary | 12 | 10 | 2 | 83.33% |
| Repeat Candidate Summary | 10 | 3 | 7 | 30.00% |
| **SKYLINE COLLEGE** | | | | |
| New Candidate Summary | 23 | 19 | 4 | 82.61% |
| Repeat Candidate Summary | 7 | 3 | 4 | 42.86% |
| **VICTOR VALLEY COMMUNITY COLLEGE** | | | | |
| New Candidate Summary | 17 | 13 | 4 | 76.47% |
| Repeat Candidate Summary | 18 | 3 | 15 | 16.67% |

# Appendix C:  Advisory Board Meeting Minutes

EAST LOS ANGELES / SANTA MONICA COLLEGE

RESPIRATORY THERAPY BI ANNUAL ADVISORY BOARD MEETING

**SESSION MINUTES**

**DECEMBER 14, 2007**

RCAT

Regional Contract Academy Training

1100 Corporate Drive, Suite 207

Monterey Park, CA. 91754

| Members Present: | Gerardo Bravo | Whittier Pres. Hospital |
| --- | --- | --- |
| | Mark Grzeskowiak | Long Beach Memorial |
| | John Lewis | White Memorial Medical Center |
| | Carlos Munoz | White Memorial Medical Center |
| | Jan Anotado | California Hospital |

| ELAC/SMC Staff: | Alison Davis | Chair, Life Sciences |
| --- | --- | --- |
| | Laura M. Ramirez | Dean, Workforce Education |
| | Michael Carr | ELAC, RT Program Director |
| | Mel Welch | SMC Clinical Director |

| | |
|---|---|
| Gerard Frank | UCLA-SMH Medical Director |
| Pat Tobin | ELAC Faculty |
| Bernadette Dizon | ELAC, SMC, UCLA Med. Center |
| Denise Rees | ELAC, SMC, UCLA, SMH |
| Anna Semerjian | ELAC Faculty |
| Kevin Booth | ELAC/SMC Faculty |
| Treva Syph | ELAC Faculty |
| Matthew Bixler | ELAC Student rep. |
| Janet Huang | ELAC Career/Job Placement |
| Ida Danzey | SMC Nursing |
| Julius Autry | ELAC Faculty |
| Raul Avila | ELAC Faculty |
| Leonardo Lodevico | ELAC Faculty |

**CALL TO ORDER**

Program Director Michael Carr called the meeting to order at 9:22 a.m. Members introduced themselves then reviewed minutes from the last meeting. The minutes were accepted after clarification of the proposal for a RT-1 unit change.

## CLASS OF 2008 REPORT

Matt Bixler reported that a raffle was held to win an IPOD. More than $2,000 worth of tickets were sold. The money will go to second year students

There are also plans to purchase 40 textbooks for student use.

The Adopt –A-Family program raised $900 dollars. The money will be used to help 2 families over the holidays.

Many RT students participated in an asthma screening. It might be a good idea to pair 1st and 2nd year students together to work as a team at upcoming health fairs.

The RT students plan to sell RT t-shirts to raise money for future activities.


## SANTA MONICA COLLEGE UPDATE

Ida Danzy reported that there are two new classes at SMC. Their RT-70 class is the equivalent to RT-7 and RT-23 here at ELAC. She needs an adjunct faculty member to teach the new classes at SMC.

Mel  and Ida are working on an MOU to continue the ELAC/SMC partnership.


## ELAC REPORT

Alison Davis reported that the move out of the M4 bungalow was delayed until further notice.

Thanks to a State Equipment grant the RT program was able to purchase some new SERVO I and 840 respirators.

## FRESHMAN REPORT

Raul Avila reported that some new equipment had arrived. There are two new ventilators with the latest software. The M4 bungalow is very old. Fuses keep blowing. The new B2 bungalows won't have the same sort of problems.

Julius- Maybe it will be possible to pipe oxygen in to the new building. We would need an oxygen compressor and oxygen tanks.

Kevin Booth reported that this year's freshman class is very large. There are over 100 new students. She expects a dropout rate of 10 to 20%. The plan is to fill the empty freshman spots with students from the Fast Track program. This is a very accelerated program beginning mid year. There may be 20 or 25 slots available.


## RT PROGRAM REPORT

Dean Laura Ramirez reported on the Fred Ave's scholarships available at ELAC specifically for the Voc. Ed. Programs. ELAC received $52,000 that will be shared between the various Voc. Ed. Departments. Each student will receive between $500 and $1,000. Each department gets $2,000 to disperse as they see fit.

Mike Carr reported on a Practitioner Workforce Study. He passed out handouts with the website address. The website gives information on salaries and where RT's are working. There are statistics available at CSRC.org.

By 2014 over 60% of working RTs will be retired. That looks good for our students. There is a projected shortage of RTs well in to the future.

Mike also reported that he was having trouble getting students to take the Registry exam. There is a Kettering Exam prep course in May that is free to the students thanks to a

VTEA/CTEA/CTEA grant. It is a 3-day seminar. If students complete the prep course then hopefully they will sit for the exam.

The pass rate for the Certification exam at ELAC is 129% above the national average.

New students to the program are told they are expected to take the Registry exam not just the Certification exam. The Certification exam is for an entry level RT. The Registry exam is for an advanced status.

ELAC students are testing below the national average for the written Registry exam.

ELAC students are testing at 105% for the clinical simulation part of the exam, which is the most difficult.

There are plans to add more critical thinking to each class. Have the students present cases. This may help with the national exam. A combination of clinical simulations, retired RT national exams and a strong critical thinking component may help with their overall pass rate.

There is a new open lab with hands on ventilator time. We have almost every type of ventilator available for student use. At this point we do not have any oscillators for them to practice on.

Recently students received ACLS certification. This was moved to the fall semester to ease the cost of spring financial loads on the students.

There are 3 certificates available: beginning and advanced ACLS as well as neonatal resuscitation.

Mike also reported that they are in the process of restructuring the application process for the RT program. Mel and Kevin are working on it.

Mel Welch- We have a new Fast Track program. New students replace students lost in the fall in the spring. We try to discourage those who may not be able to keep up. Can we have a separate entry requirement for the Fast Track program?

The normal entry requirement for the RT program is a 2.0 GPA and completion of the pre requisites.

The Fast Track program has a 50% drop out rate because students can't handle it. We need a screening process to get better applicants. Can we develop an entrance exam?

Spring 2007 was the first Fast Track. They have not graduated yet. We don't know their success rate on the national exams.

Ida- Legislation has allowed testing for nursing students. They are given 3 assessment tests.

Gerard Frank- I agree that there needs to be an assessment test for all RT students.

Matt- Tried the Fast Track but could not handle it. An assessment test would have helped show him he was not prepared.

Ida- You have to provide remediation to those who have deficit areas if they meet minimum qualifications. Many students have low vocabulary and reading skills.

Mike- Some students have trouble with verbal communication.

Julius- He had 4 Asian students who needed counseling to get out there and not cling to each other. Just get out there and try to assimilate with American culture.

Kevin- Instead of looking at a composite score, could we judge each section of the test separately?

Ida- You can't do that. You have to follow assessment test rules. The minimum score is already established.

Gerard- Can we do a ranking of students for Fast Track?

Mel- The number of seats available vary each year.

## CLINICAL UPDATE

Mel Welch- We are offering RT-31, Neonatal resuscitation during the winter intersession so students will be ready for their NICU rotation.

We need volunteers for January 29th and 31st to help assess students for the neonatal class.

We have a new clinic for spring. St. Francis in Lynwood. They have a neonatal facility.

We need to make sure we have enough clinics for all our second year students. One hundred new freshmen will need to be placed their second year.

We are trying to get all clinical assessments to be the same at all of our facilities. The new form will be based on the form used at UCLA. We will train all adjunct faculty members on how to evaluate students using this new form.

Instructors will be spending more time with students at the clinic sites ensuring students can read charts and treat patients.

The new Formative Evaluation Form was passed out. It is now in use at UCLA and will now be used at all our clinic sites.

Mike- We will also use this form for our SLOs at ELAC.

Ida- Change the form to "complete" or "incomplete" rather than partially complete.Mel- We will change the form so there is no confusion for the students. The form will be updated for current equipment and procedures.

Mel- How do we get the clinics to fill out the evaluation forms?

A lively discussion ensued.

**NEW BUSINESS**

A vote was held to continue to collaborate with SMC.

Ida- SMC is very interested in continuing the collaboration.

Mel and Ida will work on the M.O.U.

Mike- All in favor?

The vote was unanimous to continue the collaboration

**MOVE TO ADJOURN 11:16 a.m.**

**NEXT MEETING**

Possibly at SMC

Friday May 30, 2008

*East Los Angeles/Santa Monica College*

*Respiratory Therapy Program*

*Meeting Minutes*

10/17/2008

**Call to order**

**Michael Carr** called to order the regular meeting of the **East Los Angeles/Santa Monica Respiratory Therapy Advisory Board Meeting** at **10:11** on **October 17, 2008** in **room 123 at Santa Monica College Bundy campus**.

**Roll call**

Kevin Booth conducted a roll call. The following persons were present:

**Approval of minutes from last meeting**

- ➢ Each attendee read the minutes from the last meeting. The minutes were approved with two corrections.
- ➢ M. Welch:  Page 5, Clinical Update; the # of new freshman (100) is incorrect. The correct # is always targeted @ 70; this year was actually closer to 60.
- ➢ Page 3, freshman report # is the same; the term applicant should be inserted instead of freshmen.  Minutes accepted.

**Open issues**

**Kevin M Booth Current Enrollment Status  Report:**

55 applications that meet the current prerequisite "completed status" requirements, and are awaiting review by the full Admission's Committee, scheduled to meet for the first time,

later this month.  The Program has received another approximately 40 applications that are either "in progress" or are classified as "incomplete".

**Michael Carr:  Class of 2008 Current Examination Performance.**

A handout summary of the past three year results was distributed to the group and reviewed.  One stat that garnered attention is how soon candidates are attempting for the first time the RRT exams (both written and clinical simulation). The numbers are higher than the attempts of the recent classes (past 2 years); recent grads are passing at a higher percentage when compared to overall program pass rate.  A suggested reason for this success might be attributed to new NBRC regency policy (3 years to pass RRT exams post graduation without having to retake the CRT exam. Older grads are attempting exams and may be contributing to lower overall program pass rate .

**Mel Welch:**  Data suggests that increased pass rate of recent grads (first time takers) might be attributed to program didactic reorganization plus addition of Kettering review.

**Ida Danzy:**  Can pass /fail data be tracked (either by name or SSN) to determine if candidates are regular (on track) graduates or repeaters.  Part of the Student Success program for both SMC & BRN.  Allows Program to review what characteristics make a successful exam result.  Data showed that repeaters do not score well on NCLEX; this permitted ADN Program to set a policy that would not grant readmission to the repeater student over a new student.  Began in 2003; waxed & waned until data reviewed; now policy established and validated by the data.

**Roundtable question:**  What is contributing to new student delay in taking the exam?

Some delay to earn money, a few have not met degree requirements and have not

graduated, a few others have moved out of state.


**Program Outcome Assessment**

**Michael Carr:**  Under Program self-assessment, the areas listed on handout that showed a

less than 100% pass rate when compared to national results examination areas included:


1.  Collect & evaluate additional pertinent information

2.  Ensure infection control

3.  Perform quality control procedures

4.  Maintain a patent A/W including care of artificial airways

5.  Remove bronchopulmonary secretions

6.  Initiate & conduct pulmonary rehabilitation & home care

**Question to group:**  What, if anything, does the Program need/can to do to address the

deficiency in home care /pulmonary rehab areas, which had results below national average

on both written examinations?  What should be a good action plan?

**Discussion:** Discussion/vote on Rehab/Homecare action Plan

**Joe Escudero:**  Suggested to have home care provider/vendor provide a class to students.

Also, the Pulmonary Clinic is on Wednesdays @ LAC-USC; could be part of the regular Crit.

Care rotation when offered (1300-1700) with 40 -100 patients seen.  At least 2 students

could be accommodated.

**M. Welch:** Expressed concerns about clinical time allocation; where to take away from critical care, especially given that most new grad employers are putting the grads into crit. Care, & home care employers seem to prefer people with a few years of crit. Care experience over new grads.  Should it be a separate rotation at the expense of Crit. Care?  Can enough clinical sites provide similar experiences to LAC-USC?

**Mark:**  Adjunct professor for Orange Coast College; teaches 8 week introductory home care/Pulmonary Rehab course for total of 24 hours.  Course includes developing a teaching tool for patients.  It gives good overview of process.

**Tim Snitily:**  What exam areas are involved?

**Michael Carr:**  Exam matrix will change for all 3 exams, beginning in 06-09 with the CRT; new content matrix available at NBRC website.

**Mel Welch**:  Some areas are already covered by alterations in Egan's new edition.

**Patrick Tobin:**  Maybe add a new session to winter NRP session.

**Kevin M Booth:**  May require minor course revision and unit additions; easy to modify.

**Ida Danzy:**  If theory already being taught, then perhaps implementation is issue.  Look to areas (in lab, perhaps) where it can be inserted.

**Michael Carr:**  Would Mark be willing to do part-time lecture for students?  Find area in lab to insert.

**Ida Danzy:** Can use patient simulator to practice evaluation/assessment techniques in real time; permits student observation and videotaping for improved review and evaluation. SMC nursing would be willing to share resources if RT instructors go through proper training. Good collaborative use of limited resources. Ballpark of 3 8-hour training sessions for RN staff.

**Michael Carr:** CoARc will probably want us to address these issues in the self-study.

**Carlos Munoz (WMMC):** Can Program increase attention to Infection Control areas that the clinical sites can reinforce?

**Michael Carr:** CRT exam seems to focuses on equipment sterilization where the RRT looks at microbiological disease processes.

**Mel Welch:** Look at RT 2 class to ensure we cover all pertinent areas.

**Discussion ends:** No final decision at this time will revisit.


**Michael Carr/ Mel Welch CoArc's Request for Change in Status Report**

CoARC requires updated report based on substantive changes; the new consortia agreement is one area. Mel reviewed the Program structure changes (ID student cohorts now as freshman and not as clinical class entrants in RT 15; addition of the SMC sections of the freshman theory courses). May have put ourselves at a slight disadvantage because the Program did not notify CoARC before these changes occurred; will most likely result in the call for an earlier self-study. Program not concerned, but will result in much more paperwork to be submitted. In partnership for years and didn't have a consortial agreement, but now clearly are, and need to answer CoARC questions. Main concern is the apparent "dramatic" increase in students, but this is primarily due to restructuring of

Program cohorts and impact of SMC offering what were previously ELAC theory courses. SMC thought of by CoARC as feeder school only; we kept the same curriculum, just offered extra sections of ELAC courses. We didn't see the change in the same light as CoARC does, as we perceive theses courses as different sections of same class, not different classes. We do not know how they will respond to these changes, but all of the changes are educationally sound with above average outcomes.

**Director of Clinical Education's Report**

**Mel Welch:** Clinical report, all sections on both campuses full (new fall 08 freshmen and senior students who are lacking some of the theory courses). Enrollment up in every class, especially in RT 1 sections, with 58 sophomores and 3 returning (i. e., is students making up theory) clinical students. All working well thanks to the generous accommodations of our long-standing clinical partners.

Discussion:

**Student representatives: Lilia Hamideh:** What are the proposed/actual curriculum changes? Spoke to this year's RT club focus, increasing community interaction and outreach.

**Michael Carr:** Added Kettering, revamped some course curricula, and are reviewing course sequencing process.

**Kevin M Booth:** Spoke to revamping of previous FT option; may become a "Late entry" option to prior fall class, but admission will be based on several yet-to-be-adopted criteria such as GPA & work status.

**Mel Welch:** New course distribution load has permitted this increase in volunteerism, as it gives more available non-classroom/clinical time.

Discussion ended

Student Representative's Report

**Mathew Priska:**  RT club now chartered at both ELAC & SMC, but issue of shared resources has posed problematic, as students are viewed as part-timers, such as 100% funding. Discussion:

**Ida Danzy:**  Can assist club to alleviate some procedural issues for current and future classes.

**Lila Hamideh:**  Limited resources always a problem for students; limits how active many students can be involved in club and professional activities.  What ideas can clinical employers offer to assist us?

**Richard Hernandez** (LAC-USC):  Have the large vendors been approached?

**Carlos Munoz:**  How will funds be applied?  WMMC may be interested/able to assist.

**Ida Danzy:**   Look to ASU on both campuses for a source of funding (outside of regular club funding allocation) for some (but not all) of the members, especially if faculty advisors are involved.  Will need to follow all application requirements.

**Tim Snitily:**  Student volunteers get free admission in exchange for volunteerism in CSRC; has AARC been approached about the same?  Chair/delegate (Tom Wagner) is California RCP.

**Michael Carr**:  This club has been esp. involved in campus activities, career and health fairs; want to start a textbook rental fund, & members of 2008 grads will represent the program as Cal. Student representatives in AARC Sputum bowl.

**Kevin M Booth:** Involve the clinical sites in the selling of RT apparel, either club-designed or CSRC/AARC proprietary to increase revenues.

Discussion ends. No sold plan at this time. We will revisit

**Santa Monica College Dean's Report**

**Ida Danzy:** SMC's Dean's report: SMC president is happy that consortia issue is now solved and looks forward to a long & prosperous relationship with the Program. Program review is underway, along with upcoming WASC visitation in ~2010. It is a significant event that RT club is active on SMC campus.

**New business**

    a) Program policy evolution:

**M. Welch:** Program policy evolution; have had for some time now many operational policies, but never formalized and institutionally approved. Now in process of formalizing these policies. Have a growing problem with prior stop/drop-outs who want Program readmission who are now displacing a surging pool of new applicants. Review of current policies: (See attached)

Discussion:

Admission

**Tim Snitily:** Good that repeat policy is in effect.

**Kevin M Booth:** Question for Ida Danzy regarding relative ease or difficulty in adoption of ADN policies that are approved and currently in use from SMC perspective. Yes, good source to adapt from.

**Ida Danzy:**  No ranking of applicants, as applications accepted from fully qualified

applicants.  Use a disclaimer that all policies are subject to change without notice….see SMC

brochure.


**Joe Escudero:**  Definitely need to get these policies formalized and give to all applicants,

not just accepted students.


Motion to accept policies as distributed electronically:  yes, and seconded. KMB will send

these minutes plus all current policies to all meeting participants.

Next meeting will be April 24, 2009 from 1000 – 1200 at SMC Bundy, due to continued

parking constraints at ELAC.

**<u>Adjournment</u>**

**Michael Carr** adjourned the meeting at **1205**.

Minutes submitted by:  Kevin M. Booth

Minutes approved by:  Michael R. Carr

**ELAC-SMC RT Program Advisory Committee Meeting:  5-8-09 Reformatted Program structure**

Start:  **0915**                              End:    **1140**

Review of prior meeting minutes.  Approved A. Ramirez/ D. Rees

Introductions of all present

NBRC Review of Class Statistics:  Handout given to all present

J. Peleusus:  What was 2008 class size?  (`60)

M. Carr:  ⬜ WRRT & CS participation 2° (separate theory & clinical classes) as well as NBRC 3 year window for exam attempt.

D. Rees: Also reflects ⬜ community outreach efforts; more hands on earlier.

A. Ramirez:  Reflects efforts of graduate tutoring outreach program

B. Dizon:  UCLA has seen ⬜ ventilator knowledge

M. Carr:  ⬜ focus on case-based ventilator management & participation in P. Tobin's open labs.

D. Rees:  Communication 1° deficit still; Speech requirement not working

M. Carr: Has been an ongoing struggle for several years; open for suggestions.  Past years clinics have stated that they welcome multi-lingual individuals as employees, but have been fairly critical/concerned when they appear as students in their facility.

Calif Hosp:  Any oral exams done?

M. Carr:  Not done as formal part of program due to lack of instructor/class time

A. Ramirez:  Could the students do an RT-oriented speech activity that would require them to give an oral presentation that would beeper-reviewed?

KMBooth:  Could be integrated into RT 15 activities, perhaps as brief journal review or research project?

D. Rees:  Already has her group doing that with procedural topics

R. Avila:  Interpersonal communication class better suited than Speech 101/Public Speaking

M. Welch:  Heartily agree; perhaps this committee would be well advised to formally adopt that idea today for immediate consideration.

A. Semerjian:  Any interview or screening process done before Program admission?

Mike (?):  Most of problem is with Asian students, and most have taken communication class, but those classes too formal with no colloquial expressions which is problematic for clinical activities.

(SMC Dawn Murphy):  Trying to establish these type classes/workshops here @ SMC thru grant activity.  Includes test-taking and area-specific needs; are recommending, but not requiring.  $ available thru chancelor's office.

J. Peleusus:  Understands legal ramifications, but from real-world perspective, grads will not be successful if they cannot communicate.  Est'ing specialized curriculum is huge to

L. Ramirez:  Big difference is the regulatory board that regulates all aspects of nursing programs; Nursing took a long time to develop these ideas, & RT is moving along those lines.

A. Ramirez:  Seek to be objective:  use of video to critique language skills in non-controlled scenarios.  Have the sim mannequins available

J. Autrey:  Many students refuse to continue practicing language skills; should be assessed in real time

KMBooth:  Could add video to RT 2 labs with critique of both presentation and communication aspects.

Anthony Morales:  Clinics will judge students as potential hires particularly when they are not aware that they are being observed.  Paramount to him @ Calif; can teach students the physical tasks, but they won't get in door if they can't communicate.  Program needs to be aggressive about this issue.

M. Carr:  Problem is often time & where to implement into curriculum; but appreciative on AC input, and will look at this issue much more closely for the upcoming classes.

Also want to acknowledge student outreach activities (VELA) for both asthma education and food and clothing donations at Xmas, Breathe for LA @ LA Convention center.

P. Tobin:  ELAC-SMC students will represent Chapter for State Sputum bowl for 2nd year in a row.

KMBooth:  enrollment update:  200+ app's received; # will ▯ as people apply to multiple programs or do not finish prerequisites or simply change their minds, so the total # of applications will ▯

LAC-USC:  Mark:  Has 23 vacancies; have est'd senior therapist category:  requires 3 years experience + ACLS.  Don't take new grads; also length of hire process ▯ # applicants.

USC-UNI:  Has only 1 opening; impetus in hiring RT 's w/ experience 2° high acuity level of care required ; recently converted back to University & has been informed that 200+ beds will be filled, but hiring will be done 1st .  80+ of staff are ELAC grads.

Garfield:  Several corporate closures have led to ▯# of experienced RT's available in labor pool, only hiring PD or PT, but can get FT hours.

CHLA:  Still has internship program; 6 month intensive program, has hired 2 ELAC grads recently.

CHW:  Still has openings throughout State

M. Carr:  What do employers feel about new trend of not hiring new grads?

WMMC:  Now has stable workforce, will consider well-trained new grad.

JA:  ~500 new grads/year coming out of southern cal schools.

LB Mem:  Recently had to tell group of students that they are not hiring new grads; only filling individual spots.  No bias against new grads, but staffing needs have changed, w/ ⬜⬜ responsibilities that make it difficult to hire new grads who do not have the experience to fill those needs.

USC-UNI:  Time not a luxury to train new grads unless they have trained at facility.

LAC-USC:  ~40 staff is registry; will request specific known registry workers, & like to keep new grads under eye so that when they have gained experience, they know they are welcome @ site.

SFMC:  Have hired many new grads, but currently looking for seasoned RT's.

Calif:  Really tight; looking to expand services that would utilize RT's, but no $ @ this time.

M. Carr:  Need to keep employment trends in minds as we don't want to flood market.  Have many good students applying, many who have vacated nursing to look at RT, not just to make $, but because they really want to be in HC.

Calif:  Like hiring students; looks at hiring personality 1st.  Needs vary depending on staff.

JA:  Reported on staffing needs at both clinic sites.  One has drastically ⬜ workload & pt's, the other has ⬜ existing staff work hours.

M. Welch:  ⬜ # of students petitioning SMC for RT degree,

64

D. Murphy:  Grant explained, $ until 2012.  RT an area of focus, modeled on expansion and retention of students within programs to ⬜ student success.  Readiness assessment key, includes oral proficiency and foundational skills done thru counseling. Online tutorials, and other & additional resource workshops available to both AND & RT students (both current & pre-admit).  Also supplemental instruction $ available for successful 2nd year students; transition and remediation services.  Total program support desired.  # students served from 10 initially, 2nd = 20.  Services available to all via online services.  Also need to establish secure server based repository for student info.

M. Welch:  Will contact # of clinical students ~50 for fall 09; results of having students spend full semester?  At one time students were in 6 5-week rotations, now have progressed to 2 rotations/semester, and several sites had the students for the entire 15 weeks.  Site orientations also ⬜ in complexity.  Also have expanded Saturday & nite rotations, & would like to continue the practice as there is an ⬜⬜ demand on site availability through ⬜ # of schools with RT programs.  DataArc electronic feedback usage encouraged.

JA:  As electronic documentation ⬜ so does orientation, which could impact the amount of time allocated to the visiting faculty.

LAC-USC willing to utilize noc shift rotations.

USC-UNI:  past facilities, have used noc & W/E rotations.

Garfield:  Also can have noc & W/E rotations

L. Ramirez:  ADN students rotate all shifts 2° 24° Sheriff coverage, but dept. chair is always on call.

M Carr:  Old Business:  Rehab/home care implementation:  no firm decision made on how to do this.  On NBRC exams, this is area of lowest scores on RRT exams.  Would like re-open;

M. Welch:  Communities of interest = acute care facilities.

KMB:  Would an addition of a home care class satisfy this need?

MC:  Have clinical faculty & didactic instructor avail to do so; best to implement into winter when students would be more geared.

AR:  Use NBRC matrix as guide.  Or have the info available on DVD.

JA:  How much content is needed to address situation versus # of exam items that must be improved?

USC-UNI:  Seek field expert to do class presentations as part of existing curriculum.  Do students have option of electives?

LB Mem:  8 week course of pul. Rehab & home care; comprehensive but concise.  Not realistic to do only 1 or 2 days.

MC:  Will try to implement into existing courses, but do so @ risk of omitting other items.

L. Ramirez:  Could create new 1 unit class over winter along with NRP.

MW:  Best suited for that venue, as we are already having to decrease emphasis on needed diseases or even omit entirely due time constraints.

Anne Ramirez:  On-line or web-based tutorials would be great.

LAC-USC:  They may need these skills as acute jobs dry up, so may be best to have real time.

MC:  Program policy review; ongoing issues

L. Ramirez:  How to get policies that are more restrictive than those of districts?  Nursing has these already, but mandated thru State board, so college must comply.  District is

looking into legality of having more restrictive policies that can be put into place.  Plus

issue of multiple withdrawals and failed repeaters.  Also need to involve SMC legal to

reduce students from migrating from place to place.  Ultimately unsafe.

M. Welch:  Unaware of any other programs in US that cannot have these policies in place.

Mounting problem in Program of these students, displacing better qualified students.

LR:  No timeline at the CC's; must be done thru legal & CoARC.  If CoARC mandates an issue,

college can almost by default enforce those policies.  At this time, students can push the

issue and get back into classes.

MW:  There is a difference between class failures and program failures.  They must reapply

if academically disqualified (program failure).

JA:  MtSAC dealt with this issue years ago; all policies placed into HB that student signs that

clearly states that a class failure is a program failure.   Orientation session for each new

class accepted.

LR:  CC's are open access, can repeat a class up to 4 times.  Definitely need to F/U to make a

definitive position statement.

MC:  Problem is that our policies are not enforceable.  Students have challenged policies at

district level successfully.  Do we have the legal right to restrict students from repeating

classes after failure?  District needs an accrediting agency to direct them/protect? them

from legal action.

JA:  CoARC leaves these details to the programs; change in emphasis from process to

outcomes.  Make it a Program goal and it becomes enforceable by CoARC.

MC:  Need to restructure AC; input should be from committee not from Program.  Need to

have an outside chair not directly affiliated with Program to do this.  Our accreditation will

be looking at this.   Next meeting:  *Fridays OK, in October 16th @ ELAC*.  Announced opening

for the FT position this fall.

L. Ramirez:  Beginning process of remodeling newly purchased building to become the

Health Sciences building to become active in the next few years.

Meeting called to order @: 09??

Introductions made:  (see sign-in sheet for names)

Student Introductions:  No discussion items @ this time; will revisit later in meeting

Agenda Item #3:  RT Grad Competencies Needed by 2015 Discussion:

- JE:  Need RCB agreement /understanding that not all hospitals will recognize increased advanced credentials; may be only more $ out of pocket for grads

- MW:  AARC has been looking @ this for years, w/ players from all aspects of medical care in effort to project future competencies needed by RT & other HC grads.  Will not suddenly become mandate; AARC aware will take considerable time to phase in changes.  @ this time is only series of professional recommendations for eventual changes.

- AFR:  Gave Hx of changes she has witnessed; all started w/ grumbling and complaining, but became accepted as normal standard.  Since only 1 College in Cal has BS RT program, what will be process?  Who will be the institutional providers?

- RC:  What would be economic impact if 4 year schools assume RT training, for all players involved (students, faculty, revenue loss for current schools)

- MW:  Mechanisms in place; articulation agreements.  Not going to happen in 2015, but

- WMMC:  Better if Profession aligns itself w/ higher standards sooner rather than later.  Increased tech. levels means higher level of education needed, like nursing w/ desire for BSN as entry-level.

- TO:  Understanding was that RRT would be first step in process; back east programs prepare grads to work as RTs, unlike Loma Linda which prepares grads for

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management and many leave field entirely.  RRT requirement for initial practice would be baby step towards higher level.

- LR:  BSN does not necessarily make for better bedside RN's.  What about students who do not want to go to more school than 2 year.

- RH:  Different levels filter out different levels of training and capabilities.  2 year programs filter out many who do not want rigorous training.  BS programs filter out people who cannot function with others in HC setting with higher degrees (RN' MD's).  Who is going to assume cost?

- USC?:  May be generation away from being able to implement BS program with success; if people do not get pay reimbursement or increase, no incentive to obtain additional degree.

- AD:  Difficult to start RT Program in schools where no health care programs offered now.  May need few CC's to start pilot program.  Is it realistic to considerate now?  Do we have faculty qualified to teach at university level?  Need to prepare both students & faculty for university level programs.  Been talking since 1965 for BSN @ bedside, 1st position paper.  Look what happened w/ PT; since requirement of MS degree, now have PT aides working w/ patients, not PT.

- JC:  CC programs could do clinical training w/ CSU, since CSU's do not have any training programs for RT.  Perhaps compromise w/ CSU's would let CSU do non clinical training & leave that to CC's.

- ARF: Used to recognize RRT for pay differential, now w/ union status, no longer can.  Do we still need to get community feedback for what is needed by or from training programs.   Concorde costs 48,000 to get RRTeligible.

- MC: AC does that.

- TO: Decrease in jobs has had impact; there are still grads from year ago still not working. Until economy turns around, many places not accepting mere CRT, only RRT.

- ??: How many institutions in hospital in group are hiring?

- MG: 4 on adult side, 2 on peds side. Almost all hires have ACLS/PALS, RRT,

- M?: Looking at surplus of available grads as way to invest and train them to be "perfect" RT. Why don't we use incentives for increased education like RNs do (BSN ladders)

- RH: They will just leave, too costly to train. Always looking for better deal. Human nature to look. County does not have resources to match private hospitals. Even though we groom them to stay and ask them to give back, they leave. Even offer to work thru registry then will hire, and still can't get 8 out of 10 employees are ELAC grads. Exploited relationship w/ college to do this.

- M?: What does it take to make a contented employees. Could accept that idea, but prefer to strive for better; attrition low @ our place, so system not broken.

- JE: Even w/ all that, they still go.

- RA: What is reason they do not?

- RC: CC's only have 1 of 4 grads nationally.

Agenda Item #: Look at BS RT program offered online through Boise State. LL very expensive, BS does not require out-of-state fees. More economical, comparable to CSU costs.

MC:  Everything on BS level competencies are already being offered @ ELAC-SMC.  All grads have ACLS, PALS, NRP certification to increase marketability, and not have facilities provide additional training.

WMMC:  Great idea; I look at this when hiring.

RH:  Especially for registries, since hospitals are not hiring.

MG:  not all registries will hire new grads.

RH:  Love new grads, cuz they want to learn.  Older people don't always want to learn or do new things; too set in their ways.  All hires, even registries must have basic, core RT competencies, then more advanced skills like intubation; must pass, or can't work.  Have 63 certified registry workers who are permitted to work with LAC-USC; no others can.

JE:  Many have many years experience, but limited skills & experience; difficult to work with. Students starving for work & knowledge, very easy to work with.  Will help place with registries to get hired and place so that they can come work @ LAC.  Will train within year to work CC.

TO:  LAC started trend that registry will not hire new grad without firm relationship in place with hospital to work at.   That is crazy; why would you do that?

JE:  I did; we need to be creative to create assets.  Tough And long process even to get hired.

TO:  Fear is that we are closing door to new hires & grads if they MUST have existing relationship; one less place of employment.  Limits resources for other managers & sites.  Don't want to bring registry.

M?:  Am not encumbering new grads; am acting to get them placement in jobs. RH:  Need to get experience somewhere.  Where is that going to be?

ARF:  CHLA used to have extensive lengthy internship; To bring in new grads.  Loyalty no longer.

TMH:  Registries cost ~612 /day to use.  Should use that $$ to push current employees to get further training.

Next Agenda Item:  NBRC School Report.

MC:  Program doing well; for grad class 2010, 33 0f 33 passed on 1st attempt.  Program working hard to provide sufficient resources for broad clinical exposure for students.  Just purchased 2 Servo S ventilators, have 4 Servo I's, have 10 new NRP mannequins.  Have many resources we are trying to fully utilize.  Have open labs with 2 instructors available (RC & PT).  Have unique situation w/ new MD (MG) to meet w/ doc to go on rounds w/ him on individual basis to assess MD's Pt's, w/ MD feedback after.  Also CT lab is unique for students. Both have contributed to excellent pass rates.  All categories better than national average.   In 1st 6 mos post-grad, 18 already RRT for 2010 class.  Program philosophy is RRT; CRT is given.

TM:  Why isn"t Medi Man being utilized?  JCAHO requires interdisciplinary cooperation.  Why isn't the Program?

MC:  We have not been able to get either required training or arrange cooperative time to do so.

TMH:  You can complete open access to our Medi-Man, any time.

AD:  Cooperative use btw AND & RT students are using in cooperative training, recommended that practice be increased to become standard.  Gets RN's & RT's started talking w/each other.

ARF: We have this expensive equipment that can't be more fully accessed for better pt training and interdisciplinary communication.

VN:  Tremendous learning experience for students both in clinical expectations and skills needed; invaluable experience that came in handy for next clinical day.  Felt better prepared to handle real clinical situation.

LR. Review of state of construction & HC expansion to Corp. Center; what types of equipment recommendations does group have?  No recommendations made.

AD:  JC has been working with remedial RT students as result of grant.   HS dept. also involved in HIT; in early phase of med. Lab program development.  Needed profession.  Cal deficient in many HC occupations.  As result of MW departure, looking for replacement; normally do not hire mid-year.  Hope to hire 2 PT to max FT hours for Spring 11.  Do have idea of possible replacement, several well-qualified people in mind.  Also want MW to determine which RT course could be put online; would like it by next fall.  Have the tech w/ Skype to do so, but need to get it to C. committee.  SMC accreditation reaffirmed.  No transition process available @ CC's to mentor new hires, especially from outside institution.

JC:  Been able to increase focus on student retention & success.  Been giving TEAS exam to early RT orientees to ID possible deficient areas.  Many students do not necessary skill sets for success in RT despite success in other sciences; not same skills.  Need to ask students what they need rather than assume we know.

MW:  Clinical updates:  TMH working well, and are returning to HMH.  2 MD's working w/ students, GF & MG, (former SMC grad class of 75).  MG may assume future FT MD role.  Also in 2nd semester w/ Kaiser Downey; excellent clinical resource.  RA will assume DCE role in January/C unique position of internal mentoring, should be no abrupt change seen by

clinical facilities.  Have been able to obtain $$ for student attendance @ AARC conference

(27 SMC 1st years & 10 -15 ELAC, plus 25-30 of clinical group have had conference fee paid)

JW:  ELAC Career Office; please have all job notices (RT & other) sent to this office for Dec.

job fair.  Our office has both job counseling and job services.  All types of positions, FT, PT,

temp, OK

AD:  Item #9; Moreno wants Polysom program started.  Can do as add-on cert or free-

standing?  How difficult to do?


MW.  COARC permits add-on component.  Can obtain self-study PW from COARC.

MG:  Can do a solo program, OCC does as free-standing.  Calif. decided that PSG's need to be

licensed, not necessarily RT, can be RN.  Active movement to change law to make RT the 1

licensee.  Tremendous need for PSG labs; approx. 1 mo wait to get test.

MW:  Several paths to obtain PSG lab accreditation, including neurodiagnostics or through

nursing.  Best for ELAC might be to do one in associated w/ RT Program.  Provided

definition of field.

MC:  If we expand program to include this training, what is feasibility for job placement for

grads?

TO:  Not huge, but we are looking for RRT to work in sleep lab.  Not huge market, but

growing.

RH:  County has 3 month back-log for studies.  May not be profitable now, but recognition

of health risk by 3rd party payers is increasing.

KMB:  Would passage of RT Initiative impact test utilization?

MG:  Great potential for change.

TMH:  Would prefer to use RT over RN; What curriculum does student get in Program?

MW:  Some thru two didactic classes; difficult to institute due inconsistent use by clinical partners.  As long as basic skill competencies met, students always encouraged to explore alternative therapeutic &/or diagnostic modalities when available at partner sites.

MC:  Vote called on feasibility of progressing with the idea of adding PSG component: Unanimous response.

ARF:  Must be comprehensive to prepare grads to pass exam; possibly as post-grad component.

MC:  Just an FYI that NBRC has eliminated anticipated grad CRT testing so only Program grads will be permitted to sit for exam.

RH:  No longer seeking IP's; too much risk for employers.

MC:  Additional burden for grads; RCB restructuring fee schedule, no longer pro-rating initial fees, and increasing initial license fee.

TO:  What are other hospitals doing with newest group that have NBRC credentials that will expire?  Nothing in license act to drive licensees to maintain credentials post-expiration. Will need hospitals to push for permanent status.

KMB:  How many employers would hire someone with lapsed credential?  (None)

TMH:  Should be State requirement for continued currency; easier to mandate for new hires, but harder to require for current employees to keep current.

TO:  Who should mandate?  Hospital, RCB, or ask NBRC to make life-time again.  Discussion btw state agency (RCB) and private organization (NBRC).  Issue between national certification or state licensure.  Even JCAHO has expanded clinical practice scope.  If professional credentials not renewed, gains could be lost.  The label of RCP has diminished

desire to achieve higher credentialing.  What will future hold for grads of 15 years from now.  If cannot maintain NBRC credential, what will change to BSRT do to these grads?

AD:  BRN under DCA (as is RCB) does not control own funds, so consumer protection left to DCA.  BRN held accountable for DCA errors.  LA Times published incorrect and incomplete version of events.

??:  NBRC loss of credentials; probably most recent licensee.  Part of application process was to show currently credentialed from NBRC.  Perhaps there is a need to ask RCB to add current NBRC standing as part of renewal process.

AD:  DR just published article in current issue RT magazine.

ARF:  GMC just passed most recent JCAHO; examiner very impressed w/ RT's.; moving towards electronic documentation system.  Becoming national stroke center, and applying for NO systems in NICU.

TO:  No not reimbursable for adult population; very costly to provide services.  Difficult to get MD's to understand better selection criteria needed to reduce institutional costs.

TMH:  Crucial that MD's buy in to need for better utilization process.

MC:  Select date for next meeting, sometime next Spring 2011.  Fridays best day, either 1st or 8th, at same time.  Meeting adjourned @ 1147.

**EAST LOS ANGELES COLLEGE**
Respiratory Therapy Advisory Board meeting
MINUTES
Friday, February 24, 2012

| PRESENT | ELAC, Bunnarith Chhun | ELAC, Renee D. Martinez |
|---|---|---|
| | ELAC, Kevin Booth | SMC, Dawn Murphy |
| | ELAC, Laura M. Ramirez | SMC, Janet Robinson |
| | ELAC, Micheal Carr | SMC, Salvador Santana |
| | ELAC, Pat Tobin | UCLA, Jeff Davis |
| | ELAC, Raul Avila | |
| GUESTS | ELAC, Gustavo Martinez | |

I. **CALL TO ORDER:** M. Carr, director, called the meeting to order at 10:15 a.m.

II. **PUBLIC FORUM/ANNOUCEMENT:**
   A. **Welcome and Opening Remarks:** Respiratory Therapy Advisory Board Meetings will switch from Bi-Annual to Annual. Meetings will be taking place in February.

III. **ACTION/DISCUSSION ITEMS:**
   A. **ELAC Update Report: (L. Ramirez):**
      1. **Building Projects:** Most building projects not under construction are currently on hold. President is working hard to get some of the projects off the moratorium list. As of now, there is no final response yet.
      2. **New Parking Structure:** Ready to be opened during summer 2012.
      3. **RT Purchase Request:** The RT department put a request for ventilators and equipment. The process for the request is not finalized yet, but overall hopes that next year the Perkins Allocation which helps RT with equipment and staff support will be the same amount as received this year.

   **Discussions:** We anticipate cutting about 356 courses next fiscal year with the budget being reduced. Previous discussion with the President was that there will be no cutting in terms of supplies for instruction. Respiratory Therapy program will need to start planning schedules in case of additional cuts in the summer. Summer would start in July (new fiscal year). RT department will have to provide two schedules: one regular schedule and the other a backup plan in case there are additional cuts.

   B. **SMC Grant Report – (D. Murphy):**
      1. **Phase I Allied Health Grant:** The grant has supported the Respiratory Therapy Department over the last couple of years. Through the grant the department was able to get a counselor (Janet Robinson) specifically assigned to assist the RT department. She is split between nursing counseling and Respiratory Therapy at SMC. The Grant also helped accomplish to have administrative assistance, also split between nursing and RT. Some equipment and instructional supplies are coming in also. The department received a notice in late December that the final year and a half of funding would not be advocated. The State funding for the Phase I Allied Health Grant ends as of March 31. The department is using the remaining funding for the part time counseling. As of January, Dawn Murphy was reassigned to another project.

   **Discussions:** It was a long process to get a counselor hired to be specifically assigned to assist the RT department. Janet Robinson is glad and very thankful to be part of the group.

   C. **SMC Campus Report – (S. Santana)**
      1. **Student Admittance:** There is going to be changes in the way they will admit students into the program. It is a work in progress and should have something on paper by June.
      2. **Simulation Conference and Training:** Had a simulation conference about workshops where nursing and respiratory therapy students are working together. Will continue to work hard to put this together. The RT department is looking for a qualified trainer to train the instructors. A person from a local hospital will to go to SMC and train the RT Faculty/Staff on how to use the equipment. Next Monday will have first training meeting and will receive 6 hours worth of training. It is a better deal and less expensive than going to Tampa and spending money on bus travel, hotels, etc.
      3. **Concern:** There is a concern that the primary counselor (Jose) for the RT department might soon not be working with the department any longer. They are hopeful they can find a way to fund that position and

keep him.

4. **Grant Request:** The RT department put a grant request along with the nursing department to get a ventilator. SMC does not have any equipment for students to get hands on experience and so students have to travel to ELAC to get access. Also, some software with simulation installed into their computers at SMC was also put into the request. The goal is put a request to get the same simulation and equipment that is offered at ELAC and get them installed at SMC so students do not have to travel to ELAC to get access.

**Discussions:** There is a growing need to collaborate with the nursing department in order to have access to additional resources such as equipment and simulations. Nursing department at SMC has access to simulations but the Respiratory Therapy department does not. Some ways to start a collaborative process is to first start a dialogue and see where the nursing department is in simulation and see if it meets RT department's needs. Another is to identify what RT can offer to the nursing department.

D. **Clinical Activities Update Report – (R. Avila):**

1. **Collaboration with Nursing Department:** Biggest recommendation made from the last ARC meeting is to have some kind of collaboration with the nursing department doing lab simulations. The department educator that started this collaboration is working with Tim Jackson and they are working hard to make this happen. It would be great to collaborate with the nursing departments from SMC and ELAC. We have simulators at three of the 16 sites including USC and Long Beach. The whole intention is to produce an abstract to present at the ARC.

2. **Pulmonary Rehabilitation Rotation and Clinical Simulation Rotation:** Scheduling and transportation will be much simpler and easier to coordinate. Adding to the schedule is the pulmonary rehabilitation rotation, which was suggested by program medical director Dr. Gurvich. Up to last semester there was an instructor from Long Beach Memorial coming to Mr. Carr's class giving presentations on pulmonary rehabilitation, but as to what the students were exposed to and had their hands on depended on the hospital they were rotated to. It is now more structured so that students now have one shift at Kaiser Permanente in Los Angeles.

E. **Respiratory Therapy Curriculum – (M. Carr):**

1. **Vote on Program Goal:** Vote on program goal passes unanimously. The following program goal remains in place: **To produce competent registered respiratory care practitioners.**

F. **Old Business – None**

G. **New Business – (K. Booth):**

1. **Transitioning the Respiratory Therapy Workforce for 2015 and Beyond:** Conference was held by a group of practitioners and educators that all came from a Baccalaureate Institution. Three conferences were held between 2008 and 2010. First conference affirmed that the healthcare system is in the process of dramatic change, driven by the need to improve health while decreasing costs and improving quality. Second conference focused on identifying the competencies graduate and practicing RTs will need in 2015 and beyond. Third conference focused on to determine what changes in the profession are necessary to position RTs to fulfill the roles and responsibilities identified in conference one and to ensure that future and practicing RTs acquire the competencies identified in conference two. There is a sense of a biased since all personnel involved came from Baccalaureate Institutions. Given history of the US, Baccalaureate being transplanted from a European educational system and following the migration patterns of colonization in the US, the Baccalaureate Institutions are far more numerous back east than they are in the west. Post World War II, college is primarily a west coast institution established primarily to meet the workforce needs of the communities of the Western United States.

2. **Three Conference Recommendations:** Main goal of the conference was to determine the future education needs of respiratory therapists, and to recommend a baccalaureate degree as the entry point to the profession and eliminate the associate program. Three conference recommendations were made to help associate-degree RT programs transition over 10 years to award a baccalaureate degree or higher in respiratory therapy:

   a) First recommendation: Change Commission on Accreditation for Respiratory Care accreditation standard to require new programs after 2012 to offer a baccalaureate degree in respiratory therapy.

   b) Second recommendation: Retire the National Board for Respiratory Care Certified Respiratory Therapist (CRT) examination after 2014. The purpose to eliminate the CRT exam is to prevent confusion in the public with figuring out what the difference is between a certified RT and a registered RT.

      **c)**    Third recommendation: Change Commission on Accreditation for Respiratory Care accreditation standard to require all accredited programs after 2020 to offer a baccalaureate degree in respiratory therapy.

3. A new organization NN2RC, was formed from NN2's last annual meeting to support associate degree programs in respiratory care. NN2RC's goal is to research to show respiratory therapists with associate degrees have comparable skills to those with baccalaureate degrees.

      **a)**    According to the article, there is minimal and insufficient evidence that RTs with baccalaureate degrees are more prepared to enter the workforce than RTs with associate degrees and there is no evidence that suggests that additional education leads to a more qualified or competent RT.

**Discussions:** There are different points of views within the department. Some suggest accepting the changes that are coming. In the future the patients might not be in a hospital. They might be in the community (outpatient). In order to prepare RTs to meet those challenges we would have to teach them at the baccalaureate level. Others suggest joining those that protest to support associate degree programs in respiratory care. This issue will be an ongoing debate as the RT department decides which direction to take regarding this matter.

**IV.**    **ADJOURNMENT:** The meeting was adjourned at 12:00 pm. The next meeting will be held on February 22, 2013.

# Appendix D: Cal-Pass Data: SMC Respiratory Therapy Program

| | Cal-Pass Data: SMC Respiratory Therapy Program | | | | | |
|---|---|---|---|---|---|---|
| | **Success Rate** | | | | | |
| | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
| **Respiratory Care/Therapy** | 50.00% | 51.52% | 66.00% | 68.03% | 60.40% | 77.94 |
| | | | | | | |
| **Respiratory Care/Therapy** | | | | | | |
| | | | | | | |
| **Health 61** | 69.89% | 65.31% | 50.63% | 63.10% | 53.41% | 53.97% |
| | | | | | | |
| **Success** | | | | | | |
| RES TH 1 - INTRODUCTION | 50.00% | 51.52% | 57.89% | 54.12% | 40.37% | 68.47% |
| RES TH 29 - NEONATAL & PED | | | 86.84% | 82.35% | 79.31% | 84.75% |
| RES TH 30 - ADULT CRITICAL | | | 64.29% | 61.90% | 67.27% | 63.64% |
| RES TH 60 - RESP PHYSIOLOGY | | | 65.45% | 66.10% | 60.32% | 86.44% |
| RES TH 70 - RESP PATHOPHYS | | | 64.10% | 82.46% | 72.13% | 94.64% |
| | | | | | | |
| **Retention** | | | | | | |
| | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 |
| **Respiratory Care/Therapy** | 63.64% | 60.61% | 90.80% | 93.20% | 87.61% | 95.00% |
| | | | | | | |
| RES TH 1 - INTRODUCTION | 63.64% | 60.61% | 85.53% | 84.71% | 78.90% | 93.69% |
| RES TH 29 - NEONATAL & PED | | | 94.74% | 94.12% | 89.66% | 93.22% |
| RES TH 30 - ADULT CRITICAL | | | 97.62% | 97.62% | 90.91% | 96.36% |
| RES TH 60 - RESP PHYSIOLOGY | | | 89.09% | 94.92% | 90.48% | 94.92% |
| RES TH 70 - RESP PATHOPHYS | | | 92.31% | 100.00% | 95.08% | 98.21% |