

Program	HEALTH SCI Respiratory Therapy
Does this program have a CTE component?	Yes
Academic Year	2017/2018
Review Period	6 Year
Service Areas	

A. Program Description and Goals

This section addresses the big picture. Prompts should help you describe your program and goals and the relationship to the institutional mission, vision and goals, and how the program is funded.

1. Describe the program and/or service area under review and how the program supports the mission of Santa Monica College.

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. 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.

How the Partnership “Works”:

The ELAC/SMC Respiratory Therapy Program admits 55 students per annual cohort: SMC admits 23 students and ELAC admits 32 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” complete all first-year of course work (Life and Physical Sciences, General Education, and Respiratory Therapy courses) on the SMC campus. The latest addition to SMC course offerings was the equipment class, RES TH 2. This course was approved by the curriculum committee, spring 2017 and offered Fall 2017. Of interest is that this class had not been offered at SMC for a long time due to lack of equipment on the SMC campus. However, with the attainment of VTEA grants this course is now offered at SMC. The latter is beneficial to SMC students as they no longer need to commute to ELAC to take this class.

Table 1. SMC Respiratory Courses

Fall Semester (1 st year)	Spring Semester (1 st year)	Winter Session (2 nd year)
RES TH 60 -Respiratory Physiology	RES TH 30 -Adult Critical Care	RES TH 29- Neonatal and Pediatric

4 Units	Monitoring and Diagnostics 2 Units Lecture. 1-unit Lab, 3 hours.	Respiratory Therapy 4 Units
RES TH 1- Introduction to Respiratory Therapy 2 Units (Open enrollment, program admission not required)	RES TH 70-Respiratory Pathophysiology 3 Units lecture 1unit laboratory, 3 hours	
RES TH 2- Respiratory Therapy Fundamentals 4 Units 3 Units Lecture 1 Unit Lab, 3 hours		

Upon completion of the first-year courses, SMC students join ELAC first-year students to start their second year or “clinical year.” The second year consists of didactic courses and clinical internships. All didactic courses, except for RES TH 29 (also offered at SMC) are offered on the ELAC campus. Upon completion of the Respiratory Therapy Program, students earn a certificate of completion (ELAC) and an associate degree in Respiratory Therapy from their home campus. The SMC RT program is assessing the possibility of creating a certificate of completion just like the one at ELAC as it could have positive financial benefits to SMC’s bottom line.

SMC provides instructional support with one full-time faculty and various hourly faculties. For no apparent reason in 2013, SMC decreased the amount of hourly faculty support from 23 to approximately 13- 15 hours/week of clinical (bedside) instruction and evaluation activities for students. This number is even lower now and varies semester by semester, in spring 2018, SMC provided only 8 hours of adjunct support. The hourly RT faculty provides bedside instruction and clinical instruction for our second (clinical) year students. While it’s understood, less students, less support, however, just like the nursing program, RT students also require adequate support. As for the full-time SMC faculty, the responsibilities go beyond a regular faculty load. For example, the responsibilities include, running the day-to-day operations of the program, faculty advisor, maintain the RT lab equipment, writing grants, annual and six-year program review, conducting recruitment activities. All of those responsibilities are in addition to carrying a teaching load. The issue is not responsibilities, rather that no release time is provided for conducting those activities.

The SMC Respiratory Therapy program supports the mission of the college by providing access to affordable and high quality respiratory therapy education to students of all backgrounds and creeds. Furthermore, the SMC Respiratory Therapy program consistent with college’s mission, assists students reach their educational goal by preparing students for a career in a highly technical, high-skill but well-paying industry of healthcare.

2. Identify the overarching goal(s) or charge/responsibilities of the program or service area. If appropriate, include ensuring/monitoring compliance with state, federal or other mandates.

The goal of Respiratory Therapy program is 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 is 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...” Within the parameters set forth by our accrediting body, the Commission on Accreditation for Respiratory Care (CoARC), the curriculum provides students with the opportunity to develop the knowledge, skills, and attitudes necessary to be outstanding patient care providers.

3. If applicable, describe how the Institutional Learning Outcomes (ILOs), Supporting Goals, and/or Strategic Initiatives of the institution are integrated into the goals of the program or service area.

The SMC RT program has mapped all respiratory therapy courses to institutional learning outcome 5 (ILO 5). As such, the program strives to make the course content relevant to the student’s professional life and create “Authentic engagement”- by which the students can demonstrate a level of engagement in the subject matter that enables and motivates the integration of acquired knowledge and skills beyond the class.” Accordingly, the skills and the content knowledge gained by the student as it pertains to respiratory care, will have direct implications to his/her professional life as he/she puts those skills and knowledge to use daily by assisting in saving patient’s lives.

4. If your program receives operating funding from any source other than District funds identify the funding source. If applicable, note the start and end dates of the funding (generally a grant), the percentage of the program budget supported by non-District funding, and list any staff positions funded wholly or in part by non-District funds. Do not include awards for non-operational items such as equipment (ex. VTEA) or value added activities (ex Margin of Excellence).

Not applicable.

B. Populations Served

In this section you will provide information that describes who your program or service area serves. When comparing data from different periods, use a consistent time frame (ex. Compare one fall term to another fall term)

Saved Information For Populations Served

Area/Discipline Information Pertains To

All Disciplines (answered once)

1. Describe your students in terms of ethnicity, race, gender, age, residency status, citizenship, educational goal, enrollment status, and full/part-time status. Note any changes in student or enrollment data since the last six-year program review and the possible reasons for the changes.

According to data provided by institutional research (IR) department for the 2015 program review, from fall 2010 to fall 2014, the number of students enrolled in at least one respiratory therapy course fluctuated between 173 students (Fall 2010) to 51 (Fall 2014), with an average of 90 students per year. As explained in the 2015 program review, since fall the 2012 the number of students enrolled in at least in respiratory therapy course decreased, as fall 2014 the enrollment is 51 students. The reason had to do with program course resequencing. See Appendix A. However, there was an increase in enrollment in the fall 2017 cohort size and due to more class offerings, RT 2 lecture and lab.

In regards to student gender profile, the number of female students continues to be larger than male students, as fall 2014, 60% were females and 40% were males. Even though the number of females continues to be larger than males, the number has remained steady since the years prior. It is worth noting that is not unusual for health-related professions to have larger female populations, which consistent with the SMC RT program student profile. However, the trend is consistent with the college-wide population where the make-up of female students is larger than male students, 52.5% to 47.5%, respectively. Data obtained from RT classes offered at SMC fall 2014 via ecompanion.

The data to assess program specific (Respiratory Therapy) was not provide, instead data for health sciences (RT plus Nursing) was provided, the latter makes it difficult to ascertain with any degree of certainty the residency status of

Respiratory Therapy students. Having said that, data for health sciences students shows that compared to the college-wide population, SMC Health Sciences are mostly California residents, 93.6% to 82.3%, respectively. The number of out-of-state residence students increased to 3.4% in fall 2014, but remains low compared to the college-wide population for the same period. See Appendix A for more details.

The number of Hispanics (better term to use would be Latino) increased to (56%), fall 2014. The number of black students decreased to 4.3% (Fall, 2014), down from 24% in the in 2012. The number of Asian students has decreased to 15.2%, fall 2014. The number of white students was 19.6%, fall 2014. Consistent with the years' prior, the Respiratory Therapy Program continues to have disproportionate larger number of Hispanics students. While the number Asian/Pacific Islander, Blacks and whites is low compared to the college-wide population during the same year, fall 2012. Data obtained from RT classes offered at SMC fall 2014 via ecompanion.

As noted earlier, the fact that demographic data was not separated by program (RT and Nursing), the age group, educational goal educational status and for SMC Respiratory Therapy students could not be ascertained. However, the data provided for health sciences demonstrates students are older compared to the general college-wide population, fall 2014. In terms of educational goals, 52.9% of health sciences students chose transfer as their educational goal, even though this value is the highest amongst all educational options, it is disproportionately lower compared the College-Wide population, 74.4%. A disproportionately greater number of health sciences students chose associate degree as their highest educational goal compared to the College-Wide population, 30.8% to 6.7%, fall 2014. Worth mentioning is that in the prior program review, most of Respiratory Therapy students chose the associate degree as their highest educational goal compared to the college-wide population, 22.6% to 5.6%, respectively, fall 2012. Perhaps, most of the students in the health sciences department that chose the associate degree as highest educational goal were RT students. A plausible explanation is that transfer opportunity into baccalaureate respiratory therapy/care degrees remain scarce in California.

The highest educational status for health sciences students was high school graduate or equivalent, 61.7%, the value is low compared to College-Wide student population, 85.%. The number of health sciences students with higher education, associate degrees at 11.5% or bachelor's degree at 26.4% was higher compared to the College-Wide student population at 2.4% and 9.3%, respectively. A plausible explanation for the latter is the older student population found in health sciences, many of those students are seeking second careers for which they have earned higher education than high school.

A larger proportion of the health sciences students carried a part-time school load compared to the college-wide population, 85.4% and 36%, respectively. However, the proportion has remained consistent from years prior. See Appendix A for more details.

The for the academic year 2015-2016, the program has a total of 42 students, 16 of which are set to graduate spring 2016. The demographic makeup of the students in the program consisted of 45% Hispanics, 19% Asian/PI, 5% Black, 31% white. 67% were females, 23% males. There has been in an increase in the number of White and Latino students, whereas the Black and Asian/PI student population has decreased. There has also been an increased in the number of female to male student ratio. The reason for such changes in demographics is unknown but will require trending. The 2016- 2017 SMC cohort consists of 29 students, 62% female and 32% males. Hispanics continues to be largest group with 49%, followed by Whites with 31%, 14% Asian/PI and 10% Black. The number of male students increased as did the number of Asians and Blacks. The reason for this change in demographics could be explained by increased awareness of RT program on main campus as well as by health sciences counselors who conduct information monthly information sessions to students interested in nursing and respiratory therapy.

2. Compare your student population with the college demographic. Are your students different from the college population?

See Above.

3. What percentage of students in your program place in basic skills and, if applicable, how does this impact your program goals and/or curriculum.

No data available to assess this area. However, it would be interesting to know as it could potentially impact the number of students who may be ready to enter the program if they completed basic skills courses in high school. This could increase the number of applicants to our program.

C. Program Evaluation

In this section programs/units are to identify how, using what tools, and when program evaluation takes place. Evaluation must include outcomes assessment as well as any other measures used by the program. Please use Section D to address program responses to the findings described in this section.

Programs/units with multiple disciplines or functions may choose to answer the following questions for each area. If this is your preferred method of responding, begin by selecting a discipline/function from the drop down, answer the set of questions and click "Save", your answers will be added to the bottom of page. Do this for each discipline/function. If you would like to answer the questions once, choose "Answer Once" from the drop down.

How would you like to answer these questions?

Saved Information For Program Evaluation

Area/Discipline Information Pertains To

All Disciplines (answered once)

1. List the specific SLOs your program or discipline has chosen to focus on this year for discussion of program improvement.

SLOs are specific, measurable statements of 'what a student should know, be able to do, or value when they complete a course'. An SLO focuses on specific knowledge, attitudes, or behaviors that students will demonstrate or possess as a result of instruction.

The SMC Respiratory Therapy program evaluates course student learning outcomes (SLOs) when grades are submitted at the end of each semester into the SMC's Integrated School Information System (ISIS). The SMC and ELAC Respiratory Therapy faculty collaborate to formulate similar SLOs for the classes taught at both campuses, this is a mandate of our accrediting body, CoARC. The SLO data provided by institutional research (IR) for 2014-2015 are not posted.

In 2016, the program decided to focus on SLO #1 for the course, RES TH 30, advanced cardiac life support and monitoring. The SLO states that "functioning as a respiratory therapist, the student will be able to analyze pulmonary function data and differentiate between a patient with chronic obstructive pulmonary disease (emphysema, chronic bronchitis, asthma, cystic fibrosis or bronchiectasis) and a patient with restrictive lung disease (pulmonary fibrosis), our goal is to achieve better than 75% success. However, we were only able to achieve 67% success rate and is below the expected threshold.

Many of the topics discussed in this course require the use of equipment to enhance the students' understanding of the subject. For example, hemodynamic monitoring requires the use of pulmonary artery catheter, ECG requires the use of an ECG machine, Pulmonary function test requires the use of at least a portable function testing machine. Needless to say, we do not have any equipment to conduct laboratory for this class. The instructor uses outside materials like youtube.com to enhance the students learning experience; however, nothing can't replace hands-on experience. The ELAC/SMC RT program will submit proposal to add laboratory to RT 30 to enhance the students' success.

The issue with RES TH 30 was addressed, as of spring 2018, RES TH 30 course outline was approved by the curriculum committee to include a lab component. Equipment has been purchased with grants for allied health and respiratory therapy. We will monitor the results of this course SLO's to determined if adding the lab component resulted in better student success.

2. Describe how the program assesses SLOs and uses the results for program improvement including:

- **how outcomes are assessed and how often**
- **how and when the program or discipline reviews the results and engages program/discipline faculty in the process**

The SLO's are assessed on an ongoing basis. The RES TH 1 SLO's have remained > 95% over the last five years, exceeding the threshold of 75% required by the program. The latter results indicate that RES TH 1 is doing a good job ensuring the students who enter the program are making an informed decision in pursuing a career in respiratory care.

The SLO's for RES TH 60 have fluctuated as follows: SLO #1, 82-95%, SLO # 2, 76-86%, and SLO #3, 82-94%. The required threshold for RES TH 60's SLOs is 75%. In analyzing SLO #2 in more detail, a plausible reason for such low success is the high degree of difficulty associated with the topic (Hemodynamics, assessing pulmonary artery pressure to differentiate between cardiogenic vs. not cardiogenic pulmonary edema). Not surprisingly, even students with prior medical background struggle with the topic. The addition of critical thinking labs or computer simulated software would be useful to help increase student success with this SLO.

RES TH 70 SLO's have fluctuated as follows: SLO #1, 73-100%, SLO #2, 73-100%, SLO #3 82-100%. As previously mentioned, due to low below average SLO data for RES TH 30, it was determined that adding a lab component to the class would increase the success of students in meeting the required 75% threshold.

Please see Appendix B for each RT course SLOs.

3. If your program or discipline issues a degree or certificate list each degree or certificate and the core competencies students are expected to achieve on completion.

Core competencies focus on the body of knowledge, attitudes, and behaviors a student will have acquired upon completion of a program or certificate and are assessed by either a capstone course or success rates on SLOs for core courses.

Not applicable. The SMC Respiratory Therapy Program awards an associate of sciences degree in respiratory therapy. Students complete capstone courses at East Los Angeles College, students then transfer those classes back to SMC where they receive credit for those courses to earn their degree from SMC.

4. What other evaluation measures does your program or discipline use to inform planning? (For example, student surveys, enrollment trends, student success, retention, degrees/certificates awarded, job placement, transfer rates, TIMS report, tutor usage etc.) Note trends and differences in performance by group (ethnicity, gender, age) or enrollment type (day/evening, on-ground/on-line).

The ELAC/SMC Respiratory Therapy Program evaluates the needs of the program by following the Commission on Accreditation for Respiratory Care (CoARC) mandates which require extensive evaluation of program based on “outcomes”. In fact, the entire “accreditation system” under which respiratory care education operates is through an “outcomes based” accreditation monitoring system. The one major program goal of the ELAC/SMC Respiratory Therapy Program (to produce competent advanced-level respiratory therapists) is evaluated through a combination of evaluations systems, including Graduate Surveys and Employer Surveys (both six months post-graduation) as well as a series of nationally based board exams. The 2017 “Annual Reports” (Appendix D), which pertains to the “outcome” of the program (Graduate Outcomes). This report is titled; “2017 Report of Current Status for the Education Program for the Respiratory Therapist – Advanced at East Los Angeles College/Santa Monica College”.

The report, “Threshold Levels of Success Report”, depicts the outcome summary tables (pages 8-19). As seen on this tables and explanations, the ELAC/SMC Program is performing well on all the evaluations and measures. However, the CRT credentialing success which has minimum threshold of 80% and it’s the most significant outcome required by CoARC, shows the program is at 95.8%. See Appendix C. Of interest is that CoARC no longer requires minimum threshold outcome for “Positive Placement;” however, the threshold is still tracked over a three-year period; the 2014-2016 value is at 77.1%, up from 48.3% from 2013-2015. This outcome is measured from graduate and student surveys.

The most recent “NBRC Annual School Summary Report” for the 2017 graduation year, reveals the program has a 91.7% passing rate (see, TMC-Low Cut score in Annual School Summary, Appendix C), down from 100%, still very good passing rates for CRT credentials as CoARC requires above 80% to meet this threshold. The last three years data 2015-2017, the average passing rate was 97%. It goes without saying, the program has excellent passing rates, a testament of the dedication of the faculty and students. Noteworthy is that since January 2015, the CRT exams passing rates are not critical, as the State of California requires the (Registered Respiratory Therapist) RRT credential as the minimum requirement for licensure. For a graduate to earn the RRT credential, the student must pass the Therapist Multiple Choice Exam (TMC) at the “high cut-score” to become eligible for the Clinical Simulation Exam (CSE), passing both exams awards the graduate the RRT credential. As a matter of fact, our program enjoys great passing rates well above average for all three board exams (TMC and CSE) for the past three years (Appendix C). Again, the RRT exams considered “Advanced Practice” board exams. Appendix E compares passing rates for Respiratory Therapy Programs in the State of California (see ELAC passing rates, again for reporting purposes we are one program).

The retention outcome, formerly known as attrition outcome, the ELAC/SMC Respiratory Therapy Program has 100% retention rate, exceeding the mandated threshold of 70% for the years 2014-2016. CoARC defines attrition as “students formally enrolled in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students that initially enrolled in that class.” See Appendix D for details.

Graduate and employer satisfaction surveys have an established threshold for each question of at least 80% of returned

graduate and employer surveys rate, the overall satisfaction is 3 or higher on a 5-point Likert scale. The ELAC/SMC Respiratory Therapy Program enjoys 100% satisfaction for both these outcomes for the years 2014-2016.

The on-time graduating rate outcome has an established threshold requirement of 70%. The ELAC/SMC Respiratory Therapy Program exceeds the on-time graduation rates, for the years 2014-2016 this outcome is at 81.1%, up from 67.3% for the three-year period 2013-2015. See Appendix D for details.

5. If applicable, discuss achievement rates on state licensure exams.

Please refer to question 4 above, answer noted in that section.

6. Career Technical Education (CTE) programs are required to have active industry advisory boards which meet at least once a year. (Attach minutes from each meeting since the last program review report). List advisory board membership, how often it meets, and indicate involvement with the program.

The ELAC/SMC RT program advisory board committee meets on annual basis and it's made up by members of the community of interest, see appendix F for details of specific persons who attend. The 2017 advisory board meeting minutes are found in Appendix F in this document. The ELAC Workforce Education department is responsible for maintaining these files.

The Role of the advisory board is to drive the direction of the program to better serve the students and the community of interest (patients and clinical sites).

Updates:

SMC update: As presented by Eric Williams, Chair of the Health sciences department, Dean of health sciences, Ida Danzey to retire fall 2017. Interviews for new Dean of health sciences to take place at the end of May 2017.

SMC full-time faculty for the RT program, Salvador Santana, indicated that SMC submitted Strong Workforce grant request to start neonatal-pediatric certificate program. However, SMC will investigate the possibility to start a standalone RT program. The reason is that CoARC announced that after January 1, 2018 it will no longer accredit new Associate Degree RT programs, only baccalaureate degrees. Thus, the latter represents the last opportunity for SMC to have an RT program. The first step is for SMC to submit a letter of intent to CoARC. ELAC Program updates:

Raul Avila, Program Director, announced a decreased in enrollment from typically 50 students per cohort, the last admitted cohort was in the forties. The second-year clinical students (RT 15), will be 37 students. The program is doing what it can to promote the itself, and has conducted pathway high school fairs, information sessions, open houses, career fairs, etc. There were recruitment suggestions, locating places on campus to place flyers, social media, highlight what make ELAC/SMC special and investigate course program prerequisites for admission.

Student feedback by Fabiola Martinez and David Dafcick liked the idea of starting clinical rotations sooner as well as to have more simulations. Clinical simulation helped with critical thinking and should be implemented sooner.

Mr. Jeff Davis, chair of the advisory board committee, noted a bill that would require students to be paid a minimum wage for their clinical time. The bill is AB 387- Allied Health Professionals: Unpaid Internships, he stressed the importance of blocking this bill from passing as it would be disastrous to allied health education. Mr. Davis, noted that hospitals are not willing to pay students for clinical time while as students gaining experience. The last update on this

subject was March 1, 2018, it was noted the bill was tabled, but not dead.

ELAC to assess the feasibility to start polysomnography certificate with Strong Workforce funding's. Rosa Woodrum, regional leader for Southern California Kaiser Permanente noted a need for RTs in this area. This would be a great way to increase enrollment.

The 2016 minutes noted that ELAC purchased the Igar Respiratory Simulation Manikin which was recommend by the advisory board last year (2015), the simulator will be used to help increase CSE passing rates by introducing students to simulation earlier in their training. The SMC RT program is very fortunate to be able use the nursing lab and manikins to conduct simulations. Big shout out to the SMC nursing faculty for harboring a collegial working environment.

Kaiser Permanente Fontana and Kaiser Permanente West Los Angeles were added to list of clinical affiliates for sleep lab rotations. Long Beach Memorial contract was ratified and pending approval.

CoARC placed a moratorium on approval of new ASRT program, effective January 2018. Thus, this would-be SMC's last opportunity to have stand-alone ASRT program.

ELAC will move to new building for where the allied health sciences and Math departments will be housed. The move took place Fall 2016.

Kaiser Permanente Fontana motioned the need for a polysomnography certificate (for sleep labs). This will be assessed further to determine need.

To enhance learning, it was recommended that the following equipment be purchased and used to demonstrate and provide hands-on experience to students. The advisory board committee approved it.

Recommended Respiratory Therapy Laboratory Equipment List (No Order)

1. A video-assisted laryngoscope (AKA: Glydescope or CMAC)
2. CombiCath / Mini-BAL set-ups for the classroom
3. A variety of PEP / PAP devices (portable, single-patient-use) – **at SMC some were donated by local vendors and hospitals.**
4. Endobronchial Ultrasound (EBUS) demonstration equipment with supradimensional emphasis
5. Bronchial thermoplasty demonstration equipment
6. Transcutaneous (TcCO₂) and end-tidal CO₂ (ETCO₂) monitors for all clinical aspects (pediatrics, sleep and critical care)
7. Somniware polysomnography sleep integration program for single platform case management
8. PFT equipment (lap-top based software and mouthpiece) 2-3 units; can also be used for recruitment and community service events - **SMC purchased one, is both PFT and ECG machine.**
9. EKG machines (2-3 additional for greater classroom access, plus, will be needed if we create pre- or post-graduate free-standing EKC technician class. **SMC purchased one ECG machine and uses 12-lead ECG from nursing program.**
10. Vascular line set-up and monitoring equipment (both central venous and arterial)

11. Carefusion external sleep monitor (NOX-T3) or reasonable substitute.

The program has responded by purchasing some of the equipment noted above. Please see above.

7. Describe any program response to advisory board recommendations. Give specific examples.

See Above.

D1.Objectives

As part of the planning process, programs are expected to establish annual objectives that support the program's goals. Please document the status of the program/function's previous year's objectives. Add comments if you feel further explanation is needed.

Objectives

Objective:

The goal of objective 1 is for the program to continue to graduate advanced-level respiratory care practitioner that are highly successful in the NBRC TMC and CSE exams. The program is doing a great job meeting this objective, as evidence, in the most recent "NBRC Annual School Summary Report", as of 4/3/2018, TMC high-cut score exam is at 91.7, down from 100% first-time passing rates in 2016. Clinical Simulation Exam (CSE) has improved from 45.2% to 63.6%% first-time passing rates. The CSE it the most difficult of the two exams, the national average for the SCE is the high 50th to low 60th percentile. With continued early introduction to clinical simulations we hope this number increases over time.

Status: Completed

Comments:

Objective:

Moving forward, the main objective for the SMC RT program is to get full accreditation from CoARC and have a standalone program. The first step has been completed, SMC submitted a Letter of Intent, December 2017.

Status: In Progress

Comments:

This will be a lot of hard work- but we are ready and looking forward to it.

D1. Looking Back

In this section, please document what you did last year as a result of what you described in Section C.

1. Describe any accomplishments, achievements, activities, initiatives undertaken, and any other positives the program wishes to note and document.

The program continues to do a good job with NBRC passing rates and RRT credential earning as depicted in appendix C. The changes made were to RT course sequences, and admission criteria (prerequisites and admission changed to lottery system).

The program lead continues to put SMC RT in position to be recognized for unique opportunities that will affect SMC RT program enrollment and continued success.

SMC now has RES TH 2, equipment class and could offer a standalone program if approved by CoARC.

2. Summarize how the program or service area addressed the recommendations for program strengthening from the executive summary of the previous six-year program review.

SMC RT program has continued to work to ensure a presence on the SMC campus.

3. Describe any changes or activities your program or service area has made that are not addressed in the objectives, identify the factors (e.g., licensure requirements, state or federal requirements, CCCO mandates, regulations, etc.) that triggered the changes, and indicate the expected or anticipated outcomes.

As previously mentioned, California now requires the attainment of the RRT credential to be licensed in as a Respiratory Therapist. The latter has increased the pressure on RT programs to graduate students to be successful on the TMC and CSE. We are doing a good job

In addition, SMC applied for standalone RT program due to CoARC's mandate that after January 1, 2018, no more AS RT programs would be allowed, only baccalaureate RT degrees. SMC should receive notice if approved by CoARC later this spring.

4. If your program received one time funding of any kind indicate the source, how the funds were spent and the impact on the program (benefits or challenges).

Not applicable.

5. Describe departmental efforts to improve the teaching and learning environment.

The ELAC and SMC faculty are members of the state and national respiratory care societies, CSRC and AARC. SMC and ELAC key personnel attend national congress to keep current in the latest of modalities and equipment that will affect our students.

At SMC there is only one full-time faculty and three adjuncts. If approved for standalone RT program, SMC will need to hire atleast one more full-time faculty as required by CoARC. The full-time faculty attends national conferences to keep current with RT information.

6. If there is a tutoring component or other learning support service associated with the program, describe the relationship between the service(s) and the instructional program. If applicable, discuss any data you have compiled regarding student participation and the impact on student success.

Not at this time. We used to in the past, but with cuts to adjunct hours this is no longer available.

7. Describe any grants, VTEA, or other funding received since the last review [in the past year] and how it was used to improve the program.

The RT program received funding or a new mechanical ventilator (Servo-i), with this ventilator we now have five ventilators on the SMC campus.

In addition, we received funding to purchase an air compressor and other miscellaneous respiratory equipment necessary to run a lab class on the SMC campus.

SMC RT program has received multiple grants to buy equipment, with those grants we have purchased enough equipment to offer an equipment class. The latest grant request is to purchase another noninvasive ventilator and a baby warmer. We will soon find out if we get approved.

8. Describe faculty engagement in activities, training, or professional development to remain current with industry trends.

Faculty attend local, state and national conferences to remain current with new modalities and equipment related to respiratory care.

D2. Moving Forward

Discuss and summarize conclusions drawn from data, assessments (SLO, UO) or other evaluation measures identified in Section C and indicate responses or programmatic changes planned for the coming year(s) including:

- how the assessment results are informing program goals and objectives, program planning, and decision-making
- specific changes planned or made to the program based on the assessment results

See Part 1. Looking back, section D1.

When SMC receives approval of intent, the self-study report requires for SMC RT program to develop full program curriculum. During that time, the RT program will be in great position to assess the needs of the community of interest and translate that information to graduating the best RTs in the area. Accordingly, when approved program goals and objective specific to the SMC RT program will be created.

D2. Objectives (Moving Forward)

Objective #1

Objective:

Moving forward, the main objective for the SMC RT program is to get full accreditation from CoARC and have a standalone program. The first step has been completed, SMC submitted a Letter of Intent, December 2017.

Area/ Discipline/ Function Responsible: All

Assessment Data and Other Observations: Other data or observed trends

External Factors: Advisory Board Recommendation (for CTE only)

Timeline and activities to accomplish the objective: The process takes between 6-18 months.

Describe how objective will be assessed/measured: The objective will be measured when CoARC gives us written notice we approved.

Comments: This will be a lot of hard work- but we are ready and looking forward to it.

E. Curriculum Review

To comply with accreditation standards, programs are required to update their curriculum outlines of record (CORs) every six years. Be sure to submit your updated outlines to the Academic Senate Joint Curriculum Committee in time for them to be reviewed prior to or at the Curriculum Committee's last scheduled meeting of the year (check the committee's submittal deadlines at [click here for dates and deadlines](#)). The Program Review annual report will note whether course outlines are up to date.

1. Discuss how the department reviews, revises, and creates new curriculum. Include the following information:

- **The process by which department members participate in the review and revision of curriculum.**
- **How program goals and SLOS are integrated into course design and curriculum planning.**
- **The relationship of program courses to other college programs (cross-listing, overlapping content)**
- **The rationale for any changes to pre-requisites, co-requisites and advisories.**
- **How the department ensures course syllabi are aligned with the course outline of record.**

As previously mentioned in another section, SLO's are used to guide the restructuring of the course outlines. However, another method used for developing and revising curriculum is guided by NBRC's TMC and CSE matrix. The matrix for those exams has a master list of objectives the graduate needs to know in order to pass the board exams. The program ensures that we are covering all topics the students will be tested to pass board exams.

Recently the required courses for admission to program was revised to make our program more competitive with other allied health science programs in the are. The goal is to remove barriers to admission. For instance, RES TH 2 was moved back to course students can take while in the program, RES TH 1 can be taken any time, not required for admission. Furthermore, we are in the process of removing communication studies as a program admission requirement. The latter will decrease the number of courses the applicant needs to complete and hopefully expedite the admission process.

2. Discuss the role of the advisory board and other industry bodies or input in updating curriculum to meet industry standards and the needs of students.

The program also requests feedback from the advisory board committee to ensure we are producing well-qualified graduates who are ready to enter the workforce. We having using that feedback to add clinical simulations and labs to our courses.

F. Community Engagement

In the prompts that follow, please delineate the partnerships you have with the rest of the SMC community as well as those you have with external organizations.

1. If applicable, describe how your department staff members engage in institutional efforts such as committees and presentations, and departmental activities.

SMC faculty partake in CTE committee, hiring committee and faculty evaluations. In addition, the faculty participate in advisory board committee meetings and consortia committee meetings.

2. If applicable, discuss the engagement of program members with the local community, industry, professional groups, etc.)

The ELAC/SMC faculty participate in career fairs at local high schools in the Los Angeles area. Some faculty members belong to Disaster Medical Assistance Team (DMAT) and Community Emergency Response Team (CERT). The students join the Ronald Reagan-UCLA Respiratory Department in the food and clothing drives for Santa Monica Homeless. Some faculty and students join the American Lung Association activities, such as the stair climb, and Lung Force 5K race; both activities not only raise money for this association but also serves as a way for the program to give back to the community.

3. Discuss the relationship among and between full and part-time faculty, involvement of part-time faculty in departmental activities, and part-time faculty access to resources and support.

SMC RT faculty have great working relationships, very collegial. SMC RT faculty interact well with our nursing colleagues. Overall great working relationships.

G1.Current Planning and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Identify any issues or needs impacting program effectiveness or efficiency for which institutional support or resources will be requested in the coming year. [This information will be reviewed and considered in institutional

planning processes but does not supplant the need to request support or resources through established channels and processes].

One more full-time faculty will be needed if approved for a standalone program.

2. If applicable, list additional capital resources (facilities, technology, equipment) that are needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

Dedicated RT space would be nice, this would be helpful to display RT related material. Or even one more storage room to keep expensive locked.

3. If applicable, list additional human resources (staffing, professional development, staff training) needed to support the program as it currently exists. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

One more full-time faculty will be needed if approved for a standalone program.

G2.Future Planning and Recommendations

The following items are intended to help programs identify, track, and document unit planning and actions and to assist the institution in broad planning efforts.

1. Projecting toward the future, what trends could potentially impact the program? What changes does the program anticipate in 5 years; 10 years? Where does the program want to be? How is the program planning for these changes?

The program continues to maintain its excellence in graduating, competent, advanced-level respiratory care practitioners. However, the resequencing of courses and curriculum modification negatively impacted the enrollment for both, ELAC and SMC RT programs. The latter can be partially explained by the decision to stop taking applications for such extended time, which may have led to interested and qualified students applying to other local Respiratory Therapy Programs. In hind-sight, it was a necessary move that unfortunately coincided with decreased overall enrollment across all disciplines at community colleges. Perhaps, a way to increase enrollment is to make some RT classes hybrids (face-to-face and online).

The SMC program has increased the quantity of respiratory therapy equipment, and has 5 mechanical ventilators, 1 noninvasive ventilator, two Vests, 1 MetaNeb and other bronchial hygiene/hyperinflation therapy equipment. The latter translates into SMC now being able to offer RES TH 2 (the equipment class) at the SMC campus, which will benefit SMC-based from having to commute to ELAC for this class.

The SMC program applied for funds to start a standalone ASRT program from the Strong workforce fund, it was allocated approximately ~\$120,000. However, reallocated to the advanced practiced neonatal-pediatric respiratory therapist specialist certificate.

Although this was noted last year, it is worth mentioning again. The partnership is not what it used to be, there has been an increase in turnover at ELAC of key administration personnel that oversee the RT program (they've had three Deans, three Chairs, and two VPs). What is troublesome, is the lack of knowledge they possess on how the consortia operates, and at times they seem misinformed on how the consortia operates. Part of the issue may be that the information they receive does not come from key personnel (ELAC program director and SMC, Director of Clinical Education which are the two persons who truly know how the partnership operates. The latter has created misunderstandings that are not productive for both parties. In addition, the work environment at ELAC has become hostile and unprofessional.

SMC should really consider offering its own RT program as the reliance on ELAC, especially with the increase in uncertainly of their willingness to continue with consortia could leave SMC in limbo.

The plan was to sign a new contract, and we did. We have a ratified contract and is valid from 2017-2022. However, given that as of January 1, 2018, no more ASRT programs will be accredited by CoARC, this is prime time for SMC to

consider its own standalone program. The cost of the program has been ameliorated by the acquired equipment via grants, all the college needs to provide now, is “one” full-time faculty and keep the adjunct hours. Given how programs like respiratory therapy are in the state master plan, it’s only fitting that SMC invest in this high quality CTE program.

SMC submitted a Letter of Intent to CoARC to start a standalone program at the end of December 2017.

The process of applying was not without bumps in the road. We had to create a new advisory committee just for SMC’s letter of intent submission. Although SMC’s standalone program will not be a “brand new” program, we had to go through the same process as if it were. The process required getting statements of support from local hospitals, clinical affirmation letters and to assess the local job market for the feasibility of the new program. However, what was unexpected was ELAC’s unwillingness to provide a statement of support for the SMC standalone program. ELAC abstained, they stated that we would be their competition. SMC’s administration has been very cordial and would like to continue to collaborate with ELAC, it appears ELAC is not so happy about SMC seeking accreditation. During our last ELAC/SMC advisory board meeting, March 1st, 2018 (minutes not yet available). The clinical sites voiced support for SMC’s standalone program and were willing to be clinical sites for SMC students. It has been a tough few months.

Lastly, since last year’s program review there have been substantial changes to ELAC/SMC program key personnel. Raul Avila stepped down as program director due to undue stressed imposed by ELAC administration. And as of last month, the SMC full-time faculty who acted as the director of clinical education resigned for the same reason. ELAC administration remains upset that SMC is seeking accreditation and blamed the ELAC program director and the SMC full-time faculty for SMC seeking accreditation for a standalone program. ELAC fails to see this will be the last time SMC can seek accreditation for standalone RT program for reasons mentioned above. In a conversation with the CoARC executive director, it was noted that if SMC does not seek standalone accreditation now, ELAC will continue to hold all the leverage over SMC and can end the consortia anytime. Given how unstable things have been at ELAC, if this were to happen after January 1, 2018, SMC will not be able to offer AS RT program. SMC had to act, fortunately, SMC administration was supportive of the idea.

We move forward, I hope next time I write the six-year program review it will for the SMC RT program. We are awaiting response from CoARC to find out if were granted Approval of Intent. If approved the next step is to write self-study report and if approved the SMC can start admitting students by spring 2019.

2. If applicable, list additional capital resources (facilities, technology, equipment) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

A dedicated RT classroom would be needed where RT equipment can be stored.

3. If applicable, list additional human resources (staffing, professional development, staff training) that will be needed to support proposed changes. [This information will be reviewed and considered in institutional planning processes but does not supplant the need to request resources through established channels and processes].

One more full-time faculty will be required if approved for standalone program.

4. If applicable, note particular challenges the program faces including those relating to categorical funding, budget, and staffing.

See above.

5. Summarize any conclusions and long term recommendations for the program resulting from the self evaluation process.

See question 1, above.

6. Please use this field to share any information the program feels is not covered under any other questions.

See question 1, above.

Evaluation of Process

Please comment on the effectiveness of the Program Review process in focusing program planning.

The program review process is helpful in looking back and looking forward to assess whether the goals and objectives are being met or change based on new policies or mandates. The only unfortunate thing for CTE programs is that doing an annual program review is like doing a six-year program- this more true for our program since there having many changes and more to come.

Executive Summary

These fields to be filled out by the Program Review committee. Reports will be sent to the program and will be available on-line to populate relevant fields in the annual report and the next 6 year report.

Narrative

Program Evaluation

Commendations

Recommendations for Program Strengthening

Recommendations for Institutional Support

Attached File Upload

Attached Files

Appendix A	
Appendix B	
Appendix C	
Appendix D	
Appendix E	
Appendix F	