Department Information

Overview - Directions

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<tr>
<th>Program/Discipline</th>
<th>Date Submitted to Dean (Deadline by 4/27/18)*</th>
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<td>Respiratory Care Practitioner</td>
<td>4/4/18</td>
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List of Contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
<tr>
<td>Emily Brandt</td>
<td>BSRT, RRT, NPS - Program Director (Temporary), faculty</td>
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<tr>
<td>Amy Gutierrez</td>
<td>BSRC, RRT - Clinical Director (Temporary), faculty</td>
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Signature of Area Dean/Director

Please type the name of the area Dean/Director and the date they reviewed the rest of the document. They may also use this space to provide optional comments.

Dean Debra Kaczmar
Questions Regarding Degree and Certificate Programs

A.1 Core Outcome I - Completion

Observing the number of students who got Awards in your program(s) using the Program Award Tool, compared to the College historical trends what insights can you share?

Notes: Is your program an awards producer or a “feeder” program? If you have multiple degrees and/or certificates, please analyze and compare the trends among them.

Program data reveals the correct information about awards for the 2015, 2016, and 2017 cohorts. There are quite a few students who declared the program as their major. However, this chart doesn’t show how many of these students were actually admitted to the program. The values could be misleading because we admit a cohort of 20 students each fall while many more may have declared respiratory care as a major but were not admitted. Success in core courses has been trending upward for the most part. We experienced high attrition in with the three cohorts listed on the program awards tool. However, we have made great progress in retaining students and helping students persist.

How do you inform potential students about your program? How do students know which courses they should take for your program and in what sequence?

Students have several ways to learn more about the respiratory care program. We have monthly informational sessions which are hosted by our current students and the SVHPPC, Iris Medina. The program PowerPoint is shared and students are able to answer questions. It explains the prerequisites, the curriculum and expenses related to the program, and future salary estimates. Students have spoken to the counseling class on campus where they also presented the PowerPoint about the program. They are also visiting the high schools with the SVHPPC. The clinical coordinator and program director promote the program through various activities, including community events. Counselors also have information about the program for interested students.

We also have presentations during Panther prep days, transfer day, and degrees day. Information was available as well during the Clinica de Salud medical assistant training days. Students are informed during these sessions about prerequisite courses they need to take. This
information is also available in the nursing and allied health department, in the college catalog, and on the Hartnell respiratory care website. Iris also speaks in the prerequisite classes to provide information about the program.
We have a 24-month sequence of courses. Students are admitted as a cohort and complete the courses in the scheduled order over a four semester time period.

A.2 Core Outcome II - Time and Units to Completion

Observing the Time & Units data, what insights do you get from the data in general?

The respiratory care program is a high unit Associate’s degree at 78.83 units. Data revealed for first time students, the median units were 104.5 with 12.3 years to degree. One factor is the number of students admitted versus the number that apply. We currently admit 20 students each fall semester and those that do not get admitted may continue taking classes while awaiting the next program application period. For transfer students, the median units were 84.5 which is not too much greater than the requirement. Another contributor could be that two semesters of the program are not full time. Therefore, if students want maximum financial aid, they have to enroll in additional courses which increases the overall units. One of the students referred to it as taking a “junk” course because she needed the units to qualify for full financial assistance.

The time to degree for transfer students was 9.3 years. We have found that many of our students work either full time or part time, therefore, prior to program enrollment they may not be taking prerequisite classes full time. This would increase their time to completion.

The median unit average is 100.3. This could decrease when the program is able to admit more than 20 students per cohort. As far as time, we could change some of the prerequisites to corequisites. For example, allowing the humanities or communications requirements to be taken alongside the respiratory care courses. This would allow the students to qualify for full financial aid which may mean that they can work less hours and complete their degree in a more timely manner. Some students reported that they found the first semester too challenging and would not want to take additional “outside” classes, but this could be because some are also working 32-40 hours per week as well.

We noted that median time to degree based on gender and race was significantly shorter than that of students in our program. When Hartnell is compared to the peer colleges, it appears we are in the middle of the graph. It would be interesting to see data on the national level.

Observing the Subject Analysis tool, and focusing on the percentage of capacity of your program, is the college offering enough sections or too many sections of the courses in your program?

The most recent data suggests we are offering the correct amount of sections for our program. Fall 2017 capacity was 90.27% and spring 2018 capacity was 92.27%. We work closely with our program assistant to ensure we are offering the correct number of sections for the number of students enrolled.
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Does the way the courses in your degree and certificate program are scheduled enable students to take courses when they need them, plan their lives around their classes from one term to the next, and complete their program on time? If it does not, are there any obvious fixes?

Yes. Our courses are sequenced over a four semester time period. We discuss expectations at the new student orientation and make it clear that the program is a big time commitment. The structure of the program generally gives students 2-3 days off from classes or clinical each week. This enables many of our students to work part time, as the majority of them are employed. The students do have to travel for clinical and we make sure to provide the schedule to them early so they can make arrangements.

How do you work with underprepared students? How do you share the educational resources that are available on campus with all your students? Please give examples of when these resources have worked well and when they have not.

We meet with underprepared students and share resources on campus, including the writing and math labs. We also refer them to counseling if necessary. We found some students needed
additional assistance with math, however, the tutors in the math lab were not familiar with our dosage calculations. We found providing peer tutoring and student instructors to be more effective in increasing student success in this area. The student instructors are second year students who are regularly available and host sessions weekly. The program would benefit from additional professional experts as resources for second year students, in addition to the two faculty members.

We meet with students admitted to the program and provide suggestions for courses that could be taken prior to the fall semester to help strengthen their writing and math skills. Also, physics is not a required prerequisite, but many students find this course helpful as these concepts are common in respiratory care. Our students take the test of essential academic skills (TEAS) prior to program entry and this helps guide us as it shows where students may need additional preparation.

A.3 Core Outcome III - Transfer

Observing the number of transfer students from the transfer volume data, what insights do you get from the data in general?

As it pertains to the college as a whole, it appears the transfer volume is increasing, particularly at the CSU and UC levels. Additionally, the transfer rate is high for those students attending college full time. There is no data specifically for our program. To note, there is one private school in California (Loma Linda) offering a Bachelor’s degree in respiratory care and two community colleges with pilot Bachelor’s degree in respiratory care programs. Other options for our Associate’s degree graduates include online Bachelor’s programs. If this question remains in the PPA for the future, I would like to share specific data about the number of transferring respiratory care students.

What interactions do you have with students about transfer options? Please give examples.

Students receiving an Associate’s degree in respiratory care have the ability to start working after program completion, passing the board certification exam, and licensure. However, many students are already considering pursuing additional education after they complete the program. Interest is increased in particular because the American Association of Respiratory Care is recommending that respiratory therapists have a Bachelor’s degree by 2020. Skyline College has a Bachelor’s degree pilot program and they have visited the students to provide information. In addition, students are made aware of other programs. According to our professional organization, the American Association for Respiratory Care (AARC), there are currently 57 AS to BS degree advancement programs in the United States.

How are program learning outcomes aligned with the skills and knowledge students will need to succeed in transferring to baccalaureate degree programs?
The program learning outcomes are aligned with the skills and knowledge students will need to succeed in transferring to baccalaureate degree programs by nurturing a higher level of critical thinking, specifically within the clinical setting. Often times this requires independent researching through various text books, most recent clinical practice guidelines, or medical journals. Once they are in their last year of the program, the students participate in teaching the first year students. Having the opportunity to teach their fellow classmates reinforces what they have learned, which allows them to bring their knowledge and skill set to a mastery level. The students also participate in various leadership opportunities within the community such as a North Salinas High School career fair and San Benito High School career fair. The high school career fair allows the RCP students the opportunity to present information on the Respiratory Care Practitioner career field, along with information on the RCP program at Hartnell College to high school students interested in pursuing a career in health care.

A.4 Core Outcome IV - Employment

Observing the Employment data, what insights do you get from the data in general?

No data was available for respiratory care. Natalia is reviewing this and will let us know if data is available. Based on communication with our graduates, all are currently working as respiratory therapists in some capacity (full time, part time, or per diem).

How and when do you inform students about prospective employment opportunities?

Fourth semester students attend a job fair at Skyline College in April of each year. This gives them the opportunity to meet with over twenty potential employers. We also encourage students to search the American Association for Respiratory Care (AARC) and California Society for Respiratory Care (CSRC) job posting pages online. Department managers are in regular contact with program faculty about job openings.

How are program learning outcomes aligned with the skills and knowledge students will need to succeed in their future employment?

The Commission on Accreditation for Respiratory Care (CoARC) has established program goals in the cognitive, psychomotor, and affective learning domains. Our program outcomes are available for viewing at http://www.hartnell.edu/RCP. These outcomes clearly state the expected performance of a respiratory care program graduate. Curriculum designed to meet these outcomes is incorporated throughout the respiratory care program in both theory and clinical courses. We have a document which aligns courses and program outcomes measured. The outcomes are essential to a respiratory care practitioner and include the ability to analyze and evaluate the patient’s condition, provide education, perform assessments, implement treatment, communicate clearly, practice within the scope of practice, work effectively in a team, ensure safe and supportive care by building cross-cultural relationships, and addressing the physical...
and psychosocial needs of the patient. Students are provided with rich clinical experiences to help them be successful as new respiratory therapists. As faculty, we also stress that clinical experiences are essentially “job interviews” where students are being evaluated by management and therapists for future employment potential. We discuss ways to be successful both in theory courses and clinical so that students can be fully prepared for the workforce post graduation.

**A.5 - Recommendations**

Reflecting on your observations and analysis from A.1 through A.4, what recommendations do you have for your program?

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Reflecting on your observations and analysis from A.1 through A.4, what commendations do you have for your program?

After reflecting on our observations and analysis, the commendations we have for our program is how well we work with the underprepared students. The program provides many tools and resources to create a more prepared student for their future career and continuing education. We feel the sections that are offered to the students prepare them well, which is evident in the high employment rates for new graduates. The program continues to do a very good job in educating the community on the RCP program and what it has to offer.

Questions About Previous Activities

B - Questions About Previous Activities

Evaluate the success of each completed activity in Section D.1 (Previously Scheduled Activities) from your Spring 2017 PPA. What measurable outcomes were achieved? Did the activities and subsequent dialog lead to significant change in student learning or program success?

1. Our first activity was expanding clinical partnerships. We have successfully added three
new sites: VA Palo Alto, El Camino in Mountain View, and El Camino in Los Gatos. The contributed to student learning because we had additional clinical site placements available. It is also helping to promote our program as all three sites have been very happy with the Hartnell students. The sites continue to speak very positively about our program and have hired several of our graduates as well!

2. Preparatory materials for students: we were able to provide Kettering to the students which is helps them prepare for the board exams. The students also take the TEAS exam prior to program entry. Students have reported that Kettering was extremely helpful which resulted in their passing the national exam. This contributed to program success as we are currently the top program in California with 100% pass rates on the therapist multiple choice exam. The TEAS exam results have helped respiratory care faculty identify areas of need for students entering the program. We are able to advise students on courses they could take and other campus services if their scores are low. We noted that extremely low scores in the 30-40% range were historically associated with failure to complete the first semester. Therefore, we strive to meet with students to ensure they have the resources they need prior to entering the program.

3. Professional development: We were provided grant funds to attend conferences. The RCP faculty are required to complete continuing education to maintain our licensure. In addition, our accrediting body recommends professional development. One faculty member attended the CSRC Tahoe conference, and another attended the CSRC state convention. We continue to attend the CSRC GBAR meetings as able.

4. Additional space for equipment storage and lab space: This activity has been successful with the move of the RCP program into Merrill Hall. We now have space for faculty offices and equipment. Our lab space is somewhat limited due to it also being our classroom, but it is working. Students have commented that they don’t always have what they need, as some of our ordered supplies to furnish the lab are still in the shipping process. For the most part students ability to participate in lab activities and assignments has increased due to having the equipment and space readily available.

5. Additional faculty: We currently have two full time faculty members. The current program director has been out since October 2017. The clinical coordinator is assisting the dean with program director responsibilities and also mentoring of the new temporary full time faculty member. We continue to have five adjunct clinical instructors (two of which moved from professional expert to adjunct faculty in the past year) and one professional expert. This is a slight improvement from last year, when we had two full time faculty, two adjunct faculty, and two professional experts. We have additional applicants for adjunct faculty and plan to select one to assist with clinical visits in the fall semester.