



**Career & Technical Education Coordinating Committee (CTECC)
PROGRAM ADVISORY COMMITTEE SELF EVALUATION
2010-2011**

Program Advisory Committee Name: RESPIRATORY CARE

Advisory Committee Members

Community Advisory Committee Chair: Connie Dunks, with Sacred Heart Medical Ctr

Lane Advisory Committee Coordinator: Norma Driscoll

Program Division/Dept Dean: Sheryl Berman

Committee Review Date and Time: April 20, 2011 at 7:15 a.m.

Instructions: Please fill in your response to each question in the yellow section (short bullet points are best). The yellow sections will expand to accommodate the data you type in. When the form is completed please forward by e-mail, at least one week prior to the committee interview, to Phoebe Anderson in Cooperative Education at andersonp@lanecc.edu. Thank you. We look forward to meeting with you and your committee.

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1. Committee Accomplishments

1 A. 1) Describe your advisory committee and what types of businesses or organizations are represented in your committee. 2) How many are in your committee? 3) How often do you meet?

1) Program Advisory Committee

Students:

Ashley Delp, Second Year Student

Jackie Boeckman, Second Year Student

Stacy Stevenson, First Year Student

Graduate

Joann Peterson, CRT, staff therapist SHMC

Faculty

Norma Driscoll

Kellee Rickerl

Sponsor Administration

Sheryl Berman

Employers

Anna Allison, Manager, Respiratory Care Department, McKenzie-Willamette Med. Center

Elissa Gregory, Coordinator, Respiratory Care Department, Sacred Heart Medical Center

Marilyn Barclay, Manager, Respiratory Care Department, Albany General Hospital

Richard Nurre, Owner / Durable Medical Equipment and Oxygen Supply / Pneu Med

Connie Dunks, RRT / Sleep Lab Coordinator – Sacred Heart Medical Center

Susan Pfanner, RRT / Pulmonary Rehab – Sacred Heart Medical Center

Physicians

Binaya Rimal, MD, Program Medical Director

Public

Joe Dwan, RRT / retired manager

Pam Towne, LPN / member at large

2) 16 members

3) Meet once each term, including summer.

1 B. What are 3-5 outcomes that have been accomplished by your committee?

Supporting and facilitating student involvement with state professional organization

Assisted in the recruitment of a medical director for the program
Assisted and participated in program reaccreditation process.
Development of hybrid delivery format for program (changed from in-classroom to online delivery of lecture course content)

1 C. *How did your advisory committee help with achieving those goals?*

Advisory committee has provided contact resources and coordinated student participation with the state professional organization.
Advisory committee actively contacted physicians to recruit for Medical Director's position: provided recommendations to program.
Advisory committee completes annual surveys concerning program personnel and resources required by accreditation committee. Committee members participated in the reaccreditation site visits and met with accreditation site visitors.
Advisory committee has encouraged student feedback and comments regarding hybrid program. Advisory committee has had opportunity to review online course format and presentation.

1 D. *Describe your committee efforts in developing and generating community support.*

The hospitals, durable medical equipment agencies, and equipment vendors donate and loan equipment, and give presentations and educational materials for classroom and laboratory sessions. Space and equipment are provided at their facilities for several of our lab sessions each year.
Members who are active in the state society encourage student participation in the annual conference.
Committee members support and share information with community regarding gifts in kind donations to the program through the Frank Germaine Respiratory Care Program Advancement fund through the foundation.

1 E. *What do you think are the committee members' strengths and weaknesses?*

All committee members are strongly committed to the success of the program, and represent a diversity of interests in this field. Some committee members are actively involved in state and national professional organizations, and the state respiratory care licensing board. Committee members general have a good understanding of the needs of the profession.
Committee members have limited experience with online course delivery.

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2. Committee Involvement in Planning and Design

2 A. *What is the committee's involvement for keeping your program "state of the industry?"*

Committee advises program faculty of changes in job requirements at their institutions, provides input on equipment donations/purchases; updates faculty on proposed license scope of practice changes. Committee provided suggestions for equipment purchased for the program with Health and Wellness building development and earmark funds.

2 B. *What staff development does the committee suggest your staff needs to meet future program skill needs?*

Committee encourages and supports faculty attending professional organization meetings at the state and national level.

2 C. *What is your committee's involvement in planning and design of the program?*

Committee is consulted prior to curriculum changes. CoARC (Commission on Accreditation for Respiratory Care - program accrediting agency) requires letter of support from Committee in order to approve substantive changes.
Committee has been active in supporting the development of post-graduation career pathway certificates.

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3. Gender, Disability Adaptation, and Diversity

3 A. *What is the gender balance and diversity in your program student population?* **(Data for your consideration is available through IRAP. Contact Craig Taylor at taylorc@lanecc.edu.)**

Based on IRAP data for 2009-2010:

Gender: 74% female, 25% male

Ethnicity: 56% white, 8% Hispanic, 5% Asian, 1% Native American, 5% Black, 25% Unknown

- 3 B. *How has your committee encouraged gender balance and diversity in your student population? What future plans do you have?*

Committee strongly encouraged and supports the points based admission process. Gender / diversity balance has not been an issue with the committee. Facilities they represent are equal-opportunity employers. The respiratory care field in general has more female than male practitioners and is reflected by our enrollment. Bilingual skills are encouraged by employers.

No plans for any action at this time.

- 3 C. *How does your committee assist students with special needs to successfully reach program outcomes?*

Committee provides information concerning physical job requirements. Students are essentially mentored in a one-on-one clinical environment by preceptors so training is somewhat adapted to student needs.

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4. Program Demand / Enrollment

- 4 A. *1) What does your committee think of regional projections and how are you dealing with this? 2) What does your committee say about these and local needs? 3) What is the committee doing to get the word out to the broader community?*

1) Committee feels that employment projections will improve in the near future. Professional organization representatives advise committee on state needs. Committee compares and solicits information from other managers on committee concerning hiring projections. Program faculty provides feedback on job placement for graduates. Committee provides feedback concerning class size.

2) Economic downturn has slowed the availability of benefited full time positions available to graduates, however per diem positions are available which often lead to benefitted positions within the year. Large group of current employees are due to retire and have delayed due to economy but projection is that retirements will increase in the next couple years.

3) Committee has Invited representatives of other fields of respiratory care to serve on committee (pulmonary rehab, sleep technology, home care). Committee strongly supports the development of a career pathways certificate in Sleep technology for program graduates.

- 4 B. *Describe the enrollment trends and capacity in your program?*

Have increased enrollment from 18 to 30 students within the last five years. Attrition rate for class of 2011 was 1%, and for the class of 2010 was 2% of initial enrollment. Class of 2012 has had 1% attrition so far.

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5. Placement / Employment

- 5 A. *How would your committee rate the exit math, writing, and interpersonal skills of students who complete your program?*

Excellent – always rated students highly, never expressed concerns about deficits. Results of employer surveys of graduate performance required by accreditation agency are provided by program coordinator for committee review.

- 5 B. *How does your committee know that the students are graduating with the appropriate skills and level needed by the employers?*

Committee reviews data from the National Board for Respiratory Care concerning student pass rates for the Entry Level Exam, which also serves as the licensing criteria for the state license. Graduate and Employer surveys are required by the CoARC and results are reviewed by the committee.

Committee also provides first-hand observations of graduates hired by their facilities.

- 5 C. *How does your committee follow-up with your graduates or transfers?*
Many committee members have contact with graduates at job sites. CoARC graduate survey data is shared with committee. Graduate student on the committee contributes information at committee meetings.
- 5 D. *1) What are the outcomes (placement rate, transfer, etc.) of those students who participate in your program? 2) How is your advisory committee involved?*
1) 100% of graduates of 2010 are employed in the field / 90% of 2009 graduates are employed / 89% of 2009 graduates are employed
2) Some committee members are actively involved in the hiring process. Co-op Ed typically places 5-7 students at our surrounding clinical sites each term. Committee members participate in a manager's panel presentation to graduating second-year students and provide advice on application, resume, and interviews.
- 5 E. *1) What is the outlook for jobs in this career field? 2) What is the typical wage range and demand for jobs? (Please refer to data for your program industry at <http://www.qualityinfo.org>)*
1) 2008 employment is estimated to be at about the regional average. This occupation is expected to grow at a much faster rate than the regional average.
2) Wages: Oregon statewide average is \$27 hourly / \$56,168 annually. Total job openings are projected to be at about the regional average. Reasonable employment opportunities exist for trained workers.

E 6. Secondary / Postsecondary Connections

- 6 A. *1) How does your program connect with high schools? 2) Is your committee involved?*
1) Faculty participation in college and career fairs, Hands-On Career Day,
2) Committee is not actively involved in this area. Some clinical facilities participate in high school health occupations rotations.
- 6 B. *How do you align, articulate, and develop a program of study that links between high school, community college, and 4 year institutions?*
Program application requirements are clearly articulated in published material. Program works closely with an advising team to ensure clarity on requirements. High school students are required to complete college level work prior to applying to the program. Program coordinator has had discussions with other community colleges concerning hybrid program as a training opportunity for distant students in their areas. Program provides opportunity for representatives of Bachelor degree programs in Respiratory care to present information to graduating students.

7. Questions for the CTECC Interview Committee

- 7 A. *1) What questions do you have for us? 2) How can we support you?*
What kind of support is available?