# Instructional Program Review Respiratory Care Program

This document addresses the following SACSCOC requirements: CR 2.5, CS 3.3.1, CS 3.5, and FR 4.1.

## **Purpose**

Amarillo College instructional programs consistently review data and strive for improvement.

The purpose of this review is to demonstrate how AC instructional areas support AC's mission by "enriching the lives of our students and our community."

On an annual basis the Program Review process will capture a holistic view of a department's/program's strengths, weaknesses, and improvement plans based on institutional data and assessment information.

The information collected on this form will also serve to help your division complete the information required by SACSCOC for Amarillo College's continued reaffirmation efforts.

Response Length Suggestion: Most responses should be 2-3 sentences.

If available, you may also provide a link/reference to other documentation that answers each question.

# I: Identification

1. Department or Program Title(s) (Department Chairs List Dept.; Coordinators List Program):

**Respiratory Care** 

2. Department and/or Program(s) Purpose Statement:

To prepare students as competent advanced-level respiratory therapists through a comprehensive didactic, laboratory and clinical curriculum following the accreditation requirements of the Commission on Accreditation for Respiratory Care (CoARC).

3. Program Review Year (i.e. Most Recent Academic Year)

2013-2014

4. Date of Submission:

May 12, 2015

5. Lead Person Responsible for this Program Review:

Name: Valerie Hansen

Title: Respiratory Care Program Director

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6. Additional Individuals (Name and Title) Responsible for Completing this Program Review:

Becky Byrd, Director of Clinical Education



## II: Program Enrollment and Success Data

Use baseline data that will enable you to determine the status of your program (compare the most recent data to previous year data, compare your program to any existing state standards, or consider any other relevant factors). <u>Please use Firefox or Chrome browser to open links.</u>

- 1. Based on the most recent reported data, please evaluate your program(s).
  - A .Overall Program Data (Complete this section if your dept. produces any certificate and/or terminal degree.)

    (Place an 'X' in each text box that corresponds to your evaluation.)

Student Data Deported (Callected	Needs	Meets	Exceeds	Not
Student Data Reported/Collected	Improvement	Standards	Standards	Applicable
a. Employment Rates/Wages			X	
(EMSI, College Measures, CREWS, Perkins)				
b. Completion			X	
c. <u>Licensure Pass Rates</u>			X	
d. Retention ( <u>FA-SP</u> ) and ( <u>FA-FA</u> )		X		
e. Grades A-C		X		
f. Annual Enrollment		X		
g. Survey, Focus Group, & Related Data		X		

## Based on the data in Part A, respond to the following two questions:

i. Identify one area in which your program(s) excel.

Pass Rates – The Commission on Accreditation for Respiratory Care (CoARC) requires programs to maintain at least an 80% 3-year average credentialing pass rate. Our program at AC has maintained a 95% 3-year average. Credentialing success for 2013-2014 was 94% (93% in 2013, 100% in 2012). One student graduating in 2013 and one graduating in 2014 have decided to pursue other careers and did not attempt the credentialing exams as of the date of this report.

ii. Identify one area in which your program(s) need to most focus for the next few years.

Retention & Attrition – The Commission on Accreditation for Respiratory Care (CoARC) requires programs to maintain less than a 40% 3-year average attrition rate. Our program at AC currently has a 35% 3-year average. Realizing that this number could be improved, the program has implemented mandatory remediation for exams and tutoring sessions. The admission process is also being examined with the goal of developing a method to predict success in the program.

**B.** Course-Specific Data (Complete this section to evaluate the courses that fall under your dept./program.) (Place an 'X' in each text box that corresponds to your evaluation.)

Student Data Reported/Collected	Needs	Meets	Exceeds
Student Data Reported/Collected	Improvement	Standards	Standards
a. Grades A-C (IDS - Race/Ethnicity)		X	
b. Grades A-C (IDS - Age)		X	
c. Grades A-C (IDS - Gender)		X	
d. Grades A-C (IDS – First Generation)		X	
e. Grades A-C (IDS – Pell)		X	
f. Grades A-C (IDS - Full/Part-Time)		X	
g. Course-level Enrollment (IDS)		X	
h. Survey, Focus Group, & Related Data		X	



## Based on the data in Part B, respond to the following two questions:

i. Identify two courses that are doing well.

RSPT 1101 Introduction to Respiratory Care and RSPT 2230 Examination Preparation: As a rule, all students who enroll in these two courses are successful, regardless of race, age, gender, etc. RSPT 1101 is an introductory course and RSPT 2230 is the program's capstone course, during which the Exit Exam is given.

ii. Identify two courses in which your dept./program(s) needs to most focus for the next few years.

RSPT 1207 Respiratory Care A & P and RSPT 1411 Respiratory Care Procedures 2: These course objectives are specific to the field of Respiratory Care and are challenging, with content involving science, math and complicated physiology.

#### III: Institutional Initiatives

#### PART A - No Excuses:

Each department/program is expected to support student success initiatives.

List 1 or more ways your program(s) <u>most</u> focus on any of the <u>No Excuses goals/initiatives</u> and how you have helped AC fulfill its No Excuses goal.

"Successful completion of a degree, certificate, or transfer": One of the program's goals is to maintain the CoARC threshold of less than 40% attrition. With this goal in mind, the program has implemented mandatory remediation for exams and tutoring sessions. The admission process is also being examined with the goal of developing a method to predict success in the program. Results will be tracked and evaluated as an on-going process.

## PART B - Strategic Planning:

Each department/program is expected to support AC's Strategic Planning initiatives.

1. Identify at least one strategy or task from the Strategic Plan your area(s) currently addresses/evaluates.

Strategic Plan 1.4 Align AC learning outcomes with THECB outcomes which emphasize 21st century skills.

Our task: 80% of students will demonstrate the ability to comprehend, apply and evaluate information relevant to their role as a registry-level respiratory therapist by passing a program exit exam on the first attempt in RSPT 2230 with a score of at least 55% to meet WECM End-of-Course Outcomes. The cut score is established by the Commission on Accreditation for Respiratory Care (CoARC).

2. (If applicable) What additional item(s) should AC's Strategic Plan address?				



## PART C- General Education Objectives

SACSCOC requires that the College prove attainment of general education competencies by all students. AC has adopted the below objectives for our core curriculum assessment, but you may add additional objectives you teach. Additionally, AC expects that learning objectives are present and are being evaluated in all courses.

 Provide a listing of which courses in your department/program(s) teach these general education objectives. For assistance in identifying educational objectives in non-core courses, refer to the <u>ACGM/WECM</u>.

(List individual course prefix, state "all courses", state "N/A" for an objective, etc.):

Objective	Course(s)
Communication Skills	RSPT 1166, 1167, 2166, 2266, 2267, 2133, 2355
Critical Thinking Skills	All courses
Empirical & Quantitative Skills	All courses
Teamwork	All courses
Personal Responsibility	All courses
Social Responsibility	RSPT 1166, 1167, 2166, 2266, 2267, 2310
Note: May Insert other Objective(s)	

2. Briefly explain how your department/program(s) have recently (i.e. past year) identified and ensured that these general education objectives are taught throughout each course section.

These objective are included in the courses listed above and are evaluated in various ways. For example, the student's critical thinking skills are evaluated by clinical faculty on a daily basis. Students must present Case Studies as part of assessment of communication skills. The students also have several group projects to create teamwork and personal responsibility.

3. What method(s) are your faculty using to assess the required objectives in your courses? (List individual course prefix, state "all courses", state "N/A" for each method, etc.):

Method	Course(s)
Capstone Project/Exam	RSPT 2230
Embedded Questions	Most courses
Licensure Exam	Graduates must pass within 3 months after
	graduation in order to work in Texas.
Portfolios	RSPT 1166, 1167, 2166, 2266, 2267
Projects/Essays	Most courses
Testing (i.e. course-based testing; finals)	All courses
Note: May Insert other Method	

4. Briefly address any improvements made in your department/program(s) based on your data findings.

The program has implemented mandatory remediation for exams, tutoring sessions and enhanced simulation.



5. In which course(s) have you implemented critical reading and thinking strategies? What strategies did you use? How would you evaluate your success in implementing these strategies? Are there strategies you discovered that you would like to share with your colleagues? Do you feel that your department/program could benefit from more professional development in this area?

Respiratory Care is a field that requires critical thinking skills in patient-care situations. We have always emphasized these skills in laboratory, simulation and practicums, with situational-type questions, scenarios and written work. The students must practice and demonstrate proficiency in situations. For example, with any procedure, the students must ask themselves "why do this?", "why should I not do this?", "what can happen if I do this?", "what can happen if I don't do this?", "what will I do if xxx happens". This kind of critical thinking is stressed throughout the curriculum.

## PART D: Curriculum Assessment - Program Outcomes:

SACSCOC requires each program to provide quality student, customer, and/or client services. Each program not directly responsible for core curriculum courses must still annually identify at least one direct outcome within their program, provide results, analysis, and improvement plans related to that outcome.

1. For this review year, what were each program's <u>most important</u> goal(s) (i.e. broad goals you wanted to accomplish)?

We are determined to keep students in the program to produce graduates who will pass the credentialing exam and obtain employment.

- 2. For this review year, what is/were each program's most important measurable outcome(s) that helped you achieve your goals (referenced above)? Provide examples of 1-3 outcome statements. (An outcome provides observable, objective evidence that your student's or client's knowledge, skill, ability, attitude, or behavior has changed as a result of your efforts.)
  - 1. The program will maintain less than 40% attrition (3-year average) of the total number of students in a cohort. (CoARC threshold for accreditation)
  - 2. Upon completion of the program, 80% (3-year average) of graduates will be successful on the National Board for Respiratory (NBRC) Entry Level Examination. (CoARC threshold for accreditation)
  - 3. Upon completion of the program, 70% (3-year average) of graduates will be obtain employment in Respiratory Care or transfer to a 4-year university. (CoARC threshold for accreditation)
- 3. Identify your results and analyze your data.
  - 1. 3-year average (2011-2014) for attrition 24%
  - 2. 3-year average (2011-2014) for credentialing exam pass rate 95%
  - 3. 3-year average (2011-2014) for job placement 86%
- 4. What key change(s) has your department/programs made in the past year or do you plan to make based on your assessment of any outcome?



The biggest impact on our program has been the addition of part-time faculty to assist in the procedure and simulation laboratories and in clinical coverage. RSPT 1411 Procedures 2 has always been a difficult course for students. Additional faculty has helped tremendously by reducing the faculty-student ratio, especially when teaching difficult and complex procedures. Success in this course should improve retention of students and maintain the high credentialing exam pass rates.

5. Please provide supporting documentation with this review that relates to this outcome(s). For example, if you're using a rubric to assess student work, attach a copy of the rubric and five student samples. If you're focusing on licensure exam data, attach a copy of your pass rate results.

One of the accreditation standards through the Commission on Accreditation for Respiratory Care (CoARC), is to maintain a 3-year average of at least 80% pass rate on the National Board for Respiratory (NBRC) Entry Level Examination. The program's pass rate is consistently above that mark, highlighted in the following report (Exam: CRT). The report shows 15 of 16 grads attempting the exam, 13 passed by the date of the report. At the time of the report, two graduates have not attempted the exam and one of those has chosen to pursue another field.

At the end of the attached document, highlighted "Graduation Year 2014 CRT", again shows that 14 of the 16 graduates have passed the credentialing exam.

(Since the date of this report, another student has passed the exam, so the pass rate percentage has climbed to 95%, 15 out of 16 graduates.)



#### **NBRC Annual School Summary**

Report as of 4/22/2015

AMARILLO CLG -	200199						
Exam: CRT Graduation Year	Contract Treats	Total	D	Di	F: 9/	D	D
	Graduates Tested		Passing %		First Time %		Repeaters
2009	13		92.3%		84.6%		7.7%
2010	11		90.9%		90.9%		0%
2011	10		90%		60%		30%
2012	12		100%		100%	_	0%
2013	14		92.9%		85.7%	1	7.1%
2014	15	13	86.7%	13	86.7%	0	0%
Exam: TMC - Low Cut							
Graduation Year	Graduates Tested	Total	Passing %	Passing	First Time %	Passing	Repeaters
2013	1	1	100%	1	100%	0	0%
2014	7	5	71.4%	5	71.4%	0	0%
Exam: WRRT							
Graduation Year	Graduates Tested	Total	Passing %	Passing	First Time %	Passing	Repeaters
2009	10	9	90%	7	70%	_	20%
2010	8	7	87.5%	6	75%	1	12.5%
2011	7	4	57.1%	2	28.6%	2	28.6%
2012	7	5	71.4%	4	57.1%	1	14.3%
2013	11	9	81.8%	8	72.7%	1	9.1%
2014	8	5	62.5%	4	50%	1	12.5%
Exam: TMC - High Cut							
Graduation Year	Graduates Tested	Total	Passing %	Passing	First Time %	Passing	Repeaters
2013	1	0	0%	0	0%	0	0%
2014	7	2	28.6%	2	28.6%	0	0%
Exam: CSE							
Graduation Year	Graduates Tested	Total	Passing %	Passing	First Time %	Passing	Repeaters
2009	10	9	90%	5	50%	4	40%
2010	8	8	100%	7	87.5%	1	12.5%
2011	4	4	100%	3	75%	1	25%
2012	6	6	100%	5	83.3%	1	16.7%
2013	11	8	72.7%	7	63.6%	1	9.1%
2014	10	6	60%	5	50%	1	10%
GRADUATION YEAR	R CRT	RRT					
2014		5					
2013		8					
2013	, 13	0					

### **IV:** Conclusions

1. How have you or your staff adjusted your pedagogy (method and practice of teaching) to improve your academic quality and/or aid in some other area related to student success?

Program faculty are continually assessing credential exam pass rates as well as employer satisfaction with graduates, assessed by Employer Surveys completed 6 months after graduation. All results to date surpass accreditation thresholds.

Program faculty also assesses the causes of attrition. In the majority of cases, the reasons are non-academic, i.e. husband's job was transferred, pregnancy, etc. We did identify several students who were struggling financially. These students were referred to Student



Resources and were able to obtain help and subsequently, remained in the program. As a result, faculties begin to inform the students about Student Resources at Program Freshman Orientation, so that the students realize assistance is available.

Last year, the program implemented mandatory remediation for filed exams and tutoring session, which seems to have helped with student retention.

2. What program improvement opportunities are available to your staff (e.g. external curriculum committees, trainings, etc.)?

Most instructional-type training that has been available for faculty does not seem to apply to Allied Health instruction. Allied Health occupations are more "hands-on" and the training opportunities for faculty have seemed to be of a more theoretical nature. While improvement could be made, our credentialing pass rates indicate that we are doing a good job.

Some of the training AC has provided concern practices already being done by Allied Health programs, as mandated by their respective accreditation agencies.

3. What is the biggest issue/obstacle that your program currently faces? Please explain the issue, point to evidence supporting why your issue is important (addressed in this document or elsewhere), explain how you would like to fix the issue, and explain any budgetary constraints.

Our biggest obstacle is the lack of time. Even though the program employs 2 full-time faculties and 3 part-time clinical faculties, it is still a challenge to teach all classes, tend to administrative duties, supervise laboratories and monitor 6 clinical sites six days per week. CoARC (the program accreditation agency) requires that all faculties have "regular and consistent" contact with students in all clinical facilities. Laboratories must have a minimum of 3 instructors present to ensure completion of lab exercises and simulation testing. All said, very little "extra time" is available to attend training opportunities.

4. Additional Comments Pertinent to this Review (Not Required):				

