

## Advisory Committee Meeting Minutes

CHAIRPERSON: Anna Bennett RRT RCP		
MEETING DATE: 11-07-03	MEETING TIME: 12:00 noon	MEETING PLACE: SCC, Rm F110
RECORDER: Pearl McGregor		PREVIOUS MEETING: 3-27-03

### MEMBERS PRESENT:

### OTHERS PRESENT:

Name and Title		Name and Title		Name and Title	
X	David Gibson, Director of Respiratory Care	X	Laura Swannie Medical Center of Plano	X	Susan Newton 2 <sup>nd</sup> Year Student
X	Kelley Reynolds, CCCCD Instructor of Respiratory Care	X	Rob Rogness PHD	X	John Hughes PHOP
X	Rob Rogness Presby of Dallas	X	Anna Bennett Medical Center of Plano	X	Fred VanAmburgh MCD
X	Lora Harris Children's Medical Center	X	Jamie Nystrom PHD	X	Sandra McDermott Children's Medical Center
X	Calvin Reams-Satchell MCD	X	Pearl McGregor, SSH&PS Division Secretary	X	Tenee Rowan Children's Medical Center
X	Pam Pulis, PHOP	X	Sean Mellor Presbyterian Hospital of Dallas		

Agenda Item	Action Discussion Information	Responsibility
Old Business:		
Reading of Minutes	The last minutes had not been approved because lack of time. David moved to accept the previous minutes. It was then seconded.	
Enlarging The Respiratory Program	<p>Discussion was brought up regarding enlarging the Respiratory Program to meet the needs of the local area. The Dean needs a proposal from the board before October 11 for a larger faculty. Our current progress toward enlargement enabled us to accept a record 28 new candidates for the fall 2003 program. We feel that in order to continue to grow and still maintain our high level of training, we would need to increase the full-time faculty ratio to students, thus the proposal for new faculty. We need to stress the importance of the Respiratory Program to the CCCCD administration to help make the case for more faculty. In order to do this, David needs to get from everyone a Needs Assessment, which will help build a proposal.</p> <p>CCCD graduated 16 students per year over the last five years and numbers are climbing. Prior to the five years, there were 15 graduates per year. There is a 33% attrition rate.</p>	

	<p>The question was asked “What is the mission of the college?” – to serve the community, the obligation to the county, to serve the community.</p> <p>Everyone agrees that to maintain quality is important. Our program is exceeding the National average on the written exams, but dipped on the clinical simulations. Steve talked about QEP and SACs. Clinical sites are filled to the maximum. It was asked if we need to add more sites. Excellence is a concern. A decision will probably be made in Spring regarding new staff. It looks like a positive outlook. The hiring process would start in the summer for a new hire to start in Fall. Budget cuts have to be taken into consideration. 6-7 students normally go to clinical and we pay a part-time person. We rely on an institution to teach three students who are then paid with a stipend. Hospitals have strained resources as well. The question was raised on how many students can be taught with quality.</p>	
Continuing Business:	As stated above.	
New Business:		
Attracting Potential Respiratory Students	<p>Raising the profile of respiratory therapy has always been a problem, and a question was brought up: “How can we bring in potential candidates to the hospitals who want to find out if they want to become a respiratory therapist?” (The so-called “hospital visit”). Medical Center of Plano lawyers do not want to do this. Parkland and PHOP have 4-hour orientations. But the question remains: “How do we get this information out to people--especially 18 yr olds to become a RT.” Graphic videos can be made. Parkland can video as long as names are not shown. There will be a group advising meeting next week. They will show a video, which is old and needs updating. When students are uninformed about the program, chances are they end up changing their minds. The clinical lab can be used as a tool. We may consider using 4-5 hours of orientation including videos, talking to other RTs, etc. Maybe consider using 2<sup>nd</sup> year students in committees.</p>	
Background Checks	Group One was used for background checks. All students are clean.	
CPR Classes	We are planning on offering CPR classes on Saturdays, available to the general public for a fee of \$25. Joanne Smith is in charge of the training center, which is Presbyterian Hospital of Plano.	
Curriculum Decisions:	None	

Other:		
New Equipment or Procedures	<p>David needs to know of any new equipment or procedures used by any of the hospitals. He asked that departments keep him updated so that the students have the skills needed by area hospitals.</p> <p>Pedi CV (cardiovascular) – Presby went inactive a year ago in this program.</p> <p>Medical Center of Plano keep children in the NICU instead of sending them out like they used to.</p>	
Testing/Review	<p>On our current CoARC report, students met or exceeded the National standard. A drop was observed in the clinical simulation in the Math. At least one student took it three times and failed. When there was no remediation, they scored about the same. Graduated students and outsiders are welcome to come back and review the software. Our graduates have first priority over the general public. The areas not detailed are skills, so it is difficult to tell where the deficiencies are. The students do get a report, however, they often do not want anyone knowing that they failed. Maybe they should talk to successful and unsuccessful students to find out where they are weak.</p> <p>Practice in taking tests helps the students. Maybe we should have an entire course dedicated to taking tests including CERT, registry and Clinical Simulation. A secured exam costs \$400. Retired exams can be found on the internet.</p>	
Progress of Current Students	<p>Currently there are 27 students in the 1<sup>st</sup> year program with 5 weeks of school remaining, 4 weeks before finals. Started with 28. The 2<sup>nd</sup> year group of 20 has been in clinicals since the semester began. One student was a transition from the army. The first year group is at Parkland, Medical City Dallas, Presby Dallas and Plano. We need to find people willing to accommodate more students, maybe more sites. The 2<sup>nd</sup> year students are at Children's, Parkland, Presby Dallas, Medical City Dallas. Quality issues are a concern. The first 7 weeks are used for introduction. The Spring is devoted to general care. Summer, Fall and Spring covers Critical Care. If a student is able to handle critical care, they are able to handle other areas. Maybe we should consider using a 5-week period around the last third of the semester for the students to focus on a certain area. Rotations are part of what the student is supposed to do. There is only a limited amount of time. Maybe they should be scheduled for different times of the day. Dr. Hughes agreed that specialization is a good idea but to be careful with the time. Registry mainly focuses on adult critical care. Students should be prepared on neonatal as well.</p>	
Higher Education	<p>There should be higher education for Respiratory Care such as Continuing Ed. David and Kelley should probably gauge current students. A big concern is lack of time management skills. We need to educate students on chain of command. We</p>	

<p>Clinical Affiliates Reports</p>	<p>need to emphasize the importance of assessment. The student is responsible for the patient. The student should see that the patient is deteriorating and be able to determine if the patient has had deleterious changes. Airway management should also be emphasized. This would make for a good lecture or case scenario. "What would you do if . . . ?" There is an obligation of reporting incompetence. The student is responsible for the patient. Lives are in their hands. They need to realize that this is not a job but a profession. Sean said he knows a lawyer giving this kind of lecture.</p> <p>Children's Medical Center of Dallas</p> <p>Things are going fine. Looking to accommodate more students. The staff has changed. There are more than 30 unfilled and posted, 66 beds, 2 more units in Critical Care.</p> <p>Medical Center of Plano</p> <p>Everything's good. Using an electronic MAR. Teaching students and doing well. We are using Clinivision to chart on PCs like Parkland. 1<sup>st</sup> and 2<sup>nd</sup> year charting is good. There are PRN positions available.</p> <p>Medical City Hospital of Dallas</p> <p>Mentioned computer charting. On the 11<sup>th</sup>, they will be starting on another floor. They are pretty well staffed. They are also working with Tyler College.</p> <p>Parkland Memorial Hospital</p> <p>Mentioned the education department change drastically. Clinivision. There are issues with some computers that they need fixing. Under a ventilator trial to decide on new equipment.</p> <p>Presbyterian Hospital of Dallas</p> <p>Mentioned the neonatal site. Converting conventional beds. They are fully staffed and in good shape. They have four student interns from CCCCD. Hired Julie Liker full-time.</p> <p>Presbyterian Hospital of Plano</p> <p>They are fully staffed. They are expanding to build a surgery center and staffing therapists there. Will be completed in 12 months around 12/6. ICU will be double, Neonatal will be double, 200 patient beds, EEG program will be expanded. Question was asked on how much time should be spent on long-hand charting. Laptops will be on carts in the hospital labs. This will improve charting aspects. It may be Spring when implemented.</p> <p>Meeting adjourned at 1:30 pm.</p>	
<p>Adjournment</p>		

## MINUTES

Key Discussion Points	Discussion
Old Business:	
Continuing Business:	
New Business:	
Curriculum Decisions:	
Other:	

CHAIRPERSON SIGNATURE:	DATE:	NEXT MEETING:
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