

**COLLIN COUNTY COMMUNITY COLLEGE  
RESPIRATORY CARE ADVISORY BOARD MEETING MINUTES  
April 5, 2002**

**Members Present:**

David Gibson, Director  
Laura Swannie, Plano Medical Center  
Anna Bennett, Medical Center of Plano  
Pam Pules Plano Presbyterian  
Joni Meriwether, Presbyterian Hospital of Plano  
John, Presbyterian Hospital of Plano  
Steve DeWees, CCCC  
Kelley Reynolds, CCCC  
Dena Pence, CCCC/Presbyterian of Dallas  
Darcy Morrow, Children's Medical Center  
Pearl McGregor, CCCC  
Mike Trevino, Presbyterian Hospital of Dallas

David Gibson started the meeting off discussing the surveys which had been previously mailed out. Anna Bennet was nominated for the Chair of the Advisory Board. David called for a vote. It was unanimous and the motion carried that Anna Bennett is now the Chair of the Advisory Board Committee. Congratulations was given to Anna.

**Old Business:**

Surveys had been mailed out and returned to David on the 2001 graduates. Steve DeWees commented on how we rely on this data for CoARC, our credit advisor for Respiratory Care. We have had very good participation with the surveys.

**New Business:**

Several hospitals are represented here today, which is a good time to ask some of these questions, which the survey also addresses. A form was passed out to find out the needs of the community. Are we meeting the needs of the community? Are we training people at the skill level we need, and are we putting out enough staff members? To put out more, recruiting is what is important. Would like to see more students to select from for quality. Currently the program is working with 2 full-time staff and 1 9-month contract, working full-time. Is that enough? Anna Bennett, Department Manager, said that there is absolutely a shortage of respiratory students and that they have open positions and are waiting for applicants. She is worried that we are not graduating enough and that there will be a huge need for graduates. The hospitals keep expanding and growing and growing. We need graduates.

Other comments: Children's Medical Center is fully staffed at the moment, but that will change come September. They are always recruiting at the high schools and colleges for the respiratory profession. Mike said that he is overstaffed. Presby. Does not attract PRN people. They advertise through the web, AARC and TSRC. They focus on experienced net folks; very difficult, very challenging. Joni said that they have positions open and are always looking for good people.

Other good programs include ATI and El Centro.

The high school counselors need to be given information on the different programs available to the students and maybe a card or name of a contact person he could talk with. We need to reach out to the community. David and Steve had previously discussed start recruiting from our own campus, then to the high schools.

Mike Trevino commented on how high their turnover has been, in the double digits. They even considered reopening the respiratory care program on their own campus. They figured it would be cheaper to go through the local community with the structuring of that program, partnering with other organizations.

A vote was taken to see if we need to enlarge the program. It was a unanimous decision that we need to enlarge the respiratory program. We need to take a look at the faculty now and their contracts, how many students we let in, and do we have the people to do some of this recruiting. Can we be more creative using what we have now? The Advisory Board can steer where this goes. This program needs to be geared more to the needs of the community.

The demographics of the respiratory students are coming out of this program generally attracts the 26-year old white female, coming back to school with children and other variations. By law we cannot go into Dallas County to recruit or advertise.

Introductions were then made. David Gibson is now the new director of the Respiratory Program for CCCCD.

**Program Director's Report:**

The college now has a web page: <http://www.ccccd.edu/rcp>. Heather Webb-Losh set up the web page.

Mike Trevino asked if we track the students after they graduate. Yes we do. The Institutional Research office needs to know. For record keeping purposes, we do track graduates for one year. Any movement after that, we rely on the student to keep in contact.

What is the motivation of the students to go to CCCCD and to go into the Respiratory Program? Steve commented that they normally come in thinking that they will become a respiratory therapist. Also, ATI's cost is about \$27,000.

As far as marketing, does it make it exciting to come into the Respiratory Program? Kelley mentioned that the AARC contacted the TV show "ER" about mentioning an inhalation therapist vs. respiratory therapist. There is advertising on Channel 20 on CCCCTV, which nobody watches. Health fairs and high school visits should be included in advertising. The military makes it sound exciting.

How do we get the message out there? The AARC has a great video, which needs to get around. The high schools do have copies. We should probably go to the high school biology teachers.

CCCC gets students from all over. The hospitals could recruit into other counties. There is no program in Grayson County.

There are 22 second year students graduating in May. There are 19 strong first year students. The deadline is the end of April for new students. Currently we have 29 applications. We just had a group advising meeting. Steve met with 10 students; David met with 12. The program should also get some fallout from the nursing students.

### **Clinical Director's Report**

Clinicals in the summer include Presby in Dallas, Medical Center of Plano, the V.A. Center, Parkland,

This introduces students to critical care and adult intensive care. Neonatal and pediatric is added in the fall. The respiratory therapist value is proven at this time, in the summer. If you can do it in the ICU, you can do it anywhere whether it be nursing homes, etc.

A visit is scheduled to the AARC, based in Dallas, which excited the students. David will be going to the state convention this year. Ours was the first team to win in the Sputum Bowl last year.

Steve discussed with the dean the financial end of the program. An outside group will pay half of the equipment for. The labs are procedure-based. We used to have to clean and put back equipment. Now we use disposable supplies.

What can hospitals do more to make the students' visit better? Steve said that first of all, the attitudes of the staff at the hospitals need to make the students feel welcomed. He used Mike as an example of the neonatal experience. Steve said that they should meet with the staff and show how things are done. Also, to be aware of opportunities like diagnostics, pioneering, etc.

The respiratory program is linked through the website to the national organization and state.

The hospitals are having a Career Day. This is good recruiting for the kids in high school for different careers in healthcare. The high schools in Plano (East and West) are very competitive. There are very good candidates who are missing out.

It was brought up that nursing has a commercial sponsored by Johnson & Johnson, who also gave millions of dollars for scholarships.

Are we looking at linking with 4-year college programs? Steve said that we have articulation agreements with schools, who will accept about 60 credits from our school. If we see more students expressing interest, then maybe. Steve said that he just does not see that happening. The money is not significantly different for baccalaureate degrees.

Who hires students? Medical Center of Plano and Children's Hospital. Presby does if they last.

The meeting adjourned at 1:15 p.m.