



College of Arts and Sciences

Institutional Program Review Report to Board of Regents

A.S. and B.S. in Respiratory Care

Date of onsite visit: November 17-18, 2008

**Reviewer: Diane Flatland, Director, Respiratory Care
Alvin Community College, Alvin, Texas**

Describe the strengths and weaknesses identified by the reviewers.

The **strengths** of the program include:

- 1) The faculty is very experienced and dedicated to the program and to the success of their graduates.
- 2) Outstanding clinical affiliates which support the program with classroom/laboratory space, office space, state-of-the art equipment and supplies.
- 3) Medical Directors are very involved and committed to the success of the program.
- 4) The Administration of the University strongly supports this program.
- 5) The faculty and program being housed in the clinical affiliates provides a positive environment for students and therapists.
- 6) By having all the general education courses completed prior to respiratory care courses, the program has a higher retention rate.

The **limitations** of the program are:

- 1) The annual review of Program Goals and Standards (learning domains) by the Advisory Committee needs to be completed and documented in the minutes.
- 2) The construction of the classroom/laboratory space at the satellite campus needs to move forward.

Briefly summarize the review **recommendations**.

- 1) Classroom/Laboratory facilities at Rapid City need to be improved.
- 2) Continue to provide funding for professional development for faculty to attend the National Conferences.
- 3) Update and review, on an annual basis, the agreements with the clinical affiliates.
- 4) Physician input, direct and indirect, needs to be documented in clinical records.
- 5) Continue to monitor the attrition at the satellite campus. Perhaps tutoring and a mentorship program may be beneficial.
- 6) Continue to assess the need for strictly a Bachelor's program, but not until the entry-level is at the Bachelor's level.
- 7) Continue to work closely with the clinical affiliates to maintain the program's outstanding relationship.

Indicate the **present and continuing actions** to be taken by the school/college or department to address the issues raised by the review.

In regard to the review "recommendations" entries:

- 1) Rapid City Regional Hospital recognized the need to improve classroom and laboratory space as early as summer 2007, whereby a construction plan was developed. The plan was approved by the Finance Committee and Board of Trustees in November 2007. In

February 2008, the proposal was let out for bid to contractors and was subsequently put on hold in March 2008 due to national and local economic reasons. The construction plan will move forward when fiscal resources and bond funding can be secured.

- 2) Due to the economic constraints on our state and university, conference travel is being severely limited, but the administration and faculty will do whatever is possible to secure funding to attend national conferences.
- 3) All the affiliate agreements are currently being evaluated and updated. This process is taking quite a long time, but we will continue to work on it.
- 4) Our program has started collecting documentation for each student's contact with physicians and saving the records in their clinical files. We are also building a summary sheet of the results that will cover data from each semester.
- 5) We are very aware of attrition in both the Sioux Falls and Rapid City sites. Some of it is beyond our control, such as family issues, financial problems, and changing goals of the students. Other factors such as grade struggles, clinical issues, and student interaction issues are controllable. If we notice a student's grades are slipping in any subject, the instructor calls them into a conference and discusses the situation. If tutoring or other alternative methods are required to have the student succeed, they are done.
- 6) We have done preliminary groundwork for converting the program to a BS-only curriculum. We have had both negative and positive comments from statewide and national sources, but our Advisory Committee wants us to continue to add detail to this possible change, and we continue to do so.
- 7) The program faculty continues to be extremely thankful for the support of our clinical affiliate hospitals, as well as the university administration. All parties will continue to do everything in their power to maintain this outstanding relationship, and we are very appreciative of all the effort.

In regard to the review "limitations" entries:

- 1) The Program Director gathered the program goal and three learning domains, along with their results and our actions relative to each, and sent them electronically to both members and guests of our advisory committee. This population was to look them over and then reply back to the Director to affirm or not affirm the results. The returns were very acceptable for our needs, with 17 of 17 member responses (100% return) and 6 of 10 guest responses (60% return). One-hundred percent of the responses were positive and affirming, and zero were negative. We will continue to review the goal and learning domains at our advisory committee meeting each year.
- 2) The issue of the Rapid City classroom construction has been discussed in above.