**Sinclair Community College**

**Continuous Improvement Annual Update 2014-15**

**Please submit to your Division Assessment Coordinator / Learning Liaison for feedback no later than March 1, 2015**

**After receiving feedback from your Division Assessment Coordinator, please revise accordingly and make the final submission to your dean and the Provost’s Office no later than May 1, 2015**

**Department:** 0677 – Respiratory Therapy Technology

Year of Last Program Review: FY 2008-2009

Year of Next Program Review: FY 2015-2016

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

The trend indicates the average/typical number of AAS graduates from the RET program. As indicated on the 2013-14 Annual Update, we had significant attrition in the fall 2009 cohort making the graduate completion rate for FY10-11 relatively low in comparison to other years. The completion rate jumped up slightly in FY 11-12 as some of the 2009 cohort reinstated and completed the next year. There are no localized internal or external factors that we can assume. The department implications are always directed at retention as we seek to graduate quality Respiratory Care Practitioners to meet the area-wide demands. We continue to be concerned with attrition/retention and as directed by our external accreditation body (Commission on Accreditation for Respiratory Care-CoARC), the department has implemented a competitive admission process that began fall 2013. The strategies will be to continue to track attrition over a three year period. Our accrediting agency requires attrition to be less than 40% over this three year period. It is important to state that for the fall 2013 cohort we dropped the admitting class size from 50 to 35 students in anticipation of lower attrition rates. The reduction will allow us to adequately place these students in clinical sites. At this time, we anticipate graduating 24 (out of 32 total of which two were reinstates) students in May 2015, which indicates a consistent trend of attrition.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

The above data for Overall Department Success Rates RET indicates that our program exceeds division and college-wide rates. Upon looking at the Raw Data, with semester conversion, the course success rates for the first semester (Fall 2012-13) had dropped slightly (when comparing RET 110 to RET 1101 and RET 224 to RET 1124). However, rates increased the second semester and remained steady throughout the 2012-13 year (when comparing RET 120 to RET 1201 and RET 130 to RET 1205). Overall, RET department course completion seems to be increasing with the additional 2013-14 data. The raw data reveals RET 1100 has a steady success rate but RET 1101, 1124 and 1125 had significantly higher completion rates. This is attributed to the fact that the 2013 class was the first class to be admitted under 100% selective or competitive admission. The data confirms what we already know about attrition and where it occurs most frequently. Most of our attrition is located in the first semester of the first year courses. It reflects the adjustments students have to make when entering such a vigorous program. Once again, we will be tracking attrition rates very carefully over the next three years as we admitted our first full 2013 cohort under competitive admissions. At this point, it appears that competitive admissions is improving our RET completion and success rates significantly. None of our courses are considered high enrollment nor are they used by other departments.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

Please see attached Outcome Summary from the Commission on Accreditation for Respiratory Care (CoARC) and corresponding CoARC Thresholds and Definitions.

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**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

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| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| The program always strives to improve quality and improve student learning. As previously discussed, this has included increasing clinical affiliations, adding or increasing clinical rotations, retention strategies, and securing additional adjunct faculty. At this time, there are no plans to offer the courses in alternative formats or at a location other than the main downtown campus.  | In progress [ ] Completed [ ] No longer applicable [x]  | There continues to be no need to offer courses in alternative formats or at a location other than the Dayton Campus. Five additional adjunct clinical faculty have been secured as well as two new adjunct faculty for classroom/lab sections. |
| Attrition continues to be a concern for the RET program even after a competitive admission process has been implemented (Fall 2013). Over the next three years, attrition data will be collected to determine specific indicators of completion success. | In progress [x] Completed [ ] No longer applicable [ ]  | The RET department took the liberty of adding this additional department goal since the above goal was no longer applicable. Each cohort, starting with the 2013 class, will be tracked and data of admission criteria will be reviewed each semester. A file of each student’s name, Tartan ID, cumulative GPA, science GPA (using the two required prerequisite science courses), TEAS score (overall and individual sections) along with their subsequent RET admission rubric score will be kept. Each student will then be tracked to monitor their outcomes (successful completion of the program or not). Thus at the end of three years, the RET department can review the data to determine what predictors were accurate in determining student success rate. In addition, I also track personal factors as stated by the withdrawing students. This way I know whether it was an academic or non-academic reason for the attrition. PROGRESS: We are currently in the second of three years data collection. No trends can be obtained yet.  |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

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| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| As faculty retire and new faculty join the department, continued attention to maintaining the program’s relationships with clinical sites and professionals throughout the region will be essential. | In progress [ ] Completed [x] No longer applicable [ ]  | In June 2013, the RET department hired two tenure–trackfaculty members and one annually contracted faculty (ACF). Two of the three were prior ACFs who already were liaisons with clinical affiliates and the third was part-time adjunct. The new Director of Clinical Education has much prior experience and already maintains a good relationship with many of our clinical affiliates. We feel this recommendation has successfully been completed as the program has proven a cohesive relationship with clinical sites and regional professionals. All new faculty and the new chair have settled into their new positions and are not only functioning independently but also have maintained successful student outcomes with our National Board for Respiratory Care (NBRC) credentialing pass rates.  |
| Given the anticipated retirements and the short supply of qualified faculty, the department may wish to mentor some of its current students who show promise for becoming excellent faculty in the future. | In progress [ ] Completed *[x]* No longer applicable [ ]  | Qualified Tenure Track and ACF faculty have been hired as of June 2013. The program has also secured more adjunct clinical faculty for spring semester in addition to two supplemental retirement faculty. At this time, no more faculty are needed. |
| The department has worked diligently to reduce its high attrition rate. This attrition rate is not atypical among such programs at other institutions, but the department is strongly encouraged to seek new ways to retain more students. Identifying characteristics of students who persist versus those who leave may provide useful information for developing intervention strategies. Based on the reports of faculty, it appears that new approaches to helping students understand the rigor of the program prior to entry as well as the nature of professional practice in this field would be helpful.  | In progress [x] Completed [ ] No longer applicable [ ]  | Although attrition will continue to be a concern or the department, two major approaches were implemented during the 2011-2012 academic year. Each of these initiatives was briefly discussed in years’ 2011-2012 Annual Report. First, a new course (RET 1100 – Introduction to Respiratory Care) was added as a required prerequisite for admission to the program. It includes information about the profession (to help students make a career choice) and activities that stress the rigor of the curriculum. Applicants are encouraged to take the course before attempting the science prerequisites if possible. The goal was to stress the importance of the science and math courses, and to explain how the grades in those courses determine whether or not they are accepted to the program. A review of course evaluations and discussion with applicants has confirmed that the goals are being met. Then a competitive admission process was the second initiative employed to reduce attrition. A majority of the Fall 2012 cohort were “grandfathered” students of the old admissions process, but the 2013 class was the first class to be admitted under 100% selective or competitive admission. Since we are just beginning the second year of a competitive admission process, we feel it necessary to continue to monitor data and attrition rates to assure better retention and completion rates. We also continue to monitor student course evaluations to determine if the students better understand the rigor of the program. It is too soon to compare data however, course completion rates have risen and we have lowered attrition. According to our annual Report of Current Status submitted to the Commission on Accreditation for Respiratory Care (CoARC), our attrition has decreased from 38% on our 2012 submission to 32% in 2013 and down to 25% on our latest 2014 submission.  |

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| Please respond to the following items regarding external program accreditation. |
| **Date of Most Recent Program Accreditation Review** | Date of most recent accreditation review: \_**November 19, 2011**\_\_\_\_\_**OR**[ ]  Programs in this department do not have external accreditation  |
| **Please describe any issues or recommendations from your last accreditation review (if applicable)** | None |
| **Please describe progress made on any issues or recommendations from your last accreditation review (if applicable)** | N/A |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

**PLEASE NOTE – FOR THE NEXT TWO YEARS, GENERAL EDUCATION OUTCOME ASSESSMENT WILL BE TEMPORARILY POSTPONED. WE WOULD ASK THAT IN THIS ANNUAL UPDATE YOU IDENTIFY AT LEAST ONE COURSE IN YOUR DEGREE PROGRAM(S) WHERE ASSESSEMENT AT THE MASTERY LEVEL WILL OCCUR FOR THE FOLLOWING THREE GENERAL EDUCATION OUTCOMES:**

* **CRITICAL THINKING/PROBLEM SOLVING**
* **INFORMATION LITERACY**
* **COMPUTER LITERACY**

**NOTE THAT THERE WILL NEED TO BE AT LEAST ONE EXAM / ASSIGNMENT / ACTIVITY IN THIS COURSE THAT CAN BE USED TO ASSESS MASTERY OF THE COMPETENCY.**

**YOU MAY ALSO SUBMIT ASSESSMENT RESULTS FOR THESE GENERAL EDUCATION COMPETENCIES IF YOU HAVE THEM, BUT IT WILL BE CONSIDERED OPTIONAL**.

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| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year courses identified where mastery of general education competency will be assessed. | PLEASE INDICATE AT LEAST ONE COURSE WHERE MASTERY OF THE COMPETENCY WILL BE ASSESSED FOR EACH OF YOUR DEGREE PROGRAMS | What were the assessment results for this General Education competency? (Please provide brief summary data)**NOTE: - THIS IS OPTIONAL FOR THE FY 2014-15 AND FY 2015-16 ANNUAL UPDATES** |
| Critical Thinking/Problem Solving | All programs | **2014-2015** | **RET 2204**Sophomores are assessed with summative mock NBRC board examinations  | All sophomores must sit for and pass the mock NBRC Clinical Simulation Self-Assessment board examination in order to graduate. This examination consists of 22 patient simulations where the student must identify relevant problems with each patient, articulate an analysis of the information given and demonstrate a problem solving treatment option for each patient.  |
| Information Literacy | All programs | **2014-2015** | **RET 2201** | The instructor plans to implement group/individual projects with case presentations utilizing wiki pages and an assortment of research of scholarly journals and bibliographic data. These projects are perfect opportunities for the RET faculty to assess information and computer literacy. Information literacy will be assessed with a rubric that assesses research methods, thesis formation, analyzing of multiple resources and how effectively the student integrated that information. Computer literacy will also be assessed with a rubric that identifies appropriate use of internet applications, wiki pages, electronic mail and search engines.  |
| Computer Literacy | All programs | **2014-2015** | **RET 2201** | See above. |
| Values/Citizenship/Community | All programs | **2015-2016** | Due in FY 2015-16 |  |
| Oral Communication | All programs | **N/A** | COM 2206/2211 |  |
| Written Communication | All programs | **N/A** | ENG 1101 |  |
| Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes | **OPTIONAL FOR FY 2014-15**No changes required.  |
| How will you determine whether those changes had an impact?  | **OPTIONAL FOR FY 2014-15**Continue to monitor results of the mock board examination annually.  |

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| **Program Outcomes** | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| **Demonstrate the ability to comprehend, apply and evaluate information relevant to the job description of an advanced respiratory care practitioner.** | All RET courses, CHE 1111, BIO 1107, MAT 1130 & HIM 1101 |  | Summative mock board examinations for the certification and registry credentials | All students must pass the mock board examination in order to graduate. Please see the above comment concerning the sophomore scores on the NBRC Mock Certification examination. Less than 10% of the class (2 out of 21 graduates) required a repeat testing of knowledge. Following graduation, all 2014 graduates have passed the actual National Board for Respiratory Care (NBRC) certification board examination. |
| **Perform all prescribed therapeutic modalities and diagnostic procedures relevant to the job description of advanced respiratory care practitioners.** | RET 1102, 1202, 1203, 1303, 2102, 2103, 2202, 2203, & 2204  |  | Successful demonstration/evaluation of each skill proficiency in the laboratory by a faculty member | 100% passed each laboratory skill/proficiency within the first three attempts and then successfully repeated the proficiency in the clinical setting. There is no limit to the number of attempts within the clinical setting. |
| **Demonstrate personal behaviors and attitudes consistent and appropriate to the advanced respiratory care professional**. | COM 2206, ALH 1101, ENG 1101, PSY 1100, OTM ARTS/HUM Elective, all RET courses |  | Summative affective evaluations by faculty members and an interactive communication scenario using a rubric by the program medical director is given in RET 2204 | 100% passed on first attempt |

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| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?**  | No changes required.  |
| **How will you determine whether those changes had an impact?**  | Continue to monitor results of the mock board examinations annually.  |

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

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| Division | Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 | FY 13-14 |
| HS | 0677 | Respiratory Therapy Technology | RET.AAS | 25 | 24 | 30 | 17 | 29 | . | . |
| HS | 0677 | Respiratory Therapy Technology | RET.S.AAS | . | . | . | . | . | 23 | 22 |

**Course Success Rates**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Department Name** | **Course** |  | **FY 07-08** | **FY 08-09** | **FY 09-10** | **FY 10-11** | **FY 11-12** | **FY 12-13** | **FY 13-14** |
| 0677 | Respiratory Therapy Technology | RET-110 |   | 70.0% | 84.3% | 70.8% | 80.0% | 75.6% | . | . |
| 0677 | Respiratory Therapy Technology | RET-1100 |  | . | . | . | . | . | 82.8% | 86.8% |
| 0677 | Respiratory Therapy Technology | RET-1101 |   | . | . | . | . | . | 64.7% | 90.9% |
| 0677 | Respiratory Therapy Technology | RET-1102 |  | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-111 |   | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-1124 |  | . | . | . | . | . | 58.8% | 78.8% |
| 0677 | Respiratory Therapy Technology | RET-1125 |   | . | . | . | . | . | 63.6% | 84.8% |
| 0677 | Respiratory Therapy Technology | RET-120 |  | 100.0% | 83.3% | 83.8% | 93.0% | 93.8% | . | . |
| 0677 | Respiratory Therapy Technology | RET-1201 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-1203 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-1205 |   | . | . | . | . | . | 100.0% | 96.2% |
| 0677 | Respiratory Therapy Technology | RET-121 |  | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-130 |   | 85.2% | 96.8% | 82.6% | 88.6% | 85.7% | . | . |
| 0677 | Respiratory Therapy Technology | RET-1301 |  | . | . | . | . | . | . | 95.7% |
| 0677 | Respiratory Therapy Technology | RET-1303 |   | . | . | . | . | . | . | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-140 |  | 96.3% | 100.0% | 95.7% | 97.1% | 92.9% | . | . |
| 0677 | Respiratory Therapy Technology | RET-141 |   | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-142 |  | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-146 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0677 | Respiratory Therapy Technology | RET-147 |  | . | 100.0% | 96.8% | 100.0% | 100.0% | 95.8% | . |
| 0677 | Respiratory Therapy Technology | RET-2101 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-2103 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-2201 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-2203 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-2204 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-2220 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-224 |   | 84.8% | 75.6% | 64.9% | 81.4% | 87.1% | . | . |
| 0677 | Respiratory Therapy Technology | RET-2250 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-230 |   | 100.0% | 95.8% | 100.0% | 94.7% | 100.0% | . | . |
| 0677 | Respiratory Therapy Technology | RET-231 |  | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-240 |   | 100.0% | 100.0% | 100.0% | 100.0% | 93.5% | . | . |
| 0677 | Respiratory Therapy Technology | RET-241 |  | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-242 |   | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-250 |  | 100.0% | 100.0% | 96.8% | 100.0% | 100.0% | . | . |
| 0677 | Respiratory Therapy Technology | RET-260 |   | 100.0% | 100.0% | 100.0% | 100.0% | 96.7% | 92.0% | . |
| 0677 | Respiratory Therapy Technology | RET-280 |  | 100.0% | 100.0% | 100.0% | 100.0% | 96.7% | . | . |
| 0677 | Respiratory Therapy Technology | RET-282 |   | . | . | . | . | . | . | . |
| 0677 | Respiratory Therapy Technology | RET-297 |  | . | . | . | . | 84.5% | . | . |