

RESPIRATORY CARE (RC)

Program Review Presentation

Cohort 2: 2022-2023



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Respiratory Care Profile

Respiratory Care provides cardiopulmonary care in a multitude of situations and arenas

- Respiratory Care Practitioners (RCPs) are first responders in the hospital to any cardiopulmonary emergency (ACLS)
 - RCPs provide artificial airways and manage life support equipment in the emergency room, trauma, and intensive care units, high risk births, CODE Blues, and rapid responses
 - RCPs work with any patient that has chronic breathing issues
 - RCPs provide expertise in the hospital, asthma clinics, education, home care, skilled nursing facilities, PFT labs, ABG labs, pulmonary rehabs, CF clinics, pharmaceutical and medical sales
- 2 years of prerequisites/ 2 year program
 - 750 hours of clinical externships (where the students work under a licensed practitioner)
 - Our program is run in cohorts that allows us to build relationships with our students and watch their progress for 2 years.
 - Encourage (require) critical thinking
- The RC program is a service program that serves patients at their most vulnerable
 - teaching and practicing volunteering, leadership, and service to our community are at the heart of a service program



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Historical Analysis

Program Strengths:

- National Award given by (CoARC) accreditation board (top 25% in the nation including AS, BS, and MS in RC)
- 100% of graduates working as a RCP 1 year after graduation (met standard for 3 years, award for past 8 years)
 - our graduates get hired first according to local hospital management
- 90-100% of graduates passes their 1st exam on their 1st try
- Excellent feedback from clinical sites
- Mentoring program
- Retention Specialists (content specialists)
 - structured labs, open labs, one on one
- Meet CoARC standards (outside accrediting body)
- Perform well on annual reports and site visits by CoARC
- Leadership program (transformative leadership)
 - learning leadership skills, volunteering, follow hospital administrators
- Excellent clinical placements
- Great relationships with our clinical sites
- Strong and supportive advisory board

Program Challenges:

- High attrition
 - due to difficult material in a short time
 - medical knowledge is growing, therapeutics are growing, units have stayed the same for over 30 years
- New therapeutics - due to the low number of units - we are unable to add new and current content
 - We are required to analyze and report our graduates performance on the board exams (2). Our numbers on the analysis are falling
- expensive equipment
 - 1 ventilator \$28-45000
- lab space
- # of clinical placements
- # of clinical instructors
 - Finding and retaining full-time faculty and adjunct faculty
 - Pay in comparison to field pay
 - Educator versus practitioner
- Increasing need for RCPs
- increasing amount of onboarding paperwork for clinical sites
- For profit programs pay for clinical placements



Objectives

- Address high attrition which will provide an equity-minded education
 - retention specialists and our mentor program also help to provide equity [Instructions and Reporting](#)
- Rewrite curriculum to address attrition in the first semester (provide a more equitable and attainable first semester)
 - review other local community colleges RC programs - align
 - align CoARC standards
 - review where are numbers are dropping on board exam graduate performances
 - add units to address new and current material
 - address expanding medical knowledge and practices
- Recruit clinical sites with Ashpreet Singh
- Recruit clinical instructors - past graduates and preceptors familiar with our program
- Move to our new lab
- Continue to write systematic approaches for evidence-based therapeutics
 - update constantly changing pharmacotherapeutics and non pharmacological therapeutics ex. [ABG Interpretation Cheat Sheet](#) , [Management of Disease States](#) , [CXR Interpretation Systematic Approach](#)
- Continue volunteering every semester (community engagement)
 - ex. St. John's Women's and Children's Shelter
 - Fairytale town
 - Mentoring program [Mentoring Program](#)
- Continue onboarding help from program assistants and Liana Velichko
- Continue to review CoARC standards



Strategic Enhancement

- New curriculum which provides equitable learning, updated content, and address attrition
- New RC lab (flexible space for our student learning)
- Continued Retention Specialist program
- Continued leadership program (transformative leadership)
- Continued Mentor Program
- Continued community outreach (community engagement)
- Continued evidence-based therapeutics
- Recruit clinical instructors
- Recruit clinical sites
- Keep current on CoARC standards and make sure program meets or exceeds accreditation standards
- Access funds for expensive equipment and professional development (stay current on new therapeutics)
- Retain clinical site relationships to ensure clinical placements



Planning Steps

- Continue restructuring of the curriculum
- Move to new lab
- Continue student support strategies
 - Mentor program
 - RCC leadership program
 - RCC volunteering
 - Retention Specialist program
- Actively recruit clinical sites
 - 5 new potential sites this semester with the help of Ashpreet
- Regular review of CoARC standards
- Continue to request funds (equipment, professional development, retention specialists, & program assistants)
- Retain clinical site relationships to ensure clinical placements
- Hire and retain full-time faculty and adjunct faculty
 - Consistency
 - Support student retention and success
- Acquire funding for advanced technology
 - Students more prepared for clinicals
 - Increases employability
 - increased clinical placements

