RCP Fact Sheet

1. What Respiratory Therapists Do

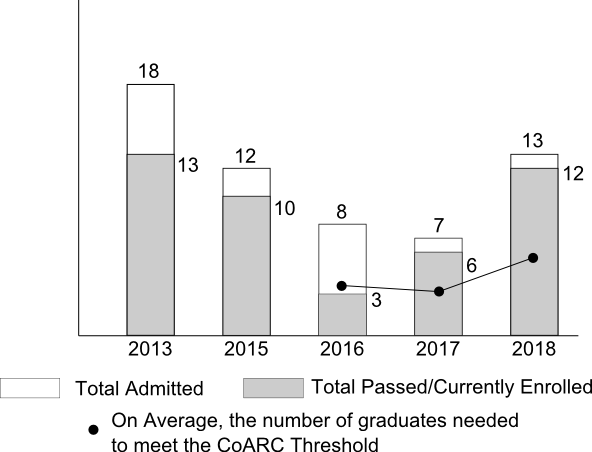
“Respiratory therapists care for patients who have trouble breathing—for example, from a chronic respiratory disease, such as asthma or emphysema. Their patients range from premature infants with undeveloped lungs to elderly patients who have diseased lungs. They also provide emergency care to patients suffering from heart attacks, drowning, or shock.” – BLS Occupational Outlook Handbook.

1. A Very Brief History

The Respiratory Care Program (RCP) began at the South Central Career Center in the 1990s. That was an 18-month program with 15 seats per cohort. It closed in the early 2000s (circa 2003) due to very high attrition rates – too high for accreditation standards.

The program was then started (around 2005-2006) at MSU-WP with donations to assist with start-up costs made by OMC and other area suppliers. However, low pass rates among students led to a withholding of accreditation by the Commission for Accreditation for Respiratory Care (CoARC). Cindy Smith was hired in 2010 to complete a teach-out of existing students, which was finished in May of 2011. RCP, as it exists today, was started in January 2012 and received provisional accreditation from CoARC during the spring semester of 2012.

1. Enrollment and Retention



Total admissions and pass rates dipped, with the 2016 cohort having a particularly low pass rate, but appears to have rebounded to levels near the 2015 cohort. The CoARC threshold for program accreditation is a 40% pass rate over a three-year moving average. As of 2016, this three-year moving average for the RCP If all currently enrolled students complete the program, the pass rate is 68.8% for 2017 and 71.8% for 2018. So, as of today, it appears that the RCP is exceeding the CoARC threshold. The data show the number of graduates needed in each cohort to outperform the threshold. Note that, while the number of graduates dipped below 40% in the 2016 cohort, the threshold is based on three-year moving average – CoARC accreditation requirements allow for a low performing year provided that surrounding years offset the deficit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class | Graduated/Currently Enrolled | Admissions | Percentage Pass Rates | Three-Year Moving Average |
| 2013 | 13 | 18 | 72.2 | --- |
| 2015 | 10 | 12 | 83.3 | --- |
| 2016 | 3 | 8 | 37.5 | 64.4 |
| 2017 | 6 | 7 | 85.7 | 68.8 |
| 2018 | 12 | 13 | 92.3 | 71.8 |

1. Comparison with Other MSU-WP Programs

See Appendix 1 for comparison data regarding enrollment, credit hours and completions. This data was provided by Academic Affairs.

1. Substitution To and From Other MSU-WP Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total RCP majors | | |  | 152 |
|  | RCP enrollees that graduated RSC program | | | 89 |
|  | RCP enrollees that did not graduate RSC program | | | 63 |
| RCP enrollees that were enrolled in another program at some point | | | | 114 |
|  | enrolled in another program before RSC/concurrently | | | 72 |
|  | enrolled in another program after latest term in RSC | | | 42 |
|  |  | RCP enrollees that enrolled in another program after graduating RCP | | 12 |
|  |  | RCP enrollees that enrolled in another program without graduating RCP | | 30 |

Of those RCP enrollees that did not graduate RCP but later enrolled in another program (30 students).[[1]](#footnote-1)

|  |  |
| --- | --- |
| Major Program | Count |
| AAT | 2 |
| BUS | 5 |
| CHD | 4 |
| ELED | 1 |
| ENO | 1 |
| GST | 22 |
| HLTH | 1 |
| LWE | 1 |
| NUR | 4 |
| Grand Total | 41 |

1. Cost Data

|  |  |
| --- | --- |
| Fiscal Year | RCP Spending |
| 2009 | $124,682.64 |
| 2010 | $157,075.21 |
| 2011 | $152,092.83 |
| 2012 | $127,683.03 |
| 2013 | $156,874.96 |
| 2014 | $160,904.21 |
| 2015 | $169,831.64 |
| 2016 | $169,810.16 |

1. Job Placement Data

2016 cohort: Three graduates:

|  |
| --- |
| OMC, West Plains, MO |
| CoxHealth, Springfield, MO |
| Has yet to apply. |

2015 Cohort: 10 graduates

|  |
| --- |
| Texas County Health Department, Houston, MO |
| Not working in RC |
| OMC, West Plains, MO |
| CoxHealth, Branson, MO |
| Fulton County Health Center, Salem, AR |
| OMC, West Plains, MO |
| OMC, West Plains, MO |
| CoxHealth, Springfield, MO |
| North Arkansas Regional Medical Center, Harrison, AR |
| CoxHealth, Branson, MO |

2013 Cohort: 13 graduates

|  |
| --- |
| CoxHealth, Springfield, MO |
| Texas County Health Department, Houston, MO |
| Fulton County Health Center, Salem, AR |
| Northeast Arkansas Baptist Memorial Hospital, Jonesboro, AR |
| CoxHealth, Springfield, MO |
| Mercy St. Francis Hospital, Mountain View, MO |
| Baxter Regional Medical Center, Mountain Home, AR |
| Mercy Hospital, Springfield, MO |
| Baxter Regional Medical Center, Mountain Home, AR |
| OMC, West Plains, MO |
| CoxHealth, Springfield, MO |
| BS program at MSU-Springfield |
| Not working in RC |

1. Advisory Panel Recommendations

See appendix 3

1. Accreditation Timeline

Accreditation of the previous program was withheld in April 2010 due to low credentialing examination success rates. An initial self-study was completed in May 2011. A letter of intent was submitted in September 2011 for the current RCP and CoARC gave approval to admit students in November 2011. The first cohort of 18 students was admitted in January 2012.

The program is currently provisionally accredited by CoARC and a continuing self-study report is due April 28, 2017. CoARC will respond in Fall 2017 and, if approval is granted, an on-site visit will be scheduled or more information will be requested. As of today, the program is on track to receive continuing accreditation.

1. Explanation of low enrollment years

While CoARC recommends an enrollment cap of 20 students per cohort, area clinical sites can only accommodate roughly 25 students total. This imposes an effective cap on MSU-WP enrollment per cohort in the mid to low teens. Given these constraints, and the normal ebb and flow of students, it is reasonable to expect some low enrollment/graduation years at MSU-WP. Beyond this, no specific reason can be given for the 2016 and 2017 cohorts.

1. Internal Academic Review Schedule

A program assessment of the RCP was completed in Fall 2016 and is included as an appendix to this document. In addition to CoARC accreditation requirements, the next internal program assessment will occur according to MSU-WP’s five-year assessment rotation (roughly, 2021).

1. Community Impact

Respiratory Therapists Summary (BLS Occupational Outlook Handbook)

| Quick Facts: Respiratory Therapists | |
| --- | --- |
| 2015 Median Pay | $57,790 per year  $27.78 per hour |
| Typical Entry-Level Education | Associate's degree |
| Work Experience in a Related Occupation | None |
| On-the-job Training | None |
| Number of Jobs, 2014 | 120,700 |
| Job Outlook, 2014-24 | 12% (Faster than average) |
| Employment Change, 2014-24 | 14,900 |

[*Pay*](https://www.bls.gov/ooh/healthcare/print/respiratory-therapists.htm#tab-5)

The median annual wage for respiratory therapists was $57,790 in May 2015.

[*Job Outlook*](https://www.bls.gov/ooh/healthcare/print/respiratory-therapists.htm#tab-6)

Employment of respiratory therapists is projected to grow 12 percent from 2014 to 2024, faster than the average for all occupations. Growth in the middle-aged and elderly population will lead to an increased incidence of respiratory conditions such as chronic obstructive pulmonary disease (COPD) and pneumonia. These respiratory disorders can permanently damage the lungs or restrict lung function.

*Regional Estimates*

Area graduates earn about $18 per hour, which translates, roughly, to an annual salary of $37,440. Without regional fiscal multipliers, it is difficult to estimate the full impact of these jobs on the regional economy. However, it is worth noting that median household income for Howell County is estimated to be $32,662 (updated January 5, 2016, U.S. Bureau of the Census).

*Health Impact*

With or without a RCP at MSU-WP, area residents will continue to suffer from breathing disorders. Thus, medical providers must continue to hire Respiratory Therapists. It is likely that closing the RCP at MSU-WP will cause area healthcare providers to rely more heavily on temporary, travel therapists to fill these positions. It seems reasonable to conclude – especially due to the recent closure of the two nearest programs in Rolla and Mountain Home – that eliminating the RCP program may result in a deterioration in the area’s quality of healthcare.

1. Impact on Students from the shift to Baccalaureate Programs

New RC programs will need to able to award baccalaureate or graduate degrees beginning January 1, 2018. Associate degree programs that are accredited prior to January 1, 2018, and remain in good standing, may continue to be accredited by CoARC. Programs that are provisionally accredited as of the November 2017 CoARC Board meeting will not be subject to this requirement. However, if a program withdraws accreditation after January 1, 2018 and subsequently re-applies, it will be considered a new applicant and be subject to the new rules. In other words, if discontinued, a program can only re-apply for accreditation if it offers at least a baccalaureate degree.

Currently most respiratory therapists require only an associate’s degree and, especially in the Ozarks, this requirement is expected to remain operative for the near future.

1. Market Demand

*Open Positions Needs Assessment Survey- Two Hour Radius of West Plains-October 2016* (The survey represents current open positions and ongoing need for Qualified Respiratory Therapist availability).

1. Ozarks Medical Center-West Plains MO

2 Full time positions and 2 PRN positions

2. Phelps Regional Medical Center-Rolla, Mo

2-3 time positions and 2-3 PRN

3. Texas County Memorial Medical Center-Houston, MO

1 time positon and 2 PRN positions

4. Mercy St Francis Medical Center-Mountain View, MO

1 full time positions and 2 PRN positions

5. Cox Medical Center-Springfield, MO

4-6 full time positions 2-3 PRN positions

6. Select Specialty Hospital-Springfield, MO

1-2 full time positions and 2 PRN positions

7. Mercy Medical Center-Springfield, MO

5-7 full time positions 3-4 PRN positions

8. North Arkansas Regional Medical Center-Harrison, AR

2 positions and 3-4 PRN positions

9. Cox Medical Center-Branson, MO

2 positions and 2 PRN positions

10. Mercy Medical Center-Branson, MO (New constructions hospital)

8-10 full time positions and 4 PRN positions

11. Baxter Regional Medical Center-Mountain Home, AR

1-2 full time Positions 1-2 PRN positions

12. Fulton County Hospital-Salem AR

2 PRN positions

13. Northeast Arkansas Baptist Medical Center-Jonesboro, AR

2-3 full time positions and 1-2 PRN positions

14. Ozarks Community Hospital-Springfield, MO

2 PRN positions

15. Cox Walnut Lawn Hospital-Springfield, MO

2 PRN positions

16. Aureus Medical Group-Springfield MO, and other Mo locations

2-3 full time positions

17. Rotech Medical Equipment-Springfield, MO

2-3 full time positons

18. Lincare Home Medical Equipment-Springfield, MO

1-2 full time positions

19. Comp Heath Medical Group-Central, MO

1-2 full time positions

20. Apria Health Care-Springfield, MO

1-2 full time Positions

21. Total Med Staffing-Springfield, MO

1-2 full time positions

22. Poplar Bluff Regional Medical Center-Poplar Bluff, MO

1-2 full time positions

23. John A Pershing V.A Medical Center-Poplar Bluff, MO

1-2 PRN positions

24. Black River Medical Center-Poplar Bluff, MO

1-2 PRN positions

25. St Bernard’s Medical Center-Jonesboro, AR

5 full time positions 2-3 PRN positions

26. American Home Patient-Jonesboro, AR

1-2 Positions

27. Salem Memorial District Hospital-Salem, MO

1-2 PRN positions

*Specialty Hospitals and dire need*

28. Barnes Jewish Hospital-St Louis, MO (health care system)

40-50 Full time and PRN positions with sign on bonus

29. Ranken Jordan Pediatric Bridge Hospital-St Louis, MO (construction on additional rooms)

3-4 full time positions and 2-3 PRN positions

30. St Louis Children Hospital-St Louis, MO

3-4 Full time positions 3-4 PRN positions

31. Cardinal Glennon Children’s Hospital-St Louis, MO

3-4 full time positions 3-4 PRN positions

33. Kindred Rehabilitation Hospital-St Louis, MO

2-3 Full time Position 1-2 PRN positions

34. Arkansas Children’s Hospital-Little Rock, AR

1-2 Full time positions and 1-2 PRN positions

35. Arkansas Children’s Hospital Springdale Campus-Springdale, AR (new hospital construction for 2018)

8-10 full time positions and 4-6 PRN positions

There is a shortage of qualified Respiratory Care providers in the local areas. This has been an ongoing issue for the past two years. All student grads get hired on or before grad date. I get email requests frequently for students to apply for positions. We need help with recruiting and program visibility.

Thank you

Aimee D Green

Oct 24, 2016

Appendix One: Enrollment, Credit Hours, and Completion Data for MSU-WP Programs

|  |  |  |  |
| --- | --- | --- | --- |
| **RSC program enrollment, hours and completions**  **by academic year, from AY2005-06 to AY 2015-16** | | | |
|  |  |  |  |
| **AY** | **Enrollment†** | **Credit Hours\*** | **Completions+** |
| 2005-2006 | 27 | 730 | 9 |
| 2006-2007 | 28 | 617 | 13 |
| 2007-2008 | 25 | 624 | 6 |
| 2008-2009 | 41 | 834 | 13 |
| 2009-2010 | 35 | 840 | 13 |
| 2010-2011 | 12 | 343 | 11 |
| 2011-2012 | 19 | 289 | 0 |
| 2012-2013 | 16 | 555 | 1 |
| 2013-2014 | 24 | 341 | 11 |
| 2014-2015 | 17 | 492 | 1 |
| 2015-2016 | 20 | 427 | 10 |
|  |  |  |  |
| **RSC program enrollment, hours and completions** | | | |
| **by calendar year, from CY 2005 to CY 2016** | | | |
|  |  |  |  |
| **AY** | **Enrollment†** | **Credit Hours\*** | **Completions+** |
| 2005 | 14 | 182 |  |
| 2006 | 39 | 841 | 11 |
| 2007 | 31 | 523 | 11 |
| 2008 | 38 | 769 | 6 |
| 2009 | 49 | 854 | 13 |
| 2010 | 28 | 647 | 13 |
| 2011 | 13 | 185 | 11 |
| 2012 | 19 | 534 | 1 |
| 2013 | 14 | 468 | 11 |
| 2014 | 12 | 371 | 1 |
| 2015 | 16 | 510 | 9 |
| 2016 | 11 | 363 | 4 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enrollment, generated credit hours and completions by academic year, from AY2013-14 to AY 2015-16** | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Enrollment†** | | | **Credit Hours\*** | | | **Completions+** | | |
| Degree | Major Code | Major | 2013-14 | 2014-15 | 2015-16 | 2013-14 | 2014-15 | 2015-16 | 2013-14 | 2014-15 | 2015-16 |
| AA | AAT | Teaching | 117 | 85 | 1 | 1675 | 1022 | 7 | 8 | 21 | 0 |
| CERT | AGGN | Cert in General Agriculture | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| AAS | AGR | General Agriculture | 30 | 34 | 24 | 489 | 630 | 331 | 3 | 4 | 1 |
| AS | AGRI | Agriculture | 0 | 10 | 46 | 0 | 78 | 792 | 0 | 1 | 10 |
| CERT | BAOM | Cert in Basic Office Management | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| CERT | BBKP | Cert in Basic Bookkeeping | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| AAS | BUS | Business | 71 | 73 | 55 | 953 | 981 | 713 | 5 | 4 | 3 |
| CERT | BUSB | Cert in Basic Business Studies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| AS | BUSI | Business | 76 | 110 | 101 | 1008 | 1397 | 1452 | 16 | 14 | 8 |
| AAS | CGP | Computer Graphics Programming | 74 | 51 | 38 | 1437 | 1021 | 688 | 6 | 14 | 9 |
| AAS | CHD | Child and Family Development | 75 | 85 | 82 | 968 | 1059 | 961 | 5 | 10 | 7 |
| AAS | CPT | Computer Technology | 2 | 0 | 0 | 5 | 0 | 0 | 1 | 0 | 0 |
| AAT | ELED | Elementary Education | 78 | 107 | 150 | 1119 | 1564 | 2312 | 0 | 0 | 18 |
| AS | ENGR | Pre-Engineering | 0 | 0 | 8 | 0 | 0 | 144 | 0 | 0 | 0 |
| AAS | ENO | Enology | 10 | 9 | 2 | 114 | 96 | 17 | 1 | 4 | 1 |
| CERT | ENOL | Enology Certificate | 7 | 6 | 5 | 79 | 89 | 61 | 2 | 3 | 1 |
| AAS | EPR | Entrepreneurship | 11 | 7 | 8 | 176 | 51 | 110 | 0 | 1 | 1 |
| CERT | EPRC | Entrepreneurship Certificate | 2 | 1 | 1 | 39 | 23 | 34 | 0 | 0 | 0 |
| AA | GST | General Studies | 1130 | 1039 | 1022 | 19023 | 17946 | 16754 | 192 | 168 | 174 |
| AAS | HIT | Health Information Technology | 0 | 1 | 23 | 0 | 9 | 286 | 0 | 0 | 0 |
| CERT | HITC | Cert in Medical Coding | 0 | 3 | 0 | 0 | 66 | 0 | 0 | 0 | 0 |
| AA | HLHP | Health Professions | 0 | 0 | 2 | 0 | 0 | 6 | 0 | 0 | 0 |
| AAS | HLTH | Allied Health | 17 | 9 | 6 | 168 | 53 | 62 | 1 | 0 | 0 |
| AAS | LWE | Law Enforcement | 203 | 156 | 28 | 4523 | 3495 | 312 | 4 | 7 | 1 |
| AS | NUR | Nursing | 98 | 105 | 120 | 1889 | 2230 | 2076 | 34 | 43 | 41 |
| CERT | PLSC | Certificate in Plant Science | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| AAS | RSC | Respiratory Care | 24 | 17 | 20 | 341 | 492 | 427 | 11 | 1 | 10 |
| AAS | TEC | Technology | 20 | 20 | 17 | 300 | 309 | 246 | 3 | 3 | 1 |
| AAS | VIT | Viticulture | 7 | 4 | 7 | 51 | 60 | 35 | 1 | 2 | 1 |
| CERT | VITC | Viticulture | 6 | 2 | 2 | 27 | 13 | 29 | 1 | 1 | 1 |
| AAS | WINE | Wine Business & Entrep | 0 | 0 | 1 | 0 | 0 | 9 | 0 | 0 | 0 |
| CERT | WLIF | Cert in Wildlife Management | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
|  |  | ***Total*** | 2058 | 1934 | 1769 | 34384 | 32684 | 27864 | 294 | 304 | 293 |
| † Enrollment is the count of distinct students per academic year; degree-seeking only | | | | |  |  |  |  |  |  |  |
| \* Credit hours include only completed courses with a final grade; does not include audit, incomplete or withdraw; includes all credit hours generated by students in a major | | | | | | | | | | | |
| + Completions are the number of distinct awards conferred, students may be duplicated | | | | | |  |  |  |  |  |  |

Appendix Two: 2016 Program Assessment Reports

**Missouri State University – West Plains**

**Internal Academic Program Review**

**Respiratory Care**

**October 4, 2016-Committee Review**

**October 26, 2016-Division Chair Review**

**November 11, 2016-Assessment Committee Meeting**

I have received the Findings of the Program Review Committee from October 4, 2016 to assess for effectiveness, quality, and viability of the Respiratory Care Program in response to the program review submitted by the Program Director in May of 2016. I have also received the response from the program director that was submitted on October 26, 2016.

Findings:

* I agree that the mission is clearly defined and articulated
* I agree that the data submitted demonstrates that graduates are finding employment
* The program director and clinical coordinator have worked to increase the clinical partnerships and have done a wonderful job in securing working relationships with these affiliates.
* I concur that recent funding allocations have allowed for instructional resources that would otherwise not been possible
* Provisional accreditation with a self-study due in December
* Student recruitment and retention are in fact affecting the operating budget of the program. Of note, student recruitment and application numbers are down in the nursing program as well.

Questions:

* A deadline date of October 26, 2016 was given to answer supplied questions by the program director. In addition to that response, I would like to add to the report from my perspective:
  + Data for graduate demand-An advisory board meeting is scheduled for 10/27/16. I am not sure if demand and interest are on the agenda. A survey of employers would be beneficial
  + Provisional accreditation-Most RC programs only remain under this heading for 18 months. It is time to proceed to the next level. What does that entail?
    - I am told the program is on track. It is possible that CoARC was waiting for 3 years of graduate data before moving forward.
  + The program operating budget is attached to this report. Currently, there are 3 students in the second year and 7 students in the first year. Tuition and fees from 10 students does not cover the operating expenses even with the increased tuition rate for RSC courses. While other programs on campus do not provide a profit for the university, this program is especially costly.
  + The program faculty offer informational seminars monthly for interested students. They recruit with various media as well.
  + However, the students who do attend the program are successful. They demonstrate an ability to pass the certification exam and employers are pleased with students and graduates. The faculty who direct the program work with graduates even after they complete the program to ensure success on certification exams.

Recommendations:

* Seek input from advisory board on possible recruitment solutions or possible funding sources until student enrollment increases
* Seek input from faculty senate on academic feasibility. Consider program review requirements from MDHE. I am concerned that the requirement for 20 graduates per year for rolling 3-year trend will not be supported by the program enrollment and MDHE will encourage program closure.
* Seek input from MSU-WP administration after receiving recommendations from assessment committee, advisory boards, faculty senate and other stakeholders in feasibility of program continuation at the current status
* Consider consortium agreements with other institutions.
* Investigate grant opportunities
* Most importantly, if this program is to continue it MUST complete the accreditation process in a timely manner.
* Currently, I am told that there are a possible 8 students awaiting admission for the upcoming cohort. I would recommend revisiting the data in one year to review student recruitment and retention at that time.

Sincerely,

Amy Ackerson, MSN, RN

Division Chair for Nursing and Allied Health

Missouri State University-West Plains

November 11, 2016:

* Program Review findings reported to Assessment Committee
* Assessment Committee votes to request RC program review in one year to revisit status of enrollment and accreditation procedures

Amy Ackerson, Assessment chair

**Respiratory Care Response**

**October 25, 2016**

Questions and Recommendations:

* Would like more data concerning the area demand for graduates of this program.
  + Please note attached open positions/needs analysis in a two hour radius of West Plains.
  + Two close Respiratory programs have closed (Rolla, MO and ASU-Mtn. Home).
* Why is this program still provisionally accredited? Would like to see them apply for full-accreditation.
  + The Commission on Accreditation for Respiratory Care (CoARC) has a very specific flowchart for obtaining accreditation. This program is on track to become fully accredited in the future.
* The program should seek input (and funding?) from their partners concerning recruitment initiatives and incentives.
  + Advisory committee members include Clinical affiliates who have contributed both equipment and funding for the program when it was first started. Clinical sites were also encouraged to send students for training. Initiatives and incentives can be revisited during our next Advisory Committee meeting on October 27, 2016.
  + We (Respiratory Care) have done the following to recruit students: radio spots, Red Carpet days, high school visits, career fairs, newspaper ads, digital signage, stall study and campus news.
* If enrollment doesn’t increase soon, the program’s viability will be in question.
  + We have graduated 2 cohorts at this time. There were 13 graduates in 2013 and 10 graduates in 2015. The third class began with 8 students and we are on target to graduate 3 in December 2016. This is a troubling statistic; however, one that should not be repeated in the future. We have had 0 attrition in the 4th cohort due to graduate in December 2017.
  + Respiratory program applicants are down across the nation as evidenced by CoARC’s annual report. We believe that we will see our numbers increase in the future for a number of reasons. There are 2 relatively close Respiratory programs that have closed within the past year. According to our survey/needs assessment there are 35 hospital/durable medical equipment companies in need of Respiratory Therapists within a 2 hour radius of West Plains.

With continued success in credentialing and in job placement, we anticipate an increase in the applicant pool for this program.

Appendix Three: Advisory Panel Recommendations

**MSU-WP Respiratory Care Advisory Committee Meeting Minutes**

**Oct 27, 2016 1200 Noon**

**MSU-West Plains Respiratory Classroom L205**

Present: Cindy Smith – RC Program Director

Aimee Green – RC Program DCE

Dr. Juan Mella-RC Program Medical Director

Ruth Nabors – OMC/MSU

Marilyn Clinton-OMC RC Dept. Manager

Janna Brown – Asst. Director Cox Medical Center

Cheryl A. Hoerr – Phelps County Regional Medical Center

Amy Ackerson – Division Chair, Nursing and Allied Health

Dawn Hicks-West Plains County Health Dept.

Richard Cotter-SHC-EMS-Education Director

Jack Bates – RN-Education Coordinator Air Evac Life Team

Suezette Hicks – Black River Technical College, RC Program Director

Mariam Johnson-MMV-RC Dept. Manager

Erika Duncan-RC MSU Student

Derrick Plumb-Baxter/MSU

Tim Kimball-OMC Surgery Coordinator

|  |  |  |
| --- | --- | --- |
| **Topic** | **Discussion** | **Action / Responsibility** |
| Welcome & Introductions | Cindy opened the meeting and welcomed everyone |  |
| Old Business | None |  |
| Open Discussion | **Program Update:**   * New Cohort Started in Jan 2016 with 7 students with graduation in Dec 2017 * Current cohort will graduates 3 in Dec 2016 * Currently recruiting for next cohort to begin in Jan 2017.   **CoARC:**   * Members are asked to complete the Personnel-Program Resource Surveys * Current accreditation with CoARC is still provisional. * MSU RC program does anticipate a survey from CoARC in 2017.   **Program Goals and Standards:**   * Cindy read the program goals and standards   **Clinical Scheduling/Clinical Preparation:**   * Ruth discussed students need more preparation before arriving at clinical sites. Ruth also discusses need for better interaction between preceptors and students * DCE-Aimee Clinical schedules changes were discussed * Richard-SHC discussed educational collaboration ideas between SHC EMS and MSU RC. * Suezette discussed some of her programs processes. Going to nursing home before going to clinical sites.   **Recruiting:**   * DCE-Aimee discussed the need for help with recruitment for the next class and future classes. Discussed the impact to the affiliates if student numbers do not come up. Discussed have done 6 open houses, multiple radio spots, on campus notification, email notification to students, email notification to advisors, attended all red carpet day events, and careers fairs in the community. Aimee discussed need for help with program recruitment and community visibility * Cheryl discussed having material available in the affiliated RC departments to hand out to perspective students. * Suzette discussed going to classes on campus and making short presentations. * Dawn discussed posting recruitment material on community bulletin boards. * Needs assessment was discussed | Members complete the CoARC survey  All members approved goals as written  .  DCE-Aimee polled the present affiliates about changes the student schedules to 12 hours shifts. Managers present agreed to the change.  DCE-Aimee made plans to approach a community nursing home about student clinical preparations  DCE-Aimee further planned clinical experiences with SHC EMS collaboration.  Ruth-MSU to take minutes at meetings  PD-Cindy would get material from AARC for distribution to clinical sites  DCE-Aimee would make classroom presentations and more flyers for campus recruitment and community bulletin boards.  Affiliates would help with recruiting in their facilities. |
| Meeting Conclusion & Follow-Up | Members thanked for attendance, hard work, and support |  |
| Next Meeting | Fall 2017-TBD | Members will be notified of the next advisory meeting |

1. Not unique count; contains overlap from students with major changes/multiple degrees. [↑](#footnote-ref-1)