



Foothill has amazing faculty, staff, administrators, and programs. Program Review is about documenting the discussions and plans you have for sustaining and improving student success in your program. It is also about linking your plans to decisions about resource allocations. Thank you for taking the time to review your program and sharing your findings with the college community!

Program Review Committee Members for 2017-18:

- Administrators { Andrew LaManque
Paul Starer
Teresa Ong
 - Classified Staff { Craig Gawlick
Jackie Brown
Melia Arken
Elaine Kuo (Ex Officio)
 - Faculty { Carolyn Holcroft
Bruce McLeod
K Allison
- Meezan;

Let us know how we can help you!

<https://foothill.edu/staff/irs/programplans/index.php>

COMPREHENSIVE INSTRUCTIONAL PROGRAM REVIEW TEMPLATE 2017

BASIC PROGRAM INFORMATION

Department Name:

Division Name:

Please list all team members who participated in this Program Review:

Name	Department	Position
Brenda Hanning	Respiratory Therapy	Program Director

Number of Full Time Faculty: **Number of Part Time Faculty:**

Please list all existing Classified positions:*Example: Administrative Assistant I*

List all programs covered by this review and indicate the program type:

Respiratory Therapy	Certificate	AA / AS	AD-T	Pathway
	Certificate	AA / AS	AD-T	Pathway
	Certificate	AA / AS	AD-T	Pathway

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	Certificate	AA / AS	AD-T	Pathway
	Certificate	AA / AS	AD-T	Pathway

Not sure? Check: <https://foothill.edu/programs/> and click to sort using the “Areas of study/Divisions” button
Current pathways at Foothill College include: ESLL, NCEL, ENGL pathways (ENGL 209-110-1A; ENGL 209-1A; ENGL 1S/1T); MATH pathways (NCBS 401A/B; MATH 235-230-220-105; MATH 217-57).

SECTION 1: PROGRAM ENROLLMENT, PRODUCTIVITY, AND COMPLETION

Data for certificates and degrees will be posted on Institutional Research’s [website](#) for all measures except non-transcriptable completion.

1A. Analysis of Transcriptable Program Completion Data: Please use your data to complete the following table.

Transcriptable Program	Five-year trend in degrees/certificates awarded	Comments
e.g. Associate Degree for Transfer	The number AD-Ts awarded has been steadily increasing each year, up to a high of 39 degrees awarded in 16-17	We are pleased to see this trend and believe it will continue as more students pursue AD-Ts
Associate Degree in Respiratory Therapy	Trend is constant with the program graduating an estimated 24 students each year.	This trend can be supported as long as we continue to procure enough clinical placements for our students.
Interventional pulmonology assistant program	This is a new program for which state approval is being sought. There isn't five year trend data yet. There is growing interest in this new field of study and clinical affiliates have expressed the need for training in this arena. Facilities such as El Camino Hospital, Stanford Hospital, O'Connor Hospital and others are performing more of these highly skilled procedures and are in need of faculty that are trained in this area. El Camino Hospital has collaborated with Foothill College to ensure that the curriculum meets the needs and fully supports the goals of the program. Based on initial interest and growing number of inquiries we anticipate that this program will grow in attendance.	This credential boosts potential for job advancement in the field of respiratory therapy and specifically for facilities performing interventional pulmonology procedures and interventional pulmonology centers.

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*according to CCCApply data

1B. Non-Transcriptable Program Data: If your program offers any non-transcriptable programs, please complete the following table. Institutional Research does not track this data; each program is responsible for tracking its own data.

Non-Transcriptable Program	Comments	Five-year trend	Rationale for program

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The 2017-18 College Strategic Objectives (E²SG) operationalize the college's 3 EMP goals and include:

Equity– Develop an integrated plan; identify goals for alignment with equity, student success, and basic skills; and focus on efforts to integrate with enrollment strategies (access, retention, and persistence) to close equity gaps while increasing enrollments at the same.

Enrollment Growth – Achieve more than 1.5% FTES growth at 500 productivity (+/- 25) with attention to integrating equity efforts related to enrollment, CTE, and Sunnyvale Center.

1C. Course Enrollment: Enrollment is a count of every student who received a final grade (A, B, C, D, F, P, NP, W) in your program's courses. It also serves as an indicator for program viability. Please use your program review data to examine your course enrollment trends and check the appropriate box below.

The link to the program review data tool can be found on the Employee tab of the portal: myportal.fhda.edu (Program Review Application).

5-year Enrollment Trend: X Increase Steady/No Change Decrease

Our college goal is to increase enrollment by 1.5% FTES this year. What steps might you take to increase the numbers of students enrolling in your courses? Steps might include cross department collaborations, actions to increase retention, service learning projects, support for student clubs, participation at recruitment events, examination of pre-requisites, review of assessment results, etc.

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Student demand for the Respiratory Therapy program is strong with often 175-225 applicants each year. However, the program is restricted in cohort size by (1) the accrediting agency which evaluates program facility size and number of full time faculty (2) the availability of clinical placement spots and (3) balancing the demand for respiratory therapist in the bay area job market. Given these constraints, the current cohort size is 28.

The primary barrier to increasing the cohort size is the lack of clinical placements. This has become even more complex in recent years as competition from other schools has increased, hospital census is sometimes low, and other internal challenges at our affiliates have led to a decrease in the number of clinical spots granted for our students. Despite these challenges, we are working diligently to maximize the number of spots we have for our students. We have hired a new Director of Clinical Education who will do outreach to local hospitals to (1) ensure that the maximum number of students are placed at each hospital that we currently have contracts with and (2) increase the number of hospitals affiliated with the Respiratory Therapy program at Foothill College.

Despite these challenges, census enrollment data shows 5-year increase of 0.4%.

A new initiative in our department which will increase enrollment is the development of the Interventional Pulmonology Certificate, an 18 unit transcriptable certificate for licensed health care providers including respiratory therapists, nurses and physicians assistants. This is an “upscale” certificate consisting of 8 courses which would lead to more job opportunities and possible promotions in the clinic setting for these healthcare professionals. The first cohort (n=27) began in summer 2017 and the last class will be taught in spring 2018. This new certificate will increase FTES in our department. Discussions are ongoing with marketing to strategically market this online certificate nationally. We believe we are the first in the nation to develop this certificate and believe that with the growing field of interventional pulmonology, the demand will be strong.

Another change will be to make the RSPT 200L course mandatory for any student applying to the program. Each year, we have a certain number of students leave the program because they did not understand the rigor or actual job role of a respiratory therapist in the clinic. This course provides an introductory look at Respiratory Therapy and reviews the role of the respiratory therapist, areas of specialization in the field, educational requirements and future outlook. Clinical tasks and skills are also introduced. Thus making the RSPT200L course mandatory should decrease attrition and also increase enrollment.

1E. Productivity: Productivity is a measure of students served per full-time equivalent faculty and is a factor in program viability. Please use your program review data sheet to examine your productivity trends and check the appropriate box below.

5-year Program Productivity Trend: Increase Steady/No Change X Decrease

The college productivity goal is **500 (+-25)**. There are many factors that affect productivity (i.e. seat count/facilities/accreditation restrictions, curriculum, etc.). Please discuss factors that may be affecting your program’s productivity trends and any plans you have for addressing the trends, especially if they are declining.

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Program productivity has declined but it is anticipated that the addition of the interventional pulmonology certificate this year will help offset this decrease in the coming years. Furthermore, making the RSPT 200L courses mandatory will also increase enrollment and likely decrease attrition as students will have a better appreciation of the demands of the Respiratory Therapy program prior to entering the program.

Additionally, the productivity data for the respiratory therapy program does not take into account AHS 50A, AHS 50B, and AHS 50C. Several more courses will be transferred over from RSPT to AHS in the future. Data for these courses should be included factored in when calculating productivity.

SECTION 2: COURSE COMPLETION & STUDENT ACHIEVEMENT

2A. Institutional Standard: This percentage represents the lowest course completion (success) rate deemed acceptable by the College’s accrediting body (ACCJC). The institutional standard during the year for which this program review is being written (2016-17) is **57%**.

Please check the appropriate box:

Program Level Course Completion: Above Standard At Standard Below Standard

If your program’s course completion (success) rates are below the institutional standard (see above), please discuss your program objectives aimed at addressing this.

The program’s course completion and achievement is well above that of the institution. The program has very low attrition with > 97% overall course success rate, and without any discernible differences between targeted and non-targeted groups.

2B. Institutional Effectiveness (IEPI) Goal: This percentage represents an aspirational goal for course completion (success) rates; all programs should strive to reach/surpass this goal. The IEPI goal for which this program review is being written (2016-17) is **77%**.

Please check the appropriate box:

Program Level Course Completion: Above Goal At Goal Below Goal

If your program’s course completion (success) rate is **ABOVE** the IEPI goal, please share your thoughts about why/how this is so (we hope to learn from your effective practices!).

The respiratory therapy program provides support for students both in the classroom and in the clinical setting. Faculty have consistently identified students who are struggling and tutoring and other forms of assistance has been consistently provided.

2C. Course Success Demographics: Please examine the “Disproportionate Impact data by year” shared with your department and discuss actions you are taking, or plan to take, to address any achievement disparities identified in your program. If you are uncertain about actions faculty can take, please take a look at Appendix A.

<https://foothill.edu/staff/irs/programplans/docs/appendix-a.pdf>

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The course success comparison for targeted and non-targeted groups shows 99% vs. 100%. This is well above the institutional goals and shows that as a program the achievement gap between targeted groups and non-targeted groups does not exist.

Be sure to include the resources you need to implement or sustain your action plans in Section 3.

2E. Faculty Discussion: Course-Level Outcomes: Please share examples of how assessment and reflection of course-level Student Learning Outcomes (CL-SLOs) has led to changes in curriculum or teaching.

The course level SLOs for RSPT 200L have been evaluated and new changes will be proposed and brought to the advisory committee members for discussion and recommendations. The enrollment trend for this course has been steadily declining and course completion is low compared to all of the courses that are part of the respiratory program. While this course is stand alone and open to any student, it does serve an important role in introducing students to the field of respiratory therapy and could impact future application trends.

2E. Faculty Discussion: Program-Level Outcomes: Please provide examples of what is being done at the program-level to assist students in achieving your Program-Level Learning Outcomes, degree/certificate completion, and/or transferring to a four-year institution (e.g. review of progress through the program, “career days”/open houses, mentoring, education pathways (clear, structured academic program maps (suggested courses for each term) for all academic programs), etc.). If your program has other program-level outcomes assessments (beyond SLOs and labor market data), discuss how that information has been used to make program changes and/or improvements.

The program continues to have one of the highest success rates in the state in regards to board exam success. This places the program in the top 17% nationally. In 2016 the program was one of 8 out of 38 programs in California that received this ranking. In 2015, the program was one of 6. Only one other program has received this award every year since its inception in 2011. Other areas of achievement include low attrition at 9.5%, with the national average currently at 18.5%, and the allowable threshold at 40%. Employer and graduate satisfaction data as gathered by program accreditation report surveys shows 100% satisfaction. On-time graduation for the program is over 97% compared to the national average at 70%.

**Please attach Course and Program-Level Outcomes (Four Column Report from TracDat).
Contact the Office of Instruction if you need help.**

If your department has a Workforce/CTE program, please complete Section 2F.

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If your department does not have a Workforce/CTE program, please skip to Section 3.

2F. Workforce/CTE Programs: Refer to the program review website for labor market data.

What is the regional five-year projected occupational growth for your program?

The projected % change for the period from 2017 to 2020 is 6.1% for the region.

What is being done at the program-level to meet/adjust to the projected labor market changes?

The program enrollment and placement rates have been stable and sufficient to address projected labor market data.

What is being done at the program-level to assist students with job placement and workforce preparedness?

Students receive certifications in neonatal resuscitation (NRP), pediatric advanced life support (PALS), advanced cardiovascular life support (ACLS), and healthcare provider basic life support. These certifications make our students more competitive and prepared for the job market. Students are also assisted with resume building, interviewing skills, and board exam applications. Students attend an annual job fair as a class and are encouraged to network with area representatives at this event.

Be sure to include the resources you need to implement or sustain your action plans in Section 3.

SECTION 3: SUMMARY OF PROGRAM OBJECTIVES & RESOURCE REQUESTS

3A. Past Program Objectives: Please list program objectives (not resource requests) from past program reviews and provide an update by checking the appropriate status box.

1. Maintain program accreditation	Year:	Completed	X Ongoing	No Longer a Goal
2. Increase interprofessional education opportunities which incorporate simulation scenarios	Year:	Completed	X Ongoing	No Longer a Goal

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3. Expand clinical affiliations/sites	Year:	Completed	X Ongoing	No Longer a Goal
4. Maintain faculty expertise in respiratory care and interventional pulmonology	Year:	Completed	X Ongoing	No Longer a Goal
5. Provide educational opportunities that reflect industry standards	Year:	Completed	X Ongoing	No Longer a Goal

Please comment on any challenges or obstacles with ongoing past objectives.

We continue to struggle with a decline in clinical affiliates. We have hired a new Director of Clinical Education whose primary role will be to build relationships with hospitals and increase the number of clinics that accept our students and increase the number of students that each hospital will accept.

Historically, hospitals/clinics were "owned" by the closest community colleges. This was a basic understanding between community colleges and there was no attempts to expand into an adjacent community college's clinic affiliate space. With the decline in enrollment and pressure to increase class size, this has changed. Encroachment into clinic areas that were historically "Foothill College" space occurs regularly and clinics now often take students from multiple programs which results in a decrease in the number of students that they take from our program.

Please provide rationale behind any objectives that are no longer a priority for the program.

3B. Current Program Objectives and Resource Requests: Please list all new and ongoing program objectives based on discussion in Sections 1 and 2, including your objectives to eliminate any achievement disparities in course success for student subgroups (Section 2A). If additional resources are needed, indicate them in the table below. Refer to the Operations Planning Committee (OPC) [website](#) for rubrics and resource allocation information.

Resource Request	Program Objective	Implementation Timeline	Progress Measures	Resource Type Requested*	Estimated cost
	<i>Example: Offer 2 New Courses to Meet Demand</i>	<i>Winter 2016 Term</i>	<i>Course Enrollment</i>		
Hospital Bed	Goal 5	Summer 2018			20,000

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TCM Monitor	Goal 5	Summer 2018			20,000
Gaumard high-fidelity simulator	Goal 5	Summer 2018			96,000
Designated space for clinical simulation equipment and training	Goal 5. The lack of additional space for clinical simulations forces us to work in tight spaces with large equipment which creates a safety hazard.	As soon as possible			?
Dedicated storage space for mechanical ventilators and other equipment	Goal 5. The lack of storage space to house the program equipment could potentially lead to student harm due to space constraints.	As soon as possible			?
Faculty development	Goal 4	Ongoing			8,000

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Interventional pulmonology bronchoscopes and cart	Goal 5. The new IP certificate program will increase enrollment and will provide an opportunity for faculty who seek employment in hospitals that provide this service.	Summer 2018			200,000
Reassign time	Goal 1	Ongoing			?

*Resource type should indicate one of the following: One-time B-budget; Ongoing B-budget augmentation; Facilities/Equipment; New faculty/staff.

3C. Faculty/Staff Position Requests: Please describe the rationale for any new faculty or staff positions your program is requesting:

3D. Unbudgeted Reassigned Time: Please list and provide rationale for requested reassign time.

Increase release time to 50% to comply with accreditation citation and recommendations and to fully manage the program and all related responsibilities including, but not limited to: applications, securing contracts, advisory board meetings, curriculum updates, hazmat, student health and background requirements, budget requests, grant proposals, accreditation reports yearly, maintaining and ordering equipment, quarterly surveys, department meetings, student licensure applications, PT faculty load contracts, creation of new interventional pulmonology courses and program, and advisor to club.

3E. Please review any resource requests granted over the last five years and whether it facilitated student success.

The Gaumard respiratory simulator has allowed students to manipulate ventilator settings according to changes in compliance and resistance, changes in end-tidal CO₂, and changes in vital signs simulating a real patient environment. The addition of a new ventilator to replace outdated and no longer supported equipment has allowed students to achieve competency managing these life-supporting equipment. Competency with these high tech machines is an important component of the curriculum and necessary to ensure patient safety during clinical rotations.

SECTION 4: PROGRAM SUMMARY

4A. Prior Feedback: Address the concerns or recommendations made in prior program review cycles, including any feedback from the Dean/VP, Program Review Committee (PRC), etc.

Concern/Recommendation	Comments
Enrollment limitations due to clinical placement/spot availability	This continues to be an area of concern. Due to personnel issues outside of our control, little progress was made towards increasing the number of clinical affiliates last year. We have hired a new Director of Clinical Education and our goal is to increase the number of affiliates this year allowing an increase in cohort size for the 2019-2020 entering class. Furthermore, we were approved to hire a third full time faculty for this program. This additional person will also help with identifying new clinical placements.

4B. Summary: What else would you like to highlight about your program (e.g. innovative initiatives, collaborations, community service/outreach projects, etc.)?

At the request of El Camino Hospital, one of our local clinical affiliates, we have developed the Interventional Pulmonology Assistant Certificate. This new 18 unit transcriptable certificate is currently at the California Chancellors Office awaiting approval. The first of 8 classes in the certificate began in summer of 2017 with 27 students in the cohort. We are working with marketing at Foothill College to develop a nationally marketing campaign for this new innovative certificate. Since all but one course is online, it will be a very attractive model for training Interventional Pulmonology Assistants. Marketing the program nationally is a strategic move since the subspecialty of IP initially launched on the east coast. Web searches for job openings in this field repeatedly hit multiple job openings on the east coast combined with increasing demand in the Bay area also. Remarkably, there are multiople training courses for MDs who are pulmonologists , but none are available for the IP assistants. Therefore, we believe that the demand for an online course for IP assistants would be significant.

SECTION 6: FEEDBACK AND FOLLOW-UP

This section is for the Dean/Supervising Administrator to provide feedback.

6A. Strengths and successes of the program as evidenced by the data and analysis:

The respiratory therapy program is one of the most popular programs in our division. They regularly have 6-8 times more applicants than they can accept.

There is no equity gap for students in the Respiratory Therapy program. All students succeed (>95%) regardless of race, gender, SES or any other demographic identifier.

The program has high retention and 100% pass rates on national exams.

The job demand for Respiratory Therapists is high, they have high proportion of students employed within the first year of graduation and graduates earn a living wage right out of school.

The program director is commended for development of the innovative new certificate entitled "Interventional Pulmonology Assistant Certificate". This will be our first certificate to be marketed nationally and reflects a commitment to the advancement of the discipline of Respiratory Therapy.

6B. Areas of concern, if any:

Instability in clinical placements continues to be an issue. Currently the class size is stable at 27, but productivity has declined.

6C. Recommendations for improvement:

Continued recruitment of new clinic sites is recommended. Since the job market is strong for these graduates and the applicant pool is so large, building the program out maximally is critical.

The program director is encouraged to prioritize the launch of the IP certificate nationally. This 8 course certificate is comprised on 7 online courses and one lab course that is face to face. The program director is encouraged to develop strategies to convert the face to face lab course into a fully online course in collaboration with Judy Baker and her team. This will enhance the appeal of the certificate in areas remote to the Foothill Campus and provide access to health care professionals outside of the Foothill College footprint.

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6D. Recommended Next Steps:

Proceed as Planned on Program Review Schedule
Further Review / Out-of-Cycle In-Depth Review

This section is for the Vice President/President to provide feedback.

6E. Strengths and successes of the program as evidenced by the data and analysis:

6F. Areas of concern, if any:

6G. Recommendations for improvement:

6H. Recommended Next Steps:

Proceed as Planned on Program Review Schedule
Further Review / Out-of-Cycle In-Depth Review

Upon completion of Section 6, the Program Review document should be returned to department faculty/staff for review, then submitted to the Office of Instruction and Institutional Research for public posting. Please refer to the Program Review timeline.