



Los Angeles Valley College

PROGRAM REVIEW

RESPIRATORY THERAPY PROGRAM

Version 2.01.01



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LOS ANGELES VALLEY COLLEGE

PROGRAM REVIEW SIGNATURE/TITLE PAGE

DISCIPLINE: RESPIRATORY THERAPY

PROGRAM NAME: RESPIRATORY THERAPY

DEPARTMENT NAME: HEALTH SCIENCE

DATE of REVIEW: DECEMBER 5th 2008

REVIEW COMMITTEE:

Department Chair and Program Review Chair: MARY COX DEPARTMENT CHAIR HEALTH SCIENCES

Program Review Committee Members:

1. GREGORY MORRISON BS. RRT RT PROGRAM DIRECTOR

Dean of Academic Affairs: _____

Vice President of Academic Affairs: _____

Academic Senate Representative: _____

Professional/Academic Representative: _____

**LOS ANGELES VALLEY COLLEGE
CURRICULUM SIGN-OFF SHEET
FOR PROGRAM REVIEW**

Discipline: RESPIRATORY THERAPY

Item	Date Completed
All active course outlines have been updated	May 23 2008
All prerequisite, co requisite, and advisories have been validated	_____ May 23 2008
All inactive courses have been archived	_____ N/A
All Distance Education addenda have be updated (if applicable)	_____ N/A
All TAP addenda have be updated (if applicable)	_____ N/A
All degree and/or certificate requirements have been updated (if necessary)	_____ May 23 2008
All core courses for degrees and/or certificates have been offered at least once every 4 semesters (per Academic Senate motion of 10/21/1999)	_____ May 23 2008

Curriculum Committee Chair Date

Curriculum Dean Date

Articulation Officer Date

Academic Senate President Date

Vice President, Academic Affairs Date

LOS ANGELES VALLEY COLLEGE

PROGRAM REVIEW

Instructional Programs Committee

SIGNATURE PAGE

DISCIPLINE: RESPIRATORY THERAPY

PROGRAM NAME: RESPIRATORY THERAPY

DEPARTMENT NAME: HEALTH SCIENCE

DATE of REVIEW:

INSTRUCTIONAL PROGRAMS COMMITTEE MEMBERS:

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Respiratory Therapy Program Review Executive Summary

The Los Angeles Valley College Respiratory Therapy Department was opened in June 1974 to meet the needs of the hospital community. There was a severe shortage in certified and registered Respiratory Therapists in the Los Angeles area and especially in the San Fernando Valley. This shortage continues nation wide and is expected to increase above the national average until at least 2014 according to the U.S. Board of Labor and statistics. The shortage for Advanced Practitioner Respiratory Therapists who are qualified for work in Critical Care is even greater. The graduates of this program have a pass rate on the State License exam that exceeds the National standards. LAVC graduates continue to be successful in finding employment in our medical community. These graduates typically have several job offers upon graduation from hospitals that include some of the area's most prestigious Medical Centers including UCLA, Cedars Sinai Medical Center and Children's Hospital Los Angeles.

The Respiratory Therapy Program has shown a consistent commitment to excellence. In 1995, the LAVC Respiratory Therapy program was awarded the "Outstanding Vocational Education Program in California." The program's most recent award was the 2007" LACCD Excellence in the Workforce Development "award in for creative use of instructional technology.

The Philosophy of the Program is "To provide an excellent accredited Respiratory Therapist (Advanced Respiratory Care Practitioner) which meets the needs of the community, students and college. The objectives of the program have always been to meet the needs of the students by providing an excellent education and promising career opportunity, meet the hiring needs of the local health care community, and meet the mission of the college by offering a vocational program which provides vision, opportunity, and leadership for the growth of a changing and diverse population.

The Philosophy of the Respiratory Therapy Program is aligned with the College goals as well as the needs of our students and community. Each student is evaluated through out the program at the end of each 8 week clinical Rotation. The student is evaluated on how they apply their communication skills, information competency, reasoning skills, professionalism, teamwork, wellness, and most importantly critical thinking skills in the hospital setting. The students are also challenged by learning to be successful in a diverse cultural setting in both the classroom and in the hospital setting. The college benefits from an increased enrollment and interest in both the RT program and also the applied sciences.

The curriculum of the program and prerequisites have been updated and validated. They include:
Prerequisites – Psychology 1, Chem. 51, Physiology 1, anatomy 1 (Physiology 8 or 9 as an option), microbiology 20, and Physics 5.

1st year open enrollment RT class = RT 1 and RT 2

2nd year clinical internship RT 15, 3,4,5,6,7,8, and 11 which includes lecture, lab and 24 hours of clinical internship at 5 different medical centers each week.

The RT program students still represent a mirror of the college and community. Each class typically represents a wide variety of local and foreign students many of whom are ESL and or economically disadvantaged. These students must enter the program with a proficiency in science, English, and math and a desire to work with others. These students are being trained to work with the most critical patients of all ages and work with a variety of other healthcare professionals in a collaborative setting.

The evaluations during the program include:

Student evaluations – exams, lab demonstrations, computer skills labs, clinical simulations, SCANS clinical evaluations and direct feedback from Program and hospital based clinical instructors.

Program and clinic evaluations – feedback evaluations from students for each course taught, for each instructor and each clinical rotation

The evaluations after the program is completed include:

Passing statistics on state License and national Registry exams, employer surveys on students following 1st year of employment, and student graduate evaluations of the program.

The Faculty of the program include 2 full time (21 hour) assigned instructors. These instructors also currently serve as Program Director and Director of Clinical Education. A Pulmonary Physician also currently serves as the Medical Director of the program and an adjunct instructor. Coarc requires that all accredited RT programs have Program, Clinical Education and Medical directors. These are also several adjunct faculty who teach some of the overload RT 1 and 2 classes, and each clinic provides hospital based clinical instructors who coordinate the training evaluation of the students while they are in the hospital.

The external factors include 9 Clinical Training Medical Centers. The number of clinical training internships has been increased to a total 30 students for these 9 hospitals. These hospitals and the other local hospitals still report consisting have open employment positions and understaffing problems. The population's increasing age and the medical centers increasing number of critical care and home care patients validate that the need for RT's is only going to increase well beyond 2014.

The facilities of the program currently include Engineering 101 as lecture and lab for 30 2nd year students, Engineering 102 for RT 1 and 2 (enrollment is typically over 40 students) , and Engineering 103 serves an office for the RT program. All RT courses are now on laptops with PowerPoint using an in-focus projector. Computer simulations are now available and students use the computer labs in the engineering building. The RT program is planning on relocating to the new Allied Health Building with in the next 2 years. This includes an office, clinical simulation lab, lecture / laboratory for 30 students. The RT program will still need a classroom such as eng 102 that can hold 70 students for RT 1 and RT 2 lectures.

Equipment for the lab has also been significantly upgraded thanks to the work of the program director and support of the college with grants. The lab now offers computer simulated manikins, current mechanical ventilators, and critical care monitoring devices which allowed for the labs to be upgraded providing even more problem solving experiments. These labs are designed to be group dynamic problem solving and feedback driven experiences. Group clinical simulation is now the preferred training and continuing education technique used by medical centers to improve their staff's teamwork and competency skills.

Enrollment and general student interest in the RT program has greatly increased thanks to the successful marketing by the Program Director and the increasing job market. In 2004 there were only 5 graduates. Since then the number of graduates has been increasing each year (# of graduates > 24 the last 2 years). The Clinical internship enrollment was increased to a maximum of 30 this year. A formal application process was developed this year as well because the program for the first time had more (40) qualified applicants than we had clinical internships and resources for. Next year looks to have even more applicants based on higher enrollment in RT 1 and 2 this year.

The LAVC RT program has always met the requirements of all CoARC accredited programs with successful passing license exam rates and student employment. The previous program objectives: increase student enrollment and upgrade computer and lab equipment to current standards have been successful met as well. Maintaining these objectives should still be a priority. The RT program's next objectives should be to exam ways to meet the increasing enrollment and still maintain the high standard of excellence we have consistently offered. This should involve evaluating the available clinical

internship positions at the local medical centers, college's resources, and possibly revising the program curriculum and course schedule. The LAVC RT program is an example of a win-win partnership between the college, community, medical centers, and students.

History, Mission, and Philosophy of the Respiratory Therapy Program

History of the Respiratory Therapy Program

The Los Angeles Valley College Respiratory Therapy Program was created in June 1974 as a result of a severe shortage in trained and accredited (Certified Respiratory Therapist – CRT – entry level and Registered Respiratory Therapists – RRT – advanced level) in the Los Angeles and San Fernando Valley area hospitals. They employed approximately 600 RT's. Of these RT's only 6 were registered and 30 were certified. This was before California established a state license for all RT's in the 1980's that required completion of an accredited entry or advanced level RT program and passing the National Board of Respiratory Care (NBRC) Certification Exam (CRT) exam. Graduates from an advanced level program were eligible to take the higher level Registered Respiratory Therapist (RRT) exams which included 2 exams, a didactic exam followed by a clinical simulation exam (which replaced oral exams). In 2001, the California RCB and NBRC required an Associates Degree, completion from an accredited RT Program, and passing the (NBRC) in order to obtain a license and credential. Historically until 2001, there were a large number of entry level CRT's graduating from private schools and a shortage on advanced level graduate RRT's.

These changes in licensure and the ever increasing shortage in the hospitals for advanced level RT's have created a significant increase in interest and enrollment in the LAVC RT program. The goals of every RT program is that its graduates pass the Certification exam and obtain both a license and employment. The LAVC RT program graduates have always exceeded the passing standard for both the CRT and RRT exams. These graduates have also been very successful in obtaining employment in the local area hospitals.

Job Market

Respiratory therapists held about 118,000 jobs in 2004. More than 4 out of 5 jobs were in hospital departments of respiratory care, anesthesiology, or pulmonary medicine. Most of the remaining jobs were in offices of physicians or other health practitioners, consumer-goods rental firms that supply respiratory equipment for home use, nursing care facilities, and home health care services. Holding a second job is relatively common for respiratory therapists. About 13 percent held another job, compared with 5 percent of workers in all occupations.

Job opportunities are expected to be very good, especially for respiratory therapists with cardiopulmonary care skills or experience working with infants. Employment of respiratory therapists is expected to increase faster than average for all occupations through the year 2014, because of substantial growth in the numbers of the middle-aged and elderly population—a development that will heighten the incidence of cardiopulmonary disease—and because of the expanding role of respiratory therapists in the early detection of pulmonary disorders, case management, disease prevention, and emergency care.

Older Americans suffer most from respiratory ailments and cardiopulmonary diseases such as pneumonia, chronic bronchitis, emphysema, and heart disease. As their numbers increase, the need for respiratory therapists will increase as well. In addition, advances in inhaled medications and in the treatment of lung transplant patients, heart attack and accident victims, and premature infants (many of whom are dependent on a ventilator during part of their treatment) will increase the demand for the services of respiratory care practitioners.

Although hospitals will continue to employ the vast majority of therapists, a growing number can expect to work outside of hospitals in home health care services, offices of physicians or other health practitioners, or consumer-goods rental firms. Median annual earnings of respiratory therapists were

\$43,140 in May 2004. The middle 50 percent earned between \$37,650 and \$50,860. The lowest 10 percent earned less than \$32,220, and the highest 10 percent earned more than \$57,580. In general medical and surgical hospitals, median annual earnings of respiratory therapists were \$43,140 in May 2004.

Median annual earnings of respiratory therapy technicians were \$36,740 in May 2004. The middle 50 percent earned between \$30,490 and \$43,830. The lowest 10 percent earned less than \$24,640, and the highest 10 percent earned more than \$52,280. Median annual earnings of respiratory therapy technicians employed in general medical and surgical hospitals were \$36,990 in May 2004. (* U.S. Department of Labor Bureau of Labor Statistics). These are national salary ranges – typical salary ranges for new advanced level graduates in the Los Angeles and San Fernando Valley area medical centers last year were \$40 - \$50,000 per year increasing annually by 5 – 10 %. Many facilities are also offering sign on bonuses from \$5 - \$10,000 and full benefits.

Formal training is necessary for entry into this field. Training is offered at the postsecondary level by colleges and universities, medical schools, vocational-technical institutes, and the Armed Forces. An associate's degree is required for entry into the field. Most programs award associate's or bachelor's degrees and prepare graduates for jobs as advanced respiratory therapists. A limited number of associate's degree programs lead to jobs as entry-level respiratory therapists. According to the Commission on Accreditation of Allied Health Education Programs (CAAHEP), 51 entry-level and 329 advanced respiratory therapy programs were accredited in the United States, including Puerto Rico, in 2005.

Philosophy

The philosophy of the Respiratory Therapy Program as it relates to the college's mission and goals is:

To provide an excellent, accredited Respiratory Therapy (Advanced Respiratory Care Practitioner) Program, which meets the needs of the community, the students and the college?

MISSION STATEMENT

The Respiratory Therapy Program will provide advanced level Respiratory Therapy training using a combination of commitment to excellence, collaboration, state of the art laboratory equipment, and clinical simulation skills assessment. The respiratory therapy program's resources will be used in partnership to meet the needs of our community, students, Medical Centers, and college by providing the following:

Students: RT students will receive advanced level training that will enable them to pass all state required NBRC exams to obtain a license and to obtain employment in a medical center. The students will be trained and evaluated in competency, critical thinking skills, communication skills, and professionalism in both the classroom and hospital setting.

Community: The program will provide the community with a vocational opportunity for its students and well trained healthcare personnel working in the local hospitals.

Medical Centers: The program will provide hospitals with a supply of well trained advanced level RCP's to meet their employment needs.

College: The RT program will augment the enrollment and matriculation of science and vocational minded students.

RT Program Goals and Objectives – these goals and objectives are aligned with the college’s Wide SLO’s which include Communication skills, Information Competency, Historical Perspectives and Cultural Diversity, Reasoning skills, Civic Responsibilities, and Health and Wellness. The expected growth of the RT program is in direct alignment with the L.A.C.C.D master plan objective to increase student access to technology and vocational programs. The L.A.C.C.D specifically identified Respiratory Therapy as one of the technology and vocational programs that needs to expand to meet the rapidly growing student interest and job market.

Goal 1: To prepare students as competent advanced-practice therapists.

Objective(s):

- 1a. upon completion of the program, the student will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their role as an entry-level and/or advanced-practice therapist (knowledge domain).

Evaluation Instruments: Instructor-made summative evaluations, standardized exams, employer surveys, and graduate surveys.

- 1b. upon completion of the program, the student will demonstrate the technical proficiency in all the skills necessary to fulfill the role as an entry-level and/or advanced-practice therapist (psychomotor domain).

Evaluation Instruments: Instructor-made, competency based, summative proficiency evaluations; summative evaluations of clinical performance; employer surveys; and graduate surveys.

- 1c. upon completion of the program, the student will demonstrate teamwork and professional behavior consistent with employer expectations for the entry-level and/or advanced-practice therapist (affective domain).

- 1d. the student will demonstrate critical thinking skills in applying respiratory therapy and pathophysiology knowledge and skills to patient assessment and patient care.

- 1e. the student will demonstrate successful communication skills in the patient care setting by collaborating with other trained health care professionals.

- 1f. the student will demonstrate and act as an advocate for the patient’s rights in a diverse cultural environment

Evaluation Instruments: Summative exams of clinical affective performance; employer surveys; and graduate surveys.

Goal 2: To fulfill the need for Advanced Respiratory Care Practitioners in our community.

Objective(s):

- 2a. upon graduation, all students will assume positions as Respiratory Care Practitioners (RCP's) in hospitals without additional technical training.

Evaluation Instruments: Graduate surveys and employer surveys.

- 2b. the number of vacant employment positions for RCP's) will remain stable or decrease in the hospitals in the (country, region, etc.).

Evaluation Instruments: Respiratory Care department surveys; hospital administrator surveys; and local job listings in newspaper and internet

Goal 3. Increase Enrollment in RT program:

(These Previous objectives and recommendations are based on last Program Review and CoARC accreditation in 2002)

Objective -.Increase enrollment – this has been successful due to marketing efforts by the program director and the increase in demand for advanced level RT's nation wide and locally. Enrollment has dramatically increased since 2004. This year enrollment is at all time high at 100% capacity.

Evaluation – student enrollment and graduation rates.

Goal 4 . Update Lab equipment and computer skills labs.

Objective - .Update Lab equipment and computer skills labs – all courses are on laptop with PowerPoint presentations using in-focus projectors. Program director and college secured grants to purchase new lab equipment i.e. Ventilators and monitors, and computer self assessment exams to prepare for CRT and RRT exams. Complete new Allied health Building Lab (Fall 2008) which includes a Critical Care RT simulation room with simulation manikin and RT equipment.

Future Department Goals and Objectives – in order to meet the increasing demands of our college, students, hospitals, and the community the Program should evaluate its current course and curriculum schedule, available clinical site locations and internships, additional faculty, and costs in order to:

- 1a. Increase enrollment and necessary resources to address increasing number of applicants by establishing a 2nd cohort of RT 15 students to enter in o clinical training phase of the program.

Evaluation – Increase in clinical rotations, student enrollment and graduation rates

- 1b. Evaluate and revise curriculum and course schedule to accommodate new standards and enrollment issues – While course content and objectives are revised and meet current standards the current curriculum and schedule is virtually unchanged since the program was started.

Evaluation – student enrollment and accreditation. Review curriculum of other RT programs.

1c. Develop online RT classes starting with RT 1.

Evaluation – RT 1 class online for Fall 2009.

1d. Establish formal budget for Respiratory Therapy Department to meet CoARC accreditation standard. CoARC onsite visit April 2008 reported that current AHS budget did not meet CoARC standards because a separate RT budget did not exist in AHS budget.

Evaluation- Formal budget established and approved by March 2009 CoARC progress report.

Respiratory Therapy Program Description

The LAVC Respiratory Therapy Program represents a win-win partnership between the college, community, students, and medical centers. The community needs qualified healthcare providers. The National Institute of Health (NIH) in 2001 released some startling survey results. They reported that in 2001 there almost 100,000 deaths in the united states due to medical errors. Medical error is now the 5th leading cause of death in the united states. The college needs to increase enrollment and vocational training is going to be a significant option for many students who do not have the resources or goals of transferring to a 4 year university. The students have an opportunity (especially students with previous degrees or medical experience) to acquire a licensed career that will allow them to work anywhere in the country with a wide variety of job opportunities starting at \$40 - \$50,000 annually. The medical centers are all reporting serious staffing shortages which is costing them millions of dollars in expensive temporary staffing registries, overtime, and delays in service. The changes in Licensure requiring an AA or AS degree, and the increasing healthcare shortage especially in critical care have placed LAVC's RT advanced level graduates in high demand. LAVC RT program has always had an excellent reputation. The enrollment has grown to a point where, similar to nursing programs, we find ourselves unable to accommodate all of our qualified applicants. The RT program now has a formal application process approved by administration effective September 2007. (attached to appendices).

Curriculum

The Respiratory Therapy Course Contents and objectives are updated. The course content and objectives are consistent with the objectives required by the CoARC, NRBC and all other accredited organizations that are associated with the program.

ACCREDITATION

- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
Accredited on September 19th 2008 – based on April 14th 2008 onsite CoARC. Next onsite visit will be no later than 2017
- Commission on Accreditation of Respiratory Care Education Programs (CoARC) Accredited on September 19th 2008 – based on April 14th 2008 onsite CoARC. Next onsite visit will be no later than 2017 – coarc.com)
- National Board for Respiratory Care (NBRC) - Examination Eligibility: Certified Respiratory Therapist (CRT) Registered Respiratory Therapist (RRT). Annual certification cycle renewed every January.
- California Respiratory Care Board (RCB) Licensed Respiratory Care Practitioner. Issues RT License upon completion of AS degree, RT Program and NBRC CRT exam
- Lambda Beta Respiratory Care Honor Society - Charter Chapter . Annual membership

RESPIRATORY THERAPY PROGRAM CURRICULUM

PRE-INTERNSHIP COURSES

Click on the program to Get a Description

Units:

<u>Psychology 1</u>	3
<u>Chemistry 51</u>	5
<u>Physiology 8</u> (or <u>Anatomy 1</u> with <u>Biology 3</u> prerequisite).....	4
<u>Physiology 9</u> (or <u>Physiology 1</u>).....	4
<u>Microbiology 20</u> (<u>Chemistry 51</u> prerequisite).....	4
<u>Physics 5</u> (<u>Math 115</u> prerequisite).....	3
<u>Respiratory Therapy 1</u>	1
<u>Respiratory Therapy 2</u> (only offered in the spring semester).....	4

INTERNSHIP YEAR

Summer:

<u>RT 15...Intro to Clinics</u>	4
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Fall:

<u>RT 3 ...Clinical Applications I</u>9 weeks	5
<u>RT 4 ...Clinical Applications II</u>9 weeks – follows RT 3	5
<u>RT 6 ...Pulmonary Physiology</u>18 weeks	4

Spring:

<u>RT 5 ...Clinical Applications III</u>9 weeks.	5
<u>RT 11 ...Clinical Applications IV</u>9 weeks follows RT 5	5
<u>RT 7 ...Pulmonary Pathophysiology</u> 18 weeks	3
<u>RT 8 ...RT Management</u>18 weeks	1

ASSOCIATE of SCIENCE REQUIREMENTS:

Plan B - Additional 13 Units

**RT 1 – (no prerequisites) Fall and Spring
(18 weeks)**

**RT 2 Spring
18 weeks**

Applications to RT 15 Clinical Internship are submitted

(Corequisites – all pre internship prerequisites must be completed or be concurrently enrolled including:

- Psychology 1.....
- Chemistry 51.....
- Physiology 8 (or Anatomy 1 with Biology 3 prerequisite).....
- Physiology 9 (or Physiology 1).....
- Microbiology 20 (Chemistry 51 prerequisite).....
- Physics 5 (Math 115 prerequisite).....
- Respiratory Therapy 1.....
- Respiratory Therapy 2 (only offered in the spring semester).....

**RT 15 – Summer
5 weeks**
Beginning of Clinical Internship
Prerequisites
RT 1
RT 2
Psychology 1

**RT 3 - Fall
9 weeks**
Prerequisite
RT 15
Corequisite
RT 6 RT 15

**RT 6 Fall
18 Weeks**
Prerequisites
RT 1
RT 2

**RT4 – Fall (following RT 3)
9 weeks**
Prerequisite – RT 3
Corequisite – RT 6

Corequisites
RT 3 and RT 4

**RT 5 – Spring
9 weeks**
Prerequisites
RT 4 and RT 6
Corequisites
RT 7 & RT 8

**RT 7-Spring
18 weeks**
Prerequisites
RT 6
Corequisites
RT 5 & RT 8

**RT 8 - Spring
18 weeks**
Prerequisites
RT 6 & RT 4
Corequisites
RT 5& RT 7 &RT11

RT 11 – Spring 9 weeks (following RT 5)
Prerequisites
RT 5
Corequisite RT 7 & RT 8

**Los Angeles Valley College
Respiratory Therapy
Program Student Learning Outcomes**

LAVC Respiratory Therapy Students

Enrollment Trends:

The number of students enrolling has increased consistently each year since 2004. Spring 2008 RT 2 class had 78 enrolled, 55 complete the course, 40 pass the course and 30 enter into RT 15 clinical internship phase. 5 of these students enrolled at East Los Angeles Community College's RT program . The other 5 hope to enroll next year at LAVC. This fall 2008 110 students have enrolled in RT 1. We expect to have a larger RT 2 enrollment next spring. The action plan is to increase clinical rotations using alternative shift's such as 12 hour shifts or PM (3:00 – 11:00) clinical rotations to establish a 2nd cohort of clinical internship students for summer 2009.

Success Trends:

LAVC RT graduates continue to have exam passing rates that are above CoARC thresholds and above the national averages (see attached CoARC reports). 90% of the graduates have job offers before they graduate for the last 3 years. Attrition rates still run below the CoARC threshold of 30%. The % of RT program graduates students who complete an AS degree has increased Since 2001 when the Respiratory Care Board started requiring an AS degree to obtain a license. The % of RT graduates who obtain a higher degree than an A.S. has not increased significantly which is probably a result of the fact that the RT job market does not require a Bachelor's degree with the exception of administrative or education coordinators.

Diversity: (see attached Data profile)

The RT program seems to mirror LAVC's enrollment in diversity including age. The job market is currently wide open for all age and cultural groups. We have young students attempting their first career as well as students over 50 attempting a career change. Many of our students are family members and friends of former graduates. RT is a job that attracts both men and women and the RT program's % of male and female students seem to be with in a few % each year. CoARC accreditation noted that they were impressed with the RT program's low attrition rate considering we such a large % of ESL students. Each year approximately 50% of the RT students have english as their primary language compared to LAVC 's student body that averages 64%. The RT program also attracts a significant number of students who are graduates from foreign universities and medical schools.

Respiratory Therapy Program 5 year Grid of Course offerings

Course offering grid Fall 2007 – Spring 2012

COURSE	FALL 07	W 08	SP 08	SM 08	FALL 08	W 09	SP 09	SM 09	FALL 09	W 10	SPR 10	SM 10	FALL 10	W 11	SP 11	SM 11	FALL 11	W 12	SP 12
RT 1 (C)	D		D		D		D		D		D		D		D		D		D
RT 2 (C)			D/E				D/E				D/E				D/E				D/E
RT 3 (C)	D				D				D				D				D		
RT 4 (C)	D				D				D				D				D		
RT 5 (C)			D				D				D				D				D
RT 6 (C)	D				D				D				D				D		
RT 7 (C)			D				D				D				D				D
RT 8 (C)			D				D				D				D				D
RT 11 (C)			D				D				D				D				D
RT 15 (C)			D				D				D				D				D

D= Day

E= Evening

Faculty

Resumes for the RT faculty are attached

Gregory Morrison BSPH, RRT, RCP – Program Director: Mr. Morrison has been full time faculty in the RT program since September 2004 after teaching as a adjunct since 1997. He is currently serving as Program Director since September 2007

Salvador Santana RRT, RCP – Director of Clinical Education: Dr. New fulltime instructor and DCE hired September 2008.

Dr Allen Rothfeld. – Medical Director and adjunct faculty

Adjunct Faculty

Patrick Kelly RRT – adjunct teaches RT 1, RT 2 and Clinical Instructor

Cheryl Pearson RRT - adjunct teaches RT 1, RT 2 and Clinical Instructor

Staffing Patterns:

There are 2.5 FTE in the RT Program. There are 2 full time (2FTE) instructors. This is the minimum number of FTE necessary to meet national accreditation standards. The program also meets the CoARC requirement for a having a Program Director, Medical Director, and Director of Clinical Education. The .5 is made up of the medical director, clinical adjunct faculty, and 4 courses/year. The two full time faculty has had the same schedule for several years. The few hourly rate faculty are available to fill in the minor gaps that the 1st Year RT 1 and 2 Classes create.

1. Your department's typical FTE Fall semester allocation:	2.3
2. The number of full time faculty members in your department:	2.0
3. The FTE for reassigned time for your Chair assignment	0
4. The FTE for any other faculty reassignments in your department	.3
5. Add together #3 & #4	0
6. Subtract #5 from #2 (this is the amount of FTE taught by full time faculty)	2
7. Divide #6 by #1 and then multiply by 100 (this is the percent of FTE taught by full time faculty)	87%
8. Subtract #7 from 100 (this is the percent of FTE taught by hourly rate faculty)	13%

RESUME

GREGORY S. MORRISON RRT

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EDUCATION:

California State University Northridge

Northridge California

Bachelors of Science Degree – Public Health/ Health Education 1990

Los Angeles Valley Community College

Van Nuys California

2 year Respiratory Program Graduate – 1979

Los Angeles Pierce Community College

Woodland Hills, California

Associate Arts 2 year Degree – 1977

Birmingham High School

Van Nuys California

High School Graduate Degree – 1974

PROFFESIONAL EXPERIENCE:

Los Angeles Valley Community College Van Nuys California - 1996 – current
Respiratory Therapy Assistant Professor of Instructor Advanced RT program–
Full time since Sept 2004

Director of LAVC Respiratory Therapy Program

(Part Time Adjunct 1996 – 2004)

Instructor duties & classes taught – RT 2,3,4,5,8,11,15,16 includes Respiratory
Patho-physiology, Equipment, Management, PFT's, on site hospital Clinical
Instructor, & NICU RT training

Dean of Vocational Education - Dr. Laurie Nalepa

St John's Regional Medical Center – C.H.W. Oxnard, California 1981- current

– Part Time since 2004

Respiratory Department Manager

Duties / responsibilities – RT dept education, budget, personnel management and
evaluation, Clinical resource and preceptor, member of CHW RT managers
Matrix Team.

Developed NICU Training Program for RT department

Coordinated JCAHO and CLIA requirements for Inspection of RT department
and ABG laboratory

Director Mary McGill

Ventura County Medical Center Ventura, California 1993 – current
NICU Respiratory Therapist – Per Diem
Duties / responsibilities – NICU ventilators, HFV, NO therapy, Transports,
intubations, ABG's.
Director – Deborah Roberts

Rainbow Movers Inc. Ventura / Santa Barbara California 1987- 1992
Vice President – Operations
1987- 1992
Duties / responsibilities – Local, Long Distance, and Worldwide Sales and
Estimates. Personnel Manager, Chairman of the Board.

Northridge Medical Center, Northridge California 1979- 1981

Staff Respiratory Therapist
Duties/ responsibilities – ICU/CCU, NICU and Floor therapy

CREDENTIALS / LICENSES:

California State Respiratory Care Board License **RCP** # 7925– 1979 - Current
NBRC – Registered Respiratory Therapist **RRT** – 1980 - Current
American Heart Association – **CPR** instructor – 1983 - Current
American Academy of Pediatrics – Neonatal Resuscitation Instructor **NRP** – 1993
– Current
American Lung Association – **Open Airways Asthma Trainer** 1999 –
community & public schools
Advanced Cardiac Life Support provider – 2004 – current
Pediatric Advanced Life Support Provider – 2005 – current
Los Angeles Valley College Rank as Assistant Professor.

SKILLS & EXPERIENCE

I have been in both formal & informal teaching roles ever since I started working in Healthcare. I have also had extensive management / supervisor training including 3 different formal hospital based training programs. I work well with all types of people. I have coordinated the initial training & orientation of RT's at 3 different NICU's. I handle personnel conflict resolution situations well. I volunteer my time as a community asthma instructor through the American Lung Association. I consider myself an advocate as well as an educator for Respiratory Therapy, Community Colleges, Public Health & Healthcare training. I am actively involved in Healthcare, its current practices, & challenges. I have an excellent reputation as a manager, problem solver, & teacher in the Los Angeles, Ventura & Santa Barbara county hospitals as well as the Catholic Healthcare Hospital system. I have always wanted to teach. The Community College & Healthcare settings have been my world for over 20 years. I feel I can bring a combination of dedication, honesty, experience, leadership, enthusiasm, professionalism, & humor to any organization.

Salvador Santana

1220 S Lake Street, Los Angeles, CA 90006

Main. 213.427.0627 Cell. 213.924.9996

santansa@lavc.edu

Profile	Highly qualified respiratory care supervisor, effectively manages busy Respiratory Department by ensuring optimal patient care in a safe and stress free environment. Skilled in developing and implementing standardized policies and procedures. Promotes team work and imparts discipline as necessary. Performs employee's annual evaluations in a timely manner. Consistently exceeds expectations in patient care goals and patient/customer service expectations. Holds profound understanding of education principles and serves as a clinical instructor to new hires and students. Motivated, hard working, eager to learn, excellent communication skills, the tools necessary for a job well done.		
Education	B.S. Molecular Cell and Developmental Biology	U.C.L.A	<i>June 2006</i>
	Registered Respiratory Therapist, RRT	NBRC	<i>Dec 1999</i>
	Respiratory Care Practitioner	RCB	<i>Aug 1999</i>
	Associate Science Degree, Certificate in Respiratory Therapy, RCP	E.L.A.C	<i>June 1999</i>
Career History	UCLA Medical Center <ul style="list-style-type: none">• Supervisor• Exceed on yearly evaluation for patient care services• Educates new hires in CTICU and Neuro Trauma ICU• Consistently earn highest rating in patient service by peers• Solid communication skills with supervisors and superiors• Exceeds in competencies completed• Trainer Cardiothoracic ICU• Trainer Neuro-Trauma ICU		<i>2000-present</i>
Certificates/ Associations			

	<ul style="list-style-type: none"> • PALS • BLS • SCRC • NRBC • AARC 	<p>2008 -2010</p> <p>2008-2010</p> <p>1998-present</p> <p>1999-present</p> <p>2007-present</p>
Teaching Experience	UCLA Medical Center	
	<p><i>Teaching Experience</i></p> <p>Clinical Instructor for ELAC/SMC students</p> <ul style="list-style-type: none"> • Functioned as clinical instructor for ELAC/SMC students while at UCLA. • Educated and mentored students throughout entire rotation. • Lectured and demonstrated floor care to students, performing Hand Held Nebulizers, IPPB, MDIs. Also instructed students on mechanical ventilation, various modes of ventilation and non-invasive ventilations. • Provided environment that promoted intellectual growth and stimulated critical thinking. <p>Clinical Instructor for UCLA new hire</p> <ul style="list-style-type: none"> • Functioned as clinical instructor for new UCLA staff employees. • Under my supervision, new hire employees performed, discussed or observed all aspects of respiratory therapy related to floor and critical care therapy. • Floor Therapy involved the following: Oxygen therapy, Cool Aerosol, Heated Aerosol, HHN, MDI, IPPB, IPPV, CPAP, Heliox and HiFLO Nasal cannula. • Critical Care therapy involved: Modes of mechanical ventilation (PRVC, PCV, CMV, VC, 	<p>2000-present</p> <p>2002-present</p>

	<p>PSV, CPAP, VS, SIMV/PC/PS, SIMV/VC/PS, ARDSNet protocol), Ventilators (Servo-I, Servo 300,Avea, SMITH), Nitric Oxide via INO, and non invasive ventilation (BiPAP).</p> <p>Cardiothoracic ICU mentor</p> <ul style="list-style-type: none"> • Educated respiratory therapists about cardiac anomalies/conditions affected by the use of mechanical ventilation and acid-base balance maintenance. • Topics discussed included: hypoplastic left ventricular, Norwood, Glenn, Fontan, AV Cannal, TOF, Unificalization, TGA, etc. <p>NeuroTrauma ICU mentor</p> <ul style="list-style-type: none"> • Educated respiratory therapists on the use of hyperventilation to prevent increase of intracranial pressures, Xenon, Technetium 99 and PETSCAN. <p>Classes Taught</p> <ul style="list-style-type: none"> • Oxygen Therapy • Basic CXR reading • Pediatric airway management • Modes of Mechanical Ventilation • What RTs Wish RNs Knew... Ground Rounds UCLA-SMH 	<p>2003-2005</p> <p>2005-2007</p>

Facilities

The dedicated facilities assigned to the Respiratory Therapist Program:

Allied Health Science (AHS) 309 – Respiratory Therapist Program faculty office.

AHS 331 – Respiratory Therapist Program classroom and laboratory that will accommodate 35 students.

AHS 331 A – RT Clinical Simulation Room

AHS 332 A and B – Respiratory Therapy 1 and 2 lecture classroom – open enrollment with room for 50+ students – shared classroom with Allied Health Science Department

AHS 334 – “Sim Man” computerized simulation manikins and critical care rooms shared with RN program

College Computer and Research Facilities

Los Angeles Valley College Library

- Located in the Library building, next door to the Learning Center, features 50 computer workstations with access to the Internet, Microsoft Office X/p software, and a number of other programs.
- The Computer Career and Technology Training Center (CCTT) located in Business Journalism Building 103 - computer lab used for assessment skill labs and self assessment testing.

Equipment and Supplies

The program uses a variety of respiratory care equipment and testing devices. The lab has been designed to simulate a hospital environment. The equipment includes life support systems, oxygen delivery systems, compressed gas cylinders, crash cart, CPR manikin, Automatic External Defibrillator (AED), humidity equipment, simulation manikin, Pulmonary Function, and a variety of testing devices.

The laboratory has piped in compressed air and oxygen (O₂ uses 2 banks of H- compressed gas cylinders)

There are also essential disposable supplies necessary for many of the lab practicum.

PowerPoint presentations are used for all lecture presentations in all of the RT courses using a laptop computer and an in-focus projector.

The new lab design will also include a critical care simulation room with functioning hospital bed, clinical simulation “SIM Man” manikin, and vital signs monitoring.

Clinical Site / Community Resources

HOSPITAL AFFILIATIONS

Cedars-Sinai Medical Center

Hollywood Presbyterian Medical Center

Glendale Adventist Medical Center

Glendale Memorial Medical Center

Los Angeles Children's Hospital

Northridge Hospital Medical Center

Providence St. Joseph Medical Center

Valley Presbyterian Medical Center

UCLA Medical Center

Cedars-Sinai Medical Center

8700 Beverly Boulevard, L.A. 90048

(310) 423-6175 (direct line)

Hours: 6:30 a.m. to 3:00 p.m.

Director: Gabe Gutierrez, RRT.

Clinical Instructors: Brian Richards, RRT; Deborah Rothwell, RRT; Irene Sakuzlian, RRT

Children's Hospital Los Angeles

4650 Sunset Boulevard, L.A. 90027

(323) 669-2444

Hours: 7:00 a.m. to 3:30 p.m.

Operations Manager: Salomay Dyer, RRT

Clinical Instructors: Kathy Stever, RRT, Peggy Hegenbart, RRT

Glendale Adventist Medical Center

1509 Wilson Terrace, Glendale 91206

(818) 409-8167

Hours: 6:30 am – 3:00 pm

Manager: Jeannie Anderson, RRT

Clinical Instructors: Leo Rodriguez

Glendale Memorial Hospital and Health Center

1420 S Central Ave., Glendale 91204-2894

(818) 502-2228

Hours: 6:30 am – 3:00 pm

Manager: Jill Matheson, RRT

Clinical Instructors: Khin Nwe

Northridge Hospital Medical Center

18300 Roscoe Boulevard, Northridge 91328

818/885-8500, Ext. 5303 or "Operator"

Hours: 6:15 a.m. to 2:45 p.m.

Manager: Greg Cousin, RRT

Clinical Instructors: Marguerite Marcelo, RRT; Paul Solovay, RRT

Hollywood Presbyterian Medical Center

1300 N. Vermont Avenue, Los Angeles, 90027

(323) 913-4800 (direct line)

Hours: 6:45 a.m. to 3:15 p.m.

Director: Rose Gummadi, RRT,

Clinical Instructors: Manny Giron, RRT, Lister Rodriguez, RRT,

UCLA Medical Center
10833 Le Conte, Ave Los Angeles Ca
(310) 825-8611
Location – Respiratory Care Department
Clinical Instructors – Bernadette Dizon RRT

Valley Presbyterian Medical Center
1501 Vanowen Street, Van Nuys Ca 91409
Location – Respiratory Care Department – 1st floor
Clinical Instructors – 6:30 – 15:00 James Cunningham RRT
Shift Hours Department Director – Jerry Pointer

St Joseph's Medical Center
501 S Buena Vista Street, Burbank, Ca
Location – Respiratory Care Department – basement floor
Clinical Instructors – Jeff Lieber, Debbie Williams,
Shift Hours 6:00 – 14:30 Department Director – Robin Lee RRT

Community Partnerships:

Respiratory Therapy Program Advisory Committee

This committee meets annually in the spring consists of the following members representing the community, students, faculty, administration, and the local Medical Centers. The committee updates the members on the progress of the RT program and serves as an opportunity for the members to give their feedback and recommendations to the RT program.

Respiratory Therapy Program representatives

- RT Program Director
- Director of Clinical Education
- Department Chair
- RT Program Medical Directors

Student Representative

- 1-3 2nd year RT students

Administration

- Dean of Academic affairs

Community

- Clinical Site Department Director
- On site RT clinical Instructors

Local Healthcare or medical supply related company representative

Respiratory Therapy Program and Course Outcome Assessment Tools

The RT program is required by CoARC to assess the performance of the students and program by reviewing attendance, CRT and RRT exam passing, rates, graduation rates, and student employment. In addition, the students are assessed every 8 weeks on their performance in the clinical setting based on completing course objectives, interpersonal skills, and critical thinking. The list of outcome assessment tools for the program, courses, and students include the following:

Program Outcome Assessment Tools (see appendices for copies of each assessment tool)

- Student Program Surveys – upon completion of each course and the program the students complete a survey on the program and instructors
- Clinical Site evaluations – upon completion of each 8 week rotation the students complete an evaluation of the medical center and the respiratory Department.
- Employer Assessment surveys – 1 year after graduation the RT program sends the current employers of its graduates to evaluate their performance
- Employee exit surveys – 1 year after graduates are mailed surveys for them to assess the program and how it prepared them for employment and preparation for Board Exams.
- 5 year CoARC accreditation on site visit – CoARC (CAAHEP) sends 2 inspectors to review the program and make recommendations based on CAAHEP and NBRC standards
- CoARC/ CAAHEP outcome review – RT program receives a report each year on the passing rate for all graduates for CRT, RRT, and Clinical Simulation exam. The RT program also sends CAAHEP these passing rate results, graduation rates, enrollment numbers, and results of the employer and employee surveys.
- Advisory Committee Feed back – annual meeting gives members an opportunity to give direct feed back to the program and administration

Course Outcome Assessment Tools

- Student clinical evaluations- completed after each clinical site rotation – student is evaluated by the clinical instructor on their completion and application of the course objectives, critical thinking skills, teamwork, work ethic, and professionalism. This is a face to face evaluation with the student, LAVC RT instructor, and on site clinical instructor.
- Self Assessment – Computerized Simulation exams – The students use computer lab to take practice exams that simulate the NBRC exams (CRT, RRT, and Clinical Simulation) that the students must complete after graduation to obtain a state from the California Respiratory Care Board (RCB).

- **Overview of the 5 Year Cycle of Program Review**

PLAN C: For Departments Cal WORKS/TANF, Cooperative Education, IMS, Math, Nursing, Service Learning, Staff Development, Technology

2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
	Curriculum Review and VCCC Presentation			
Program Student Learning Outcome ¹ (PSLO): Develop 2-4 PSLOs & an assessment plan.	PSLO(s): Assess one of the PSLO(s); Refine PSLO(s) and Program based on assessments.	PSLO(s): Assess another PSLO(s); Refine PSLO(s) and Program based on assessments.	PSLO(s): Assess another PSLO(s) (if any); Refine PSLO(s) and Program based on assessments.	Refine PSLO(s) and Program based on assessments.
Course Student Learning Outcome ² (CSLO): develop at least one CSLO for one course and its assessment plan. Plan how the department will develop at least 1 CSLO for each course within this assessment cycle.	CSLO(s): Assess CSLO; Refine CSLO(s) and Course based on assessments. Develop remaining CSLOs based on plan.	CSLOs: Assess existing CSLO(s) and develop remaining CSLOs based on plan.; Refine CSLO(s) and Program based on assessments.	Refine CSLO(s) and Program based on assessments.	Refine CSLO(s) and Program based on assessments.
		Identify 1-2 College Wide Student Learning Outcomes that correspond to your Program		
		Research and Planning		
		Review and discuss Program and Department (SLO assessments and research)		
		Conclude Program Review Report (Write and present to IPC)		

¹ PROGRAM STUDENT LEARNING OUTCOMES (PSLO): Two to four (2-4) Program level SLOs are optimal; The PSLOs should be defined by the fifth year of your program review cycle and assessed regularly.

² COURSE STUDENT LEARNING OUTCOMES (CSLO): One to two (1-2) Course level SLOs per course are optimal; The CSLOs for all courses should be defined by the next accreditation program review cycle and assessed regularly. Distributing the courses in your program across the five years so that no one year has an overwhelming number of courses on which to work will ease the process. For example, 20% of your courses could be dealt with each year (if you have 15 different courses in your program, you could tackle 3 of them each year). Alternatively, the first year you could start with one (to get familiar with the process) and then spread the remaining courses over the next four years.

Appendices

- **Student Program Resource Survey**
- **Advisory Committee Minutes and Agenda's**
- **Clinical Site Evaluations**
- **Student SCANS evaluations**
- **Student Clinical Objective Evaluation**
- **Employer Evaluations**
- **Student CoARC evaluations**
- **RT Application Procedure**
- **RT application date verification process**
- **Coarc Statistical Reports**

STUDENT PROGRAM RESOURCE SURVEY

Los Angeles Valley College
RESPIRATORY CARE PROGRAM

CoARC Accredited Program #200210

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

Dr. Frank Sinsheimer

A. TEACH EFFECTIVELY:

1. In the classroom	5	4	3	2	1	N/A
2. In the laboratory.	5	4	3	2	1	N/A
3. In the clinical area.	5	4	3	2	1	N/A

B. INSTRUCTION IS BASED ON CLEARLY STATED OBJECTIVES.

	5	4	3	2	1	N/A
--	---	---	---	---	---	-----

C. FACULTY NUMBER IS ADEQUATE:

1. In the classroom.	5	4	3	2	1	N/A
2. In the laboratory.	5	4	3	2	1	N/A
3. In the clinical area.	5	4	3	2	1	N/A

D. HAVE GOOD RAPPORT WITH STUDENTS.

	5	4	3	2	1	N/A
--	---	---	---	---	---	-----

E. WILLING TO HELP STUDENTS WITH ACADEMIC NEEDS.

	5	4	3	2	1	N/A
--	---	---	---	---	---	-----

F. ENSURE STUDENT REPRESENTATION ON THE ADVISORY COMMITTEE.

	5	4	3	2	1	N/A
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Comments: _____

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

Greg Morrison

A. TEACH EFFECTIVELY:

1. In the classroom.	5	4	3	2	1	N/A
2. In the laboratory.	5	4	3	2	1	N/A
3. In the clinical area.	5	4	3	2	1	N/A

C. INSTRUCTION IS BASED ON CLEARLY STATED OBJECTIVES.

	5	4	3	2	1	N/A
--	---	---	---	---	---	-----

C. FACULTY NUMBER IS ADEQUATE:

1. In the classroom.	5	4	3	2	1	N/A
----------------------	---	---	---	---	---	-----

2. In the laboratory.	5	4	3	2	1	N/A
3. In the clinical area.	5	4	3	2	1	N/A
D. HAVE GOOD RAPPORT WITH STUDENTS.	5	4	3	2	1	N/A
E. WILLING TO HELP STUDENTS WITH ACADEMIC NEEDS.	5	4	3	2	1	N/A
F. ENSURES STUDENT REPRESENTATION ON THE ADVISORY COMMITTEE	5	4	3	2	1	N/A

Comments: _____

I. PHYSICAL RESOURCES

A. INSTRUCTIONAL RESOURCES: CLASSROOMS

1. Are adequate in size.	5	4	3	2	1	N/A
2. Have adequate lighting.	5	4	3	2	1	N/A
3. Contain adequate seating.	5	4	3	2	1	N/A
4. Have adequate ventilation.	5	4	3	2	1	N/A
5. Have equipment necessary to support effective instruction.	5	4	3	2	1	N/A

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

B. INSTRUCTIONAL RESOURCES: LABORATORY

1. Is adequate in size.	5	4	3	2	1	N/A
2. Has adequate lighting.	5	4	3	2	1	N/A
3. Has adequate seating.	5	4	3	2	1	N/A
4. Has adequate ventilation.	5	4	3	2	1	N/A
5. Is accessible to students outside regularly scheduled class ties.	5	4	3	2	1	N/A

C. INSTRUCTIONAL RESOURCES: LABORATORY EQUIPMENT (School and Clinical Affiliates)

1. The amount of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1	N/A
2. The variety of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1	N/A
3. Supplies are sufficient for student performance of required laboratory exercises.	5	4	3	2	1	N/A
4. Laboratory activities prepare students to perform effectively in the clinical setting.	5	4	3	2	1	N/A
5. Laboratory equipment/supplies are supplemented by utilizing clinical affiliates.	5	4	3	2	1	N/A

Comments: _____

III. LEARNING RESOURCES

A. LIBRARIES (SCHOOL AND CLINICAL AFFILIATES LIBRARIES)

1. The program faculty and/or the library personnel offer orientation and demonstration of the library services.	5	4	3	2	1	N/A
2. The institutional library personnel provide assistance to						

students when needed.	5	4	3	2	1	N/A
3. The library hours are convenient to student schedules.						
4. The libraries provide sufficient materials to support classroom assignments.	5	4	3	2	1	N/A
5. Program assignments require the use of computers.	5	4	3	2	1	N/A
6. Program assignments require the use of library references journals, textbooks and electronic media.	5	4	3	2	1	N/A

B. STUDENT INSTRUCTIONAL SUPPORT SERVICES (TUTORS, COMPUTER LAB. ETC.)

1. Tutorial assistance is available when needed.	5	4	3	2	1	N/A
2. Audiovisual and computer equipment are available to students for class assignments and activities.	5	4	3	2	1	N/A
3. Computer resources are adequate to support the curriculum.	5	4	3	2	1	N/A
4. Institutional Student Instructional Support Services are equally accessible to all student	5	4	3	2	1	N/A s.

Comments: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

IV. CLINICAL RESOURCES

A. CLINICAL ROTATIONS

1. Facilities						
a. The clinical facilities offer a sufficient number of procedures for students to meet clinical objectives.	5	4	3	2	1	N/A
b. The clinical facilities offer a sufficient variety of procedures for students to meet clinical objectives.	5	4	3	2	1	N/A
c. The clinical facilities provide adequate exposure to current equipment.	5	4	3	2	1	N/A
2. Experiences						
a. Each clinical rotation is of sufficient length to enable students to complete clinical objectives.	5	4	3	2	1	N/A
b. Clinical rotations provide equivalent experience for all students.	5	4	3	2	1	N/A
c. Sufficient classroom and laboratory instruction was provided prior to clinical activity.	5	4	3	2	1	N/A
d. Classroom and laboratory instruction was appropriately sequenced with clinical instruction.	5	4	3	2	1	N/A

B. CLINICAL INSTRUCTION

1. Students are adequately oriented to assigned clinical areas, and procedures.	5	4	3	2	1	N/A
2. Clinical instructors are sufficiently knowledgeable to provide student instruction.	5	4	3	2	1	N/A
3. Clinical instructors provide appropriate supervision of students during performance of assigned activities.	5	4	3	2	1	N/A
4. Clinical instructors are consistent in their evaluation of student performance.	5	4	3	2	1	N/A

5. Clinical instructors are readily available to assist students when needed.	5	4	3	2	1	N/A
6. Clinical instructors are effective role models for students.	5	4	3	2	1	N/A
7. Clinical instructors encourage students to think and solve clinical problems.	5	4	3	2	1	N/A

Comments: _____

V. MEDICAL DIRECTOR/PHYSICIAN INTERACTION

A. Medical Director and student interaction contributes to the development of effective communications skills between physicians and students.	5	4	3	2	1	N/A
B. Physician and student interaction is sufficient to facilitate development of effective communication skills between physicians and students.	5	4	3	2	1	N/A
C. Physician interaction is sufficient to provide the student with a physician perspective of patient care.	5	4	3	2	1	N/A
D. Overall student interaction with physicians in the program is adequate.	5	4	3	2	1	N/A

Comments: _____

VI. ADDITIONAL COMMENTS

How long have you been a student in the program? _____

OVERALL RATING:

Please rate the OVERALL quality of the resources supporting the program. (*Circle one*)

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Based on your experience, which program resources provided you with the most support?

Why? _____

Based on your experience, which program resources could be improved?

How? _____

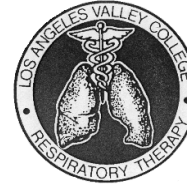
Please provide comments and suggestions that would help to improve the program's overall resources.

Thank You!

Date:

Revised: 3-2003

**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Meeting Agenda
May 14, 2003**



1. Introductions:

The meeting was called to order at 3:40 PM. The minutes of last year's meeting were approved. Members present introduced themselves: E. Guerrero(Class of 2003), Jerry Judd (Class of 2003), Kathy Stever (LA Children's Hospital), J.R. Kliamen (Public Member), Liz Norman (Holy Cross Med Center), Alan Rothfeld (Med Director, LAVC), Judy Holton (Hlth Sci Chair, LAVC), Laurie Nalepa (Dean, LAVC), Virginia Ettinger (Clinical Coord, LAVC), Brian Richards (Cedars-Sinai Med Center), Jorge Raber (Cedars-Sinai Med Center), Michelle Boyer (Adjunct Faculty, LAVC), Christine Kingston (Simi Valley Adult School), Jerry Pointer (Valley Pres Med Center), Dan Pister (TriAnim), Frank Sinsheimer (Program Director, LAVC)

2. Class of 2002 & 3

Each of the last two classes had eight graduates. All of the 2002 graduates passed the CRT exam.

3. Class of 2004

There are expected to be a maximum of 11 students in the next class.

4. VTEA Federal Grant for Vocational Education

Dr. Sinsheimer has written two VTEA grants which have been funded in the last three months. The first grant funded a lap top computer for lab and classroom use. The second funded an ACLS lab, which included a mannequin, EKG monitor, Doppler and defibrillator.

5. Neonatal Program

The positive and negative aspects of the neonatal program were discussed. Dr. Sinsheimer reported that neither the student population nor hospital cooperation originally anticipated has materialized. This has been especially true in the clinical application aspects of the program. The committee decided to continue the theory portion (RT 16) of the program but discontinue the clinical application portion of the program

6. New Health Science Building

The new Health Science and Science building will be completed by 2006. A schematic of the new Respiratory Therapy classroom/laboratory was distributed.

7. Recruitment

Dr. Sinsheimer led a discussion on the need for improved marketing. He mentioned several marketing techniques which have been implemented but expressed a need for more marketing pathways. He requested that the community of interest assist in this endeavor. Jorge Raber voiced a concern that advanced positions in Respiratory Care are not marketed in a way that career options beyond entry level jobs are publicized. If these more desirable positions were published perhaps more students would be interested in an RT career.

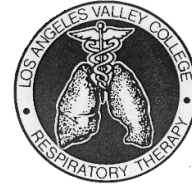
Dr. Sinsheimer requested that the hospitals add the LAVC RT website as a link to the hospital's website. He also asked the participants to hang advertising posters in their facilities. He will follow up on these ideas.

8. Items from the Floor

The LAVC RT program has been granted an additional five year accreditation until the year 2008. This accreditation extension was based on documented student success

Adjournment was at 4:40 PM

**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Meeting Agenda
3:00 PM May 19, 2004**



1. Introductions

2. Review Program Goals and Objectives

3. Class of 2004

4. Class of 2005

5. Class of 2006

6.

7. New Health Science Building

8. Items from the Floor

**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Attendance
April 27, 2005
Minutes**

Members Present: Michelle Boyer – Adj Faculty, Joel Kliaman, - Public Member Mary Cox – Chair, Health Sci, Kathy Stever – Children’s Hosp, Paul Solovay – Northridge MC, Brian Richards, Joven Borro – Cedars-Sinai MC, Sunny Cristal, Cheryl Besercha – Students, Laurie Nalepa – Dean, Allan Rothfeld, Frank Sinsheimer, Greg Morrison LAVC RT Program

1. Introductions were made.
2. RT goals and objectives were reviewed and approved.
3. Class of 2004 – 5 graduates, 3 pursued RT careers
4. Class of 2005 – 18 graduates of an excellent class.
5. Class of 2006 – There will be at least 25 students making up a full class for the first time in about 8 years. They will be required by JCAHO to have a criminal background check at the cost of \$50.
6. The RT Program will change to the 15 week semester system in the next academic year. We have started working on the details.
7. New Health and Science Building – The new building is planned to be completed by January 2007. A schematic of the new RT Lab was distributed. Architects renderings of the new building were displayed.

**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Meeting Mini
3:00 PM May 3, 2006**



1. Introductions/Minutes2005

Introductions were made. Members present: Frank Sinsheimer (DE), Greg Morrison (DCE), Allan Rothfeld (MD), Mary Cox (Chair Health Sci), Laurie Nalepa (Dean), Joel Kliaman (Public), Dan Pister (RT Bus), Jeff Lieber (St.Joe), Jeanne (Glendale Adv), Maynard (Hollywood Pres), Wayan Wardana (Student), Keitha Zavistoski (Student)

Minutes were approved: Motion Joel Kliaman, Second Dan Pister, Vote unanimous

2. Review Program Goals and Objectives

The attached program goals and objectives were reviewed and recommended to continue

3. RT Website

The new RT website was demonstrated from the internet. Some suggestions for improvement were made.

4. Lab Equipment

The new Viasys Ave and Sensormedics 3100 high frequency ventilators were displayed. The new Aquanox high humidity system was displayed as well as the PB 840, Respironics Vision and Siemens 300.

5. Class of 2005

There were 18 students graduated in the class of 2005. All but one have passed the CRT. 8 are registered.

6. Class of 2006

There will be 20 graduates in the class of 2006. Invitations to the convocation were distributed.

7. Class of 2007 and Background Checks

There will be approximately 26 students admitted to the class of 2007. They will be required to have criminal background checks done

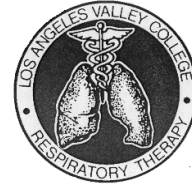
8. New Health Science Building

The new Health Science building planned to be open 1/2007 is probably 6 months to 1 year behind schedule. It will probably open 6/2008

9. Items from the Floor

The duties and responsibilities of the advisory committee, as suggested by COARC, was distributed.

**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Meeting Agenda
3:00 PM May 16, 2007**



10. Introductions/Review Minutes 2006

11. Review Program Goals and Objectives

12. RT Website

13. Lab Equipment

14. Class of 2007

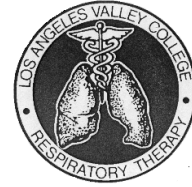
15. Class of 2008

16. Reaccreditation 2007-2008

17. New Health Science Building

18. New Uniform Color

19. Items from the Floor



**Los Angeles Valley College
Respiratory Therapist Program
Advisory Committee Meeting Agenda
12:00 Noon April 3, 2008**

20. Introductions/Review Minutes 2007

21. Review Program Goals and Objectives

22. Class of 2008

23. Class of 2009

24. New Health Science Building

25. COARC On Site Reaccreditation

**Los Angeles Valley College
Respiratory Therapist Program**

Student Evaluation of Clinic

Clinic: _____ **Rotation #** _____ **RT** _____ **DATE** ___/___/___

Did the clinic environment encourage learning?

(CIRCLE experience provided in this rotation)

1:Unacceptable 2:Needs Improvement 3:Meets Expectations 4:Exceeds Expectations

STAFF RCPs were helpful?

YES NO

Comments _____

Learning Opportunities Provided – Assisted or Observed

(CHECK experience provided in this rotation)

Surgery Hyperbaric Chamber CAT Scan/ RIICU Floor Care
 NICU L&C section CPR PFTs Tracheal Intubation Extubation Bronchoscopy Changed
Tracheostomy Autopsy Transferred Patient Bagged Patient Vent Weaning

OTHER _____

What aspects of the clinical experience were most helpful?

(CIRCLE experience provided in this rotation)

RCPs MDs RNs ICUs NICU ER Special Procedures

What areas or experiences do you feel you missed or did not receive enough time?

What aspects of the clinical experience were least helpful?

Do you have suggestions for improvement?

What was your Physician Interaction?

(CIRCLE experience provided in this rotation)

Rounds Discuss patient orders Surgery ER Special Procedures

Other

Who were your Clinical Instructors?

What aspects of the clinical instruction were least helpful?

Do you have suggestions for improvement?

Would you apply for a job at this hospital?

YES NO

Why or Why NOT

Other Comments:

**Los Angeles Valley College
Respiratory Therapist Program
STUDENT SCANS EVALUATION**

Name _____ Date _____ Health Care Facility _____

Directions: Please evaluate student by each competency or skill achieved or indicate "Not Applicable."

COMPETENCIES	Acceptable	Not Acceptable	Not Applicable
Resources: Manages Time, Prioritizes			
Interpersonal: Works as Team Member			
Displays Assertiveness			
Adapts to Change/Stress			
Impartial, Culturally Aware			
Information: Acquires, Assesses Patient Data			
Uses Computers in Patient Care			
Systems: Knows Protocols/Procedures			
Assesses/Improves Performance			
Technology: Selects Appropriate Equipment			
Applies Technology to Task			
Maintains/Troubleshoots Equipment			
Basic Skills: Reads Charts, Enters Correct Data			
Applies Mathematics			
Listens/Speaks Understandably			
Thinking Skills: Makes Decisions			
Reasons, Solves Problems			
Personal Qualities: Self-Motivated			
Responsible, Reliable			
Empathetic/Considerate			
Displays Integrity, Honesty			

Instructor Comments:

Student Comments:

Clinical Instructor

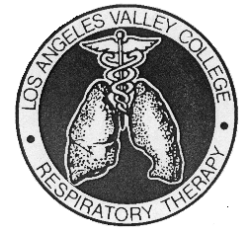
Clinical Instructor

LAVC Instructor

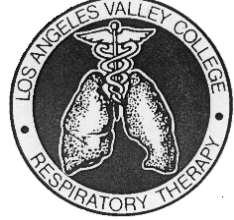
Student Date

(This signature means merely that the student has read the evaluation.)

**Respiratory Therapy Program
Application Date Verification Process**



- I. Each spring semester all eligible LAVC students will submit written Respiratory Therapy Program applications directly to the Respiratory Therapy Program Director by 5:00 PM April 1st.
- II. The RT Program Director will send the names and student ID numbers of the eligible applicants to the Dean of Admissions' office. The names will be submitted by the end of the 2nd week in April.
- III. The admissions office will process the students to verify the active application date to LAVC.
- IV. The list of dates and a copy of each student's LAVC admission will be sent to the RT Program Director within 5 working days.
- V. The RT program director will then inform each student of his or her application date.
- VI. The admission's office will address any issues the students may have with the verification of the admission date.



LAVC RESPIRATORY THERAPY PROGRAM PREREQUISITE VERIFICATION

Print: _____ Student I.D. #: _____
Last name First name

Address: _____ E-mail _____ DOB ____/____/____
Number Street

Home Phone: (____) _____ - _____
City zip code

List any classes the student is enrolled in now:

Course and Number:	College	Section Number	Name of Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date you Applied to LAVC. _____ (this date will be verified by admissions office)
 List any Completed College/ University degrees
 College _____ Degree / Discipline _____ Grad date _____
 College _____ Degree / Discipline _____ Grad date _____
 If you have already completed **RT 2**, when _____ where _____ Grade _____
 Have you ever been accepted into a LACCD RT or RN Program Yes No
 If Yes – then list school and date accepted. School _____ Date _____

Credit for foreign coursework must have already been approved by the Los Angeles Valley College Petitions Committee. All information on this form is subject to verification by LAVC. Failure to provide complete and accurate information or transcripts will result in denial of the student's application for enrollment to the RT program and courses.

Student Signature _____ Date _____

**(THIS SECTION TO BE COMPLETED BY COUNSELOR OR DIRECTOR)
RT PROGRAM PREREQUISITE VERIFICATION**

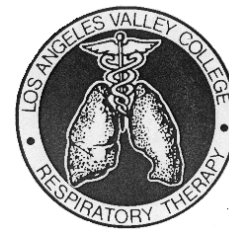
Requirement	Name of School	Course Name and Number	Semester/Year Completed or In-Progress	Units*	Grade if Completed
Chemistry 51					
Microbiology 20					
Physics 5					
Physiology 8 (or Anatomy 1)					
Physiology 9 (or Physiology 1)					
Psychology 1					
Respiratory Therapy 1					

*All above prerequisites must total at least thirteen units.

LAVC Counselor or RT Program Director Signature _____ Date _____

**LOS ANGELES VALLEY COLLEGE
RESPIRATORY THERAPY PROGRAM
APPLICATION REQUIREMENTS**

June 24, 2008



The Los Angeles Valley College Respiratory Therapy Program accepts applications once a year for the Clinical Internship which starts in June each year and includes RT 15, 3,4,5,6,7,8, and 11. Applications and all transcripts must be submitted by April 1st each year. Applications may be submitted after February each spring semester only after completion or current enrollment in RT 1 and RT 2.

Required Steps to apply to the Respiratory Therapy Program:

In order to apply to the Program the following steps must be completed by 5:00 PM April 1st each year.

1. All students except current and returning LAVC students need to submit a college application directly through the LAVC Admissions Office. International students must first apply to the international Program.
2. All U.S. transcripts that are not from Los Angeles Community College District (LACCD) must be **mailed directly** from the college attended to the LAVC admissions Office. Hand carried transcripts of any kind are **NOT** acceptable as official transcripts. Students are also responsible for verifying with the admission's office that all transcripts have arrived by the April 1st 5 PM deadline. Students must also confirm with the admissions office that transcripts have arrived prior to making a counseling appointment.
3. All transcripts outside of the U.S. must be evaluated according to the following procedures:
 - Must have completed 12 units with a "C" average within LACCD prior to submitting petition for credit.
 - Submit foreign transcripts to an LAVC approved foreign transcripts evaluation service to obtain credit recommendations towards completion of RT program prerequisites.
 - Submit by mail directly to LAVC's Petitions Committee a sealed copy of the evaluation service's credit recommendations along with a petition for approval of credit. Credit approval is NOT automatic. (see a counselor for details).
 - Translated Foreign transcripts must be mailed and on file to LAVC Admissions office by April 1st.
4. **After completing steps 1-3**, students must schedule an appointment with a counselor to evaluate all transcripts before enrolling in RT 2. The counselor will provide students with a verification of prerequisites for the Respiratory Therapy Program. Counselor will evaluate if any previously completed college level classes will be acceptable alternative prerequisites.
5. RT program enrollment size into the Clinical Internship is limited. The number of students each year is restricted by the number of clinical positions available at each of the Medical Centers that serve as Clinical Training Centers for the LAVC RT program.

6. The number of students accepted into the clinical internship is limited. Only students who have completed the application process by the 5:00 PM April 1st deadline will be considered for eligibility into the RT 15 Clinical internship.
7. Any late applications or transcripts submitted after April 1st & before the June RT 15 class ***will*** only be evaluated if there are any available clinical internships spaces. These late applicants will only be considered ***after*** all students who submitted applications and transcripts by the deadline of 5:00 PM April 1st have been evaluated and accepted
8. After completing 1-7 the student may apply to the RT Program. Applications for the Respiratory Therapy Program will be provided by the RT Program director. RT Program applications will be available for submitting at the beginning of RT 2 each spring semester. All RT applications must be completed and submitted directly to the RT program Director by 5:00 PM April 1st.

Selection Process: (in accordance with LACCD policy)

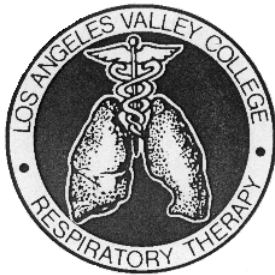
- All applicants must have completed or be currently enrolled in all the prerequisites or co-requisite courses for RT 2.
- All applicants must have completed or be currently enrolled in RT 1 and RT 2.
- All prerequisites and co requisites for RT 2 must be completed with a grade "C" or better.
- The Respiratory Therapy Program Director may ask students to provide written proof of grade "C" or better in any currently enrolled prerequisite course.
- ***Priority of acceptance*** of qualified applicants who have completed steps 1-7 by 5:00 PM April 1st will be based on the ***active application date to LAVC*** (provided by LAVC Admissions office) without any significant lapse in enrollment (defined as more than 2 consecutive semesters). ***The active application must be made directly through the LAVC admissions office.*** Application dates from other LACCD campuses will not be considered.
- **Priority is for 1st time applicants.** Applications from returning students who dropped or failed out of a LACCD RT program will be considered if there are any open spots after all new applicants have been accepted. *(LACCD policy 6701 only allows students to repeat up to a total of 15 units, or the same course no more than twice in which substandard grades ("D, F", or NC" were awarded in the district).*
- Any falsification of transcript or application information is grounds for denial into the RT Program and possible investigation for student disciplinary action.
- The Respiratory Therapy Program Director will notify all applicants of acceptance or denial in writing upon completion of RT 2.
- Accepted students must notify the RT Program Director in writing, e-mail, or voice mail direct to his office before the given deadline by 5:00 PM June 2nd (last day of spring semester).
- Accepted students who do not respond by the specified deadline will be dropped. Their clinical position will then be offered to another qualified applicant.
- If a student applies and is denied because of limited class size or voluntarily does not accept entrance into the RT program, he or she may reapply next year.
- **No application will be kept on file and all applications will be destroyed.**

In order to graduate from the College and receive an Associates of Science degree in Respiratory Therapy the student is strongly encouraged to contact a counselor well in advance of completion of the RT program. The California Respiratory Care Board requires completion of an approved Respiratory Therapy Program, Passing the National Respiratory Care Board's Certification Respiratory Therapist (CRT) Exam as well as an AS degree or higher to obtain a license.

Los Angeles Valley College Advanced Level Respiratory Therapist Program

Program Director -Greg Morrison RRT- 818 947-2845 morrisgs@LAVC.edu

PHASE 1: PRECLINICAL Courses: Units



(prerequisite)	3
(5 recommended).....	5
(1 & Physio 1/Biology 3 Prerequisite).....	8
(51 Prerequisite).....	4
.....	3
.....	1
(RT1 completed or concurrent enrollment..)	<u>4</u>

(RT 2 is only offered in the Spring Semester)

ALL prerequisite courses must be completed before entering the Clinical Internship Phase (RT 15) of the RT Program. Application for the internship is completed in spring semester during RT 2.

PHASE 2: CLINICAL COURSES – One Year: June to June

SUMMER Units

RT 15 – Introduction to Clinical Applications.....4

FALL

RT 3 – Clinical Applications I.....5

RT 4 - Clinical Applications II..... 5

RT 6 – Applied Pulmonary Physiology.....4

SPRING

RT 5 - Clinical Applications III.....5

RT 11 - Clinical Applications IV.....5

RT 7 – Pulmonary Pathophysiology.....3

RT 8 – RT Management.....1

^Total 32 Units

The Respiratory Therapist Program requires Plan B Graduation requirements for an Associate of Science Degree. To qualify for an AS Degree an additional 13 UNITS is required in Plan B.

California State Requirements for a License as a Respiratory Care Practitioner

Associate Degree or Higher & COMPLETION of ALL Respiratory Therapist Program Course Requirements

The Respiratory Therapist Program Offers:

- A Health Care Profession with EXCELLENT pay and benefits
- Unlimited Advancement in the Respiratory Care Profession
- Personally Rewarding Helping Profession
- Challenging Medical Career for Science Majors
- Nationally Recognized for Excellence in Education

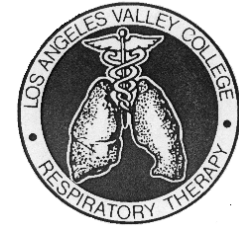
The Respiratory Care Practitioner’s Role in the Treatment of Patients with CardioPulmonary Disorders:

CPR Patient Assessment Chest Physiotherapy

Airway Management Arterial Blood Gas Analysis Cardiopulmonary Function Testing

Life Support Systems Medical Gas Administration Aerosol Therapy/ Medications

**Los Angeles Valley College
Respiratory Therapist Program**



RT Clinical Performance Tracking and Summary Assessment Form

NAME

	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
I. Select, Review, Obtain and Interpret Data SETTING: In any patient care setting, the advanced respiratory therapist reviews existing clinical data and collects or recommends obtaining additional pertinent clinical data. The therapist evaluates all data to determine the appropriateness of the prescribed respiratory care plan, and participates in the development of the respiratory care plan.															
A. Review patient record and recommend diagnostic procedures.	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
1. Review existing data in the patient record:															
a. patient history [e.g., present illness, admission notes, respiratory care orders, progress notes]															
b. physical examination [e.g., vital signs, physical findings]															
c. lab data [e.g., CBC, chemistries/electrolytes, coagulation studies, Gram stain, culture and sensitivities, urinalysis]															
d. pulmonary function and blood gas results															
e. radiologic studies [e.g., radiographs of chest/upper airway, CT, MRI]															
f. monitoring data															
(1) fluid balance (intake and output)															
(2) pulmonary mechanics [e.g., maximum inspiratory pressure (MIP), vital capacity]															
(3) respiratory monitoring [e.g., rate, tidal volume, minute volume, I:E, inspiratory and expiratory pressures; flow, volume and pressure waveforms]															
(4) lung compliance, airway resistance, work of breathing															
(5) noninvasive monitoring [e.g., capnography, pulse oximetry, transcutaneous O ₂ /CO ₂]															

	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
g. results of cardiovascular monitoring															
(1) ECG, blood pressure, heart rate															
(2) hemodynamic monitoring [e.g., central venous pressure, cardiac output, pulmonary capillary wedge pressure, pulmonary artery pressures, mixed venous O ₂ , $\overleftrightarrow{SvO_2}$, shunt studies (♦)]															
h. maternal and perinatal/neonatal history and data [e.g., Apgar scores, gestational age, L/S ratio, pre/post-ductal oxygenation studies]															
i. other diagnostic studies [e.g., EEG, intracranial pressure monitoring, metabolic studies (¶), $\overleftrightarrow{SvO_2}$ nutritional assessment), ventilation/perfusion scan, pulmonary angiography, sleep studies, other ultrasonography]															
2. Recommend the following procedures to obtain additional data:															
a. CBC, electrolytes, other blood chemistries															
b. radiograph of chest and upper airway, CT scan, bronchoscopy, ventilation/perfusion lung scan, barium swallow															
c. Gram stain, culture and sensitivities															
d. spirometry before and/or after bronchodilator, maximum voluntary ventilation, diffusing capacity, functional residual capacity, flow-volume loops, body plethysmography, nitrogen washout distribution test, total lung capacity, CO ₂ response curve, closing volume, airway resistance, bronchoprovocation, maximum inspiratory pressure (MIP), maximum expiratory pressure (MEP)															
e. blood gas analysis, insertion of arterial, umbilical and/or central venous, pulmonary artery monitoring lines															
f. lung compliance, airway resistance, lung mechanics, work of breathing															
g. ECG, echocardiography, pulse oximetry, transcutaneous O ₂ /CO ₂ monitoring															
h. V _D /V _T , ♦, cardiac output, cardiopulmonary stress testing															
B. Collect and evaluate clinical information.	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A


	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
1. Assess patient's overall cardiopulmonary status by <i>inspection</i> to determine:															
a. general appearance, muscle wasting, venous distention, peripheral edema, diaphoresis, digital clubbing, cyanosis, capillary refill															
b. chest configuration, evidence of diaphragmatic movement, breathing pattern, accessory muscle activity, asymmetrical chest movement, intercostal and/or sternal retractions, nasal flaring, character of cough, amount and character of sputum															
c. transillumination of chest, Apgar score, gestational age															
2. Assess patient's overall cardiopulmonary status by <i>palpation</i> to determine:															
a. heart rate, rhythm, force															
b. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, tracheal deviation, endotracheal tube placement															
3. Assess patient's overall cardiopulmonary status by <i>percussion</i> to determine diaphragmatic excursion and areas of altered resonance															
4. Assess patient's overall cardiopulmonary status by <i>auscultation</i> to determine presence of:															
a. breath sounds [e.g., normal, bilateral, increased, decreased, absent, unequal, rhonchi or crackles (râles), wheezing, stridor, friction rub]															
b. heart sounds, dysrhythmias, murmurs, bruits															
c. blood pressure															
5. Interview patient to determine:															
a. level of consciousness, orientation to time, place and person, emotional state, ability to cooperate															
b. presence of dyspnea and/or orthopnea, work of breathing, sputum production, exercise tolerance and activities of daily living															
c. physical environment, social support systems, nutritional status															
6. Review chest radiograph to determine:															
a. presence of, or changes in, pneumothorax or subcutaneous emphysema, other extra-pulmonary air, consolidation and/or atelectasis, pulmonary infiltrates															

b. presence and position of foreign bodies	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
c. position of endotracheal or tracheostomy tube, evidence of endotracheal or tracheostomy tube cuff hyperinflation															
d. position of chest tube(s), nasogastric and/or feeding tube, pulmonary artery catheter, pacemaker, CVP, and other catheters															
e. position of, or changes in, hemidiaphragms, hyperinflation, pleural fluid, pulmonary edema, mediastinal shift, patency and size of major airways															
7. Perform and interpret results of bedside procedures to determine:															
a. ECG, pulse oximetry, transcutaneous O ₂ /CO ₂ monitoring, capnography, mass spectrometry															
b. tidal volume, minute volume, I:E															
c. blood gas analysis, P(A-a)O ₂ , alveolar ventilation, V _D /V _T , *, mixed venous sampling															
d. peak flow, maximum inspiratory pressure, maximum expiratory pressure, forced vital capacity, timed forced expiratory volumes [e.g., FEV ₁], lung compliance, lung mechanics															
e. cardiac output, pulmonary capillary wedge pressure, central venous pressure, pulmonary artery pressures, fluid balance (intake and output)															
f. pulmonary vascular resistance and systemic vascular resistance															
g. apnea monitoring, sleep studies, respiratory impedance plethysmography															
h. tracheal tube cuff pressure, volume															
f. pulmonary vascular resistance and systemic vascular resistance															
g. apnea monitoring, sleep studies, respiratory impedance plethysmography															
h. tracheal tube cuff pressure, volume															
C. Perform procedures and interpret results, determine appropriateness of and participate in developing and recommending modifications to respiratory care plan.	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A

1. Perform and/or measure the following:	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
a. spirometry before and/or after bronchodilator, maximum voluntary ventilation, diffusing capacity, functional residual capacity, flow-volume loops, body plethysmography, nitrogen washout distribution test, total lung capacity, CO ₂ response curve, closing volume, airway resistance															
b. ECG, pulse oximetry, transcutaneous O ₂ /CO ₂ monitoring															
c. V _D /V _T , ♦, mixed venous sampling, ∅ cardiac output, pulmonary capillary wedge pressure, central venous pressure, pulmonary artery pressures, cardiopulmonary stress testing															
d. fluid balance (intake and output)															
e. arterial sampling and blood gas analysis, co-oximetry, P(A-a)O ₂															
f. sleep studies, metabolic studies [e.g., indirect calorimetry]															
g. ventilator flow, volume and pressure waveforms, lung compliance															
2. Interpret results of the following:															
a. spirometry before and/or after bronchodilator, maximum voluntary ventilation, diffusing capacity, functional residual capacity, flow-volume loops, body plethysmography, nitrogen washout distribution test, total lung capacity, CO ₂ response curve, closing volume, airway resistance, bronchoprovocation															
b. ECG, pulse oximetry, transcutaneous O ₂ /CO ₂ monitoring															
c. V _D /V _T , ♦, mixed venous sampling, ∅ cardiac output, pulmonary capillary wedge pressure, central venous pressure, pulmonary artery pressures, cardiopulmonary stress testing															
d. fluid balance (intake and output)															
e. arterial sampling and blood gas analysis, co-oximetry, P(A-a)O ₂															
f. peripheral venipuncture or insertion of intravenous line															
g. sleep studies, metabolic studies [e.g., indirect calorimetry]															

	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
h. insertion of arterial and umbilical monitoring lines															
i. ventilator flow, volume, and pressure waveforms, lung compliance															
II. Select, Assemble and Check Equipment for Proper Function, Operation and Cleanliness SETTING: In any patient care setting, the advanced respiratory therapist selects, assembles, and assures cleanliness of all equipment used in providing respiratory care. The therapist checks all equipment and corrects malfunctions.															
A. Select and obtain equipment, and assure equipment cleanliness, and troubleshoot	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
1. Select and obtain equipment appropriate to the respiratory care plan:															
a. oxygen administration devices															
(1) nasal cannula, mask, reservoir mask (partial rebreathing, nonrebreathing), face tents, transtracheal oxygen catheter, oxygen conserving cannulas															
(2) air-entrainment devices, tracheostomy collar and T-piece, oxygen hoods and tents															
(3) CPAP devices															
b. humidifiers [e.g., bubble, passover, cascade, wick, heat moisture exchanger]															
c. aerosol generators [e.g., pneumatic nebulizer, ultrasonic nebulizer]															
d. resuscitation devices [e.g., manual resuscitator (bag-valve), pneumatic (demand-valve), mouth-to-valve mask resuscitator]															
e. ventilators															
(1) pneumatic, electric, microprocessor, fluidic															
(2) high frequency															
(3) noninvasive positive pressure															
f. artificial airways															

	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
(1) oro- and nasopharyngeal airways															
(2) oral, nasal and double-lumen endotracheal tubes															
(3) tracheostomy tubes and buttons															
(4) intubation equipment [e.g., laryngoscope and blades, exhaled CO ₂ detection devices]															
(5) other airways [e.g., laryngeal mask airway (LMA), Esophageal Tracheal Combitube® (ETC)]															
g. suctioning devices [e.g., suction catheters, specimen collectors, oropharyngeal suction devices]															
h. gas delivery, metering and clinical analyzing devices															
(1) regulators, reducing valves, connectors and flowmeters, air/oxygen blenders, pulse-dose systems															
(2) oxygen concentrators, air compressors, liquid oxygen systems															
(3) gas cylinders, bulk systems and manifolds															
(4) capnograph, blood gas analyzer and sampling devices, co-oximeter, transcutaneous O ₂ /CO ₂ monitor, pulse oximeter															
(5) CO, He, O ₂ and specialty gas analyzers															
i. patient breathing circuits															
(1) IPPB, continuous mechanical ventilation															
(2) CPAP, PEEP valve assembly															
(3) H-valve assembly															
j. environmental devices															
(1) incubators, radiant warmers															
(2) aerosol (mist) tents															

(3) scavenging systems	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
k. positive expiratory pressure device (PEP)															
l. Flutter® mucous clearance device															
m. other therapeutic gases [e.g., O ₂ /CO ₂ , He/O ₂]															
n. manometers and gauges															
(1) manometers – water, mercury and aneroid, inspiratory/expiratory pressure meters, cuff pressure manometers															
(2) pressure transducers															
o. respirometers [e.g., flow-sensing devices (pneumotachometer), volume displacement]															
p. electrocardiography devices [e.g., ECG oscilloscope monitors, ECG machines (12-lead), Holter monitors]															
q. hemodynamic monitoring devices															
(1) central venous catheters, pulmonary artery catheters, cardiac output, continuous  monitors															
(2) arterial catheters															
r. vacuum systems [e.g., pumps, regulators, collection bottles, pleural drainage devices]															
s. metered dose inhalers (MDI), MDI spacers															
t. Small Particle Aerosol Generators (SPAG)															
u. bronchoscopes															

III. Initiate, Conduct, and Modify Prescribed Therapeutic Procedures SETTING: In any patient care setting, the advanced respiratory therapist evaluates, monitors and records patient's response to care. The therapist maintains patient records and communicates with other healthcare team members. The therapist initiates, conducts, and modifies prescribed therapeutic procedures to achieve the desired objectives. The therapist provides care in emergency settings, assists the physician and conducts pulmonary rehabilitation and home care.															
A. Evaluate, monitor, and record patient's response to respiratory care	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
1. Evaluate and monitor patient's response to respiratory care:															
a. recommend and review chest radiograph															
b. perform arterial puncture, capillary blood gas sampling, and venipuncture; obtain blood from arterial or pulmonary artery lines; perform transcutaneous O ₂ /CO ₂ , pulse oximetry, co-oximetry, and capnography monitoring															
c. observe changes in sputum production and consistency, note patient's subjective response to therapy and mechanical ventilation															
d. measure and record vital signs, monitor cardiac rhythm, evaluate fluid balance (intake and output)															
e. perform spirometry/determine vital capacity, measure lung compliance and airway resistance, interpret ventilator flow, volume, and pressure waveforms, measure peak flow															
f. determine and record central venous pressure, pulmonary artery pressures, pulmonary capillary wedge pressure and/or cardiac output															
g. recommend measurement of electrolytes, hemoglobin, CBC and/or chemistries															
h. monitor mean airway pressure, adjust and check alarm systems, measure tidal volume, respiratory rate, airway pressures, I:E, and maximum inspiratory pressure (MIP)															
i. measure F _i O ₂ and/or liter flow															
J. monitor endotracheal or tracheostomy tube cuff pressure															

k.	auscultate chest and interpret changes in breath sounds	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
l.	perform hemodynamic calculations [e.g., shunt studies (*), cardiac output, cardiac index, pulmonary vascular resistance and systemic vascular resistance, stroke volume]															
m.	interpret hemodynamic calculations:															
	(1) calculate and interpret $P(A-a)O_2$, \dot{V}_D , \dot{V}_T															
	(2) interpret exhaled CO_2 monitoring, V_D/V_T															
	(3) cardiac output, cardiac index, pulmonary vascular resistance and systemic vascular resistance, stroke volume															
2.	Maintain records and communication:															
a.	record therapy and results using conventional terminology as required in the healthcare setting and/or by regulatory agencies by noting and interpreting:															
	(1) patient's response to therapy including the effects of therapy, adverse reactions, patient's subjective and attitudinal response to therapy															
	(2) auscultatory findings, cough and sputum production and characteristics															
	(3) vital signs [e.g., heart rate, respiratory rate, blood pressure, body temperature]															
	(4) pulse oximetry, heart rhythm, capnography															
b.	verify computations and note erroneous data															
c.	apply computer technology to patient management [e.g., ventilator waveform analysis, electronic charting, patient care algorithms]															
d.	communicate results of therapy and alter therapy per protocol(s)															
D.	Initiate, conduct, or modify respiratory care techniques in an emergency setting.	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A
1.	Treat cardiopulmonary collapse according to:															
a.	BCLS															

b. ACLS																
c. PALS																
d. NRP																
2. Treat tension pneumothorax																
3. Participate in land/air patient transport																
E. Assist physician, initiate and conduct pulmonary rehabilitation.	1 Pass	Not Pass	N/A	2 Pass	Not Pass	N/A	3 Pass	Not Pass	N/A	4 Pass	Not Pass	N/A	5 Pass	Not Pass	N/A	
1. Act as an assistant to the physician performing special procedures including:																
a. bronchoscopy																
b. thoracentesis																
c. transtracheal aspiration																
d. tracheostomy																
e. cardiopulmonary stress testing																
f. percutaneous needle biopsies of the lung																
g. sleep studies																
h. cardioversion																
i. intubation																
j. insertion of chest tubes																
k. insertion of lines for invasive monitoring [e.g., central venous pressure, pulmonary artery catheters, arterial lines]																
l. conscious sedation																
2. Initiate and conduct pulmonary rehabilitation and home care within the prescription:																

a. monitor and maintain home respiratory care equipment, maintain apnea monitors															
b. explain planned therapy and goals to patient in understandable terms to achieve optimal therapeutic outcome, counsel patient and family concerning smoking cessation, disease management															
c. assure safety and infection control															
d. modify respiratory care procedures for use in the home															
e. implement and monitor graded exercise program															
f. conduct patient education and disease management programs															
Overall Clinic Rotation Evaluation Pass = STUDENT MEETS OR EXCEEDS EXPECTED CLINICAL PERFORMANC	1 Pass	Not Pass		2 Pass	Not Pass		3 Pass	Not Pass		4 Pass	Not Pass		5 Pass	Not Pass	

Summary Clinical Rotation Assessment

Exceeded Expectations in many area	Met Clinical Objectives	Did not meet Clinical Objectives
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LAVC INSTRUCTOR COMMENTS:

Remediation Assessment Plan (complete only if remediation was recommended during any clinical rotations)

Rotation # (s) _____ Clinic(s) _____ Procedure or area remediation _____

Date(s) Remediation resolved _____

_____/_____/_____
LAVC Program Director Date **LAVC Director Clinical Education / Date** **LAVC RT Student**

(I have read this evaluation)

Student Comments

