

Committee Members Present: Delia Lechtenberg, Sandy Curtis, Meredith Stalnaker, Tracey Howells, Patrick Fisher, Dawn Mathis, Mary Kay Bregar, Stacy Maes, Sil Arguello, Mary Chavez, Tom Sykes, PJ Gillen, Shawn Saiz, Ann Flores - recorder

Committee Members Absent:

Guests:

Agenda Item	Discussion Points	Decision/Action Item
Call to Order	<ul style="list-style-type: none"> Dee welcomed everyone in attendance 	
Approval of Minutes	<ul style="list-style-type: none"> Minutes approved 	
Delia Lechtenberg	<ul style="list-style-type: none"> We need to get hospitals on board with the use of electronic database for clinical surveys, attendance, and written clinical data information. Interpretability is required by our accreditation. Interpretability surveys attendance we have to prove to the accreditations that are doing that. Sandy gave every clinical agency information so the proctors can give to the clinical coordinator so that they can be more truthful since students do not see it. Electronic service – Data Arch and E-Valu. We looked at both and E-Valu was user friendly, but expensive. EMS uses a fully online with signatures software. We must make sure that our clinical and hospital sites can do the same Must be a web-based product. The cost is \$150 per student. There was discussion about concerns that all students are treated fairly and all information is being forwarded to Sandy Curtis. We also have to make sure this is a tool that we can go back and look at competencies, clinical completion, etc; Sandy Created a program called “Preceptor Workshop for PCC”. Call Sandy to get the access code to log in. You can get valuable CE’s for this program. 	<p>Patrick Fisher will contact us after he finds out if this type of tool will be workable for the hospitals.</p> <p>Dee will talk with E-Valu Rep and find out if the cost is by semester year or a one-time fee.</p> <p>We need more recruitment and resources if we continue in</p>

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<p>SSSC East – Delia Lechtenberg What to do with our RCA program at Southwest Campus.</p>	<ul style="list-style-type: none"> • There are only two small and rural hospitals for Southwest campuses for Respiratory students to use. We joined with San Juan in 2004. Now there is an issue because <i>San Juan Regional Medical Center</i> trying to accommodate two RCA programs and student are having a hard time getting what they need in clinical. San Juan give their students first access. • The questions remains, do we hold our program in Durango/Cortez when we have so little students and not enough clinical experience for them? We discussed this at length, but remains what is the president wish for PCC in that area. • We do not have a lab at SSSC East and that makes Tom’s job hard to do. If we go forward with our program we will need appropriate lab time, lab equipment and a .5 FTE • CoArc is going to meet with SJRM now they have had their first set of graduating students. Our students are not granted the first level, which goes to SJRMC students. We have no openings for the next 5 years. Job availability is slim to none. Now we have SJMC, Which has approx 18 students a year. Mercy has limited vents and they have allowed two SJRM<C and that makes it hard for us. Our students aren’t getting clinical time or experience they need • In New Mexico, there are six RCA programs, hospitals and clinical agencies are very small and would not be able to take an influx of students. • In addition, the funding structure is different in New Mexico. Students pay half per credit that our students have to pay because the NM lottery adds to their tuition. If our students go to Farmington NM we have to pay out-of-state tuition. • PCC is concerned; in Southern Colorado, we are not able to serve our students well. There are jobs outside of the state but most people want to remain in Colorado or in their hometown. • Accreditation has to show how many students get jobs. In this area, about 85% of our students find jobs including out-of-state job placements. 	<p>Dee to get direction from the president with the information we have to see where to go from here.</p>

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Annual Report – Delia Lechtenberg	<ul style="list-style-type: none"> • In 2011, we had 10 graduating students, 3 are still waiting finishing up 5 have their RRT. Six students attempted the RRC and 5 passed that is about 90-100 range pass rate. 2009, we had 15 students complete RRT that is more than 50%. Pueblo is doing well. For SCCC, for the last 3 years, no students attempted the RRT and in 2011, four students graduated and no one has taken the RRT yet. • Spring 2012 we had 6 students graduate and are going on to take the RRT 	
Attrition rate – Delia Lechtenberg	<ul style="list-style-type: none"> • We must have 40% attrition rate established in this program and job status as RRT must be at 80%. RRT is no longer a threshold. 3 years data indicated 89% job placement and 91 % CRT success. See the finished report for further details. We do not have a very high rate of RRT in Pueblo than in Denver. There is not a big difference in pay between CRT and RRT. Not a big incentive and not part of job evaluation and student are not rewarded for it, yet it is now required. 	
Good of the order	<ul style="list-style-type: none"> • We are in dire need if IPPB machines. We have only one that works and sometimes that needs tweaking to get it to work. If anyone has IPPB machines that work and are willing to donate, we would love to have them. Please contact Delia Lechtenberg. • Respiratory students should look at Centura hospitals for employment, they may be hiring. 	Contact Delia Lechtenberg for information on IPPB machines if anyone is will to donate.
	Next meeting will be determined	