Family and Health Careers
Part I. Alignment with College

Chapter 0: Unit Alignment

1) Core Values

Learning
- FHC supports the value of learning through:
    - A variety of instructional techniques
    - Collaboration
    - Focus on outcomes
    - Ongoing evaluation

Diversity
- FHC supports the value of diversity in the following ways:
    - Support students
    - Anti-bias curriculum
    - Staff is Culturally Competent
    - Provide multicultural experiences

Innovation
- FHC supports the value of innovation in the following ways:
    - Technology
    - Teaching Methods
    - Maintaining a Positive Attitude
    - Gathering and Using Input for Innovative Ideas

Collaboration and Partnership
- FHC supports the value of collaboration and partnership in the following ways:
    - Working in internal teams
    - Working with larger college
    - Working with community
    - Working with students

Integrity
- FHC supports the value of integrity in the following ways:
    - Clear expectations and consistency
    - Open communication
    - Accountability
    - Responsible spending

Accessibility
- FHC supports the value of accessibility in the following ways:
  - Open admissions policy
  - Accommodate special needs
  - Financial support
  - Distance learning

2) Strategic Directions

Transforming Students' Lives
- FHC transforms students' lives through:
  - Preparing students for professions that provide a living wage
  - Providing education/training for displaced workers and persons re-entering the workforce
  - Keeping students current in changing fields based on program assessment and community needs
  - Building empowered professionals
  - Enabling students to become better parents through ECE course offerings

Transforming the Learning Environment
- FHC transforms the learning environment by
  - Advocating for additional safe, accessible, functional, inviting and welcoming facilities
  - Promoting and advocating for valuable co-op site placements
  - Advocating and keeping current with technology for Simulation manikin and providing appropriate staffing
  - Serving a diverse student population – special needs, all social/economic classes, the underserved, and all sexual orientation
  - Utilizing the expertise of students who have experience working with diverse populations in the community
  - Offering classes via telecourse, on line, web site, and distance educations with Florence

Transforming the College Organization
- FHC Transforms the College Organization by
  - Obtaining and making scholarships available to FHC students
  - Utilizing Lane ESD professional development funds
  - Obtaining an additional 1 FTE support staff position for the dental operations team
  - Offering high demand classes that contribute to college FTE
  - Obtaining support from community volunteers to work in our program
  - Obtaining funds from the community
  - Generating revenue through differential pricing, lab fees, and increased dental clinic fees
  - Participating in the Oregon Consortium for Nursing Education
  - Partnering with the medical community to provide volunteer preceptors for nursing and respiratory care students
  - Receiving donations from Peace Health to support faculty necessary to add additional students to the nursing program

- Receiving funds from 4-J providing for dental sealant clinics
- Remaining diligent in observing cost-saving measures of recycling and conserving supplies and making do with less

Learning Centered Principles

Lane provides opportunities for transformation through learning
- FHC provides opportunities for transformation through learning by
    - Preparing students for professions that provide a living wage
    - Providing education/training for displaced workers and persons re-entering the workforce
    - Keeping students current in changing fields based on program assessment and community needs
    - Building empowered professionals
    - Enabling students become better parents through ECE course offerings

Lane engages learners as active partners in the learning process.
- FHC engages learners as active partners in the learning process through
    - Having students participate as patients
    - Providing laboratory experiences designed to simulate the clinical/preschool setting
    - Promoting and providing opportunities for student feedback
    - Having students participate in small group seminars
    - Having students participate in a vide variety of clinical experiences
    - Having students collaboration with parents, teachers, other students, clients, patients, faculty, clinical staff, and children
    - Providing students with opportunities for self evaluations
    - Providing ongoing student evaluations, competencies, and check lists
    - Individualizing learning opportunities

Lane creates a learning environment that motivates and inspires students to recognize their responsibility for their own learning.
- Family and Health Careers creates a learning environment that motivates and inspires students to recognize their responsibility for their own learning by
    - Introducing students to literature, library, computer technology resources
    - Providing modularized, competency based instruction for learning objectives
    - Offering research in individual programs
    - Providing professionalism and life long learning
    - Modeling professional behavior by seeking out staff development opportunities
    - Holding membership in professional organizations
    - Faculty working in their professional fields outside of Lane Community College

Lane offers multiple options for learning based on proven and innovative theories and methods that address the needs of diverse learners.

- FHC offers multiple options for learning based on proven and innovative theories and methods that address the needs of diverse learners by
    - Utilizing a variety of teaching strategies to meet the students' needs
    - Planning, doing, checking, acting at multiple points throughout the teaching/learning process
    - Individualizing teaching techniques based on learning styles
    - Using office hours for individual mentoring/coaching/tutoring of some students
    - Offering optional lab opportunities to further develop skills
    - Providing hands on lab experiences

Lane commits to a culture of assessment of programs, services and learning, honoring the values of intellectual freedom, community responsibility and student need.

- FHC commits to a culture of assessment of programs, services and learning, honoring the values of intellectual freedom, community responsibility and student need by
    - Having external accreditation of their health career programs
    - Actively seeking students feedback
    - Utilizing advisory committee input through structured opportunities
    - Surveying dental clinic patients
    - Committing to high quality care provided by the students
    - Soliciting feedback from employers at the co-operative education sites
    - Trying to increase student enrollment within funding constraints
    - Building levels of competency and skills on prior learning

Lane fosters knowledge and appreciation of diversity among staff and students and encourages pluralism and intercultural competence. Lane engages learners from diverse cultural and social contexts.

- FHC fosters knowledge and appreciation of diversity among staff and students and encourages pluralism and intercultural competence. FHC engages learners from diverse cultural and social contexts by.
    - Offering course content on cultural competence
    - Incorporating information on diverse cultures incorporated into teaching modules
    - Using a bilingual faculty model
    - Providing diverse experiences for students
    - Subscribing to culturally diverse magazines
    - Encouraging students to share appropriate diverse experiences appropriate for learning in a respectful environment
    - Providing an open entry process
    - Implementing an anti bias multi cultural curriculum in the Child Development Center
    - Accommodating all learning styles

Lane is committed to both individual and organizational learning.

- FHC is committed to both individual and organizational learning by
    - Participating in college wide in-service activities
    - Reviewing and revising the curriculum annually
    - Participating in campus and community committee work
    - Participating in inter and intra department and campus committees
    - Participating in ongoing college training (banner, how-to, etc.)
    - Offering in-house CPR training
    - Participating in teaching training
    - Providing guest speakers for wellness program

Providing volunteers for community activities. Lane students and staff are a community of learners, all of whom contribute to learning.

- Providing volunteers for community activities. FHC students and staff are a community of learners, all of whom contribute to learning.
    - Participating actively in professional organizations
    - Serving as role models for others
    - Serving as team members on site visit teams
    - Serving in community outreach programs
    - Being members of American Associate of Women in Community College
    - Participating in patient/client/parent/family/children teaching & instruction

Lane promotes open communication among staff, students and the community within and across organizational and physical boundaries.

- FHC promotes open communication among staff, students and the community within and across organizational and physical boundaries by
    - Participating in staff meetings
    - Attending advisory committee meetings
    - Having joint courses with College Now
    - Seeking feedback from community/clinic partners
    - Participating in Faculty Connections
    - Participating in learning salons
    - Inviting students to faculty meetings
    - Providing open e-mail communication
    - Utilizing calibrated assessments
    - Publishing standardized policy and procedure manuals
    - Posting and informing patients of rights & responsibilities for dental clinic
    - Coordinating with outside agencies for special needs children

Part II. Unit Description

Chapter 1: Unit Description

1)   Unit Mission/Vision

The FHC mission from 10/89 is "Preparing the best health occupations and family education students in America".   The Mission will be revised and the new mission will appear in next year's unit plan.

2)   Catalog Description

The Family and Health Careers Department offers a variety of programs to assist individuals wishing to enter health care and family-oriented careers. The excellence of each program is evidenced by graduates' high scores on licensing board exams, rapid placement of graduates in local and regional employment, and program accreditation from governing boards.

The catalog descriptions are reviewed/revised annually by each program coordinator in conjunction with the faculty of the individual program. The program coordinator is responsible for submitting the agreed upon changes through the appropriate processes.

3)   History/Significant Program Events

Dental Assisting

Dental Hygiene
Unit Evolution: The Dental Hygiene program was originally supported by Federal funding to Community College to increase dental hygiene professionals throughout the United States in the late 1960's. Lane accepted 16 students in the fall of 1968 and was officially accredited by the Commission on Dental Accreditation, a specialized accrediting body recognized by the Commission on Dental Accreditation of the American Dental Association in May 1970. The program has continuously been fully accredited and shared clinical and faculty assignments with the dental assisting program. The most recent accreditation site visit occurred in November 2001 with the program achieving "approval without reporting requirements".

The graduates of the program include over 575 Registered Dental Hygienists since 1970. Student interest in the program has not waned over the years. Applicants for the program have averaged over 70 per year with over 90 applicants throughout the 2000's.

Significant Events to Mark Growth: A 70's style clinical facility of approximately 1200 square feet was replaced in 2001 with a $1.2 million dollar clinical facility of over 4,500 square feet of instructional and faculty office space in the lower level of the Health Building (Bldg. 4). Equipment has kept pace with modern advances. Panoramic and digital radiography, digital sterilization units, state-of-the-art dental chairs and delivery systems along with an Eaglesoft chart management system are available for student use. Faculty are using PowerPoint presentations, interactive live distance learning, WEBCT and are planning for the implementation of ELMO assisted instructional demonstrations for clinical and laboratory education.
Annual Events/Projects: Students are preparing a Keystone project documenting educational patient care cases. A Community Dental Health Portfolio is prepared to document program competencies and is

completed over the final two terms of the curriculum. Graduates have historically done well on National and Regional Board Examinations. In the past ten years students have performed among the top 46 schools in the nation on the Dental Hygiene National Board Examination and have a success rate of 94 – 100 percent on regional clinical board examinations (WREB). Graduates continue to find employment throughout the state and surrounding region. Through survey data collection employers demonstrate satisfaction with graduates and graduates report satisfaction with their education. The clinical facility continues to meet the needs of the dentally underserved, providing 700 cleanings or periodontal therapy to adult patients. Over 200 children are provided preventive care per year through a grant partnership with 4-J Community Health Centers. An annual February Free Dental Sealant Day is offered in the Lane Dental Clinic which collaborates with the local dental hygienists, dentists, dental assistants, front office professionals and their professional organizations. This event sees approximately 85 children per year. The program is beginning to partner with Linn Benton Community College to provide an extramural dental care experience for students in the LBCC Dental Assisting Clinic.

Early Childhood Education
The Early Childhood Education program at LCC began in 1966. It was originally a component of the Home Economics department and offered students a preschool lab experience in an older basement room in the Health Building. An infant/toddler component was added to the center in 1985. In 2001 a new lab school/ child care center was completed. The current ECE program serves 1,300 enrollment slots annually. Students who leave the program with an Associate of Applied Science in ECE enter a growth market. Most of the students find jobs immediately. This is due to an ever increasing number of working families needing childcare and a lack of qualified early childhood teachers to meet this need.

Emergency Medical Technology-Paramedic

Health Records Technology
The Health Records program was begun with the formation of an Advisory Committee in 1988 in response to requests from community employers. They felt the administrative training given in the MOA program was not sufficient for their needs and so asked that LCC develop a Health Records program. The idea was to start with a one-year certificate program with the plan to develop that into a two-year degree program at some future date. The second years was developed in 1988 and is still awaiting funding in order for implementation to take place.

Medical Office Assisting
The Medical Office Assistant program first started at Lane Community College in 1969. It is a one-year certificate of completion program which will prepare students to work as a clinical assistant in a doctor's office or clinic, or as an administrative assistant in a doctor's office, clinic, insurance company, or hospital setting. In 1997 Lane became accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Committee on Accreditation for Medical Assistant Education. Graduates of the program are eligible to sit for the national Medical Assistant Certification Examination, which is administered by the American Association of Medical Assistants. National certification and continuing education are required by some local employers. In fall 2002, the MOA Program along with its Advisory Board raised a little over $47,000 within a span of five months to support the financially troubled program. This has allowed the program to be offered for another two years while more stable funding is arranged within the college.

Nursing

Respiratory Care

4) Degrees and Certificates

Two-Year Associate of Applied Science Degree
- Dental Hygiene
- Early Childhood Education
- Emergency Medical Technology-Paramedic
- Associate Degree Nursing
- Respiratory Care

One-Year Certificate of Completion
- Dental Assisting
- Early Childhood Education
- Emergency Medical Technology
- Health Records Technology
- Medical Office Assistant
- Practical Nursing

Cooperative Education
- Associate Degree Nursing
- Dental Assisting
- Early Childhood Education
- Emergency Medical Technology
- Emergency Medical Technology-Paramedic
- Health Records Technology
- Medical Office Assistant
- Practical Nursing
- Respiratory Care

5) Organizational Structure

The Division Chair reports to the Vice President of Instruction. The chair is assisted by program coordinators who are responsible for the leading the work in their program.

Organizational Structure
- Board of Education
- President
- Vice President of Instruction and Student Services
- Associate Vice President for Instruction
- Division Chair Health and Family Careers
- Program Coordinator and Faculty Associates Degree Nursing and Practical Nursing Programs
- Program Coordinator and Faculty Dental Assisting Program
- Program Coordinator and Faculty Dental Hygiene Program
- Program Coordinator and Faculty Early Childhood Education Program

- Program Coordinator and Faculty Emergency Medical Technology and Emergency Medical Technology-Paramedic Programs
- Program Coordinator and Faculty Health Records and Medical Office Assisting Programs
- Program Coordinator and Faculty Nutrition Program
- Program Coordinator and Faculty Respiratory Care Program
- Administrative Coordinator and Administrative Assistants
- Child Development Center and Infant and Toddler Center Director and Staff

6)   Instructors/Staff

Adler, Jerri; BA, AA, CMA, CMT, Instructor, Medical Office Assistant/Health Records Tech Programs, FTE .763%

Alvarado, Jessica; AAS, BS, MS, RN, Department Counselor

Baker, Crystal; AS, Early Childhood Teacher, Child Development Center, FTE .696%

Balz, Jeanine; MA, RN, Instructor, Nursing Program, FTE 1.0

Barr, Bonny, MN, BSN, RN, Instructor, Nursing Program, FTE 1.0

Batterson, Jane; BS, AA, RDH, MM, Instructor, Dental Programs, FTE .89.2%

Bishop, Jean; BA, MED, Coordinator and Instructor, Early Childhood Education Program, FTE 1.0

Blickle, Tom; MS, BA, AAS, ADN, RN, Instructor, Nursing Program, FTE 1.0

Brokaw, Tom, CPR, NAEMT, Coordinator and Instructor, Emergency Medical Technician Program, FTE 1.0

Canale, Suzanne; MN, MS, BSN, RN, Instructor, Nursing Program, FTE 1.0

Clemens, Glenna; MN, BSN, RN, Instructor, Nursing Program; Cooperative Education Nursing, FTE 80%

Cummings, Hilary; AS, Early Childhood Teacher, Child Development Center, FTE .697%

Cummins, Michelle; Instructor, Dental Programs, FTE .84.7%

Dietz, Cynthia; Information Technology Technician, FTE .703%

Driscoll, Norma; BS, AS, RRT, RCP, Instructor, Respiratory Care Program, FTE 1.0

Feldman, Diana; Administrative Support Specialist, FTE 1.0

Garner, Annette, MA, RN, Instructor, Nursing Program, FTE .9679%

Hagan, Sharon Savage; MS, BS, RDH, Coordinator and Instructor, Dental Hygiene Program, FTE 1.0

Haines, Judy; AS, Early Childhood Teacher, Child Development Center, FTE .696%

Hamilton, Gail; Administrative Support Specialist, FTE 1.0

Harcleroad, Jeanne, RN, Instructor, Nursing Program, FTE 73.3%

Hecht, Roger; AS, RRT, CPFT, RCP, Instructor, Respiratory Care Program, FTE 1.0

Hickey, Beverly; MA, BS, Instructor, Early Childhood Education Program, FTE 70%

Johnson, Debbie, Administrative Support Specialist, FTE 1.0

Kavanaugh, Rita; BA, AAS, RDH, Instructor, Dental Programs, FTE 1.0

Killen, Janet, BSN, RN, AS, Instructor, Nursing Program, FTE 73.3 %

Lynch, Mary Lou; MSN, BSN, RN, Instructor, Nursing Program, FTE 1.0

McCready, Doug, MA, RN, Instructor, Nursing Program, FTE .9679

Meashintubby, Deleesa; Instructor, Medical Office Assistant/Health Records Technician Programs, FTE 75%

Mestler, Karen, Early Childhood Teacher, Early Childhood Education Program, FTE .696%

Metzler, Don; Instructional Specialist, Early Childhood Education Program, FTE 93.54

Munkvold, Julia; MSN, MS, BSN, RN, Instructor, Nursing Program, FTE 90%

Naylor, Beth; MS, BA, RD, Instructor, Foods and Nutrition

O'Brien, Anne; RN, MSN, Coordinator and Instructor, Nursing Program, FTE 50%

Powell, Tamberly, MS, RD, Instructor, Nutrition, FTE .667

Radcliffe, Emma, AS, Early Childhood Teacher, Early Childhood Education Program, FTE .696%

Ranney, Claire; Administrative Support Specialist, Emergency Medical Tech Program and Nursing Lab, FTE .624%

Robertson, Dianne; AS, RN, Instructor, Nursing Program, FTE 73.3%

Roders, Sue; MS, BSN, AA, RN, Instructor, Nursing Program, FTE 1.0

Ronning, Michel; AS, Director, Child Development Centers, FTE 89.54%

Russell, Jane; Administrative Coordinator, ECE Co-op Instructor, FTE 1.0

Schreiber, Patrick; BS, EMT-P, Instructor Emergency Medical Technician Program, FTE 1.0

Stalder, Heidi; Early Childhood Teacher, Child Development Center, FTE .696%

Stermer, Julianne; MA, BA, Instructor, Early Childhood Education Program, FTE 1.0

Stice, Sandra; CDA, EFDA, EFODA, Coordinator and Instructor, Dental Assisting Program, FTE 1.0

Stone, Jeanne; Food Service Coordinator, Child Development Center, FTE .609%

Swett, Katie; MS, BS, RN, Instructor, Nursing Program, FTE 1.0

Tackman, Theresa; AS, Early Childhood Teacher, Child Development Center, FTE .696%

Terry, Cindy; Early Childhood Teacher, Child Development Center, FTE .696%

Thornton, Susan; Early Childhood Teacher, Child Development Center, FTE .696

Tiel, Bren; MN, BSN, AAS, ADN, RN, Instructor, Nursing Program, FTE 1.0

Tupper, Kris; BS, CDA, EFDA, EFODA, Instructor, Dental Assisting Program, FTE 1.0

Ulrich, Sue; MSN,BSN, RN, Instructor, Nursing Program, FTE 55.9%

Voege, Jean; MSN, BSN, RN, Instructor, Nursing Program, FTE 73.3%

Welch, Jan; , MSN, BSN, RN, Instructor, Nursing Program, FTE 1.0

Whitaker, Carol, Division Chair, EdD, CFCS, Family & Health Careers, FTE 1.0

Wygle, Karen; Administrative Support Specialist, Early Childhood Education Program, FTE .507

7)   Student Profile

- 83% female
- 10% minority
- 1% disabled
- 29% academically disadvantaged
- 42% economically disadvantaged
- 96% 2.0 + GPA or higher

8)   Facilities and Equipment

FHC has a state of the art Dental Clinic, Child Development Center, and Medical Office Laboratory. The computer Laboratory used primarily by Health Records Technology could use additional computer programs and digital upgrading to bring student learning in line work place of larger employers. The EMT-Paramedic, Nursing, and Respiratory Care labs are the most in need of upgrading. EMT-Paramedic lab is

classroom with secured storage space. The equipment is adequate; however "pretending" to be in the back of an ambulance or in a patient's living room takes some imagination. The Nursing labs are small and two few in number to accommodate all of the nursing students during the weeks that all nursing instruction is on campus. There is no space in Building 4 for the new simulation equipment.

Most of the classrooms are odd shapes that are not conducive to using audio-visual equipment or flexible seating. Only one classroom has an "In Focus" machine permanently installed.

About half of the faculty offices were remodeled recently. The nursing offices are very small about 40 sq. ft. and offer no privacy. They are not in compliance with The Oregon State Board of Nursing standards and have been sited twice for non-compliance. FMT has the offices scheduled for remodeling this summer. The offices would be enlarged to a little over 50 sq. ft. which is less that the college-wide 100 sq. ft. standard.

Dental Hygiene Facilities and Equipment
Campus Space: 4,500 Square feet of clinical, laboratory, reception, office, storage and faculty office space. Remodeled and occupied in 2001.

Patient Care Facility: Easily accessible to the general public and elderly and/or disabled dental clients.

Dental Clinic/Radiology Instruction Area Utilization Ratio
Fall Term:　　　33 hours per week for student contact
Winter Term:　35 hours per week for scheduled contact plus 20 hours of open clinical sessions per term
Spring Term:　29 hours per week for scheduled contact plus 20 hours of open clinical sessions per term

In addition to scheduled contact time the students use the facility to sharpen instruments, schedule patients and prepare for patient care. The facility is considered fully available to students 40 plus hours per week due to patient treatment considerations. Clerical staffing and supply facilities are accessible 40 plus hours per week. The dental assisting program utilizes the facility in addition to these hours per week.

Clinical Student Instruction: State-of-the-art dental units, fully accessible for right and left handed students, adequate numbers of auxiliary dental hygiene equipment for each unit, new easily operable sterilizers, Instructional Video/Demonstration units viewable from the three clinical pods.

Equipment Challenges:
1. Unable to fully implement EagleSoft dental software for patient care due to need for portable lap tops with remote access. Unable to use digital radiography fully due to inability to provide digital image at chairside.
2. Digital display units are not in every classroom and hinder faculty use of Powerpoint presentations for instruction. Instructional DVD's and a slide and text scanner for Powerpoint presentation development are needed.
3. Dental radiography processor down-time has increased over the past year and interferes with efficiency of radiograph processing and has resulted in the loss of full sets in broken equipment. This poses a health and safety issue for dental patients.
4. Intra-oral camera does not meet the needs of program students, old, complicated to use and not very accurate.
5. Disabled patients are having difficulty with access to dental chairs and need chair accommodations such as: seating boosters for adults and children, a dental unit chair that lowers to meet the wheel

    chair patients needs, a sliding board for transfer and a wheel chair head rest for non-transferable patients.

6. One Dexter radiographic manikin needs replacement and three manikins need arms to hold film. Funding was not available to purchase this auxiliary equipment in past years and we have made do with shop magnetic arms which are barely adequate.
7. Simulation Anesthesia manikin would allow students to practice local intra-oral anesthesia in a simulation experience prior to receiving anesthesia on each other in laboratory instructional sessions.
8. Ultrasonic units are aging and are becoming less powerful; increasing patient distress during treatment and student success with the use of the procedure. New technology in sonic scaling equipment needs to be introduced to students as it is now found commonly in dental practices.

9)   **Budget Profile**

General Fund:	Actual Costs	$3,299,427
	Revenues (ICP, ECE fees, Hospital support for salaries)	$457,500

Part III. Performance 2003-2004

Chapter 2: Program Outcomes Data, 2003-2004

1) <u>**Enrollment Data**</u>

- Program Level: Student FTE   785.2
- Course Level: Student FTE
    - Dental Assisting   43.1
    - Dental Hygiene   52.5
    - Early Childhood Education   195.8
    - Emergency Medical Technology/Paramedic   56.6
    - Medical Records Technology/Medical Office Assistant   173.3
    - Nursing   216.4
    - Respiratory Care   47.5

- Capacity Analysis - Most classes in FHC are enrolled near capacity. The areas that show less than about 90% on the "Enrollment Report" have co-op, independent study, or practicum computed in the calculations, which have very capacity ceilings.

2) <u>**Student Success Data**</u>

- Degrees/Certificates Awarded 03-04
    - Dental Assisting--24
    - Dental Hygiene--17
    - Early Childhood Education--15
    - Emergency Medical Technology--20
    - Paramedic--20
    - Health Records Technology—19
        - Suggested Program of Study—Coding Assistant –7
        - Suggested Program of Study—Medical Transcription --18
    - Medical Office Assistant--6
    - Nursing--77
    - Respiratory Care—11

3) <u>**Budget**</u>

- General Fund: [3]
    - General Fund Allocation--$3,229,247
    - Revenues (Course Fees, etc.)--$457,500
- Other Community Support
  Students are using a variety of clinical sites in Eugene/Springfield, Albany, Corvallis, Florence, Salem, Bend, and Roseburg. The medical community provides preceptors, funds for extra clinical groups for nursing, scholarships, and cooperative education sites.

Chapter 3: Program Outcomes Analysis, 2003-2004

1)   How effectively did you fulfill your unit's mission?

The 1989 Family and Health Career's mission statement will be revised, and a plan to assess effectiveness of meeting the mission will be developed.

2)   How well did students meet your learning outcomes at both the Program Level and Course Level?

The division is taking different approaches to evaluating student outcomes. Dental Assisting, Dental Hygiene, EMT/Paramedic, Medical Office Assisting, and Respiratory Care report annually to outside accrediting bodies on student learning outcomes.   These units will summarize this information. Early Childhood Education and Health Records Technology will report on selected student and/or course outcomes. Nursing is reporting on the outcomes of the November, 2004 survey of the Lane Community College Nursing Program by the Oregon State Board of Nursing.

Dental Assisting
Accrediting Agency - Commission on Dental Accreditation, American Dental Association

STANDARD I - INSTITUTIONAL EFFECTIVENESS
Planning and Assessment
1-1 The Program must demonstrate its effectiveness using a formal and ongoing planning and assessment
       process that is systematically documented and includes:
    a) A plan with program goals
    b) An implementation plan
    c) An assessment process with methods of assessment and data collection
    d) Use of results for program improvement
Planning for, evaluation of and improvement of the educational quality of the program is broad-based, systematic, continuous and designed to promote achievement of program goals.
The overall goal of the LCC dental assisting program is to prepare qualified Dental Assisting graduates who possess the competency to be employed in general or specialty offices.
The program goals and competencies are reviewed annually by dental assisting faculty. Any corrections and /or revisions to the competencies are adopted by consensus of the full dental assisting faculty.
The following outcomes measures with stated goals and objectives are being used:
a) Clinical competency sheets
b) Cooperative Education Coordinator Evaluations
c) Cooperative Education Employer Evaluations
d) Radiology State Board Examination results
e) Dental Assisting National Board results
f) Patient/Client Satisfaction survey
g) Dental Assisting Program Student Self Assessment of Goals

The LCC dental assisting faculty met on June3, 2004 to conduct their annual review of the dental assisting curriculum. During this review, the following sources of information were considered:
   •   Student & graduate evaluations
   •   Employer evaluations

- Faculty perceptions of the program
- Recommendations from the dental advisory committee
- Curriculum outlines from other dental assisting programs
- Current standards of the dental assisting practice
- Future trends in dental assisting practice

Based upon this review, the dental assisting faculty identified several goals that could be achieved by revising the current dental assisting curriculum. These goals included:
- Adding lecture time to Dental Health Education
- Adding lecture time to Dental Materials
- Reducing overlap of content between courses
- Allowing additional time to include new clinical skills
- Placing related content into the same course to enhance student learning
- Linking lecture content with lab activities, to allow application of skills

Proposed changes to the curriculum was approved by the Curriculum Approval Committee November 3, 2004 - implemented in 2005-06. A definite weakness is that students score lower in the Dental Materials section of the National Chairside Exam. Assessments indicated not enough lab/lecture time and to update our technology/equipment that is currently being used in the lab. We have increased the lecture time and based on the availability of funds we will update the dental materials lab.

Outcomes from the 03-04 Lane Catalog
- Demonstrate knowledge and skills required to collect diagnostic data systematically.
- Demonstrate knowledge and skills required to perform a variety of clinical supportive
         treatments.
- Demonstrate knowledge and skills required for business office procedures.

Dental Hygiene
Accrediting Agency - American Dental Association's Commission on Dental Accreditation Commission
Learning outcomes identified by the Dental Hygiene program include the **ability** *to discern and manage ethical issues of dental hygiene practice*. The on-site dental clinic and required patient care activities within the curriculum give students the opportunity to work with a comprehensive selection of patients. Scheduling and providing dental services that meet the needs of the patient provide opportunities to make ethical decisions on a daily basis. Assessment of the students' ethical decision making ability occurs in a variety of situations: treatment planning, ethical case study evaluations during classroom discussion, and selection and implementation of prevention strategies during clinical care. Review of the 2nd year Community Dental Health Portfolio and Patient Care Logs prepared in the 1st year of the curriculum present instructors with the students' written analysis of ethical decisions made in professional practice interactions.

Planning educational and clinical services, using appropriate interpersonal communication, clinical skills and educational strategies are evaluated on a daily basis during clinical patient treatment. Faculty devised "new patient" intake sessions to allow application of assessment techniques to more than 70 patients throughout the curriculum for each student. Students require communication skills to interact with these patients in order to complete a medical history and other assessment procedures, as well as clinical skills. After completing clinical assessments students use critical thinking skills to plan educational and clinical services. Students are able to develop basic, beginner and novice decision making skills with

improved accuracy as demonstrated by clinical assessment of competence measured on the Daily Clinical Assessment Form. Faculty assess each of the students' 70 patient experiences and report increased accuracy, independent decision making and treatment planning ability throughout the 5 patient care terms.

Students perform assessment, planning, implementation and evaluation for the process of dental hygiene care during clinical sessions. Assessment of the process of dental hygiene care learning outcome occurs across the curriculum in Clinical Dental Hygiene courses 1-6. During periodontal and dental charting, radiographic exposure and assessment, treatment planning and informed consent, periodontal instrumentation competency testing and recall patient care, students implement all aspects of the process of care. Scheduling and obtaining informed consent in addition to planning, implementing and evaluating individualized home care plans, allows students to demonstrate successful *communication technique related to planning and implementation.* Improved dental conditions as measured by plaque levels, tissue conditions and bleeding points verify skill in *implementation and evaluation* strategies. Students use digital photography on selected patient care cases to document visual changes and skill in instrumentation, and patient motivation,. Clear and accurate chart notes are verified by faculty during the chart review process completed quarterly as part of the Comprehensive Patient Care Clinical Assessment chart review process.

Students **initiate and assume responsibility for health promotion and disease prevention with community groups** throughout Lane County in schools, long term care facilities and with special needs populations. A Community Dental Health Portfolio, prepared over the final two terms, displays student research and implementation strategies with self selected community groups. Students use evidence based research obtained from **electronic data base literature searches and library reference materials** to complete literature critiques and evaluations, product selection and to plan successful community health program strategies. Analysis of dental research requires the use of statistical and mathematical concepts. Application of **computation skills** is performed in selecting appropriate fluoride products by strength and calculating the number and type of anesthetic cartridges to be administered during patient care. Tidal volume and administration dosages are calculated and assessed by faculty for accuracy during each administration of nitrous oxide oxygen analgesia.

Strengths can be demonstrated in preparing students for successful passing of the National Dental Hygiene Board Examination (100% pass rate) and the WREB Anesthesia and Clinical exam (100% pass rates). Student formative and competency assessments simulate clinical board examination situations. Students indicate the program prepares them well for successful completion of board examinations. Patients are satisfied with treatment and students are satisfied with patient care opportunities. Students would like additional assistance with finding special needs populations to meet program requirements, but feel prepared to treat these populations.

The **evidence gathered** from faculty assessment of curricular content indicates the need for inclusion of special needs topics which cover the vast number of medical and dental situations students encounter during provision of care to all periodontal patient types and conditions. Didactic content and development of resources for culturally diverse populations and their conditions along with modification of dental equipment for disabling conditions need to be addressed. Faculty have requested personal development in clinical assessment strategies and development of innovative teaching and learning experiences. The day-to-day requirements related to operating a dental clinic and treating patients detracts from the culture of assessment which can be implemented and completed quarterly or annually to support accreditation standards and college operations.

Outcomes from the 03-04 Lane Catalog

- Discern and manage ethical issues of dental hygiene practice.
- Provide planned educational and clinical services using appropriate interpersonal communication, clinical oral instrumentation skills, and educational strategies.
- Initiate and assume responsibility for health promotion and disease prevention activities.
- Use assessment, planning, implementation and evaluation in the provision of the process of dental hygiene care for the general dental patient and special needs populations.

Early Childhood Education

PROGRAM OUTCOMES: Successful outcome is measured by completion of five terms of ECE 240 Practicum – with a grade of C or better - and one term of 280EC- co-op. Of the 54 students enrolled in 03-04 lab, all but 2 passed with a grade of C or better, with the majority receiving a grade of A or B. The ECE program graduated 18 students in spring of 04 and all of them entered a labor market with a teacher shortage and a high probability of employment. In 2001, the last year placement was tracked, 85.7% of students who graduated were employed in the early childhood field.

Our primary method of assessment for program majors is monitoring and grading their progress in the lecture classes with written examination of the concepts taught and with assignments. In ECE 240, the practicum experience, all students in their fifth term of lab, must plan and carry out an entire week's curriculum. They are then observed and graded on the results. In order to complete ECE 240 successfully, students must demonstrate outcomes 1-4 in the lab classroom, moving from beginning level to a final advanced week. They are then required to successfully complete a term of 280EC co-op in the community. Successful competition of outcome # 5 is demonstrated by receiving a grade of C or better in ECE 260, Administration of Childcare Centers, where students must develop a budget, a class enrollment with a 90% FTE, and a teacher staffing plan, for a child care center.

STRENGTHS/WEAKNESSES IN HELPING STUDENTS MEET OUTCOMES:
Outcome -- Plan and carry out developmentally appropriate curriculum activities for children, from infants through kindergarten.
This outcome is met through the student's successful competition of classes such as Curriculum 1 and 2, at the conclusion of which student's must have knowledge of appropriate curriculum content for young children in group care and, be able to plan appropriate activities for both individual and groups of children. Other classes that help students meet this outcome are Observing Children, Creative Activities for Children, Outdoor Activities, Infant and Toddler Environments, and Practicum. In all of these classes, students learn, practice, and demonstrate curriculum activities, choose age appropriate guidance methods to enhance the child's development of self-worth, self-esteem, problem-solving skills and abilities for day-to-day life. This outcome is met through successful competition of Child Care and Guidance, Child Development, and Infants and Toddlers, where students learn and demonstrate through tests and in-class assignments knowledge of individual ages and maturational stages of children and learn guidance approaches that meet the needs of each stage of development. Classes such as Children Under Stress, Exceptional Child, and Middle Childhood help students to further their knowledge base of the ages and stages of children, special needs children, and the appropriate teaching and guidance methods to use with young children.

Outcome -- Design and effectively use environments that maximize children's abilities to make choices, explore personal power. develop empathy and caring behaviors, learn responsible roles for the classroom and appropriate relationships with others.
This outcome is met through Curriculum I and 2, Infant and Toddler Environments, and Practicum. Students design and plan activities within a prepared environment that allows children to make individual choices and behave psychosocially in a group.

Outcome -- Assist parents with skill-building in the areas of guidance, nutrition, and appropriate activity choices, and work effectively in a variety of roles with children and families.
This outcome is met in classes such as Parent, School and Community, where students must design and carry out a parent-teacher conference with a family at the Child Care Center. They must also design a family involvement plan. Other classes that help meet this outcome are Family, Food and Nutrition, Child Development, Child Care and Guidance.

Outcome -- understand the operation of programs ranging from working with children and families to administration and managements.
This outcome is met through Introduction to Early Childhood, where students learn about the history and career possibilities in the ECE field and in Administration of Child Care Centers where students must develop a budget, a class enrollment with a 90% FTE, and a teacher staffing plan, for a child care center.

Additional Data
1. Continue to move toward NAEYC accreditation of the Early Childhood practicum site with a goal date of 2007. Toward this end we will focus on a curriculum (reflected in lectures and classroom practice) that demonstrates the NAEYC position statement on developmentally appropriate practices: "The work of Piaget(1950,1972),Montessori (1964), Erikson (1950), and other child development theorists and researchers (Elkind, 1986 and Kami , 1985) has demonstrated that learning is a complex process that results from the interaction of children's own thinking and their experiences in the world.
2. Invest in audio-visual equipment that will allow ECE staff to visually document young children's learning process and the curriculum activities that best help them achieve stated learning goals. To provide documentation on bulletin boards and in curriculum projects that visually demonstrate children's learning for the students, parents, children and licensing and accreditation agencies.
3. Invest in child care training, conferences and workshops for staff that will allow them to update their ECE knowledge base and curriculum practices so these practices reflect the NAEYC position statement and reflect current best practices.
4. Implement an on-line parenting class by winter of 2008.
5. Continue to investigate and implement equitable distribution of ASLCC funds that support child care needs of the students who use the LCC child care lab school for their childcare needs.

In the Early Childhood Education classroom course outcome and critical thinking skills are assessed through in-class exercises, quizzes, tests, and assignments, as well as skills practiced and assessed in the ECE lab school on campus. Class and lab school seminar discussions are facilitated to engage students' critical thinking skills: students are asked to critique and discuss how they will apply what is learned in class to the day- to- day classroom environment. Course outcome is also measured by anecdotal evidence in class as students critically assess early childhood learning and family environments, both the ones they grew up in and those in the culture at large. These discussions center on themes of self and community, cultural competence and personal responsibility in relation to the way children are nurtured, socialized and taught. The ECE program helps position Lane as a vital community partner by producing quality teachers for an economy that currently shows sixty-five percent of parents need out-of home care for their children while they are at work.

ECE uses a variety of teaching methods in order to serve a variety of learning styles among our students. Information is given through lecture, audio-visual presentations of the material.. small group learning, in-class exercises, discussions, and by giving out and grading assignments and tests. Our on campus lab school provides an environment where students are able to deliver a hands-on, immediate application of classroom

material and receive feedback and further instruction from the lab school classroom teachers, the instructional specialist and from the immediate effect their interactions have on the children. We have also delivered classes on-line and by TeleCourse, as well as evening classes.

"Overall, my lab experience was fantastic and I can't wait to do it again"; "I know the ECE experience at LCC will teach me to be the very best teacher I can be"; "I know the (ECE) program is designed to create a top notch ECE worker"; These are just a few comments from some students after completing a first term in the lab school. These comments reflect a positive outcome from the early childhood courses we offer. Not all students enroll in the lab course, but the experience of those who do offer the faculty an opportunity to hear direct feedback from students' practicum experiences regarding behavioral theories, curriculum, and child care and guidance techniques. Ongoing student evaluation and feedback come from the classroom teachers, ECE staff and the children enrolled in the Child Care Center as they react to various curriculum ideas and guidance techniques practiced by the students. In the classroom the faculty strives to create a vital and engaging classroom, one that appeals to many different learning styles and lets all adult learners feel they are equal partners in their learning process.

Outcomes from the 03-04 Catalog
- Plan and carry out developmentally appropriate curriculum activities for children, from infants through kindergarten.
- Choose age appropriate guidance methods to enhance the child's development of self-worth, self-esteem, problem-solving skills and abilities for day-to-day life.
- Design and effectively use environments that maximize children's abilities to make choices, explore personal power. Develop empathy and caring behaviors, learn responsible roles for the classroom and appropriate relationships with others.
- Assist parents with skill-building in the areas of guidance, nutrition, and appropriate activity choices, and work effectively in a variety of roles with children and families.
- Understand the operation of programs ranging from working with children and families to administration and managements.

Emergency Medical Technology

Accrediting Agency
Office of Professional Technical Education, Office of Community College Services/Oregon Department of Education

Learning outcomes are established and/or influenced by a National Standard Curriculum, the Oregon State Department of Human Services, Emergency Medical Services and Trauma Systems section, the Oregon Board of Medical Examiners and the program advisory committee. The National Standard Curriculum provides learning objectives and detailed skill sheets. Successful graduates must take and pass a comprehensive two day examination administered by the National Registry of Emergency Medical Technicians, for state and national certification. Detailed results of the examination are sent to the school. The exam results show the instructor how each student, by name, performed on each required psychomotor skill as well as how many questions were answered correctly, in specific subject categories, on a written exam. Teaching and testing methods are influenced by the feedback provided through the national exam process.

The degree program is structured by agreement through the statewide Oregon EMS Educators Consortium. Therefore, all Oregon colleges teaching paramedic level education teach the same courses.

The following are the technical courses:

First Year
Emergency Medical Technician – Basic part 1
Emergency Medical Technician – Basic part 2
Introduction the Emergency Medical Services
Emergency Crisis Intervention
Emergency Communication and Patient Transportation
Rescue

Second Year
EMT-Paramedic part 1
Clinical part 1
EMT-Paramedic part 2
Clinical part 2
Paramedic Internship part 1
EMT-Paramedic part 3
Clinical part 3
Paramedic Internship part 2

Outcomes from the 03-04 college catalog

- Administer first aid treatments.
- Transport sick or injured persons to medical facility.
- Work as a member of an emergency medical team.

Health Records Technology

Learning outcomes for the HRT program include *ability to organize, analyze, and technically evaluate health record content for completeness and accuracy*. This objective was met by classes such as Medical Formatting and Medical Transcription in which the student learned how to set up medical reports of various types, and what information should and should not be included. Assessment of their ability to meet this objective was done by checking examples of the documents they produced, and by written evaluation on examination of the concepts involved.
Another outcome is to *abstract health records and assign code numbers to diagnoses for indexing health data, and process claims for insurance reimbursement.* This outcome is addressed in classes such as Basic Coding, Insurance Procedures, and Medical Manager, as well as advanced classes in Advanced Coding, Reimbursement Methodologies. These outcomes were assessed by the student obtaining the correct code, properly preparing the insurance claim for submission, and keeping accurate records.

Students performed consistently at a high level as evidenced by grades received in these classes, and by their ability to obtain employment upon graduation.

A definite weakness in helping students meet their learning outcomes is the fact that we are offering only a one-year certificate program rather than the two-year Associate of Applied Science degree program that has been recommended by the Advisory Committee and by the Health Records faculty. The current "high tech climate" in the health care industry has made the additional education critical for our students. Shortages of qualified workers exist in all areas of Health Information such as coding and transcription with computer-

assisted coding and medical editing becoming a developing part of health information. Employers are faced with a lack of credentialed and well-trained entry level employees. Adding the second year to our program would allow students exposure to the additional educational opportunities they need, such as the use of an encoder (a software program that will assist coders in obtaining the correct codes). Courses to be added would include Technical Report Writing as well as advanced courses in health care administration. Students graduating from the two year degree program would be eligible to sit for the national certification examination from the American Health Information Management Association (AHIMA) and would be credentialed as a Registered Health Information Technologist (RHIT). Graduates would also have the option of continuing their education at another institution or on line to earn a Bachelor's degree and become a Registered Health Information Administrator (RHIA).

Outcomes from the 03-04 Catalog

- Process, analyze, and distribute healthcare information.
- Organize, analyze, and technically evaluate health record content for completeness and accuracy.
- Prepare health data input for computer processing of reports.
- Abstract health records and assign code numbers to diagnoses for indexing health data, and process claims for insurance reimbursement.
- Answer legal, governmental, and insurance company inquiries and compile statistical data.
- Consult with medical and administrative staffs to ensure the data is accurate, up-to-date, and secure.
- Be involved in administration, reimbursement, quality assurance, utilization review, and risk management.
- Assist patients/clients with a variety of issues ranging from medical insurance to scheduling appointments for care.

Medical Office Assistant
Accrediting Agency
Commission on Accreditation of Allied Health Education Programs—Certified Medical Assistant

The students are developing the knowledge and skills needed to be Medical Office Assistants and sit for the National certification Examination administered by the American Association of Medical Assistants (AAMA). The students scores on class exams, skills checks, and the national exam all are high, indicating that students are meeting course outcomes. The course outcomes are aligned with the accreditation guidelines. The MOA program will have their AAMA site visit in spring 06.

Outcomes from the 03-04 Catalog

- Prepare patients for examination, procedures, and treatment; obtain patient history and vital signs and accurately record information in the patient chart.
- Maintain medication and immunization records.
- Recognize and respond to emergencies.
- Coordinate patient care information with other healthcare providers.
- Sterilize instruments and stand by to assist as the physician examines or treats patients, or performs in-office surgeries.

- Give medical care to patients, under the physician's supervision, such as giving injections and drawing blood.
- Perform certain diagnostic testing in the laboratory.
- Perform administrative duties, which include managing an appointment schedule, organizing patients' medical records, performing medical transcription, bookkeeping procedures, and processing insurance claims.

Nursing
Accrediting Agency
Oregon State Board of Nursing

Outcomes of the Nursing Program were analyzed by Karen Burke, RN, MSN, Education Consultant for the Oregon State Board of Nursing in November, 2004. The outcomes of her three day site visit included these recommendations and commendations regarding the Lane Community College Nursing program:

Summary of Commendations:

To the College and its community clinical partners for their commitment to supporting increased nursing program enrollment. (OAR 851-021-0040 (3))

To the nursing program director and faculty for their clinical and academic competence, creativity, and innovation. (OAR 851-021-0045 (1))

To the nursing faculty for engaging in a process of continuous quality improvement in the curriculum and instruction. (OAR 851-021-0045 (9)(b))

To the College for providing services to students in an innovative combination of centralized (the Students First! Center) and local sites (regional counselors/advisors). (OAR 851-021-0055 (3))

To the faculty for preparing graduates who consistently achieve a high first-time pass rate on NCLEX-PN and NCLEX RN. (OAR 851-021-0055 (5))

Summary of Recommendations:

Evaluate the adequacy of time allocated to nursing program administration in light of current enrollment, secretarial support services, and commitment of the college to participate in the Oregon Consortium for Nursing Education. (OAR 851-021-0040 (6))

Provide faculty offices of adequate size and configuration to facilitate faculty work and ensure privacy of student counseling. (OAR 851-021-0065 (1)(b))

Evaluate assigned responsibilities of administrative support personnel within the division to ensure adequate services to the nursing coordinator and faculty. (OAR 851-021-0064 (2)(a))

Develop and periodically review a policy for the selection and use of clinical practice sites. (OAR 851-021-0065 (3))

Designate an administrative assistant within the division to track affiliation agreements, notify the program coordinator when agreements expire, and assist with establishing current agreements when necessary. (OAR 851-021-0065 (4))

Modify the clinical contract or develop a contractual addendum to address the use and selection of preceptors at practice sites.

Develop and document a plan for regularly evaluating the **nursing program.**

Practical Nurse – One Year Certificate

Outcomes from the 03-04 catalog

- Utilizes the nursing process to plan and implement safe and effective health care.
- Provides established health teaching as part of routine patient care.
- Utilizes effective verbal and written communication.
- Coordinates care for a group of patients.
- Recognizes and assumes responsibility for functioning within the professional, ethical, and legal frame work of practical nursing.

Associate Degree Nurse – Two Year Associate of Applied Science

Outcomes from the 03-04 Catalog

- Utilizes the nursing process to plan and implement safe and effective nursing care.
- Participates in health teaching and discharge planning.
- Initiates and maintains effective verbal and written communication.
- Coordinates care for a group of patients.
- Recognizes and assumes responsibility for functioning within the professional, ethical and legal framework of nursing.

Respiratory Care
Accrediting Agency
Committee on Accreditation for Respiratory Care (CoArc)

The learning outcomes for the program are current and relevant as the National Board of Respiratory Care (NBRC) credentialing examination matrices drives them. Changes in curriculum and course content are made periodically to reflect changes in the exam matrix. Evaluations and Measures included in the program's annual report include: Enrollment, Attrition, Total Graduates, Job Placement, Employer Survey (affective domain, cognitive domain, psychomotor domain), Graduate Survey (affective domain, cognitive domain and psychomotor domain), NBRC Entry Level Exam (attempt and success), NBRC Written Registry Exam (attempt and success) and NBRC Clinical Simulation Exam (attempt and success).

The only areas in the Evaluations and Measures reported on the CoARC annual report in which consistently fall below the Threshold Level of Success is both the NBRC Written Registry and Clinical Simulation Exam attempt rate. Success rate is good. Reasons for poor attempt rate on the Advanced Practitioner Exams include: A: The NBRC Entry Level Exam is the licensing requirement in Oregon. B. Low or little employer incentive for employees to become registered. C. Financial and time constraints for the graduate.

Outcome performance is evaluated using annual surveys required by CoARC and evaluation of graduate performance on the NBRC credentialing examinations as compared to the National Mean. Graduate and Employer surveys are distributed 6 months post graduation. Student Program Resource and Program Personnel Program Resource surveys are distributed at the end of the academic year. All four surveys ask questions in the following three categories: Affective Domain, Cognitive Domain, and Psychomotor Domain. Subject areas on credentialing exams in which graduates fall below the National Mean Score and responses to survey questions indicating disagreement must be addressed with a plan to adjust curriculum or course content.

Strengths/weaknesses in helping students meet outcomes

Strengths

- dedicated and qualified instructors,
- community support,
- majority of clinical instruction provided by clinical sites,
- variety of clinical sites available to the students,
- modern equipment and educational materials available for lab at clinical sites and provided and loaned by vendors,
- dedicated and active advisory committee

Weaknesses

- overuse of local clinical sites,
- distance to many outlying clinical sites,
- old classroom furnishing and décor,
- old and worn-out lab equipment,
- outdated computer and multimedia equipment, materials, and programs,
- few paid clinical instructors,
- post graduation expenses for licensing and credentialing examinations (approximately $730 for state licensing and all three NBRC credentialing exams),
- the cost to run the program and cost to the student are high

Outcomes from the 03-04 Catalog

- Provide treatment, management, control, and care of patients with deficiencies and abnormalities associated with respiration.
- Provide patients with therapeutic use of medical gases, air and oxygen administering apparatus.
- Appropriately use environmental control systems, humidification and aerosols, medications, ventilatory control.
- Supervise postural drainage, chest physiotherapy and breathing exercises.
- Perform cardiopulmonary resuscitation, and measures and maintenance of natural, artificial, and mechanical airways.

3)   How well did students meet Core Ability outcomes?

Each unit will develop a five (5) year cycle for assessing core abilities.

4) <u>**How efficiently did you use the resources you were given?**</u>

Human Resources – Based on student achievements described earlier in this section, the faculty preformed at a very high level. While the support staff FTE remains at less than optimal levels, the support staff provided excellent levels of service under adverse conditions. The division operations ran smoothly and faculty and student needs were met.

Fiscal Resources - FHC did receive funding Carl Perkins and Curriculum Development funds for 03-04. These funds were spent in accordance with guidelines and faculty felt the curriculum projects enhanced instruction.

5) <u>**How well are you utilizing current technology?**</u>

Based on faculty reporting, more faculty are utilizing PowerPoint and WebCT in the classroom. In addition, students are successfully developing the computer related skills necessary to be successful in their chosen professions. There are huge technical challenges related to simulation technology that need to be overcome through training, additional laboratory space, and additional manpower. In addition, computer programs to support instruction need updating.

The Dental Hygiene program uses current technology found in dental offices. The clinic is supplied with ultrasonic scaling equipment at each dental unit and sealant lights are replaced with new smaller blue light systems as funding becomes available.   New preventive care products were implemented for pediatric dental patients, using a temporary fluoride sealant product with limited access populations. Three digital sterilizers are used; digital radiography and digital camera photography document patient conditions. Faculty are using Power point presentations, WEBCT and literature search materials from internet library sources. Past graduates and the advisory committee have supplied information regarding up-to-date practices in clinical dental hygiene.

6) <u>**If your program works with an Advisory Committee, how effective was that relationship in helping you meet your program goals?**</u>

Signatures of the advisory committee chairs will be submitted separately.

Dental Assisting

What approach did you take to gather evidence of your performance?
- Student Outcomes Reports & Graduate evaluations
- Employer evaluations
- Faculty perceptions of the program
- Recommendations from dental advisory committee
- Curriculum outlines from other dental assisting programs
- Current standards of dental assisting practice
- Future trends in dental assisting practice
- Patient Satisfaction Surveys

<u>What method of assessment did you use?</u>

Survey-Interviews-Meeting minutes-Board Scores-Completion rates-Employment Rates-Oregon Dental Assisting Association, monitoring legislative and regulatory changes from the state board, information from the advisory committee, information from the dental sales representatives, Trade Journals.

What does the evidence you gathered tell you about your strengths and/or weaknesses in working with your Advisory Committee in 2003-2004?
Excellent source of information and very supportive of the program. I have not found any weakness within my advisory committee.
Date of meetings and number of attendees.
November 20th, 2003   11 attendees
February 12th, 2004   10 attendees
May 10th, 2004   9 attendees

Attach membership list indicating community members, businesses and LCC faculty/staff.
Submitted already to Gloria Vanderhorst

Describe committee involvement with curriculum changes, list any recent changes.
Information gathered from student and graduate evaluations, employer evaluations, and curriculum outlines from other dental assisting programs, current standards of the dental assisting practice and future trends and student National Exams was shared with the committee and their recommendations.
Based on the following sources of information the faculty met to conduct an annual review of the dental assisting program curriculum. The dental assisting faculty unanimously agreed upon proposed revisions to the curriculum. These changes included:
- Adding lecture time to Dental Health Education
- Adding lecture time to Dental Materials
- Reducing overlap of content between courses
- Allowing additional time to include new clinical skills
- Placing related content into the same course to enhance student learning

The Advisory Committee was shared with these changes before the Curriculum Approval Committee meeting November 3, 2004 at which time all changes were approved!

Other advisory committee information
- Courses held thru the Continued Education Center
    - Sealant Course May 5th
    - Dental Administrative Assistant Course held Fall, Winter and Spring Term
    - Dental Spanish Course held being held all three terms
    - Dental Forensics/ID & Criminal Investigations Course
    - Dental Radiology Course
    - Soft Reline Course
    - "Panel of Experts"-Dental Administrative Course June 9th
- Eaglesoft software is currently installed and being used in the curriculum. Feedback from students is that its wonderful and request MORE computer time!
- June 5th-2004 DA/DH "Pinning Ceremony", first one in many years
- Dental Advisory Board and Sandy Stice awarded the "Eldon Schafer Award" Pat on the Back for the Dental Administrative Program.
- Article in the Dr. of Dentistry Journal regarding the Dental Administrative Program

- Dr Lamb proposed a particular scholarship fund to be setup for Jan Malone(LCDS secretary). The scholarships would be awarded for the Winter Term based on a list of criteria.

Dental Hygiene

During 2003-04 the Dental Hygiene and Dental Assisting program split their combined advisory committee to allow each program more autonomy and opportunity to address each program with an Advisory Committee representing their profession. The Dental Hygiene program was also trying to work with a Statewide Workforce Advisory Committee to expand it's relationship with regional community colleges and regional dental professionals. Without funding to increase class size at LCC in collaboration with LBCC and Chemeketa Community College the committee took an alternative direction. The Governor's Workforce partnership resulted in Lane addressing improved access to the LCC DH program thorough dissemination of program information and increasing opportunity for extramural experiences for enrolled students. The Advisory Committee membership was expanded to include regional members instead of only local members. The committee is meeting at LBCC to increase participation by regional members. An extra mural experience for students was set up at the LBCC Dental Assisting Clinic. The admission packet was placed on the program website and has increased ready access to admission materials**.**

What does the evidence you gathered tell you about your strengths and/or weaknesses in working with your Advisory Committee in 2003-2004?

- The Advisory committee was able to assist the program in meeting goals.
- Increased participation and input from the committee along with the committee increasingly informed regarding program activities
- The committee needs additional membership from dentistry and Dental Public Health or community clinics representing minority and low-income populations. (Accomplished diverse membership in Fall 2004 with the exception of another dentist member)

Date of meetings and number of attendees.

November 20, 2003 8 members present
April 13, 2004 8 members present
November 18, 2004 10 members present

Attach membership list indicating community members, businesses and LCC faculty/staff.

Sharon Hagan RDH, M.S.	LCC Coordiantor , Dental Hygiene Program
Marquita Corliss RDH, B.S.	Riverstone Federally Qualified Health Clinic, Springfield, Oregon
Gail Hamilton	LCC, Office Support Specialist
Dr. Jan Peterson DMD	Corvallis, Oregon, Jan Peterson Dental Practice
Mary Ellen Volansky RDH,	M.S. Chair, Eugene, Oregon, Olga Weinstein Dental Practice
Susie Doerfler RDH, AAS	Corvallis, Oregon, Albany Dental Practice
Ceobia Hilfiker RDH, AAS	Salem, Oregon, Salem Private Dental Practice
Nannette DeLoach RDH, AAS	Salem, Oregon, Salem Dental Clinic
Terri Coddington RDH, AAS	Newport, Oregon, Siletz Dental Clinic
Carol Beeson RDH, B.S.	Albany and Springfield, Oregon, Dr. Haggerty Dental Practice
Melanie Landstra RDH, AAS	Creswell, Oregon, Dr. Macready Dental Practice
Diane Plante RDH, AAS	Salem, Oregon, HMO Clinic
Cathy Cunha Rowe RDH, AAS	Sweet Home, Oregon, Private Practice
Madelyn Hammons	DH1 Student, Jefferson, Oregon

Tami Bohnstedt   DH2 Student, Turner, Oregon
Tyleen Thurn   DH1 Student, Springfield, Oregon
Tony Carnine   DH2 Student, Eugene, Oregon

Describe committee involvement with curriculum changes, list any recent changes
No curriculum changes were made in 2003-04. Changes are underway in 2004-05 and will include increased content in medical conditions encountered during review of medical histories, complicating medical conditions and disabilities along with restructuring content to meet the needs of new content and expanded scope of practice for dental hygienists.

The 04-05 Advisory committee and its' membership of currently practicing clinicians have correlated the programs' need for equipment and curricular updates with practicing clinician's needs in the workplace. The program is in need of fully implementing a software program for patient scheduling and providing learning opportunities for students to use dental office management programs while in the program. Graduates indicate more use of dental software with patient scheduling at every appointment and use of digital radiography and photography within many offices. The opportunity for implementation of dental software patient scheduling may be implemented since the dental clerk position has been reinstated by a Dental Clinic Operations Specialist in fall 2004. Clerical and faculty collaboration are needed to implement a dental software program.

Other advisory committee information
The committee has provided information on areas of need by the employer and graduate. Dental office skills and background for patient care have been discussed, current dental office technology and under employment issues experienced by recent graduates indicate a pulse on the local economy and its' effect on graduates over the last two years.

The advisory committee agendas have increased input and participation along with e-mailing program information such as the admission packet and other Unit Plan information to the membership. Input and guidance by the committee membership has increased. In April the committee toured the LBBC extramural six dental chair site and encouraged the partnership with the Dental Assisting program and local public health dental program.

The program faculty and students participated in the Free Dental Sealant Day in February '04, seeing 86 children, providing sealants, exams and radiographs in partnership with other community dental professionals

Signature of advisory committee chair

Early Childhood Education
What approach did you take to gather evidence of your performance?
Feedback from Advisory members, reviewing minutes and preparing a report for the PTECC evaluation of our Advisory Board.

What method of assessment did you use?
Primary method of assessment this year was the final report from the PTECC, who gave the ECE Advisory Board all A's and a very positive review, as well as reports from Advisory Board members about

subcommittees they served on with the Board, and the looking at results of the Advisory Board subcommittee responsible for selecting Gray Scholarship recipients this year.

What does the evidence you gathered tell you about your strengths and/or weaknesses in working with your Advisory
Committee
in 2003-2004?
As reported in the PTECC final report, our strengths this year were continued successful outreach to high schools and community job fairs to bring in more students, a very successful PTECC report, implementation of a scholarship program for our students, and creating a database of child care centers and providors for future tracking of student employment and feedback from the ECE community. We continue to look for ways to work in small committees and successfully focus on goals that can be achieved in a timely manner. We are currently working on a kindergarten readiness report for parents and a philosophy statement that will appear on all our marketing and information publications.

Date of meetings and number of attendees.
October 27, 2003- 14 members in attendance
February 23, 2004- 15 members in attendance
April 19, 2004 – 16 members in attendance

Attach membership list indicating community members, businesses and LCC faculty/staff.

NAME	**TITLE**	**EMAIL**	**PHONE**
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***MAILING LIST ONLY: ANDREA SMITH 1794 CAL YOUNG RD #2212 EUGENE, OR 97401	STAND FOR CHILDREN LANE CTY ORGANIZER	andrea@stand.org	968-8965cell
Web site Bulletin Board for Sub-	Committee	http://teach.lanecc.edu/childcare/	

Describe committee involvement with curriculum changes, list any recent changes.
The faculty reported on the results of a curriculum focused in-service that faculty presented to the Child Development Center staff in September. We gathered feedback from the Board the previous year and this year on curriculum methods practiced in the community and how LCC can provide leadership and support in this area.
The advisory committee now had three sub-committees who met this year and will continue to meet next year: they are: The Scholarship Selection committee; Kindergarten Readiness Committee, and Philosophy/Web Page Committee.

Signature of advisory committee chair

Sandy Barnes is our committee chair.

Emergency Medical Technology

Health Records Technology
What does the evidence you gathered tell you about your strengths and/or weaknesses in working with your Advisory Committee in 2003-2004?
The advisory committee has been extremely helpful in recommending revisions or additions to the curriculum. An independent study program for learning 10-key data input was begun at the request of the committee. A mock interview session will be added to the spring term curriculum for students who will be seeking work and need to hone their interview skills. The committee continues to encourage inclusion of as much technology as possible since employers expect graduates to be able to be up to speed and current in their computer skills.

A definite weakness in working with the advisory committee during 2003-2004 was the fact that it met only twice. As noted above, that was due to the illness of the program coordinator, and will be remedied in this academic year. Another weakness is the fact that we have not followed the advice of the committee in regard to adding the second year of the Health Records program. See comments in #2 above which address the need as expressed by the committee.

Date of meetings and number of attendees
Due to the illness of the program director, the Health Records Advisory Committee met only twice during the 2003-2004 academic year. The first meeting was October 4, 2003, with nine members in attendance. The second was on February 17, 2004, with seven members in attendance. The committee intends to meet at least once each quarter during the 2004-2005 academic year and the first meeting was October 20, 2004, with eleven in attendance.

Attach membership list indicating community members, businesses and LCC faculty/staff.

HEALTH RECORDS TECHNOLOGY ADVISORY COMMITTEE 2004-2005

Jan Anderson, CMA, CPC	Sue GraVette
Oregon Medical Group	PacificSource
P.O. Box 1648	P.O. Box 7068
Eugene, OR 97440	Eugene, OR 97401
687-8104	686-1242
janderson@oregonmed.net	sgravette@pacificsource.com
09/93 – 09/99 – Emeritus	09/93 – 09/99 - Emeritus
Pamela McIntire	Vickie Schraudner, RHIA
Transcription	Sacred Heart Medical Center
790 Oak Street	P.O. Box 10905
Junction City, OR 97448	Eugene, OR 97440
998-4663	686-7201
09/02 – 09/05	VSchraudner@peacehealth.org
	09/99 – 09/05
Lin Wall	Pamela Walsh, Committee Chair
Serenity Lane	1345 Bond Lane
616 East 16th	Eugene, OR 97401
Eugene, OR 97401	Community Member-at-large
687-6110	344-8622
09/99 – 09/05	09/95 – 09/91 - Emeritus
Ellen Smith	Renee Walton, RHIT
3325 Elmira Road	McKenzie-Willamette Hospital
Eugene, OR 97404	1460 "G" Street
Program Graduate	Springfield, OR 97477
688-8070	726-4461
09/02 – 09/05	02/01 – 09/04

Kay Wharfield
Anesthesia Services
1200 Hilyard Suite 410
Eugene, OR 97401
686-8545
09/04 – 09/07

Amy Otoupalik
55281 McKenzie River Drive
 McKenzie Bridge, OR 97413
Student Member
09/04 – 09/05

Jerri Adler, CMA, CMT
Family & Health Careers
LCC Staff
Committee Coordinator
463-5621

Suzanne Simmons, RHIT
Peace Health Medical Group
1162 Willamette Street
Eugene, OR 97401
302-4736
09/04 – 09/07

Signature of advisory committee chair

Medical Office Assisting
This year is a rebuilding year for the Medical Office Assistant Advisory Board Committee. We lost our program coordinator due to illness, our Medical Director for the program resigned, and two of the committee members also resigned. Each member was talked to individually and asked how they felt the committee and the program was going. The Medical Director has been replaced, and we have also added 3 new members to our committee. We are scheduled to meet once a term for this school year. We are committed to giving the guidance needed to the program. The committee is very pleased to see the increased number of enrollees into this program.

Taking all of the information given, it was then compiled together, and from that we came up with what our strengths and weaknesses are as per the committee members.

A current copy of the Advisory Committee is attached.

The advisory committee has been extremely helpful in the rebuilding of the MOA program. A couple of the strengths of the Advisory Committee are the members' knowledge of the program, knowledge of the community, and willingness to help this program succeed. The advisory committee played a very important part in maintaining the program, when it was one of the programs to be cut by the college, due to financial reasons by fundraising. The committee gives continued support to the faculty and the students by staying current on the changes within the program and also, on the state and national level. We have a very knowledgeable committee with members ranging from administrative and clinical backgrounds. They are very supportive of our students and the ever changing technologies of the program.

The committee met only twice during the 2003-2004 school year, thus making it a definite weakness in working with the committee. This was due to the illness of the program coordinator. This will be taken care of during this school year. The resigning of the Medical Director of the MOA program and a couple of the committee members also left us weak, but we have since filled those roles and feel we are up to speed now.

2004-2005 MOA ADVISORY BOARD COMITTEE

KERRY O'FALLON, MD

MARK LYON, MD
ELLEN KNIGHT, CMA
MARTI PITTMAN, CMA, RN
BOBBI PICOLET, RN
SHARON WELEBER, CMA
DELEESA MEASHINTUBBY, CMA
MARTHA GRIFFITH, PA-C
LAURIE INGRAM

Nursing
The advisory committee developed new energy in the 2003-2004 academic year, led by the chair, Luanne Boetteger. Luanne returned from the President's workshop for advisory committee chairs with new ideas and energy, including that we would set up specific goals for the Advisory Committee. Those goals being:

Long term goals (1) increasing the number of nursing graduates per year. (2) explore financial support for the program, including other sources of revenue. (3) working with the newly formed State Nursing Education Consortium relative to facilitating progress of students from ADN to BSN with only one additional year of schooling, and standardizing prerequisites for all nursing programs within the state. (4) investigating staggered entry dates into the LCC nursing program. (5) Consider "fast track" nursing program that involves only 18 months.
Short term goals (1) Consider curriculum changes: add first year IV skills, (2) medications, (3) Increase on the job critical thinking skills, consideration of the whole nursing process, have hospitals improve the preceptoring process to encourage more critical thinking. (4) Meet with faculty annually (5) Improve transition of students after first year of nursing program (i.e. LPN's) to the workforce.

The advisory committee has been helpful in recommending revisions to our curriculum based upon the needs they see in their workplaces. In response to their requests higher level IV skills were added to the curriculum of the PN program. The committee continues to encourage inclusion of more critical thinking and prioritizing as part of the nursing programs educational focus. We believe this will be more evident in the graduates of the new Consortium (OCNE) program we propose to begin in Fall of 2007.

A weakness in working with the Advisory Committee has been that we have not always followed through on their comments. This year we are making an effort to address each of their comments and act upon those if possible.

Per the usual pattern, meetings were held once each term: October 7. 2003; February 5, 2004; and June 7, 2004. The June meeting was held in conjunction with the Full Nursing Faculty end of year meeting so that faculty and Committee could share issues and goals.

*LuAnne	Boettiger	Nursing Education Coordinator	McKenzie-Willamette Hospital		1460 "G" Street	Springfield, OR 97477	726-4400
Yvonne	Ewing	Student	LCC	Family & Health Careers	4272 Royal Ave	Eugene, Or 97402	513-9831
Naomi	Fish		PeaceHealth		1162 Willamette St.	Eugene, OR 97401	687-6007

Jo	Turner, DNS		Good Samaritan		3500 Hilyard	Eugene, OR 97401	687-9211
Pat	Kelsay		Willamette High School		1801 Echo Hollow Rd.	Eugene, OR 97402	689-0731
		Secretary	LCC	Family & Health Careers	4000 E. 30th Ave.	Eugene, OR 97405	463-5617
Trisha	Jensen	Student	LCC	Family & Health Careers	267 south 40th #1	Springfield, OR, 97478	988-1974
Jan	Kinman	Retired nursing instructor	LCC		3450 Hyacinth	Eugene, OR 97404	689-0604
Anne	O'Brien, RN	Nursing Program Coordinator Assistant to Congressman Peter DiFazio	LCC	Family & Health Careers	4000 E. 30th Ave	Eugene, OR 97405	343-5536h 554-2646 cell 463-5623
Libby	Page				151 W. 7th Ave, Ste 400	Eugene, OR 97401-2649	465-6732
Tina	Ronczyk	Nursing Ed Coordinator	Sacred Heart Medical Center	Learning & Development	PO Box 10905	Eugene, OR 97401	686-7036
Sandra *Chair	Scheetz	Director of Behavioral Health	Sacred Heart Medical Center		1255 Hilyard	Eugene, OR 97401	686-7044

Based upon input from the committee during 2002-2003, our first year curriculum was updated in Spring, 2004, to reflect the increasing use of LPN's in the administration of IV medications in many employing agencies in the community.

Signature of advisory committee chair

Respiratory Care
The Respiratory Care Advisory Committee is very interested in and involved with the program. The committee members are very committed to helping our program succeed. Recent major curriculum changes were driven by recommendations from our accreditation committee, Committee on Accreditation for Respiratory Care (CoARC), site visitors and our advisory committee. Both review surveys required in our program's annual report. Graduate and Employer surveys are distributed 6 months post graduation. Student Program Resource and Program Personnel Program Resource surveys are distributed at the end of the academic year. CoARC requires the program to address any response of "generally disagree" or "strongly disagree." Student participation and success on the National Board of Respiratory Care (NBRC) is reported on the annual report to CoARC. Our program must address any subject area where the average score fell below the national mean and report how we plan to increase the subject content of that area in the

curriculum. Advisory committee members aide in decision-making, goal setting, and provide clinical opportunities to adjust our courses and student experiences to help improve board examinations and employment success.

Committee members who employ our graduates are also supportive of our student's clinical education and Cooperative Education experience. Co-op Ed is used for early job shadowing, later preceptor training, and for student employment. It is common for our half of the graduating class to have jobs in the field before graduation.

Dates and number of attendees:
July 30, 8 attendees
October 15, 7 attendees
February 24, 10 attendees
May 25, 11 attendees

The respiratory care program was slated to be cut during the 2003-04 academic year. The program was reinstated with the understanding that the clinical sites would provide more of the clinical instruction so that the cost of part time clinical instructors could be cut. The committee is helpful and generous in planning and accommodating this change to preceptor-style training.

Membership List
Anna Allison, Clinical Manager, McKenzie-Willamette Hospital
Khuram Ameen, MC, Oregon Lung Specialists, Program Medical Director
Michael Bellamy, Northwest Medical
Jeffrey Boyle, 2nd Year Student Representative, Lane Community College
Randy Cox, Lebanon Community Hospital
Norma Driscoll, Interim Director of Clinical Education, Lane Community College
Connie Dunks, Sacred Heart Medical Center, Sleep Disorders
Roger Hecht, Program Director, Lane Community College
Janet Holloway, Respiratory Care Manager, Sacred Heart Medical Center, Advisory Committee Chair
Warren Logan, Respiratory Care Department Manager, McKenzie-Willamette Hospital
Ken Pyle, Owner, Pneu-Med Inc
Jane Russell, Administrative Assistant, Family & Health Careers, Lane Community College
Bob Vanderford, Chief of Respiratory Care Services, Good Samaritan Hospital
Carol Whitaker, Family & Health Careers Division Chair, Lane Community College
Tammy Walley, 1st Year Student Respresentative, Lane

7)   How well did you meet faculty and staff goals?

The FHC faculty participating in the faculty evaluation process all self-reported attaining their goals. The individual units also set goals.

8)   Review your initiatives from 2003-2004

The initiative process helped FHC focus on common goals for the entire unit. There are vast differences among the programs, but strong agreement on working together for the betterment of the entire division.

Initiative 1
Instructional Space Utilization and Expansion
a. new instructional space
b. upgrade instructional and office space
c. improve utilization of existing space

This is a multi-year year project. Equipment was identified that would be used in an Acute Care Lab. A simulation mannequin and equipment that would support the lab were funded along with upgraded equipment for existing labs. The Nursing and Administrative support space in Building 4 is scheduled for remodeling through Facilities Management Team funds for the summer of 05. FHC was given additional classrooms in Building 4 for direct scheduling.

Having a simulation mannequin funded, led to further research into this technology. A faculty member developed her sabbatical leave focusing on simulation.   The skills and knowledge gained during the sabbatical is extremely beneficial. It gives the division a better understanding of the challenges that lie ahead in securing a dedicated laboratory, peripheral equipment, manpower, training, and curriculum necessary to support the technology. It has also allowed us to see a more realistic vision of how we might use this technology to improve and possibly increase the size of our health occupations programs to meet growing community needs.

Initiative 2
Additional Classified Staff

Late in the summer of 04, the Dental Clinical support staff position was reinstated at 1 FTE. This additional position has enabled the Dental Clinic to improve services to the public, students, and faculty. The division still faces challenges with the cuts in the support staff positions.

Initiative 3
Instructional Equipment Upgrade

The division identified instructional equipment upgrade needs. The division received Carl Perkins funds for this initiative. Equipment funded through this initiative is being purchased. There still remains the problem that most of the audio visual equipment is portable and on loan from the college. Only one classroom in Building 4 has a permanent "In Focus" machine installed.

Initiative 4
Distance Education

Health Records Technology is being offered via distance education during the 04-05 academic year to the Florence campus. The personnel in the Distance Learning Office as well as the Florence Center have been instrumental in helping the HRT faculty transition into this new mode of instructional delivery. The division received no funding for this initiative. A major challenge for HRT and the Florence students will be the successful delivery of skills courses via distance education. This mode of instruction is being considered by other programs within the unit. Dental Hygiene Pharmacology was offered Spring '04 in cooperation with Portland Community College and Lane's Dental Hygiene Program.

9) Overall, what strengths do you believe your unit demonstrated in 2003-2004?

Strengths

- Responsive to the labor market and advisory committees.
- High pass rates and high test scores on national/state boards/exams.
- High levels of job placement.
- Highly qualified and capable staff
- Responsive to meeting the challenges of the reduction in support staff.
- High degree of cooperation in developing the unit plan and reaching consensus on the initiatives.

10) Overall, what challenges do you believe your unit faced in 2003-2004?

Challenges

- External factors such as $1.00 per hour pay differential between the ADN and BSN prepared nurses.
- Cuts in the support staff services.
- Lack of funding to adequately support programs.
- Older and less than adequate facilities for EMT/Paramedic, Nursing, and Respiratory Care.
- Difficulties in finding qualified faculty in the health careers areas.
- Lack of "smart" classrooms with access to internet, In Focus, VTEL to support distance learning, access to basic and virtual software.
- There are limitations on program offerings and enrollment due to budget constraints and faculty to student ratios mandated by the accrediting agencies.
- Rapidly changing technology in the field requiring constant updating of expensive equipment.
- Increased number of support staff to provide adequate support for instructional and administrative needs.
- Lack of funding to provide adequate salaries for necessary substitute instructors to be competitive with outside professional/technical salaries.
- Lack of funding to expand programming via ITV.
- Lack of finding to provide necessary support services for minority student.
- Lack of space and personnel to adequately support simulation technology.
- Not knowing the full impact of the Lane Nursing Department joining the Oregon Consortium of Nursing Education on faculty, staff, students, curriculum, equipment, and space.

11) What conclusions do you draw from this analysis about needed improvements or changes in 2004-2005?*

Conclusions/Recommendations

- Develop facilities and train personnel to effectively implement simulation technology (FHC received funding through Carl Perkins and the State of Oregon for this high fidelity, start of the art, expensive equipment).
- Develop curriculum to support simulation technology.
- Provide for the ancillary services needed for simulation technology—personnel, space, support equipment.
- Increase the number of support staff.

- Upgrade the remainder of Building 4.
- Develop a mechanism for flexibility in expanding/contracting programs based on the job market.
- Permanently install In Focus machines in all of the FHC classrooms under the control of FHC   (Only one classroom under FHC control has a permanent In Focus machine)
- Increase diversity of faculty, staff, and students in FHC.

- Dental Assisting
    - Offer the clinical portion of the program to Umpqua Community College students at Lane and their cooperative education experience in their local communities.
    - Implement the Dental Administration/ Management program for credit. (Program meets identified community need with the addition of only five new classes). And all the necessary internal support structure to support such additions – classrooms, instructors, support staff, funding, etc.
    - Upgrade Dental Materials Lab counter tops and flooring (these are over 30 years old).
    - Upgrade equipment needed for the students to successfully complete the program.

- Dental Hygiene
    - Continue model of shared resources between Community Colleges: LCC and Portland Community College students take Dental Hygiene Pharmacology courses via distance education and clinical education at sites in regional communities as a model
    - Implement computer patient scheduling using EagleSoft dental practice Management software and use laptop computers to implement digital radiography chairside
    - Annually implement the curriculum management plan and update curriculum to include medically compromised dental patient care and sonic debridement technology
    - Purchase disability modification equipment for patient care to include portable dental chair, wheelchair head rest, booster seating, sliding boards and chair modifications
    - Purchase accessibility /disability equipment, ceiling mount video cameras, audiovisuals and supplies for specialized patient care, student instruction and demonstrations
    - Increase participation by faculty in clinical **assessment courses for dental hygiene instructors**
    - Develop a faculty patient care model for underserved dental patients using the Lane Dental Clinic Facility
    - Increased DH program coordinator time to manage program and dental clinic assessment for accreditation requirements and the college mandate to increase the culture of assessment

- Early Childhood Education
    - Provide additional FTE to current Child Development Center Director, current Support Staff for the CDC and for the Instructional Specialist as their work is needed additional to just the academic year calendar.

- Use general funds to pay for more classified positions at the Child Care center and so bring down Child Care Center fees which will benefit LCC students with children in the Center.
- Appreciative of the recently built childcare and lab school facility.
- Continue to move toward NAEYC accreditation of the Early Childhood practicum site with a goal date of 2007. Toward this end we will focus on a curriculum (reflected in lectures and classroom practice), and curriculum purchases, that demonstrate the NAEYC position statement on developmentally appropriate practices: "The work of Piaget(1950,1972),Montessori (1964), Erikson (1950), and other child development theorists and researchers (Elkind, 1986 and Kami , 1985) has demonstrated that learning is a complex process that results from the interaction of children's own thinking and their experiences in the world."
- Invest in technology that will allow ECE staff to visually document young children's learning process and the curriculum activities that best help them achieve stated learning goals. Provide visual documentation on bulletin boards and in project displays that demonstrate ongoing curriculum projects and allow staff, students, parents, and children to elaborate and expand upon the documented curriculum.
- Invest in child care training, conferences and workshops for staff and faculty to keep a current knowledge base and awareness of curriculum practices so the Child Care Center will continue to reflect the NAEYC position statement and current best practices.
- Implement an on-line parenting class by winter of 2008.
- Continue to investigate and implement equitable distribution of ASLCC funds to support students who use the LCC Child Development Center lab school for childcare.
- Continue to upgrade outdoor equipment for the Child Development Center.
- Upgrade audio-visuals to enhance student leaning.

- Emergency Medical Technology-Paramedic
  - Offer all EMT Basic courses for college credit (Transferring all of EMT from Continuing Education to FHC for credit would increase enrollment by 50% and eliminate the problem of students having to petition for college credit and address a reoccurring issue at Emergency Medical Technology-Paramedic advisory council meetings).
  - Upgrade the current EMT lab including needed audio-visual equipment.
  - Provide all of the ancillary services needed for the state mandated curriculum change of having an ambulance—designated parking space, maintenance, repainting, Lane logo decals, etc.
  - Keep all equipment in good repair so students can use it.

- Health Records Technology
  - Remove the Health Information Technology from the list of suspended programs.
  - Provide stable funding for Health Information Technology Program.
  - Acquire coding software that simulates software that students will use in medical offices.

- Medical Office Assisting
    - Secure stable funding for MOA.
    - Complete construction of MOA Lab.

- Nursing
    - Expand faculty and clinical sites to increase the number of students that can be accepted into the program.
    - Provide additional support staff and infrastructure for those additions.
    - Update the nursing labs and classrooms.
    - Update the nursing offices to comply with OSBN regulations (scheduled for Su 05).
    - Update main F&HC office area to provide for additional storage of student and staff files materials, supplies, noisy office equipment and additional staff office space.
    - Prepare to join OCNE as a full member (changes in admissions process, curriculum, student evaluation, etc.)

- Respiratory Care
    - Expand faculty and clinical sites to increase the number of students that can be accepted   into the program.
    - Update the respiratory care labs and classrooms (this the original lab).
    - Secure stable funding for RC.
    - Update computer instructional programs as mandated by CoARC.
    - Update instructional audio visual materials.

Part IV: Projected Performance 2004-2005

Chapter 4: Program Initiatives, 2004-2005

1)   <u>Initiative Title 1</u>   <u>Division Priority: 1</u>
        Initiative 1 -- Instructional Space, Utilization, Expansion, and Equipment/Materials
                a. New instructional space
                b. Upgrade instructional and office space
                c. Improve utilization of existing instructional space
                d. New and Upgraded Equipment/Materials

2)   <u>How is the initiative linked to your Program Outcomes Analysis for 2003-2004?</u>

The medical field is changing at an exponential pace. New technologies and instructional methods require appropriate facilities and personnel training. Building 4 is less than ideal. The configuration of the classrooms is less than optimal, audio-visual equipment to support instruction is not permanently installed, and there is no space for expansion short of taking over the college computer lab located adjacent to the nursing offices. The college and the state funded expensive simulation equipment.

Simulation equipment brings challenges of housing, training faculty how to use it, and having the faculty develop curriculum incorporating simulation. Experience at other colleges has shown that it can be a waste of the resource if the high tech simulation technology appointed lab is not staffed with at least one full time nursing instructor and preferably an administrative assistant as well. Having a simulation mannequin funded, led to further research into this technology. A faculty member developed her sabbatical leave focusing on simulation.   The skills and knowledge gained during the sabbatical is extremely beneficial. It gives the division a better understanding of the challenges that lie ahead in securing a dedicated laboratory, peripheral equipment, manpower, training, and curriculum necessary to support the technology. It has also allowed us to see a more realistic vision of how we might use this technology to improve and possibly increase the size of our health occupations programs to meet growing community needs.

 The dental programs need to implement digital radiography at chairside along with specialized dental hygiene equipment. Wireless laptops are needed in the use of dental management software which incorporates digital radiographs and patient scheduling. HIPAA regulations require privacy in display and viewing of patient information which can be accomplished with laptops at chairside.

3)   <u>Describe the initiative</u>

Why do it?
The current space in Building # 4 is less that ideal. The Family and Health Careers curriculum is laboratory and equipment intensive. Not enough of the correct size classrooms are available at the times needed. Nursing courses need a varying number and size of classrooms at different points in time throughout the term. The EMT, nursing, and respiratory care laboratories need to be brought into the 21st century. FHC received Carl Perkins and Oregon State funding for simulation technology equipment, which has necessitated space needs to optimize the use of this sophisticated equipment. The computer lab can no longer keep up with the curricular demands. The Dental Program is unable to use digital radiographs during patient care and need a wireless laptop system to implement the currently owned dental software with patients.

As instruction methods utilize more and more technology, the classrooms need to be updated to facilitate the use of necessary and industry compliant equipment. The Family and Health Careers courses are skill intensive which require extensive use of audio-visual and technical materials and supplies in a variety of forms. The programs and equipment are very expensive. A method of cutting costs is to work in a consortium and offer/receive instruction via distance learning, internet access, and interactive instruction. The following equipment is needed to upgrade classrooms: adult size tables and chairs, TV/VCR/DVD, Power Point projector/computer, V-Tel, ELMO projectors, wireless internet, and white boards. Having access to needed electronics in the classroom and appropriate support staff and faculty would allow the student experience with a variety of technologies that would be encountered in the work place, expand the instructional methods options available to the faculty, and ensure that all classes have equal access to necessary equipment as needed. This initiative would address the space and instructional equipment problem for staff and instructional needs, match the learning environment to the learning outcomes, provide better access to the needed equipment for class, and afford the students instructional opportunities better aligned with real world settings.

What is the need or intended use?
Provide student labs, classrooms, and offices; and facilitate instruction, student learning, and student outcomes and apply current technology to patient care, and student outcomes.

What will the product of this initiative be?
A new acute care laboratory suite, additional classrooms of the appropriate sizes, an additional computer lab, upgraded old health clinic area, and appropriate utilization of space, including storage areas. Upgrade of instructional lab areas into smart classrooms with V-Tel capabilities. Provide laptops to implement chairside dental software patient record management programs and digital radiography.
.
Is it feasible?
This initiative has four components.
A. New instructional space would be the most expensive and problematic given the current economic conditions of the college. This initiative would require funding outside of the FHC budget such as a bond fund, a capital fundraising project, or college rotating upgrade funds. The division feels that it is important that our long term needs be addressed in this plan. We are proposing an acute care laboratory, including a debriefing room that would accommodate 10 students for debriefing of simulation scenarios, two classrooms that accommodate 100 students, and an additional computer laboratory for 35 students.
B. Upgrade instructional and office space will necessitate additional resources. Parts of building # 4 have never been upgraded. To address health and safety issues, the classroom carpets need to be replaced in rooms as well as the counter tops and come cupboard areas in the labs which need to be upgraded. The improvements provided by the project would complement FMT's support to remodel some of the second floor instructional offices. The nursing and administrative offices are scheduled to be remodeled summer 05.
C. Improved utilization of space can be addressed with the conversion of our standard classrooms to "smart" classrooms with appropriate video and computer technology installed in several of these classrooms. Additional space for the simulation technology is urgently needed to house the grant funded the department received. Currently, only one classroom in Building 4 has a permanently installed In Focus machine.
D. New and upgraded equipment and materials are needed on-going an ongoing basis.
Equipment/materials are being requested annually and the division received funding from the state for a Sim Man.

What would the campus location of this request/project?
Building # 4 and additional space close by. Wireless laptops can be implemented for chairside patient care in the dental clinic.

How many students (per year) will benefit?
2,385 students, in addition over 1500 dental patients would have access to digital radiography during patient care in the on campus dental clinic.

4)   Describe the resources needed

If so, what minimum cost?
The college has made a Health and Wellness Building a priority. FHC is identifying space needs related to current and projected enrollments and programs. At this point in time, space and equipment identified is of immediate need. The equipment requested would current needs as well as fit into the new structure. Costs requested in this funding cycle are identified on the funding source grid.

Describe the resources needed
- Money for the building, remodeling, furnishing the labs; specifically the acute care lab, the simulation lab and a new computer lab.
- Training in the use of simulation technology.
- Developing new curriculum to support simulation technology.
- Expertise from campus personnel in classroom and lab design, cost estimations.
- Faculty/staff committees to develop specific plans and ensure appropriate equipment and estimated costs for the projects.
- Money to upgrade instructional equipment and materials, audio-visuals, and computer programs.

5)   List the possible funding sources

List the possible funding sources
TACT, Carl Perkins funds, increase in general fund monies as available, and capital outlay funds.

Can this project be partially funded?
Yes, starting with an upgrade for one room at a time would be of benefit for student learning. Upgrading and purchasing instructional equipment and computer programs spreads out costs over several years. The division will be asking for funds for equipment that can be used now and would be an integral part of a new lab. Requests for upgraded educational equipment and instructional resources are being made over several years.

If so, what minimum cost?
The costs requests for this year are included in request for funding grid.

TACT Funds
The technology related equipment requested would maintain existing technology and increase student access. The medical field is rapidly changing and the division would have the cutting edge technology necessary for instruction. New computer programs would assist the students in meeting the outside accrediting bodies standards as well as simulate experiences encountered in the work place.

Carl Perkins Funds
The programs in FHC are open to all students and include special populations. This request would support
Carl Perkins goals I through V.

How will students benefit?
- Lab situations that simulate real work stations facilitate student success on board exams and in the job market.
- Be able to use the simulation equipment in an appropriate facility.
- Use simulation equipment that has been well integrated into the curriculum.
- Increased access to computers and specialized programs.
- Equipment in the classrooms as needed for instruction.
- Audio-visual materials that enhance student learning.
- Classroom sizes appropriate to ensure meeting student demand for the classes and to promote a proper learning environment.

6)   Provide ORG & PROG codes

- ORG codes would include each of our professional technical programs: 661100, 661200, 661300, 661410, 661500, 661600, 661700, 661800
- PROG codes are for professional/technical programs: 112000

7)   How does this project articulate with the college's vision, mission & goals and contribute toward meeting   the President's/Board's approved goals?

Directly supports the vision; the mission of professional technical education; the core values of learning, innovation, collaboration and partnership of the college; and the strategic directions of transforming student's lives and the learning environment.

1)   Initiative Title 2   **Division Priority: 2**

Additional Classified Support Staff

2)   How is the initiative linked to your Program Outcomes Analysis for 2003-2004?

The FTE for support staff for FHC was reduced during recent budget cuts. The support staff have been stretched thin at the time that a new computer system was being implemented. The faculty have had to do more of their own clerical work. The addition of simulation technology across the health curriculum and joining OCNE will increase the need for more clerical support.

3)   Describe the initiative

Why do it?
During the recent budget cuts, Family and Health Careers lost general fund support of the equivalent of 2.75 FTE in classified support staff. The 1 FTE support staff position cut in the Dental Clinic was replaced in the summer of 2004. Given the nature of the programs, the division has specific support staff needs that are in addition to the normal clerical needs of faculty.   These activities are clerical support intensive. The division has nine programs with all of them having a separate application process. The ECE provides a child development center as a learning component for the early childhood education program. The centers provide care for 80 families and about a hundred different children each year. The students in the dental clinic see an estimated 2,500 potential patients a year. The nursing, respiratory care and emergency technician programs run skills labs. These labs require classified personnel to provide equipment, equipment maintenance, scheduling and extensive purchasing. The strain on the remaining classified personnel to provide these services is extreme. They are required to do extensive and creative scheduling to meet the requirements of the classified contract and this does result in reduced services to students, staff and the public. Fewer support services are being offered directly to the faculty. The faculty is expected to pick up more and more clerical duties on top of their teaching responsibilities. While this might be a short term solution, more support should be made available to the faculty can devote their energies to teaching. FHC has excellent programs, with students having high pass rates on national tests as well as being sought after by employers. More support staff would allow the faculty to do what they do best and maintain the integrity of the programs. 1 additional FTE would allow the necessary services to be provided at an estimated cost of $45,500.

What will the product of this initiative be?
Additional 1 contracted classified support staff position.

What is the need or intended use?
Provide the appropriate level of classified support service needed by students, faculty and the public in addition to meeting the needs of the college.

Is it feasible?
Yes, qualified personnel are available.

What would the campus location of this request/project?
Building # 4.

How many students (per year) will benefit?
2,385

How will students benefit?
Faculty will have more time to devote to instruction. This could be a future continuing issue as faculty retire and we are recruiting faculty in an environment that is short of master's prepared health professionals who are interested in teaching at the community college level. Students will be assured of having equipment ready and available as needed. Application processes will be completed in a more timely manner for notification to students. Laboratory experiences will be more positive and less 'harried' for student learning.

4)   Describe the resources needed

If so, what minimum cost?
1.0 FTE is an estimated $45,000.

5)   List the possible funding sources

General fund, Carl Perkins, or increase and diversion of student lab fees to pay for clerical help.

Can this project be partially funded?
Yes, addition of 0.5 FTE for classified staff would greatly take the pressure off the support staff and provide a more acceptable level of service. This increase would provide for the addition of one contracted position for continuity, training and scheduling needs/purposes.

TACT Funds

Carl Perkins Funds
This initiative provides the support needed for the smooth operations of all programs in FHC, which are open to all students and include special populations. This request would support Carl Perkins goals I through V.

Curriculum Development Funds

6)   Provide ORG & PROG codes
ORG and PROG codes
ORG 661001 & PROG 112000

7)   How does this project articulate with the college's vision, mission & goals and contribute toward meeting the President's/Board's approved goals?

Directly supports the mission of professional technical education; indirectly supports core values; directly supports the strategic direction of college organization; indirectly supports strategic directions of transforming student's lives and the learning environment.

Initiative Title 3   **Division Priority: 3**

Joining the Oregon Consortium for Nursing Education (OCNE) as a full member by Fall 2007.

1)   How is the initiative linked to your Program Outcomes Analysis for 2003-2004?

The OCNE is a consortium of most of the associate degree nursing programs throughout the state of Oregon and the nursing program at Oregon Health and Sciences University. When fully implemented, there will be standardized nursing curriculum among member schools with direct transition from the associate degree nursing program to the transfer to Oregon Health Sciences University (OHSU). Lane's Associate Degree of nursing (ADN) students who graduate will be seamlessly transitioned accepted into OHSU's Bachelor's Degree in Nursing (BSN) program. The students will have senior status and will be able to take all necessary courses in Eugene.   The nursing faculty has voted to join the OCNE. The challenge is developing the new application process and making necessary curriculum changes to comply with the consortium standards.

2)   Describe the initiative

Why do it?
Lane's nursing program would be a full member in OCNE. This would facilitate Lane's nursing students transferring to ADN programs throughout the state as well as acceptance into OHSU's BSN program.

What will the product of this initiative be?
Lane's Nursing program's full compliance with the OCNE rules thus enhancing student accessibility by requiring general education courses that are consistent with those required by the majority of nursing programs throughout the state.

What is the need or intended use?
Meet admissions, curriculum, evaluation standards, and other membership obligations.

Is it feasible?
Yes, the nursing faculty can do this work if they are adequately compensated through curriculum development funds, sabbatical leaves and additional workload hours. Many of these hours should be able to be taken from the 15% committee work required of staff as part of the faculty contract.

What would the campus location of this request/project?
Building # 4.

How many students (per year) will benefit?
Approximately 136

How will students benefit?
Lane's nursing students will be able to transfer to any other OCNE program in the state, and will easily transition into OHSU's BSN program upon completion of the ADN.

3)   Describe the resources needed
Curriculum development, travel to meetings, and support for simulation technology.

If so, what minimum cost?
Please see initiative spreadsheet.

4)   List the possible funding sources
Carl Perkins, TACT, and Curriculum development. In addition, the Consortium has been successful in attracting grant money to do the groundwork on the new curriculum and continues to search out large grants to facilitate the continuation of the curriculum work, development of learning materials and training of faculty. Lane Community College faculty is embarking on a new

Can this project be partially funded?
Yes, the program has 2 years until we fully implement the OCNE program. (Fall 2007)

TACT Funds
Equipment needed to support the use of the SimMan which is an integral part of the OCNE curriculum includes:
Laptop computer, wireless microphone for SimMan, and video equipment to take simulations.

Carl Perkins Funds
The programs in FHC are open to all students and include special populations. This request would support Carl Perkins goals I through V.

Curriculum Development Funds
The admission process as well as the curriculum will need revisions to align with the OCNE. These curriculum revisions will have Lane's curriculum in line with the other consortium members and will facilitate transfer among ADN students among ADN programs as well as articulation into the OHSU BSN program. Nursing faculty will be required to revise all learning modules to be in compliance with the OCNE curriculum. In order to prepare for this faculty must develop in-service, and self learning modules regarding the OCNE philosophy, and rewrite modules based upon backward design learning.

5)   Provide ORG & PROG codes
661001 and 661100

6)   How does this project articulate with the college's vision, mission & goals and contribute toward meeting the President's/Board's approved goals?

Directly supports the vision, the mission of professional technical education, and the core values of learning of the college.

Initiative Summary

Initiative	1-2 years	3-4 years	5-6 years
1. Instructional Space, Utilization, Expansion, and Equipment/Materials			
a. New instructional space	a. Committee for Acute Care Lab.	a. Plans developed, funding sources identified, acute care lab	a. Acute care lab completed.

	Develop plan for lab with estimated costs for building and equipment; identify sources of funding. b. Committee for Computer Lab/Classrooms Develop plan for computer lab and two 100 person classrooms with estimated costs for building, equipment, computer programs; identify sources of funding.	is part of over all college plan to be built. b. Plans developed, funding sources identified, computer lab/classrooms are part of over all college plan to be built.	b. Computer lab and two 100 person classrooms completed.
b. Upgrade instructional space	Program Coordinators work with their staff in identifying needed upgrades for their areas estimating costs and funding sources.	Upgrades completed.	
c. Improve utilization of existing space	Program coordinators continue working together to best utilize the classrooms that FHC can control and work with those in scheduling to get as good a fit as possible for classroom needs.	Project completed.	
d. Instructional equipment/materials upgrade	Program coordinators identify instructional equipment needs, costs, and sources of funding, develop a priority list and information needed to submit to TACT and Carl Perkins for funding.	Submissions of prioritized list for funding in final phase.	
2. Additional classified staff	Committee to review classified staff needs—current support staff levels, modest staffing increase (1 FTE), actual needs, and identify possible sources of funding	Classified staffing issues readdressed, mitigated or resolved.	
3. Oregon Consortium for Nursing Education (OCNE)	Plan and implement new application process and curriculum necessary for participation in the consortium	Full member of OCNE with new curriculum implemented	

Chapter 5: Expected Unit/Program Outcomes for 2004-2005

1) <u>**What program level outcomes do you expect to achieve?**</u>

Each program in FHC has set program level outcomes published in the Lane 04-05 Catalog. It is anticipated that the students will achieve all of the outcomes. The outcomes are tied to the knowledge and skills needed for each course of study and the certification examinations necessary for the profession. The individual program coordinators in conjunction with their program faculty insure that all accreditation and national program standards are met.

2) <u>**How will your program enhance your students' abilities to meet Core Abilities outcomes?**</u>

Each program has outcomes that are published in the college catalog. These outcomes are aligned with mandates of outside accrediting bodies, which dovetail with the college's core abilities.

3) <u>**What course level outcomes do you expect to achieve?**</u>

The faculty set and review course level outcomes. It is anticipated that the students will achieve these outcomes. The outcomes are aligned with the mandates of the outside accrediting bodies. The students must achieve specified competencies to acquire skills and knowledge needed to pass board exams and be a success professional.

4) <u>**What plans do you have for enhancing your use of current technologies?**</u>

Given limited resources and the constraints of the classrooms especially those in Building 4, the use of technology could be greatly improved with smart classrooms, additional and upgraded instructional computer programs, and improved laboratory facilities for nursing, respiratory care, EMT-Paramedic, and simulation technology. The faculty are making great efforts in improving technology given the current constraints. Initiative 1 addresses enhancing technologies.

5) <u>**What plans do you have for working more effectively with your Advisory Committee?**</u>

Dental Assisting, Dental Hygiene, Early Childhood Education EMT-Paramedic, Nursing and Respiratory Care will continue their exemplary work with their advisory committees. Due to the illness of the Health Records Technology and Medical Office Assisting faculty liaison, there is some extra work that is being done with these two committees. These two advisory committees are very supportive of the programs and looking forward to the work ahead.

6) <u>**How will you set faculty and staff goals?**</u>

The faculty and staff set individual and program goals. The faculty and staff participated in the unit planning process through full faculty/staff meetings and through their program coordinators.

7) <u>**Enrollment Data**</u>

Since most all of the programs in FHC have enrollment caps, the number of students is fairly consistent from year to year. Numbers for 05-06 should be about the same as this 04-05.

8) **Student Success Data**

Student Completion ratios based on anticipated graduation rates

Dental Assisting – 25
Dental Hygiene – 17
Early Childhood Education – 20
EMT/Paramedic --

Year	Beginning	Graduating	Are now Paramedics
2001	24	17	17
2002	24	15	15
2003	24	21	20
2004	24	20	18
Current class	23	Expect 21	

Health Records Technology – 20
    Suggested Programs of Study: Coding Assistant – 20, and Medical Transcription - 20
Medical Office Assistant – 20
Nursing: Associates Degree in Nursing –56 and Practical Nurse --70
Respiratory Therapy – 12

9) **Facilities and Equipment**

Facilities and equipment goals are covered in Initiative 1.

10) **Budget**

It is anticipated that the budgets will be about the same for 05-06 as they have been for 04-05.