

# Unit Planning for Instruction Family & Health Careers

**For 2007-2008 Implementation**

## Preamble: Planning parameters at the Institutional level

### Example:

- \$6 million recurring deficit for FY 08
- Recovery of deficit will occur in the general Fund 111100
- 2% FTE growth over 2005-2006
- \*\*\*\*\*

## Section I: Data Elements (Distribute on September 13<sup>th</sup>)

*This section will be completed by Division Chair in Summer 2006 and will be distributed at fall in-service department meetings. The data will be provided to Division Chairs by IRAP.*

### 1) Enrollment and Demand Data

- Student FTE by division (4-year history): **FAMILY & HEALTH CAREERS**

02-03	03-04	04-05	05-06
775.9	758.8	747.3	748.8

- Student FTE by subject and course: **FTE BY PROGRAM FOR 05-06**

Den Asst.	Den. Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	EMT	Resp. Care	Nut.
32.56	53.12	188.19	97.03	87.92	50.90	54.56	59.18

- Labor market projections (state and regional): data from Oregon Employment Department. Workforce & Economic Research - **PERCENT GROWTH**

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
27.7%	27.6%	28.6%	*	See below	23.4%	33.3%
Medical Office Assistants		Medical Transcriptionists		Med.Records & Health Info Tech		
46.6%		33.3%		29.7%		

- = November 2006 indicates an increase in need of preschool teachers at 143,000 nationally

- Courses required for degrees or certificates

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
ALL	ALL	ALL	ALL	ALL	ALL	ALL

### 2) Capacity and Utilization Data

- Fill rate of course sections: Classbuilder/Capacity-subject summary 2005-06

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
93.2%	97.4%	94.5%	80.10%*	72.07%*	77.7%	91.5%

- = Early Childhood Education and Health Records Technology Programs are both open entry/open exit

- Student FTE/Faculty FTE ratios

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Classbuilder/FTE by Department Fall 05 **FAMILY & HEALTH CAREERS – 6.7**

**3) Student Success Data**

- Course completion rates: : **Class Completion & Success By Subject per IRAP (8/18/06)**

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
99.43%	97.16%	94.85%	89.11%	93.87%	95.20%	92.67%

- Course withdrawal rates: **SEE COMPLETION RATES**

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care

- Student success rates: **Class Completion & Success By Subject per IRAP (8/18/06)**

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
97.71%	97.16%	93.91%	83.71%	88.84%	90.40%	91.93%

**4) Expenditures and Revenue**

- Expenditures per unit (annual): Info from division 05-06 revenue and expenses summary download by program expenditure account data of general funds

Den Asst.	Den. Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	EMT	Resp.Care
\$227,653.	\$594,965.	\$1,473,686.	\$567,513.*	\$205,021.	\$223,744.	\$257,058.

\* = includes 4 general fund positions for the Child Development Center

- Cost-per-FTE by **program**: Classbuilder/Direct CPF includes grants (IRAP 9/21/06)

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
\$7,743.	\$10,426.	\$7,782.	\$5,043.	\$6,157.	\$5,851.	\$6,683.

- Revenue per unit: Classbuilder/2005-06 Revenue by subject\_Rpt\_TPR\_revision 9/15/06

Den Asst.	Den. Hygiene	Nursing	ECE/HDF S	HRT/MA/ HO	EMT	Resp.Care
\$169,422*	\$404,880 *	\$1,205,352	\$803,369	\$532,753	\$287,932	\$264,876

\* = Dental Assisting & Dental Hygiene ICP funds are combined into one clinic account credited to Hygiene so revenue #s are not entirely accurate.

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5) **Division planning parameters**

▪ FTE target for disciplines

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care
↑ 2 students	↑ 2 students	↑ 9 students				↑ 2 students eff. Fall 06

▪ Expected budget to work within

DenAsst.	Den.Hygiene	Nursing	ECE/HDFS	HRT/MA/HO	Emer.Med.T.	Resp.Care

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#### **Section II: Program Analysis (Discussed September 13<sup>th</sup>)**

*This section will be compiled by Division Chair in Summer 2006 and the draft will be distributed for discussion at fall in-service department meetings. This will be finalized by November 15, 2006.*

- 1. What did your unit accomplish last year in relationship to your 04-05 and 05-06 planning initiatives? What were other accomplishments not related to the annual planning initiatives?**

#### **Dental Assisting**

Dental Assisting faculty and students participated in partnering with Lane County and the HIV Alliance to implement a community dental clinic serving low income and special needs clients at the LCC dental facility. Faculty determined levels of participation for students each term in accordance with educational guidelines and standard precautions. The Dental Assisting program has partnered with area dentists to provide the Jan Malone Scholarship to qualified Dental Assisting students. In 2004-2005, six \$500, scholarships were awarded and in 2005-2006, six \$750. scholarships were awarded. This program relies heavily on the use of area dentists to provide Co-Op placement sites for our students. We have a strong community support base for the Dental Assisting program.

#### **Dental Hygiene**

- A. Purchase of new equipment to implement digital radiography at chair side: 8 laptops, EagleSoft update to version 13, 7 new counter-top computers, 2 Intraoral video cameras
- B. Instructional Equipment: 18 skulls for head and neck anatomy, smart classroom set-up for dental lab HEA 108, funding to purchase an automatic developer for radiographs
- C. Partnership with Community Health Centers of Lane County to implement a pilot project for providing dental care to low-income community groups.
- D. Graduation of 19 dental hygiene students, 100% pass rates on anesthesia and National Dental Hygiene Boards.

#### **Accomplishments:**

- A. Application for and award of a HRSA grant to develop dental care options to HIV+ patients within the dental programs at Lane and expansion of care to include restorations and emergency care for low-income dental patients. The partnership developed by the grant is with Community Health Centers of Lane County and the HIV Alliance. Increased revenue generated is approximately \$150,000 per year for five years.
- B. Application for a Workforce Development (summer 2006) grant to expand the dental hygiene program to a distance learning modality using clinical sites in dental offices, dental assisting clinics or newly developed dental facilities. This project was proposed as a partnership with LBCC, Umpqua CC and Lewis Clark College in Lewiston Idaho. Announcements are expected in late Jan '07.

#### **Early Childhood Education**

Put a plan in place for efficiencies and productivity to reduce General Fund support of the Child Development Center (CDC) by \$160,000 (as requested).

- a) Utilized instructional space (Smart classrooms) to deliver audio-visual presentations to students regarding emergent curriculum practices.

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- b) Increase in FTE for administrative support to CDC allowed optimum delivery and processing of CDC applications, room scheduling, USDA reports and billing.
- c) Awarded \$20,000 in Gray Scholarships to 10 full time ECE students
- d) Set up contracts with Head Start (for low-income children) and EC Cares (for children with special needs) for full-time slots at the CDC. Agencies pay for slots whether they are filled or not.
- e) Faculty sabbatical taken by instructor of first and second year Curriculum classes to investigate and study best practices in emergent curriculum.
- f) We were asked to eliminate \$160,000 of our ECE budget from General Fund support. We accomplished the following in regard to this request:
  - Eliminated Material & Supplies fee for the CDC (\$6,000)
  - Put in place staff scheduling changes to eliminated substitute and part-time teachers (\$35,000)
  - Reconfigured a toddler classroom age range to accommodate 5-10 more FTE (25,000)
  - Raise the CDC parent fees (\$40,000)

#### **Emergency Medical Technician**

Paramedic State and National certification exam pass rates for Lane students have always been highest of all EMT schools in Oregon. A local group of influential paramedics began criticizing the job readiness of our students and the impact began to creep into our applicant pool prompting some potential students to attend paramedic school elsewhere. Most of our EMT students are recruited from local volunteer fire departments, therefore, opinions expressed by local paramedics, true or not, heavily influence the applicant pool population.

Student functional job preparedness was targeted as the program's weakest area. A comprehensive corrective plan was initiated in fall of 2005. The goal: to improve the reputation of the program by placing a significantly better prepared student into the program's internship component, where they work under the supervision of a local paramedic, and then into the job market.

In the fall of 2005, the EMT-Paramedic program experienced a record low 23 qualified applicants for 24 available slots. The comprehensive plan was initiated. When internship began in the spring of 2006, only 14 students had survived the rigors of increased performance requirements. However, feedback from local paramedic internship preceptors was that our students were markedly improved.

In the fall of 2006, the EMT-Paramedic program experienced a record high 43 qualified applicant for 24 available slots. The 24 accepted paramedic students represent the best academically prepared group ever seen in this program.

We will see a higher number of course completers in the current group. At present, I expect 19-21 students to complete.

#### **Medical Office Assistant and Health Records Technology**

**Medical Office Assisting Program** (MOA) completed an Accreditation Review and is judged to be in compliance with the nationally established standards of the Commission on Accreditation of Allied Health Education Programs. (CAAHEP)

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**Health Records Technology** increased the number of students in the Distance Learning program.

#### **Nursing**

Increase utilization of Simulation technology for alternate clinical experiences.

Initiative 1 – more space = nothing but hoping and planning, Nursing faculty offices still sub Lane standard

Initiative 2 – amount of support staff support has become worse

Initiative 3 – OCNE - Huge start in OCNE curriculum rewrites as the whole curriculum changes in 2007, lots of meetings, faculty going to Portland, working collaboratively throughout state. First year this year has been adapted as trial run – no change in second year so far.

The MOU was signed !!! Curriculum proposals were approved by the Lane Curriculum Committee this fall.

#### **Respiratory Care**

As a strategy to reduce the cost of the program, clinical instruction to the respiratory care students is now provided by the clinical sites instead of paid clinical instructors. The RC program's Director of Clinical Education, RC Advisory Committee, and managers of RC departments at the clinical sites worked together to plan, organize, and provide clinical instruction with mentors from the RC department staff at the clinical sites.

The Second Year class commanded much attention at the 2006 Oregon Society of Respiratory Care Conference. The cohort of 2004-2006 had three teams (3 people in a team) competing in the traditional college bowl style, Sputum Bowl competition. One of the teams won in the student category and won a \$600 cash award to help them attend and compete in the national conference this fall in Las Vegas. The cohort also had three teams (3 people in each team) in the chili cook-off competition, helping to earn over \$800 toward a student scholarship fund. One of the teams won the showmanship award. A group of 3 students gave a chest x-ray and case study PowerPoint presentation during the lecture portion of the conference. Attendees commented on the professional quality and organization of their presentation. Respiratory care practitioners, department managers from our clinical affiliates, and our faculty were very proud of and impressed by the energy and dedication of this group of students.

The RC program utilizes Cooperative Education in three different ways. First, some students entering the program enroll in Co-op Ed to increase their credits and/or to job-shadow to obtain experience in the profession. Second, the last term of the program uses Coop Ed as a mandatory course for all students; 4 credits of a summative practicum with a focus on critical and emergency care. Third, as a licensure requirement, students practicing patient care through employment by hospitals and DME's must enroll in Co-op Ed and register for one credit for every 36 hours worked. Last year RC students registered for Co-op Ed 41 times over the four terms, for a total of 152 credits and 10.73 FTEs.

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- 2. What assessment activities did your unit undertake last year? In this section, please review and revise assessment plans submitted last year and identify the progress made on last year's assessment plan. Attach the revised assessment plan.**

**Dental Assisting**

The Dental Assisting program implemented a student rotation in the Community Dental Clinic as a Co-Op assignment. Feedback from the supervising dentist, dental assistant and the student participant was used as an assessment tool in determining the students' skill level.

**Dental Hygiene**

Completed in 2005- 2006:

Chart Audit all patients treated in Dental Clinic

Student Exit Interview

Patient Satisfaction Survey

Course Review

Revised Plan 2006-07:

1. Prepare for Accreditation Site visit in '08 and complete comprehensive assessment of program

Employer Survey

Distance Learning Needs Survey

Patient Satisfaction Survey

Graduate Survey

Faculty Survey

Dental Hygiene Exit Interview

Alumni Survey

Job Placement Rates

WREB Licensing Examination Rates

National Board Pass Rate

2. Review and update program Goals

3. Perform Dental Hygiene Program Resources Assessment for

1. Admissions, Faculty, Financial, Clinical and laboratory Facility and Equipment, Library, Support Personnel, Community Patient Sources and Community Dental Health Experiences

**Early Childhood Education**

See attachment. Faculty and (CDC ) staff worked to have consistent shared baseline information in regard to our primary assessment tool: the Practicum. This information was shared primarily at bi-monthly staff meetings. We also enlisted the help of our ECE Advisory Board in compiling a database of graduates in order for our Program to do follow-up assessment.

- a. Formative Assessment, shared with students based on ongoing lab performance. Done by Practicum Coordinator with input from CDC staff.
- b. Summative Assessment, shared with students based on Advanced Week Lab performance and co-op experience.
- c. Summative Assessment, shared with students based on co-op experience.
- d. Student Portfolio's:
  - i. Student autobiographies (Intro to ECE) shared by faculty instructor with other faculty and CDC staff.

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- ii. Student created resumes in Cooperative Education (not shared with other staff or faculty)
- iii. Reflective narrative based on Advanced Practicum Week (not shared with other staff or faculty)
- e. Course-Embedded Assessment:
  - i. Body of work from Advanced Week Check-off List – Graded by Practicum Coordinator (Not shared with other staff or faculty).
  - ii. Locally developed tests, research papers, exams, reflective essays. Graded by individual instructor and not shared with other faculty or staff)
- f. Seminars (Students and Practicum Coordinator present)
- g. Student Presentations – during Advanced Week in Practicum) Videotaped and available to all faculty or staff.
- h. Capstone performance – During fifth term practicum and based on integration and application of content and principles of all program courses, as well as the previous four terms of Practicum experiences.

#### **Medical Office Assistant and Health Records Technology**

**Medical Office Assistant** program did intense assessment of the instructional material and the Competency Documentation to meet the accreditation review, meeting the standards of accreditation.

#### **Nursing**

Beginning the use of Rubrics - for evaluation of activities and clinical performance , utilization of advisory board comments at end of year meeting in June to set direction toward needed content and process for graduates to be more successful in employment (ex- SBAR, new medication safety issues). Continued analysis of NCLEX exam results. Development of competencies for each year of the nursing program. What a graduate at each year's level will be able to do. Beginning use of student help portfolios to assist in self and program assessment

#### **Respiratory Care**

The Committee on Accreditation for Respiratory Care (CoARC) requirements for the annual report includes annual Graduate and Employer Satisfaction Survey results along with Personnel and Student Program Resource surveys. CoARC requires an analysis of each cohort's performance on the National Board for Respiratory Care (NBRC) credentialing examinations. The NBRC provides online reports that rate each student and every cohort for each section of the testing matrix, comparing their results it to the national average.

### **3. Based on assessment results or other evidence, what program areas (new or continuing) need attention?**

#### **Dental Assisting**

Assessment results show that both Dental Assisting faculty and Dental Assisting students see the need for additional chairside assisting opportunities prior to students being placed in spring term Co-Op sites. With the award of the SPNS grant, Dental Assisting students will have an excellent opportunity to gain additional chairside experience working on low income and special needs clients at the LCC dental facility.



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#### **Dental Hygiene**

1. Implementation of EagleSoft for periodontal charting, treatment planning, dental charting, billing and patient scheduling.
2. Storage and security of dental charts to meet HIPPA requirements (review protocols)
3. Needs assessment for dental hygiene program expansion into rural communities

#### **Early Childhood Education**

- a. Our program continues to investigate the best ways to link classroom pedagogy (in particular ECE emergent curriculum) with students' Practicum experience. Faculty and the Division chair are working with CDC staff to transition from an outdated weekly theme based model to an emergent curriculum model.
- b. Continue to investigate and implement practicum criteria that will result in student functional job preparedness: graduates able to deliver to the community a curriculum that demonstrates best practices based on current research of children's learning (constructivist and emergent).
- c. Also to make sure our Practicum requirements ensure graduates that can practice in a community setting that probably will not have the funding nor the square footage pre child that the LCC CDC has. Students often have to make some difficult adjustments from lab to community based schools and our Co-op requirement helps prepare them for this.

We need to build into our system more ways to communicate to all ECE faculty and staff the students level of progressive or final competency in lab. We do discuss students during all-staff meetings. Often these discussions focus both on student's personal difficulties with the program as evidenced by their performance in lab.

Content that was assessed: Outcome 1. (Students will) plan and carry out developmentally appropriate curriculum activities for children ages birth through kindergarten.

Expected outcome: Align lab school practices with the research based content taught in ECE courses.

1. Revise pedagogy, curricula.
2. Increase connections between in class and out of class learning.

Whom we will assess; ECE majors participating in ECE 240 Practicum

- Timing: Once a term at all-staff meetings, informally.
- Responsibility – CDC Teachers, Practicum coordinator and Faculty observations and documentation during student Practicum hours.

#### **Medical Office Assistant and Health Records Technology**

**Medical Office Assistant** program is scheduled to improve on the Competency Documentation.

**Health Records Technology** program is planning to increase the number of students in Distance Learning.

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#### **Nursing**

More curriculum writing for the OCNE curriculum change

#### **Respiratory Care**

Graduate, employer, personnel and student surveys indicate a need for:

- Updated laboratory equipment
- Larger classroom/lab
- Improved classroom acoustics - ceiling cover, carpeted floors
- More clinical sites to accommodate a larger cohort capacity

#### **4. Overall, what strengths do you believe your unit demonstrated in 2005-2006?**

#### **Dental Assisting**

LCC Dental Assisting students continue to score higher on National Board Exams than their Dental Assisting counterparts at other Oregon Community Colleges. In the Radiation Health and Safety portion of the test, LCC students scored the excess of 100 points above the average of other Dental Assisting students attending Oregon Community Colleges.

#### **Dental Hygiene**

1. Creativity and innovation in community partnerships to develop local low-income dental care options to be implemented in a dental hygiene clinical facility.
2. Willingness to expand the mission and abilities of the clinical facility and dental hygiene program.
3. Development of a summer clinic option for students between year 1 and year 2.
4. Dedicated faculty willing to support program expansion and development of plans for successful partnerships with community dental care needs and program expansion.
5. Use of WebCT for course enhancement and on-line offerings.
6. Support for the dental programs with a full-time (academic Year) support specialist in the dental clinic.
7. Outsourcing ordering of dental supplies to reduce manpower needs for this activity.
8. Development of a summer course for high school students interested in dentistry as a profession

#### **Early Childhood Education**

- b. Faculty delivered an Inservice to CDC staff that covered information based on: Visual presentation of Site visits to other child care centers gathered by instructor during her Sabbatical. Also shared current material relevant to emergent curriculum practices.
- c. ECE Program put a plan in place for efficiencies and productivity to reduce General Fund support of the CDC by \$160,000 (as requested).
- d. We raised CDC tuition rates (additional revenue = \$40,000) as well as reconfiguring the enrollment base in a CDC classroom (\$ 25,000).
- e. The CDC director redesigned the staff schedule to cut costs and put together a partnership with Headstart.
- f. ECE faculty worked with Lane Family Connections on a grant that increased enrollment in evening classes for non-traditional students by approximately 60%.

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#### **Medical Office Assistant and Health Records Technology**

The strengths demonstrated in the **Medical Office Assistant** and the **Health Records Technology** programs were the coordination and camaraderie of the instructors to meet the deadline of the MOA program certification review.

#### **Nursing**

Continue on in face of funding cuts, increase use of simulation, increased participation in Grants, continued OCNE participation.

#### **Respiratory Care**

The Respiratory Care Program operates at minimal personnel and expense.

- a. RC departments and vendors loan the RC program state-of-the-art equipment, supplies, guest speakers, and instructional space for lab sessions, classroom demonstrations, and field trips.
- b. RC departments and DMEs provide mentors for instructing and supervising students in the clinical setting.

Job placement is excellent. The majority of the graduates are employed in respiratory care positions before graduation.

### **5. Overall, what challenges do you believe your unit faced in 2005-2006?**

#### **Dental Assisting**

Deterioration of financial support as demonstrated through the loss of 1.0 faculty position to .60 and the loss of a designated Dental Programs secretary. The Family & Health Careers Division Chair is Interim as is the Dental Assisting Program Coordinator. The Dental Assisting Program Coordinator position has been held by three different people in three years.

#### **Dental Hygiene**

Changing from WebCT to Moodle. Faculty and coordinator support for instruction for 19 second year, 16 first year students and two refresher students. Increased numbers of students completing the independent study course option resulted in more time commitment by the coordinator and more FTE generated for the Division.

Sustainability: The colleges funding has put the program under pressure to be lower cost yet meet the needs of students who are unable to pay more for the education they receive. There has also been a push to seek grants that are very time consuming in the writing and the implementation once funds have been received.

#### **Early Childhood Education**

- a. We were requested in April of 2006 to put a plan in place for efficiencies and productivity to reduce General Fund support of the ECE CDC by \$160,000. We have eliminated about 100,00 and did this in the space of less than a year.
- b. Faculty and CDC staff have been working together to have a more emergent curriculum in the CDC that would update the current curriculum which is based on weekly themes. We made some progress but this continues to be a challenge

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#### **Medical Office Assistant and Health Records Technology**

The dominating challenge which faced the **Medical Office Assistant** program was preparation for the Accreditation Review Spring Term. This was the collection of the documentation, organizing and presenting in correct form for the review board.

#### **Nursing**

Poor leadership from Division Chair of the time, cuts, over-crowding, and moving the rest of the curriculum into OCNE.

#### **Respiratory Care**

Since replacing paid clinical instructor with mentors, clinical sites have requested to have fewer students at a given time. Challenges produced by this change include:

- a. Exploring new clinical sites and opportunities.
- b. Utilization of distance sites require increased traveling time and expense for students.
- c. Increased time for the Director of Clinical Education to organize clinical rotations and training/communications with mentors.

Difficulty attracting new replacement faculty due to the declining support for the RC program and higher ed in general.

#### **6. What conclusions do you draw from this analysis about needed improvements or changes in 2007-2008?**

#### **Dental Assisting**

In order to meet the projected shortage in health care workers both locally and nationwide, we need to train more Certified Dental Assistant. We need to increase our student enrollment and have a stable source of funding.

#### **Dental Hygiene**

Instruction Changes Needed:

1. Development of simulation activities to teach medical emergencies and special needs dentistry concepts are needed for dental students.
2. The program has needed updates on computers and implementation of EagleSoft programs to provide students more experience with dental management software. The intricacies of the program needs manipulated to meet the need of the LCC program. The partnership with the HIV Alliance Grant is putting us in a position to implement portions of the paperless dental record for patients. We will need more support for implementation of EagleSoft and training for clerical support.
3. Equipment to support ergonomics instruction within the curriculum for the dental hygiene clinician...18 Stools
4. College support and expertise in on-line course development and instructional strategies development to maintain the quality of the dental hygiene program.
5. Completion of curriculum revisions to be completed by January 16, 2006 on 16 courses. The paperwork and process must be completed to implement Periodontology courses, restorative dentistry for dental hygiene students, an OSHA stand alone course, separation of combined lecture clinical courses into A and B units.

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#### Facility/Instruction Equipment:

1. 18 clinician stools for patient care (\$7,200.00) to teach and apply ergonomics during patient treatment. Current stools are 15 to 20 year + old.
2. V-Tec equipment and placed in FHC division classroom for distance site education.
3. Development and production of CD ROM's for laboratory and clinical instruction. Transfer of current in house video's to CDROM's callibrate instruction with on site and distance sites and on-line courses.
4. Implement a new curriculum in restorative dentistry to meet the needs of Oregon Practice Act Changes. Purchase equipment to implement instruction: high and low speed handpieces, instruments, supplies (\$5,000.00)
5. Equipment for implementation of a distance site: laboratory equipment, dental models, manikins for instrumentation practice, resources for classroom and clinical instruction, instruments, books, trays, portable student storage equipment, T.V/CD Player/Video player, sterilizer, radiology instruction, dexter

#### Accreditation:

1. Release time for ADA Commission on Accreditation requirements:
  - a. preparation of a program site request for major change required to provide distance learning due March '07
  - b. preparation of the document for a site visit involved in a distance learning site addition Due September '07
  - c. preparation of Self study for 2008 site visit completed 60 days before site visit planned Fall '08

#### **Early Childhood Education**

- a. ECE needs to continue to find ways to allow students to have a lab experience that will not be severely impacted by budget cuts. Our CDC still operates at a deficit met by General Funds and this must be dealt with so the CDC does not continue to be a target for further cuts. This year we are working with a consultant from Linn-Benton C. C. to look at ways to deal with this.
- b. The ECE department needs a very specific database of our Practicum students that will red-flag students who are at risk for not graduating. Typically they get behind in Practicum hours or do not return for the final few terms. Our classroom retention rate is good, but our graduation rate needs to improve.
- c. We are currently receiving excellent leadership from the FHC interim division chair, that includes being guided in ways to implement curriculum changes at the CDC that take into account classified and faculty union agreements, as well as role clarification in regard to putting changes in place and implementing them. This leadership was lacking from 2003-06 so it is crucial to fill the Division chair position with someone who has institutional knowledge and is a good match for the Division.

#### **Medical Office Assistant and Health Records Technology**

- a. Complete the competency documentation to comply with the CAAEP recommendations.
- b. Include more technology into MOA & HRT programs. Such as computers with similar programs of the local medical offices such as IC Chart & Last word.

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- c. Increase the number of students of the MOA program. By 50 %. This is to meet the demand in the growing medical community. Medical Office Assistants are multi-skilled, trained to multi-task and are needed in a wide variety of medical settings.
- d. For the Transcription and Coding students, make this a certificate program..

Oregon Medical Group plans to increase their number of physicians by 100. Orthopedic Health Care Northwest is building a new Orthopedic Center that will include their own out patient surgery. There are two new hospitals being built at this time and the old hospitals will house many medical facilities. Many of these facilities will be asking for Medical Office Assistants.

**Nursing**

We're great!

Morale will improve as the budget does

**Respiratory Care**

- a. Classroom/lab and equipment need improvements and upgrading.
- b. Students need more clinical opportunities and options.
- c. Students need support for travel to and lodging at outlying clinical sites.
- d. The program needs a sense of security to aid in attracting future faculty.