Program Name: Monroe County Community College

Program Number: 100292 & 200295

Instructions: Site visitors are to check off the appropriate box to indicate their assessment of the degree of compliance with the Standards. Standards determined by the full Committee to be Partially Met or Not Met are required to be corrected. Site visitors must indicate the sources of evidence by completing the grid on the next page.

<table>
<thead>
<tr>
<th>Standard Reference</th>
<th>Standard Text</th>
<th>Standards Met</th>
<th>Standards Partially Met</th>
<th>Standards Not Met</th>
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<td>(N/A) I.B</td>
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<td>VI.</td>
<td>PROGRAM EVALUATION</td>
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**COMMITTEE ON ACCREDITATION FOR RESPIRATORY CARE**

Program Name: Monroe County Community College

Program #: 100292 & 200295

<table>
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<th>Strengths</th>
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<tr>
<td>Long-standing and stable faculty</td>
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<td>Strong administrative support</td>
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<td>Dedicated medical director</td>
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<td>Variety of clinical affiliates</td>
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<tr>
<td>Good lab/classroom and computer facilities</td>
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<tr>
<td>Dedicated and knowledgable admissions personnel</td>
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<tr>
<td>Standards Partially Met</td>
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| II.A Program goals and standards | "an advisory committee or similarly constituted group representing these communities of interest, should be designated and charged with assisting program and sponsoring institution personnel in formulating appropriate goals and standards,"
Advisory committee minutes showed no record of review of the goals and standards. | The advisory committee should annually review the goals and standards and annual report and document such in meeting minutes. |
| V.C.4 Physician input   | "the purpose of the instructional input into all phases of the program is both to convey information and perspective, and also to develop effective communication skills between physicians and students"
Interviews with senior class demonstrated concern over communicating with physicians noting that there was inadequate direction in developing that skill. Additionally, only 2 students indicated that they knew the medical director's name. | The DCE needs to develop a set of physician competencies and objectives for each clinical site. Additionally, rating techniques should be developed to encourage students to seek physician interface. |
| VI Program evaluation   | "Program evaluation methods should emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and standards. This may be accomplished through a variety of methods such as; surveys of current and former students, follow-up studies of graduate employment and credentialing examinations performance."
The Annual Report for the year 2000, for both programs, demonstrated responses below established thresholds for all employer and graduate surveys for the period of 1995 through 1999. | Solicit assistance from advisory committee members and employers in facilitating the completion and return of all survey instruments. |

Duplicate as Necessary
Please relate "Suggestions for Enhancement" to the *Standards*.

**Suggestions for Enhancement**

<table>
<thead>
<tr>
<th>V.E.</th>
<th>Assure that all clinical affiliates receive and adhere to student clinical assignment requirements.</th>
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<td>II.A.</td>
<td>Assure student participation on advisory committee</td>
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<tr>
<td>VI.</td>
<td>Discontinue reporting the school's Survey of Graduated developed by the Office of Employment Services on the annual report.</td>
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**Resource Assessment.** Utilize the CoARC resource purpose statements, the content and format of your current matrix is acceptable.

| II.A. | Goals and standards. Utilize the expertise of the advisory committee for program assessment and advisement. More frequent meetings called by a chairperson who should benefit the program. |

*Duplicate as Necessary*
April 24, 2002

Audry Warrick
President
Monroe County Community College
1555 S. Raisinville Road
Monroe, MI 48161

Dear President Warrick:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on April 19, 2002 to award continuing accreditation to the entry-level respiratory therapist program at Monroe County Community College.

The recent peer review conducted by the Committee on Accreditation for Respiratory Care (CoARC) and the commission’s Board of Directors recognizes the program’s compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur in 2012 (However, please note that this date could change based on information contained in annual reports and/or any other required documents that are submitted to CoARC).

The accreditation standards are established by CAAHEP and the American Association for Respiratory Care, American College of Chest Physicians, American Society of Anesthesiologists, and American Thoracic Society.

The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation.

Sincerely,

Larry J. Leverenz, PhD
President

Cc: Gail Odneal, MSN, RN, Dean, Health Sciences Division
    Bonnie E. Boggs-Clothier, BS, RRT
    Ian J. Gilmour, MD, CoARC Chair
    Richard T. Walker, MBA, RRT, CoARC Executive Director
The Commission on Accreditation of Allied Health Education Programs certifies that the

Entry-level Respiratory Therapy Program

Monroe County Community College
Monroe, Michigan

has completed an accreditation review and is judged to be in compliance with the nationally established standards

this 19th day of April 2002.

President, Board of Directors

Chair, Committee on Accreditation
The Commission on Accreditation of Allied Health Education Programs certifies that the

Advanced Respiratory Therapy Program

Monroe County Community College
Monroe, Michigan

has completed an accreditation review and is judged to be in compliance with the nationally established standards

this 19th day of April 2002.

[Signature]
President, Board of Directors

[Signature]
Chair, Committee on Accreditation
March 13, 2002

Gail OdNeal, MSN, RN, Dean, Health Sciences Division
Monroe County Community College
1555 S. Raisinville Road
Monroe, MI 48161

RE: Program Number 200295

Dear Ms. OdNeal:

The Committee on Accreditation for Respiratory Care (CoARC) Board met on March 1-3, 2002 and voted to recommend that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) grant Accreditation to the advanced respiratory therapist program sponsored by Monroe County Community College. This recommendation will be considered by CAAHEP at its next meeting.

Since CoARC is implementing the "yearly accreditation assessment with up to a ten (10) year window between comprehensive assessments" process, it is possible that your program's next comprehensive review (i.e. full self-study and site visit) could extend until April 24, 2012. I would like to provide some elaboration on what this means. The committee expects to be more comprehensively reviewing the annual reports and their associated analysis and action plans. These will be reviewed in light of the established "Thresholds" for various outcome evaluation systems. The committee is establishing various "triggers" that would result in further follow-up between the CoARC and the program. This follow-up could include such things as submission of more detailed analysis and action plans, or assignment of a Referee to work with a program, or possibly even submission of a self-study with a follow-up site-visit. The extent of the dialogue between the CoARC and the program would depend on variety of factors, the primary being the significance of the deviation(s) from the established thresholds.

From the above explanation, although you can see that the window of time between comprehensive reviews may be extended, a program's outcomes could potentially result in more interactions between the Program and the committee. This should result in program's who have good outcomes spending less time and energy on accreditation issues, while programs who have significant outcome problems will receive more guidance and assistance from the CoARC to help them achieve a greater degree of success.
Since the "window" between comprehensive reviews hopefully will be extended for many programs, this brings up the concern that many things could change that are of potential significance to the accreditation agency between that period. A second mechanism that will influence the frequency of dialogue between the CoARC and educational programs (other than outcomes reported on the Annual Report) is related to the concept of "Substantive Change". As programs are aware, through current CoARC policy, programs are required to report to the CoARC when certain important changes occur, e.g. change in key personnel. The Committee is developing a mechanism for programs to provide notification of substantive changes in their program operation. Included in this system would be identification of what qualifies as a "substantive change" that would require notification of CoARC, and other such issues such as; whether or not prior approval was required, if notification was required within specified time periods, etc. We will be sending you additional information as these decisions are finalized.

Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Richard T. Walker, MBA, RRT
Executive Director

RTW/ia

cc: Bonnie E. Boggs-Clothier, BS, RRT
    Milo Engoren, MD
    Ian J. Gilmour, MD, Chair
    Becki Evans, MS, RRT, Referee
January 2, 2002

Ms. Becki L. Evans, MS, RRT
Tulsa Community College
Allied Health Services
909 South Boston
Tulsa, OK 74119-2011

Re: Programs 100292, 200295

Dear Ms. Evans:

This letter is in response to the e-mail report entitled "Referee’s Analysis of Site Visit Report". After reviewing the document, the faculty of the Respiratory Therapy Programs at Monroe County Community College have the following response to the three areas of "Partially Met Standards" and the "Suggestions for Enhancement" as outlined in the Site Visit Report:

FINDING 1

II, A Program goals and standards: "Advisory committee minutes showed no record of review of the goals and standards."

RESPONSE: This is true. Although the Advisory Committee had reviewed the Goals and Standards several years ago, these had not been formally visited since then because they had not changed. The Committee was presented with updated Annual Reports and the threshold of success information, evaluations, etc. with the explanation that the Goals and Standards had not changed. This will be changed for future inclusion as a standing item for the spring meeting. As a suggestion for this for future site visits, it would be helpful for site teams to show a copy of the goals and standards and Annual Report of the program. This may allow Advisory Committee members to better remember if they had reviewed the document and the review had not been included in the minutes or whether they had never seen the actual document for review.

FINDING 2

V, C, 4 Physician input. "Interviews with the senior class demonstrated concern over communicating with physicians noting that there was inadequate direction in developing that skill. Additionally, only 2 students indicated that they knew the medical director's name."

RESPONSE: There may be several reasons for the above findings. First and foremost is the timing of the site visit (October) as it relates to the basic philosophy of MCCC
views physician input. When physician input was designed into the program, it was with the realization that program resources were greatly variable from a 125 bed community hospital with non-participatory physicians to a world class medical center with active research, teaching clinical physicians. The focus became the graduate's ability to interact with physicians especially where physician orders or suggestions for pulmonary management of patients was concerned. The students have other types of contact with physicians (lectures, for example), but that is not the emphasis in the program. In addition, there is a huge chasm between the self-esteem of a junior college student and a practicing medical doctor. Part of preparing a student for this type of interaction is to arm them with as much knowledge as is reasonable to carry on intelligent communication with the physician. With that in mind, we developed the philosophy that the greatest likelihood of physician interaction would be in the ICU rotations (adult and neonatal/pediatric) which all fall within the second year of the program. This also would correspond to the students increased knowledge level allowing a small degree of comfort during the interaction with the physician. Students keep track of their contact with physicians on a daily basis with a pocket sized spreadsheet form used to monitor activity (sample attached marked A). Students vary from a few minutes a day to several hours a day (OR rotation, intubation rotation, and rounds with medical director).

Second, as a form of quality control for the about-to-graduate student, all students spend two mornings rounding with the medical director, Dr. Milo Engoren. The hospital where this takes place is a large multi-ICU medical center where Dr. Engoren is the medical director for the Cardiovascular ICU (post open-heart, etc.) and the Medical-Surgical ICU (general ICU). Starting at 7AM, the students are put through their paces on a variety of skills (see attached rotation sheet sample marked B). The student is expected to make determinations including recommendation for ventilator changes, weaning and extubation of any patients on the service. Dr Engoren rounds with patient charts in hand and converts the student's suggestions to written orders as they proceed. He then completes an evaluation of the student and their proficiency using a program designed form (see attached form marked C). The student's impression of these rounds is also kept in anecdotal form on the student's daily journal entry (see form marked D). The about to exit student is also given the CoARC Student Resource Survey on the last day of the program. This survey has a section on physician interaction. The results of the exiting students from 2001 are attached (marked E).

In closing, the program faculty believes that the curriculum is appropriately rich in opportunity for physician input and in the documentation of it. Unfortunately, the site visit occurred in October, only 7 weeks into the second year. It would be understandable that students "demonstrated concern over communicating with physicians". I might suggest that for the future site teams having visits in the Fall semesters, the team make a note to review the exit surveys of the previous years graduates for a better gauge of physician input and not rely quite so heavily on the interview.
As to only two second-year students knowing the name of the medical director, this was a surprising finding. On the first day of the program, students are given a handbook that is reviewed page by page. On the first page, there is a listing of program personnel and care is taken to review the information about Dr. Engoren. He is referred to in class examples, discussion items, especially for the things he has taught faculty. When the program director asked the second year students if this statement from site evaluation was true, they said yes. However, it was also added that the students knew of Dr. Engoren, but did not know that his title was that of "medical director".

FINDING 3

VI Program evaluation  "The Annual Report for the year 2000, for both programs, demonstrated responses below established thresholds for all employer and graduate surveys for the period of 1995 through 1999."

RESPONSE: This is partially true. Some of the results exceed thresholds, however most do not. There are several contributing factors to this finding. First, the annual report included in the self-study was developed June 1, 2000. That report for both programs used a different approach to enrollment and attrition compared to the updated annual report (Spring 2001) given to the site team when they arrived. It must be remembered that the enrollment in both programs is dual enrollment. All students completing CRT tract do so in December. All students completing RRT do so the following April or May. Prior to 2001, the program reported all enrollment and attrition in the RRT program. The CRT program was a safety net and enrollment was by default if the student did not achieve the RRT program during the regular two year time frame. Starting with 2001, all first year enrollment was reported in the CRT program and attrition in the first year was in the CRT program. The RRT program enrollment was determined by enrollment in the first RRT course that was not listed in the CRT curriculum. Any attrition from the RRT program became students who reached the second year, but did not finish it. This changed the enrollment and attrition numbers for both programs. It also changed the reported responses for the graduate and employer surveys. For the CRT program, Group 3 for graduate surveys is above threshold. For the RRT program, Groups 1, 2, and 3 (all groups) for graduate surveys is above the threshold. The employer surveys for both programs across Groups 1, 2 and 3 are below threshold. This data was reviewed with the site team and a copy given to each visitor.

A probable explanation for the low responses for CRT Groups 1 and 2 is the averaging of one class that graduated in December 1998. This was a class of RRT students who would have achieved RRT status the following May 1999, but were involved in a clinical documentation cheating scandal uncovered at the end of the semester. As a result, all students involved in false documentation of attendance were given a failing grade in clinic and prevented from graduating. There was a decided reluctance to complete graduate surveys from that population. Because they were a large group (14), averaging with the classes on either side brought those results down.
Another factor in low responses from the employers has to do with the survey procedure used during 1995-1999. The survey instrument sent out at that time was from the Office of Employment Services at MCCC. Their policy was to send out surveys to the graduates, receive the survey back and then send an employer survey to the graduates who return surveys listing their employer. As a result, there is a factor of diminishing returns from the employer by virtue of the system. Starting with the classes in 2000, the MCCC Respiratory Therapy Program Director has sent out the CoARC surveys to both graduates and all employers. The return rates from this past survey of 2000 graduates exceed CoARC thresholds. The survey raw data, summaries and thresholds were shared with the site team.

Finally, there may have been confusion by the site team as to which of the rows actually had "zero" entered for data points. Regardless of the survey (old or updated), the zeroes were in the area for NBRC SAE results or for years where there were no graduates. MCCC does not report NBRC SAE data at the suggestion of the CoARC director, Rich Walker. The MCCC program does not use the SAE as an exit evaluation tool. Students are told not to prepare for this exam. Instead, it is suggested that the exam be taken without studying so true baseline knowledge can be tested. This strategy will give a better indication for topics to study for the actual credentialing exam. This strategy caused previous reported data to be consistently below threshold. Because the results of the actual NBRC exam were much higher than the SAE results, Mr. Walker suggested that the program simply not report the data. The students still take the SAE, but the program no longer reports the results. The morning of the exit interview, one of the site visitors showed me his report and commented that this area had to be improved (zeroes in the SAE section), but he was referring to the employer survey results when speaking of this. It can only be speculated that the site visitor was confused when completing the report and simply referred to the wrong section thinking it was the employer survey response.

Suggestions for Enhancement

1. **V. E.** "Assure that all clinical affiliates receive and adhere to the clinical assignment requirements."
   The program believes that this may have been a single incident from one instructor who received the syllabus after the start one of the semesters. The student clinical assignment with names, dates, times, etc. had been given out, but the syllabus had not.

2. **II. A.** "Assure student participation on advisory committee."
   With the exception of the previous meeting on May 24, 2001, there had been student representation at the previous meetings. This information was shared with the site team.

3. **VI.** "Discontinue reporting the school's Survey of Graduated developed by the Office of Employment Services on the annual report."
   This was a curious inclusion for suggestions as a good deal of time was spent reviewing the latest annual report and threshold success documents. In addition, the site team had reviewed the summary and raw data from the Class of 2000 using the
CoARC instruments that had replaced the MCCC Office of Employment instruments last year. Enclosed is a copy of this information which had also been reviewed at the May 24, 2001 Advisory Meeting.

4. **Resource Assessment.** *Utilize the CoARC resource purpose statements, the content and format of your current matrix is acceptable.* This will be done with the next annual reporting period.

5. **II, A Goals and Standards.** *Utilize the expertise of the advisory committee for program assessment and advisement. More frequent meetings called by the chairperson would benefit the program.* This suggestion will be implemented; however, it must be noted that this exceeds the Essentials.

It is hoped that this information will be helpful to you as you represent the program to the larger committee. Please let me know if you have any further questions about the program.

Thank you again for your assistance on the phone in clarifying some of the finer points of the documents.

Sincerely,

Bonnie Boggs  
Director  
Respiratory Therapy Programs

cc: CoARC  
G. Odneal, Dean Health Sciences  
J. Woltmann, Director of Clinical Education  
M. Engoren, Medical Director
MONROE COUNTY COMMUNITY COLLEGE
RESPIRATORY THERAPY PROGRAM

Advisory Committee Minutes
November 29, 2001

Present: David Bailey (Toledo Hospital), Bonnie Boggs (MCCC), Milo Engoren (Medical Director), Todd Georgia (96, U of M), Angela Miller (02), Susan Smith (98, Moti) Greg Stang (Flower), J. Woltmann (MCCC)

1. Call to Order
   Bonnie Boggs called the meeting to order at 5:50 PM

2. Introduction of Members
   Members were introduced including the student representative, Angela Miller.

3. Minutes from May 24, 2001
   The minutes from May 24, 2001 were accepted as amended for spelling (D. Bailey).

4. Budget Recommendations
   Two items were recommended for budget: inclusion of butterfly needle for ABG puncture and LTV ventilator.

5. Accreditation Update
   B. Boggs distributed a handout of the correspondence from the CoARC referee, Becki Evans, and the paperwork comprising the site visitor's findings and recommendations (see attached). Ms. Evans reduced the findings of the site visitors to three areas. These included: Program Goals and Standards, Physician Input, and Program Evaluation.

   The Program Goals and Standards finding was that the Advisory Committee had not reviewed and included in the minutes annually the formal approval of program goals and standards. MCCC response: Advisory Committee approval of goals and objectives will be included in the spring meeting annually.

   The issue with Physician Input was that the site visitors noted sophomore students "demonstrated concern over communicating with physicians noting that there was inadequate direction in developing that skill". The recommendations from the site visitors included developing "physician competencies and objectives for each clinical site. Additionally, rating techniques should be developed to encourage students to seek physician interface." MCCC response: The program director has forwarded documentation to the referee for this area of concern. Included in the response were the following: 1) the site visitors depended upon the second year students for the physician input information. The site visit was conducted in October. The MCCC RT program relies heavily on physician input in the second year to provide students with the exposure to develop physician interaction skills. Therefore, the site team's evaluation should have also included the exit evaluation from previous year's graduates that showed good evaluations in this area. 2) The program has developed specific paperwork for the physician input from medical director rounds. Second year students are assigned two days for clinical rounds with Dr. Engoren during which he evaluates them on a variety of activities appropriate for a therapist's interaction with a physician and with a patient. 3) Journals from the previous two years graduates were sent to document the experience with physician input experience during rounds with the medical director.
4) Final program spreadsheet information was sent documenting the physician input time students had reported for the program by graduation.

The concern for Program Evaluation centered on the poor response rate of graduates and employers in returning the graduate and employer evaluations. The results were good when the surveys were returned, but there were not enough of them returned. MCCC response: The program director will redouble efforts to get more graduates and employers to respond to the surveys.

The program is awaiting response from the referee on the above items. The next Advisory Committee meeting should be after all deliberation is completed.

6. Curriculum Changes
Several curriculum changes were presented by B. Boggs (see attached). These changes were prompted by the requirement to increase the CRT program to a full associate's degree and by the MCCC graduation requirement of a computer skill requirement. Input for some of the changes had been gathered from the committee at a previous meeting.

7. Program Update
Members were updated briefly on the graduate performance on exams, current student activities and recruitment efforts by the faculty. Credentialing exam performance remains well above national average, however the number of graduates from the 2000 graduating class who have attempting the RRT exam is very low. Current freshmen class has had high attrition due to academic problems. The freshmen class has also be very active in fundraising and community service activities including a Walk-a-Thon to benefit the September 11th fund of the American Red Cross.

8. Open
There were no open items

9. Adjournment
The meeting adjourned at 7:30 PM

[Signature]

B. Boggs