Program Review

Marshall University
&
St. Mary’s

Co-Operative

Bachelor
Of
Science

School
Of
Respiratory Care

College of Health Professions

October 2009

MARSHALL UNIVERSITY
Program Review
Marshall University

Date: October 15, 2009

Program: BS in Respiratory Care

Date of Last Review: This is the program's first review

Recommendation
Marshall University is obligated to recommend continuance or discontinuance of a program and to provide a brief rationale for the recommendation.

Recommendation
Code (#):
1. Continuation of the program at the current level of activity; or
2. Continuation of the program at a reduced level of activity or with corrective action: Corrective action will apply to programs that have deficiencies that the program itself can address and correct. Progress report due by November 1 next academic year; or
3. Continuation of the program with identification of the program for resource development: Resource development will apply to already viable programs that require additional resources from the Administration to help achieve their full potential. This designation is considered an investment in a viable program as opposed to addressing issues of a weak program. Progress report due by November 1 next academic year; or
4. Development of a cooperative program with another institution, or sharing of courses, facilities, faculty, and the like; or
5. Discontinuation of the program

Rationale for Recommendation: (Deans, please submit the rationale as a separate document. Beyond the College level, any office that disagrees with the previous recommendation must submit a separate rationale and append it to this document with appropriate signature.)

1 Charles Zuhars 10/15/2009
Recommendation: Signature of person preparing the report:
Date:

1 Charles Zuhars 10/15/2009
Recommendation: Signature of Program Chair:
Date:

1 Gretchen E. Oley 10/15/2009
Recommendation: Signature of Academic Dean:
Date:

1 Tracy Christofero 12/15/2009
Recommendation: Signature of Chair, Academic Planning Committee: (Baccalaureate pgms only)
Date:

1 Camilla Brammer 1/28/2010
Recommendation: Signature of President, Faculty Senate/Chair, Graduate Council:
Date:

Recommendation: Signature of the Provost and Senior Vice President for Academic Affairs:
Date:

Recommendation: Signature of the President:
Date:

Recommendation: Signature of Chair, Board of Governors:
Date:
College/School Dean’s Recommendation

Recommendation: Continuation of the program at the current level of activity

Rationale:

St. Mary’s Medical Center’s (SMMC) B.S. in Respiratory Therapy is a relatively new collaborative program with the College of Health Sciences at Marshall University, though a different level program had been in existence previously. The new collaborative program granting the baccalaureate degree has been in existence since 2005 and graduated its first graduates in December 2008. They will have their first on-site evaluation, as required by their accrediting body, in November of this year. However, the program is expecting no major deficiencies, thus guaranteeing a full, accredited program for the future.

The material submitted in their Program Review demonstrates the presence of a well-developed curriculum that trains Advanced Level Respiratory Therapists for the city, state and region. The consortium that exists between SMMC and Marshall University has allowed the Medical Education facilities in Huntington, WV to provide highly skilled and generally well-educated medical technicians for a work-force that will continue to be in high demand over many decades.

The faculty are well-trained, and the Director is engaged and highly competent. The review demonstrates that the Program has in place well-designed plans for evaluating and meeting the outcomes they have set as their targets. I am sure that they will require assistance over time with planning and the evaluative and assessment processes as it applies to their discipline, but I feel they have a very good start with the current existing structure.

The resources for their core clinical respiratory care curriculum are provided by SMMC and appear quite adequate. They have recently acquired a large, new Medical Education Building which houses the SMMC Respiratory Program, as well as the Nursing and Medical Imaging Programs. The IT resources for student learning are outstanding. A large, well-equipped clinical skills lab is very impressive and programs and policies for maximizing its potential are being quickly developed. There are wonderful conferencing, classroom and office facilities.

I currently have no specific recommendations regarding mission or resources and endorse the program fully.

Gretchen E. Oley ___________________________ 10/15/2009 ___________________________
Signature of the Dean Date
I. CONSISTENCY WITH UNIVERSITY MISSION: Provide your program’s mission statement. Explain how your mission supports the mission of your college and the mission of Marshall University.

St. Mary’s School of Respiratory Care believes each individual is of importance and worth, and the individual has a responsibility to become a productive member of society, but society also has the responsibility to provide the individual the educational opportunity to attain their maximal potential in order to make a worthy contribution to society. This educational opportunity should be made available regardless of the individual’s socioeconomic status, mental or physical handicap.

St. Mary’s School of Respiratory Care faculty and staff believe education is a unified, life long process. Career and vocational preparation is an important part of the total educational process. Each individual is entitled to assistance in making a career choice, as well as assistance in obtaining employment placement in his or her chosen occupation. The faculty also believes these individuals are entitled to additional upgrade training for the purpose of remaining viable and progressive in their chosen job.

Table 1:

Comparison of Mission Statements of Marshall University, the College of Health Professions and the School of Respiratory Care contains information that clearly demonstrates the congruency of the mission statement of St. Mary’s/ Marshall University BS in Respiratory Care (BSRC) Program’s (hereafter referred to as St. Mary’s) mission statement with those of the College of Health Professions (COHP) and Marshall University (MU).

St. Mary’s mission supports the mission of the COHP as we prepare respiratory therapists who provide care for others- both St. Mary’s and COHP prepare persons who care for others. St. Mary’s supports the mission of MU as both provide education to students- St. Mary’s prepares respiratory students, while the university prepares a variety of students.
TABLE 1:
COMPARISON OF MISSION STATEMENTS BETWEEN MARSHALL UNIVERSITY, THE COLLEGE OF HEALTH PROFESSIONS AND THE SCHOOL OF RESPIRATORY CARE

<table>
<thead>
<tr>
<th>ST. MARY’S/ MARSHALL UNIVERSITY COOPERATIVE BSRC PROGRAM</th>
<th>MARSHALL UNIVERSITY COLLEGE OF HEALTH PROFESSIONS</th>
<th>MARSHALL UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION STATEMENTS</td>
<td>The College is committed to preparing practitioners, educators, and scientists who reflect and care for a diverse society, and to fostering interdisciplinary approaches to address the complexity of healthcare needs.</td>
<td>Marshall University is a multi-campus public university providing innovative undergraduate and graduate education that contributes to the development of society and the individual. The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge.</td>
</tr>
<tr>
<td>We prepare students to assume roles as respiratory therapists, respecting the worth and dignity of human life.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
II ACCREDITATION INFORMATION

(NOTE: If your program has been accredited by a national organization, supply the following information. If your program is not accredited, skip to section III. Use the appendix numbers as indicated in each section. If you skip a section do not renumber the appendices.)

A. Name and description of the accreditation organization

The program is nationally accredited by the Committee on Accreditation of Respiratory Care (CoARC).

CoARC is the entity that is responsible for the specialized accreditation of respiratory care education programs, both post-secondary and higher degree, which offers a certificate, diploma, or a recognized professional degree.

The committee has authority and accountability inherent in the application of standards and criteria, accreditation processes, and the affairs, management, policy making, and general administration of the National Board for Respiratory Care (NBRC).

CoARC is recognized as the accrediting body for all respiratory care programs.

B. Most recent year program accredited: (include a copy of the letter conferring accreditation.)

The BSRC program accepted its first class in 2004. The accrediting process began with this first class. According to the CoARC policies full accreditation could not be granted until after this first class graduated. In 2008 we completed a self-study which CoARC reviewed. Their site visit to determine accreditation took place in November 2009. As a result of the self-study and the visit the BSRC expects to receive full accreditation. Official announcement of CoARC’s decision will be in early 2010.
MEMORANDUM

TO: St. Mary’s Medical Center
FROM: Richard T. Walker, MBA, RRT
      CoARC, Executive Director
SUBJECT: “APPROVAL OF INTENT” TO ESTABLISH A RESPIRATORY CARE PROGRAM
Date: September 16, 2004

This “Memorandum” serves as formal approval to begin the process of establishing an educational program in Respiratory Care. Please be advised that a qualified Program Director should be appointed and will be responsible for of the initial review process. The initial review process will consist of the following:

1. Self-Study #1 – For Programs seeking a “Letter of Review”
2. Self-Study #2 – For programs seeking “Initial Accreditation”
3. The On-Site Visit, to occur after the program’s first class graduates
4. Response to the Site Visit Report following the On-Site Visit

The following items can be found on the CoARC Web Site: www.coarc.com:

1. The CoARC Standards and Guidelines for the Profession of Respiratory Care
2. CoARC Accreditation Handbook – see “New or Re-Accreditation” section

NOTE: The Program Director should feel free to call me for any assistance needed during the remainder of the accreditation process (917-283-2835, Ext. 101).
C. Accreditation Status: (regular, probationary, unaccredited, others)

CoARC Letter of Intent – September 16, 2004

CoARC Letter of Review – June 10, 2005

CoARC On site evaluation – Scheduled November 12th & 13th 2009

Status: The self study and on site evaluation are complete. The BSRC expects to be given regular accreditation status.
June 10, 2005

LETTER OF REVIEW

Linda Scott, PhD, RN, Dean
Marshall University/St. Mary's Medical C
Respiratory Care Program
2900 First Avenue
Huntington, WV 25702

RE: Program Number 200506 A

Dear Dr. Scott:

Stephen Mikles, EdS, RRT, Referee for the Committee on Accreditation for Respiratory Care, has completed reviewing the application for accreditation for the advanced-level respiratory therapist program at Marshall University/St. Mary's Medical Center. It is the opinion of the referee that the application for accreditation is clear and complete and that an on-site evaluation of the program for the purposes of continuing the accreditation process should be held. The Executive Office will work with the program to determine an appropriate site visit date and the individuals who will be conducting your on-site visit.

The on-site evaluation team will wish to speak to the Director of Clinical Education and instructors, the Medical Director of the overall program and those of each affiliate when there are several. They will also wish to interview the Program Director and other key personnel of the educational and administrative staff. They will want to have time set aside to discuss the program with students currently enrolled and any recent graduates employed in the area. The site visit team is responsible for determining if a program meets the Standards. Members may wish to see outlines used in teaching both didactic and clinical courses. They will also wish to review methods of evaluating students’ performance and means by which a well-rounded clinical experience is ensured for each student.

Until a formal accreditation recommendation is made by the Committee, the students currently enrolled and subsequently graduating from the program will be recommended to the National Board for Respiratory Care to be allowed to sit for the appropriate credentialing examination if all other requirements for admission to the examination are
D Attach a copy of the accreditation organization’s report to the University if different from B.

N/A

E If program deficiencies were noted, attach the report to the Accrediting agency outlining the deficiencies and corrective action taken or proposed.

The onsite evaluation from CoARC occurs within one year after the first class graduates. The first class graduated in December of 2008. The onsite evaluation team is scheduled to complete their visit on November 12th and 13th, 2009.

F Provide 1 hard copy of the most recent self-study report to the Office of Assessment and Program Review.

Accreditation Self Study is available upon request.
III. PROGRAM STATEMENT on Adequacy, Viability, Necessity and Consistency with University/College Mission

A. ADEQUACY Provide a narrative summary for each of the following in addition to the requested appendices.

1. Curriculum: Summarize degree requirements and provide commentary on significant features of the curriculum.

   Currently, graduation for the respiratory care student from St. Mary’s requires successful completion with a grade of “C” or higher of one hundred twenty nine (129) credit hours. Seventy-one (71) are respiratory care courses forty-six (46) are general education field related courses, and twelve (12) are unrestricted electives.

   The educational program for the Bachelor of Science in respiratory care degree is designed to prepare the student to assume the roles of a registered respiratory therapist. The curriculum plan is based on knowledge from the humanities, the natural, social, behavioral, and respiratory sciences and provides a basis for clinical decisions and competence.

   The major organizing concepts for the curriculum are person as client, environment, health, and respiratory care. The person is the primary focus of care and is studied systematically by assessing the client as an individual and within the context of the family or group. Health is a dynamic state determined by responses to environmental factors throughout the life span. Respiratory Care is a caring art and science which assists the client to achieve an optimal level of health.

   The respiratory therapist assumes the roles of provider and manager of the client’s pulmonary care. As a provider of pulmonary care, the therapist must assess basic needs in order to make effective clinical decisions to determine caring interventions and appropriate teaching/learning outcomes.

   As the primary provider of pulmonary care, the therapist must utilize resources in the environment to plan, organize and direct client care. Collaboration and communication are integral parts of these roles.

   The program of study proceeds from the simple to the more complex and / or specialized. The fundamental concepts of the art and science of respiratory care are provided in the beginning courses.

   The academic skills course is required of all students to enhance their ability to be successful in the remainder of the program.
Further courses provide for concentrated study in alterations of physiological functioning. Specialized needs for neonates and children and for alterations in psychosocial functioning are studied in the last year of the program.

Content is provided in each respiratory care course to facilitate the development of the skills or practice in a variety of healthcare settings.

The non-respiratory, support courses include fifteen (15) hours of applied science courses, and six (6) hours of English. Most of the respiratory courses have a laboratory component.

The theory ratio for all respiratory courses is a 1:1 ratio, while the laboratory ratio is 1:3. This means one laboratory credit hour requires at least 45 hours of laboratory work.

Laboratory experiences are complements to classroom courses that focus on the theory and principles of the respiratory care discipline.

**Required courses, elective courses, and total hours required are listed in Appendix I.**
2. **Faculty**: Summarize significant points relating to faculty teaching courses within the major (percentage of faculty holding tenure, extent of use of part-time faculty, level of academic preparation, faculty development efforts, books & journal articles, papers & attendance at state, regional and national professional organization meetings). Include part-time faculty and graduate assistants you employed during the final year of this review. Prepare an Appendix II Faculty Data Sheet for each full-time faculty member, part-time faculty member and adjunct faculty member. For part-time faculty members and adjuncts, prepare data through question one on the Faculty Data Sheet. Use Appendix II-A for all graduate teaching assistants.

The Respiratory Care Faculty consists of

1 Full Time Program Director – Masters Degree prepared

1 Full Time Clinical Director – BSN Prepared & Currently Enrolled In a MSN Program

3 Full Time Faculty – 1 Faculty member is ABD

<table>
<thead>
<tr>
<th>YEARS OF EMPLOYMENT AT ST. MARY’S SCHOOL OF RESPIRATORY CARE</th>
<th>NUMBER OF FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>6-10 YEARS</td>
<td>0</td>
</tr>
<tr>
<td>11-20 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>21-30 YEARS</td>
<td>0</td>
</tr>
</tbody>
</table>

All faculty members meet the current licensure requirements set by the West Virginia Board of Respiratory Care and by the the National Board for Respiratory Care. There are no adjunct faculty members or graduate assistants.

The faculty in the BSRT cooperative program are not on tenure track as their salaries and benefits are paid by St. Mary’s Medical Center.

See Table 2.
The faculty members at St. Mary’s School of Respiratory Care are very diligent regarding their professional responsibilities. They maintain currency in both their educator roles and their respiratory care practice roles by attending a variety of continuing education offerings each year.

All faculty members are members of professional respiratory organizations at both local and state levels, and many serve in leadership positions. In addition, all faculty members are certified annually in basic life support (BLS), advanced cardiac life support (ACLS), pediatric advanced life support (PALS), and neonatal resuscitation procedures (NRP).

### TABLE 3: FACULTY DATA 2004- 2009

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Continuing Education- Practice Role- Hours per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Continuing Education- Respiratory Educator Role- Hours per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/Journals Readings- Hours per year/ Mean</td>
<td>300</td>
<td>425</td>
<td>680</td>
<td>988</td>
<td></td>
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<tr>
<td>Publications- Text/ Journal/ Newsletter- Number per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentations/ Papers/ Posters at Professional Meetings- Number Faculty per Year / (%)</td>
<td>1 / (50%)</td>
<td>2 / (66%)</td>
<td>2/ (50%)</td>
<td>3 / (60%)</td>
<td></td>
</tr>
<tr>
<td>Professional Meetings – Number attended per year</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of Faculty Belonging to Professional Organization</td>
<td>2 / (100%)</td>
<td>3 / (100%)</td>
<td>4 / (100%)</td>
<td>5 / (100%)</td>
<td></td>
</tr>
<tr>
<td>Number of Faculty in Leadership Role in a Professional Organization</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Number of Faculty Involved in Research as IRB member or PI</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of Faculty with Doctorates</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Faculty with MS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Faculty Without MS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Community Service Hours</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Faculty</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
3. **Students:** NOTE: If your program is accredited, refer to the appropriate page numbers in your accreditation report.

   a. Entrance Standards: Describe the admission standards and procedures employed for making the admission decision. (GPA, ACT, other tests).

Admission requirements are described in the St. Mary’s Center for Education catalog. This catalog is available to all prospective applicants by going to [www.st-marys.org](http://www.st-marys.org) and clicking on “Careers and Education” on the left side of the page. Then go to “Educational Opportunities”. The catalog is located there as is the application form with the scoring sheet that is used by the Admission and Progression Committee in making the admission decisions. Information about the program requirements is also found on the Marshall University College of Health Professions web pages. Admission to the school is competitive.

All applicants must be either a graduate of an accredited high school or have a high school equivalent through GED testing. All applicants are encouraged to take the ACT exam. If they have not taken the ACT exam, the applicant must have completed at least 12 college semester credit hours, which must be 100 level or above courses and be taken for a grade. A “C” or above is mandated for required non-respiratory courses. All applicants who have attended college must have an overall 2.00 GPA or better on all courses completed at Marshall University, and an overall 2.0 GPA on all courses completed at Marshall University. High school applicants must have a minimum high school GPA of 3.00 and are strongly encouraged to take a minimum of 3 units of advanced level science, 2 units of math, and other other advanced courses.

   b. Entrance Abilities: Identify potential ability of students admitted to the program as measured by standardized tests (ACT, SAT, GED, TOEFL, etc.) and high school GPA. Include this information in Appendix III.

Applicants must have a minimum of 18 composite score to be considered for acceptance into the program.

High School applicants are required to have an ACT composite score of 21.

As of this date there have only been 2 high school applicants apply and they did not meet admissions criteria. Please refer to Appendix III.
c. Exit Abilities:

All students are required to complete the following before graduation:

1. Completion and successful passing of the NBRC self assessment Certified Respiratory Therapist (CRT) entry level written examination at the end of their senior year in the RSP 420 capstone course.

The NBRC self assessment CRT entry level written examination is administered at the end of their sophomore year, however obtaining a passing score is not required at this point in the program. This is used for the student to assess their abilities at this point in the curriculum.

2. Completion and successful passing of the NBRC self assessment RRT advanced practitioner written examination at the end of their senior year in the RSP 420 capstone course.

The NBRC self assessment RRT advanced practitioner written examination is administered at the end of their sophomore year; however obtaining a passing score is not required at this point in the program. This is used for the student to assess their abilities at this point in the curriculum.

3. Completion and successful passing of the NBRC self assessment RRT advanced practitioner clinical simulation examination at the end of their Senior year in the RSP 420 capstone course.

The NBRC self assessment RRT advanced practitioner clinical simulation examination is administered at the end of their sophomore year; however obtaining a passing score is not required at this point in the program. This is used for the student to assess their abilities at this point in the curriculum.

Please refer to Appendix IV
4. **Resources:** NOTE: If your program is accredited, refer to the appropriate page numbers in your accreditation report.

   a. **Financial:** Provide information related to financial support of the program, including what portion of the unit's resources was devoted to this program. Include state-appropriated funds, grants, contracts, supplemental state funds or student fees. If this program were terminated as a major, what resource changes would occur, e.g., reduced faculty, staff, space, courses taught, etc. If this program were reduced or terminated, what changes would occur and how would it affect the university?

   The School of Respiratory Care is supported by the annual budget provided by St. Mary’s Medical Center. It is prepared and presented by the Director of the School of Respiratory Care and final approval is made through the budget committee to support its mission and outcomes.

   The COHP and no other entity at Marshall University provides any financial support for the Bachelor of Science in Respiratory Care program. The yearly operational budget is available upon request.

   St. Mary’s/Marshall University School of Respiratory Care is the only BS in Respiratory Care program within 150 miles of this area. The National Board of Respiratory Care is trending to making entry level practice for a respiratory therapist a minimum of a bachelor’s degree.

   The elimination of this program would create a severe hardship on the communities of interest. The predicted shortage of respiratory therapists is predicted to be 40% nationwide until 2020.

   b. **Facilities:** Describe facilities available for the program including classrooms, laboratories, computer facilities, library facilities, or equipment needed for program delivery.

   Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the respiratory education unit outcomes and meet the needs of faculty, staff, and students. St. Mary’s/ Marshall University Cooperative BSRT Program moved into the newly renovated Center for Education (CFE) in July of 2009.

   The new facilities include seven (7) nicely furnished classrooms. Two (2) of the classrooms seat 100 students, two (2) will seat 60 students, two (2) will seat 40 students, and one (1) will seat 24 students. Each classroom has a smart podium.
Tables have electrical access and are provided for students so that they may bring their lap tops. The entire building is wireless. In addition, there are four (4) computer labs with a minimum of 20 computers per lab. The computer laboratories have a variety of software programs available that are utilized for clinical conferences, outside assignments and independent study.

There are two (2) skills labs with 20 beds per lab. Each bed unit mimics an actual hospital unit. There are twenty (20) low fidelity teaching mannequins for use in the labs, as well as two (2) high fidelity adult mannequins with the computers, two (2) high fidelity child mannequins, two (2) high fidelity infant mannequins, and one (1) high fidelity birthing mannequin.

In addition, there are models for specific uses such as intravenous training arms, female and male catheterization models.

There are six (6) study/testing rooms. These rooms are frequently used by the students as study rooms, but faculty members use them for students who require special accommodations for testing.

Each classroom has a table which allows for use by students in a wheelchair. The entire building is handicapped accessible - no elevators and no stairs. There are three (3) conference rooms.

Each classroom, skills labs, computer room and conference room has an in-house phone, which could be used in case of an emergency. Faculty offices are private, equipped with a desk, desk chair, 1-2 guest chairs, and a file cabinet and book shelf.

Each faculty member has a computer which allows remote access from the office to the classroom. Each office also includes a printer and phone. Clerical offices are similarly furnished.

There is a Records Room which houses the majority of the records for the CFE- access to this room is limited to those who must maintain records. There is a fax in this Records Room; confidentiality is maintained through the limited access to the room.

The student lounge is a large, open area with a beautiful skylight. The lounge is equipped with comfortable chairs for both networking and for dining.

There are vending machines, two (2) refrigerators, and two (2) microwaves for students to use. In addition, there is a locker room and each student has his/her own locker.

Students have their own bathrooms as do faculty members.
The library is well equipped with computers, tables and chairs for studying and a varied selection of current textbooks and journals for use by the students.

Each year the librarian provides an in-depth library report. The library is widely used by the students as evidenced by the 7211 visits by students for the 2008-2009 school year.

There are a total of 2546 holdings in the library. There were approximately 50 new textbooks added to the library this past year. Periodical holdings numbered 69, newspaper holdings were 267 professional journals, and 11 non-professional journals/magazines.

The majority of that number is in respiratory and allied health. Related fields include ethics, communication, nutrition, psychology, pharmacology, spirituality, and leadership/management, as well as respiratory and other health care education books particularly helpful to faculty.

A collection of classics, older editions, and books of historical significance are useful to those involved in research. Shelved in Reference and Twenty-Four Hour Reserve are required textbooks, standard reference books, and books placed there at faculty members’ requests.

A listing of the books in these areas is reviewed and revised by the faculty annually. Written instructions are placed at the computer, but the librarian is available to assist as the need arises.

Easy access to all volumes is ensured by a well-organized arrangement according to a modified Dewey Decimal System.

New acquisitions are determined by faculty recommendation, students’ expression of need, professional journal reviews and recommended book lists.

The librarian serves as a member of the CFE faculty/Staff Organization, the Associate Degree Academic Planning and Standards (ADAPS) Committee, and the Grant Committee to facilitate communication of needs.

With approval from the Director, books are purchased as the budget allows. Requests for software acquisitions are channeled through the ADAPS Committee for approval.

Each year, the faulty members are given computer printouts listing the holdings in their specialized areas. Faculty members are responsible for reviewing the list to make suggestions for deletions or retention.
Suggestions for deletion are made based on copyright date, usage and condition. According to the guidelines established by faculty, materials are considered for deletion after the copyright date is ten years old.

Books in rapidly changing fields are considered for deletion after the copyright is five (5) years old. Journals are typically retained for five (5) years.

Internet access is available for literature searches. Materials may also be obtained by interlibrary loan, as the library is an active participant in the Southeastern/Atlantic region of the National Network of Libraries of Medicine.

Audiovisual hardware and software are maintained within the operation of the library. A large variety of hardware, including televisions, VCRs, overhead projectors, slide projectors, a video camera, a CD/DVD player, convertor for VHS tapes to CD/DVDs, three (3) LCD projectors with lap top computers is also available.

These are for backup as the smart podiums house a computer with Videotape, CD/DVD, text projectors and LCDS in each classroom. St. Mary’s Medical Center maintenance assists when repairs on AV hardware are required. The Information Systems department assists with computer repairs and maintenance.

The four (4) computer labs are available to students Monday –Friday from 6:30 am to 6:00 pm. Besides the computer programs used to support the courses, students have access to programs for word processing, NCLEX, NBRC review, problem-solving and pathophysiology.

In addition to the library located in the CFE, students and faculty members may use the St. Mary’s Medical center library, located on the sixth floor of the medical center.

Clinical units are usually equipped with resources that students may use. Students may also use the three (3) libraries at Marshall University: Health Science, Drinko, and Morrow.

5. **Assessment Information:** NOTE: This section is a summary of your yearly assessment reports.

   a. Provide summary information on the following elements. Please include this information in Appendix V.

   - Student learning outcomes
   - assessment tools/measures
   - standards/benchmarks
   - results/analysis
There are seven major components of student learning that must be met satisfactorily by the conclusion of the program. There are specific activities with each component. Each respiratory course has objectives/outcomes that flow from these learning outcomes. The outcomes are as follows:

**STUDENT LEARNING OUTCOMES**

*Upon completion of this program the graduate will:*

I. **ASSESSMENT**
   - Complete comprehensive assessments.

II. **CLINICAL DECISION MAKING**
   - Utilize assessment data and evidence based information to make decisions that ensure safe, effective, individualized care.
   - Evaluate effectiveness of care and modify client care as needed.

III. **CARING INTERVENTIONS**
    - Provide care that assists the client in meeting needs.
    - Implement caring behaviors that are nurturing, protective, compassionate and person-centered.

IV. **TEACHING LEARNING**
   - Implement an individualized teaching plan based on assessed needs of the client and significant other(s).
   - Provide assistive personnel with a relevant instruction to support achievement of client outcomes.

V. **COLLABORATION**
   - Collaborate with the client, significant others and members of the health care team to plan, implement and evaluate client care.
   - Function as an advocate, liaison, coordinator and colleague in working with the health care team toward the achievement of positive client outcomes.

VI. **MANAGING CARE**
   - Assist the client to achieve positive outcomes by effectively utilizing human, physical, financial and technological resources.
   - Utilize the management process (plan, organize, direct and control) to assist clients to interact effectively with the health care system.
VII. COMMUNICATION
- Communicate effectively with members of the health care team utilizing appropriate methods and skills.
- Utilize therapeutic communication skills when interacting with clients and significant others.

VIII. PROFESSIONAL BEHAVIORS
- Practice respiratory within the ethical, legal and regulatory frameworks.

The on-going evaluation mechanisms which the program uses to determine that the goal and objectives continue to meet the community of interest needs include:

- Annual Advisory Board Meetings and contact with clinical site managers/supervisors.
- NBRC Self Assessment Examinations for students
- NBRC Matrix for CRT and RRT examinations
- Graduate and Employer Surveys addressing objectives
- Guidelines and mandates meeting the Essentials for accreditation as determined by CoARC
- Competency check-offs for pre-clinical (lab) and clinical skill validation

Cognitive

The program was developed to ensure that core knowledge is ascertained and demonstrated in a comprehensive manner with each course emphasizing and reinforcing the NBRC’s level of:

- Complexity
- Recall
- Clinical application and analysis.

- The NBRC CRT and RRT Matrices are the silhouettes to determine and model core knowledge instruction.

Psychomotor

Clinical competencies and lab check-offs are utilized to document proficiency in psychomotor skills.
Weekly clinical logs, weekly progress notes, formative and summative evaluations provide documentation to ensure appropriateness.

**Affective behavior**

Affective behavior is incorporated as a percentage of each clinical final grade ensuring development and application of professionalism is consistent with employer expectations.

Students are also required to complete and document Student/Physician Interactions.

They are coordinated by the Clinical Education Coordinator and/or Medical Director of the program.

- Formative and summative affective behavior as percentage of student clinical grades
- *Data Arc* software used for clinical documentation and student tracking
- First-year Resource Assessment Survey
- Graduate Exit Survey (electronically completed)
- Employer Survey (electronically completed)
- Student and faculty evaluations of program
<table>
<thead>
<tr>
<th>RSP Curriculum</th>
<th>NBRC Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSP 100 Respiratory Pharmacology</td>
<td>Sect. 1 – Patient Data Evaluation (Entry Level)</td>
</tr>
<tr>
<td>RSP 101 Introduction to Respiratory Care</td>
<td>Sect. 2 Equipment Application Sect. 3 Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 102 Intro to Respiratory Care Procedures</td>
<td>Sect. 2 Equipment Application Sect. 3 Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 102L Respiratory Care Procedures Lab</td>
<td>Sect. 1 Patient Data Evaluation Sect. 2 Equipment Applications Sect. 3 Therapeutic Procedures (Entry and Advanced Level)</td>
</tr>
<tr>
<td>RSP 201 Pulmonary Pathophysiology I</td>
<td>Sect. 1 – Patient Data Evaluation Sect. 3 – Therapeutic Procedures (Entry and Advanced Level)</td>
</tr>
<tr>
<td>RSP 202 Mechanical Ventilation Technology &amp; Management</td>
<td>Sect. 2 – Equipment Applications Sect. 3 – Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 203 Respiratory Internship I</td>
<td>Sect. 1 – Patient Data Evaluation Sect. 2 – Equipment Sect. 3 – Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 204 Pulmonary Rehabilitation/Home Care</td>
<td>Sect. 1 – Patient Data Evaluation Sect. 2 - Equipment Sect. 3 - Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 205 Cardiopulmonary Diagnostics</td>
<td>Sect. 2 – Equipment Applications Sect. 3 – Therapeutic Procedures (Entry-Level)</td>
</tr>
<tr>
<td>RSP 206 Neonatal/Pediatric Respiratory Care</td>
<td>Sect. 1 – Patient Data Evaluation Sect. 2 – Equipment Applications Sect. 3 – Therapeutic Procedures (Advanced Level)</td>
</tr>
<tr>
<td>RSP 207 Intro to Critical Care Management</td>
<td>Sect. 2 – Equipment Applications Sect. 3 – Therapeutic Procedures (Entry and Advanced Level)</td>
</tr>
<tr>
<td>RSP 208 Seminar in Respiratory Care</td>
<td></td>
</tr>
<tr>
<td>RSP 209 Respiratory Internship II</td>
<td>Sect. 1 – Patient Data Evaluation Sect. 2 – Equipment Applications Sect. 3 – Therapeutic Procedures (Entry and Advanced Level)</td>
</tr>
<tr>
<td>RSP Curriculum</td>
<td>NBRC Matrix</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| RSP 210 Respiratory Internship III | Sect. 1 – Patient Data Evaluation  
Sect. 2 – Equipment Applications  
Sect. 3 – Therapeutic Procedures (Advanced Level) |
| RSP 211 Dynamics of Pulmonary & Renal Interaction | Sect. 1 – Patient Data Evaluation (Entry Level) |
| RSP 301 Introduction to Respiratory Care Management | Sect. 1 – Patient Data Evaluation  
Sect. 2 – Equipment Applications (Entry Level) |
| RSP 302 Respiratory Internship IV | Sect. 1 Patient Data Evaluation  
Sect. 3 Therapeutic Procedures (Advanced Level) |
| RSP 303 Clinical Respiratory Education | Sect. 1 – Patient Data Evaluation  
Sect. 2 – Equipment Applications (Entry Level) |
| RSP 304 Advanced Neonatal & Pediatrics | Sect. 1 Patient Data Evaluation  
Sect. 3 Therapeutic Procedures (Entry and Advanced Level) |
| RSP 305 Respiratory Cost Management & Solutions |                                                   |
| RSP 306 Respiratory Care Performance Improvement | Sect. 1 Patient Data Evaluation  
Sect. 3 Therapeutic Procedures (Advanced Level) |
| RSP 307 Advanced Techniques in Adult Critical Care | Sect. 1 – Patient Data Evaluation  
Sect. 2 Equipment Applications  
Sect. 3 Therapeutic Procedures (Advanced Level) |
| RSP 401 Introduction to Sleep Disorders | Sect. 1 – Patient Data Evaluation  
Sect. 2 – Equipment Applications  
Sect. 3 – Therapeutic Procedures (Advanced Level) |
| RSP 402 Issues in Respiratory Management |                                                   |
| RSP 403 Respiratory Care Research |                                                   |
| RSP 404 Advanced Respiratory Care Practicum | Sect. 1 – Patient Data Evaluation  
Sect. 2 – Equipment Applications  
Sect. 3 – Therapeutic Procedures (Advanced Level) |
The methods of assessment in didactic courses include:

- Formative examinations
- Summative examinations (multiple-choice)
- Written and (hybrid) computerized self-assessments
- Computerized-assisted-instruction topics and/or case studies
- Quizzes covering module content

The methods of assessment in the laboratory course include:

- Laboratory check-offs
- Final oral/practical examinations
- Written examinations
- Practice Activities
- Oral quizzes covering module content
- Computerized-assisted-instruction topics and/or case studies

The methods of assessment in clinical courses include:

- Weekly Progress Reports prepared by the clinical instructor or preceptor
- Weekly Clinical Logs completed by the students
- SOAP and case study documentation
- SOAP and case study oral presentations
- Clinical proficiency check-offs
- Student/Physician Interactions
b. **Other Learning and Service Activities.** Provide a summary of learning and service activities not covered explicitly in section a.

N/A

c. **Plans for Program Improvement.** Based on assessment data, provide a detailed plan for program improvement. This plan must include a timeline.

Based on the results of the NBRC Comprehensive SAE exams, the NBRC CRT and the RRT written and RRT CSE exams the curriculum will be modified and revised as needed in areas of deficiencies to remain compliant with the NBRC job matrix.

This is a CoARC accreditation policy that must be reviewed annually. Suggestions for improvement are submitted in the NBRC annual school report summary. The results authorized by the advisory board and submitted to CoARC.

The program has purchased $6,000.00 of testing assessment modules to enhance students’ learning in gathering clinical data and decision making.

Based on the NBRC Comprehensive SAE RRT-CSE results, a few students did not receive a passing score on the decision making aspect of the exam. $5000.00 of clinical simulation software was purchased as the action plan to improve this content to enhance students’ cognition and preparation for the exam.

Additionally, a correlation between Graduate and Employer Surveys will be determined and all deficiencies will be address with a plan of action to correct the unsatisfactory result (s). Surveys will be distributed six months following graduation, December 2008.

d. **Graduate and Employer Satisfaction:** Provide evidence and results of follow-up studies to indicate graduate and employer satisfaction with the effectiveness of the educational experience. Indicate the number of individuals.
Graduate Surveys/Employer Surveys

EMPLOYEE SURVEY ANALYSIS

<table>
<thead>
<tr>
<th>2009</th>
<th>5 % of 5</th>
<th>4 % of 4</th>
<th>3 % of 3</th>
<th>2 % of 2</th>
<th>1 % of 1</th>
<th>NA</th>
<th>N</th>
<th>Score</th>
<th>Likert Score</th>
</tr>
</thead>
</table>

I. KNOWLEDGE BASE (Cognitive Domain)

THE GRADUATE:

<table>
<thead>
<tr>
<th></th>
<th>% of 5</th>
<th>% of 4</th>
<th>% of 3</th>
<th>% of 2</th>
<th>% of 1</th>
<th>NA</th>
<th>N</th>
<th>Score</th>
<th>Likert Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has a solid professional knowledge base.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>B. Has a solid general medical knowledge base.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>C. Accurately interprets pertinent clinical information from medical records and physical findings.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>25%</td>
<td>2</td>
<td>25%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>D. Recommends appropriate therapeutic interventions based on physiological data and patient assessment information.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>25%</td>
<td>2</td>
<td>25%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>E. Makes sound clinical judgments.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

COMMENTS: She is very knowledgeable in the field of respiratory care. She uses critical thinking skills which has moved her quickly from floor therapy to performing respiratory protocol evaluations, working critical care areas and the emergency department. Would like to see employee already pass registry.

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE GRADUATE:

<table>
<thead>
<tr>
<th></th>
<th>% of 5</th>
<th>% of 4</th>
<th>% of 3</th>
<th>% of 2</th>
<th>% of 1</th>
<th>NA</th>
<th>N</th>
<th>Score</th>
<th>Likert Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is proficient in the clinical skills required on the job.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>B. Can efficiently perform an overall patient assessment.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>C. Competently performs the therapeutic procedures and modalities required on the job.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>D. Competently performs the diagnostic procedures required on the job.</td>
<td>4</td>
<td>50%</td>
<td>2</td>
<td>25%</td>
<td>2</td>
<td>25%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

COMMENTS: She performs respiratory protocols efficiently.

III. BEHAVIORAL SKILLS (Affective Domain)

THE GRADUATE:

<table>
<thead>
<tr>
<th></th>
<th>% of 5</th>
<th>% of 4</th>
<th>% of 3</th>
<th>% of 2</th>
<th>% of 1</th>
<th>NA</th>
<th>N</th>
<th>Score</th>
<th>Likert Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has effective oral communication skills.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>B. Has effective written communication skills.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>C. Behaves in an ethical and professional manner.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>D. Functions effectively as a member of the healthcare team.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>E. Accepts supervision and works effectively with supervisory personnel.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>F. Is self-directed and responsible for his/her own actions.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>G. Arrives to work prepared and on time.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>H. Contributes to a positive environment in the department.</td>
<td>4</td>
<td>50%</td>
<td>3</td>
<td>38%</td>
<td>1</td>
<td>13%</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
### I. Displays respect for beliefs and values of all persons regardless of cultural background, religion, age, lifestyle

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 4 | 50% | 3 | 38% | 1 | 13% | 0 | 0% | 0 | 0% | 0 | 8 | 35 | 4.4 |

**COMMENTS:**
She has an exceptional work attitude. She is a team member that helps other staff in need. She arrives to work on time. She provides thorough report during shift change.

### IV. OVERALL RATING OF THE GRADUATE:

Please rate and comment on the OVERALL quality of this program’s graduate:

| Overall Rating | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 4 | 50% | 2 | 25% | 2 | 25% | 0 | 0% | 0 | 0% | 0 | 8 | 34 | 4.3 |

**COMMENTS:**
She has impressed the respiratory care staff along with her supervisors. She was as most graduates are, intimidated on her own. She adapted quickly and is a very good employee. Compared to other grads. from other schools such as Collins, Shawnee and Rio Grande. St. Marys grads. are much better prepared for the job.

### V. ADDITIONAL COMMENTS

**What are strengths of this graduate?**

- She has exceptional leadership and critical thinking skills.
- She has a great work attitude and ethic. It is my opinion that she is one of the best students we have hired here in within the past several years. She required minimal orientation and adapted well to the department.
- Seems to enjoy her job. Good feedback from staff. However, at this juncture, she should be registered, yet she has not completed her testing.
- Good comments from staff. However, she has not completed registry. This holds her back on development.
- Very personable, willingness to excel in her work.
- Clinical, BS. degree, ACLS, Pals cert.
- Clinical skills.

**What qualities or skills did you expect of this graduate that he or she did not possess when first employed?**

- She possessed everything I would have expected and much more.
- Was somewhat weak in ventilator management.

**Please provide comments and/or suggestions that you believe would help this program better prepare future graduates.**

- Perhaps more clinical time and exposure.
## December 2008 Graduates Survey Analysis

### I. KNOWLEDGE BASE (COGNITIVE DOMAIN)

| A. The program taught me the professional knowledge base required to function effectively on the job. | 4 40% | 3 30% | 3 30% | 0 0% | 0 0% | 10 |
| B. The program taught me the general medical knowledge base required to function effectively on the job. | 3 30% | 5 50% | 1 10% | 1 10% | 0 0% | 10 |
| C. The program taught me to interpret pertinent clinical information from medical records and physical findings. | 3 30% | 5 50% | 2 20% | 0 0% | 0 0% | 10 |
| D. The program prepared me to recommend appropriate therapeutic interventions based on physiological data and physical findings. | 3 30% | 4 40% | 2 20% | 1 10% | 0 0% | 10 |
| E. The program trained me to make sound clinical judgments. | 2 20% | 5 50% | 2 20% | 1 10% | 0 0% | 10 |

**COMMENTS:** Anonymous - The general foundation of my learning was slighted a great deal. The first semester was all extensive notes and tests that were above the level of an entry level student in the program. Anonymous - Being able to make interventions in therapy of patients who need it only help when you have a general foundation in the respiratory field.

### II. CLINICAL PROFICIENCY (PSYCHOMOTOR DOMAIN)

| A. The program helped me become proficient in the clinical skills required on the job. | 3 30% | 6 60% | 1 10% | 0 0% | 0 0% | 10 |
| B. The program taught me to perform patient assessment accurately and efficiently. | 3 30% | 7 70% | 0 0% | 0 0% | 0 0% | 10 |
| C. The program taught me to perform therapeutic procedures and modalities required on the job. | 3 30% | 6 60% | 1 10% | 0 0% | 0 0% | 10 |
| D. The program taught me to perform the diagnostic procedures required on the job. | 3 30% | 6 60% | 1 10% | 0 0% | 0 0% | 10 |

**COMMENTS:** The clinical’s in the program were very beneficial for learning what a RT would need to do in a normal day. I have no recommendations for changing what I was taught. It was the most helpful set of tools that I learned in the program.

### III. BEHAVIORAL SKILLS (AFFECTIVE DOMAIN)

<p>| A. The program helped me develop effective oral communication skills. | 3 30% | 5 50% | 2 20% | 0 0% | 0 0% | 10 |
| B. The program helped me develop effective written communication skills. | 3 30% | 5 50% | 2 20% | 0 0% | 0 0% | 10 |
| C. The program encouraged me to conduct myself in an ethical and professional manner. | 4 40% | 6 60% | 0 0% | 0 0% | 0 0% | 10 |</p>
<table>
<thead>
<tr>
<th>D. The program taught me how to manage time effectively in the clinical setting.</th>
<th>2 20%</th>
<th>5 50%</th>
<th>3 30%</th>
<th>0 0%</th>
<th>0 0%</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. The program taught me to respect the beliefs and values of all persons, regardless of cultural background, religion, age or lifestyle.</td>
<td>3 30%</td>
<td>6 60%</td>
<td>1 10%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>10</td>
</tr>
<tr>
<td>F. The program strongly encourage me to apply for and pass my:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBRC Certification Exam (CRT)</td>
<td>6 60%</td>
<td>3 30%</td>
<td>1 10%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>10</td>
</tr>
<tr>
<td>NBRC Registry Exams (RRT)</td>
<td>6 60%</td>
<td>3 30%</td>
<td>1 10%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>10</td>
</tr>
</tbody>
</table>

**COMMENTS:**

**IV. OVERALL RATING OF THE PROGRAM**

**COMMENTS:** Anonymous - We were not prepared to take the CRT or RRT, I had to take it several times.
Anonymous - The program in my mind is divided into two parts. The first two years were not helpful with the exception of clinical's. The last two years were the most beneficial and with the change in teachers, my experience was improved tremendously.

**V. ADDITIONAL COMMENTS**

Based on your work experience, please identify two or three strengths of the program.

Anonymous - Great clinical opportunities and diversity creating a firm foundation of experience.
Anonymous - Teacher to student ratio. Approachability of professors.
Anonymous - I feel that we did not go to enough hospitals for clinical's because when it came time to look for a job no one would hire.
Anonymous - Clinical's, and the preparations that were made for the CRT, and RRT.
Anonymous - Clinical exposure.
Anonymous - Class schedule and clinical’s.
Anonymous - Faculty and clinical’s.
| Based on your work experience, please make two or three suggestions you believe would further strengthen the program and better prepare future graduates. | Anonymous - Simulate a similar workload of a therapist to prepare students for time management in the workplace.  
Anonymous - More focus on ventilation methods and types of ventilators. Removal of pharmacology from first semester.  
Anonymous - Teach students how to write orders in charts.  
Anonymous - Job placement interviews set up like other schools and help find a job after all the time and money spent on a four-year program.  
Anonymous - I think they need to have more than two big hospitals' that they go to. Cabell and Kings Daughters should be two of the other hospitals to have clinical's.  
Anonymous - My number one recommendation is to start off with basics that include seeing, touching, and interacting with the equipment that your going to use for the rest of your life. My number two recommendation is to teach more pulmonary diseases and the interactions they have on other diseases, and in daily life.  
Anonymous - Eliminate some courses due to expenses.  
Anonymous - Improve class registration for courses.  
Anonymous - Less traveling time to clinical's. |
| --- | --- |
| Please comment on any qualities or skills your employer expected you to have when you first started working that were NOT included in the program. | Anonymous - Have not found employment at this time.  
Anonymous - I haven’t been able to get a job yet in the hospital but in home health I’ve had enough skills.  
Anonymous - Intervention measures. What isn’t working for the patient, recognizing it, and changing the method of therapy based on patients response.  
Anonymous - Lack of neonatal clinical experience in the program.  
Anonymous - Neonatal experience. |
c. Attach the previous five years of evaluations of your annual assessment reports provided by the Office of Assessment.
Sincerely,

Mary E. Reynolds

Mary E. Reynolds
Director of Academic Assessment

C: Dr. Shortie McKinney, Dean, COMP
Office of Assessment & Program Review

April 1, 2008

Dr. Sheila Kyle, Chair
BS in Respiratory Care at St. Mary’s School of Nursing
COHP

Dear Sheila,

The University Assessment Committee and I have completed our evaluation of the annual program assessment report for the BS in Respiratory Care. This letter will provide feedback in the following manner. First, I will comment generally on each section of your report. Second, I will rate the following areas of the report on a four point scale (0 – 3, with 3 being the highest rating): student learning outcomes, assessment measures, and the feedback loop. Although I considered feedback from committee members, I made the final decision on ratings for all reports submitted. Third, I will offer suggestions for your consideration as you plan your assessment for the 2008-2009 academic year. Fourth, I will include my evaluation using the Primary Traits Analysis rubric and will include reviewers’ comments for your information.

General Comments

This is a comprehensive report. From reading it I can tell that you take assessment of the BS in Respiratory Care program seriously and are committed to providing your students with quality education. However, I think that much of this information needs to be reported only every five years in the five-year program review. I realize this information also is reported in your accreditation reports.

The program goals listed in your report are good and your evaluation of these is strong. I want to emphasize, though, that job placement and graduation rates, while essential measures of program viability and necessity, are not valid measures of student learning because, as you pointed out in your report, they can be influenced by many factors. I would like the yearly assessment reports to begin to focus on assessing student learning outcomes in some depth. Your report listed the following student learning outcomes at different places with the document. I'm rephrasing them somewhat using the model I suggest for writing measurable student learning outcomes.

Upon completion of the BS in Respiratory Care, students will be able to

1. Perform respiratory critical care procedures
2. Assess patients
3. Interact with physicians

WE ARE...MARSHALL

One John Marshall Drive • Huntington, West Virginia 25755-2203 • Tel 304/696-2206 • Fax 304/696-2261
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4. Communicate effectively
5. Use scientific and technological knowledge to choose appropriate respiratory care procedures under the direction of a physician
6. Engage in life-long learning
7. Administer medical gas therapy
8. Administer humidity and aerosol therapy
9. Administer therapeutic procedures
10. Administer pulmonary medications
11. Provide airway management
12. Select, review, obtain, and interpret patient data
13. Administer appropriate cardiopulmonary evaluations
14. Provide respiratory care in special settings
15. Maintain infection control
16. Provide ventilatory support

Outcomes 7 – 16 above are listed in your report as “Respiratory Care Program Task List.” The other six were listed earlier in your report. Some of these may be able to be combined to make the number of outcomes more manageable. However, you are preparing students for a very specialized, technical field and may need to assess all of these outcomes.

Student learning outcomes should be followed by an explanation of how each will be assessed. We recommend that each outcome be assessed at different points in the program and with more than one assessment measure. I also recommend assessing each outcome in depth using either specific exam questions or detailed scoring rubrics for performance assessments. I notice that you have several smaller learning outcomes under each major one. For example, under “administer medical gas therapy” you list nine things a student must do to master this outcome. When doing your assessment, you should assess students on each of these areas. If, for example, you use a rubric with a scale of 4 – 1, with 4 meaning “mastery,” 3 meaning “proficient,” and 2 meaning “novice,” you would compute the mean performance on each of the nine items the student must do to achieve that outcome. If, for example, you found that the mean evaluation of students was significantly lower on “evaluate patient response to oxygen therapy,” and recommend modification as indicated, you would know you needed to strengthen this aspect of the curriculum.

After choosing your assessment measures and developing rubrics for them, you need to specify benchmarks for each tool. For the rubric explained above, you would probably expect different levels of performance at different points in the program. Perhaps for students completing their first clinical experience, you might expect a mean score of 2.5 on each component and for more advanced students a higher score.

I realize you can't report results for this program yet, since it is in its infancy. When you do, your results will be the mean scores students actually achieved in each area. These data will then be used to inform curricular changes to improve student learning.

I want to comment that I appreciate your commitment to re-teaching content and skills until students master them. Augmenting direct assessments with indirect assessments through the use of student satisfaction surveys also is commendable. I would advise against using course evaluation data,
however. These data relate to specific courses rather than to the entire program and are evaluations of instructors as well as courses.

Ratings for Student Learning Outcomes, Assessment Measures, and the Feedback Loop

Student Learning Outcomes = 3. This rating was given because your student learning outcomes are comprehensive, measurable, support Marshall’s learning goals, and reflect higher order learning.

Assessment Measures = 1. This rating was given because, although you use both direct and indirect measures, I could only find mention of satisfaction surveys, a licensure exam, and a critical thinking exam to assess student learning outcomes. To move to level 2, you need to identify additional measures that are integrated throughout the curriculum. I recommend that you tie assessment measures more directly to specific student learning outcomes. I also suggest that you include authentic assessments (with appropriate scoring rubrics) into your assessment plan.

Feedback Loop = 0. This rating was given because, since the program is in its infancy, there has not been time to collect data and implement program changes in response to these data.

Suggestions to Consider as you plan your assessment strategies for the 2008-2009 academic year

My first suggestion is to make your report shorter and to focus on assessing student learning. When you do this, however, it’s important to remember that you don’t need to assess each student learning outcome every year. It is perfectly acceptable and encouraged to assess only a portion of your student learning outcomes each year. So, you may choose to do an in-depth assessment of the one-third of your outcomes during year 1. If this is done using several assessment measures with detailed rubrics (or ways to evaluate each outcome with specific test questions), you will be able to collect detailed data regarding the outcomes. These data should allow you to identify specific strengths and weaknesses regarding student learning (and hence, your program). Changes to strengthen these areas of learning can be implemented the following year, while you assess two more outcomes. This will allow you to assess all outcomes on a three-four year rotation and will give you sufficient time to allow curricular modifications to have an effect before the next assessment.

Although not asked for in the report, you gave your statement of philosophy in this report. In this statement you said that, “these programs should serve people regardless of race, creed, sex, disadvantage, or handicap.” While I applaud this statement, I was surprised that it did not include “sexual orientation” among the groups of people to be served. In my opinion, this is a serious omission that ought to be rectified! The next sentence in the philosophy statement says that, “the cognitive base, psychomotor skills, and effective domain are of equal importance in the training of respiratory care practitioners.” I believe that effective domain should be changed to affective domain.

I appreciate the work you are doing to make your assessment stronger. If I can be of additional help, please do not hesitate to contact me at 62987 or at reynoldm@marshall.edu.
BS in Respiratory Care

C: Dr. Shortie McKinney, Dean, COHP

Sincerely,

Mary E. Reynolds
Interim Director of Assessment
Office of Academic Affairs

September 17, 2007

Dr. Sheila Kyle
St. Mary’s Medical Center
2500 First Avenue
Huntington, WV 25702

Dear Sheila,

The Assessment Report Review Subcommittee has completed its review of annual reports from 2006-2007. Following are the comments for the BS in Respiratory Care:

Learning Objectives: The program is at Level 2 (on a scale of 0-3) in this category, meaning that you have multiple program goals and they are clearly stated. However, these goals tend to be program level or course level goals and skills but not general student learning outcomes. This may be a matter of the reviewer having a difficult time reading such a long report that included all of your course outcomes. For the purposes of this report, a much abbreviated report would be sufficient and would not need to include your course goals and assessments.

Assessment Measures: The program is at Level 2 in this category. The Student Outcomes Chart seems to be focused on outcomes upon graduation (licensure, job placement, program satisfaction, graduation rate) but doesn’t include the measurement of student learning of skill sets during the program.

Feedback Loop: Here, too, the program is at Level 2, mostly because it is such a new program that the faculty has not had a lot of time to gather data and act on it. The reviewer did suggest that the entrance tests that are going to be given to the incoming class in 2007 be given again to students in the semester they plan to graduate.

Dr. Kopp has set a goal to have every program performing at least at level 2 in all categories (which your program has met) with an eventual goal of level 3. Dr. Mary Beth Reynolds, the new Director of Assessment, would be happy to meet with you and the faculty to talk about this and any other assessment issues. Please feel free to call her at 62987.

Sincerely,

Frances Hensley
Associate Vice President for Academic Affairs

C: Dr. Shortie McKinney, Dean, College of Health Professions

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6. **Previous Reviews:** Describe the last program review action (including committee recommendation). Identify weaknesses and deficiencies noted in the last program review and provide information regarding the status of improvements implemented or accomplished.

This is the first review for this program.

7. **Strengths/Weaknesses:** Identify the strengths and weaknesses of the program. Describe program plans for removing the weaknesses.

**Strengths:**

- Employers are satisfied with our students.
- Students are satisfied with our program.
- Placement is 100% for graduates seeking employment
- The program has a strong advisory committee.
- The program has strong administrative support.
- All program faculty are very experienced.
- There is a low faculty to student ratio.
- Graduate success on all standardized examinations exceeds the threshold set for the nation. The threshold is at 80%.
- Our assessment plan enables faculty to monitor program effectiveness, identifies weaknesses in a timely manner, improves correction of weaknesses and has strengthened the program as evidenced by student and graduate performance across evaluation instruments.
- The program has gained the respect of our communities of interest by providing well trained and competent respiratory care professionals.
- Neonatal & pediatric content and mechanical ventilation content is taught by a very experienced faculty member.
- Other content areas previously identified as weak have also improved.
- Curriculum modifications are being reviewed currently to combine course for better curriculum design.
- Our excellent clinical affiliations.
- Our students participate in clinical experiences at some of the best hospitals/medical centers in the state. (E.g. St. Mary’s Medical Center, Charleston Area Medical Center * CAMC Women’s &
Children’s provides outstanding neonatal and pediatric experiences.

- Marshall University/St. Mary’s now places students in an enormous array of experiences in hospitals, medical centers, home care companies in the Tri State region.
- We enjoy tremendous support and respect across our large geographical area.
- Evaluation instruments that correlate findings for a perceived content weakness are reviewed very carefully.
- Emphasis from assessment is primarily directed at correcting any identified program weakness.
- A comprehensive review of program strengths and weaknesses is available in our annual CoARC Report of Current Status.
- (Due to a change in electronic reporting system to a web based system, reports ordinarily due April 15th are now due Sept. 15). Complete data for the year ending Dec. 31, 2009 will be available in September 2010.

Weaknesses:

- Although improvement is noted across several content areas, more effort is needed in the following content areas: modifying therapeutic plan, trouble shooting equipment and educating patients.

B. Viability. Provide a narrative summary for each of the following items in addition to requested appendices.

1. **Articulation Agreements**: Describe program specific articulation agreements with other institutions for delivery of this program.

   Marshall University/St. Mary’s School of Respiratory Care does not have any other articulation agreements.

   The Marshall University/St. Mary’s School of Respiratory Care Articulation agreement is available upon request.

2. **Off-Campus Classes**: Describe/Summarize off-campus (other than the Huntington, or South Charleston campuses) courses offered. (Include locations, courses, enrollments, in Appendix VI.)

   There are no off campus classes in the School of Respiratory Care

3. **Online Courses**: Describe/Summarize online courses offered. (Include courses and enrollments in Appendix VI.)
There are no online courses conducted in the School of Respiratory Care

4. **Service Courses:** Describe / Summarize departmental courses that are required for students in other majors and support programs outside the major. (Include enrollment data for these courses in Appendix VI.)

There are no courses designated as “Service Courses” at St. Mary’s/ Marshall University Cooperative BSRT Program.

Community service is a required activity of all students.

The amount of community service required is four (4) hours for the whole program.

Beginning during the fall of 2009, all students will be required to participate in four (4) hours of community serve per semester.

Community service hours must be health care related.

Faculty are also required to participate in community service. There is no prescribed amount for faculty; some contribute 100 hours or more per year, while others may contribute 10 hours per year.

5. **Program Course Enrollment:** Describe/Summarize program area courses taken by students who are majors and include enrollment by semester for the past 5 years. Indicate required or elective courses. The purpose of this section is to indicate the availability and relative strength of the program area courses. Include all students enrolled in the courses, whether majors or not. (Include enrollment data for these courses in Appendix VI.)

Please see Appendix VI for this information.

6. **Program Enrollment:** Summarize data indicating the number of new students admitted, number of principal majors enrolled from your college, number of second majors, the number of students enrolled as majors from other colleges (i.e., College of Education specialization majors), the number of minors, and the number of graduates for the program for each of the past five years. (Include a chart as Appendix VII and provide separate data for each option offered under the program).

Please see Appendix VII for this information.
7. **Enrollment Projections:** Identify trends that will influence enrollment over the next five years. Provide enrollment projections.

Due to the increased demand for health care practitioners in all fields Marshall University/St. Mary’s Co-Operative School of Respiratory Care has seen a steady increase in its enrollment in the past 4 years.

We anticipate this trend to continue. The BSRT program is approved to accept up to 25 students in the program as approved by CoARC.

C. **NECESSITY:** *NOTE:* If your program is accredited, please refer to the appropriate page numbers in your accreditation report. Provide a narrative summary for each of the following items in addition to requested appendices.

1. **Advisory Committee:**

   The advisory committee consists of the Vice President for Education, the BSRC director and a cross section of respiratory care therapists from the Tri State area. The committee was formed to assist the BSRC in keeping its program current with the needs of the tri-state area.

   In an effort to improve the program the advisory committee annually reviews the following list of questions.

   - What are the program's goals?
   - Is the program adequately preparing its students?
   - What are the learning standards used to assess student learning?
   - Are students meeting these standards?
   - Is achievement of the program's goals linked to the faculty?
   - Are learning standards linked to employers' feedback and the program's goals?
   - What is the sequence of courses within the program?
   - Does the program measure student-to-student learning outside of the classroom?
   - Is baseline information on student learning included in the annual report?
   - How are student early departures handled? Exit interviews? Follow-up?
   - Are qualitative comments a part of the review/report?
   - Are case studies included in the review/report?
   - Does the annual report follow post-graduation activity?
2. **Graduates**: Provide information on graduates in terms of places of employment, starting salary ranges (where appropriate and known), number employed in field of specialization, and/or acceptance into baccalaureate or graduate programs. (NOTE: Do not identify students by name.) Include this information in Appendix VIII.

The class of 2008 had 10 graduates. Of the ten graduates 8 have successfully found positions in the field of respiratory care.

2 students are employed at Charleston Area Medical Center.

4 students are employed at St. Mary’s Medical Center

1 student is employed at Vanderbilt University

1 student is employed for a DME provider

The starting salary range on the graduate survey ranged from 16.00 to 22.00 per hour.

3. **Job Placement**: If the job placement rate reported above is low, can a course of action be identified that would improve this situation? Provide a summary of procedures utilized by the institution to help place program graduates in jobs or additional educational programs. Include activities supported by both the student's academic department as well as the institution’s placement office. This summary should include the institution's procedures and program organization for continuing contact and follow-up with graduates.

Marshall University/St. Mary’s Cooperative BSRT Program has a high placement rate for its graduates. No course of action is needed. Most of our graduates find jobs within a 100 mile radius of Huntington, West Virginia.

Students attend Job Fairs at Marshall University when offered. St. Mary’s Medical Center makes a concerted effort to determine their staffing needs as early as possible usually between November and January.

The HR Recruiter for the medical center comes over to talk to the students explaining benefits and answering questions.

The faculty member who teaches the capstone content discusses interviewing tips and resume development.
# Appendix I

## Required / Elective Course Work in the Program

**Degree Program:** Bachelor of Science in Respiratory Care  
**Person responsible for the Report:** Chuck Zuhars

<table>
<thead>
<tr>
<th>Courses Required in Major (By Course Number and Title)</th>
<th>Total Required Hours</th>
<th>Elective Credit Required by the Major (By Course Number and Title)</th>
<th>Elective Hours</th>
<th>Related Fields Courses Required</th>
<th>Total Related Hours</th>
</tr>
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<tr>
<td>RSP 100 – Respiratory Pharmacology</td>
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<td>Unrestricted Electives</td>
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<td>Biological Science 227- Anatomy</td>
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<td>Biological science 228- Physiology</td>
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<td>RSP 102 – Introduction to Respiratory Care Procedures</td>
<td>3 Theory 1 lab</td>
<td>Biological Science 250- Microbiology &amp; Human Disease</td>
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<tr>
<td>RSP 201 - Pulmonary Pathophysiology</td>
<td>3 Theory</td>
<td>Chemistry 203- General Chemistry</td>
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<tr>
<td>RSP 202 – Mechanical Ventilation Technology &amp; Management</td>
<td>3 Theory 1 lab</td>
<td>English 101- English Composition I</td>
<td></td>
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<td>RSP 203 – Respiratory Internship 1</td>
<td>4 Lab</td>
<td>English 102- English Composition 2</td>
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<td></td>
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<tr>
<td>RSP 204 – Pulmonary Rehabilitation/Home Care</td>
<td>1 Theory</td>
<td>UNI 101 -</td>
<td></td>
<td></td>
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<tr>
<td>RSP 205 – Cardiopulmonary Diagnostics</td>
<td>3 Theory</td>
<td>SOC 200M - Introduction to Sociology</td>
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<tr>
<td>RSP 206 – Neonatal/Pediatric Respiratory Care</td>
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<td>Psychology 201- General Psychology</td>
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<tr>
<td>RSP 207 – Introduction to Critical Care Management</td>
<td>3 Theory</td>
<td>International</td>
<td></td>
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<td>RSP 208 – Seminar In Respiratory Care</td>
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<td></td>
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<td>4 Lab</td>
<td>Ethics</td>
<td></td>
<td></td>
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</tr>
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<td>RSP 211 – Dynamics of Pulmonary</td>
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<td>Course Code</td>
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<td>Credits</td>
<td>Notes</td>
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<td>RSP 301</td>
<td>Introduction to Management</td>
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<td>Respiratory Education</td>
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<td>Trends &amp; Issues In Respiratory Care</td>
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<td>RSP 403</td>
<td>Respiratory Care Research</td>
<td>3 Theory</td>
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<tr>
<td>RSP 420</td>
<td>Advanced Respiratory Care Practicum/Capstone</td>
<td>3 Theory</td>
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| Total      | 71 | Total | 12 | Total | 46 |

Professional society that may have influenced the program offering and/or requirements:
Committee on Accreditation for Respiratory Care Programs/National Board for Respiratory Care
Appendix Ib – Program Course Requirements Table

List all the courses that are required for completion of the program in the sequence in which the students would typically enroll in them.

Overall length of program in months = ___ Or in years = ___ Type of credits is: ___ Semester ___ Quarter ___ Other

Length of semester/quarter in weeks= ___

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<thead>
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<th>First Year</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<td>IT 101</td>
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<tr>
<td>ELECTIVE</td>
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<td>Lab</td>
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<td>RSP 205</td>
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<td>RSP 307</td>
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<tr>
<td>International Course (Marshall Plan)</td>
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</table>

Total Semester Hours for B.S. in Respiratory Care = 129
Appendix II
Faculty Data Sheet
(No more than TWO pages per faculty member)

Name: Brent Blevins__________________________ Rank: __________

Status: (Check one) Full-time √ ; Part-time____; Graduate Assistant.____

Highest Degree Earned: BSN - Bachelor of Science in Respiratory

Date Degree Received: 3/08

Conferred by: Mountain State University

Area of Specialization: Respiratory & Respiratory

Professional Registration/Licensure: RN, RRT

Agency: WV Board of Respiratory
        WV Board of Respiratory Care

<table>
<thead>
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<th>Years non-teaching experience</th>
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<tbody>
<tr>
<td>Years of employment other than Marshall</td>
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<tr>
<td>Years of employment at Marshall</td>
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<tr>
<td>Years of employment in higher education</td>
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</tbody>
</table>

To determine compatibility of credentials with assignment:

1 List courses you taught during the final two years of this review. If you participated in a team-taught course, indicate each of them and what percent of the course you taught. For each course include the year and semester taught, course number, course title and enrollment.

<table>
<thead>
<tr>
<th>Year/Semester</th>
<th>Course Number &amp; Title</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/Summer</td>
<td>RSP 404 Adv. Resp Practicum</td>
<td>10</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 210 Resp Internship III</td>
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<tr>
<td>2008/Summer</td>
<td>RSP 211 Dynamics of Pulmonary</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302 Respiratory Internship IV</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 303 Clin. Respiratory Education</td>
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<tr>
<td>2008/Spring</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2009/Spring</td>
<td>RSP 307 Adv. Critical Care</td>
<td>10</td>
</tr>
</tbody>
</table>

(NOTE: Part-time; adjunct; graduate assistant faculty do not need to fill in the remainder of this document.) N/A
2 If your degree is not in your area of current assignment, please explain.

(NOTE: Begin with the most recent activities in each of the following sections.)

3 Professional development activities during the past five years, including professional organizations to which you belong and state, regional, and national conferences attended. List any offices you hold in professional organizations.

- Member in good standing – National Board of Respiratory Care
- Member in good standing – American Association for Respiratory Care
- Member in good standing – West Virginia Society for Respiratory Care
- Chairman for West Virginia State Conference Respiratory Care
- Instructor/Trainer Simulation Modules
- 2009 West Virginia Society for Respiratory Care – Fall & Winter Meeting

4 List awards/honors (including invitations to speak in your area of expertise) or special recognition in the last five years.

BSN – Magna cum Laude

5 Indicate any other activities that have contributed to effective teaching.

Basic Life Support Instructor
Advanced Cardiac Life Support Instructor
Pediatric Advanced Life Support Instructor
Neonatal Resuscitation Procedures Instructor

6 List professional books/papers published during the last five years.

7 List papers presented at state, regional, and/or national organization conferences during the last five years.

8 List externally funded research (grants and contracts) you received during the last five years.
Appendix II
Faculty Data Sheet
(No more than TWO pages per faculty member)

Name: Jim Montgomery                                     Rank: __________

Status: (Check one) Full-time  √  ; Part-time_____  Graduate Assistant._____

Highest Degree Earned: AAS – Respiratory Care      Date Degree Received: 6/84

Conferred by: Sinclair Community College

Area of Specialization: Respiratory Care

Professional Registration/Licensure: RRT

Agency: WV Board of Respiratory Care

Years non-teaching experience  23
Years of employment other than Marshall  26
Years of employment at Marshall  23
Years of employment in higher education  13

To determine compatibility of credentials with assignment:

1 List courses you taught during the final two years of this review. If you
participated in a team-taught course, indicate each of them and what percent of
the course you taught. For each course include the year and semester taught,
course number, course title and enrollment.

<table>
<thead>
<tr>
<th>Year/Semester</th>
<th>Course Number &amp; Title</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/Summer</td>
<td>RSP 404  Adv. Resp Practicum</td>
<td>10</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 210  Resp Internship III</td>
<td>12</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 211  Dynamics of Pulmonary</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 203  Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302  Respiratory Internship IV</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 303  Clin. Respiratory Education</td>
<td>12</td>
</tr>
<tr>
<td>2008/Spring</td>
<td>RSP 203  Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2009/Spring</td>
<td>RSP 307  Adv. Critical Care</td>
<td>10</td>
</tr>
</tbody>
</table>
2 If your degree is not in your area of current assignment, please explain.

(NOTE: Begin with the most recent activities in each of the following sections.)

3 Professional development activities during the past five years, including professional organizations to which you belong and state, regional, and national conferences attended. List any offices you hold in professional organizations.

- Member in good standing – National Board of Respiratory Care
- Member in good standing – American Association for Respiratory Care
- Member in good standing – West Virginia Society for Respiratory Care
- Genesis RC Symposium
- CFE Faculty Affairs
- 2009 West Virginia Society for Respiratory Care – Fall & Winter Meeting

4 List awards/honors (including invitations to speak in your area of expertise) or special recognition in the last five years.

SMMC Respiratory Care Scholarship

5 Indicate any other activities that have contributed to effective teaching.

Basic Life Support Instructor
Advanced Cardiac Life Support Instructor
Pediatric Advanced Life Support Instructor
Neonatal Resuscitation Procedures Instructor

6 List professional books/papers published during the last five years.

7 List papers presented at state, regional, and/or national organization conferences during the last five years.

8 List externally funded research (grants and contracts) you received during the last five years.
Appendix II

Faculty Data Sheet
(No more than TWO pages per faculty member)

Name: Keith Terry

Status: (Check one) Full-time ✓ : Part-time : Graduate Assistant.

Highest Degree Earned: MS – Adult & Technical Ed

Date Degree Received: 5/07

Conferred by: Marshall University

Area of Specialization: Adult & Technical Education

Professional Registration/Licensure: RN, RRT

Agency: WV Board of Respiratory

WV Board of Respiratory Care

Years non-teaching experience 23

Years of employment other than Marshall 23

Years of employment at Marshall 1

Years of employment in higher education 12

To determine compatibility of credentials with assignment:

1 List courses you taught during the final two years of this review. If you participated in a team-taught course, indicate each of them and what percent of the course you taught. For each course include the year and semester taught, course number, course title and enrollment.

<table>
<thead>
<tr>
<th>Year/Semester</th>
<th>Course Number &amp; Title</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring, 09</td>
<td>RSP 401 Intro to Sleep Disorders</td>
<td>10</td>
</tr>
<tr>
<td>Spring, 09</td>
<td>RSP 203 Respiratory Internship 1</td>
<td>10</td>
</tr>
<tr>
<td>Summer, 09</td>
<td>RSP 405 Flight and Hyperbaric Care</td>
<td>10</td>
</tr>
<tr>
<td>Summer, 09</td>
<td>RSP 210 Respiratory Internship 3</td>
<td>10</td>
</tr>
<tr>
<td>Fall, 09</td>
<td>RSP 207 Intro to Critical Care Management</td>
<td>12</td>
</tr>
<tr>
<td>Fall, 09</td>
<td>RSP 209 Respiratory Internship 2</td>
<td>12</td>
</tr>
</tbody>
</table>

(NOTE: Part-time; adjunct; graduate assistant faculty do not need to fill in the remainder of this document.) N/A
If your degree is not in your area of current assignment, please explain.

(NOTE: Begin with the most recent activities in each of the following sections.)

Professional development activities during the past five years, including professional organizations to which you belong and state, regional, and national conferences attended. List any offices you hold in professional organizations.

- Member in good standing – National Board of Respiratory Care
- Member in good standing – American Association for Respiratory Care
- Member in good standing – West Virginia Society for Respiratory Care
- Member in good standing – Ohio Society for Respiratory Care
- Chairman for West Virginia State Conference Respiratory Care
- Instructor/Trainer Simulation Modules
- 2009 West Virginia Society for Respiratory Care – Fall & Winter Meeting

Conferences attended:

- Annual AARC International Respiratory Care Conference for the past 8 years
- Annual Genesis RC Symposium for the past 5 years
- Annual WVSRRC Fall Conference for the past 3 years
- Ohio Society for Respiratory Care State Conference for the past 3 years
- AARC Summer Forum for Education in July 2009.

Offices held:

- Ohio Society for Respiratory Care – Education Chair – 2007-2008
- West Virginia Society for Respiratory Care – Education Chair – 2009-Present
- West Virginia Society for Respiratory Care – Chapter 3 President – 2009-Present

List awards/honors (including invitations to speak in your area of expertise) or special recognition in the last five years.

Speaking Invitations:

- Strategies to Improve Student Retention in Post-Secondary Education, presented to participants at the North Central Association Annual Conference, Chicago, IL 2007.
- Strategies to Improve Student Retention in Post-Secondary Education Programs at Collins Career Center, presented at the Collins Career Center Strategic Planning Meeting, Chesapeake, OH 2007.
- Designing Effective Syllabi, presented at the Collins Career Center Strategic Planning Meeting, Chesapeake, OH 2007.

Indicate any other activities that have contributed to effective teaching.

I am completing my PhD in Education with a concentration in Instructional Design for Online Learning at Capella University in Minneapolis, MN.

List professional books/papers published during the last five years.

List papers presented at state, regional, and/or national organization conferences during the last five years.

- Strategies to Improve Student Retention in Post-Secondary Education, presented to participants at the North Central Association Annual Conference, Chicago, IL 2007.

List externally funded research (grants and contracts) you received during the last five years.
Appendix II
Faculty Data Sheet
(No more than TWO pages per faculty member)

Name: Chris Trotter

Rank: ____________

Status: (Check one) Full-time __√__; Part-time _____; Graduate Assistant. _____

Highest Degree Earned: BS - Bachelor of Science

Date Degree Received: ____________

Conferred by: University of Charleston

Area of Specialization: Health Sciences

Professional Registration/Licensure: RRT

Agency: WV Board of Respiratory Care

Years non-teaching experience 12
Years of employment other than Marshall 16
Years of employment at Marshall 4
Years of employment in higher education 4

To determine compatibility of credentials with assignment:

1. List courses you taught during the final two years of this review. If you participated in a team-taught course, indicate each of them and what percent of the course you taught. For each course include the year and semester taught, course number, course title and enrollment.

<table>
<thead>
<tr>
<th>Year/Semester</th>
<th>Course Number &amp; Title</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/Summer</td>
<td>RSP 404 Adv. Resp Practicum</td>
<td>10</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 210 Resp Internship III</td>
<td>12</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 211 Dynamics of Pulmonary</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302 Respiratory Internship IV</td>
<td>10</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 303 Clin. Respiratory Education</td>
<td>12</td>
</tr>
<tr>
<td>2008/Springl</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
</tr>
<tr>
<td>2009/Spring</td>
<td>RSP 307 Adv. Critical Care</td>
<td>10</td>
</tr>
</tbody>
</table>

(NOTE: Part-time; adjunct; graduate assistant faculty do not need to fill in the remainder of this document.) N/A
2 If your degree is not in your area of current assignment, please explain.

(NOTE: Begin with the most recent activities in each of the following sections.)

3 Professional development activities during the past five years, including professional organizations to which you belong and state, regional, and national conferences attended. List any offices you hold in professional organizations.

- Member in good standing – National Board of Respiratory Care
- Member in good standing – American Association for Respiratory Care
- Member in good standing – West Virginia Society for Respiratory Care
- Chairman for West Virginia State Conference Respiratory Care
- Instructor/Trainer Simulation Modules
- 2009 West Virginia Society for Respiratory Care – Fall & Winter Meeting

4 List awards/honors (including invitations to speak in your area of expertise) or special recognition in the last five years.

BS – Magna Cum Laude

5 Indicate any other activities that have contributed to effective teaching.

Basic Life Support Instructor
Advanced Cardiac Life Support Instructor
Pediatric Advanced Life Support Instructor
Neonatal Resuscitation Procedures Instructor

6 List professional books/papers published during the last five years.

7 List papers presented at state, regional, and/or national organization conferences during the last five years.

Trauma Case Presentation – West Virginia Society for Respiratory Care

- Fall 2007
- Fall 2008
- Fall 2009

8 List externally funded research (grants and contracts) you received during the last five years.
Appendix II
Faculty Data Sheet
(No more than TWO pages per faculty member)

Name: Chuck Zuhars

Status: (Check one) Full-time ☑; Part-time ☐; Graduate Assistant ☐

Highest Degree Earned: MS - Master of Science in Vo-Ed

Date Degree Received: 5/95

Conferred by: Morehead State University

Area of Specialization: Adult & Technical Education

Professional Registration/Licensure: RRT

Agency: WV Board of Respiratory Care

TN Board of Respiratory Care

Years non-teaching experience 29
Years of employment other than Marshall 29
Years of employment at Marshall 4
Years of employment in higher education 4

To determine compatibility of credentials with assignment:

1 List courses you taught during the final two years of this review. If you participated in a team-taught course, indicate each of them and what percent of the course you taught. For each course include the year and semester taught, course number, course title and enrollment.

<table>
<thead>
<tr>
<th>Year/Semester</th>
<th>Course Number &amp; Title</th>
<th>Enrollment</th>
<th>% Participation</th>
</tr>
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<tbody>
<tr>
<td>2008/Summer</td>
<td>RSP 404 Adv. Resp Practicum</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 210 Resp Internship III</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 211 Dynamics of Pulmonary</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302 Respiratory Internship IV</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 303 Clin. Respiratory Education</td>
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<td>50%</td>
</tr>
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<td>2008/Spring</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2009/Spring</td>
<td>RSP 307 Adv. Critical Care</td>
<td>10</td>
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</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 404 Adv. Resp Practicum</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 210 Resp Internship III</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 211 Dynamics of Pulmonary</td>
<td>10</td>
<td>50%</td>
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<tr>
<td>2008/Fall</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302 Respiratory Internship IV</td>
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<td>50%</td>
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<td>2008/Fall</td>
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</tr>
<tr>
<td>2008/Spring</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2009/Spring</td>
<td>RSP 307 Adv. Critical Care</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 404 Adv. Resp Practicum</td>
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<td>50%</td>
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<td>2008/Summer</td>
<td>RSP 210 Resp Internship III</td>
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<td>50%</td>
</tr>
<tr>
<td>2008/Summer</td>
<td>RSP 211 Dynamics of Pulmonary</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 203 Respiratory Internship I</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>2008/Fall</td>
<td>RSP 302 Respiratory Internship IV</td>
<td>10</td>
<td>50%</td>
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<tr>
<td>2008/Fall</td>
<td>RSP 303 Clin. Respiratory Education</td>
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<td>2008/Spring</td>
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<td>2009/Spring</td>
<td>RSP 307 Adv. Critical Care</td>
<td>10</td>
<td>50%</td>
</tr>
</tbody>
</table>

(NOTE: Part-time; adjunct; graduate assistant faculty do not need to fill in the remainder of this document.) N/A
2 If your degree is not in your area of current assignment, please explain.

3 Professional development activities during the past five years, including professional organizations to which you belong and state, regional, and national conferences attended. List any offices you hold in professional organizations.

- Member in good standing – National Board of Respiratory Care
- Member in good standing – American Association for Respiratory Care
- Member in good standing – West Virginia Society for Respiratory Care
- Member in good standing – Tennessee Society for Respiratory Care
- Member in good standing – Ohio Society for Respiratory Care
- 2009 West Virginia Society for Respiratory Care – Fall Meeting

4 List awards/honors (including invitations to speak in your area of expertise) or special recognition in the last five years.

MS – Cum Laude

5 Indicate any other activities that have contributed to effective teaching.

Basic Life Support Instructor
Advanced Cardiac Life Support Instructor
Pediatric Advanced Life Support Instructor
Neonatal Resuscitation Procedures Instructor

6 List professional books/papers published during the last five years.

7 List papers presented at state, regional, and/or national organization conferences during the last five years.

8 List externally funded research (grants and contracts) you received during the last five years.
## Appendix IIa
### Graduate Assistant Data Sheet

<table>
<thead>
<tr>
<th>GTA Name</th>
<th>Course No.</th>
<th>Course Name</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>(e.g.: /)</td>
<td>&lt; /</td>
<td>Su</td>
<td>Fa</td>
<td>Sp</td>
<td>Su</td>
<td>Fa</td>
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## Appendix III
### Students’ Entrance Abilities

<table>
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<tr>
<th>Year</th>
<th>N</th>
<th>Mean High School GPA</th>
<th>Mean ACT</th>
<th>Mean SAT Verbal</th>
<th>Mean SAT Quantitative</th>
<th>Mean SAT Writing</th>
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<td>-</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2006</td>
<td>14</td>
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<td>19.58 (n = 12)</td>
<td>N/A</td>
<td>N/A</td>
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<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>435 (n = 2)</td>
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<tr>
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<td>320 (n = 3)</td>
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<td>330 (n = 1)</td>
<td></td>
</tr>
<tr>
<td>Spring 2009</td>
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<td></td>
<td></td>
<td></td>
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</table>
## Appendix IV
### Students’ Exit Abilities

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Mean GPA</th>
<th>Licensure Exam Results</th>
<th>Certification Test Results</th>
<th>Other Standardized Exam Results</th>
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<tr>
<td>2007 – 2008</td>
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<td>---</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2008 – 2009</td>
<td>10</td>
<td>3.12 (<em>n</em> = 9)</td>
<td>50% Pass Rate on RRT Exam (NBRC Threshold of Success is 50% Pass Nationwide)</td>
<td>80% Pass Rate on CRT Exam (NBRC Threshold of Success Is 80% Pass)</td>
<td>55% Pass Rate on NBRC RRT Self Assessment</td>
</tr>
</tbody>
</table>
## Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

### Program Level

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation. The threshold is 80%</td>
<td>All teacher made exams are graded with a scanner; the Software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
</tr>
</tbody>
</table>
## ASSESSMENT SUMMARY
### ASSESSMENT OF THE PROGRAM'S LEARNING OUTCOMES
#### 5 YEAR SUMMARY

Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Decision Making</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation. The threshold is 80%</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
</tr>
</tbody>
</table>
# ASSESSMENT SUMMARY

ASSESSMENT OF THE PROGRAM'S LEARNING OUTCOMES

5 YEAR SUMMARY

Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching/ Learning</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation.</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
</tr>
</tbody>
</table>
## Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

### Program's Student Learning Outcomes

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation.</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
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</tbody>
</table>
## ASSESSMENT SUMMARY

### ASSESSMENT OF THE PROGRAM'S LEARNING OUTCOMES

#### 5 YEAR SUMMARY

Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Care</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation.</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
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</table>
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**ASSESSMENT OF THE PROGRAM'S LEARNING OUTCOMES**
5 YEAR SUMMARY

Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation.</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
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</table>
# ASSESSMENT SUMMARY

## ASSESSMENT OF THE PROGRAM'S LEARNING OUTCOMES

### 5 YEAR SUMMARY

Component Area/Program! Discipline: Bachelor of Science in Respiratory Care

<table>
<thead>
<tr>
<th>Program's Student Learning Outcomes</th>
<th>Assessment Measures (Tools)</th>
<th>Standards/ Benchmarks</th>
<th>Results/Analysis</th>
<th>Action Taken to Improve the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behaviors</td>
<td>Teacher Made Objective Exams - includes both unit specific and comprehensive final exams in all respiratory courses; Standardized Exams; Clinical Evaluations; Course and senior evaluations completed all students.</td>
<td>70% or higher in the course based on all unit and final exams; 75% or higher on NBRC self assessment exams. Satisfactory performance on the final clinical evolution for course.</td>
<td>success on standardized examinations meets or exceeds the threshold set for the nation. The threshold is 80%</td>
<td>All teacher made exams are with a scanner; the software does provide the following on test: reliability; difficulty indices; discrimination indices. Every attempt is made to delete an test which did not discriminate or appeared too easy; items that had negative discrimination was before the exam question was again. All final exams were blueprinted according to the Blueprint to assure that the areas of the combined finals corresponded to the NBRC CRT/RRT Matrix</td>
</tr>
<tr>
<td>Course Number</td>
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<td>Required</td>
<td>Elective</td>
<td>Delivery Method</td>
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<td>---------------</td>
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<tr>
<td>RSP 100</td>
<td>Respiratory Pharmacology</td>
<td>R</td>
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<tr>
<td>RSP 101</td>
<td>Intro to Respiratory Care</td>
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<td>Intro to Resp. Care Proc.</td>
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<td>Lecture</td>
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<td>RSP 102L</td>
<td>Intro to Resp. Care Proc Lab</td>
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<td>RSP 201</td>
<td>Pulmonary Pathophysiology</td>
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<td>Lecture</td>
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<tr>
<td>RSP 202</td>
<td>Mech Vent Tech &amp; Mgt</td>
<td>R</td>
<td>Lecture</td>
<td>St. Mary's</td>
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<td>RSP 203</td>
<td>Respiratory Internship 1</td>
<td>R</td>
<td>Lecture</td>
<td>St. Mary's</td>
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<tr>
<td>RSP 204</td>
<td>Pulm. Rehab/Home Care</td>
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<td>Lecture</td>
<td>St. Mary's</td>
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<tr>
<td>RSP 205</td>
<td>Cardiopulmonary Diagnostic</td>
<td>R</td>
<td>Lecture</td>
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<tr>
<td>RSP 206</td>
<td>Neonatal/Pediatric Care</td>
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<td>Lecture</td>
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<td>RSP 207</td>
<td>Intro Critical Care Mgt</td>
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<td>RSP 208</td>
<td>Respiratory Care Seminar</td>
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<td>RSP 209</td>
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<td>RSP 210</td>
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<td>RSP 211</td>
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<td>RSP 302</td>
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<td>RSP 303</td>
<td>Clinic Respiratory Education</td>
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<tr>
<td>RSP 304</td>
<td>Adv Neonatal/Pediatrics</td>
<td>R</td>
<td>Lecture</td>
<td>St. Mary's</td>
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<tr>
<td>RSP 305</td>
<td>Resp. Costs Mgt &amp; Solutions</td>
<td>R</td>
<td>Lecture</td>
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</tr>
<tr>
<td>RSP 306</td>
<td>Resp Care Performance Imp</td>
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<td>RSP 307</td>
<td>Adv Tech Adult Critical Care</td>
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<tr>
<td>RSP 401</td>
<td>Intro to Sleep Disorders</td>
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<tr>
<td>RSP 402</td>
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<td>R</td>
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<tr>
<td>RSP 403</td>
<td>Respiratory Care Research</td>
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<tr>
<td>RSP 404</td>
<td>Adv Resp Care Practicum</td>
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<tr>
<td>RSP 405</td>
<td>Flight/Hyperbaric Care</td>
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<td>RSP 406</td>
<td>Community Respiratory Care</td>
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<tr>
<td>RSP 420</td>
<td>Capstone in Resp. Care</td>
<td>R</td>
<td>Lecture</td>
<td>St. Mary's</td>
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</tbody>
</table>
Indicate all program and service courses. Please include all special topics courses offered as well as independent studies. When using Independent studies, please list the number of independent study students enrolled, but DO NOT include individual names and the titles of the independent studies. Please use the following codes:

Required/Elective: Required = R;
Elective = E
Delivery Method: Traditional, Online, Hybrid
Location: Huntington, South Charleston, Point Pleasant, etc.
Course: List "Yes" or "No"
### Appendix VII

#### Program Enrollment

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>New Students Admitted</td>
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<td>14</td>
<td>13</td>
<td>11</td>
<td>8</td>
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<tr>
<td>Principal Majors Enrolled</td>
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<td>16</td>
<td>19</td>
<td>25</td>
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<tr>
<td>Grand Total of Students Enrolled in the Program</td>
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<td>16</td>
<td>19</td>
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<tr>
<td>Graduates of the program</td>
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</tbody>
</table>
Figure 1. Trend Line for Total Enrollment and Program Graduates
Appendix VIII
Job and Graduate School Placement Rates

<table>
<thead>
<tr>
<th>Year</th>
<th># of graduates employed in major field</th>
<th># of graduates employed in related fields</th>
<th># of graduates employed outside field</th>
<th># of graduates accepted to Graduate Programs</th>
<th># of graduates not accounted for</th>
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<tbody>
<tr>
<td>2008</td>
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Five Year Total

<table>
<thead>
<tr>
<th>Year Total</th>
<th># of graduates employed in major field</th>
<th># of graduates employed in related fields</th>
<th># of graduates employed outside field</th>
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<tbody>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
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