DEPARTMENT FACULTY/STAFF INPUT

An important part of the Program Review process is the consultation and input of all members of the department. Please have each member of the department both full-time and part-time sign below to acknowledge that they were consulted with during the process and were able to provide input.

**NOTE:** This signature does not indicate necessary approval of the data or the analysis or evaluation of the information contained inside this document. It is an indication that you had an opportunity to provide input in the process.

<table>
<thead>
<tr>
<th>Name of Faculty or Staff Member</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Scott Jones</td>
<td></td>
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<tr>
<td>John Doyle</td>
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<tr>
<td>Brian Hendrickson</td>
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<td>Dave Oleson</td>
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<tr>
<td>Bill White</td>
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<td>Carolan Selters</td>
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<tr>
<td>Susan Biewend</td>
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<tr>
<td>Debbie Walton</td>
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PART I. ABSTRACT (EXECUTIVE SUMMARY).

The Allied Health Department consists of several programs offering certificates of completion. They are:

- Paramedic (also Associate in Science EMS)
- Emergency Medical Technician (EMT)
- Certified Nursing Assistant (CNA)
- Medical Assistant (MA)
- Certified Phlebotomy Technician

Allied Health also houses several stand-alone courses in health science related professions such as medical billing/insurance, pharmacology, and medical terminology. The department generates 457 FTES with 4.4 full-time faculty. Our enrollment is expecting to increase to about 540 FTES over the next 3 years. We feel this projection is underestimated significantly due to the fact that the department can add several large programs during that time and augment current program enrollments as well. However it is important to mention how significant increases over the past 4 years occurred in enrollments and course offerings and not in budget augmentation for faculty, supplies, and equipment. Here are some of those program enrollment increases:

- CNA from 60 students per year to 135 per year
- MA 45 per year to 90 per year – back to 35 per year due to no faculty
- EMT 60 per year to 300 per year
- Paramedic 30 per year to 90 per year
- Phlebotomy 0 per year to 135 per year

Our retention rate is exceptional being above 90%. Although our success rates average about 75%, this may be due to lack of full time commitment to student learning and the lack of individual program prerequisites being studied and added. However our part-time faculty have a remarkable commitment to student learning and success and very often comment about their limitations on load, supplies, and equipment needed to improve outcomes and curriculum.

Our goals for 2007/08 include:

1. FTES growth achieved by the addition of Full-Time Faculty, streamlined curriculum revision and development
2. Improve Department Communication through adding email, and phone extensions, and Web Advisor Access
3. Improve departmental processes such as curriculum development, course revisions, and budgeting for supplies and equipment.
PART II. KEY MEASUREMENTS OF QUALITY (KQMs)

KQM 1 – Enrollment trend for the past 5 years
KQM2 – Enrollment projection for the next 3 years
KQM 3 – Retention rate
KQM 5 – Success rate
KQM 7 – Course Transferability
KQM 10 – Availability of resources

PART III: ANALYSIS OF KEY QUALITY MEASUREMENTS (KQMs)

KQM 1 – Enrollment trend for the past 5 years:

KQM2 – Enrollment projection for the next 3 years: Shown Above
KQM 3 – Retention rate:

Overall Retention Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
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<tbody>
<tr>
<td>2002</td>
<td>80.8%</td>
<td>83.5%</td>
<td>85.7%</td>
<td>87.8%</td>
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<tr>
<td>2003</td>
<td>86.9%</td>
<td>87.7%</td>
<td>87.4%</td>
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<tr>
<td>2004</td>
<td>84.7%</td>
<td>84.0%</td>
<td>94.0%</td>
<td>94.0%</td>
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<tr>
<td>2005</td>
<td>85.9%</td>
<td>94.0%</td>
<td>91.6%</td>
<td>92.1%</td>
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<tr>
<td>2006</td>
<td>90.1%</td>
<td>90.9%</td>
<td>91.4%</td>
<td>91.4%</td>
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</tbody>
</table>
KQM 5 – Success rate:

Overall Success Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>62.3%</td>
<td>64.0%</td>
<td>69.9%</td>
<td>62.0%</td>
</tr>
<tr>
<td>2003</td>
<td>63.7%</td>
<td>70.9%</td>
<td>68.8%</td>
<td>65.4%</td>
</tr>
<tr>
<td>2004</td>
<td>64.6%</td>
<td>68.9%</td>
<td>72.2%</td>
<td>65.0%</td>
</tr>
<tr>
<td>2005</td>
<td>65.0%</td>
<td>68.9%</td>
<td>72.2%</td>
<td>81.3%</td>
</tr>
<tr>
<td>2006</td>
<td>66.6%</td>
<td>72.3%</td>
<td>81.3%</td>
<td>67.2%</td>
</tr>
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</table>
KQM 7 – Course Transferability:

The Allied Health Department is unique in the fact that it is made up of various programs offering certificates and/or degrees, and also stand alone courses which also may or may not offer certificates. I will outline how each reflects a transferability model:

1. Medical Aspects of Alcohol and Drug abuse – certificate 3 unit course CSU/UC transferable
2. Certified Nursing Assist – 5 unit Certificate only
3. Home Health Aid – 1.5 unit Certificate only
4. Certified Phlebotomy Tech – 5 unit Certificate only, prerequisite to Medical Lab Tech. Associates degree offered elsewhere
5. Medical Assistant – independent certificate program non-transferable
6. Emergency Medical Technician – 8 unit certificate transferable only to Private University EMS (Emergency Medical Service) 4-year degree programs. Also applicable to AS degree in EMS.
7. Paramedic program (ALDH 50-57) – 37.5 unit certificate course applicable for transfer to Private University EMS (Emergency Medical Service) 4-year degree programs. Also applicable to AS degree in EMS.
8. Medical terminology – 3 unit basic entry level health sciences course. CSU transferable
9. Basic Arrhythmia- 3 unit certificate course non-transferable.
10. Medical Insurance – 3 unit basic course no certificate and non-transferable.
11. Pharmacology – 3 unit basic entry-level health sciences course no certificate and non-transferable
12. IV Therapy - 3 unit basic entry-level health sciences course no certificate and non-transferable
13. Basic CPR – 1.5 units certificate course non-transferable
KQM 10 – Availability of resources:

Feedback from staff, faculty (adjunct and Full-time), professional experts, students, and advisory committee members contain the following elements:

1. Newly augmented supplies and equipment budgets from 1802 funds helped to support the current need but understanding this was a one time augment the budget items should be adjusted accordingly.

2. New programs and or an increase in enrollment in the following areas:
   a. Paramedic Academy - doubled program size in 2005 and no augment to supplies and equipment was made (30 students/year to currently 80 students/per year
   b. EMT tripled enrollment 140 student/year to 350/year
   c. CNA increased enrollment from 60/year to 105/year in 2006-07 and new regulation changes state college must not charge students for mandatory background check. Approx. $60/student impact to budget
   d. New Certified Phlebotomy program – no supplies/equipment budget increase however

3. The Allied Health department has two current budgets:
   a. Allied Health
   b. Paramedic

4. Recommendations
   a. Change budget names to:
      i. Allied Health – CNA, Phlebotomy, Medical Assistant, and all other courses
      ii. Emergency Medical Services – Paramedic, EMT only
   b. Budget should also show the following funding under:
      i. Allied Health – Supplies $7,000 ($1,500 Phlebotomy, $1,500 CNA, $1,500 Medical Assist., $2,500 staff and all the rest)
      ii. Allied Health - Equipment $8,000 (new devices, manikin repair, etc.)
      iii. CNA and Phlebotomy Program director
      iv. Allied Health – CNA Background check ($6050)
      v. EMS – Supplies $6,000 (based on previous year)
      vi. EMS – Equipment $10,000 (new devices, manikin repair, etc.)
      vii. EMS – Dues/committee membership $300 (County EMS Officers, CA Prehospital Program Directors, CA Council of EMS Educators)
      viii. EMS – Medical Director $5,000
      ix. EMS – Travel $7,000 (Mandatory state/federal meetings for director)
c. The Allied Health department has a substantial increase in FTES and no increase in FTEF. Allied Health could furthermore increase FTES even more if Full-time faculty are hired current resources show a department that has 4 full time faculty and 13 part-time faculty this is 24% full time to 76% part- time result. We are understaffed and still increasing FTES. Allied Health should add 3 or more full-time faculty and our FTES could support it.
   i. New sections could be added:
      1. EMT – Fast-track
      2. EMT II – full course
      3. EVOC – Emergency Vehicle Operations Course
      4. Phlebotomy
      5. Medical Assisting
      6. Wilderness Medicine
      7. Certified First Responder
      8. Advanced Cardiac Life support
      9. Pediatric Advanced Life support
      10. Prehospital Trauma Life support
      11. 12-Lead ECG Interpretation
      12. Paramedic Refresher course
      13. Upgrade Medical Insurance with Coding certificate
      14. Medical Information Technology

PART IV: CONCLUSIONS

The Allied Health department has shown tremendous growth potential, remarkable student retention, and an above average success rate. In order for Allied Health to reach its growth potential new full-time faculty, increased supplies and equipment budgets must be implemented. The department is undergone significant growth in the last three years and no budgets have been augmented to support this. The soft funding and support from grants has ended and the department is various programs which fall under Accrediting and Licensing bodies and are therefore regulated outside of the college accrediting board. It is important to know that these Licensing and accrediting bodies have shut down programs for their lack of organizational support and funding. Also it is known that the Health Science and EMS profession provides limited resources for faculty due to their higher salaries and retirement plans. With this in mind in order for allied health to keep above average growth, retention, and success rates new full-time faculty have to be added if not for the plain reason of a 75/25 part time/fulltime ratio but also for growth. With these hurdles in front as well as constant governmental oversight and regulation changes our instructors and staff do a remarkable job and should be commended on working miracles with limited workloads, supplies, equipment, and space.
Part VI: Goals

Priority 1

What is your goal for 2007-2008? – Increase FTES and course offerings including online

To which College-wide strategic goals is this related? 2, 3, 5, and 6

How will you know if the goal was successful (measurement)? Student Success will increase, and FTES, FTEF will also increase

How will the goal be accomplished (key activities)? Presentation of facts to the priority hiring process, showing how sections have been cancelled due to overload, etc.

What additional resources are you requesting?

- General Description – 2 Full time faculty
- Projected Cost – $180,000
- One-time or base increase? – Base increase
- Additional Comments – We will still be understaffed to meet higher goals in FTES, but full time faculty can teach more (generate higher FTES), and increase in college-wide effectiveness by improving committees.

Priority 2

What is your goal for 2007-2008? Improve Communication and feedback loop in department

To which College-wide strategic goals is this related? 1, 2, and 5

How will you know if the goal was successful (measurement)? Department complaints by faculty, staff, and students will decrease.

How will the goal be accomplished (key activities)? Obtain email, webadvisor accounts, phone extensions for all staff and faculty (part and full-time)

What additional resources are you requesting?

- General Description – email accounts, phone ext., webadvisor accounts
- Projected Cost – None?
- One-time or base increase? – Base if any
Additional Comments – All faculty and staff need electronic and phone access to all students, staff, rosters, grading, etc. so a good Q/A can be done preventing unknown course cancellation, marketing can improve known low enrollments, administrative concerns can be communicated by either one method-improving efficiency in the department.

Priority 3

What is your goal for 2007-2008? Streamline departmental process

To which College-wide strategic goals is this related? 1,2,3,5, and 6

How will you know if the goal was successful (measurement)? Enrollment, success, and retention will increase, faculty, staff, and student surveys will improve, and FTES/FTEF will increase significantly.

How will the goal be accomplished (key activities)? Increase curriculum development, updating. Create a plan for accreditation process of programs, align contract for clinical training to become revolving rather than expiring, Create, priority spending plan. Improve staff development on a continual basis. Streamline scheduling, book orders, copying processes by developing electronic process, and copying plan.

What additional resources are you requesting?

General Description – Discretional meeting funds
Projected Cost – $400
One-time or base increase? – Base/annual
Additional Comments – This will pay for food, and or meeting supplies for departmental improvement meetings so we grow effectively as one and not haphazardly.