

Respiratory Care Annual Assessment Report Bachelor of Science Program (Degree Completion) 2014-15

I. Introduction

The Respiratory Care degree completion program matriculated the first class at Oregon Institute of Technology in September 2005 with 13 students. The program focuses on offering degree completion to registered respiratory therapists who hold an associate's degree. Over the years from 2005 to 2015 the program has steadily grown in student numbers.

II. Program Purpose, Objectives and Student Learning Outcomes

The program faculty reviewed and approved the program purpose, objective and student learning outcomes at a faculty meeting in fall 2014.

Respiratory Care Program Purpose

The purpose of the Respiratory Care Degree Completion Program, a bachelor of science program, is to prepare graduates for upward and broadened mobility within the respiratory care profession.

Program Educational Objective

The program assists the students in achieving advanced professional goals.

Expected Program Learning Outcomes

Students in the program will demonstrate:

1. The ability to communicate effectively in oral, written and visual forms.
2. Advanced knowledge of management of respiratory care plans for adult, neonatal and pediatric patients.
3. Improvement of practice resulting from an integration of respiratory care experience and research.
4. The ability to design and deliver instruction for undergraduate respiratory care students.

III. Three-Year Cycle for Assessment of Student Learning Outcomes

The following table shows the three-year plan for assessing individual student learning outcomes.

Student Learning Outcome	2015-16	2013-14	2014-15
1. The ability to communicate effectively in oral, written and visual forms.		●	
2. Advanced knowledge of management of respiratory care plans for patients.	●		
Improvement of practice resulting from an integration of respiratory care experience and research.			●
5. The ability to design and deliver instruction for undergraduate respiratory care students.		●	

Table 1. Respiratory Therapy Education Assessment Cycle

IV. Planned direct and indirect measures for 2014-15 SLOs

All students moving through the program complete the same courses. In a fall of 2014 meeting of the respiratory care faculty voted to align our student learning outcomes with Commission on Accreditation for Respiratory Care standards for Degree Advancement.

PSLO #3: Improvement of practice resulting from an integration of respiratory care experience and research.

To measure PSLO #3 we choose an RCP 389 International Neonatology assignment from Spring 2015. The goals for the assignment were multiple and included that the student to demonstrate the ability to combine their practical knowledge with rigorous research in order to propose a new solution to a technical problem found in resource limited settings.

Below are the definitions for the levels of international technical competence:

Level I: Is able to identify and clearly state the technical problem.

Level II: Is able to do research in a way that is likely to help suggests a practical solution.

Level III: Is able to suggest a solution that is based upon a solid melding of research and practical understanding.

Level IV: Is able to suggest a solution that does solves multiple factors presented by the technical problem. Does a particularly good job of identifying how the many facets of the solution solves multiple aspects of the problem.

The students work was evaluated using a rubric. The results from 15 students are reported in the table 1 below:

International Respiratory Care Competence levels	Level I Is able to identify and clearly state the technical problem.	Level II Is able to do research in a way that is likely to help suggests a practical solution.	Level II Is able to suggest a solution that is based upon a solid melding of research and practical understanding.	Level IV Is able to suggest a solution that does solves multiple factors presented by the technical problem. Does a particularly good job of identifying how the many facets of the solution solves multiple aspects of the problem.
Score distribution	5/15=33%	1/15=7%	5/15=33%	4/15=26%

V. Summary of Student Learning in the improvement of practice resulting from an integration of respiratory care experience and research.

Strengths: 26% of students demonstrated the ability to combine research with their practical knowledge to make very good suggestions that would address respiratory care problems in a third world country.

Weaknesses: 40% of students did not demonstrate the ability to make good suggestions that would actually address respiratory care problems in a resource limited setting.

Reflection: This RCP 389 course did not emphasize research. The RCP 440, RCP 441 and RCP 442 courses do place emphasis on writing and correctly reporting research. The work submitted in the 440 series of courses may more accurately represent the students abilities.

Actions: 1. In the future work submitted in RCP 442 would be best for sampling the ability of students to demonstrate the ability to research a technical problem. 2. Giving students the international technical competence rubric at the time of the initial assignment would help students to demonstrate higher levels of competence.

VI: PSLO #1: The ability to communicate effectively in oral, written and visual forms.

To measure PSLO #1 we choose to evaluate the same RCP 389 International Neonatology assignment from Spring 2015. We choose to use the Written Communication Value Rubric (AACU) that was used by the interstate collaborative assessment during the 2014-2015 biennial. The work of fifteen students was evaluated and recorded in table 2 below.

Table 2 Senior Respiratory Care degree completion student writing performance

Student number	Context of an Purpose of Writing score	Content Development	Genre and Disciplinary Conventions	Sources and Evidence	Control of Syntax and mechanics
1	2	1	1	1	1
2	4	4	4	4	4
3	4	3	2	1	3
4	4	3	3	1	3
5	4	4	3	2	3
6	4	4	4	4	4
7	4	4	4	4	2
8	2	1	1	1	4
9	2	1	1	4	4
10	4	4	4	4	4
11	Not in	Blackboard	Was sent	By email	
12	2	1	2	1	1
13	4	3	4	2	4
14	4	1	4	1	4
15	4	4	3	1	3
16	4	1	2	4	4
	12/16 = 75%	9/16= 56%	9/16=56%	6/16=38%	12/16=75%

VII. Summary of Student Learning

PLSO #1: The ability to communicate effectively in oral, written and visual forms.

Strengths: 75% of students demonstrated the ability to control syntax and mechanics and to write to the context and purpose of the assignment using the Written Communication Value Rubric (AACU).

Weaknesses: Only 56% of students demonstrated the ability to appropriately develop content or to properly use genre and disciplinary conventions. Only 38% of students demonstrated the ability to correctly use sources and evidence.

Reflection: It should be noted that the course for which these assignments were given did not emphasize writing. The RCP 440, RCP 441 and RCP 442 courses do place emphasis on writing and correctly reporting research. The online respiratory care coursework does not currently require that students have completed WRI 121, WRI 122 and WRI 227 prior to enrollment.

Recommendation: That the program list writing courses WRI 121, WRI 122 and WRI 227 as prerequisites to the on line respiratory courses to ensure the same level of writing that is expected of the on-campus students prior to matriculation.

VIII. Evaluation of program operational infrastructure

On May 2, 2014 at 12:00 the degree completion program director met with the Director of Assessment and identified the following challenges:

1. Difficulty developing and maintaining distance education faculty with academic qualifications beyond a BS degree. In the past the program has lost previous faculty hires who held MS or PhD degrees. Contributing to this has been the long training period and then the low number of enrolling students in courses. Accreditation standards for degree completion programs are being developed and these will require advanced degrees. [November 11, 2015 follow-up: Currently Oregon Institute of Technology is not pursuing program accreditation for the online degree completion program.](#)
2. Difficulty for the program director to focus on the distance education program when on campus faculty and students, administration and staff come to meet with him face-to-face. It is hard to turn away face-to-face encounters to serve distance students. [November 11, 2015 follow up: The program director identified as having difficulty in May of 2014 \(James Hulse PhD\) has been relieved of this duty and a new program director \(Jeff Parly MBA\). The new program director may be able to solve the issues previously identified.](#)
3. Distance education students entering the program have lower communication prerequisites than the on campus program. The program director has noticed that they are less able to complete the Case Management courses with this lower level

- of writing ability at the onset. This problem requires a change in the prerequisites of program courses. To date November 11, 2015 this improvement has not been submitted to the curriculum planning commission. The need for this change has been communicated to the degree advancement program director, the director of assessment and the director of distance education. All three have indicated that they will help each other bring this to CPC during the 2015-2016 academic year.
4. A chronic problem in which insufficient numbers of students are enrolled in respiratory care courses. This presents a disincentive to the on-line faculty member to teach the course. When the course is cancelled it presents various problems to on-line students who need that course. As of November 24, 2011 this problem has been resolved by utilizing an improved annual course plan. Courses are offered less frequently resulting in higher enrollments.
 5. The on-campus respiratory care program receives no FTE for classes taught on-line. The on-campus respiratory care faculty do not receive work load recognition for courses taught on-line. This structure causes the on-line program to be competing with the on-campus program for faculty attention without any benefit to the on-campus program. As of November 24, 2011 this problem has been compensated for by on-campus faculty and leaders taking release time that is allotted to them for program director or department chair duties.
 6. Because most of the admissions and operations of the on-line program has been administered by the distance education staff the program director has not been acquainted with the degree completion students to the degree that is considered desirable. As of November 24, 2011 a new course has been added to the online program course curriculum. Students taking the on-line courses must take this course first. This allows the program director and students to make contact initially in the program and develop a professional relationship.
 7. Because the off-campus degree completion faculty administer a number of courses there is not the development of a healthy student faculty professional relationship. As of November 24, 2015 an additional two on-campus faculties are becoming involved in teaching on-line courses. The belief is that these faculties will be able to develop improved student-faculty interaction.

On May 2, 2014 at 3:00 PM the three on-campus full-time faculty members met with the Provost and the Director of Distance Education and went over the same challenges. The on-campus faculty recommended that the program be changed from an all distance education program to a hybrid program that included required on-campus face-to-face components. The Provost and the Director of Distance Education recommended against this plan. They did provide a tangible commitment to the program by approving a scale up of the recruitment mailing for the program.

On June 10, 2014 at 10:00 AM the program director met with two outgoing directors of distance education and two remaining staff members to plan for program improvements.

The plan to address problems stemming from low course enrollment included:

1. A scaling up of recruitment mailings. [November 24, 2015 this was done with success.](#)
2. A revision of course offerings so that they are offered less frequently. The idea is that when they are offered they will have a higher enrollment. [November 24, 2015 done with success.](#)

Recommendations were made to improve the preparation of students for the on-line coursework. Those approved that will be implemented include:

1. Submitting to CPC a revision of prerequisite WRI 227 coursework for the Case Management series RCP 440, RCP 441, RCP 442. [November 24, 2015 this still has not been done and it is still needed.](#)
2. Including an assigned writing paper to be evaluated as part of the admissions process. [November 24, 2015 this still has not been done and it is still needed.](#)
3. Reinstating the requirement that the applicant has attained the RRT credential. [November 24, 2015 this has been operationalized but not included in published standards for admission in the college catalog.](#)

Recommendations were made to improve the familiarity of the Program Director with the students entering the on-line program. These included:

1. The program director will review the application and make the writing paper assignments. [The new program director must evaluate this recommendation to see if it is a feasible change that he can implement.](#)
2. The program will consider using a different initial course RCP 100 Introduction to Respiratory Care 2 cr. hours to orient the students to familiarize them with the Program Director and the expectations of the on-line program. [As of November 24, 2015 this action has been implemented. This additional course was implemented in September of 2015. According to the new program director the course is going well.](#)

A recommendation to better the professional communication and ethical standards and expectations of the program was to produce a hand-book for on-line students. [As of November 24, 2015 this action still needs to be implemented.](#)