

Members in Attendance

Daniel Casmier
Roger Peffer
Jana Parson
Leonard Bates
Brad Bechard
Daisy Gibson

Faculty, Staff and Guests in Attendance

Kristine Sher
Michael Shell
Brian Cayko
Crystal Todd
Kenzee Lee

Note: *The Chair of the Curriculum Committee does not vote unless it will affect the result.*

I. Call to Order

Daisy calls meeting to order,

II. Approval of Minutes

a. Both sets of minutes from 3/22 and 3/29 are approved.

IV. Action Items

- 1. FS-A-2019-412-01 – Leonard Bates & Daisy Gibson – Add language to Policy 211.1, Credit hours that clarifies how academic credit may be awarded for clinical courses.**

Health Science programs been asked to reduce clinical contact hours, which have been in place for a long time. Programs with clinical hours are being asked to interpret the policy, which among other things with NWCCO approval says a minimum of 45 hours per 1 credit but does not address a maximum. In response to this, they would like to add an addition to the policy wording which is below.

Clinical Courses

The method for awarding credit for clinical courses should be one semester credit hour for not less than and may exceed 45 hours of clinical (contact hours).

For Respiratory Care, the last accreditation visit the head of the site visit team was a program director and he is also the president of COARC, Commission on Accreditation for Respiratory Care, the accreditation agency. They give one credit for 8 hours in clinic a day for a 15-week semester and the other site visitor from Loma Linda University and director of clinical education gives 1 credit for 4 hours a day while we're giving it for 3 hours or at least asked to do so. What GFC MSU is doing is consistent with what our national accreditation body recommends. Also the last site

visit recommended strongly that RT does not take anything away from the clinical contact hours. They felt very strongly that this is one of the real strengths of the program.

A student, soon to be graduate of GFCMSU, has been hired by Duke University and they were very impressed by that she can perform more tasks than a typical graduate from other programs. It is a strength of the program to offer as many clinical hours as we can, which is why we are offering this change or clarification to the policy. As a clarification from another member, Surgical Tech is giving more clinical hours but not getting full credit. They can't bump up our credits for clinicals because the program is already at 72 credits which is what is needed to graduate. So the Health Science director wanted the programs to cut back hours that the students are doing in clinicals but with that you are decreasing the amount of experience that the students are exposed to and if that happens then the students will have to be issued an incomplete at graduation and continue into the summer to finish because per the Surgical Tech accreditation board they need 120 surgical procedures to graduate. The same thing with RT, they are not getting the experience needed before being released into the work force. So they wanted to clarify the policy to make sure it addresses specifically clinical hours instead of just lab and classroom hours. The concern is that by cutting hours the programs will not be creating the quality students that they have previously.

The amount of hours cut with the proposal from the director is 12 hours cut from Clinical I, and 40 hours cut from Clinical II from the Surg Tech program, and the Surgical Practicum which is the internship is 5 days a week, 8 hours a day but that may be something completely different. It will impact greatly and the students may have to go two extra weeks after graduation, possibly without Faculty supervision. Brian Cayko spoke as a member of the RT advisory board and the Clinical Director of the program about the issue and stated that with the clinical course, it is based off of competency and being able to accomplish competencies and not just you've got to be there for a certain amount of hours and then you are done but more that you have to be there for a time period that allows you to complete the competencies. Similar to the Surg Tech program, RT is looking at looking $\frac{1}{2}$ to a $\frac{1}{3}$ of clinical hours if they have to follow this time cut, which would limit student knowledge, ability and success in general. The overall results would produce less prepared students and less able to pass their boards when they graduate.

A current RT student spoke during the meeting and stated that she chose GFCMSU over other programs because of the strength of the program and the caliber of student they produced despite having to relocate for school.

Crystal Todd, an adjunct clinical instructor for RT and Benefis employee spoke to the higher competency of the students from the GFC program and that these students

are able to start immediately and are most prepared and as opposed to students from other programs. She also attests that other hospitals recognize the quality as well and from a Benefis stand point and they only need the standard training and orientations, less clinical contact would require more training on Benefis' part which is not advisable. The student experience level is great and they do not want to change that relationship with Benefis.

The PTA program has also talked to their board and they expressed a hesitation on decreasing hours for clinicals and agrees that decreasing hours is not a positive choice, but they did pass the proposal. PTA would be cutting 25 hours on each clinical.

It was pointed out that this situation and conversation initially started from a workload issue; because everyone was doing them differently when it came to calculating clinical hours. The change should be a minimum of 45 hours, and that you can still ballpark the hours but having a minimum will be helpful since clinicals are based on meeting objectives over counting hours.

It was also brought up that lab time is consistent and constant while clinic time is molded around the clinic which includes breaks, lunches, and slow time. So lab hours and clinic hours are weighed very differently with actual work being done by the student. It was brought up that in the current policy as well as in the accrediting bodies saying that there is a minimum but there is no maximum and how it is currently being interpreted is not in line with any other governing bodies.

Registrar was alerted to the issue and said that the department did not have a problem with the change.

V. Discussion items:

Nominations for open seats were accepted that will be put to a vote for the next meeting. General Studies: Mark Plante, Dan Casmier; Trades: Doug Zander; Faculty at Large: Brad Bechard; Health Science: Leonard Bates.

It was discussed about adding diversity and inclusion wording in the values on campus which are not covered by any documents. Would like to see verbiage added someone, maybe on the syllabi to show support of this part of the student body. This is an oversight and we're out of step with other institutes in the state.

VI. Adjourn

Meeting adjourns at 10:40 am