

**MEETING MINUTES**  
**Sub-Committee on Curriculum**  
**February 16, 2017 4:00 p.m.**  
**M2-34**

**Committee Members Present**

**Presiding:** J. Markovitz

**ADMISITRATION**

*Appointees*

A. Birge  
W. Coleman  
C. Porter  
C. Sweet

*Alternates*

K. Bergman  
B. Cummings  
J. Roberts

**FEDERATION**

*Delegates*

L. Gudipati  
J. Markovitz  
D. Prejsnar

*Alternates*

**STUDENTS**

*Delegates*

**Guests**

M.Celenza

**I. Call to Order**

J. Markovitz called the meeting to order at 4:02pm and welcomed the committee members and guest.

**II. Approval of minutes from 12/8/16**

C. Sweet noted that BUSL was approved as general business. The minutes from the 12/8/16 meeting were then approved unanimously.

**III. New Business**

**Respiratory Care Technology Proposal**

M. Celenza thanked the committee for rescheduling the meeting (re: snow date 2/9/17) and informed the members that Deb Rossi could not make the meeting. She provided an overview of the proposed revision and explained that there were two primary changes: the development of PLOs derived from the program outcomes, which supported their accreditation and program entry requirements.

Regarding the first change, M. Celenza said that the program outcomes were used to start the revision process and PLOs were then developed.

Regarding the second change, M. Celenza explained that the current program entry requirements focusing on high school completion in the past 10 years of physics, biology, or chemistry and math were being replaced with college required courses. Changes include successful completion of college-level Anatomy and Physiology.

B. Cummings asked if other entry requirement changes may happen in the future to which M. Celenza replied yes. M. Celenza also explained that BIOL 110, which had been recommended in the second semester, was moved to the first semester.

In addition, BIOL109 is being proposed to be taken before entry into RCT program. J. Markovitz asked how students would know they needed to take BIOL 109 prior to entry. M. Celenza explained students would be notified during the formal admissions process to the RCT program and that they would learn this in the FYE AH 101 course, which is critical since students will learn more about expectations of the program and will develop an academic plan. She said she is also working to have information online and that students see an Allied Health counselor who explains the program requirements.

L. Gudipati asked if FNMT 118 and BIOL 109 must be taken at CCP. M. Celenza said yes.

Discussion ensued about language surrounding entry requirements. A. Birge suggested that on p. 13 the following be added: BIOL 109 with grade of C or higher. B. Cummings suggested using “college-level” algebra or English. A. Birge informed committee that “college-level” was too vague. M. Celenza said that the titles of courses could be listed. It was also noted that HISET is also accepted so sole mention of GED should be eliminated.

The number of credits in the program is changing from 69 to 70 pending approval. The reason for this change is because the standard that D. Rossi established for assigning credits to courses with clinical hours will now, for the first time, be applied to RCT. Discussion ensued about GPA for graduation. L. Gudipati asked why it would not be higher than 2.0 if there are certain expectations for RCT students. L. Gudipati suggested a general GPA and a targeted respiratory care GPA. M. Celenza shared that students need to demonstrate competencies and that very few graduated with only a 2.0. M. Celenza added that accreditation looks at retention rate, employment rate, pass rate, and national exams. RCT has had 100% pass rate for the past 16 years.

C. Sweet noted that it should be indicated that RESP 100 and RESP 101 need to be taken concurrently.

Discussion ensued about selected courses on p. 16. J. Markovitz asked if ENGL 115 or Social Science Elective would be included. B. Cummings asked if any thought was given to ENGL 116 or Spanish for Health Care Professionals. M. Celenza replied that faculty had looked at the options and that articulation is necessary in the field, mostly oral.

J. Markovitz asked if “recommend” or “or” would be used regarding electives. C. Sweet replied that the requirement is what is being designated. If “or” is what program selected, “or” will be used.

A. Birge noted that current language states for this program that RESP 100 and RESP 101 may be taken concurrently. M. Celenza and C. Sweet said they *must* be taken concurrently.

J. Markovitz expressed that he is uncomfortable with the loss of social science and humanities electives and has been reading research on this. He is not comfortable and will not vote. Otherwise, he thinks it is a well drafted document. W. Coleman asked if the asterisk indicating that student can meet with an advisor was sufficient to which J. Markovitz replied no.

M. Celenza shared that the grid in the catalog is a legal document and that students do not read this. Program maps will be easier for students to follow and examples of how maps helps students were shared. C. Sweet shared that students can make an informed choice and will still have option to take other courses. J. Markovitz said that the sequence makes sense but the electives are problematic. L. Gudipati asked what the thought process was for only listing SOC 101. The response was it met 3 academic approaches. L. Gudipati asked if there are other choices, why weren’t they listed. A. Birge said some programs do list them. M. Celenza said it might be due to accreditation. L. Gudipati said that if SOC 101 is not offered when students are available, then there will be a challenge.

C. Sweet said some A.A.S. degrees have very specific requirements and are prescriptive. They need to be very strategic on how students meet the requirements. It is a departure from the liberal arts based programs.

The committed moved to approve the program. There were nine votes in favor and one abstention.

#### **IV. Adjournment**

The meeting was adjourned at 5:02pm.

#### Attachments:

Minutes from 12/8/16 meeting

Respiratory Care Technician Revision Proposal