

**STUDENT OUTCOMES COMMITTEE OF THE  
BOARD OF TRUSTEES**

**MINUTES**

**Thursday, April 7, 2016  
1:30 p.m.  
West Regional Center, Room 136**

**Presiding:** Dr. Rényi

**Present:** Ms. de Fries, Dr. Gay, Dr. General, Ms. Hernández Vélez, Dr. Hirsch, Ms. Horstmann (by phone)

**Guests:** Dr. Celenza, Ms. Dunston, Mr. Geissinger, Ms. Harter, Ms. McDonnell, Ms. Rossi, Ms. Sweet

**(1) Executive Session**

The committee discussed faculty candidates for promotion.

**(2) Public Session**

**(a) Approval of the Minutes of March 3, 2016**

The minutes were accepted unanimously.

**(b) Program Audit Follow-Up Report - Music Performance, Sound Recording and Music Technology & Music Non-Performance**

Mr. Geissinger, new Department Head of Music and Ms. Sweet, new Dean of Liberal Studies were introduced. Dr. Rényi explained that the report is a brief interim follow up as requested by the Committee at the September 3, 2015 committee meeting. Mr. Geissinger reviewed the Program Audit Follow-Up Report for the Music Performance, Sound Recording and Music Technology & Music Non-Performance Programs. He highlighted the progress made to date on the audit recommendations including: closing of the Music Non-Performance Program; increased outreach efforts to high schools; revision of program entrance requirements; program assessment efforts including progress being made on course revisions; and meeting enrollment targets. Dr. Rényi was complimentary of the progress made on the recommendations and expressed appreciation for the work that is taking place in the Music Department.

Dr. Rényi reminded Mr. Geissinger and Ms. Sweet that a full progress report is expected by September 2016 at which time a decision will be made regarding recertifying the programs.

**(c) Academic Program Audit Respiratory Care Technology A.A.S**

Dr. Rényi stated that while the audit process is being modified the Committee would be reviewing the academic audits in the existing format.

Ms. Dunston, Director of Academic Assessment and Evaluation, provided an overview of the recommendations associated with Respiratory Care Audit. The recommendations focus on: assessment, reviewing the guidelines of the Advisory Committee, encouraging students to sit for the RRT exam, and completing the course revisions that are in progress.

Ms. Hernández Vélez asked if students in the program are already working in the field. Ms. Rossi, Department Head for Allied Health, responded that students in the program are not working in the respiratory field and that some are change-of-career students. Dr. Rényi inquired on the status of the course revisions. Ms. Rossi responded that the program revision is complete, ten new program learning outcomes have been approved, and three courses have been revised with the remaining course revisions to be completed within the year.

**Action: The Student Outcomes Committee recommends that the Board of Trustees accept the Respiratory Care Program Audit with approval for five years. In addition, the Committee requires a follow-up report by December 2016 on the status of the course revisions.**

**(d) Academic Program Audit Health Services Management A.A.**

Ms. Dunston reviewed the findings and recommendations in the audit. The recommendations include: focus on improving transfer opportunities, recruitment, retention, assessment, and completing the program revision. She highlighted that since the audit was completed the program revision has taken place and has gone through the College's approval process. Ms. Rossi noted that the program learning outcomes in the audit document are not correct. Since the program revision has been approved and will be implemented in Fall 2016, the new assessment plan for the program learning outcomes is being implemented. Focus is taking place on how the program learning outcomes integrate with the student learning outcomes at the course level. The Committee discussed the need for alignment with program measurable objectives.

**Action: The Student Outcomes Committee recommends that the Board of Trustees accept the Health Services Management Program Audit with approval for five years. In addition, the Committee requires a follow-up report by December 2016 on the status of the assessment of the program learning outcomes.**

**(e) Recommendation to Close the A.A.S. Degree in Chemical Technology**

Ms. Harter, Associate Professor in the Chemistry Department, provided an overview of the rationale for recommending the closure of the A.A.S. degree in Chemical

Technology. The reasons include: the creation of the A.S. degree in Chemistry (effective Fall 2016) creating an overlap in the core course requirements for both the Chemistry Degree and the Chemical Technology Degree; employment opportunities for graduates with an Associate in Applied Science degree within the chemical industry are extremely limited; and technicians are not on the 2015 High-Priority Occupations List for the Philadelphia County Workforce Investment Area.

**Action: The Student Outcomes Committee recommends that the Board of Trustees accept the recommendation to close the A.A.S. degree in Chemical Technology effective fall 2016.**

**(f) Workforce Development Report**

*Discussion Questions:*

- How can we make the College top of mind with employers, the City, and other civic entities when discussing training needs?
- Are there additional partners we should be including?
- How can the Board serve as city-wide ambassadors to identify key business and industry contacts?

Dr. Rényi stated that she would like for the Committee to have a more in-depth discussion of the workforce agenda when additional Board members can participate. She would like to focus on the question of how Board members can be engaged to participate in assisting the College with forming relationships with additional strategic business partners. She asked that a list be created of individuals or categories of businesses that the College wishes to engage in a partnership. Dr. Rényi will then follow up with Board members.

**(3) Next Meeting**

The next meeting of the Student Outcomes Committee of the Board is scheduled for May 5, 2016 at 1:30 p.m. in Conference Room M2-34.

**Attachments:**

Minutes of March 3, 2016

Program Audit Follow-Up Report Music Performance, Sound Recording and Music  
Technology & Music Non-Performance

Academic Program Audit Respiratory Care Technology A.A.S.

Academic Program Audit Health Services Management A.A.

Recommendation to Close the A.A.S. Degree in Chemical Technology

Workforce Development Report

**STUDENT OUTCOMES COMMITTEE OF THE  
BOARD OF TRUSTEES**

**MINUTES**

**Thursday, March 3, 2016**

**1:00 p.m.**

**Room M2-34**

**Presiding:** Dr. Rényi

**Present:** Mr. Armbrister, Mr. Edwards, Ms. de Fries, Dr. Gay, Dr. Generals, Ms. Hernández Vélez, Dr. Hirsch, Ms. Horstmann, Dr. Roebuck, Mr. White

**(1) Executive Session**

No items were discussed.

**(2) Public Session**

**(a) Approval of the Minutes of November 5, 2015**

The minutes were accepted unanimously.

**(b) Middle States Team Report**

*Discussion Questions:*

- How can the Board support the sustainability of the actions addressing the recommendations and ensure ongoing College compliance in the area of assessment?
- What are the policy implications that the Board must address?
- In what ways can the Board support the financial implications of the recommendations?

Board members commended faculty and staff for the work that was done to meet the Assessment Standard. They underscored a commitment to assist in ensuring adequate financial resources are in place to sustain the work and meet the requirements of the Middle States Visiting Team's recommendations. Dr. Generals emphasized that assessment should not be viewed in isolation. It must be interconnected to institutional effectiveness, planning, budgeting and strategic direction. Discussion took place on the role the Board can play and how they can ensure expectations are met. It was agreed that developing a dashboard complete with goals and metrics would be a helpful tool to monitor progress of milestones, KPI's and stated goals.

**(c) Pathways Project Institute Report**

*Discussion Questions:*

- In what ways will the Board ensure that the Guided Pathways reform is infused in College planning?

- What are the policy implications that the Board must address?
- How will the Board address the need for new financial resources or realignment of existing resources?
- In what ways will the Board publicly endorse Guided Pathways as the new direction for the College?

Discussion took place on the outcomes of the first AACC Pathways Institute held in February. Mr. White discussed his experience at the Institute and how he felt the Pathways Model, when implemented, will dramatically improve students' experience at the College and student outcomes. Review took place on the initial action plan and next steps in the development process. Dr. Rényi emphasized the importance of developing KPI's attached to the major elements of Guided Pathways that are useful in measuring progression and success. This will assist the Board in monitoring the effort and providing support associated with resource allocation and any necessary policy changes.

**(d) Workforce Development Update**

*Discussion Questions:*

- In what ways can the Board support the renewed workforce development focus of the College?
- How can the Board serve as city-wide ambassadors to identify key business and industry contacts?

Ms. de Fries distributed a Workforce and Economic Innovation Report. Based on the discussion and feedback provided by the Board, Ms. de Fries subsequently emailed the Committee an updated Report that includes a list of broad strategic partners for the Workforce and Economic Innovation unit, as well as examples of how employers' needs have been incorporated into some of the programs included in the Report. The updated Report is attached to the Minutes. The Committee requested the Report be placed on the agenda for the next Student Outcomes Committee meeting.

**(3) Next Meeting**

The next meeting of the Student Outcomes Committee of the Board is scheduled for April 7, 2016 at 1:30 p.m. at the West Philadelphia Regional Center, room 136.

**Attachments:**

Minutes of November 5, 2015  
 Middle States Team Report (January 2016)  
 Middle States Report – Questions for the Board Committee  
 Guided Pathways: “The Movement Toward Pathways”  
 Pathways Project College KPI's  
 Pathways Project Initial Action Plan  
 Workforce and Economic Innovation Report

## Community College of Philadelphia

### Program Audit Follow-Up Report

Music Performance, Sound Recording and Music Technology  
& Music Non-Performance

April 2016

#### **Recommendation 1: Close the Music Non-Performance Program (MUSN)**

1. The Music Non-Performance Program closed effective Fall 2015. Discussed with students enrolled in the program at that time; most changed major to Sound Recording Music Technology (SRMT) program.

#### **Recommendation 2: Program Assessment**

1. Fall 2015: Numerous measures have been taken to assess and document assessment of courses.
2. Fall 2015: After course evaluations, assessment measures and rubrics have been revised and a number of course revisions are in progress and expected to be completed by Fall 2016.

#### **Recommendation 3: Program Management**

1. Proposed enrollment goals for Fall 2016: 20% enrollment increase for both Music Performance (5 new students) and the Sound Recording and Music Technology (7 new students) programs.
2. To better manage enrollment and success within the program, two changes have already been implemented this Spring 2016:
  - a. Revision of the Program Entry Requirement for Sound Recording and Music Technology. Student must earn a "C" or better in MUS 100 – Music Reading before entering the program (changed from a "B").
  - b. Students are provided tutoring as early as the second week in the semester for a range of courses in the program, including MUS 100 – Music Reading.
  - c. Additional efforts will continue through the next academic year with the new department chair.

#### **Recommendation 4: Attempt to Decrease Program Costs or Increase Program Revenue**

*Planned implementation for Fall 2016:*

1. Charge an additional course fee for Applied Lessons. Program students and students who are not yet prepared to enter the Music Performance program can benefit from taking Applied Lessons.
2. Broaden the appeal of our courses by offering introductory courses as elective options in other programs.

#### **Recommendation 5: Increase Program Pipeline**

*Efforts currently in progress:*

1. Articulation agreements are being expanded with area transfer institutions: Rowan University, Temple University, University of the Arts and West Chester University.
2. Active recruitment at Philadelphia-area high schools.
3. Increased social media (Facebook/YouTube) and Internet presence.
4. Creation of a record label 'Spring Garden Records'. This will allow students to gain experience in all aspects of running a label, as well as advertising of the Music Performance and Sound Recording Music Technology program to prospective students.

**Community College of Philadelphia**

**Academic Program Audit**

**Respiratory Care Technology A.A.S.**

Authors: Christine  
McDonnell Krishna  
Dunston

Contributor:  
Francis Alsis

Date: December, 2015

## **I. Executive Summary**

The Respiratory Care Program prepares students for employment as advanced practitioners in respiratory care technology. The Program was most recently updated in 1995 and three (maybe two) courses were updated in 2012. Between 2011 and 2012, the Program started course revisions for the remaining seven courses, but all revisions are currently on hold.

Enrollment in the Respiratory Care Program has averaged 57 students each fall over the past five years. The Program records different demographics compared to the Division and the College in terms of ethnicity, age, full-time status, and level of college readiness. The program enrolls a less diverse and older population. The population is more likely to be enrolled part-time, and more likely to place at college level than the students in the Division and the College.

All Program outcomes are stronger than the Division and the College. A higher proportion of students in the Program are in good academic standing compared to the Division and the College. The Program records a higher proportion of students in good academic standing, and stronger retention, graduation, long and short term success, and course completion compared to the Division and the College.

Program outcomes as written have all been assessed. However, the Program will continue to face challenges in assessment unless the Program Level Outcomes are revised. It is impossible to assess the progression of student knowledge and skills in the Program using the current PLOs. Assessment occurs in final course grades or with student or employer survey, which are indirect measures.

Recommendations focus on assessment, reviewing the guidelines of the advisory committee, encouraging students to sit for the RRT exam, and completing the course revisions that are in progress.

## **II. Program Description**

### **A. Catalog Description**

This curriculum prepares students as advanced practitioners in respiratory care technology. Students learn diagnostic and therapeutic procedures applicable to pulmonary care. Therapeutic procedures include use and administration of oxygen and other medical gases, aerosolization of drugs for inhalation, set up and maintenance of mechanical ventilators (to assist or control ventilation), performance of chest physical therapy maneuvers and certification in cardiopulmonary resuscitation. Respiratory care personnel perform diagnostic procedures such as pulmonary function studies and arterial blood gas analysis, and are involved in rehabilitation of the patient with cardiopulmonary abnormalities. The Respiratory Care Technology program is a 22-consecutive-month associate's degree program that is fully accredited by the Committee for Accreditation of Respiratory Care. The program's graduates are eligible to sit for all credentialing examinations administered by the National Board for Respiratory Care, including the entry-level examination, the written

registry and clinical simulation examinations and specialty exams in pulmonary function technology and neonatal/pediatric respiratory care. In addition, graduates are eligible for Pennsylvania state licensure, a requirement for practicing in the state, and licensure in all states.

In addition to classroom and laboratory program components, clinical experience at selected area hospitals and health care facilities is required. The clinical phase requires the student to be in the hospital approximately eight hours per day, up to five days per week, starting as early as 7 a.m. As a prerequisite to the clinical phase of the program, students must provide evidence of personal medical insurance, certification in all CPR techniques and the results of complete physical examination. Laboratory test results will include a complete blood count, serology and urinalysis. A tuberculosis skin test is also required and, if indicated, a chest X-ray may be necessary. In addition, recent immunization documentation must be provided for measles, mumps, rubella, diphtheria, pertussis, tetanus, polio and Hepatitis B. A second complete physical exam is required prior to beginning the second year of the program. Health problems that might interfere with the ability to meet stated program objectives will be considered on an individual basis.

#### **B. History and Revisions to the Curriculum**

The most recent program revision was in 1995. Between 2011 and 2012, the program worked with the Office of Curriculum Development to revise ten courses. The course revisions for RESP 100, RESP 101, and RESP 102 were approved; the remaining documents have been on hold (RESP 103, RESP 104, RESP 210, RESP 211, RESP 220, RESP 221, and RESP 299). Respiratory Care 100 was revised to incorporate the new student learning outcomes required by the College and to show in more detail the content covered by the course. Respiratory Care 101 was revised to incorporate the new student learning outcomes required by the College and to include the many technological advances in the field.

### C. Curriculum Sequence

Course Number and Name	Pre & Co-requisites	Credits	Gen Ed Req.
<b>First Semester</b>			
RESP 100 - Introduction to Respiratory Care Technologies	RESP 101	4	
RESP 101 - Fundamentals of Respiratory Care Techniques I	RESP 100	4	
ENGL 101 – English Composition I		3	ENGL 101
BIOL 109 – Anatomy and Physiology I		4	Natural Science
FNMT 118 - Intermediate Algebra	FNMT 118	3	Mathematics
<b>Second Semester</b>			
RESP 102 - Fundamentals of Respiratory Care Techniques II	RESP 100, RESP 101	4	
CIS 103 – Applied Computer Technology		3	Tech Comp
ENGL 102 – The Research Paper	ENGL 101 with a grade of "C" or better	3	ENGL 102, Info Lit
BIOL 110 – Anatomy and Physiology	BIOL 109	4	
<b>Summer Session I</b>			
RESP 103 - Fundamentals of Respiratory Care Techniques III	RESP 102	3	
CHEM 110 - Introductory Chemistry or CHEM 101 - General Chemistry		4	
<b>Summer Session II</b>			
RESP 104 - Clinical Practicum I	RESP 103	1	
<b>Fall Semester</b>			
RESP 210 - Cardiopulmonary Pathophysiology I	RESP 104 Coreq: RESP 220	1	
RESP 220 - Advanced Respiratory Care Procedures I	RESP 104 Coreq: RESP 210	5	
BIOL 241 – Principles of Microbiology	BIOL 106, BIOL 107, BIOL 109 or BIOL 123	4	
<b>Spring Semester</b>			
Humanities Elective		3	Humanities
RESP 211 - Cardiopulmonary Pathophysiology II	RESP 210 Coreq: RESP 227	4	
Social Science Elective		3	Social Sciences
RESP 221 - Advanced Respiratory Care Procedures II	RESP 220 Coreq: RESP 211	5	
<b>Summer Session I</b>			
RESP 299 - Clinical Practicum II	RESP 211 and RESP 221	1	
<b>Minimum Credits Needed to Graduate:</b>		<b>69*</b>	

\*Total credits sum to 66 not 69. Faculty must update college catalog.

**D. Curriculum Map**

Required Courses	Programmatic Student Learning Outcomes			
	Successfully complete all level board exams offered through the National Board for Respiratory Care	Obtain a professional license to practice as a Respiratory Therapist in Pennsylvania and/or any other state requiring licensure	Obtain gainful employment as a Respiratory Therapist	
		Graduate Survey	Employer Survey	
RESP 100	X			
RESP 101	X			
RESP 102	X			
RESP 103	X			
RESP 104	X			
RESP 210	X			
RESP 211	X			
RESP 220	X			
RESP 221	X			
RESP 299	X			

### **E. Advisory Committee**

The Program has an active advisory committee that meets once a year. Members include individuals from CHOP, Albert Einstein Medical Center, Hospital of the University of Pennsylvania, Pennsylvania Hospital, and Thomas Jefferson University Medical Center. During the April 2014 meeting, the discussion focused on licensure exam pass rates, ways to encourage students to sit for the exam, employment rates, accreditation status, goals and objectives highlighted in the accreditation report, and the faculty and advisory committee survey. It should be noted that the advisory committee does not record notes from every meeting. Additionally, the Advisory Committee meetings are not held on campus, therefore the Department Head, Division Dean, and students are not included in the meetings. The College's advisory committee guidelines state that 'the division dean, department head, full-time faculty members and students, if appropriate should attend the meeting. Invitations should be sent to the vice president for Academic Affairs, the president, and any other individuals at the College whose participation would enhance the usefulness of the meeting' and 'the committee should meet on campus at least once a year'. One of the purposes of the advisory committee is to strengthen the program and stay current with changes in the field; therefore a strong advisory can alert the faculty if and when articulation agreements become important.

### **F. Reaccreditation Review**

Additional information was gleaned from the most recent Annual Report of Current Status and Resource Assessment Matrix that was submitted by Program faculty to CoARC in 2015. In this report, Program Faculty state that, 'graduates continue to delay taking the RRT exams despite faculty and employer recommendations that these exams be taken as soon as possible after graduation.'

### **G. Future Direction of the Field/Program**

While the technology in hospitals has changed greatly over the years, the field of respiratory care remains largely the same. However, program faculty have identified three changes. First, graduates need to be better prepared to work in critical care as opposed to general care. Second, although few respiratory care jobs are in private offices, changes to Medicare stipulate that in order for a doctor's office to be reimbursed, the treating therapist must have a bachelor's degree. This requirement may contribute to more students pursuing a bachelor's after completing an associate's degree in the future. Third, patients are spending less time recovering in hospitals and more time recovering at home with homecare services; therefore, the field may experience a growth in homecare related services.

**III. Profile of the Faculty**

<b>Faculty</b>	<b>Position</b>	<b>Courses Taught</b>
Dr. Francis Alsis	Professor	RESP 103, RESP 104, RESP 210, RESP 211, RESP 220, and RESP 221
Lisa Fielding	Assistant Professor	RESP 100, RESP 102, RESP 104, RESP 220, RESP 221, and RESP 299
Catherine Blaine	Associate Professor	RESP 101, RESP 104, RESP 210, RESP 211, RESP 221, and RESP 299

**IV. Program Characteristics**

**A. Student Profile**

Enrollment in the Respiratory Care Program has averaged 57 students each fall over the past five years.

Table 1: Headcounts

		<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>Fall 2014</b>	<b>5 Year Average</b>	<b>5 Year Change</b>
Respiratory Care Technologies	Headcount	60	60	56	55	54	57	-10%
	FTE Headcount	42	42	41	40	35	40	-17%
Math, Science and Health	Headcount	6637	6912	6702	6857	6850	6,792	3%
	FTE Headcount	4701	4794	4651	4762	4649	4,711	-1%
College	Headcount	19502	19752	18951	19065	18942	19,242	-3%
	FTE Headcount	6176	6136	5748	5649	5491	5,840	-11%

The Program records different demographics compared to the Division and the College in terms of ethnicity, age, full-time status, and level of college readiness. The Program enrolls a higher proportion of Caucasian students and a lower proportion of Latino and African American students than the Division and the College. The Program enrolls a much older population than the Division and the College. Students in the Program are more likely to attend part-time compared to the Division and the College. Approximately 95% of students in the Program place at college level, while 21% of the Division and 27% of the College place at college level.

Table 2: Demographics (Fall 2010- Spring 2014)

<b>Demographics: Running 5 Year Average</b>			
	Respiratory Care Technologies	Math, Science and Health	College
Female	65.3%	74.4%	63.3%
Male	34.7%	25.4%	36.4%
Unknown		0.2%	0.3%
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Native American	0.0%	0.3%	0.4%
Asian	9.1%	8.5%	7.3%
African American	42.5%	48.0%	48.8%
Latino/a	3.3%	10.1%	10.5%
Multiracial	1.3%	2.1%	2.3%
Pacific Islander	0.0%	0.3%	0.2%
Unknown	7.1%	6.4%	6.8%
Caucasian	36.5%	24.2%	23.8%
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16 – 21	4.3%	29.9%	32.1%
22 – 29	43.7%	38.9%	37.6%
30 – 39	36.0%	20.4%	17.1%
40 +	14.4%	10.4%	12.7%
Unknown	1.6%	0.4%	0.5%
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Full Time	9.6%	26.9%	29.9%
Part Time	90.4%	73.1%	70.1%
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All Developmental	0.0%	33.6%	29.6%
Some Developmental	0.0%	45.1%	43.0%
College Level	100%	21.3%	27.4%

All Program outcomes are stronger than the Division and the College. Ninety- nine percent of students are in good academic standing, which is substantially stronger than the Division and the College. Fall- Spring retention and fall-fall retention are both stronger than the Division and the College. Fall-fall retention is stronger than that of the College and the majority of students that are not being retained have graduated. The Program records a graduation rate almost triple the rate of the Division and College. Additionally, course completion and average GPA both exceed that of the Division and the College.

Table 3: Outcomes Data 5 Year Averages

		Respiratory Care Technologies	Math, Science and Health	College
Standing	Good Standing	99.0%	87.3%	85.3%
	Probation	1.0%	11.3%	13.2%
	Dropped	0.0%	1.4%	1.5%
Fall-Spring Retention	Returned/Same	86.1%	70.5%	65.8%
	Returned/Different	1.1%	3.6%	5.2%
	Graduated	1.1%	1.5%	2.2%
	Did Not Return	11.8%	24.4%	26.8%
Fall-Fall Retention	Returned/Same	44.2%	40.4%	36.5%
	Returned/Different	2.1%	7.2%	8.5%
	Graduated	34.9%	8.9%	8.6%
	Did Not Return	18.8%	43.5%	46.5%
Success at Departure	Graduated	29.8%	9.9%	10.1%
	Long Term Success	62.6%	38.6%	36.4%
	Short Term Success	5.2%	14.0%	17.1%
	Unsuccessful	2.4%	37.5%	36.4%
Course Outcomes	Course Completion	98.2%	89.6%	88.2%
	GPA	3.19	2.64	2.64

[\[1\] “ Graduate d” are students who earned certificates or associate degrees at the College. “ Long term success” is defined as departure with a GPA of 2.0 or greater and 12 or more cumulative credit hours earned. “ Short term success” is defined as departure with a GPA of 2.0 or greater and 11 or fewer cumulative credit hours earned. The “ unsuccessful” departure group includes all departing students not](#)

otherwise classified including students who never complete a college-level course.

## **V. Learning Outcomes and Assessment**

1. Successfully complete all level Board exams offered through the National Board for Respiratory Care.
2. Obtain a professional license to practice as a respiratory therapist in Pennsylvania and/or any state requiring licensure.
3. Obtain gainful employment as a respiratory therapist.

### **A. Assessment Overview**

Program outcomes as written have all been assessed by the Program. The Program self identifies the primary problem in its current assessment plan is in the Plan for Improvement. The Program states ‘...that all content items are presented throughout the curriculum...’, however using the current assessment strategy it unclear if all content items are presented throughout the curriculum. Learning outcomes are assessed in RESP 299, the graduate survey, and the employer survey. Therefore the current assessment structure does not provide an overview of the progression of student knowledge and skill. This problem is evident in the curriculum map, which does not identify where material is introduced, reinforced, mastered, and assessed.

The Program will face challenges in assessment due to the way the Program Learning Outcomes are written. All three PLOs address events that happen after the students leave the Program. Using this method, faculty will be unaware of deficiencies in student learning until a student has neared the end of the program. Since the PLOs assess students’ ability to complete a task after they have left the program, the faculty must assess proxy variables. It is not clear whether these proxy variables adequately align with the learning outcomes. The sources of evidence used to assess the PLOs include: scores and pass rates on standardized exams, Annual Report for Continuing Accreditation submitted to the Committee for Accreditation for Respiratory Care, a final exam score (which appears to be a final course grade), and student and employer surveys. The second and third outcomes are only measured with indirect sources of evidence; however, because of the way the outcomes are written, this is the only way to assess the PLOs. Each outcome met the benchmark and all plans for improvement include continuing to review and evaluate the current processes.

One of the professional exams that students may take is the CRT examination. The CRT examination is ‘...designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists’. The exam focuses on three main areas: 1) Patient Data Evaluation and Recommendations, 2) Troubleshooting and Quality Control of Equipment and Infection Control, and 3) Initiation and Modification of Interventions. These three areas could be incorporated into the learning outcomes of the Program.

### **B. Multi-year Assessment Calendar**

(The Program does not have a multi-year assessment calendar)

**Audit Assessment Overview: Respiratory Care**

<b>PLO Assessed (2010-2015): Successfully complete all level board exams offered through the National Board for Respiratory Care (NBRC)</b>				
<b>Semester Evidence is Collected</b>	<b>Source of Evidence / Type of Assignment</b>	<b>Population &amp; Benchmark</b>	<b>Results</b>	<b>Plan for Improvement</b>
Fall 2014	Final Comprehensive Exam	90% of RESP 299 students will successfully complete the course with a "C" or better, which is the terminal course of the program's degree requirements. Completion of this course allows the student to sit for their board exams, obtain a license to practice and begin a job search.	22 students were assessed with 100% successfully completing RESP 299 with a "C" or better.	The benchmark was achieved.  Continue to evaluate the NBRC Therapist exam content matrix to assure that all content items are presented throughout the curriculum, culminating in the completion of RESP 299
Spring 2015	Scores and Pass Rates on standardized exams	80% of students completing RESP 299 will successfully complete the NBRC Respiratory Therapist credentialing exams	90% of students completing RESP 299 attempted the NBRC Respiratory Therapist exam. The pass rate for those taking the exam was 100%	The benchmark was met.  To better prepare these student for the Therapist board exams, continue to evaluate the NBRC Therapist exam matrix to assure that all content items are presented throughout the curriculum.

**PLO Assessed (2010-2015): Obtain a professional license to practice as a Respiratory Therapist in Pennsylvania and/or any other state requiring licensure.**

Fall 2014	Comprehensive Final Exam	90% of RESP 299 students will successfully complete the course with a “C” or better	22 students were assessed with 100% successfully completing RESP 299 with a “C” or better, completing program requirements	The benchmark was achieved. The program will continue to review and complete all state paper work necessary to apply for and obtain a license to practice in Pennsylvania as a Respiratory Therapist. The program will also continue to do the same for and do the same for any student applying for a license in another state.
Spring 2015	Annual Report for Continuing Accreditation submitted to the Committee for Accreditation for Respiratory Care (CoARC)	90% of RESP 299 students will apply for a license to practice as a Respiratory Therapist in Pennsylvania and/or any state requiring licensure	22 students were assessed. All 22 students (100%) applied for a Pennsylvania license, with three applying for a license in New Jersey and two in Delaware.	The benchmark was met. Continue to review and complete all applications for state licensure, addressing any changes or new requirements that are routinely implemented.

**PLO Assessed (2010-2015): Obtain gainful employment as a Respiratory Therapist**

Fall 2014	Final Comprehensive Exam	90% of RESP 299 students will successfully complete the course with a “C” or better. RESP 299 is the terminal course in the program’s degree requirements	22 students were assessed with 100% successfully completing RESP 299 with a “C” or better.	The benchmark was achieved. Continue to communicate with employers as to their expectations when evaluating our students for possible employment and their expectations as far as the anticipated number of job openings at the time of completion of RESP 299.
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<p>Summer 2015</p>	<p>Student and Employer Surveys sent to employers of students and employers who successfully completed RESP 299 and who have obtained gainful employment as a Respiratory Therapist</p>	<p>80% of RESP 299 students who have obtained gainful employment as a Respiratory Therapist</p>	<p>22 students were assessed, with 12 obtaining full-time employment positions and 6 obtaining one or more part time or pool positions. This is an 80% employment rate six months post completion of RESP 299.</p>	<p>The benchmark was achieved.</p> <p>Continue to communicate with potential employers as to their expectations when considering hiring our students with a goal of improving the student's chances of obtaining gainful employment as a Respiratory Therapist.</p>
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**VI. Resources**

The Program requires specialized medical equipment including ventilators (recently purchased with Perkins funding), oxygen analyzers, pulmonary functions equipment, heart rate monitors, pulse oximeters, and a variety of other equipment. Changing technological advances in the Respiratory field make it difficult to always have the most up to date equipment in the lab. The program faculty ensure that lab equipment is viable for learning and utilize the clinical experience for students to learn the utilization of the latest equipment.

**VII. Demand**

Locally (15 mile radius), four colleges ( Kaplan Career Institute, Delaware County Community College, Camden Community College, and Rowan College) offer associates degrees in Respiratory Care. No colleges in a 15 mile radius offer bachelors or advanced degrees in respiratory care.

Table 7a: Expected Job Growth (Data from EMSI)

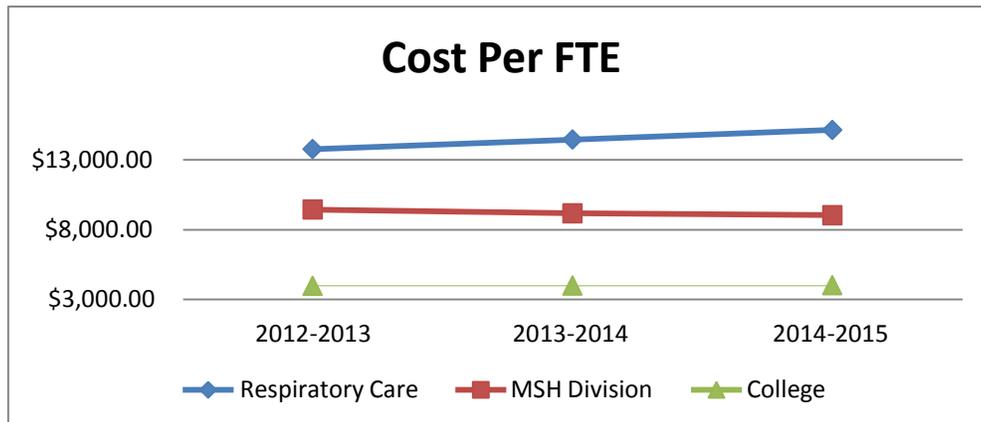
Occupation	2014-2024 Job Outlook			Av. Yearly Salary	
	Philadelphia	MSA	USA		
Respiratory Therapy Technicians	8.1% (117)	8.1% (235)	14.1% (10,828)	\$	55,280
Respiratory Therapists	20.9% (1,029)	14.8% (2,439)	16.7% (122,358)	\$	64,560

Table 7b: Educational Attainment (Data from EMSI)

Occupation	National Education Attainment				
	HS Diploma or Less	Some College	Associate's	Bachelor's	Graduate
Respiratory Therapy Technicians	27.30%	34.40%	20.00%	15.90%	2.40%
Respiratory Therapists	1.90%	14.00%	55.20%	24.90%	4.00%

**VIII. Operating Costs**

The Program records substantially higher costs per full time enrolled student than the Division and the College. These high costs can be attributed to the high concentration of science lab courses and clinicals required by the program, the clinicals require additional faculty.



## **IX. Audit Recommendations**

### **1. Update assessment and Complete Course Revisions**

The Program should determine if there is a need to update its program learning outcomes, redesign assessment materials, and complete the seven course revisions. Once these areas are evaluated, the Program should determine if a program revision is necessary.

The Program needs to evaluate their Program Learning Outcomes and determine whether they meet the needs of the Program. Outcomes must align with specific learning that happens during the course of the program. They need to be measureable, action oriented, results based, and time oriented. Quality assessment involves using both direct and indirect measures to assess outcomes. While both direct and indirect outcomes are beneficial, programs should use at least one direct measure of assessment. The Program Learning Outcomes in Respiratory Care measure achievements or accomplishments that occur after the students leave the program and can only be measured using indirect measures. The curriculum map does not identify where outcomes are being introduced, reinforced, mastered, or assessed. Rather, the map merely identifies that one of these activities is occurring with an 'X'. There is no clear evidence to indicate that the SLOs align with the PLOs. The Program should perform a comprehensive evaluation of their assessment tools and refine the assessment process.

Program faculty have started seven course revisions which have been on hold since 2012. Faculty need to review the documents, make any necessary changes, and continue the process of getting the revisions approved.

Timeline: Spring 2017

Persons Responsible: Department Head and Program Coordinator

### **2. Review the guidelines of the advisory committee**

Over the past three years the advisory committee has met annually to discuss the strengths and challenges in the Program and gain insight from people working in the field. The Program holds these meetings off campus and has been inconsistent in recording advisory committee meeting minutes. The Advisory Committee Meeting Guidelines state that 'the Division Dean, the Department Head, full-time faculty members, and students, if appropriate, should attend the meetings, and that the committees should meet on campus at least once a year.' The Advisory Committee Meetings must be held on campus in order to give these parties the opportunity to attend. Meeting minutes must be kept for each meeting. The Advisory Committee should review the Guidelines and adhere to all requirements. Additionally, Program faculty should consider including student members.

Timeline: Fall 2016

Persons Responsible: Department Head and Program Coordinator

### **3. Encourage graduates to take the RRT exam as soon as possible after graduation**

The most recent Annual Report of Current Status and Resource Assessment Matrix was submitted by Program faculty to CoARC in 2015. In this report Program faculty state 'that

program graduates continue to delay taking the RRT exam despite faculty and employer recommendations that these exams be taken as soon as possible after graduation.' The Program faculty needs to discuss ways to encourage students to take the RRT exams upon graduation.

Timeline: Fall 2016

Persons Responsible: Department Head and Program Coordinator

**Community College of Philadelphia**

**Academic Program Audit**

**Health Services Management A.A.**

Author: Christine  
McDonnell Krishna  
Dunston

Contributor:  
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Date: November, 2015

## I. **Executive Summary**

The Health Services Management Program (HSVM) prepares graduates with the skills needed to transfer into a variety of baccalaureate programs. The Program has been offered at the College since 2006 and is currently undergoing its first major revision.

The healthcare field is experiencing many changes that impact the field, due to: the expansion of Medicaid, physician owned outpatient centers, increased life expectancy, aging of the population, use of electronic health records, and other changes in technology.

Enrollment in the Program has averaged 151 over the past five years and is on an upward trend. The Program enrolls a higher proportion of females and students over the age of 30 than the Division and the College.

Fall-Spring retention is weaker than the Division and stronger than the College; Fall-Fall retention is stronger than both the Division and College. The Program has approximately 11% more sophomores than freshmen. The Program records a lower graduation rate than the Division and the College.

One hundred and eleven students left the program between the fall of 2009 and the spring of 2012; 59% of those students left with 12 credits or less. This is not significantly higher than the Division and the College; however, it should be addressed.

Course offering efficiency in the Allied Health Department has gradually increased over the past five years. It is still below the efficiency for the Division and College, but it is making progress.

The Program has assessed five out of six Program Level Student Learning Outcomes. The Program uses multiple direct measures for PLO. The Program has used assessment results to make improvements in the following areas: review of assignments, tests, tasks, and activities associated with the PLO, providing students with a clearer explanation of expectations on assignments, rubrics will be provided to the students, additional homework will be assigned, evaluation of course prerequisites, revision of rubrics to improve clarity and better identify goals of the assignments, inclusion of more in class activities related to the topics, evaluation of the current text and supplementary materials, certain courses will use the same handouts and assessment tools to measure SLOs that align with PLOs, provide additional supplemental readings, increase group work, increase class discussions, target at risk students and intervene earlier in the program, and coordinate with the learning lab to work with classes and assist students in improving their reading and synthesizing skills.

The demand for jobs in the area is projected to increase; however, these jobs appear to require a bachelor's degree, therefore transfer is a must. Currently, the Program has articulation agreements.

Recommendations focus on improving transfer opportunities, recruitment, retention, assessment, and completing the program revision.

## **II. Program Description from the College Catalog**

The College offers an A.A. in Health Services Management that teaches students the foundational knowledge and skills needed to become health care managers in a variety of health care disciplines. The Program prepares students to transfer to a baccalaureate degree program in Health Services Management/Administration where, upon graduation, they can hold the position of medical office manager, health care administrator, practice administrator, regional operations director, manager of operations, associate administrator for strategic planning, and/ or director of patient access.

Understanding the social, political, economic, and financial issues affecting health care will provide students with the knowledge to transfer to a baccalaureate program and become effective health care managers. The components of finance, technology, health care policy, and economics that comprise the U.S. health care system and the interrelations between these components are emphasized in this curriculum.

### **A. History and Revisions to the Curriculum**

The Health Services Management Program was first approved as a new course of study in 2006. Since that time, there have been a few minor revisions made to the Program to ensure that it continued to meet the transfer requirements of four-year universities offering a baccalaureate degree in Health Care Administration. This year, the Program is undergoing a major revision, which includes: changing the program from open to select, changing the math requirement, adding a biology course, removing the second humanities course, requiring math earlier in the program, changing the number of courses required to graduate, and removing a program learning outcome. The Program faculty anticipates that the revision will be approved in the spring of 2016.

The reason for the change to a select program is that HSVM is a transfer program for students who aspire to administration and management positions in health care facilities. These positions require strong writing, analytical and quantitative reasoning skills. In the past, many students selected Health Services Management as their major because it was an open admission program, unlike the other Allied Health programs at the College. As result, many students currently interest-coded in HSVM are still in developmental English and math. The new Health Care Studies Program will be a better fit for students who are interested in a health care career but enter the College needing developmental English and math.

**B. Curriculum Sequence (Health Services Management Degree)**

<b>Course Number and Name</b>	<b>Pre &amp; Co-requisites</b>	<b>Credits</b>	<b>Gen Ed Req.</b>
<b>First Semester</b>			
AH 116 - Interpersonal & Professional Skills in the Health Care Setting		3	Am/Global Diversity
AH 103 – Medical Terminology		3	
ENGL 101 – English Composition I		3	ENGL 101
BIOL 109 – Anatomy and Physiology I		4	Natural Science
CIS 103 – Applied Computer Technology		3	Tech Comp
<b>Second Semester</b>			
AH 112 - Medical Administrative Procedures		3	
AH 120 - Reimbursement Methodologies in Health Care		3	
PSYC 101 – Introduction to Psychology		3	
ENGL 102 – The Research Paper	ENGL 101	3	Info. Lit
MATH 118 - Intermediate Algebra or higher		3	Mathematics
<b>Third Semester</b>			
AH 204 - Medical Law and Ethics	ENGL 101	3	
ACCT 101 – Financial Accounting		4	
AH 220 - Information Management Systems in Health Care	CIS 103, AH 112	3	
Social Science Elective		3	Social Science
Humanities Elective		3	Humanities
<b>Fourth Semester</b>			
AH 260 - Supervisory Management in Health Care	AH 204	3	
AH 222 - Health Care Policy and Administration	AH 120, AH 204	3	
Math 150 - Introductory Data Analysis or ECON 112 - Statistics 1		3 or 4	
AH 224 - Current Issues and Trends in Health Care	AH 120, AH 204	3	
Humanities Elective		3	
<b>Minimum Credits Needed to Graduate:</b>		<b>62</b>	

### C. Curriculum Map (Health Services Management Degree)

Student Learning Outcomes	AH 103	AH 112	AH 116	AH 120	AH 204	AH 220	AH 222	AH 224	AH 260
Utilize their knowledge and skills to successfully transfer to a baccalaureate degree program in health services administration.	I	I	D	D	I, D	D	M	M	M
Demonstrate effective communication, critical thinking and problem-solving skills while serving the needs of the profession.	I	I, D	I, D	D	D	D	D, M	D, M	D, M
Demonstrate knowledge of related ethical, legal and professional behavior as a health care practitioner.	N/A	I	I, D	D	D, M	D	M	M	M
Maintain professional competence by utilizing opportunities for continuing education and career advancement.	N/A	I	M	D	D	D	D	D	D
Identify current issues and trends affecting the US health care delivery system and strategies to address them.	I	I, D	I, D	I, D	D	D	D, M	D, M	D
Analyze federal, state and local health care policies and critique their effectiveness in serving the needs of the intended stakeholders.	N/A	I	I	D	D	N/A	M	M	D
To critically analyze a broad spectrum of cultural, economic, ethical, moral, physiological, and social factors to be able to make sound, independent decisions regarding health care practice and management.	I	I	I, D	D	D, M	D	D, M	D, M	D, M

**Key for Grid**

**I** = Introduced in the course

**D** = Developed and Practiced with Feedback

**M** = Demonstrated at the Mastery Level Appropriate for Graduation

#### C. Future Direction for the Field/ Program

The implementation of the Affordable Care Act created a major shortage of health care professionals, as 30 million newly insured individuals seek medical care. The education and training of health care workers takes time, even decades in some cases, and will not meet the staff demands expected. This situation has created longer wait times and delayed access to providers for patients, and more stress on an already weak health care delivery system infrastructure. As shortages in the number of health care workers continue to grow, educational programs must provide curricula that ensure seamless transfer of credits to four-year degree programs. Offering the HSVM Program will provide a pipeline of students interested in pursuing health care administration at the baccalaureate degree level. Preparing individuals to manage staff, resources, finances, and regulatory compliance will accelerate the demand for this Program.

Health care administrators will face more competition to recruit and retain staff. Employers have to pay higher salaries and offer competitive benefits to recruit the best employees. New regulations require hospitals to charge fees based on the patient's outcome and the overall quality of care rather than the traditional fee-for-service method of reimbursement. As a result, health care organizations are investing more money into research and development to provide the type of ancillary services patients are looking for (i.e. private rooms). Organizations hope these new practices will foster patient loyalty through an improved in-patient experience. Health care facilities are also investing in marketing strategies that highlight their special services and amenities.

Life expectancy continues to increase, thus requiring health care organizations to provide state-of-the-art equipment to meet the needs and demands of the elderly. The aging population is predominantly covered under Medicare and Medicaid. These insurances have spending caps in addition to providing a much lower reimbursement payment to providers and hospitals. Hospitals and other health care organizations will have difficulty maintaining financial viability as a result of this issue. Offering the HSVM Program will provide a pool of individuals to pursue advanced degrees. AH 222, Health Care Policy and Administration, and AH 224, Current Issues and Trends in Health Care, provide students with entry-level knowledge and skills to prepare them for the rigors of higher level management courses.

Changes in technology (mentioned in Resources) will also impact this field. Telemedicine and mobile applications are promoting more at home care and less hospital care. Health care thrives on the need for technology. Patients demand faster and greater access to treatment and physicians need the technology to provide state-of-the-art quality health care to them. A health care administrator must ensure that the hospital or health care facility runs smoothly, efficiently and on-budget, and new technology is part of this process. Students need to understand technology in order to prepare for the demands of their future jobs. Keeping an eye on the trends and issues affecting health care is as necessary to the job as managing staff schedules, hiring personnel, etc.

### III. Profile of the Faculty

#### A. Faculty Teaching Courses in Program (2014-2015)

Faculty	Position	Courses Taught
Deborah D. Rossi, MA, CMA (AAMA)	Department Head, Professor	AH 112 Medical Administrative Procedures AH 222 Health Care Policy and Administration
Francine Lukacik, MS, RD, LDN, CDM*	Assistant Professor, Dietetics and Allied Health	AH 260 Supervisory Management in Health Care
Dorothy Koteski, MS, LDN	Professor, Dietetics	AH 204 Medical Law and Ethics
Joyce Garozzo, MS, RHIA, CCS	Associate Professor, Allied Health	AH 103 Medical Terminology
Regina Strupczewski, MS, RHIA, CCS, CCS-P	Associate Professor, Allied Health	AH 103 Medical Terminology AH 120 Reimbursement Methodologies in Health Care
Jocelyn Lewis, DPT	Assistant Professor, Allied Health	AH 116 Interpersonal and Professional Skills in Health Care AH 103 Medical Terminology AH 204 Medical Law and Ethics
Patricia Schaffer	Visiting Lecturer, Allied Health	AH 101 Introduction to the Health Care Professions AH 103 Medical Terminology AH 112 Medical Administrative Procedures

\*Teaches one course in Allied Health

**IV. Program Characteristics**

**A. Student Profile**

Enrollment in the Health Services Management Program has averaged 151 students over the last five years and is on an upward trend, with enrollment increasing 87% over this time period. Over the same time period enrollment in the Division has increased by approximately 11% and enrollment in the College remained flat.

Table 1: Headcounts

		<b>Fall 2009</b>	<b>Fall 2010</b>	<b>Fall 2011</b>	<b>Fall 2012</b>	<b>Fall 2013</b>	<b>5 Year Average</b>	<b>5 Year Change</b>
Health Services Management	Headcount	103	130	166	165	193	151	87%
	FTE Headcount	70	89	106	104	124	99	77%
Math, Science, and Health	Headcount	6188	6637	6912	6702	6857	6,659	11%
	FTE Headcount	4339	4701	4796	4651	4762	4,650	10%
College	Headcount	19047	19502	19752	18951	19065	19,263	0%
	FTE Headcount	13361	13697	13682	13106	13163	13,402	-1%

The Health Services Management Program records similar demographics as the Division and the College in terms of full-time status and the percent of students placing at college level; however, differences exist in gender, race/ethnicity, and age. The Program enrolls a higher proportion of females (82%) than the Division (75%) the College (64%) and the industry at large, (70%). The Program enrolls a lower proportion of certain minorities than the Division and the College (Asian, African American, Latino/a, and multiracial). Less than one-quarter of the students in the Division and the College are Caucasian, while half of the students in the Program are Caucasian. The Program enrolls a lower proportion of students under the age of thirty compared to the Division and the College; approximately half of the students in the Program are over the age of thirty.

Table 2: Demographics (Fall 2009- Spring 2014)

<b>Demographics: Running 5 Year Average</b>			
	Health Services Management	Math, Science, & Health	College
Female	81.7%	74.8%	64.2%
Male	17.8%	24.9%	35.4%
Unknown	0.5%	0.3%	0.5%
<hr/>			
Native American	0.3%	0.3%	0.4%
Asian	2.5%	8.5%	7.3%
African American	32.2%	48.0%	48.8%
Latino/a	3.8%	10.1%	10.5%
Multiracial	1.2%	2.1%	2.3%
Pacific Islander	2.9%	0.3%	0.2%
Unknown	7.1%	6.4%	6.8%
Caucasian	50.0%	24.2%	23.8%
<hr/>			
16 – 21	18.3%	29.7%	32.5%
22 – 29	31.7%	38.6%	36.6%
30 – 39	24.0%	20.5%	17.0%
40 +	24.6%	10.5%	13.0%
Unknown	1.5%	0.7%	0.9%
<hr/>			
Full Time	23.4%	27.6%	31.2%
Part Time	76.6%	72.4%	68.8%
<hr/>			
All Developmental	35.0%	32.9%	28.3%
Some Developmental	44.3%	45.4%	43.9%
College Level	20.7%	21.8%	27.8%

The Health Services Management Program records very similar outcomes to the Division and College in most areas. Marginal differences exist in retention and students departing unsuccessfully. Fall-Spring retention is similar to the College, but lower than the Division; however, Fall-Fall retention is approximately 5% higher than the Division and the College. Approximately 4% fewer students didn't return (more favorable) from one fall to the next compared to the Division and the College. Looking at success at departure, a marginally higher amount (less favorable) of students departed the program unsuccessfully, while a marginally lower amount of students graduate compared to the Division and the College.

Table 3: Outcomes Data: 5 Year Averages

		Health Services Management	Math, Science, & Health	College
Standing	Good Standing	86%	86%	85.0%
	Probation	13%	13%	13.5%
	Dropped	1%	1%	1.6%
Fall-Spring Retention	Returned/Same	66.7%	70.5%	65.8%
	Returned/Different	5.3%	3.6%	5.2%
	Graduated	2.9%	1.5%	2.1%
	Did Not Return	25.1%	24.4%	26.9%
Fall-Fall Retention	Returned/Same	41.3%	36.7%	36.7%
	Returned/Different	9.3%	8.6%	8.6%
	Graduated	7.0%	8.4%	8.4%
	Did Not Return	42.4%	46.4%	46.4%
Success at Departure	Graduated	8.2%	10.0%	10.0%
	Long Term Success	38.6%	38.8%	36.2%
	Short Term Success	14.2%	13.9%	17.2%
	Unsuccessful	39.0%	37.3%	36.6%
Course Outcomes	Course Completion	89.7%	89.5%	88.2%
	GPA	2.59	2.63	2.65

[1] “Graduated” are students who earned certificates or associates degrees at the College. “Long term success” is defined as departure with a GPA of 2.0 or greater and 12 or more cumulative credit hours earned. “Short term success” is defined as departure with a GPA of 2.0 or greater and 11 or fewer cumulative credit hours earned. The “unsuccessful” departure group includes all departing students not otherwise classified including students who never complete a college-level course.

At all levels, the Program records a transfer rate higher than the Division’s rate and close to the College’s rate. Of the students who enrolled between 2007 and 2012, approximately 38% (91 students) of those in the Program who left the College transferred, however 28% (21 students) transferred to community colleges.

Of the 239 HSVM students who enrolled in the Program between the fall of 2007 and the spring of 2012 and departed, 101 did so earning less than 12 credits (42%). The College records a similarly high proportion of students leaving with 12 credits or less.

Table 4: Transfer by Departure Status (Student entry 2007-2012)

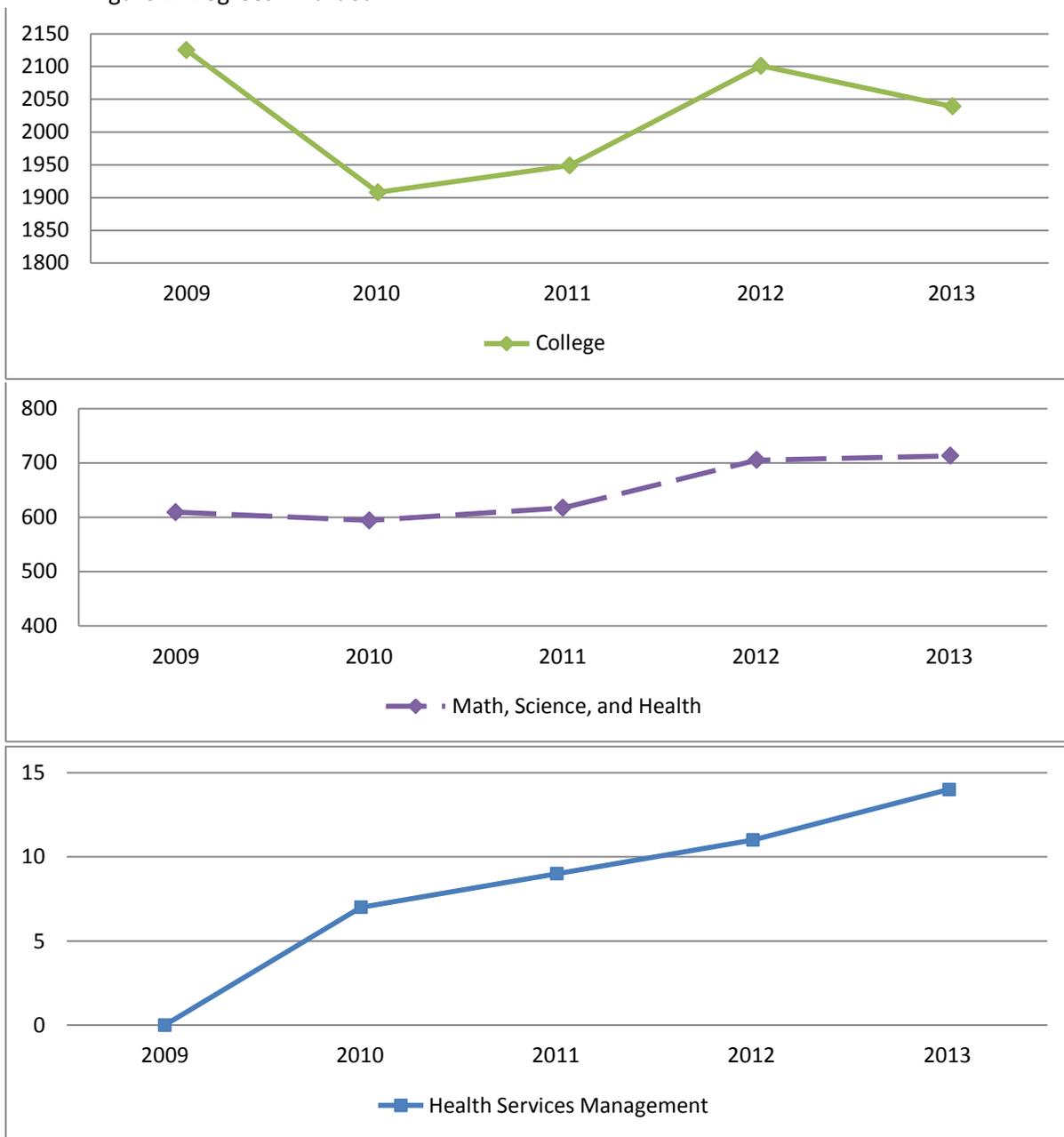
Exit Status	Transferred		Did Not Transfer		Total Count of Student Departures
	Count	Percent	Count	Percent	
Graduate	14	54%	12	46%	26
Earned 45 or more credits	12	36%	21	64%	33
Earned 24 to 44 credits	14	42%	19	58%	33
Earned 12 to 23 credits	19	41%	27	59%	46
Earned less than 12 credits	32	32%	69	68%	101
Grand Total	91	38%	148	62%	239

Forty-one associate's degrees have been awarded between 2009 and 2013. The number of degrees awarded has steadily increased over this time period.

Table 5: Degrees Awarded

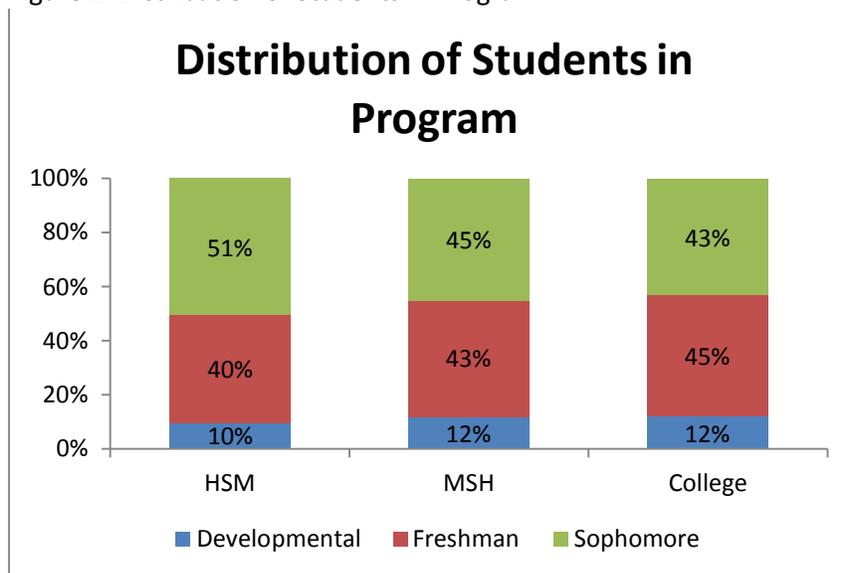
	2009	2010	2011	2012	2013	Total
Health Services Management	0	7	9	11	14	41
Math, Science, and Health	609	594	617	705	713	3238
College	2125	1908	1949	2101	2039	10122

Figure 1: Degrees Awarded



The College and Division record almost equal amounts of freshmen as sophomores. However, within the Health Services Management degree program, there are 11% more freshmen than sophomores.

Figure 2: Distribution of Students in Program



Allied Health has increased section offering efficiency over the past five years. However, the sections still run less efficiently than those in the Division or the College. During the fall and spring, AH has offered courses at 81% of capacity. During the same time period, the Division offered sections at 88% (fall and spring) of capacity, while the College offered sections at 84% of capacity in the spring and 86% in the fall. The Allied Health Department is composed of six programs including HSVM, and departmental offerings are not taken by HSVM students exclusively. In 2014, in addition to HSVM students, these courses were taken by the students in the following programs:

- 12 Clinical Assistant Proficiency Certificate Students who enrolled AH 103 and AH 116
- 29 Medical Insurance Billing Proficiency Certificate students who enrolled AH 103, AH 120, AH 190, and AH 201
- 62 Patient Service Representative students who enrolled in AH 101, AH 103, AH 112, AH 116, AH 204, and AH 220

Additionally, the Allied Health Department includes AH 190, AH 201, and AH 220 which are not requirements for the HSVM Program, but their efficiency is included in this following table. The same faculty listed on page 5 teach in these courses.

Table 6: Section Enrollments  
Allied Health

		Spring 2010	Fall 2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Fall Average	Spring Average
Allied Health	Sections	65	41	44	37	43	31	31	38	38	36	37	43
	Avg Enrollment	23.92	19.17	19.68	22.22	21.63	22.52	24.26	22.87	22.45	22.86	21.76	22.28
	Percent Filled	78%	84%	79%	81%	84%	82%	83%	86%	81%	83%	81%	81%
Math, Science, and Health	Sections	1088	1043	951	37	1037	975	898	947	880	951	831.8	947.6
	Avg Enrollment	21.47	22.06	22.15	22.22	21.64	22.01	22.32	22.23	22.53	22.36	22.15	22.04
	Percent Filled	88%	89%	89%	89%	88%	88%	89%	90%	90%	91%	89%	89%
College	Sections	2987	2908	2817	2839	2884	2668	2517	2636	2489	2562	2738.8	2738.8
	Avg Enrollment	22.22	22.16	22.41	22.10	21.82	22.39	22.55	22.56	22.41	22.71	22.28	22.28
	Percent Filled	83%	86%	85%	86%	84%	87%	85%	86%	84%	84%	86%	84%

## **V. Learning Outcomes and Assessment**

### **A. Program Learning Outcomes**

Upon completion of the Health Services Management Program, graduates will be able to:

1. Demonstrate effective communication, critical thinking and problem-solving skills while serving the needs of the profession.
2. Identify current issues and trends affecting the U.S. health care delivery system and strategies to address them.
3. Analyze federal, state and local health care policies and critique their effectiveness in serving the needs of the intended stakeholders.
4. Critically analyze a broad spectrum of cultural, economic, ethical, moral, physiological, and social factors to be able to make sound, independent decisions regarding health care practice and management.
5. Maintain professional competence by utilizing opportunities for continuing education and career advancement.
6. Utilize their knowledge and skills to successfully transfer to a baccalaureate degree program in health services administration.

### **B. Assessment**

The Program assessed five of the six PLOs and uploaded the information into SharePoint. Four of the outcomes assessed used multiple, direct measures of assessment. The fifth and sixth outcome were not in-assessable using direct measures, the fifth was assessed using multiple indirect measures. The first outcome met the benchmark on all three measures used for assessment. The second, third, and fourth outcomes met the benchmarks on some measures, but not all. The Program has used assessment results to make improvements in the following areas: review of assignments, tests, tasks, and activities associated with the PLO, providing students with a clearer explanation of expectations on assignments, rubrics provided to the students, additional homework assigned, evaluation of course prerequisites, revision of rubrics to improve clarity and better identify goals of the assignments, inclusion of more in class activities related to the topics, evaluation of the current text and supplementary materials, certain courses will use the same handouts and assessment tools to measure SLOs that align with PLOs, provide additional supplemental readings, increase group work, increase class discussions, target at risk students and intervene earlier in the program, and coordinate with the learning lab to work with specific classes and assist students in improving their reading and synthesizing skills.

As a result of assessment, the Program faculty are rewriting four of their outcomes and removing the fifth and sixth outcomes. The composition of the fifth and six outcomes made them in-assessable using direct measures; and did not usefully inform student learning. Once the program revision is approved, the fifth and sixth PLOs will be removed. The Program will have assessed all remaining PLOs, once the revision has been approved.

### Audit Assessment Overview: Health Services Management

<b>PLO Assessed (2010-2015):</b> Demonstrate effective communication, critical thinking and problem-solving skills while serving the needs of the profession.				
<b>Semester Evidence is Collected</b>	<b>Source of Evidence / Type of Assignment</b> (course-level evidence should clearly align with PLO language)	<b>Population (who was assessed) &amp; Benchmark</b>	<b>Results</b> (number of students actually assessed and what percentage met the benchmark)	<b>Plan for Improvement</b> (should align with/briefly summarize Teaching & Learning Document)
<b>Fall 2014</b>	<p>Summary paper</p> <p>Students will view videos on the Affordable Care Act and write a summary on the video as well as answer a question set.</p> <p>Students will problem solve how to address situation encountered by patients impacted by poor insurance coverage or lack of insurance coverage and orally present their decisions.</p>	<p><b>AH 222</b></p> <p>75% of students will earn a C or better in the assessment tool used</p>	<p>18 students</p> <p>100% of the students earned a C or better.</p>	<p>Although the benchmark has been met each faculty member will review all assignments, tests, tasks, and activities associated with effective communication, critical thinking, and problem solving to make modifications and refinements for continued and enhanced student performance in these areas.</p> <p>AH 222 will add a discussion.</p>
	<p>Research and response paper</p> <p>To assess communication, critical thinking and problem solving a research and response assignment was given in AH 224 that included website review, watching a documentary, as well as a group task that will result in an oral presentation.</p>	<p><b>AH 224</b></p> <p>75% of students will earn a C or better in the assessment tool used</p>	<p>21 students</p> <p>86% of the students earned a C or better.</p>	<p>Although the benchmark has been met each faculty member will review all assignments, tests, tasks, and activities associated with effective communication, critical thinking, and problem solving to make modifications and refinements for continued and enhanced student performance in these areas.</p> <p>AH 224 will review and revise assignments as needed.</p>
	<p>Chapter summary and oral presentation</p> <p>To assess communication, critical thinking and problem solving students will summarize an assigned chapter, orally present the chapter to the class, write scenarios and questions and monitor a forum as a discussion leader of their chapter.</p>	<p><b>AH 260</b></p> <p>75% of students will earn a C or better in the assessment tool used</p>	<p>18 students</p> <p>96% of the students earned a C or better.</p>	<p>Although the benchmark has been met each faculty member will review all assignments, tests, tasks, and activities associated with effective communication, critical thinking, and problem solving to make modifications and refinements for continued and enhanced student performance in these areas. In AH260 modifications will be made to the grading of the rubrics used to evaluate student leaders and moderators.</p>
<b>Spring 2015</b>	<p>Written paper</p> <p>Students must write a paper on one of the following topics: Retail clinics and Health Kiosks; Aging Populations Overwhelm the System; Non-MDs Providing Care that demonstrates their communication, problem-solving and critical thinking skills.</p>	<p><b>AH 222</b></p> <p>75% of students will earn a C or better in the assessment tool used</p>	<p>27 students</p> <p>80% (21) of students met the benchmark</p>	<p>A more detailed discussion of the expectations for completing the assignment will be given. A rubric for how the paper will be graded will be created and provided to the students.</p>

	Final exam Questions 7 and 18 Students must explain the pros and cons of the "Five Year Look Back" policy. Question 18 requires students to identify strategies to reduce hospital readmissions.	<b>AH 222</b> 75% of students will earn a C or better in the assessment tool used	27 students 85% (23) of the students met the benchmark	Students will be required to complete additional homework assignments that mandate them to write and demonstrate critical thinking and problem-solving skills.
	Budget and problem solving assignments	<b>AH 260</b> 75% of students will earn a C or better in the assessment tool used	19 students 40% (7) of the students earned a C or better.	Students fell well below the projected benchmark. An evaluation of the course prerequisites has been proposed that AH 260 should add MATH 118 as a prerequisite to the course. In the past AH 260 tended to be taken by students in the last semester before graduation, but now students are registering for AH 260 earlier and have yet to complete many of the foundational courses. Also the problem solving assignment will be changed to provide the students with a different format to help them better achieve the target of the assignment. The rubric will also be revised for clarity and to help students better identify the goal of the assignment.
<b>Summer 2015</b>	Research and response paper	<b>AH 224</b> 75% of students will earn a C or better in the assessment tool used	24 students 90% (22) of the students earned a C or better.	The benchmark was achieved. The research and response assignments will be reviewed to assure that the tasks are current. The majority of the class met the benchmark, but modifications will be made to the grading rubric to set the expectations higher.
<b>PLO Assessed (2010-2015): Identify current issues and trends affecting the US health care delivery system and strategies to address them.</b>				
<b>Fall 2014</b>	Final exam Students must answer essay questions on ERISA's pre-emption scheme; the difference between block grants and entitlements; CHIP and Medicaid insurances.	<b>AH 222</b> 75% of students will earn a C or better in the assessment tool used	18 students 85% (15) of the students achieved a C or better	This benchmark was achieved. All faculty involved will review their tasks and assignments to assure that they reflect current health care delivery changes. Also SLO's will be discussed in preparation of the final exam.
	A research and response activity	<b>AH 224</b> 75% of students will earn a C or better in the assessment tool used	21 students 100% of the students achieved a C or better	This benchmark was achieved. Tasks and assignments will be reviewed to assure that they reflect current health care delivery changes.
	Completion of case studies	<b>AH 260</b> 75% of students will earn a C or better in the assessment tool used	19 students 88% (17) of the students met the benchmark	This benchmark was achieved. Tasks and assignments will be reviewed to assure that they reflect current health care delivery changes

<b>Spring 2015</b>	Final Exam Students must answer essay questions on the difference between block grants and entitlements; CHIP and Medicaid insurances; retail clinics; and hospital readmissions.	<b>AH 222</b> 85% of students will earn a grade of B or better	27 students 80% (21) of the students met the benchmark	An overview of the course SLOs will be discussed in preparation for the final exam.
	In class and forum discussions	<b>AH 260</b> 75% of students will earn a C or better in the assessment tool used	19 students 78% (15) of the students earned a C or better	This benchmark was achieved. AH 260 will include additional in-class activities to further discuss issues and trends throughout the semester related to the topics discussed.
	Test questions Questions are related to health care management and the types of delivery systems.	<b>AH 260</b> 75% of students will earn a C or better in the assessment tool used	19 students 78% of the students earned a C or better	This benchmark was achieved. AH 260 will include additional in-class activities to further discuss issues and trends throughout the semester related to the topics discussed.
<b>Summer 2015</b>	Research and response activity	<b>AH 224</b> 75% of students will earn a C or better in the assessment tool used	24 students 58% (14) of the students earned a C or better	This benchmark was not met. It was identified that students have difficulties assessing trends and developing strategies based on the readings for the class. The plan is to work with the learning lab to incorporate a reading skills component to the class to help students better identify requested components of the assignment.
<b>PLO Assessed (2010-2015): To analyze federal, state and local health care policies and critique their effectiveness in serving the needs of the intended stakeholders.</b>				
<b>Fall 2014</b>	Exam To assess student knowledge of critiquing the effectiveness of local, state, and federal health care policies, an exam with a variety of questions: multiple choice, short answer, essay, and fill in the blank is used.	<b>AH 222</b> 85% of students will earn a grade of C or better	18 students 94% (17) of the students met the benchmark	For fall 2015, course materials will be presented to the students in lieu of them purchasing a textbook. Health care policy textbooks provide a challenge for community college level students as most books are written at a graduate degree program level.
	Research paper Students research the CDC website and write a paper on a pandemic or natural disaster	<b>AH 222</b> 85% of students will earn a grade of C or better	18 students 89% (16) of the students met the benchmark	Students will present their findings orally to the class. Exam questions that require students to contemplate local, state and federal policies will be incorporated on the final exam.
	Exam questions To assess student knowledge of critiquing the effectiveness of local, state, and federal health care policies an exam with a variety of questions: multiple choice, short answer, essay, and fill in the blank is used.	<b>AH 224</b> 75% of students will earn a C or better in the assessment tool used	21 students 86% (18) of the students met the benchmark	Benchmark achieved. Faculty teaching AH 224 will assess and evaluate their current text and supplementary materials used as to assure that the material is at an appropriate level for the community college student.

	Exam questions To assess student knowledge of critiquing the effectiveness of local, state, and federal health care policies an exam with a variety of questions: multiple choice, short answer, essay, and fill in the blank is used.	<b>AH 260</b> 75% of students will earn a C or better in the assessment tool used	19 students 72% (14) of the students met the benchmark	Benchmark not achieved Faculty teaching AH 224 add additional supplementary readings to help students better understand healthcare policies.
<b>Spring 2015</b>	Written paper Students will be required to write a paper of health care policies.	<b>AH 222</b> 90% of students will earn a grade of C or better	27 students 80% (21) of the students met the benchmark	For fall 2015, instructors teaching AH 222 will be required to use the same handouts and assessment tools to measure the course SLOs as they relate to the program SLOs. A rubric for how the paper will be graded will be created and provided to the students.
	Short answer questions on exams Students are tested on this outcome by a variety of short answer questions on exams to assess students' knowledge.	<b>AH 260</b> 75% of students will earn a C or better in each assessment	19 students 85% (16) of the students met the benchmark	Additional supplemental readings helped the students to achieve the benchmark. Will continue to include these supplemental readings.
<b>Summer 2015</b>	Short answer questions on exams Students are tested on this outcome by a variety of short answer questions on exams to assess students' knowledge.	<b>AH 224</b> 75% of students will earn a C or better in each assessment	24 students 67% (16) of the students met the benchmark	The benchmark was not met. AH 224 supplementary materials will be incorporated to assist students with their understanding of federal, state, and local policies.
<b>PLO Assessed (2010-2015): To critically analyze a broad spectrum of cultural, economic, ethical, moral, physiological, and social factors to be able to make sound, independent decisions regarding health care practice and management.</b>				
<b>Fall 2014</b>	Review questions Through research and watching videos, students will answer questions related to the cultural, economic, ethical, moral, physiological, and social factors to demonstrate making sound, independent decisions regarding health care practices.	<b>AH 222</b> 75% of students will earn a C or better in each assessment tool used	18 students 89% (16) of the students met the benchmark	New public health videos or websites will be purchased/used to identify new policies that have been recently adopted or are being proposed.
	Research paper Students are required to research and write a paper on vulnerable populations and the currently uninsured.	<b>AH 222</b> 85% of students will earn a grade of C or better	18 students 89% (16) of the students met the benchmark	Students will work in groups rather than individually to present a more comprehensive overview and discussion of how public health agencies can better work together.
	Exams To assess the cultural, economic, ethical, moral physiological and social factors to make sound independent decisions selected short answer and multiple choice questions were used throughout the semester on a number of tests.	<b>AH 224</b> 75% of students will earn a C or better in each assessment tool used	21 students 90% (19) of the students met the benchmark	Although the benchmark to critically analyze cultural, economic, ethical, moral, physiological and social factors was achieved students of AH 224 will include more in-class discussions.

	Forum discussions Assessment of the cultural, economic, ethical, moral physiological and social factors to make sound independent decisions was evaluated through a number of forum discussions throughout the semester	<b>AH 260</b> 75% of students will earn a C or better in each assessment tool used	19 students 90% (17) of the students met the benchmark	Although the benchmark to critically analyze cultural, economic, ethical, moral, physiological and social factors was achieved students of AH260 will include more in-class discussions to help students be better prepared for deeper forum discussions.
<b>Spring 2015</b>	Research paper Students are required to write a research paper on evidence-based medicine or medical tourism.	<b>AH 222</b> 90% of students will earn a grade of C or better	27 students 87% (24) of the students earned a grade of C or better	More class discussions will be included in the course to assist students in better understanding how the cultural, economic, ethical, moral, physiological, and social factors need to be considered when discussing policies. A rubric for how the paper will be graded will be created and provided to the students.
	Forums throughout the semester are used Forums throughout the semester are used to assess cultural, economic, ethical, moral, physiological, and social factors based on the class topic.	<b>AH 260</b> 75% of students will earn a C or better in each assessment tool used	19 students 75% (14) of the students met the benchmark	To improve the students' ability to critically analyze cultural, economic, ethical, moral, physiological and social factors student forum summaries will be highlighted in the in-class discussions to further reinforce these concepts.
<b>Summer 2015</b>	Multiple exams with a variety of types of test questions	<b>AH 224</b> 75% of students will earn a C or better in each assessment tool used	24 students 53% (13) of the students met the benchmark	The benchmark was not met. To improve the students' ability to critically analyze cultural, economic, ethical, moral, physiological and social factors students of AH 224 will be provided with additional readings to further reinforce these concepts. Also a session will be scheduled with the learning lab to come to the class to help student develop their reading and synthesizing skills.
<b>PLO Assessed (2010-2015): Utilize their knowledge and skills to successfully transfer to a baccalaureate degree program in health services administration.</b>				
<b>Fall 2014</b>	Institutional Research Data Reports on Transfer Rates and Graduate surveys	<b>AH 222</b> <b>AH 224</b> <b>AH 260</b> Program graduates will report $\geq 30\%$ transfer to or gain employment in the health care field.	N/A	After meetings were held at the Department Head level and above it was determined to remove this as a PLO. Although HSVM is a transfer program after evaluating the path of many students it was determined that many students do not plan to transfer to a four-year institution. Many students revealed that they needed a two-year degree to fulfill work requirements and currently did not have plans to move to a four-year institution after graduation. Also other students indicated that they plan to delay continuing their education. Furthermore, other students stated that their goal was another health related field and that HSVM was a good foundation to support their chosen major.

<p><b>Spring 2015</b></p>	<p>Course completion</p>	<p><b>AH 222</b> 90% of students will earn a grade of B or better in the course</p>	<p>27 students 80% (21) of the students earned a grade of B or better in the course</p>	<p>Students who are identified as having difficulty successfully completing the course will be required to meet with the instructor throughout the semester. Both sections will be required to measure student success with the same assessment tools and the results will be examined following spring 2016 semester.</p>
	<p>Course evaluation</p>	<p><b>AH 222</b> 85% of students will evaluate the course as meeting its objectives</p>	<p>27 students 85% (24) of the students met the benchmark</p>	<p>Both sections will be required to measure student success with the same assessment tools and the results will be examined following the spring 2016 semester.</p>

### **C. QVIs/335s**

The Program is up-to-date on all Act 335s. QVI's for the program from 2012 through 2014 were evaluated for this audit. The QVI scores reflect the program quality and viability at a specific point in time. Although certain areas may have changed since the Program was scored, scores from the past remain on record.

Between 2012 and 2014, the Program's quality score increased from 3.86 to 4.0. The Viability score was 3.22 in 2012, decreased to 2.8 in 2013, but by 2014 had increased to 3.6. Changes in viability score are a result of changes in retention in 2013 and changes in the graduation rate in 2014.

### **VI. Resources**

The Program uses a variety of multi-media materials. Current DVDs addressing health policy and health care trends are used in both AH 222 and AH 224. Video clips and role-playing for the course AH 116, Interpersonal and Professional Skills in Health Care, provide students with the ability to observe professional behaviors and then demonstrate their understanding with role-playing. Simulations for the AH 112, AH 120, and AH 260 courses are utilized requiring students to work with samples of actual documents found in the work place.

Maintaining current multi-media materials is necessary. Educational simulations of electronic medical records and digital technology for mobile applications and telemonitoring are difficult to secure. Faculty continue to research cost-effective simulations for students to apply this technology.

### **VII. Demand**

Locally, three colleges in the area (University of the Sciences, Drexel University, and Temple University) offer bachelors and advanced degrees in Health Services Management.

The Health Services Management Degree prepares graduates to transfer into a bachelor's program and eventually work as Medical and Health Service Managers. Locally and nationally, these fields are projected to grow faster than the national average of all jobs. Because the majority of health services managers have either a bachelor's or graduate degree, a small proportion has an associate's degree or less. The high proportion of health services managers with bachelor's or graduate degrees speaks to the importance of transfer agreements. The Program lists four transfer agreements on the College's Transfer page. The transfer agreements are with Arcadia, Immaculata, Philadelphia, and St. Josephs Universities. However, Immaculata's program links to Thomas Jefferson's Nursing Program. In addition, a transfer agreement with East Stroudsburg University is pending. Of the students who enrolled between 2007 and 2012, 91 transferred; only 4 of the 91 students who transferred took advantage of the existing transfer agreements (zero transfers to Arcadia and Immaculata Universities, two transfers to Philadelphia and Saint Joseph's Universities). One student has transferred to East Stroudsburg over the five year period. The HSVM could explore establishing articulation agreements with their top four- year transfer recipients, which include Drexel University (8), Temple University (7), and University of Phoenix (7).

Table 7a: Expected Job Growth (Data from EMSI)

Occupation	Philadelphia	MSA*	USA	Av. Yearly Salary
Medical & Health Svc Managers	12.90% (2,236)	13.6% (6,565)	18.4% (13,352)	\$89,189

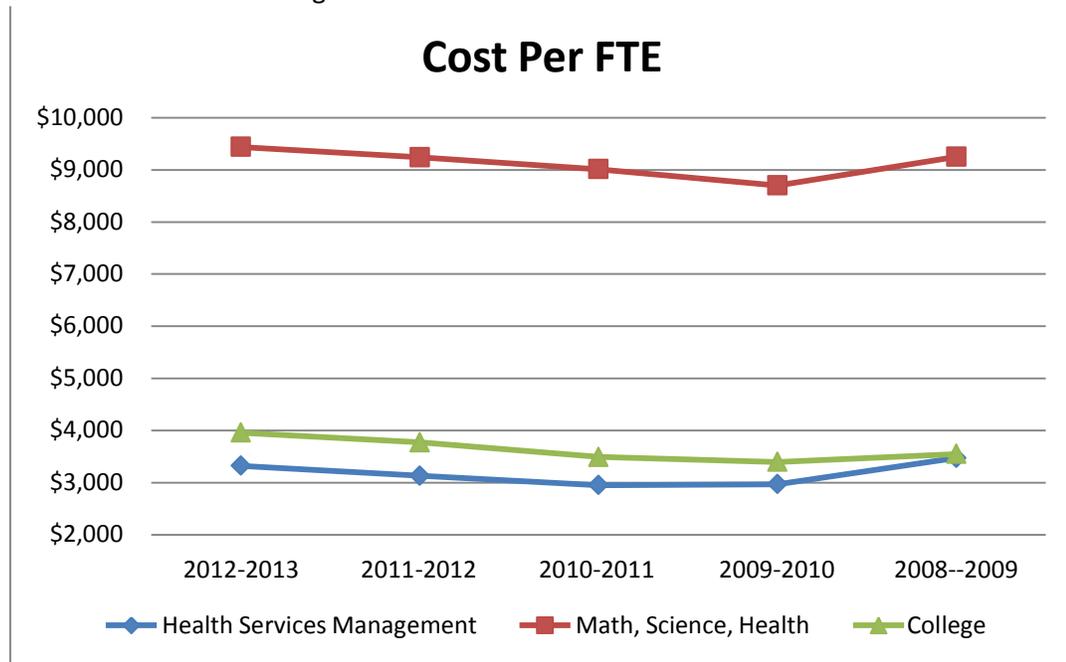
\*MSA- Metropolitan Statistical Area- Philadelphia-Camden-Wilmington, PA-NJ-DE-MD

Table 7b: Educational Attainment (Data from EMSI)

Occupation	H.S. Diploma or Less	Some College	Associate's	Bachelor's	Graduate
Medical & Health Services Managers	10.50%	16.30%	12.70%	30.80%	29.70%

**VIII. Operating Costs**

Over the past five years, program operating costs have been lower than the average cost for the Division and the College.



**IX. Findings & Recommendations**

**1. Articulation Agreements/ Improve Transfer Opportunities**

The majority of occupations in Health Services Management appear to require at least a bachelor's degree; therefore, transfer is critical to the success of the College's Health Services Administration students. Although the Program records a transfer rate on par with the College, Program faculty should focus more on encouraging and facilitating transfer. The faculty need to coordinate with the College Transfer Team in order to update the transfer information, investigate more effective articulation agreements, and explore ways to encourage transfer during interactions with students (transfer fair, giving out information, etc.)

Timeline: Spring 2017

Persons Responsible: Dean, Department Head, and Program Faculty

**2. Improve Student Retention and Recruit a Diverse Population**

The Program records weaker fall to spring retention than the Division. However, the Program records stronger fall to fall retention than the Division and the College. The Program should identify possible reasons for student departure between the first and second semester and create a retention plan based on findings.

The Program enrolls a higher proportion of females compared to the Division and the College and a substantially higher proportion of Caucasian students (almost double) compared to the Division and the College. The Program's participation in the College's Guided Pathways initiative; which aims to increase diversity through co-curricular development and integrated student support, will assist in the facilitation of retention and diversity efforts.

Timeline: Fall 2016

Persons Responsible: Dean, Department Head, Program Faculty

**3. Complete Program Revision**

The Department is in the final stages of a program revision. In order for the revision to take effect in Fall 2016, the revision must be approved by March 1, 2016.

Timeline: Obtain IWC approval by March 1st

Persons Responsible: Dean, Department Head

Note: This recommendation has been completed.

**4. Assessment**

Complete assessment of all Program Learning Outcomes within one year. Make improvements to teaching and learning based on the assessment results. Once the program revision is approved and the outcomes are removed, the program will have assessed all PLOs.

Timeline: Spring 2016

Persons Responsible: Department Head

Note: The Program Revision has been completed and the new PLOs are currently being used.

***Recommendation to Close the A.A.S. Degree in  
Chemical Technology***

***Proposed by:  
Tammy Wooten, PhD  
Chemistry Department Head  
Science Program and Chemical Technology Program  
Kathleen Harter, MEd  
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***Mary Anne Celenza, Ph.D.  
Dean: Mathematics, Science and Health Careers***

***March 25, 2016***

## **Recommendation to Close the Chemical Technology Program**

### **History of the Program**

The Chemical Technology Program admitted its first class in 1971. Over the years multiple curriculum revisions have taken place in order to improve the program and meet student needs. The major curricular one was in Fall 2009 and several minor ones followed as necessitated to align with amended College requirements and course revisions.

### **Program Audit and QVI Reports**

Most of the six recommendations from the last audit of the Chemical Technology Program (CHTE) were addressed successfully. The most relevant to this current recommendation was “*Developing and implementing a Program recruitment and retention plan.*” Despite efforts to develop such a plan, there has been little, if any, significant impact on either increasing the number of students in the program or on retention. The program continues to struggle with low numbers of enrolled students despite the fact that efforts were made to enhance students’ knowledge of the program requirements through program-specific information sessions.

More relevant to the program closure recommendation are the more recent QVI reports for this program. The QVI reports for Chemical Technology have repeatedly see-sawed up and down. Only between 40-50 students are actively engaged in taking program courses. Data from the Spring 2014 QVI for the CHTE program documented a decrease in enrollment numbers (48 to 44), low Fall to Fall retention rates (45.9%) and low graduation rates (0 students graduated in 2011 and 3 students in 2012).

### **Rationale for Closing the Chemical Technology Program**

A comprehensive review of both internal and external factors has led to the recommendation by the Department to phase out the Chemical Technology Program for the following reasons:

- The creation and approval of the AS degree in *Chemistry* (effective Fall 2016) makes the viability of the Chemical Technology Program as a distinct program academically questionable. There is a significant overlap in the core course requirements for both the Chemistry Degree and the Chemical Technology Degree.
- The direct employment opportunities for graduates with an Associate in Applied Science degree (AAS) within the chemical industry are extremely limited.
- Chemical Technicians are also not on the 2015 High-Priority Occupations List for the Philadelphia County Workforce Investment Area.

### **Proposed Timing for the Closure**

It is recommended that the students currently in the Chemical Technology Program be notified that they must complete all required courses by the end of the Spring 2017 semester in order to graduate with a Chemical Technology Degree or advised to select a new program of study. No new students will be admitted for the Fall 2016 semester.

The program has no courses which are program specific; and all of the courses in the program are offered by the College on a regular basis.

A Communication Plan targeting the following populations will be put into effect. The plan will inform the following individuals of the closure of the program and also of various alternative options for students:

1. Current and prospective CHTE students
2. Chemical Technology Advisory Committee
3. Appropriate College offices and personnel
4. Faculty in the Chemistry Department and Faculty in the Division of Mathematics, Science and Health Careers.

### **Alternative Pathways for Students**

Students who express an interest in Chemical Technology will be advised of the Chemistry Program (AS) where they will be able to take courses that can prepare them for employment in the Chemical Technology Industry. Students will also be informed of the Applied Science and Engineering Programs (AAS) which offers a Processing Technology (PTEC) option.

Workforce and Economic Innovation (WEI)  
Student Outcomes Committee Report

3/4/16

*Create focused competencies and programs around strategic industry clusters that are reflective of the region's current growth industries, or those industries that are identified as strategic priorities of the State, City and region; Current focus areas:*

- Advanced Manufacturing, Energy & Construction Trades
  - Program Development with Welding, CNC, Industrial Maintenance; Partnership with School District of Philadelphia Ben Franklin High School's Center for Advanced Manufacturing and Engineering; JOIN Pre-Planning Grant;
  - Green HVAC jobs with ECA – Preliminary stages; in line with Council President Clarke's Green Jobs Plan; evaluating job market in this field.
- Health, Wellness, Education
  - Certified Nursing Assistant (CNA) – State approved our application on 2/4/16 and our first class began on 2/22/16 with 7 PHA clients; our second class will be open enrollment and begin in April;
  - Dental Assisting – We started our first class of this new program in Spring 2016 with 15 students, 13 remain enrolled;
  - CommunityWins Grant – Proposed expansion of CDA program in the Promise Zone and South Philadelphia; expansion from 6 to 9 credits and adaptation to online hybrid course (PA Early Learning Keys To Quality mini-grant); business improvement clinic for up to 10 daycare centers to assist with growth plan for new slots created by City and to improve quality.
- Technology
  - Bootcamps for java, and cybersecurity to be developed with Division of Business & Technology;
  - Comcast – Met with senior corporate executives from the Talent Acquisition group; interest in corporate college and potential for Customer Service and Call Center Training; also interested in specific activities that align with their Employee Resource Group (ERGs) including an initiative to hire 10,000 Veterans.
- Small Business and Entrepreneurship
  - Expansion of Offerings with the Center for Small Business Education, Growth and Training via the City of Philadelphia Business Technical Assistance Program (BTAP) Grant; \$50,000 grant to enhance entrepreneurs in the following three target areas aligned with administration priorities: child care centers, food entrepreneurs, and

young men of color; mentoring, workshops and trainings offered at all regional centers and Main Campus;

- Small Business Student Innovation Center Award and grant proposal for Community Foundation Grant for supplemental instruction and mentoring;
- 10KSB pre-program and mini10KSB for non-cohort businesses to be developed.

*Serve as a premier provider of career and technical training programs to critical target populations that help uplift those with limited employability options, and/or are repositioning their skill sets due to dislocation (Returning Citizens, ESL/DACE populations, Opportunity Youth, Dislocated workers, PHA, Wanamaker Scholars, etc.), or repositioning themselves professionally.*

- Pursue grant opportunities that link WEI to important initiatives within the State, region and City, while allowing CCP to develop important programs that have broader appeal. *In the last four months, WEI has submitted 8 separate grant applications to date.*
  - **Workforce Innovation Fund (WIF) / MicroCredentials** - \$670,000 awarded to Philadelphia from the Commonwealth of Pennsylvania for this four year program to pilot the use of micro-credentials among residents with barriers to employment. (\$500,000 to CCP and \$170,000 to Philadelphia Works) This project will test whether the use of micro-credentials for populations who have struggled with persistence and academic achievement, might improve outcomes of pursuing further post-secondary education and/or meaningful employment along a career pathway. CCP will target the College's Adult Basic Education, ESL and GED program, the developmental education program, and the Ex-offender program populations for this grant. All participants will receive the three basic work-ready micro-credentials in Phase I: Computer Literacy (may test out of this if already computer proficient), 21st Century Workplace Essentials, and 21st Century Core Communication Skills. Participants will then move into a three-hour Orientation to Careers, a venue for exploring the various career options prior to committing to a particular training path. Following the initial workplace skills micro-credentials, participants will move into the career area of interest, including new and existing certificate programs within Corporate Solutions.
  - **TechHire** – A \$100 million national grant competition available through the U.S. Department of Labor to support innovative approaches to moving lower skilled workers on the fastest paths to well-paying information technology and high growth jobs in industries like healthcare, advanced manufacturing, financial services, and other in-demand sectors. The City of Philadelphia and the City of Pittsburgh are preparing a joint proposal focused on information technology. The College proposed developing two 20-22 week boot camps: junior java developer

and cyber security in the first year based on alignment with Business & Technology offerings; five boot camps serving 12 individuals each will be run over a 2.5 year period for a total of 60 trained individuals. The proposal includes articulation of CCP's bootcamps for credit and review for credit of other Philadelphia bootcamp partners. The current total is approximately \$275,000 over a 4 year period. The grant is being coordinated by Philadelphia Works.

*Recognized as the leading provider of workforce and economic development solutions and corporate training in the City of Philadelphia by State, City, Corporate and Civic Leaders;*

- Series of Meetings with new City Administration leaders and City Council members:
  - Briefing with Otis Hackney, Chief Education Officer; Upcoming Briefing with Director of Commerce Harold Epps; Hosted Anne Gemmel, Director of Pre-K, at the Chamber's Mayoral Luncheon;
  - New City Council Member briefing hosted by Councilwoman Jannie Blackwell (Council members: Helen Gym, Alan Domb, Al Taubenberger, Derek Green, Cherelle Parker);
- VP active member of the Talent Pipeline Initiative of the Chamber;
- Sponsor of Chamber's Roadmap for Growth in May on Workforce Development;
- Consistent WEI and CCP Senior Leadership representation at major events;
- Established Advanced Manufacturing Partnership Advisory Committee with representation from several major manufacturing companies in the Philadelphia region.

## **Employer Activity**

WEI works with employers directly through its Corporate College, contract trainings, and through WEDNet PA. To date, WEI has worked with 42 unique clients, of which 11 are new. Last year, we worked with 45 unique clients. We have already reached 93% of last year's activity with 4 months left in the year. See attached list of 2015/16 clients.

## **Contract Training**

- **National Park Service Northeast Regional Office (NERO)** - National Park Service is a bureau of the U.S. Department of the Interior. The Philadelphia regional office requested training with the purpose of providing newly promoted managers and high potential employees with several core leadership development needs that align with NPS' knowledge, skills and abilities expectation for managers. NPS requested a behavioral assessment for their employees as part of the Business Leadership course (the first course in the training program). Training started on February 23<sup>rd</sup>, 2016 and is expected to end in early July. The expected revenue from this training program is \$22,000.
- **Penn Medicine** is one of the world's leading academic medical centers, dedicated to the related missions of medical education, biomedical research, and excellence in patient care. It consists of the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania (founded in 1765 as the nation's first medical school) and the University of Pennsylvania Health System, which together form a \$4.3 billion enterprise. They are the largest private sector employer in Philadelphia with just over 24,000 employees. Our division completed a Business Writing Training for 20 staff in October 2015. This was a supplement to one of Penn Medicine's existing internal training program for its Patient Account Representative Academy. UPHS has asked us to run a 2<sup>nd</sup> class, and has said it is a good supplement to its program. The two trainings generated \$9000 in revenue. The Patient Account Representative program is scheduled to run at least three to four times a year due to the high turnover in their call center positions, so there is potential for additional revenue from this one class.
- **Maternity Care Coalition (MCC)**, founded in 1980, is a nonprofit organization with the mission to improve maternal and child health and well-being through the use of research, public policy initiatives and direct health services for families. MCC has assisted more than 100,000 families throughout Southeastern Pennsylvania since its founding, focusing particularly on neighborhoods with high rates of poverty, infant mortality, health disparities, and changing immigration patterns. Our first training with MCC in the January focused on Business Writing for 25 employees. Based on the success of this first training, MCC has requested a 2<sup>nd</sup> Business Writing training class. Training is scheduled to start on March 18<sup>th</sup> and training will be delivered over the course of two-days for 12-hours. Revenue from both trainings is \$9000.

- **Scheerer Bearing** is a third-generation, family-owned business, based in Willow Grove that produces and carries a full line of ball and roller bearings. They have approximately 200 employees. They are a WEDnetPA Client, receiving business communication training for Sheerer's large ESL staff contingent. The training was held in October and had 18 participants. We are running Team Building Training for a minimum of 11 participants. Revenue generated for these two training courses is \$10,000.
- **American Association of Cancer Research (AACR)**, founded in 1907, is a non-profit organization working toward the prevention and cure of cancer by promoting research, education, communication, and collaboration. The AACR is the oldest and largest scientific organization in the world focused on every aspect of high-quality, innovative cancer research. AACR has close to 200 employees, and requested training for their supervisors and administrative assistants in response to growing concerns about the team culture and a lack of professionalism when interacting with high profile donors and executives. AACR supervisor's participated in The Professional Supervisor training and administrative assistants participated in Skills for the Administrative Assistant. The revenue generated from these two trainings is \$6,250.

#### ***Pending Training Opportunities***

- **Mastery Charter School, Simon Gratz Campus-** WEI is working with Mastery on the development of a Parent Leadership Training program. The primary purpose of this Parent Leadership Program is to help parents examine their school's external environment and take a personal inventory to determine how the parents could make meaningful, empowered choices to have an immediate impact on the school's outcomes and parent involvement. *(Update: This contract was signed on 3/3/16.)*
- **Barnes Foundation-** The Barnes Foundation is seeking Basic and Intermediate Microsoft Excel training. We are awaiting further details on number of employees and timeline.

#### **Corporate College**

Corporate College provides employers with the ability to deliver credit courses that lead to an Associate's degree or credit-based certificate for their employees either on-site, or via mainstream classes. CCP has 308 enrolled students through the program in the 2016 Spring Semester. Enrollment for the year to date is 766. Current clients who offer on-site classes: Einstein Health System (38 enrolled, 7 online); Northeastern Hospital (28 enrolled, program closing); Philadelphia Gas Works (12 enrolled); Horizon House (12 enrolled); Clients whose employees are mainstreamed into existing courses on campus or at our regional centers: University of Pennsylvania Health System (133 enrolled); UPS (53 enrolled); Independence Blue Cross (15 enrolled), SEIU (6 enrolled); JEVS (2 enrolled).

This semester Corporate College reinvigorated its program with PGW, which did not run classes in the summer and fall of 2015. Students are pursuing a Business degree and MGMT 121 is currently running on-site at the corporate headquarters. WEI staff have been meeting

with PGW to discuss ways to continue to grow this program for their employees; particularly its field force of 1600 located throughout the City.

## **WEDNetPA**

Established in 1999, the Commonwealth of Pennsylvania's WEDnetPA grant, administered through its Department of Community and Economic Development, is the primary delivery system for Pennsylvania's incumbent workforce training to employers. The program is administered via 27 colleges through the state. The funding is targeted primarily to advanced manufacturing and technology companies for essential skills and advanced technology training. Companies may be reimbursed for internal training, third party training, or via partner training with CCP. CCP receives an 8% administrative fee, plus we are capped at 35% of the training potential.

Last year (2014-15), CCP received its highest review by the program's administrator having "exceeded standards" by invoicing 100% of its total allocation (\$219,188), plus increasing its allocation by 27%, an additional \$59,593, while invoicing 100% of the increase on time. Total for the year was \$278,781 for 25 companies, and 38 contracts. Three companies took advantage of partner training with CCP for a total of \$52,782 (19%).

Funding for 2015-16 was held due to the state budget delay. The state contract for funding was signed February 19<sup>th</sup>. The uncertainty around the funding impacted many clients interest in pursuing training either through CCP or third party vendors. Due to the condensed timeframe to disperse funds, overall allocations were decreased for the year. CCP's initial allocation for this year is \$186,285, with an additional allocation request of \$29,000 (16% increase) recently approved due to increased demand from employers. Nineteen companies, 76% of last year's total, have contracts against our new total allocation of \$215,285. We currently have three proposals out with employers for partner training that will exceed last year's value should we finalize these contract trainings. In addition, we anticipate additional overall allocation increases, and related potential partner trainings, as we continue aggressive outreach to eligible clients for the remainder of the year.

Funding for the State's program was recently increased by DCED from \$8 million to \$12 million, and we anticipate moving forward additional growth in our overall allocation once the uncertainty from state budget delays is eliminated.

**WEI Outcomes**

<b>2015/16 Revenue Target:</b>	\$ 1,306,500.00	
<b>Net Revenue to Date:</b>	\$ 1,011,526.00	(Gross: \$1,353,549 - \$338,287 Expenses)
<b>% of Goal:</b>	77%	(66% of year complete)
<b>Enrollments To Date:</b>	2115	(Corporate College, Contract trainings, Open Enrollment)
<b>% of Goal:</b>	62%*	*State funding delays for CDA program and WEDNetPA resulted in lower enrollments than normal.
<b>Unique Clients Served To Date:</b>	42	93% of Last Year's Number
<b># of Contract Trainings To Date:</b>	37	
<b>Contract Training Participant #s To Date:</b>	511	

### **List of Strategic Partners for Workforce and Economic Innovation\*:**

1. City of Philadelphia – Mayor’s Office and Senior Administration including Mayor’s Office of Education, Department of Commerce, Office of Policy and Planning; Managing Director’s Office, Chief Administrative Officer
2. Greater Philadelphia Chamber of Commerce (includes Select Greater Philadelphia and CEO Council for Growth), Hispanic Chamber of Commerce, African American Chamber of Commerce, Asian Chamber of Commerce, Northeast Chamber of Commerce
3. Philadelphia Works
4. Industry Partnerships – Southeast Regional Advanced Materials Industry Partnership (Philadelphia Works); Healthcare (1199C); Philadelphia Academies
5. School District of Philadelphia
6. Philadelphia Industrial Development Corporation (PIDC)
7. Pennsylvania Economy League
8. Urban League of Philadelphia
9. Urban Affairs Coalition
10. SCORE Philadelphia
11. Commonwealth of Pennsylvania senior administration including Labor & Industry, Department of Community and Economic Development and its Partnership for Regional Economic Performance (PREP)
12. Philadelphia Job Opportunity Investment Network
13. Local Initiatives Support Corporation
14. Delaware Valley Industrial Resource Center (DVIRC); Manufacturing Alliance of Philadelphia (MAP); Mayor’s Advanced Manufacturing Taskforce
15. University City District; University City Science Center; Promise Zone Initiative
16. Collegiate Consortium
17. AACC, and PACC
18. Greater Philadelphia Talent Collaborative
19. University City Science Center
20. Philadelphia Society of Human Resources Management (SHRM)
21. Center City District

\* This list is not meant to be all inclusive; with each program there will be certain key partners that play important and invaluable roles necessary for success.

### **Examples of Offerings that Speak to Employer’s Needs:**

1. Our Advanced Manufacturing Program has several components built into it that reflect employers’ needs. First, we currently have several employers serving on our partnership committee. We are working with three employers on the EDSI job skilldex process that includes interviewing plant managers at each location to identify key skills necessary for the job, which will then be matched to our curriculum. This process will help identify those pieces of the curriculum that are essential, and areas where we will have gaps. In addition, we have built a survey to be sent to the employer membership of DVIRC and MAP to help

gain a better understanding of areas where we need to invest and grow within the program. Finally, because there are several existing partnership groups that cover this area, we have agreed to use both the Southeast Regional Advanced Materials Industry Partnership and the Philadelphia Academies/SDP manufacturing advisory group as vehicles for further programmatic feedback.

2. Green HVAC Technician – ECA has asked CCP to partner with them on the creation of this program. ECA convened a meeting of 30 employers (mostly small HVAC businesses) to discuss the program, and important elements of the curriculum, and the demand for the jobs. Since then, CCP convened a meeting with Philadelphia Works to discuss labor market data in this area, and overall market demand. Philadelphia Works will be pulling data to determine if there are jobs in this particular field. The team will also pursue pulling together larger employers to discuss their needs.
3. Certified Nursing Assistant (CNA) – The program includes a clinical agreement with Cliveden Nursing and Rehabilitation Center. As part of the process to get them on board, they met with CCP program development and coordination staff while the course was being created, reviewed the curriculum, came on site to see the facility, and recently the instructors and program coordinator met with them on-site at Cliveden. They have expressed a desire to hire our students who pass the certification process. We are going through the same process with St. Ignatius Nursing and Rehabilitation Center currently.
4. Workforce Innovation Fund/Micro-Credentials – The model for this program requires employer feedback on what skills are essential to receive a “micro-credential” within various fields. The joint grant with Philadelphia Works has Philadelphia Works taking the lead on convening employer partners to provide the necessary feedback and validation. We are just embarking on the start of this program. In addition, we have built into our model a Career Exploration event exposing participants to the fundamentals of what a job in each area entails. CCP will include employer participation in the Career Exploration day, which will include site visits to nearby employers in each industry sector.