RESPIRATORY CARE

Summary of Program Review:

A. Major Findings

1. Strengths:

Dedicated faculty, variety of clinical sites and lab equipment including a simulation lab.

2. Areas for Improvement:

Continue to update and upkeep respiratory therapy equipment and technology (i.e. PCs, Wi-Fi, etc)

3. Projected Program Growth, Stability, or Viability:

Program is expected to remain stable and viable.

B. Program's Support of Institutional Mission and Goals

1. Description of Alignment between Program and Institutional Mission:

The institution's mission that emphasizes student learning and achievement aligns with the Respiratory Care Program's goals of preparing our students to meet the expectations of mastering cognitive, affective and psychomotor domains.

2. Assessment of Program's Recent Contributions to Institutional Mission:

Program had a successful 10-year accreditation site visit in fall of 2023. Program continues to be recognized by CoARC, the accrediting body, as a Distinguished Program after achieving >90% success in the RRT credential exam.

3. Recent Program Activities Promoting the Goals of the Institutional Strategic Plan and Other Institutional Plans/Initiatives:

The Napa Valley College received approval from the chancellor and ACCJC to offer a baccalaureate program in Respiratory Care scheduled to start in fall 2026.

C. New Objectives/Goals:

Advertise and promote the BSRC and begin accepting applications in spring 2026.

D. Description of Process Used to Ensure "Inclusive Program Review"

This report is shared with the entire faculty for review and input.

This report covers the following program, degrees, certificates, and courses (based on the Taxonomy of Programs on file with the Office of Academic Affairs):

Program	**Respiratory Care**
Degrees/Certificates	Respiratory Care: AS
Courses	RESP 120
	RESP 130
	RESP 140
	RESP 150
	RESP 160
	RESP 170
	RESP 175
	RESP 185
	RESP 200
	RESP 210
	RESP 220
	RESP 230
	RESP250
	RESP 260
	RESP 270
	RESP 280
	RESP 290/B
	RESP 292

Taxonomy of Programs, February 2025

I. PROGRAM DATA

A. Demand

1. Headcount and Enrollment

	2021-2022	2022-2023	2023-2024	Change over 3-Year Period
Headcount				
Within the Program	**45**	**42**	**49**	**8.9%**
Across the Institution	**6,653**	**6,161**	**6,473**	**-2.7%**
RESP-120	21	26	29	38.1%
RESP-130	21	26	29	38.1%
RESP-140	21	26	29	38.1%
RESP-150	18	21	23	27.8%
RESP-160	18	21	23	27.8%
RESP-170	18	21	23	27.8%
RESP-175	19	21	23	21.1%
RESP-185	20	16	20	0%
RESP-200	20	16	20	0%
RESP-210	20	16	20	0%
RESP-220	20	16	20	0%
RESP-230	20	16	20	0%
RESP-250	20	16	20	0%
RESP-260	18	16	19	5.6%
RESP-270	21	16	19	-9.5%
RESP-280	18	16	19	5.6%
RESP-290	18	16	19	5.6%
RESP-290B	19	16	19	0%
RESP-292	21	16	19	-9.5%
Within the Program	**371**	**354**	**413**	**11.3%**
Across the Institution	**25,216**	**23,488**	**24,913**	**-1.2%**
Source: SQL Queries for Fall 2024 Program Review				

RPIE Analysis: The number of students enrolled (headcount) in the Respiratory Care Program increased by 8.9% over the past three years, while headcount across the institution decreased by 2.7%. Enrollment in the Respiratory Care Program increased by 11.3%, while enrollment across the institution decreased by 1.2% over the same period.

Enrollment in the following courses changed by more than 10% (±10%) between 2021-2022 and 2023-2024:

Courses with enrollment increases:

- *RESP-120 (38.1%)*
- *RESP-130 (38.1%)*
- *RESP-140 (38.1%)*
- *RESP-150 (27.8%)*
- *RESP-160 (27.8%)*
- *RESP-170 (27.8%)*
- *RESP-175 (21.1%)*

Program Reflection:

The program continues to receive over 40 applications per start. Currently we have received 30 applications so far for the 2025 Fall Start. Clinical sites constraints limit us to a start of 25 students per cohort.

2. Average Class Size

	2021-2022		2022-2023		2023-2024		Three-Year	
	Sections	**Average Size**	**Sections**	**Average Size**	**Sections**	**Average Size**	**Average Section Size**	**Trend**
RESP-120	1	21.0	1	26.0	1	29.0	25.3	38.1%
RESP-130	1	21.0	1	26.0	1	29.0	25.3	38.1%
RESP-140	1	21.0	1	26.0	1	29.0	25.3	38.1%
RESP-150	1	18.0	1	21.0	1	23.0	20.7	27.8%
RESP-160	1	18.0	1	21.0	1	23.0	20.7	27.8%
RESP-170	1	18.0	1	21.0	1	23.0	20.7	27.8%
RESP-175	1	19.0	1	21.0	1	23.0	21.0	21.1%
RESP-185	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-200	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-210	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-220	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-230	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-250	1	20.0	1	16.0	1	20.0	18.7	0%
RESP-260	1	18.0	1	16.0	1	19.0	17.7	5.6%
RESP-270	2	10.5	1	16.0	1	19.0	14.0	81.0%
RESP-280	1	18.0	1	16.0	1	19.0	17.7	5.6%
RESP-290	1	18.0	1	16.0	1	19.0	17.7	5.6%
RESP-290B	1	19.0	1	16.0	1	19.0	18.0	0%
RESP-292	1	21.0	1	16.0	1	19.0	18.7	-9.5%
Program Average*	**20**	**18.6**	**19**	**18.6**	**19**	**21.7**	**19.6**	**17.2%**
Institutional Average*	**1,048**	**24.1**	**954**	**24.6**	**986**	**25.3**	**24.6**	**5.0%**

Sources: SQL Queries for Fall 2024 Program Review for enrollment data, Enrollment Management Division Reports and Concurrent Courses Reports for course-section data.

Average Section Size across the three-year period for courses, and both within academic years and across the three-year period for the program and institutional levels is calculated as:

$$\frac{\text{Total \# Enrollments}}{\text{Total \# Sections}}.$$

It is not the average of the three annual averages.

Note Regarding Concurrent Sections:

- Concurrent sections of RESP-130 and RESP-210 treated as one concurrent section (fall 2021).

RPIE Analysis: Over the past three years, the Respiratory Care Program has claimed an average of 19.6 students per section. The average class size in the program is lower than the average class size of 24.6 students per section across the institution during this period. Average class size in the program increased by 17.2% between 2021-2022 and 2023-2024. Average class size at the institutional level increased by 5.0% over the same period.

Average class size in the following courses changed by more than 10% (±10%) between 2021-2022 and 2023-2024:

Courses with increases in average class size:

- *RESP-120 (38.1%)*
- *RESP-130 (38.1%)*
- *RESP-140 (38.1%)*
- *RESP-150 (27.8%)*
- *RESP-160 (27.8%)*
- *RESP-170 (27.8%)*
- *RESP-175 (21.1%)*
- *RESP-270 (81.0%)*

No Respiratory Care courses experienced a decrease in average class size of at least 10% over the past three years.

Program Reflection:

The data is reflective of a slight increase in clinical sites following the end of the covid pandemic, after a few months of not having any available clinical sites. This allowed us to accept a few more students than usual.

3. Fill Rate and Productivity incorporate concurrent

Fill Rate			
	Enrollments	**Capacity**	**Fill Rate**
2021-2022	371	549	67.6%
2022-2023	354	518	68.3%
2023-2024	413	518	79.7%
Three-Year Program Total	**1,138**	**1,585**	**71.8%**
Productivity			
	FTES	**FTEF**	**Productivity**
2021-2022	62.0	13.1	4.7
2022-2023	65.6	9.7	6.8
2023-2024	71.2	11.2	6.4
Three-Year Program Total	**198.8**	**34.0**	**5.8**
Sources: SQL Queries for Fall 2024 Program Review; SQL Server Reporting Services – Term to Term Enrollment FTES Load Comparison Report (by Credit Course)			

RPIE Analysis: Between 2021-2022 and 2023-2024, the fill rate within the Respiratory Care Program ranged from 67.6% to 79.7%. [The fill rate has not been calculated at the institutional level.] The program-level rate across the three-year period was 71.8%. Between 2021-2022 and 2022-2023, both enrollment and capacity decreased, resulting in an increase in fill rate (due to a higher rate of decrease in capacity). Between 2022-2023 and 2023-2024, enrollment increased and capacity remained stable, resulting in an increase in fill rate.

Productivity within the Respiratory Care Program ranged from 4.7 to 6.8. [Productivity has not been calculated at the institutional level.] The three-year productivity of 5.8 is lower than the target level of 17.5, which reflects 1 FTEF (full-time equivalent faculty) accounting for 17.5 FTES (full-time equivalent students) across the academic year. (This target reflects 525 weekly student contact hours for one full-time student across the academic year.)

Program Reflection:

This data is reflective of a slight increase in clinical sites following the end of the covid pandemic, after a few months of not having any available clinical sites. This allowed us to accept a few more students than usual. In regard to productivity, the program is restricted by accrediting standards that dictate maximum student/faculty ratios in lab and clinical. The current number of faculty ensures compliance with the CoARC requirements and limitations in adjunct instructor hours.

4. Labor Market Demand

Economic Development Department Standard Occupational Classification Description Codes: 29-1126	Numeric Change in Employment (Baseline Year to Projected Year)	Projected Growth (% Change in Positions; 2020 Base Employment vs. 2030 Projected Employment)	Projected Number of Positions (Total Job Openings)
Napa County (2020-2030)	10	14.3%	50
Bay Area[A] (2020-2030)	830	24.1%	2,630
California (2020-2030)	3,100	20.0%	11,480

Source: Economic Development Department Labor Market Information, Occupational Data, Occupational Projections (http://www.labormarketinfo.edd.ca.gov)
[A]Bay Area counties include: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma. Figures also include San Benito County (reported with projections for Santa Clara County).

<u>RPIE Analysis</u>: The figures reported in the table above pertain to the Standard Occupational Classification for the following position:

- *Respiratory Therapists (29-1126)*

The Economic Development Department projects that the number of positions within Napa County will increase by 14.3% (10 positions) between 2020 and 2030. The number of positions in the Bay Area (not including Napa County) is expected to increase by 24.1% (830 positions) between 2020 and 2030. The number of positions across the state is expected to increase by 20.0% (3,100 positions) between 2020 and 2030.

Program Reflection:

The program continues to see increased interest in potential candidates as evidenced by increased attendance to the Information Meetings and to submitted applications. We expect our graduates to continue to have high success in securing job placement following completion of the program. We continue to support the students in ensuring that they have completed a resume that has been reviewed by both the program faculty and the program coordinator and require participation in a mock job interview prior to completion of the program. RESP 292, which is our preceptorship course, continues to be a source of job placement creation as many of our graduates secure their first job because of their preceptorship.

B. Momentum

1. Retention and Successful Course Completion Rates

	Retention Rates (Across Three Years)			Successful Course Completion Rates (Across Three Years)		
Course	Rate	Course Rate vs. Program Rate		Rate	Course Rate vs. Program Rate	
		Above	Below		Above	Below
RESP-120	88.2%		***X***	82.9%		***X***
RESP-130	88.2%		***X***	86.8%		***X***
RESP-140	88.2%		***X***	88.2%		***X***
RESP-150	96.8%		--	93.5%		X
RESP-160	98.4%	X		96.8%	X	
RESP-170	100%	X		95.2%		--
RESP-175	98.4%	X		96.8%	X	
RESP-185	100%	X		100%	X	
RESP-200	100%	X		98.2%	X	
RESP-210	100%	X		94.6%		--
RESP-220	100%	X		96.4%	X	
RESP-230	100%	X		100%	X	
RESP-250	100%	X		96.4%	X	
RESP-260	100%	X		100%	X	
RESP-270	100%	X		100%	X	
RESP-280	100%	X		100%	X	
RESP-290	100%	X		100%	X	
RESP-290B	100%	X		98.1%	X	
RESP-292	100%	X		98.2%	X	
Program Level	97.3%			95.3%		
Institutional Level	**90.9%**			**73.2%**		

Source: SQL Queries for Fall 2024 Program Review

-- Indicates a value that is within 1% of the program-level rate.

Bold italics denote a statistically significant difference between the course-level rate and the program-level rate.

Bold denotes a statistically significant difference between the program-level rate and the institutional rate. The lower of the two rates is highlighted in bold.

Note: Grades of EW (Excused Withdrawal) for spring 2020 and beyond are not included in the calculations of the three-year retention and successful course completion rates reported above. This approach reflects the standard recommended research practice of not including EWs in either the numerator or the denominator for these rates.

<u>RPIE Analysis</u>: Over the past three years, the retention rate for the Respiratory Care Program was significantly higher than the retention rate at the institutional level. The retention rates for RESP-120, RESP-130, and RESP-140 were significantly lower than the program-level rate. The retention rate for the Respiratory Care Program falls within the fourth quartile (Q4) among program-level retention rates (across 60 instructional programs, over the past three years). The retention rate for Respiratory Care is among the highest 25% of retention rates among NVC programs.

Over the past three years, the successful course completion rate for the Respiratory Care Program was significantly higher than the rate at the institutional level. The successful course completion rates for RESP-120, RESP-130, and RESP-140 were significantly lower than the program-level rate. The successful course completion rate for Respiratory Care falls within the fourth quartile (Q4) among program-level successful course completion rates (across 60 instructional programs, over the past three years). The successful course completion rate for Anthropology is among the highest 25% of successful course completion rates among NVC programs.

Over the past three years, the difference between retention and successful course completion at the program level (2.0%) was significantly lower than the difference at the institutional level (17.7%). This figure represents the proportion of non-passing grades assigned to students at the end of the semester (i.e., grades of D, F, I, NP).

The following Respiratory Care courses claimed a difference (between retention and successful course completion) that exceeded the 2.0% difference at the program level:

- *RESP-210 (5.4%)*
- *RESP-120 (5.3%)*
- *RESP-170 (4.8%)*
- *RESP-250 (3.6%)*
- *RESP-150 (3.3%)*

Program Reflection:

Although most of the program's attrition normally occurs in the first semester, which is to be expected in a challenging clinical/vocational program, we continue to have excellent retention in subsequent semesters due, in large part, to our dedicated faculty. Our faculty successfully engages our students, deliver expert level content, motivate and support the students' needs.

2. Student Equity

	Retention Rates (Across Three Years)		Successful Course Completion Rates (Across Three Years)	
	Program Level	**Institution Level**	**Program Level**	**Institution Level**
Unknown Gender			*	69.3%
19 or Younger			*	71.1%
African American/Black			91.9%	***68.2%***
Latinx/Hispanic			97.3%	***69.4%***
First-Generation			95.7%	***69.4%***
Not Disabled			95.2%	***73.0%***
Non-Veteran	97.2%	***90.9%***		

Source: SQL Queries for Fall 2024 Program Review

Bold italics denote a statistically significant difference between rates at the program and institutional levels, with the lower of the two rates in ***bold italics***.

*Data suppressed due to low N (<10 students in cohort).

Notes:

Grades of EW (Excused Withdrawal) for spring 2020 and beyond are not included in the calculations of the three-year retention and successful course completion rates reported above. This approach reflects the standard recommended research practice of not including EWs in either the numerator or the denominator for these rates.

The age groupings are based on the student's age of August 15 of each academic year.

The shaded cells in the table do not have data reported because evidence of disproportionate impact was not found at the institutional level (for those demographic group – metric combinations).

RPIE Analysis: This analysis of student equity focuses on the seven demographic groups with significantly lower retention or successful course completion rates found at the institutional level (vs. the corresponding rates among all other demographic groups, combined) over the past three years. Tests of statistical significance were conducted to compare program-level and institution-level rates among the seven groups listed above.

Within the Respiratory Care Program, the retention rate among non-veterans was significantly higher than the rate at the institutional level.

Within the Respiratory Care Program, the successful course completion rates among African American/Black students, Latinx/Hispanic students, first-generation students, and students without a disability reported were significantly higher than the corresponding rates at the institutional level.

These findings regarding equity reflect the findings that emerged from the comparison of retention and successful course completion at the program vs. institutional level, where the program-level rates were significantly higher than the institution-level rates. (See Section I.B.1 above.)

Program Reflection:

One of our areas of strength, as reflected by the above data, is our inclusivity and our support for all students regardless of their background.

3. Retention and Successful Course Completion Rates by Delivery Mode (of Courses Taught through Multiple Delivery Modes, i.e., In-Person, Hybrid, and Online)

This section does not apply to the Respiratory Care Program, as all course sections offered over the past three years were in-person.

C. Student Achievement

1. Program Completion

	2021-2022	2022-2023	2023-2024
Degrees			
AS Degrees: RESP.AS, RESPC.AS	21	16	18
Institutional: AS Degrees	**306**	**287**	**227**
Source: SQL Queries for Spring 2025 Program Review			

RPIE Analysis: The Respiratory Care Program conferred 55 degrees between 2021-2022 and 2023-2024. The Respiratory Care Program accounted for 6.7% of the AS degrees awarded by NVC across the three-year period. In 2021-2022, the program accounted for 6.9% of AS degrees conferred by NVC. In 2023-2024, the program accounted for 7.9% of AS degrees conferred. The number of degrees awarded by the Respiratory Care Program decreased by 14.3% over the three-year period, while the number of AS degrees awarded by the institution decreased by 25.8%.

Program Reflection:

The Respiratory Care Program is one wherein the student must apply for admission following completion of specific prerequisites. Therefore, the student is generally very motivated to complete the program once admitted. There are some students who realize that the profession is not for them or an objective failure, but the retention and success rates are generally high due to the motivation of the student to get into the program.

2. Program-Set Standards: Job Placement and Licensure Exam Pass Rates

Measure	Program-Set Standard* (& Stretch Goal)	Recent Performance			
		Year 1	Year 2	Year 3	Three-Year Total
Job Placement Rate	80% (100%)	100%	88.9%	100%	96.5%
Licensure Exam Pass Rates					
Part 1	80% (100%)	100%	94%	97%	--
Part 2	80% (100%)	85%	89%	93%	--
Sources: Perkins IV Core 4 Employment data for Program (TOP Code: 121000 Respiratory Care/Therapy) for job placement rates (https://misweb.cccco.edu/perkins/Core_Indicator_Reports/Summ_CoreIndi_TOPCode.aspx).					

RPIE Analysis: The job placement rate among Respiratory Care students was 96.5% over the past three years. This rate exceeds the program-set standard. In two of the past three years, the stretch goal of 100% was attained.

Over the past three years, Respiratory Care students have exceeded the program-set standard of 80% on the two licensure exams (Part 1 and Part 2). In one of the past three years, the stretch goal of 100% on Part 1 of the exam was attained.

Program Reflection:

The faculty takes great pride in working with the students, preparing the students, and getting them ready for a career as a respiratory care professional. To that end, we also have high expectations for the students upon their arrival on campus. This is articulated throughout the program with a continuous caring model that prepares the student for the real-world profession via rigorous preparation that holds them accountable to themselves and the program. Job placement is a direct correlation to success on the licensure exams which are very high as well.

II. CURRICULUM

A. Courses

Subject	Course Number	Date of Last Review & Approval by Curriculum Committee *(Courses with last review dates of 6 years or more must be scheduled for immediate review)*	Has Prerequisite/ Corequisite* *Yes/No* & Date of Last Review	In Need of Revision *Indicate Non-Substantive (NS) or Substantive (S)* & Academic Year Anticipated	To Be Archived *(as Obsolete, Outdated, or Irrelevant)* & Academic Year Anticipated	No Change
RESP	120	2/20/2025	Yes	No		x
RESP	130	1/19/2012	Yes	Yes		x
RESP	140	1/19/2012	Yes	Yes		x
RESP	150	1/19/2012	Yes	Yes		x
RESP	160	1/19/2012	Yes	Yes		x
RESP	170	3/12/2022	Yes	Yes		x
RESP	175	5/12/2022	Yes	Yes		x
RESP	185	4/11/2019	Yes	Yes		x
RESP	200	12/12/2013	Yes	Yes		x
RESP	210	1/19/2012	Yes	Yes		x
RESP	220	3/12/2020	Yes	Yes		x
RESP	230	12/12/2013	Yes	Yes		x
RESP	250	4/11/2019	Yes	Yes		x
RESP	260	1/19/2012	Yes	Yes		x
RESP	270	1/19/2012	Yes	Yes		x
RESP	280	1/19/2012	Yes	Yes		x
RESP	290	4/11/2019	Yes	Yes		x
RESP	290B	2/13/2020	Yes	Yes		x
RESP	292	1/19/2012	Yes	Yes		x

*Note: Prerequisites need to be validated (in subsequent process) through Curriculum Committee.

Program Reflection:

Program will seek to revise the courses listed in need of revision by the end of the calendar year 2025.

B. Degrees and Certificates[+]

Degree or Certificate & Title	Implementation Date	Has Documentation *Yes/No*	In Need of Revision+ *and/or Missing Documentation* & Academic Year Anticipated	To Be Archived* *(as Obsolete, Outdated, or Irrelevant)* & Academic Year Anticipated	No Change
Respiratory Care: AS	BOT Pre-Fall 2006	Yes			

*Note: Discontinuance or archival of degrees or certificates must go through the Program Discontinuance process or the Program Archival Task Force.

+Degrees and Certificates cannot be implemented until the required courses in them are approved and active.

Program Reflection:

The program has made very minor changes in curriculum over the past several years but not substantive changes. The program will seek to assess all courses to continue to meet Commission on Accreditation of Respiratory Care (CoARC) standards for education and to provide the best possible courses for the students to prepare for a career in healthcare.

The development of the baccalaureate degree will continue to be a focus for faculty and the program to be ready for the first cohort in Fall 2026.

III. LEARNING OUTCOMES ASSESSMENT

A. Status of Learning Outcomes Assessment

Learning Outcomes Assessment at the Course Level

	Number of Courses with Outcomes Assessed		Proportion of Courses with Outcomes Assessed	
Number of Courses	Over Last 4 Years	Over Last 6 Years	Over Last 4 Years	Over Last 6 Years
19	2	5	11%	26%

Learning Outcomes Assessment at the Program/Degree/Certificate Level

Degree/Certificate	Number of Outcomes*	Number of Outcomes Assessed		Proportion of Outcomes Assessed	
		Over Last 4 Years	Over Last 6 Years	Over Last 4 Years	Over Last 6 Years
Respiratory Therapy	3	0	3	0%	100%

Program Reflection:

All courses are evaluated every four years.

B. Summary of Learning Outcomes Assessment Findings and Actions

Learning outcomes will be assessed by the end of the calendar year 2025.

Program Reflection:

We continue to utilize the evaluation of student learning outcomes to improve delivery of pedagogy, maintain excellent program outcomes and student satisfaction.

IV. PROGRAM HIGHLIGHTS

The program-level plan that emerged from the last review (enter term) included the following initiatives:

Enter initiatives – bulleted list

A. Accomplishments/Achievements Associated with Most Recent Three-Year Program-Level Plan

Successful 10-year accreditation site visit. Recognized by CoARC as a Distinguished Program. Expanded clinical sites.

B. Recent Improvements

Approval of baccalaureate program to start in fall 2026.

C. Effective Practices

Dedicated faculty, stable enrollment, high retention, high pass rates and high graduate placement.

V. PROGRAM PLAN

A. Based on the information included in this document, the program is described as being in a state of:

- ○ Viability
- ○ Stability
- ○ Growth

*Please select ONE of the above.

This evaluation of the state of the program is supported by the following parts of this report:

(Identify key sections of the report that describe the state of the program. Not an exhaustive list, and not a repeat of the report. Just key points.)

B. Outline the three-year plan for the program by completing Columns A – D of the Three-Year Program Planning Template (the Excel file that will accompany the Program Review Report). For the fall 2024 program review cycle, the 3-year program plan will span 2025-2026 through 2027-2028.

VI. RESOURCES NEEDED TO IMPLEMENT PROGRAM PLAN

A. Describe the current state of program resources relative to the plan outlined above. (Resources include: personnel, technology, equipment, facilities, operating budget, training, and library/learning materials.) Identify any anticipated resource needs (beyond the current levels) necessary to implement the plan outlined above.

Description of Current Program Resources Relative to Plan:

The program is pursuing hiring a new full-time Clinical Coordinator that will continue to pursue new clinical partners. The program has a dedicated, full-time Program Coordinator that possess the required education and experience to support the newly approved BSRC at Napa Valley College.

B. Identify the resources needed in order to implement each component of the three-year plan for the program by completing Columns E – F of the Three-Year Program Planning Template (the Excel file that will accompany the Program Review Report). If more than one type of resource (e.g., operating expenses, technology, supplies, facilities, equipment, etc.) is needed to implement the initiative, list each need on consecutive rows following the unit-level initiative.

Note: Resources to support program plans are allocated through the annual planning and resource allocation process (not the program review process).

The completed Three-Year Program Planning Template will serve as a draft/starting point for upcoming annual planning and resource allocation cycles.

A	B	C	D	E	F
PROGRAM:	*RESPIRATORY CARE*				
PLANNING YEARS:	**2024-2025 through 2026-2027**				
Program/Service	**Unit-Level Initiative**	**Anticipated Year of Implementation**	**Anticipated Outcome of Initiative**	**Description of Resource Need**	**Type of Resource Need**
Respiratory Care	Secure Full-Time Faculty/Director of Clinical Education	2025-2026	Required position by accrediting body. In-process at time of writing of review.	Successful completion of hiring process.	Staffing
Respiratory Care	Equipment Maintenance and Procurement	2025-2026	Maintain existing hospital-grade equipment to eliminate need to purchase new equipment	Dedicated component of budget committed to maintenance contract.	Equipment (other than Technology)

PROGRAM **SPRING 2025**

Completed by Supervising Administrator:

Robert Harris

Date:

04/17/2025

Strengths and successes of the program, as evidenced by analysis of data, outcomes assessment, and curriculum:

The strengths of the program are evidenced by the success of the students who participate and complete the program. These strengths can be enumerated as follows:

- Dedicated professional faculty
- Access to highly specific equipment
- Access to a high-fidelity simulation lab
- Successful outreach to clinical sites
- Articulation of student expectations and accountability to themselves and the profession.

Areas of concern, if any:

- Recruitment and cultivation of a full-time faculty member who also serves as the Director of Clinical Education. This is not a specific want, rather it is a requirement for accreditation and recent attempts have been unsuccessful in maintaining a long-term solution. At the time of this writing, an active recruitment is in process.
- Continued stewardship and development of clinical sites/opportunities for student training.

Recommendations for improvement:

- Actively seek to reinvigorate new clinical partnerships upon hiring of the Director of Clinical Education.
- Provide an on-boarding educational program any new faculty.
- Seek to leverage categorical funding at a higher level to augment equipment needs In order to maintain existing equipment and to procure hospital standard equipment for lab.

Additional information regarding resources: