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**RESPIRATORY CARE PROGRAMS**

**Faculty Planning Meeting**

August 23,2022, 8:00 AM

**Agenda/Minutes**

Attendance:

Sindee Karpel, RRT, AE-C Faculty Respiratory Care & BS-CPS

Jean Newberry, RRT-NPS, ACCS Program Director Respiratory Care

Heather O’Connell, RRT, CPFT DCE/Faculty Respiratory Care & BS-CPS, Chair BS-CPS

Jean met with Dean in impromptu meeting this am. Was told that our faculty loads will not be accepted.

Dr. Such stated that it can’t happen.

Tommy stated afterwards that it is a project to work on.

According to Dr. Such, RC faculty load is going to be cut dramatically.

Individual meeting with Dr. Such and Tommy:

* Was informed that for every 3 hours an instructor spends in clinic, it is 1 hour of load for that instructor. Explained to them that we did contact/face to face hours. They instructed me that it was incorrect.
* Dr. Such and Tommy also said that lab courses worked the same way. I explained that is not how the rest of lab hours are done throughout the sciences. 1 credit lab course is a 3 hour course per week and the faculty gets 3 hours of load (contact time).
* Was told to check with our accreditors and see how this is done and what the required clinic hours are for the program. I explained that it is not mandated how many clinic hours are required. It is enough hours to deem the graduate an ‘entry level RT.’ Usually between 700-900 hours. We are at about 800 of actual clinic time. CoARC does not dictate how the courses are taught, nor how the instructors are compensated. Told them at long as outcomes are good and surveys are good for the graduates, they really don’t have a say on how content is being delivered. They do have a 1instructor to 6 students in clinic and though not mandated, it is similar for lab time.
* Was told to check with Florida Frameworks to see how they mandate any of these. Explained to them that the Fl frameworks only lists the topics that must be covered but in no way decides how it will be covered and does not have any mandates.
* Was told to look at a competitor program and see what they do. I asked what competition as there is none in this area. They seemed surprised with this. I explained the nearest schools do things similar
* I explained that the set up of the course credit hours is skewed to the didactic side and the clinic side is somewhat shorted. It can be re-examined and restructured for the next incoming cohort. But nothing can be done for the 2 cohorts in the system as they have older catalogs and I cannot change their catalogs.
* I asked when are we going to look at spring semester and suggested it should not be the first week of classes in January as we are doing so now.
* 6 hours of load for chair—was informed it was for cardiopulmonary and not specified to be for the BS Cardiopulmnary. Was told that the chair position can be used for other than the BS program. I explained how I don’t think that is a right interpretation of the chair position and was not the intention when it was created. They do not want to lose this position and it can be used for other than BS. And it can be used for clinic load. I asked what happens when the term of the chair expires and has the possibility of transferring to the CVT faculty. Was told: We will deal with that later.
* Then discussed Heather and Sindees load for the semester. Then Ray’s .

It seems that the problem is the clinic courses are too low in credit for the students to be out in clinic for that many hours and account for the faculty to be out in clinic for that many hours (face to face vs load).