

Cardiovascular Technology Program  
Florida SouthWestern State College  
Advisory Board Meeting  
At FSW Lee Campus Room A-207  
June 14<sup>th</sup>, 2022 - 9:00 a.m.  
Minutes

1. Welcome and Introductions

*Dr. Nikki Cobb welcomed committee members and introductions were both via zoom and those in person.*

*Members present:*

- *Nikki Cobb, EdD, RCIS, Program Director, Cardiovascular Technology Program*
- *Halley Bennett, RCIS, Clinical Coordinator, Cardiovascular Technology*
- *Ray Lenius, RCIS, Faculty, Cardiovascular Technology*
- *Ricardo Orlando Escárcega, MD, Cardiologist, Florida Heart Associates, & Medical Director CVT Program*
- *Todd Rauchenberger, CEO Florida Heart Associates*
- *Brian Crosby, RN, RCIS, Cath Lab Director, Lee Health (GCMC & HP)*
- *Tommy Mann, MSN, Senior Director SoHP*
- *Tami Such, PhD, RNC-OB, Dean SoHP*
- *Heleomar Zanga, Cath Lab Director, Key Largo, HCA*
- *Michelle Royal, RN, Nurse Educator, Memorial Cardiac & Vascular Institute (Hollywood, FL)*
- *Jessaca Rodriguez, Development Director for AHA, Fort Myers*
- *Cameron Watt, MSN, Director Cardiovascular Services, Sarasota Memorial*
- *Steve Rowell, Operation Manager for Cardiovascular Solutions*
- *Angela Leland, RN, Cath Lab Educator, TGH*
- *Jeremy Fletcher, MBA-HM, BSN, Executive Director Cardiovascular Services, Jupiter Medical*
- *Lisa Olive, RCIS, Student, Class of 2022*
- *Arianna Sanchez, RCIS, Student, Class of 2022*
- *Camila Camacho, RCIS, Vice President, Class of 2022*
- *Jill Golf, President, Class of 2023*
- *Alex, Vice President, Class of 2023*

*The previous meeting minutes were reviewed, and the minutes were accepted.*

2. Overview of Graduate Outcomes

- a. Number of 2022 Graduates/Outcomes to be discussed
- b. Number (1991-2021 = 355, 2021 = 10)
- c. Placement statistics (1991-2021 = 91%, 2021 = 9/10, employed 90%)
- d. RCIS Registry statistics (1991-2021 = 99%, 2021 = 9/10 (one has not sat), passed 100%)

*Dr. Cobb reviewed the data collected regarding graduate outcomes including number of graduates for the Class of 2022 with 12 to graduate that Saturday at FSW and 11 out of the 12 have already taken their RCIS and PASSED with 8/12 committed to employment in Cath Labs already. From the class of 2021 we had 10 graduate, with a positive placement being 9 of 10 (one of which we cannot get in contact with to verify job placement), and RCIS registry, 9/9 have been successful in taking and passing the RCIS exam. The program currently holds a 99% pass rate, and this does not include the*

*class of 2022 yet. With the class of 2022 we are currently sitting at a 100% pass rate for the 11/12 that have taken it thus far.*

### 3. Classes of 2021, 2022 and the incoming class of 2022

a. 2021 = 10 graduated; Pinning Ceremony was on June 19 (outside at FSW)

2022 = 14 traditional students

2023 = 17 students accepted with an additional 2 to re-enter

b. Attrition/Retention statistics

*Dr. Cobb reviewed the number of our newly graduated students (12), which represent the Class of 2022; all 12 graduated at the end of the Summer A semester, June 18, 2022. The class of 2023 is comprised of 13 traditional students with a projected two to recycle and one to re-enter. The program has increased its cohort number to 26 students for the Fall 2022 start date with a projected two students to recycle. Currently we are still interviewing but have accepted 15 students for the Class of 2024 that have met all the metrics and qualifications we currently have in place for acceptance into the CVT program. Program retention has been steady but does not meet the JRC-CVT/CAAHEP threshold. For the Class of 2021 we had 20 to start and only 10 to graduate. Program retention based off the 2021 class is sitting at a 50% retention rate. This unfortunately is a common struggle amongst many CVT program as Dr. Cobb has investigated 9 other invasive CVT programs since her arrival in April 2021 and this is a common short fall. A 50% retention rate is also projected for the 2022 class that is graduating the following weekend. There are strategies to improve retention rates that will be conducted over the next several years to improve these outcomes that was further discussed throughout this meeting. One focus being marketing and outreach due to lack of awareness about the CVT field. New program brochures were created showing facts about the program and a current salary for the Invasive CVT field. We are also targeting hospital open houses on top of college open houses-where the brochures will also be distributed.*

### 4. Covid Update from Clinical Sites (**CLINICAL SITE Feedback**)

*Dr. Cobb asked for all clinical stakeholders to give feedback on COVID-19 limitations. Clinical sites stated that they are back to fully accepting students and the cath lab case load is increasing but contrast shortages and staffing shortages currently present limitations throughout some clinical sites (Memorial Heart & Vascular). TGH is back to full case load and extremely busy.*

### 5. Human Resources

a. Program administration and upcoming transitions

i. New Clinical Coordinator- Halley Bennett

ii. New Associate Medical Director- Dr. Orlando Escárcega

b. Instructional staff

iii. Clinical Associates

iv. Part Time Adjunct

*Dr. Cobb introduced new Clinical Coordinator, Halley Bennett and New Medical Director, Dr. Escárcega. Both spent time introducing their selves along with their backgrounds. After that the need for and importance of Clinical Associates was discussed. Many were lost due to travel opportunities and industry. The stressors of increases acceptances numbers from 22 to 26 was discussed regarding how additional instructional help will be needed. The CA pay was increased to \$31/hr and it now based off of years of experiences and increases with those years. The need for CAs in the Fall terms was stressed in hopes to maintain the rigor and outcomes of the CVT program as it stands.*

The proposal of a Part Time position was presented to the advisory board in hopes to have a committed additional instructor for lab and clinical assistance. The Faculty Qualifications for the CVT Program were change from requiring a Masters level education to a Bachelors level education in hopes to acquire an experienced Invasive CVT part time instructor for the Fall term. Clinical sites were asked to encourage those that may be interested and have a passion for teaching to let them know both about the CA position(s) and the future part time position.

NOTE: The current human resources of the CVT Program were outlined for committee members.

- President, Dr. Jeffrey Allbritten
- Provost/Vice President of Academic Affairs, Dr. Eileen DeLuca
- Dean, School of Health Professions, Dr. Tami Such, PhD, RN
- Senior Director, SoHP, Tommy Mann, MSN
- Program Director, CVT Program, Nikki Cobb, EdD, RCIS
- Clinical Coordinator, CVT Program, Halley Bennett, RCIS
- CVT Faculty, Ray Lenius, RCIS

## 6. Physical Resources

- a. Two NEW 2 Mentice VIST systems that house coronary pro and peripheral software
- b. Mentice RHC Simulator (Summer 2022)
- c. James Sublett Donation: portable x-ray/c-arm table (2022). CVT Simulation Lab remodel. House students for clinical internships. New Vist & RHC simulators. Two New Stryker Stretchers.
- d. Upgrades to the on-campus cath lab and classroom space: Back in October of 2021 we started the beginning phases of planning to remodel our CVT simulation lab to cater to a more current and relevant cath lab setting. The current stationary x-ray table will be replaced with a portable x-ray/c-arm table and the removal of current cabinetry will allow for the housing of an additional two simulators as a means for preparing increased acceptance numbers and meeting the educational demand and rigor of this program. Remodeling is scheduled to begin June 20th, 2022. This remodeling will allow for our students to encounter a newer and more relevant cath lab setting which will also allow for the program to incorporate peripheral vascular and structural heart aspects into the program's current curriculum. (Projected for the class of 2024)
- e. We need a monitoring system as ours no longer works and are looking for any possible clinical sites that are in the market for upgrading theirs. We would like to be considered when upgrading so that the school can purchase a newer and more relevant monitoring system. (CLINICAL SITE feedback needed here)

The program's classroom, laboratory resources, and plans for remodeling were reviewed and presented. Both "Opal" & "Mercedes" (Mentice VIST G5s) were presented and discussed in detail so all stakeholders involved understand how they are utilized and why. Both Mentice Simulators house the coronary pro and peripheral software. The New Mentice RHC simulator was discussed along with how the students will download an app for this specific simulator, but this has not been utilized yet as it was just received in June of this year. Credit was given to the Sublett family and how with their donation a portable x-ray c-arm table was in the processes of being purchased and the CVT simulation lab remodeling that was discussed last year was to officially kick off June 20<sup>th</sup>, 2022. This involves the removing of the current 1989 mounted C-arm & X-ray Table, generator, Mock Doctor Dictation area, wall/countertops on the left side of the CVT classroom, and all cabinetry in the supply room and simulation room except for a few cabinets to the left as you first walk in to the CVT

*simulation room. The advisory meeting was moved to the simulation lab where concepts and ideas were presented and put to a vote involving all advisory board members. The idea of purchasing a portable C-arm was put to a vote. The consensus was NO due to the simulation c-arm provided in the Mentice software. The goal of purchasing two Simulators to accommodate the increase in cohort was presented with the first of the two simulators to be proposed to be purchase for the new fiscal year (July 2022). The idea/plan to mount and additional TV/Monitor in the CVT simulation room was also presented in hopes to have the TVs/Monitors back-to-back with a simulator on each side. Again. This is a long-term future plan hopefully to be concluded over the next three years. The observation that students are not being given the opportunity to monitor at their clinical sites was discussed and the need for a simulator for hemodynamic monitoring was put to a vote. Even with the New RHC simulator the advisory board (clinical sites & students) felt that the need for a (simulation) monitoring system was a must. With that being said, Dr. Cobb asked the advisory board if the program needed to purchase a monitor system. The overall consensus was that a monitoring system was needed. Dr. Cobb asked that if anyone was building a new lab, to please let her know so that the program can purchase the old monitoring system.*

#### **7. Clinical Resources and Clinical Coordinator Report (presented by Halley Bennett, CVT Clinical Coordinator)**

*We currently have 17 clinical sites. The clinic sites range from Tampa to Miami. We have grown from 12 to 17 clinic sites over the past year, which is huge for our program. The second-year students have rotations through Naples Community Hospital, Physicians Regional Healthcare System, Gulfcoast Medical Center, HealthPark Medical Center, Bayfront Health Port Charlotte, Charlotte Heart and Vascular Institute, Fawcett Memorial Hospital, Manatee Memorial Hospital, Sarasota Memorial Hospital, and Tampa General Hospital.*

*Dr. Cobb went over the clinical matrix and showed how the students rotations work. She reviewed the numbers related to placement in rotations 1 and 2 versus rotations 3 through 5. Students are more accepted in their latter rotations than in their first and we need to be able to use all of our clinic sites for each rotation. Clinic sites want us to accept more students, but need to support us in taking more students. Moving forward the program will not have any more clinic sites that will not take students in the 1st or 2<sup>nd</sup> rotations. Dr. Cobb will reach out to different clinic sites to have a memorandum of understanding (MOU) to determine how many students' sites can take at any given time.*

*Professor Bennett also stated that it would be great to have a clinical liaison at each site. This person would be the primary contact for each clinic site.*

*Dr. Cobb went over compensation and a way to give back to clinic sites. The school has an affiliation with the Alliance of Cardiovascular Professionals (ACVP). Clinical Associates and Preceptors can get memberships and obtain CEUs. Dr. Cobb also offered feedback to clinic sites on what the sites can offer to their employees. Employers can offer \$1/hour for each hour the preceptors are with students. In addition, employers can offer 6 hours of paid time off (PTO) to employees for every 40 hours they work with students.*

*Dr. Cobb went on to ask each site for cardiac catheterization packs. She asked that each site donate a cardiac catheterization pack so the program does not have to buy them.*

*Dr. Cobb then read went over the clinical experiences report. She only read the positives and told the members to reach out to her for the negative experiences.*

## 8. Curriculum/Program Review

*Dr. Cobb reviewed the impending curriculum changes. Due to retention rates, the program has made human anatomy and physiology I and medical terminology pre-requisites for students to get into the program. We will track the progress over the next 3 years. We are proposing that RET and CVT separate so that we can have specific courses for cardiovascular content. This is reflective of the changes made on the boards. CVT 2920 is also being revamped for a review course for the seniors.*

## 9. Medical Directors Perspective

*Dr. Escarcega is the new medical director. Dr. Escarcega introduced himself and where he received his training. He stated that students should be able to understand what they are doing at the table and be able to anticipate what comes next in the procedures. Students also need to be exposed to structural heart since it is an emerging part of the field.*

## 10. Students Perspective

*The students shared that the program is great. Over time they can see their growth and feel more comfortable working with physicians. It was emphasized that a good preceptor is needed for a good experience. Obtaining feedback from the physician and the preceptors has also helped their growth. Students also gave feedback on the pharmacology course, and stated that they are the less comfortable in this area.*

*Dr. Cobb discussed mentoring preceptors on giving proper feedback. The program reviewed its evaluations and want to make sure preceptors know how to give appropriate feedback. An example of what is expected was reviewed by the board. The evaluations should show a progression.*

## 11. Public Member Input

*a. Community outreach (AHA heart Walk, Go Red for Women, Heart Week)*

*Lisa Olive raised \$700 within 2-weeks. We also created rocks for heart disease awareness.*

*They were placed around Fort Myers and Cape Coral, FL. The program is also participating in the STEM event to help market the program and teach about heart disease.*

## 12. JRC-CVT/CAAHEP Accreditation Status (presented by Raymond Lenius, CVT Faculty)

*a. The program continues to meet and/or exceed all thresholds. Our last annual report was accepted, and no additional reporting needs to be done.*

*b. Continuing to meet and/or exceed all thresholds*

*c. Next accreditation is due in 2026.*

*d. The annual meeting shows that we are participating and collaborating with our clinical partners, students, and instructors.*

## 12. Continuing Education

*a. Creating a simulation outreach program where we can come and train your staff.*

*b. The simulators are portable and can be plugged into specific systems.*

## 13. Baccalaureate Degree in Cardiopulmonary Sciences Update (presented by Ray Lenius, CVT Faculty)

*The B.S. Degree Program in Cardiopulmonary Sciences (CPS) is open to the Cardiovascular Technology and Respiratory Care graduates who have received either the RCIS or RRT*

*Certifications. The program began offering courses in the Spring 2011 semester and continues to offer courses during the Fall, Spring and Summer semesters. Most students are RET students with a few CVT students mixed in.*

## 12. Open Discussion

*Dr. Cobb discussed housing students for clinical rotations. We have been able to pay for housing for some of the out of district sites, but we are asking the sites for additional help. Some hospitals use call rooms, and we are hoping that we can reserve a room for a student.*

## 13. Adjournment

*The meeting was adjourned.*