

TACTICAL PLANNING FRAMEWORK
2009-2012
Health Sciences Department

I. Background

Introduction: The Health Sciences Department is comprised of two certificate of achievement programs, two certificate of completion programs, and seven A.S. degree programs that are unique not only to the UH system but also in the state. In addition the department offers open-enrollment HLTH courses that support and/or are pre-requisite for several health-career programs as well as credit and non-credit programs leading to certificates of competence.

Current Situation:

Internal environment: After over two decades with one department chairperson, another faculty member assumed this role in summer 2007. There are 15 faculty-teaching, two counseling faculty, one APT student support, and one and a half civil service positions allocated to this department. With the transfer of the Exercise and Sports Science program to Health Sciences, it is anticipated that one faculty-teaching position will also move to Health Sciences. There are two vacant faculty-teaching positions that need to be filled by fall 2010. Two special-funded positions in the non-credit programs (one teaching, one APT) are assigned to the department, and two full-time faculty teach courses in non-credit programs as part of their teaching load or as overload. Lecturers number around ten; qualified lecturers in some programs are not readily available. Available teaching equipment ranges from obsolete, dating from 1984, to brand-new. The cost of replacing some obsolete equipment has prohibited a planned program of equipment replacement in times of lean budgets. Classroom technology is obsolete in every program, and only two programs have received funding to replace almost non-functional blackboards with whiteboards. Enrollment demand has previously ranged from over-subscribed to under-enrolled; the current economic situation in Hawaii has resulted in full-capacity program enrollment, with wait-listed students, in all programs. Accreditation status of the various programs ranges from non-accredited to accredited; all A.S. programs have received full accreditation ranging from seven to ten-year terms. Equipment replacement funds are non-existent, and supply funds allocated to the department have fallen short of needs for the past few years. The recently instituted program fees have helped to alleviate the situation with regard to supplies, but are not adequate to provide funding for equipment replacement. Access to pre-requisite and support courses has improved and is available to prospective off-campus/neighbor island students. Proliferation of pre-requisite and support courses at UH system colleges, along with de facto articulation, has, on the one hand, improved student access. On the other hand, system-wide articulation gaps, mainly involving common student learning outcomes, should be addressed if pre-requisite courses offered at sister colleges continue to receive de facto articulation status. In early spring 2009, the department received a \$1.7 million grant from the Department of Labor/Employment Training Agency (Ulu

Pono) for workforce training and will partner with community agencies, primarily the Department of Education Adult Community Schools, which will continue through 2012. Finally, the Campus Reorganization involving centralization of non-credit continuing education courses/programs could negatively impact certificate of competence programs.

II. Mission Statement

The mission of the Health Sciences Department is to develop and deliver student-centered health career programs that prepare students for careers to meet island-wide and/or statewide workforce needs in the health-care industry in Hawaii. These programs employ industry standards through partnerships with the healthcare community by:

- offering credit and non-credit programs to provide competent and qualified personnel to meet the needs of the healthcare industry in Hawaii,
- providing quality learning opportunities for maintaining worker competence and career mobility in a rapidly evolving healthcare field, and
- delivering friendly, courteous, individualized and student-centered instructional and related support services that promote the likelihood of student success.

Instructional and student support services support this mission. Program level instructional responsibilities include:

- designing, implementing, and evaluating curricula for healthcare programs;
- maintaining national accreditation and/or industry-based standards;
- continuously improving programs based on evaluation of outcomes;
- assessing, identifying, and meeting community needs for continuing education in healthcare; and
- incorporating innovative and flexible educational methodologies to enhance student learning.

Student support services responsibilities include:

- developing and implementing enrollment management strategies that effectively market, recruit, and retain students employing both in-person and technology based strategies;
- providing advising and counseling services to assist students in development of academic and career plans; and continuously improving the quality of services based on quantitative and qualitative evaluation of outcomes throughout the academic lifespan of the student (from pre-admission, matriculation, exit, to post-graduation).

III.-IV Strategic Outcomes, Performance Measures, and Strategies

The focus of the department is to manage student enrollment, maintain the quality of the individual programs; provide the necessary curricula, student learning tools, state-of-the art equipment, and learning experiences; maintain program accreditations; strive to ensure that programs meet community and statewide needs. In addition, the goal of all certificate and degree programs is complete two documented cycles of development, assessment, evaluation, and improvement of student learning outcomes. Career programs seek industry validation of learning outcomes.

Performance Measures: Each program is to develop a plan for one documented cycle of assessed program SLOs. As each program is in a different stage of the SLO assessment progress, it is expected that each program will report their plan and progress toward the assessment in the fall 2012 ARPD.

The department currently offers the following programs:

Community Health Worker, staffed by lecturers and offered only as externally funded and scheduled at the Waianae Health Academy (WHA)

Brief history: The community health worker program began in 1992 under a grant from the Kellogg Foundation. It is only offered in Waianae. The program was developed to provide the knowledge and skills for a health care worker in the community to perform basic health screening procedures and tests and to refer clients to appropriate agencies to provide proper care. Over time and at the request of the community partner in Waianae, the curriculum has undergone changes. It is offered on an irregular basis. The program was funded by Alu Like on contract with the college through WHA, but recent administrative directives from the UHCC system office now require WHA to contract directly with Leeward Community College.

External environment: The employment demand is low and pay is low. However since there are no requirements for admission and the courses are offered free of tuition, a number of students in the target area have gone through this program and used it as a stepping stone for entry into other courses and programs offered at WHA.

Internal environment: In its present configuration, the program is targeted toward social work and substance abuse counseling rather than community health. It does not appear to fit within the health sciences department.

Focus: The feasibility/possibility of assigning oversight of this program entirely to Leeward Community College will be explored.

Dental Assisting, staffed by one full-time faculty and one lecturer.

Brief history: The dental assisting program began 1959 as part of Kapiolani Technical School. Courses were taught by a group of dentists until a full-time faculty member was hired. As a certificate of achievement program, it was accredited from 1963 – 1988. A drop in enrollment led to a program stop-out and the development of a one-semester certificate of completion program that is not eligible for accreditation but meets the needs of the community. The present program coordinator is only the second in the long history of the program at KCC.

Mission: to meet state-wide workforce needs for dental assistants.

External environment: High job demand, low pay. Formal training is not a job requirement; certification is available after two years of work experience; neither commands higher pay. Low unemployment rate is often reflected in lower enrollment rate; a number of students each semester are referrals from social service agencies.

Internal environment: for the past three semesters, enrollment occasionally falls short of the program capacity (16); attrition rate is about one or two per semester. The newly instituted program fee helps to supplement (not replace) the departmental allocation for the program budget; though minimal, it may possibly be a deterrent to enrollment. In 2009, the program director wrote and was awarded a \$25K grant from the Hawaii Dental Association Foundation to replace dated equipment and replace non-disposable supplies.

Five-year Curriculum Review: completed

Focus: recruitment and SLO assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements; complete two cycles of SLO review by 2012. The Ulu Pono grant is also focused on building two to three additional cohorts in Dental Assisting over the course of the next two years. Collaboration with UH Manoa's

Dental Hygiene program: the program is reviewing transfer options to the baccalaureate degree along with open space in Leahi Hospital for a joint program. Secure equipment annual equipment calibration contract.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A <ol style="list-style-type: none"> 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. UHM Dental Hygiene information sessions 5. Continuing dental education workshops, provider status 6. Foundation grants, room remodeling, equipment upgrades
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches; articulation agreements, transfer tracking.
Position(s) Responsible	Sheila Kitamura, Program Director; Russ Kinningham, Counselor; Department Chairperson
Synergies with other programs, units, emphases and initiatives	UH-Manoa Dental Hygiene, UHWO, Achieving the Dream initiative, Native Hawaiian Career and Technical Education Program, CELLT
Key Community Partners (if any)	Hawaii Technology Institute

<p>Resources (human, physical, fiscal, technology) required to implement strategies.</p> <p>Please check appropriate funding sources</p> <p>X General (existing)</p> <p><input type="checkbox"/> Special (existing)</p> <p>X Grants</p> <p><input type="checkbox"/> Biennium and/or supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from 2011 ARPD</p>	<ol style="list-style-type: none"> 1. Course assessment in progress targeting May 2012 completion. 2. Demand Indicators– Unhealthy. The vast majority of dental assistants in Hawaii are trained on the job. KCC is one of 3 programs in the state to provide formal training and there are several small programs at private dental offices. KCC’s Program demand remains high. New 2 semester CA program to begin Fall 2012. 3. Efficiency Indicators– Healthy 4. Effectiveness Indicators— are cautionary based on ARPD data. The ARPD data does not include summer session graduates from the program which would increase the effectiveness data. Program Persistence is not applicable since this is a one-semester program.

j) Use of Results	<ol style="list-style-type: none"> 1. Monitor program and course assessment, deadline spring 2012. Develop a 5 year plan for course competency evaluations. Incorporate the plan into the ARPD fall 2012. 2. Awaiting approval for PAR and ARM for new CA program and five new courses. 3. Develop rubric of clinical experience for students and preceptors
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Medical Assisting, staffed by two full-time faculty and between two to three lecturers.

Brief history: The A.S. degree Medical Assisting program was established in 1969 and has been accredited since 1975. A Certificate of Achievement in clinical medical assisting (not accredited) was added in 1985; upon request this certificate program was extended to Maui in 1991. In 1992 that program was redesigned and a new Certificate of Achievement developed which is accredited and ladders with the original A.S. degree program. The program curriculum was again revised in 2008: a new CA which can be completed in three semesters, a revised A.S. degree with focus on health informatics. The hiring of the second, full-time instructor, a program graduate, in spring 2008 has provided much needed stability and continuity.

Mission: to meet workforce needs for medical assistants.

Internal environment: Enrollment has been at program capacity (24) for two years. Students are admitted only once a year, which now makes tracking their progress much easier. Entering students in both certificate and A.S. degree programs take the same courses for the first two semesters; CA students complete the program in the third semester while AS students take additional courses to finish in two more semester. Graduates at both exit points are eligible for the certification exam. With a once-a-year admission, the number of low-enrolled classes will be reduced or non-existent. Although certification is not required for employment, graduates who do take the certification examination have a pass rate of about 90%. Accreditation requirements now mandate that all program graduates must sit for the national board exam.

Five-year Curriculum Review: complete

Focus: Recruitment and retention of students; development of new faculty; develop student learning outcomes and assessment methods in health informatics; complete two cycles of SLO program review by 2012; articulation of curriculum with non-credit Medical Assisting programs, e.g., Hawaii Technology Institute; replacement of laptop computers for administrative classes, additional equipment for clinical courses; infusion of HIT/HIM curriculum into both CA and AS cohort, creation of new CA in HIM or infusion of HIM across the curriculum. Secure equipment annual equipment calibration contract.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A 1. MOA, information sessions with Hawaii Technology Institute (HTI), transfer credit articulation, competency testing 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. HIM/HIT curriculum development, CA track 5. Foundation grants, room remodeling, equipment upgrades
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, continued accreditation of program.
Position(s) Responsible	Lynn Hamada, Mae Dorado
Synergies with other programs, units, emphases and initiatives	Respiratory Care (clinical office procedures), Native Hawaiian Career and Technical Education program.
Key Community Partners (if any)	Hawaii Technology Institute

<p>Resources (human, physical, fiscal, technology) required to implement strategies.</p> <p>Please check appropriate funding sources</p> <p>X General (existing)</p> <p><input type="checkbox"/> Special (existing)</p> <p>X Grants</p> <p><input type="checkbox"/> Biennium and/or supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from 2011 ARPD</p>	<ol style="list-style-type: none"> 1. Successful program assessment completed via accreditation site visit, fall 2011. 2. Develop a 5 year plan for course level assessment and report in the fall 2012 ARPD. 3. Demand Indicators—are reported as cautionary. Program demand remains high on Oahu county and in the state; fill rate and persistence rates are strong. 4. Efficiency and Effectiveness Indicators are Healthy.
<p>j) Use of Results</p>	<ol style="list-style-type: none"> 1. Enlist advisory board to survey community on need for Health Informatics & Technology (HIT) training and positions. 2. Monitor infusion of HIT content into MEDAS AS degree curriculum 4. Develop rubric of clinical experience for students and preceptors

Medical Laboratory Technician, staffed by two full-time faculty and one lecturer.

Brief history: The A.S. degree medical laboratory technician program was established in 1972, stopped out in 1980-81 due to accreditation concerns, and restarted in 1981 with a new program director. The program has been accredited since 1983. A certificate of completion program in phlebotomy, incorporating two existing MLT courses, was developed and approved in 1991; high demand prompted its conversion to a non-credit program in 1996. The MLT program was extended to the neighbor islands in 1992 - 93; an outreach program to American Samoa was conducted in 1995-1996. The phlebotomy program has been extended several times to Waianae.

Mission: to meet statewide workforce needs for medical laboratory technicians. External environment: High job demand, relatively low pay. National certification and state licensure are required for employment. Accreditation self-study was completed in fall 2007, and a joint site visit for the MLT and phlebotomy programs and the bachelor's degree Medical Technology program at UH Manoa was completed in fall 2008. The MLT program received the full, seven year accreditation. Recent funding issues at the UH Manoa campus necessitated a stop-out of the MT program for two years (to 2012). Meetings are in progress to review and revamp the articulation pathway with the B.S. Medical Technology program. An alternative option for MLT graduates to qualify for the medical technologist certification examination is a bachelor's degree in any major that includes specific science courses; articulation with WOC is a possibility to be explored. The program is also investigating the possibility of an A.S. degree in Health Sciences (modeled on the A.S./Natural Sciences degree) which would then become a model for other programs to follow. In turn, this collaboration with the STEM programs could serve as the basis for a grant proposal to develop a "bridges to baccalaureate" degree pathway.

Internal environment: A new program director was recruited and hired for fall 2008. Programmatic changes include moving courses from a modular-basis back to a semester-basis, review and revision of course outlines, and revising the sequence of courses. At present, students must complete prerequisites prior to admission in the spring semester. In previous years, enrollments are usually about 75% of the 16-student program capacity; program completion rates are about 50% of the entering cohort. A few students with bachelor's degree in medical technology (non-accredited) from the Philippines take MLT program courses to bring up their skills and knowledge in order to qualify for national certification exams and licensure. Those who do complete the program pass the certification exam. Recently, the number of applicants exceeds the number of seats available in the program. A revised admission criteria is being planned. One faculty position is assigned to coordinate and teach in the non-credit phlebotomy program as well as teach MLT courses.

Five-year Curriculum Review: Clinical microscopy, phlebotomy practicum, and clinical practicum courses to be reviewed and completed by spring 2012; other courses completed spring 2011

Focus – Continue recruitment, retention to program completion; continue revision of articulation agreement with MT program, explore development of A.S./H.S. degree to allow students additional options for post-A.S. degree education. Personnel recruitment; collaboration with Hawaii Technology Institute. Continue SLO assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements; complete two cycles of SLO program assessment by 2012. Secure equipment annual equipment calibration contract.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A <ol style="list-style-type: none"> 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. Foundation grants, room remodeling, equipment upgrades 4. MOA with UHM Medical Technology 5. Curriculum outline, AS/Health Sciences degree 6. Recruit faculty
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, signed MOAs, curriculum development
Position(s) Responsible	Program Director (TBA), Sally Pestana, Naomi Isaacson, John Berestecky, John Rand, Sheri Gon
Synergies with other programs, units, emphases and initiatives	STEM, UH Manoa Medical Technology program
Key Community Partners (if any)	Hawaii Technology Institute
Resources (human, physical, fiscal, technology) required to implement strategies.	
Please check appropriate	

<p>funding sources</p> <p>X General (existing)</p> <p><input type="checkbox"/> Special (existing)</p> <p>X Grants</p> <p><input type="checkbox"/> Biennium and/or supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from ARPD 2011</p>	<p>1. Program and course assessment in program fall 2011. 2. Program demand is cautionary. Enrollment remains high and will continue to increase in light of revised baccalaureate Medical Technology program at UH-Manoa</p> <p>3. Efficiency and effectiveness indicators are healthy and all Perkins criteria met</p>
<p>j) Use of Results</p>	<p>1. Course assessments are in progress. Develop a 5 year plan for assessment and report in fall 2012 ARPD.</p> <p>2. Finalize articulation agreement with UH-Manoa Medical Technology and monitor transfer of students</p> <p>3. Develop rubric of clinical experience for students and preceptors</p>

Occupational Therapy Assistant, staffed by two full-time faculty with lecturers.

Brief history: The A.S. degree occupational therapy assistant program was established in 1973 and has been fully accredited since 1977. The curriculum has undergone several major revisions; the last one instituted in 2001 required at least a semester of college work prior to program entry.

Mission: to meet statewide workforce needs for certified occupational therapy assistants.

External environment: National certification is required to work as a certified occupational therapy assistant (COTA), but COTA is often a desirable qualification for many job titles and does not command higher pay. Program survey (summer 2007) of the rehabilitation-related providers indicates a larger demand for program graduates than the figures indicate on state labor statistical reports.

Internal environment: The program director position remained unstable for approximately 4 years, but since fall 2008, a permanent director position was filled by the program's fieldwork coordinator; in spring 2008, the fieldwork coordinator position was also filled with a permanent teaching faculty. The program now has a stable teaching faculty core. Due to persistent low enrollment (7 to 9 new students/year, program capacity 16, with a one-time bump in enrollment numbers due to an externally-funded cohort at the WHA) and low program output (4 – 6 degrees/year awarded over the past few years) combined with curriculum, accreditation, staffing, and employment demand issues, the program was stopped out. No students were admitted in fall 2007; second-year courses continued to be offered to enable students currently enrolled to complete the program. A community survey to assess the need for COTAs and related personnel was completed in summer 2007. The survey revealed a need for COTAs, approximately 12 new positions each year for the next five years. Based on this survey, the Chancellor allowed the program to recruit for a new class to enter fall 2008, and requested a redesign of the A.S. degree program to include exit points for students to qualify for other jobs in the community. The program was revised to include a certificate of competence in Therapeutic Aide and provides skills which were felt to be desirable and valuable to nurse aides and other long-term care providers. Program capacity has been full for the past two years.

Five-year Curriculum Review: complete

Focus – The areas of immediate importance for this program are: (1) Continue recruitment to address the issue of program enrollment by implementing and assessing recruiting and marketing plans; (2) address retention to program completion; (3) assess and evaluate the skill certificate offered in the first year of the program; (4) coordinate program SLOs with faculty in the Exercise and Sports Science program, develop cross-listed courses, explore applied Kinesiology course with ESS; (5) market the therapeutic aide certificate in collaboration with Kupuna Education Center staff; (6) Secure equipment calibration contract; (7) secure equipment for modified kitchen, replace worn or out-dated equipment. 8) continue program SLO assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements; complete two cycles of SLO review by 2012.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services 4. Foundation grants, room remodeling, equipment upgrades 5. Marketing of Therapeutic Aide CC with Kupuna Education Center
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, contracts & MOAs, curriculum proposals
Position(s) Responsible	Carol Paul-Watanabe, Karen Oshiro
Synergies with other programs, units, emphases and initiatives	Kupuna Education Center, Exercise and Sports Science
Key Community Partners (if any)	Hawaii Technology Institute
Resources (human, physical, fiscal, technology) required to implement strategies. Please check appropriate funding sources <input checked="" type="checkbox"/> General (existing) <input type="checkbox"/> Special (existing) <input checked="" type="checkbox"/> Grants <input type="checkbox"/> Biennium and/or	

<p>supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from 2011 ARPD</p>	<ol style="list-style-type: none"> 1. All program and course assessments completed spring 2011 (one entire cycle). 2. Demand Indicators are unhealthy. Program demand increased fall 2011 with a cohort of 18/26 students admitted for class of 2013. The ARPD data reflects a low number of workforce positions available. 3. Efficiency Indicators— Healthy 4. Effectiveness Indicators—Cautionary – Develop a plan to address effectiveness.
<p>j) Use of Results</p>	<ol style="list-style-type: none"> 1. Course assessments completed for 2012 Program accreditation (site visit Fall 2012) 2. Continue program and course assessments (second cycle) for fall 2012 3. Secure MOAs with HTI 4. Develop rubric of clinical experience for students and preceptors 5. Program advisory board to consult with state Workforce Development Council, DOL 6. Consult with accreditation on the need to revise admission criteria to include pre-requisite general education courses.

Physical Therapist Assistant, staffed by two full-time faculty since 2005, with adjunct lecturers as needed.

Brief history: The program was initiated in 1987 and accredited in summer 1988. It was housed in a classroom till 1994 when part of the space occupied by the nursing program was converted into a PTA lab. The program was designed as a 1 + 1 curriculum to allow potential students to complete the first year of degree requirements at their home campus before coming to KCC for one year of major courses. From 1990 to 1998 the program offered several courses via interactive television (HITS).

Mission: to meet statewide workforce needs for qualified physical therapist assistants

External environment: Employment demand remains stable; there are still issues regarding third-party reimbursements for services provided by PTAs; demand exceeds program output. Relatively low pay and the low unemployment rate may impact student demand for the program. Although licensure via a national examination is not required in Hawaii, completion of an accredited

program is required for employment as a physical therapist assistant. Graduates who choose to take the national examination have a high rate of success.

Internal environment: The present enrollment quota is 16. Persistence and graduation rates have also dropped significantly due to diverse reasons, and a study is in progress to address these issues. Outdated equipment must be replaced and additional instructional items are needed to provide training in electronic documentation, record student performance for self-evaluation and improvement of skills, etc. The program completed an accreditation self-study in 2008, and a site visit took place in summer 2009. The program was awarded a 10-year accreditation, the longest available from the Commission on Accreditation in Physical Therapy Education.

Five-year Curriculum Review: HLTH alpha courses and PTA alpha courses to be reviewed by spring 2012

Focus: Enrollment management, update course outlines with student learning outcomes and assessment methods, complete two cycles of SLO program review by 2012, meet program accreditation standards as needed; acquire funding for needed equipment; seek additional funding from foundation boards; secure contract with external calibration firm for quality control of equipment.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A <ol style="list-style-type: none"> 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. Foundation grants, room remodeling, equipment upgrades
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, grant proposals submitted
Position(s) Responsible	Jill Wakabayashi, Ann Low
Synergies with other programs, units, emphases and initiatives	ESS
Key Community Partners (if any)	Hawaii Technology Institute
Resources (human, physical, fiscal,	

<p>technology) required to implement strategies.</p> <p>Please check appropriate funding sources</p> <p><input checked="" type="checkbox"/> General (existing)</p> <p><input type="checkbox"/> Special (existing)</p> <p><input checked="" type="checkbox"/> Grants</p> <p><input type="checkbox"/> Biennium and/or supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from 2011 ARPD</p>	<ol style="list-style-type: none"> 1. All program and course assessments completed spring 2011 (one entire cycle) 2. Persistence rates improved to 59%. Develop and plan to improve persistence 3. Demand, Efficiency & Effectiveness Indicators– All Healthy
<p>j) Use of Results</p>	<ol style="list-style-type: none"> 1. Continue program and course assessments (second cycle in 2012-2013). Develop 5 year plan for course assessment aligned with program SLOs and report in fall 2012 ARPD . 2. Monitor gatekeeper courses such as HLTH 280, 280L and PTA clinical competency courses to assess and raise persistence rate for 2012 3. Monitor board exam completion and pass rates to improve student placement rate 4. Implement preceptor training program and online tutorials to improve effectiveness indicators

Radiologic Technology, staffed by two full-time faculty.

Brief history: The program was initiated in 1970 with one instructor and no on-campus lab facilities. All lab and clinical courses were conducted after hours in hospital radiography departments until 1984 when Kauila building was completed and fully equipped with energized and non-energized labs. A second instructor position was added in 1974; the program has been accredited since 1973. A self-study for program accreditation was completed in 2007, and a site visit occurred in fall 2008. The program received the maximum, full accreditation for the next 7 years.

Mission: to meet statewide workforce needs in radiographic imaging.

External environment: Job demand in recent years has remained flat; personnel with additional training move from radiographic imaging to other imaging modalities. Employment demand remains particularly high on neighbor islands. Salaries remain high so student demand also remains high. Technology has changed from film-based imaging to digital, with only one medical center still using film-based imaging. A cohort of 8 students graduated from the Maui, distance education program, in summer 2009.

Internal environment: The program consistently fills all 25 available slots, selecting the best qualified (according to a point system) from at least 75 applicants who have completed all prerequisites. Completion rates have ranged from about 70% to 90%. First-time pass rate on the national registry examination (required for employment) has been 100% for the past five years, with average scores recorded as the highest in the nation. The credit load in the program is extremely high, with faculty overload averaging between 6 to 8 credits per semester. Recruitment of adjunct faculty has not been successful; working technologists have daytime commitments and are reluctant to give up their full-time positions to assist in the labs. In order to reduce the overload, a third position in the program must be considered; extension of the program to relieve neighbor island employment needs would also be easier with a third teaching faculty.

Equipment first installed in 1984 is obsolete and in need of constant repair, which is becoming more and more difficult and costly because the manufacturer no longer makes replacement parts. In summer 2009, two energized units were purchased and installed, but the program must still replace the other two obsolete energized X-ray machines (to generate the X-rays to produce diagnostic images on film or on digital imaging plates) to provide students lab experience necessary to produce radiographic images of diagnostic quality. Also needing replacement are two obsolete and two obsolete and inoperable non-energized X-ray machines. The non-energized machines provide students the lab experiences needed to position patients accurately and quickly and to operate the equipment safely. Down time for the x-ray machines doubles the lab time for students and the faculty. If inoperable equipment is not replaced, it will become necessary to decrease the incoming class size by half. The high cost of x-ray equipment has precluded inclusion of replacement equipment in the college's general fund budget requests over the years. The cost factor also is such that hospitals seldom discard such equipment until the condition is such that it is no longer useful as a donation to the program.

In addition, the program must move away from film-based imaging, which involves the use of environmentally harmful chemicals, to digital imaging (images must still be produced by using x-ray machines) so that students will be prepared for clinical experiences in which they work with patients in hospitals.

The employment and student demand for the program on neighbor islands has in the past been addressed in two way: (1) externally funded extensions of the program to neighbor islands (requests for such extensions stretch faculty resources very thin) and (2) a neighbor-island admission policy enabling neighbor island students to qualify for admission in competition with other neighbor island applicants (rather than competing against the entire pool of applicants) with the requirement that they return to their home island for summer clinical experience and employment upon graduation. This policy has been discontinued temporarily in fall 2008. Demand for training on the neighbor islands continues to be high; the addition of a third faculty member to support extension teaching is critical if the program is to remain responsive to their needs.

The program fees help defray the high supply costs of the program but do not come close to covering the cost of replacing even one x-ray machine for the program.

Five-year Curriculum Review: complete

Focus: The areas of immediate importance for this program are: (1) Provide adequate laboratory equipment to prepare the students for clinical courses; (2) Mobilize community, student, and alumni support for general funding of equipment; (3) Secure an additional full-time instructor for laboratories and externship courses; (4) secure foundation grants; (5) review neighbor island initiatives for DE programs on Hawaii island and Maui. 6) SLO assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements, complete two cycles of SLO program review by 2012.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A <ol style="list-style-type: none"> 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. Foundation grants, room remodeling, equipment upgrades 5. Hire 1.0 FTE for laboratory sections and clinical practicum 6. Maui and Hawaii RDP information sessions 7. Faculty recruitment

Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, grant proposals
Position(s) Responsible	Jodi Nakaoka, Harry Nakayama
Synergies with other programs, units, emphases and initiatives	Maui Community College RDP, Hawaii Community College RDP
Key Community Partners (if any)	Straub Foundation, Queen's Medical Center Foundation, Hawaii Community Foundation, Hawaii Technology Institute
Resources (human, physical, fiscal, technology) required to implement strategies. Please check appropriate funding sources <input checked="" type="checkbox"/> General (existing) <input type="checkbox"/> Special (existing) <input checked="" type="checkbox"/> Grants <input type="checkbox"/> Biennium and/or supplemental budget request <input type="checkbox"/> Others (Please list)	
i) Summary of data collected (actual) from 2011 ARPD	1. Program and course assessment in progress fall 2011. Develop a 5 year plan of assessment and report plan in fall 2012 ARPD. 2. Program demand, efficiency and effectiveness indicates remain healthy 3. Perkins indicators have been met

	4. Lecturer hired to deliver laboratory sections
j) Use of Results	<ol style="list-style-type: none"> 1. Monitor program and course assessment for spring 2012 deadline 2. Recruit and hire full-time instructor for laboratories and clinical practicum courses

Respiratory Care, staffed by three full-time faculty.

Brief history: The program was initiated in 1971 as the inhalation therapy program; nomenclature has since changed. The program was redeveloped in 1978 and accredited in 1981, with both a certificate of achievement technician program (extended to Maui in 1991, discontinued in 1993) and the A.S. degree respiratory therapist program that was accredited for the full, maximum period of 10 years.

Mission: to meet statewide workforce needs in respiratory care.

External environment: Employment demand remains stable, with high salary rates. Student demand remains high. A baccalaureate degree (BAS) program in health care administration has been initiated at West Oahu College, building on KCC's A.S. degree in respiratory care and with one or two 400-level courses in respiratory care designed in conjunction with KCC respiratory faculty.

Internal environment: The program consistently fills the 16 available slots. In some years a foreign student is accepted in addition to the usual contingent. Program completion rate is consistently around 90%, and the pass rate on the national certification exam is 100%. To support the BAS program proposal at West Oahu College, the RESP curriculum was redesigned with 300 level RESP courses. A third faculty position has been established, filled in mid-spring 2007. Also a new clinical coordinator was hired in 2006.

Five year Curriculum Review: 300-level courses will be reviewed by spring 2012, other major courses complete

Focus: With two relatively new faculty in the program, faculty development is a high priority. Faculty attendance at national professional meetings is important. Replacement of obsolete equipment, primarily ventilators, and modern instructional technology in the classroom remains critical. Develop new curriculum in polysomnography, explore community partnerships with existing sleep laboratories. Explore DE with Hawaii Health systems Corporation for Maui and Hawaii island. Secure calibration contract to monitor equipment. SLO assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements; complete two cycles of SLO program review by 2012.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. Foundation grants, room remodeling, equipment upgrades 5. HHSC MOA, needs assessment 6. Lecturer support for enhancing clinical practicum
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches, grant proposals, MOA, curriculum proposals
Position(s) Responsible	Steve Wehrman, Ed Borza, Abby Kopf
Synergies with other programs, units, emphases and initiatives	
Key Community Partners (if any)	Hawaii Technology Institute, Hawaii Health Systems Corporation, Queen's Medical Center (Polysomnography)
Resources (human, physical, fiscal, technology) required to implement strategies. Please check appropriate funding sources <input checked="" type="checkbox"/> General (existing) <input type="checkbox"/> Special (existing) <input checked="" type="checkbox"/> Grants <input type="checkbox"/>	

<p align="center">Biennium and/or supplemental budget request</p> <p><input type="checkbox"/> Others (Please list)</p>	
<p>i) Summary of data collected (actual) from 2011 ARPD</p>	<ol style="list-style-type: none"> 1. Program assessments completed fall 2011 (one entire cycle) 2. ARPD Data report that the Program Demand, Efficiency and Effectiveness remain healthy. 3. Program demand remains healthy 4. New mechanical ventilator purchased spring 2011
<p>j) Use of Results</p>	<ol style="list-style-type: none"> 1. Continue second cycle of program assessment, fall 2012 Develop a 5 year course assessment plan aligned with Program SLOs and report in fall 2012 ARPD. 2. Finalize spring 2012 course assessments by May, 2012 3. Monitor UHWO transfer rates 4. Revised curriculum to meet industry needs by spring 2012 5. Recruited faculty member in spring 2012 6. Continue to develop rubric of fieldwork experiences for students and preceptors.

Exercise and Sports Science, staffed by 1 fte, with additional lecturer support.

Mission: to meet both island-wide and statewide needs in the fitness industry and to provide a career path toward a baccalaureate degree.

External environment: employment demands and openings in the fitness area vary. Student surveys of program majors indicate that the time spent completing the A.S. degree is not altogether warranted or necessary to work in entry-level fitness jobs.

Employer surveys also show similar findings and Advisory Committee feedback also indicates that the current A.S. curriculum should be shortened to meet immediate entry-level positions; in some fitness companies, national certification is now first required in order to gain employment. The number of alternative or optional positions for graduates in the health and wellness sector is also not clear and needs to be explored.

Internal environment: The previous Math/Science faculty who served as ESS program director resigned his position at the College in spring 2009; another Math/Science faculty was appointed interim program director for AY 2009-2010, with shared program

oversight with an emergency hire instructor in ESS. Additionally, administrative oversight was turned over to the Health Sciences Department, including the transfer of an instructor position to Health Sciences. The number of declared majors is high, but student persistence, completion and graduation rates remain low. Students self-select the major and do not progress through the curriculum as an organized cohort. To remedy this situation, the interim director is reviewing and revising the existing curriculum (e.g., one-year, two-semester CA, certification-eligible; and additional two-semester A.S. transfer degree to UH-Manoa Department of Kinesiology and Rehabilitation Services) and reviewing select-entry criteria (e.g., cohort-based program) to improve persistence and graduation rates for fall 2010. There are no articulation agreements with any UH system baccalaureate programs at this time. The Ohia 103 room assigned to the ESS program as an exercise laboratory, which doubles as an instructional classroom, is too small and not optimal. Additional space in Leahi Hospital for labs and instruction should be explored immediately.

Five-year curriculum review: complete, with new courses for the revised ESS CA to be created for Curriculum Committee submission in fall 2010.

Focus: The areas of immediate importance for this program are: 1) recruit and hire a full-time, tenure track instructor with additional program director responsibilities; 2) revise the current CA to reflect industry needs for a short-term, two-semester program leading to national certification in fitness/personal training; 3) explore articulation agreements with the Department of Kinesiology and Rehabilitation Services, revise the A.S. degree accordingly by fall 2011; 4) survey majors, monitor progress toward degree completion, and plan for stop-out of current A.S. track by fall 2011. 5) secure space in Leahi Hospital for exercise equipment. 6) Continue SLO program assessment to provide the impetus for continuous, internal, individual teaching self-assessment as well as program self-assessment and improvements; complete two cycles of SLO program review by 2012.

Outcomes	A,B,C,D,E,F
Performance Measures	A1, A2; B1, B3, B4; D1;E1, E2; F1, F2,F5
Strategies	A1C,D; A2A; B1C,B3A & C;B4L; D1C,D; E1C,E2A,B; F1A,B; F2D, F5A 1. MOA, information sessions with Hawaii Technology Institute (HTI) 2. Alu Like scholarships 3. HOSA partnerships, Health Services Pathway 4. Foundation grants, room remodeling, equipment upgrades, Leahi MOA 5. UHM articulation meetings, transfer information sessions, KCC to KRS department 6. Faculty recruitment
Means of Assessment	Annual program review, OFIE tracking, other qualitative approaches; MOAs, curriculum

	proposals
Position(s) Responsible	Program Director, Department Chair, Russ Kinningham, Counselor
Synergies with other programs, units, emphases and initiatives	STEM, Native Hawaiian Career and Technical Education program
Key Community Partners (if any)	Hawaii Technology Institute
Resources (human, physical, fiscal, technology) required to implement strategies. Please check appropriate funding sources <input checked="" type="checkbox"/> General (existing) <input type="checkbox"/> Special (existing) <input type="checkbox"/> Grants <input type="checkbox"/> Biennium and/or supplemental budget request <input type="checkbox"/> Others (Please list)	
i) Summary of data collected (actual)	1. Program and course assessment in progress fall 2011 2. Demand for the program remains healthy. 3. Efficiency is cautionary and effectiveness if unhealthy. New select admission CA (fall 2011) addresses efficiency and effectiveness indicators 3. New CA addresses Perkins student completion rates
j) Use of Results	1. Continue program and course assessment for spring 2012 completion

	<ol style="list-style-type: none"> 2. Monitor program demand under new select admission criteria 3. Secure adequate classroom and laboratory space to meet accreditation standards 4. Apply for program accreditation in fall 2012. 5. Continue to explore articulation agreement with UH-Manoa Kinesiology baccalaureate degree program 6. Develop rubric of fieldwork experience for students and preceptors
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Continuing Education Programs: The Phlebotomy program was the first health science program to be offered on a non-credit basis. Since the decentralization of continuing education/non-credit programs, other health-related programs/courses have been developed and added, including massage therapy, pharmacy technician, medical coding, medical billing, medical transcription and medical terminology, most or all of which award a certificate of competence upon completion.

Mission: to meet workforce needs in areas of health care not provided for by the credit programs.

External environment: The demand for non-credit programs offered by the Health Sciences department continues at a satisfactorily high level, with some requests for off-campus offerings on contract basis. Recent information provided at “health summits” and meetings with industry personnel indicate the need to provide such programs as sonography and health information management (or health information technology) on an as-needed basis. Several proprietary schools have begun to offer Pharmacy Technician programs, and information provided at the health summits indicate that the state Department of Labor (Workforce Development Council, Oahu WorkLinks) will no longer provide funding support to students in part due to the large number of students graduating with certificates in Pharmacy Technician in the community. Curriculum revision is needed with an eye toward hybridizing the program to online didactic courses and face-to-face laboratories.

Internal environment: The massage therapy program is coordinated by one full-time instructor who recruits lecturers not only in Hawaii but also on the mainland to offer specialty massage courses in addition to the core courses offered on a regular basis. The phlebotomy program continues to be coordinated by MLT program faculty and is the only accredited program in the state; program approval site visit took place in 2008 with the positive result of continued accreditation for the next seven years. There is also neighbor island demand for this program. Courses in medical coding, billing, and pharmacy technician are offered without significant departmental oversight due to absence of a specific programmatic coordinator (the non-credit coordinator primarily deals with scheduling of courses, requisitions, and payment).

Current situation: The planned move to re-centralize continuing education opens the question of the capability of the central office to monitor certificates of competence, clinical affiliation agreements, adherence to applicable accreditation standards, issuance of

transcripts, etc. Lack of adequate space limits the growth of some programs, particularly the massage therapy program. Demand for qualified health information management/technology professionals requires close collaboration between Health Sciences, Business Department (Information Technology), and Continuing Education to address community needs.

Focus: programs requiring accreditation, phlebotomy, should remain with the Health Sciences and should not be re-centralized; administrative oversight will be provided by the Health Sciences department. Such programs as Massage Therapy, Pharmacy Technician, Medical Coding and Billing, namely, programs not seeking national accreditation, should migrate to the continuing education department provided that department can offer complete and effective administrative oversight.