



Members Present: Lisa Parkman (Committee Chair), The Vancouver Clinic; Robin Conomos, (Vice Chair) PeaceHealth SW Medical Center; Theetee Fell, OHSU; Heather Harris, Legacy Salmon Creek Michael Pitts, OHSU

Members Absent: Hollie Foltz, Legacy Salmon Creek; Svetlana Senchuk, Providence Medical Center Milwaukee

Guests: Heather Savage, Savannah Nichols, Kayla Thornton, Sheila Steffen – Students

Clark College: Dr. Amy Castellano, Lead Phlebotomy Instructor; Lori Anderson, Instructor; Brenda Walstead, Dean – Health Sciences; Jennifer Obbard, Assoc. Dean of Health Sciences; Carmen Roman, Educational Planner – HEOC; SueAnn McWatters, Program Specialist – Advisory Committees

Committee Chair Lisa Parkman called the meeting to order at 5.44pm and introductions were made.

MINUTES OF PREVIOUS MEETING

The minutes of May 16, 2018 were presented: Michael made a motion to approve which was seconded by Heather and was approved by the committee.

NEXT MEETING DATE

The committee will next meet on **Wednesday, April 24th, 2019 at 5:30pm.**

COMMITTEE ELECTIONS FOR CHAIR/VICE CHAIR

Heather motioned for Lisa Parkman as Chair, Robin Conomos seconded, and was unanimously approved.

Heather motioned for Robin Conomos as Vice Chair, Michael Pitts seconded, and was unanimously approved

OFFICE OF INSTRUCTION ANNOUNCEMENTS

Cathy Sherick made the following announcements:

Welcome back to 2018-19 Academic year, Advisory Committees will continue to see how they fit in to the implementation work of **Pathways at Clark**. The goal is to improve rates of completion,

transfer and attainment of jobs to that end this year we will be working very closely with other colleges to make sure our programs link directly to opportunities for students who are continuing. Our high school partners are also working with us to ensure that their programs are also aligning closely to Clark.

To that end, Clark will be producing the **Career and Technical Education Insert** again this year. It will go out in February in the Food Day Columbian reaching 56,000 households. We are asking business partners to advertise in the insert again – and we will be working on some very compelling stories of students in CTE programs. Please contact Cathy Sherick in the Office of Instruction if you would like to advertise or for more details.

Clark is always opening the invitation to more **Advisory volunteers** for the twenty-five committees that support CTE programs. It might mean infusing current committees with new members or building new committees for new programs. Also, we are continuing to work on the **Master Advisory Committee** as well to assist with visiting current committees to talk to members, planning and hosting an Advisory event and reporting to the Board of Trustees every year on the great work of Advisory Committees.

The energy is heating up around the development of the new **Advanced Manufacturing Center** planned for the North Campus at Boschma farms. Contact Dean Genevieve Howard for details on this amazing new building and the advanced manufacturing programs that will be located there. October 9th Clark College, in partnership with Partners in Careers (PIC) and Workforce SW, hosted over 250 local high school students on campus for National Manufacturing day. Special thanks to S.E.H. America, Columbia Machine, Graphic Packaging, Silicon Forest Electronics, General Sheet metal, and BagCraft for providing activity stations.

Amy stated that they are moving forward with adding Biology.

The American Society for Clinical Pathology (ASCP) is the national board exam in phlebotomy, which is what the program prepares the students for. Students have been taking it much more frequently in the past few years. The program receives yearly reports on how many students are taking the exam, how many passed, and how the students are doing in particular studies. The exams are updated and changed once every 2-3 years.

Amy mentioned that there is a new clinical site in Vancouver called NW Medical Associates. Lori Caldwell reached out for a student reference and seemed very interested. The student would be trained in specimen processing and venipuncture. Lori and Amy will set up a meeting very soon.

Lori and Amy have continued on site visits. The Kaiser facility has mass production. It is very streamlined and economic friendly. One of the students set a record.

The committee discussed the hosting students for both inpatient and outpatient needs. There are two different cross codes.

ENROLLMENT UPDATE

Carmen stated that there are quite a few applicants. There are currently 37 active files, depending on student progress for fall and into winter. The enrollment has been fluctuating. A big obstacle for students to enroll is the financial aid. This has been an out of pocket cost for the students that want to participate in the program.

UPDATE ON FINANCIAL AID PATHWAYS IN MA

Brenda explained the potential for an Associate's degree for Medical Assisting. This would allow phlebotomy students to receive financial aid. Students could choose to take phlebotomy as a standalone or go all the way through the medical assisting program. Medical Assisting normally has about 30 students. The certificate is a shorter program, but these students won't go into the phlebotomy program. The program decreased the cap to make it safer for the students to have more oversight. There would be a max of eight people for labs. The mix of MA and phlebotomy will also help with enrollment. Many of the students continue through the AA because it is only a few credits different from the certificate. Medical Assistants could come back to college to further their education in phlebotomy. Sheila Steffen stated that MA's do back and front office work with many responsibilities, but phlebotomy is focused on the blood drawing. The combination will definitely make students more marketable to clinics as an MA but then can also be very proficient in the phlebotomy procedures. It is rare to find an MA that can do phlebotomist work. This would also include a 150 hours internship.

Heather Savage mentioned that she received her AA but was waitlisted for phlebotomy. She agreed that it would have been nice to have been able to do an AA toward the proper pathway for MA. She would have still had to pay for the phlebotomy program, but it would have been easier to receive financial aid if that pathway was available.

Carmen stated that the MA program will be completely restricted. The courses are currently up to date and redundancies are removed so that there is no unnecessary overlap between the two programs.

This integration will hopefully happen in Fall of 2020.

CLINICAL EVALUATION FORMS

Slide 2: Sites of the Internships

- The facilities have good intentions but then something happens; employees might leave or budget cuts. It is a huge challenge with placements because we can't get 100% commitment.

Slide 3: Winter Internships

- Students need to be representing the organization and college. The program meets with students to try and coach them, but sometimes the behaviors just don't fit.

Slide 4: Data

- The blue lines represent the venous punctures. The high ones (427) are at The Vancouver Clinic. The data is from the student clinic venous punctures from the classroom setting because micro collections are hard as not all clinics do them. Students want to go on to do the ASCP exam, but need to have five to be competent for certification. It also has to be performed under the umbrella of the testing facility or internship.

Slide 6: Summer Internships

- Students had great feedback about their orientation training.

Slide 7: Sumer 2018 Internships

- This is a lot about networking.

Slide 8: Data

- 767 were done at Interstate over 19 days. The student did a great job and was trained by a previous student as well. There were 640-650 from Kaiser. Providence had about 177, which wasn't due to lack of performance; the volume wasn't there. They are also trying to accommodate PCC and OIT.

Slide 9: Phlebotomy Clinic Internships 2018

- Shows a list of sites with approximate start times with a form that includes their information
- Students can go as far as Centralia or Hood River

FEEDBACK AND SUGGESTIONS

PHLE 197 Preceptor Guide

- Changed the ratings
- Shows what they need to do and what it is expected
- The trainer needs to be honest with the student
 - o They have trouble rating each other because they don't want to have conflict
 - o There is always room for improvement but be honest

Syllabus

- [Add in the timesheet](#)

Clinical Site Orientation Verification

- Students know what to do in case there is an emergency
- This needs to be completed within the first 2-3 days at the site. This will be sent ahead of time.

Time Sheet

- Students need to do 150 hours
- 3:00pm-11:30pm is not considered 8.50 hours but 8.00 hours as lunches do not count.
- The student needs to sign the form as well as someone that is approving that time
- They might have to go to a different facility to finish their hours
- [Have the mentor sign off on each shift. Add a column where they can initial or sign off.](#)

The student will have one for the midterm evaluation and the final evaluation. After about the 9th day, there will be some small coaching.

- How are you doing?
- Are you comfortable?
- Is there anything you need?
- Keep the communication open so the students know what they need to work on.

Clinical Internship Site Evaluation of Student

There will be two copies; one in the middle and one at the end. The scale has been changed from 1-5 to 1-3.

Some suggestions to the form:

- P/D/N (Proficient, Developing, Needs Improvement) in place of the numbered scale
- Change the terminology from “accepts constructive criticism” to “accepts constructive feedback”
- Add in a comments line
- Add a column for NA (Not Available)/No Opportunity/Not Demonstrated
- Clarify certain terms
 - o Troubleshooting = “able to adjust the needle safely”
- “Communicates effectively (verbally/nonverbally) across all diverse populations”
- “Demonstrates a willingness to learn” rather than “general attitude towards the internship”
- Take out “meeting the objectives of the department”
- Take out “quality of work performed”
- Take out “quantity of work performed”
- The last section stays the same/no change

Preceptor/ Site Supervisor Evaluation Report

Some suggestions to the report:

- Add the word “additional” to the clinical objectives question
- Change the form name from “Evaluation” to “Feedback”

Heather Savage explained that what is taught in class is important however if there is something that is required from the site that isn't necessary, then it shouldn't affect the student's performance since they were not required to learn it.

The committee discussed the necessity of keeping both forms.

Michael Pitts made a motion to remove the Preceptor Site Evaluation Report, Theetea Fell seconded, and was unanimously approved.

% Tracking For Document

The form looks at the number of attempts the program gives the students to be able to check on accuracy. The trainer would be in charge.

- Add a column in for the date
- Change to “% Tracking for Improvement”
- Change “Attempts” to “Opportunities”

Michael Pitts had a few questions:

- How accurate does it need to be?
- Is it a lot of pressure to put this on a student at the start of the program?
- Many students aren't leaving the program with their 100 draws; is this burdensome for students?

This might be used more situationally based on the site.

Lori stated that this isn't meant for students to feel punitive, but more as an experience tracker to make sure they are given the opportunity.

The meeting adjourned at 7:41pm

Prepared by SueAnn McWatters