Cardiovascular Technology Program: Focus Group - IAHS Campus – Jun 7 ‘11

{Lisa’s Notes}

* Stress, Holter, Loop
* New: Cardiac Rehab
* PD:
	+ C.E. Units
	+ Short term P.D. Opportunities on a regular basis
* After Yr 1 placement:
	+ Prepared
	+ Link content to E.L.
* Clarification while on 1st placement
* Mohawk students: Core Competencies
* CVT:
	+ More demands 🡪 Peripheral comp.
	+ Pacemakers & changing technology
	+ Spirometry
	+ Leg pressures
	+ Computers, eHealth, records
	+ Exercise testing
		- Rushed, even for stress testing
	+ Metabolic testing
		- 2 labs in curriculum: need more
	+ Not enough time in treadmill lab
		- More practice = confidence
	+ Scope & Level expanding
* Theory 🡪 Practical
* Cardiac devices & ECG
* Pharmacology – P.D. (not with Pharm. Reps)
* Electronic charting
* Informatics 🡪 Course placements in POS
* (now) OHIP/Billing
* Promote existing courses through C.E.
* Blood-draws & I.V. start – Semester 4
	+ Not in curriculum
	+ Not in scope
* Ideal lab setting:
	+ Interdisciplinary roles & collaboration
	+ Different perspective for different tests
* New Technology:
	+ Stress test without wires
	+ Wrist ECG (?)
* Pediatric stress testing
* Placements:
	+ Variability in experiences
	+ Positive feedback from employers re: students
		- Willing to take back for additional placements
* Job Prep:
	+ Meets expectations

Program Learning Outcomes

✓ #7: More thorough than Doctors want

✓ #8: Gap: Hemodynamic parameters OR changes in faculty

✓ #2: Confidentiality & privacy

🗶 Crash cart preparedness

🗶 Oxygen therapy (C.E.)

🗶 Advanced Cardiac Life Support (ACLS): Post Cert

🗶 Health Care Provider (HCP)

 - Prior to semester 2

 - Right after grad (✓ 2 years)

🗶 Ambulatory monitoring, ECG, blood pressure – Loop

BLENDED – Review & resources, active cit.

Software – Holter – Demo programs, Muse – monitor trend

Blood pressure skills🡪 practice = Ah-ha!

Vulnerable pops & communication – skill development on placements

Cultural differences

Dress code

EE’s

✓ Time mgmt & respect for manuals (clinical evaluations)

? Communication with supervisors (example: Doctors)

🗶 Grammar

 -Sample Holter

 - Telephone🡪 Professional relationships

 🡪 Boundaries

Patient history🡪 ✓Care

- Get beyond if didn’t have textbook answer

{Megan’s Notes}

* Purpose: need input; evaluate currency; future ready graduates; build a graduate profile
* Fairly new program (est. 2006)

[Holly]

* Graduate of ‘02
* Working in Cambridge
* Only hire Mohawk Lead Technician
* Responsibilities of Holly as a Lead Technician:
	+ Stress testing
	+ Loop monitors
	+ Cardiac rehab
	+ Administrative:
		- Stress echoes
		- Assist with other technicians
	+ Keep up/maintain registration
* Wants extra education (C.E.):
	+ On your own, 3 day, night school etc.
* Take students on their placement

[Steph]

* Statistics (course was difficult)
* 1 year – a lot to accomplish in timeframe
* Have a lot to do on my own
* Able to listen to others about the job
* 5th week in General Hospital (current position)
* Had to ask a lot of questions
* Able to apply all that I’ve learned *so far*

[Chris]

* Understand the theory behind a lot of “this stuff”
* Students are having a lot of stress and important on them
* Range of disgnostic is expanding
* College should work towards giving the students the change to prepare themselves for a leadership role
* Students need to be putting forth their best work
* ABI:
	+ Not really offered in classes (should be)
* More computer background, e-charting
* Understand your numbers to draw conclusions

[Group]

* Metabolic testing: 2 days – could have used a lot more education in classroom rather than learning that once you into clinical
* Felt shorthanded
* Felt rushed
* Getting into clinical was overwhelming
* Not enough practice on application in the classroom
* Need time to discuss/review each lab
* Not enough time in treadmill lab (stress lab)
* Not confident in lab components
* Need confidence in being able to handle the patient on their own
* Mock trials with the technicians would benefit
* Would like more practice in labs
* Cardiac: very well prepared
* Pacemakers: always changing in technology; students must be able to keep up with the knowledge
* Would be nice to have a refresher course so students/grads can be prepared
* Authorities want to hear pharmacology from new students
* Isolated courses intention of learning about them more specifically
* Everything is electronic; nothing is on paper; therefore the more background you have in electronics the better off you are in real world working conditions
* Grads “forget” the inputting due to the scheduling of the courses
* Recent Grad:
	+ Didn’t get to work in a clinical due to not having a “billing” course
* Students need to be able to say they’ve working on the electronics: this makes the “fear” of a new job disappear
* Added opportunities from C.E.:
	+ Students would benefit in the future
* CVT – cross disciplines:
	+ Want to be able to multitask
	+ In order to multitask courses would need to be more specific so as not to confuse the current students
* Continuing your education: great if courses were offered
* Even though they are learning the material (blood collection) you are not necessarily given experience
* Performing blood collection: *certify internally*
* Training the current technicians for blood collection – why not include this in the program?
* Until CVT get’s regulated this program will be running into problems
* What the student can do (in a job) is almost always up to the employer
* Some grads have had the opportunity to do blood collection
* Cardiac pulmonary lob – nice to have 1 of each in a lab:
	+ Interdisciplinary labs
* “Mixed team” approach is now being seen in the field
* New technology for stress testing:
	+ Continually running Bluetooth
* Program has to be able to keep up with the technology
* One new course idea: Intro Into Pediatrics

Trends

* Take on more roles (responsibilities list gets larger)
* Pediatric testing
* R.T. duties
* Stress echoes

Placements

* Two 300 hour placements
* 8 week blocks each year
* Is this enough?
* No:
	+ A month or so
	+ Each site is different
* Yes:
	+ Prepares the student to become more confident
* Problem existing with *overlap*: no more for placements
* Wishes for the experience to be *tailored*
* 8 week placement:
	+ Very positive about Mohawk students: willing to take them back after placement is over (for full time hire)
* To find a placement:
	+ Pick your top 3
	+ If the same placement is chosen by multiple students, the placement becomes a draw
* To find a job:
	+ Prepared for the whole process due to a resume building course
* Graduates:
	+ Feeling prepares to find a job

Program Learning Outcomes

Strengths:

#7: Very detailed

#8: Prepared

#2: Important for security of clients

Weaknesses:

* “Crash Cart”
	+ Being prepared is difficult but necessary
	+ Would benefit from a mock demo
* “Oxygen Therapy”
	+ Are the any possibilities of making this a C.E. course?

#3: Would benefit from:

* ACLS (good for 3 years):
	+ Students take this before they get into the 2nd semester
	+ Would feel more confident having this
* HCP
* CPR (level C/AED)
* Suggestion:
	+ Upon graduation the student may take an ACLS at the same time they want to renew their CPR

Anything missing in the Student Learning Outcomes:

* Loop-tests
* ECG
* Blood pressure monitoring
* O2 testing

General

* Time is so limited
* Online learning would benefit:
	+ Access to demo programs: “play” around with:
		- Power Points
		- Clinical prep
		- Interactive activities
		- Videos on the new technology
		- Instructional videos:
			* These would be the students responsibility to complete this
			* Solidifies what the student has learning/practiced in the labs
* Lab time, troubleshooting:
	+ Not only technical skills, but other skills (example: don’t turn your back to the monitor while its running)
	+ Dress code
	+ Watch and listen to a real life stress test
* Online component is good but realistically there is no time
	+ However less wait time for “slower” students to catch up
* Discussion in class is so vital
* Face to face is important for questions
	+ Some students ask the questions others do not think of asking)
	+ Lots to learn from others’ inquiries
	+ How it is implemented is very crucial

Skills

* Learned through clinical: soft skills
	+ Dealing with:
		- Patients
		- Ethics
		- Confidentiality
		- Numeracy
		- Communications
		- Problem solving and thinking
		- Time management
		- Interpersonal skills
* Most skills are individually owned
* Have had some grammar issues
* Some students have better skills than others
* Students are taught to act confident even though they may not be (for the patients’ sake)
* Solution:
	+ Give an example
	+ Give assignments with criteria: student evaluation with initial/sign off
* Patient histories:
	+ Good, basic
	+ Should be able to know when to speak up
	+ Get the students to speak up to put the pieces together themselves
	+ Prompt them to try
* Blended learning is nice (voted YES to blended learning)
* If courses are strictly online, the student simply cannot do it
* Key ingredient of learning:
	+ How did you feel good
	+ How much in-class/how much on-line
* Student feedback:
	+ Like that there is a quiz after reviewing before new material begins
	+ Constantly reviewing material
	+ Incorrect answers: know what you have to study
	+ Case studies

[Professor]

* We need to make sure the student is actually learning, not just memorizing the format or *the way* the questions are being asked