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