

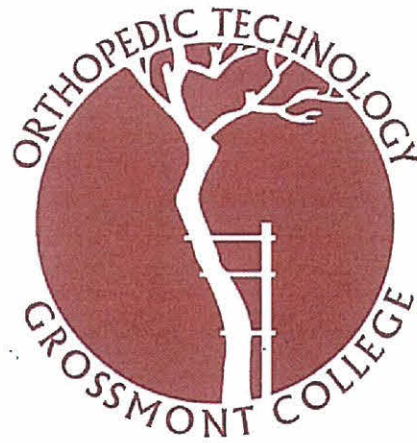


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# **ACADEMIC PROGRAM REVIEW**


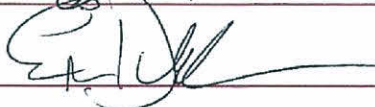
## **ORTHOPEDIC TECHNOLOGY PROGRAM**

Fall 2015

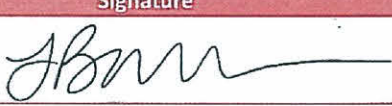


**Orthopedic Technology**  
**Grossmont College**

Part Time Faculty Members

Faculty	Signature	Date
H. Chris Rice		09/18/2015
Erik Duke		09/18/2015

Program Coordinator

	Signature	Date
Liz Barrow		09/18/2015

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# ORTHOPEDIC TECHNOLOGY PROGRAM REVIEW

## ACADEMIC PROGRAM REVIEW

### SECTION 1 - BRIEF DESCRIPTION AND HISTORY OF THE PROGRAM

**1.1** *Introduce the self-study with a brief department history. Include changes in staffing, curriculum, facilities, etc.*

The Orthopedic Technologist (OT) is an allied health professional who is trained to apply plaster and synthetic casts, to fit and adjust various braces, prosthetics, crutches and walking aids. The OT is also trained to support orthopedic surgeons in all aspects of the surgeons' care of patients including assisting during surgery. At completion of the OT Program, the students sit for the National Board of Certification for Orthopedic Technologists.

The Orthopedic Technology (OT) Program began in the fall 1981 semester, funded by the Regional Occupation Program (ROP), authored and instructed by adjunct faculty members. Twenty students were admitted to the program. It began with labs on Monday and Saturday with lectures on Tuesday and Wednesday. In fall 2008, the OT program was moved to Grossmont College and funded by the college general fund. Since moving the program to Grossmont College, the program has been modified so now didactic courses are held Monday/Wednesday and lab courses on Tuesday/Thursday. Prior to moving into building 34, the course was taught in 36-352. The room was converted to a lab setting for each session by moving the desks to the side of the room, laying a protective tarp and then moving the treatment table from the back of the room. Due to the large amount of residual plaster dust in this room, the OT program was included in the design of an OT room in the new building 34. Today the program has its own room with a vacuum system and drain in the floor for cleanup after each class. In addition the new room has a large storage area for supplies and equipment.

The curriculum is consistently updated through the continuous efforts of the faculty and their attendance at orthopedic conferences and the dedication and generous time of Dr. Wayne Akesson, Professor and Department Head of Orthopedics Veterans Medical Center, as well as Dr. Alexandra Schwartz, Associate Professor of Orthopedic Trauma at UCSD Medical Center.

Mr. Tom Byrne wrote the original curriculum with Dr. Akesson's support. Because of the strong curriculum and the program recognition as an accredited school through the National Association of Orthopedic Technology (NAOT), the program is used as a model for all other OT programs in the nation. Our program is one of ten programs recognized by the NAOT. Regular input from employers, graduates and physicians in the field keep us aware of the occupational skills required and the current best practices found in Orthopedic Technology.

Staffing has changed with the retirement of Tom Byrne, OTC in December 2013. New instructor Erik Duke, OTC, is the vice president of the California Association of Orthopedic



Technologists. Erik and the other adjunct instructor (Harold) Chris Rice participate in all local and state meetings to keep abreast of current practice of orthopedic patient care modalities which they bring right to the classroom for the OT students. Liz Barrow assumed the role of program director for the OT program in fall 2013 along with the Cardiovascular Technology Program. The Dean of Allied Health and Nursing, Debbie Yaddow, assumed responsibility for the program in fall 2012 from the Associate Dean of CTE, Carrie Clay.



## Program Goals

**1.2 Appendix 1** contains the most recent 6-year Unit Plan for the program. From the 6-year Unit Plan, select your **most** successful and **least** successful goals and answer the following questions:

*For your most successful goal:*

- a) *What activities did you undertake to achieve this goal?*
- b) *Report and explain the data you have to verify progress toward your goal.*
- c) *How did the achievement of this goal help move the college forward toward fulfillment of the planning priority goals in its strategic plan?*

Our most successful goal: Student Success and Support.

The new Health Science building, with its dedicated classrooms, provides the program an exceptional learning environment that will enhance the student's translation from theory to practice. The available equipment greatly benefits the students as they have the ability to repeatedly practice their skills prior to performing them on patients in the clinical setting. The physical layout facilitates a more effective demonstration of assignment construction as well as allowing for a more accurate instructor set up and evaluation of those assignments. To assist students in visualizing teacher demonstrations, a camera was set up in the room to allow students to see each step of a demonstrated application of an orthopedic device.

- A) Activities undertaken to achieve this goal were the involvement with the architects on the design of the orthopedic classroom. Blueprints were reviewed by the faculty and the Dean



and modifications were made during the early planning stages of the room.

- B) Data verifying this progress has been elicited by student feedback. Students have expressed their satisfaction with the room and the exceptional learning environment it provides for students to practice and learn the necessary skills to provide patient care.
- C) How did the achievement of the goal help the college move forward toward fulfilling the planning priority goals and in its strategic plan: The College's goal of providing an exceptional learning environment has certainly been achieved with the addition of this room and the dollars directed at purchase of supplies and equipment. Students are exposed to state-of-the-art casting supplies, saws, and splint devices. This has reduced training time in the local facilities as students are more ready to provide direct patient care under the supervision of a preceptor.

Success with these goals helped support the College's Strategic Planning Priority Goals:

- Goal 3: Provide an Exceptional Learning Environment to Promote Student Success
- Goal 6: Promote Institutional Effectiveness
- Goal 9: Enhance Workforce Preparedness

*For your least successful goal:*

- a) *What challenges or obstacles have you encountered?*
- b) *Has this goal changed and why?*

Our least successful goal: Department/Unit Resources and Development. The least successful goal has been the transition of a Google website to the college website. Presently some of the material on the Google orthopedic website needs to be updated and the entire site needs to be integrated into the college. The obstacle has simply been the time it takes to make this change. Both instructors of this program work full-time in the day and teach at night. Their ability to meet with Chris Rodgers is limited by their schedule. The plan is to have Liz Barrow interface with Chris Rodgers and facilitate the process of moving the documents over to the College. Chris Rice and Erik Duke will then update the materials on the website.

## **Implementation of Past Program Review Recommendations**

**1.3** *Your program 6-year Unit Plan in Appendix 1 contains the most recent Academic Program Review Committee recommendations for the program. Describe changes that have been made in the program in response to recommendations from the last review. (Be sure to use the committee recommendations and not your own)*

1. Hire a full-time faculty member to coordinate and teach in the program. – Currently the instructional needs of the program are fulfilled satisfactorily by the two adjunct faculty and consideration of a single full-time faculty has been postponed for now. The Program does however need an OT to make site visits and oversee that students are meeting the clinical objectives. This would be a 20-25 hour per week position. Presently all preceptors are non-paid. It is important to make sure there is consistency among the expectations of the preceptors. With a site visitor, there would be oversight to make certain that students are meeting the clinical objectives.
2. Based on current market salary research, work with the faculty bargaining unit to develop a vocational educational pay scale to make salaries competitive. – When the program moved from ROP to general funds, the salaries of the faculty became competitive with clinical salaries and this issue has been resolved.



3. Ensure the fiscal stability of the program following the transition from ROP. – The program has successfully seated a class of 25 students each year. The current funding for the program is adequate. The program has an adequate supply budget to meet the needs of their students.
4. Submit curriculum modification proposals for those courses that have not been reviewed by the Curriculum Committee in more than four years or curriculum deletion forms for those courses that have not been offered in the last three years. – In 2013, OT 111 course outline was updated to reflect additional clinical hours for the students. Clinical hours were increased to 7 hours so that students in the last 4 weeks of the course would begin in the clinical setting. The remaining course outlines need to be submitted to curriculum committee in the 2015-16 academic year.
5. Use student learning outcome data for continued course and program improvement. SLO data has not been used to improve the program. The current SLOs need to be modified along with the measures of assessment. The plan is to work on those in spring 2016 and begin assessments in fall 2016.

## SECTION 2 - CURRICULUM DEVELOPMENT AND ACADEMIC STANDARDS

In **Appendix 2 - Catalog Descriptions**, insert copies of your catalog descriptions from the most recent college catalog (see “Courses of Instruction” section. This is the blue section). If your program has an Associate Degree program, include the relevant pages from the catalog (see “Associate Degree” section. This is the yellow section). [NOTE: Do not include your actual course outlines]

### **2.1** *Review your courses outlines and explain how these outlines reflect currency in the field and relevance to student needs, as well as current teaching practices.*

The curriculum for the OT program is sequential beginning with the knowledge and skills necessary to prepare the student upon graduation to pass their national board exam and to qualify for job placement. The course outlines need to be updated as mentioned previously. The course outlines currently are designed to provide students with the knowledge and skills necessary to be a solid practitioner in orthopedics. Changes to course content occurs as needed with the faculty attending professional conferences and incorporating those concepts into the class presentations. The plan is develop a schedule of updating the course outlines every 3-4 years.

### **2.2** *What orientation do you give to new faculty (both full- and part-time) regarding curricular expectations (i.e. SLOs and teaching to course outlines), academic standards, and department practices? How do you maintain an ongoing dialogue regarding these areas? **You are encouraged to use feedback from your Faculty Survey discussion.***

Long time instructor Tom Byrne retired in December 2013 and Erik Duke was hired. Mr. Duke was a substitute for Mr. Byrne before his retirement. Mr. Duke was oriented the



final 3 months in the classroom, where he observed Mr. Byrne instruct his class. Prior to the start of his first semester both instructors met with the Dean Yaddow to clarify expectations throughout the program. Mr. Duke was required to attend a training course in SLO's specifically. All instructors are required to attend staff development each semester.

**2.3** *Give some examples of how your department members keep their instruction (i.e. delivery, content, materials, syllabus) current and relevant to student academic and/or career needs.*

The faculty's attendance and participation at local, state and national professional symposiums also ensure that we are honest with our assessment of what and how we teach. With both faculty members actively practicing orthopedics there is an absolute advantage in maintaining current and relative to the career needs in the field of orthopedic technology. Presently faculty use a lecture and lab format for instruction. During class time, students are actively engaged in the learning process. Every attempt is made by the instructor to meet the learning needs of every student. The division of Allied Health & Nursing has a syllabus template which will be used by the OT program in spring.

**2.4** *Analyze the data in **Appendix 3 - Grade Distribution Summary**. Identify and explain any unusual retention patterns or grading variances. (To figure retention percentages, subtract the "W's" from the total enrollment and divide that result by the total enrollment. You have many options here. Some departments compare full-time to part-time grade distributions. Some compare grade distributions from multiple section courses. The program review research liaison, Bonnie Ripley, can help you with this matter. She will be providing you with some data as well)*

Like most allied health professions, the expectations put upon our students are that they demonstrate knowledge and critical thinking at a level that is necessary to provide the patient care they are trained to deliver. Most students excel and will perform at the "A" and "B" level. The majority of "C" grades awarded are in OT 211 and 212. Prior to 2011 three "F" grades were given in the first year OT courses (OT 110, 111). Students entering the program are required to complete anatomy. The program's first year's curriculum relies heavily on this prerequisite and the course content moves quickly. Students that have not recently taken anatomy tend to not do well in their first semester.

**2.5** *Describe strategies employed to ensure consistency in grading in multiple section courses and across semesters (e.g., mastery level assessment, writing rubrics, and departmental determination of core areas which must be taught).*

The OT program only has single sections of the OT courses with singular instruction. Faculty meet regularly to discuss student progress in their respective courses. Faculty developed a clinical grading tool designed to standardize the expectations of the students as well as the experience for the student.

**2.6** *Describe and give rationale for any new courses or programs you are developing or have developed since the last program review.*



Course OT299 is a clinical practicum, set aside for students who pass an interview process with that specific clinic. In 2013, Kaiser Permanente approached the program requesting that a select group of students be placed at their facility for an internship. The goal of this was to hopefully hire these interns. To date however Kaiser has not employed any of the interns due to limitation on hiring.

**2.7** *How are current issues (i.e. environmental, societal, ethical, political, and technological) reflected in your curriculum?*

Professional conduct in the clinical environment including documentation in patient records is addressed in the clinical practicum courses (OT212, 214). When the course outlines are revised with Curriculum Committee (2015-16), more specific language will be added to include HIPAA, cultural competence, and infection control guidelines consistent with current best practices.

The OT curriculum currently instructs students on patient privacy issues protected by HIPAA guidelines, with strict access limits to medical records, electronic charting and how these rules must be understood apply directly to how those in our profession as well as students in clinic settings treat patient identification.

Respect and acceptance of cultural variances are discussed with the students as well as absolute knowledge of blood and airborne pathogens and safety protocols. Current changes in technology employed in orthopedic surgical procedures and clinical patient care are practiced and taught by a faculty committed to learning and to prepare the OT students for the NBCOT Board Exam which routinely updates the examination to reflect current practice.

**2.8** *If applicable, provide a comparison of the retention and success rates of distance learning sections (including hybrid) and face-to-face sections. Is there anything in the data that would prompt your department to make changes? (Please see Bonnie Ripley if you need help on finding the applicable data.)*

Currently there are no distance learning courses in the OT program. Due to the nature of the program with emphasis teaching “hands-on” skills, there are no plans for distance education at this time.

**2.9** *If applicable, include the list of courses that have been formally articulated with the high schools. Describe any articulation and/or collaboration efforts with K-12 schools. (Contact the Career and Technical Education Partnership and Tech Prep office for help.)*

There is not any formal articulation with the high schools but we do participate with an annual student/teacher activity with direct high school student contact with our program instructors and students in their clinical rotation (OT214) with Granite Hills, Patrick Henry and Santana High School seniors with an interest in health care attending. The concept is to demonstrate that there are other health careers in medicine that are not a physician or nurse, and that do not require multi-year or advanced degrees.



The Preuss School has made this rotation a formal part of their curriculum. Sumi Castelic, former CEO of UCSD Medical Center and now administrator at Preuss, has expressed her sense of the value of this rotation. Letters from students of every level have made it obvious that many were unaware of the variety of careers available in the Allied Health field. We feel this is a very important outreach that teachers and students seem to appreciate.

- 2.10** *Consult with the articulation officer and review both ASSIST.org and the Grossmont College articulation website. Please identify if there are any areas of concern or additional needs your department has about articulation with four-year institutions. Please describe how the program ensures that articulations with key four-year universities are current.*

While there are not four-year or advanced degrees in Orthopedic Technology, our students are aware of what the community offers for advanced degrees. Many students have gone on to advanced degree programs. While UC and CSU institutions have a direct link with Grossmont College some of our graduates have also gone on to USC and Stanford as well. Masters programs in Physician Assistant and Nurse Practitioner are the primary advanced degrees sought out by our students.

## SECTION 3 - OUTCOME ASSESSMENT

Using the course Student Learning Outcome (SLO) assessment data that you've compiled in **Appendix 1** - Annual Progress Reports, as well as **Appendix 1** – SLO Assessment Analyses and **Appendix 4** – Course-to-Program SLO Mapping document, answer the following questions:

- 3.1** *What is working well in your current SLO assessment process, and how do you know? What needs improvement and why?*

The SLOs need to be revised and reassessed. The current SLOs are not true student learning outcomes but rather objectives. With the retirement of Tom Byrne, new faculty Eric Duke has been tasked with reviewing and revising current SLOs. While the current SLO plan is functional, Erik will assess the SLOs for revision to ensure the course SLOs are tied to the Program SLOs as each SLO is assessed during the next 6-year plan.

- 3.2** *Using your course-level **SLO Assessment Analyses (Appendix 1)**, this is part of your annual reporting process, and your **Course-to-Program SLO Mapping Document (Appendix 4)**, discuss your students' success at meeting your Program SLOs.*

Many of our SLOs are tied to clinical competence. When students complete the OT program and have met the SLOs, they have demonstrated the skills necessary to be employed at an "entry-level" orthopedic technologist and to sit for their national board exam. The plan is to make the SLOs more meaningful and to simplify them. In additional new assessment measures will be developed that tie directly to the course requirements.



- 3.3** *Based on your discussion in **Section 3.2**, are there any program SLOs that are not adequately being assessed by your course-level SLOs? If so, please indicate by clearly designated modifications to your **Course-to-Program SLO Mapping** document in **Appendix 4**. Please discuss any planned modifications (i.e. curricular or other) to the program itself as a result of these various assessment analyses.*

The history of the program moving from a ROP to degree program, the changes in leadership at the dean level and the departure of Tom Byrne all over the last four years has created the opportunity for a fresh look at the SLO/PSLO process. While the program demonstrates great success with student retention and high pass rates on the national registry examination by the OT graduates, there is always room for improvement. Renewed oversight by Erik Duke reviewing the SLOs and tying them more succinctly to the PSLOs will be a welcome improvement.

- 3.4** *How has the SLO process affected teaching and learning in your department?*

For our clinical courses OT 212/214, a new competency tool was developed to improve clinical performance and to ensure OT students were getting hands-on experience tied to each skill with direct patient care (Appendix 1). The tool utilizes a point system for direct patient care emphasizing the variety of skills the students are expected to experience during their clinical assignments. The goal was to ensure that the students just don't observe these different skills, but actually have direct patient care using these skills. This tool was developed based upon feedback from the clinical preceptors indicating that not all students were eager to participate in the clinical experience. The points in the tool tie directly into a grade for the course. The initial assessment of the tool has been positive with increased communication from our clinical sites about our students' performance as well as increased patient care experiences for our students. The competency tool will become part of an SLO assessment in the future.

## SECTION 4 - STUDENT ACCESS

- 4.1** *How does facility availability affect access to your program?*

Health Sciences building includes a classroom/lab that was specifically designed for the OT program. We have complete access for our evening courses. The room size is limited to 35.

- 4.2** *Discuss what your program has done to address any availability concerns (i.e. alternative delivery methods, alternative scheduling sessions, off-site offerings).*

There are no availability concerns for our program at this time, although the courses are scheduled in the evening. The instructors make themselves available to students for communication through email and text messaging.

- 4.3** *Based on your analysis of the Student Survey results in **Appendix 5**, what trends did you observe that might affect student access (i.e., course offerings,*



*communication, department and course resources)?*

Most of our students learn about the OT program through word of mouth. Most students do not see a counselor and because of this beginning in spring, all students will be required to meet with counseling. In addition Erik Duke plans to meet with counseling to discuss the promotion of the program as a viable career option for students.

**4.4** *What implications do these findings from 4.3 have for your program?*

Our waitlist could be more robust if the program was marketed more by counseling and in general. As previously mention, Erik will meet with Lynn Gardner, the liaison for the program to discuss marketing the program. We are also developing a program preview meeting similar to other allied health programs on campus. Class visits to Biology courses by either OT students or Erik Duke are also planned.

**4.5** *Based on your analysis of questions 3 through 16 in the **Appendix 5 - Student Survey**, identify any changes or improvements you are planning to make in curriculum or instruction.*

Based on analysis of student survey in Appendix 5, use of technology, notes, group work, quizzes, and handouts could be improved. Students are not using the tutoring centers, library, counseling etc. This may be because this is an evening program and students enrolled in this program work full-time in the day and do not have the time to come to campus during the day hours. The program instructors need to identify how each student learns best. Assignments requiring use of the library should be instituted. While the use of technology was shown to be excellent as demonstrated in our survey, the Program needs to continue to purchase the needed technology to support students in the classroom. We continue to improve our curriculum and instruction with technology as well as constantly changing our instruction to meet the needs of the students. Both faculty use their IPAD to tech in class. This provides students with the opportunity to see orthopedic applications that ordinarily are not available to them.

**4.6** *Discuss program strategies and/or activities that have been, can be, or will be used to promote/publicize the courses/program. Comment on the effectiveness of these strategies in light of the results of the Student Survey (**Appendix 5**).*

We will continue to interact with high schools as mentioned before. We will continue to market our program on campus during health fairs and career days. We plan to have the program director visit Biology classes to promote allied health programs to include OT. We have had posters designed by the graphics department along with a new logo, and we'll ask to participate in the HASPI (high school) tours on campus which usually occur in spring semester.

**4.7** *Explain the rationale for offering course sections that are historically under-enrolled. Discuss any strategies that were used to increase enrollment.*

We have single sections of our courses with a max of 25 students, the ideal number for each cohort of the OT program. This is the maximum number of students that can be



enrolled in the program due to limited clinical placements. We will continue to support students who require remediation to reduce attrition during the program from one semester to the next. The rigor and standards of the OT program, like other allied health programs, will often challenge some students beyond their abilities.

- 4.8** *Based on an analysis and a review of your 6-year Unit Plan (**Appendix 1**), what specific strategies were utilized to address access issues of special populations such as by ethnicity, age, and gender. ( Note: Asian, African-American and Hispanic are our three largest ethnic groups outside of White-Non Hispanic and should be included in this discussion. Feel free to include others as well.)*

The majority of students enrolled in the OT program are white with a small portion of program indicating different ethnicities. All students have access to the OT program by meeting the prerequisite course of human anatomy with a grade of “C” or higher, and completing the application. The Program is filled on a first-come, first-serve basis. All information about the OT program can be found by visiting the website, calling the department or visiting the Health Occupations offices in building 34.

Many of the students enrolled in the program are single parents whose socioeconomic status is marginal. They see this program as an opportunity to complete in a year and 8 weeks and then to get a job.

## **SECTION 5 - STUDENT SUCCESS**

- 5.1** *Building on your answer to question 4.8, what specific strategies were utilized to maximize success issues of special populations (e.g. ethnicity, age, and gender). Please consult **Appendix 10** for data that will be provided to you by the research liaison. (Note as above: Asian, African-American and Hispanic are our three largest ethnic groups outside of White-Non Hispanic and should be included in this discussion. Feel free to include others as well.)*

The OT students must succeed in their courses sequentially to ultimately succeed in completing the program. When a student fails an exam or performance testing, they meet with the instructor and sign a form to acknowledge the failed exam and that they have spoken with the instructor about a remediation plan to improve their performance. Most students fail an exam due to the lack of study time available when working full time. At orientation of a new cohort students are encouraged to apply for financial aid and reduce their work hours.

- 5.2** *Describe specific examples of departmental or individual efforts, including instructional innovations and/or special projects aimed at encouraging students to become actively engaged in the learning process inside and outside of the formal classroom.*

- 1) Participation in campus health fairs- students demonstrate cast application
- 2) Grand Rounds (UCSD Wed. am)- to learn about orthopedic patients and treatments
- 3) Resident Trauma Rounds (UCSD Thur. am)- trauma cases and treatments



- 4) State and local professional development opportunities through AOTC and NAOT- students participate in practicing orthopedic techniques on a cadaver.

**5.3** *Explain how the program collaborates with other campus programs (e.g. interdisciplinary course offerings, learning communities, community events, tournaments, competitions, and fairs) to enhance student learning inside and outside of the formal classroom.*

OT students participate in the ORTHO TECH CLUB on campus and are present for most college events in the main quad such as the Career Fair. OT students have participated in interdisciplinary curriculum with both the Occupation Therapy Assistant students and the Nursing students in an arranged lab setting, demonstrating application of splints as well as traction set-ups. The program also attends high school career fairs and has established high school participation practices (see 2.9).

**5.4** *Based on an analysis of “Reports” data (This is found on the intranet under “Reports” and will be provided to you), discuss trends in success rates, enrollments and retention, and explain these trends (e.g. campus conditions, department practices). Provide examples of any changes you made to address these trends.*

The OT program maintains high success and retention rates. Students enter the OT program with the goal of completing the program so they may begin an allied health profession in Orthopedic Technology. While students meet our minimal program prerequisite requirements which improve student access, we will find some of our students are not able to meet the rigor of all aspects of the program. Attempts to remediate the students will help, but sometimes students find that the program is not a good fit, or they are challenged academically, or they cannot grasp the skills necessary to succeed as an orthopedic technologist.

**5.5** *If state or federal licensing/registration examinations govern the program, please comment on student success.*

The 30 year history of National Board of Certification for Orthopedic Technologists has a 66% pass rate nationally. Our Orthopedic Technology Program has a 96% pass rate for that Board Exam for the same time frame. Our students are highly successful!

Pass Rate for National Certification Exam	Job Placement Rates
2013= 95.24%	2013= 89%
2014=93.75%	2014=100%
2015= Pending	2015=Pending

**5.6** *Referring to **Appendix 6- Degrees and Certificates** if the program offers a degree or certificate in the college catalog, explain the trends regarding number of*

*students who earn these degrees and/or certificates.*

The OT program offers both an AS degree and a Certificate of Achievement. There is a great discrepancy between the college and state chancellor's office data presented in Appendix 6. It has been recently recognized that the application process for the degree and/or certificate has not been properly communicated with the OT students. To ensure that all OT students are aware of the need for the application, immediate efforts to ensure communication with the students about college deadlines will take effect. The program concludes with summer session and deadlines to apply for the Certificate and the AS degree will be better identified for the OT student cohorts.

**5.7** *Describe activities your faculty has implemented to provide and maintain connections to primary, secondary and post-secondary schools.*

There is not any formal articulation with the high schools but we do participate with an annual student/teacher activity with direct high school student contact with our program instructors and students in their clinical rotation (OT214) with Granite Hills, Patrick Henry and Santana High School seniors with an interest in health care attending. The concept is to demonstrate dramatically that there are other health careers in medicine that are not physician or nurse, and that do not require multi-year or advanced degrees. The OT students have also participated in career fairs at San Diego High School and Steele Canyon High School.

## **SECTION 6 - STUDENT SUPPORT AND CAMPUS RESOURCES**

**6.1** *Indicate how the program utilizes college support services (i.e. Learning and Technology Resources Center; learning assistance centers for English reading and writing, math, technology mall, and tutoring center; Instructional Media Services).*

From the Career Center, Nancy Davis presents on job resume, cover letter and interview techniques. Health Science Computer lab is available for research paper and class preparation. Second floor Library Technology Resource Center staff provides private, secure rooms for learning disability students requiring such accommodations. The LTRC participates in the tour of the library with all students present. At this time the librarian discusses research resources for the students.

**6.2** *Analyze the results of the **Student Survey - Appendix 5** and describe student utilization and satisfaction with campus resources **as it relates to your program** (i.e. availability, usage etc).*

- 0% used the computer lab
- 0% used the instructional media center
- 0% used the math study center
- 17.7% used the student affairs office
- 100% used the career center



- 11.8% used the counselling office
- 53.3% used health services
- 0% used the English reading center
- 0% used the English writing center
- 47.2% used the main library

The student survey tool used does not measure level of satisfaction. The survey tool will be revised in spring 2016.

**6.3** *Describe some of the activities for which your department has used the Institutional Research Office or other data sources.*

Currently we are not using the Institutional Research Office.

**6.4** *Working with your library liaison, evaluate and provide a summary of the current status of library resources (i.e. books, periodicals, video, and databases) related to the program.*

While the library book allowance of \$152 is not sufficient, there are plenty of on-line search engines that support student learning.

**Books**

The library Orthopedic Technology area, call numbers RD 701-811, contains 43 books specifically the subject "Orthopedics." From this title list 5 of the books are in print format, 38 of the titles are available in electronic, or eBook, format.

Print books are purchased using a complex allocation formula to ensure that departments get their "fair share" of the approximately \$21,250 annual library book budget. The allocation allows for a book budget of \$152 in Orthopedic Technology per year.

There are also two online reference book collections that contain over a thousand entries about Orthopedic Technology. These collections, or databases, are called "Gale Virtual Reference Library" and "Literati by Credo".

All electronic materials, whether books or journal articles, can be accessed anytime, anywhere.

**Periodicals**

Most of the Orthopedic Technology periodicals are in electronic format, within library periodical databases. This allows for keyword searching, and anytime, anywhere access. A search for the terms *orthopedics, orthopedic techniques orthopedic physical therapy, or bone fracture* yielded over 300,000 journal articles from our library's databases on these topics, and 105 full-text journals with one or more of those words in the title.

The subject-specific databases for Orthopedic Technology are health-related databases. The library's health-related databases include *CINAHL Complete, Nursing Journals, Medline, College Edition Health and Life Sciences*, and others.

In addition, the library also subscribes to a number of multidisciplinary databases,



including *Academic Search Premier* and *Gale OneFile*, with access to virtually tens of thousands of articles in our subject area.

### **DVDs, Media**

There are a number of ways to access the library's large media collection. First, the library offers a list of DVDs by subject that are in their collection. They also have access to a much larger collection of county consortium DVDs. In addition, the library has a strong cadre of databases of videos, including *Films on Demand*, *Intelecom*, *Nursing in Education*, and *Ebsco Multimedia Collections*.

- 6.5** *How does the program work with the various student support services (i.e. Counseling, EOPS, DSPS) to help students gain access to courses, develop student education plans, make career decisions and improve academic success? How does your program communicate specific and current information that can be used by those student service groups?*

Handouts in counseling designed with education plans for the OT program along with program brochures, assist counseling faculty. The Allied Health programs have a liaison with counseling faculty (Lynn Gardner). A Personal Development Counseling Class from Nancy Davis and Cindy Hall from the Career Center is attended annually by our Orthopedic Technology program in the spring semester and includes presentations on resume writing and cover letter skills. This is a very important resource for our students. Many students have given positive feedback regarding this class.

- 6.6** *Describe how the department uses available technology to enhance teaching and learning and to communicate with students? According to the **Student Survey in Appendix 5**, how do students respond to the use of technology?*

Faculty Chris Rice has developed his own mobile app, "Ortho Tech 101," which has multiple videos demonstrating orthopedic technology procedures. This can not only support the students and new graduates, but graduates who may have been relegated to particular orthopedic procedure in their current practice can refresh their skills using the application if challenged to perform a skill they are not as familiar with.

- 6.7** *Identify and explain additional technological resources that could further enhance student learning.*

As clinical students at UCSD, the OT students are given access to multiple online resources such as PubMed and IndexMedicus for journal research, and Melvyl which allows access to the UC library system. Another resource, Whellessonline.com, is specific for orthopedic references and discussions for physicians. These sites are used by the UCSD medical students and faculty in daily practice and offer our students enhanced online resources.

- 6.8** *Comment on the adequacy of facilities that your department uses. (e.g., does the room size and configuration suit the teaching strategies?)*

The OT instructors were personally involved in design plans for the room we use in the new Health Sciences building. The design of the classroom and the technology of the

Smart Cart meet the needs of our teaching strategies. We are very fortunate to have this facility.

## SECTION 7 - COMMUNITY OUTREACH AND RESPONSE

### 7.1 *How does your program interact with the community (locally, statewide and/or nationally)? Describe activities.*

The OT Program is actively involved with AOTC (Association of Orthopedic Technologists California). The AOTC has 3-4 meetings per year, one always taking place in San Diego. The students are invited at a reduced cost and gain valuable education and an opportunity for professional networking. The faculty and students host workshops on different OT techniques and applications.

### **Advisory Committee Recommendation**

Some disciplines are required to have advisory committees. Answer this question if this is applicable to your program. In **Appendix 7**, please list the organizations represented on the Advisory Committee and include samples of the meeting minutes.

### 7.2 *If appropriate, summarize the principal recommendations of the program advisory committee since the last program review. Describe how the program has responded to these recommendations. Include the date of last meeting and frequency of meetings. List organizations represented.*

An OT program “advisory meeting” was held in conjunction with the 2013 annual AOTC meeting where many orthopedic technologists connected to our OT program were in attendance. This meeting place allowed an opportunity for greater participation of other working Orthopedic Technologists to advise and comment on Grossmont College’s OT program.

Participants at this meeting included:

OT Program Medical Director:

Wayne H. Akeson, M.D. Professor and Head Veterans Medical Center, La Jolla former Professor and Head of Department of Orthopedics UCSD Medical Center former Dean UCSD School of Medicine

OT Program Medical Advisor:

Alexandra Schwartz, M.D. Ass. Professor Orthopedic Trauma, Department of Orthopedics UCSD Medical Center

OT Program Medical Advisor:

Michael Botte, Department of Orthopedics Scripps Greene Professor Emeritus Foot and Ankle Surgery, Hand, UCSD

Faculty: Chris Rice, OTC, Erik Duke, OTC



Medical Industry Advisors:

George Clark, National Zimmer Product Manager  
John Sillic, Western Director Zimmer OSP  
William Bull, Western Director Royce/Usser Orthopedics Adam Owen, Regional Manager EBI Spine/Trauma Division  
Maria Zouvas, DePuy Spinalogic  
Kevin Helmer, Pres. Mission Surgical  
Cris Leventis, Pres. Ortho-Plus, Biomet  
Michael Vaughn, Manager, Southern Calif. Orthotics and Prosthetics  
Kell Bergman, Owner, President SCOPE

Technical Advisors:

Tom Byrne, OTC, OPAC, Surgical Orthopedic Specialist Sharp Rees-Stealy, President AOTC  
Lindie Tyler, OTC, Senior Orthopedic Technologist UCSD Medical Center  
Becki Scelso, OTC, Senior Orthopedic Technologist Pediatric Private Practice  
Michael Thomas, OTC, Orthopedic Technologist, Rady Children's Medical Center  
Anthony Roman, OTC, OPAC Mission Viejo Orthopedics  
Manny Gates, OTC, OPAC Scripps Greene Clinic  
Ryan Park, OTC, Kaiser Permanente  
Deeann Lawler, OTC, Life Sharing Inc.  
Michael Parrish, OTC, Sharp Rees-Stealy Orthopedics  
Michael Johnson, OTC, Surgical Orthopedic Specialist, Sharp  
Michael McMillan, OTC, UCSD Medical Center, Lab Tech  
Robert Nelson, OTC, OPAC Pacific Orthopedics  
Kevin Goodwater, OTC, Sharp Rees-Stealy Orthopedics  
Peter Solan, OTC, National Board Orthopedic Technology

Listed are the recommendations and actions resulting from this meeting of OT professionals:

- Regarding Clinical Hours (Hospital Practicum OT- 214) the students of 2012 have had the most clinical hours upon completion of the course. For the first time in 2013 we have a private practice rotation. It is the opinion of the Advisory Committee that clinical hours compliment the course. With 19 of 19 students passing the NBCOT exam, confidence in the level of students produced in this program within the community is very strong. Physicians and managers seeking well qualified career employees, call directly and as suggested by the Committee "we will send them."
- As previously stated there were very complex, totally revised, UCSD evaluation reports due this year. These too, in great detail, establish that the Grossmont Orthopedic Technology Program complies with the every detail of the requirements for access to these great sources of experience for our students. All clinical reviews as well as the NAOT requirements were approved for their maximum time.
- The syllabus, Course Outline and Competencies need revision and will occur in spring 2016.

- Supplies and Equipment were discussed and 2 cast saws, and 6 roller stools, and 13 cast stands were approved and have since been received.
- Student attendance at the AOTC meeting, a very impressive meeting with some 100 attendees, has been made free to all Grossmont OT students. This is a great meeting for them for job networking, M.D. lectures and hands-on training.
- 16 of the 19 2012 student graduates, all those who passed the NBCOT Board Exam found employment as full time employees in the field.

## SECTION 8 - FACULTY/STAFF PROFESSIONAL DEVELOPMENT

- 8.1** *Highlight how your program's participation in professional development activities including sabbaticals (listed in **Appendix 8**) has resulted in improvement in curriculum, instruction, and currency in the field. (Specifically, we ask that you include how this work has affected instruction inside or outside of the classroom- a couple of examples with details will suffice)*

College support allowing faculty to attend local and national Orthopedic Technology professional meetings has kept the faculty abreast of current technology and best practices. These meetings are also where the OT program advisory meetings have taken place. There are plans however to move the advisory meeting locally. At the 2014 National Board of Certification of Orthopaedic Technologists (NBCOT) there was a discussion regarding the need to teach X-ray interpretation in the curriculum. This change was reflected in the instruction of X-ray in the curriculum of the OT program.

- 8.2** *Describe any innovative professional development activities your program has created.*

Faculty Chris Rice developed a mobile app called "Ortho Tech 101" that assists alumni and students with the techniques of Orthopedic Technology utilizing video demonstrations of orthopedic technologist assisted procedures. This application is available for anyone interested in orthopedics.

- 8.3** *Describe how your faculty shapes the direction of the college and/or the discipline (e.g., writing grants, serving on college/district committees and task forces, Academic Senate representation, presenting at conferences, etc.).*

The greatest influence our faculty has on the discipline is the direction and development of future Orthopedic Technologists locally, in the state of California and nationally. The Grossmont College Orthopedic Technology Program is one of only seven programs recognized by the National Association of Orthopaedic Technologists (NAOT). Our program is the only one on the west coast with the next closest programs located in Texas.



## SECTION 9 - STAFFING TRENDS AND DECISION-MAKING

This table will be completed by the Research Liaison-Please feel free to consult.

	Fall 2008	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013
# of FT faculty	0	0	0	0	0	0
# of PT faculty	2	2	2	2	2	2
Total Full Time FTEF	0	0	0	0	0	0
Total Reassigned Time	0	0	0	0	0	0
Total Part Time FTEF	0.766	0.766	0.766	0.766	0.766	0.766
Total FTEF	0.766	0.766	0.766	0.766	0.766	0.766
FT% of Total FTEF	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Earned WSCH	n/a	377	325	299	312	307.3

Utilizing the data in the table **and the results of your Faculty Survey discussion**, answer the following questions:

- 9.1** *Explain any observed trends in terms of faculty staffing and describe changes that have occurred (i.e. reassigned time, accreditation issues, expertise in the discipline, enrollment trends).*

The needs of the OT program are met with the two part-time faculty Chris Rice and Erik Duke. This staffing level has been maintained during the 34 years the program has been running. However, in the future with possible retirements a full-time faculty member will be needed.

- 9.2** *Discuss part-time vs. full-time ratios and issues surrounding the availability of part-time instructors.*

The retirement of longtime faculty Tom Byrne was planned with his replacement Erik Duke. Both Erik and Chris Rice are committed to the profession and the OT program. Due to the schedule of the OT program with evening courses, both part-time faculty are able to maintain employment in clinical practice. The Program is fortunate that this has been the case however should they retire, it will be very difficult to hire replacements.

- 9.3** *List and describe the duties of classified staff, work study and student workers who are directly responsible to the program. Include a discussion of any trends in terms of classified staffing and describe changes that have occurred (i.e. duties, adequate coverage, funding issues).*

The Health Professions Specialist that supports the OT program also supports the Respiratory Therapy Program and the EKG/Telemetry Program. We use a tutor to support lab instruction with setup and take-down of the labs.

- 9.4** *How are decisions made within your program? What role do part-time faculty and/or classified staff play in the department decision-making process?*

Chris Rice and Erik Duke are the primary decision-makers within the program. Their relationship with coordinator Liz Barrow provides oversight with college processes, while program content will be maintained by these part-time faculty members. So for example, the OT curriculum is due for review by the curriculum committee and Liz Barrow will coordinate submitting the course outlines while Chris and Erik will ensure the course content is current and accurate.

## **SECTION 10 - FISCAL PROFILE AND EFFICIENCY**

Refer to **Appendix 9 – Grossmont WSCH Analysis** (provided by the research liaison) for efficiency. **Appendix 3** has the sections and enrollment. **Appendix 12 – Fiscal Data: Outcomes Profile** (provided by the research liaison) also has enrollment information.

- 10.1** *Analyze and explain any trends in enrollment, numbers of sections offered, average class size and efficiency.*

The OT program offers single sections of each orthopedic class and students move through as a cohort. The average class size begins at 20-25. In 2009/10 and 2010/11 there was a decrease in course max due to the lack of clinical placements available for students. Any students withdrawing from the program result in lower enrollments in subsequent semesters and because the program is so small this can have a noticeable impact on efficiency. Due to the program rigor, historically in spring we tend to have an average of 17-19 students. The efficiency rates mirror the other Allied Health departments in that the program is more efficient in fall than in spring. The program makes efforts to be as efficient as possible with a small cohort program and has been at 100% max since 2011.



**10.2** *Analyze the Earned WSCH/FTEF data in **Appendix 9- Grossmont WSCH Analysis**. Explain trends for your overall program and for specific courses over a five-year period.*

The earned WSCH has only been tracked since 2009. In 2009/10 and 2010/11 there was a decrease in course max due to the lack of clinical placements for students resulting in an ongoing decrease in WSCH/FTEF. In 2011/12 and 2012/13 WSCH/FTEF stabilized as enrollment increased slightly. In 2013/14 fewer students progressed in the program thus resulting in less efficiency. Although not meeting the college goal for Earned WSCH per FTEF of 525, the average for the Orthopedic Technology program over the review period is around 400, which is reasonable for a small cohort sized program.

**10.3** *Using **Appendix 11- Program Data Elements** and **Appendix 12 - Fiscal Data: Outcomes Profile**, analyze and explain the cost per FTES of the program in relation to the earned WSCH per FTEF.*

Cost per FTES for Ortho Tech has ranged from about \$2600 to \$3400 over the program review period. These costs are less than half of most of the Allied Health programs, so although they are high compared to say, Math, they are economical compared to other small cohort program. The cost per FTES was reduced in 2012/13 due to the retirement of Tom Bryne. He was a long term faculty at the top of the salary scale. Since that time the cost has gone down due to hiring a new more-junior faculty member and currently cost/FTES is the lowest in program history.

**10.4** *If your program has received any financial support or subsidy outside of the college budget process, list the amount of any outside resources and how they are being used.*

The generous donations of consumables and resource materials for the OT Program comes from Ortho-Plus, Zimmer and Royce/Usner. The supplies provided by these private companies amounts to thousands of dollars. We are most grateful. The supplies are used in the labs to give the students practical experience.

## **SECTION 11 – SUMMARY AND RECOMMENDATIONS**

**11.1** *Summarize program strengths and weaknesses in terms of:*

- *teaching and learning*
  - We strongly believe that we have developed as instructors with a well-planned, continually updated, coordinated set of lessons that are presented with a true sense of passion for the Orthopedic Technology profession. Our students have the difficult task of dealing with the rigor of the program as well as all the idiosyncrasies of four night classes a week. They are motivated by a variety of personal issues, with age and social situations acting into the mix. Students such as the re-entry adult with all the complexities of changing to a new profession



and a classroom setting they are not as familiar with as they once were. The younger students come with a deep need for direction and income.. All of these students enter our program with their cultural and economic backgrounds creating a diverse population in the OT program.

- *student access and success*
  - The Orthopedic Technology Program's outreach efforts include high school events, career expos, college main quad events, marketing materials such as posters and brochures. All students who meet the prerequisite requirements may apply to the OT program. Student success is not only measured by completing the program with a Certificate of Achievement or an AS degree, but with our graduates' success in the profession, in the community and across the country. This has given the Grossmont College Orthopedic Technology Program a very positive reputation. We have become a national source for employment. We are the resource for well-trained allied health professionals. This is a direct result of our student's efforts. We are proud of their success.
- *implementing and executing the department's vision and mission statement*
  - Our program originated through the ROP and since our transition we have not yet developed a formal vision or mission statement. We will formalize a vision and mission statement for our department which will tie into the college's mission. Grossmont is dedicated to changing lives through education, and certainly the opportunities for graduates of the Orthopedic Technology Program live up to this goal. As one of the first OT programs in the country, one of only seven programs in the country to be recognized by National Associate of Orthopaedic Technologists (NAOT), and a model for other OT programs, we feel strongly about our vision and mission to prepare our students with the behaviors, skills and knowledge to succeed as Orthopedic Technologists.
- *fiscal stability*
  - Our business supporters remain faithful with their donations of orthopedic supplies. The reputation of our program with these supporters as well as employers has enabled us to obtain needed supplies. The medical supply companies recognize the direct link with our students becoming comfortable with their products as the students train. Our faculty funding is as stable as can be. We have a direct, positive result on the community we teach in. We will continue to operate this program with continuing corporate and large employer support.

**11.2** *Describe any concerns that have affected or that you anticipate affecting the program before the next review cycle. These may include items such as increases or decreases in number of full-time and adjunct faculty, sections offered, and growth or decline of the program.*

Our main concern as an evening program is with representation throughout normal business hours. Recent changes in the hours of our Health Professions Specialist (support staff) were reduced. While we recognize the current fiscal climate of the college, ideally we would have support full-time during weekday hours.

**11.3** *Make a rank-ordered list of program recommendations. These recommendations should be clearly based on the information included in Sections 1 through 11 of this document. You may include recommendations that do not require additional fiscal resources.*



1. Additional part-time faculty person to support clinical coordination including clinical site visits.
2. Support for marketing program including counseling departments at Grossmont and Cuyamaca.
3. Create an OT Alumni Association to help strengthen ties between alumni, OT program and the community.
4. Revision and updating of course outlines.
5. Revision and updating of course syllabi.
6. Revision and updating of OT Google website and movement to the College website.

## Appendix 1



## Six-Year Department/Unit Plan

Department/Unit Name Orthopedic Technology

Month/Year 11-01-09

### Instructions:

This Six-Year Unit Plan details the goals that you have for your department/unit in a number of areas, as well as the strategies that you plan to implement to achieve those goals. Each year, this plan will inform and be implemented through the activities in your various annual action plans. In addition, this plan is organized so that the work eventually accomplished in the areas listed can be used to complete key sections of your next program review document.

Please fill out all portions as completely as possible. Some units in student and administrative services will need to indicate where the sections do not apply.

### **THE DEADLINE FOR SUBMITTING THIS COMPLETED SIX-YEAR DEPARTMENT/UNIT PLAN TO YOUR DEAN IS FRIDAY, NOVEMBER 6<sup>th</sup>, 2009.**

Remember, for your Six-Year Plan, you are developing your department/unit goals and strategies (activities) for each of the areas listed as plan sections on the following pages. Your goals and activities may support one or more of the following College Strategic Planning Priority Goals that are provided here for your reference:

#### **Student Access**

**Goal 1:** Better serve students in historically under-served populations

**Goal 2:** Respond to changing community needs

#### **Learning and Student Success**

**Goal 3:** Provide an Exceptional Learning Environment to Promote Student Success

**Goal 4:** Promote Student Success for Historically Under-served Populations

**Goal 5:** Promote Student Success for Historically Under-prepared Populations

#### **Robust Fiscal and Physical Resources**

**Goal 6:** Promote Institutional Effectiveness

**Goal 7:** Develop and maintain an exceptional learning environment

**Goal 8:** Maximize Revenue from Traditional and Non-Traditional Sources

#### **Economic and Community Development**

**Goal 9:** Enhance Workforce Preparedness

**Goal 10:** Develop Innovative Partnerships That Meet Long-term Community Needs

#### **Value and Support of Employees**

**Goal 11:** Promote Employee Success

### **BACKGROUND**

A. Please provide a list of your most recent program review recommendations.

1. A campus connection between faculty, who work during the day, and need to remain in communication with Grossmont College. This was the roll of Mr. Rick Kirby, to whom the faculty is most grateful for his many years of support and his efforts at keeping the program staff compliant and up to date on campus issues and policy.
2. Staffing increased to provide for future needs for faculty. Replacement should be brought in now to insure credentialing, continuity and quality of faculty.

#### **NEW FACULTY:**

Michael Parrish, OTC

Michael Thomas, OTC

David Dubnika, OTC

B. If applicable, please provide a list of any advisory committee recommendations.

1. Maintain links to Physician Advisors for course content as well as orthopedic trends and practice policy changes:

Dr. Michael Botte, Scripps  
Dr. Scott Meyer, V.A.M.C.  
Dr. Alexanddra Swartz U.C.S.D.M.C

2. Pursue clinical practicum contracts with Kaiser Permanente and Naval Regional Medical Center. Further maintain the current clinical training sites. UCSD, VA, Rady Childrens Hospitals.
3. Strong need to maintain "Recognized" status with National Association of Orthopedic Technologists to insure program link with National Board of Certification for Orthopedic Technologist. This insures both student Board Exam access as well as continuing education for graduates.
4. Commercial support through contacts in the industry. This insures best prices for lab materials as well as jobs for graduates and donations to enhance supplies and decrease the overall cost of the program.
5. It is important to be bringing in future and additional instructors to relieve and replace current instructors. This must be done NOW to be able to orient these new instructors to make them aware of the level of passion for that the current staff provides.

C. If applicable, please provide a list of any certification/accreditation recommendations.

The National Association of Orthopedic Technologists has established a set of criteria for Orthopedic Technology courses at a national level. Programs may apply for "Recognized" status. If the review is approved the program's students are qualified to sit for the National Board of Certification for Orthopedic Technologists Exam. This certification exam is nationally recognized. The students are allowed to take this exam without the normally required 2 years of externship. This gives our graduates a very strong edge when pursuing a job.

## PLAN SECTIONS

In each section, answer the questions as completely as possible. **Remember that you are discussing long-term plans for the next six years.**

D. Community Outreach/Response

What is/are your six-year goal(s) in this area?

1. Many of the community needs addressed by our the Orthopedic Technology Program are also partly included in the "underserved" population, specifically the unemployed, some of whom are adults who will be reentry students, some who will seek a new career or direction after being laid off. The under 25 population, some denied access to 4 year schools due to recent changes in entrance requirements, or who are 4 year graduates



who are unable to find work related to their major or are unable to get into advanced or graduate schools. Within this mix in the community there are those who are employed yet are looking for way to upgrade their current position in the health care field. Providing a means for these individuals to acquire and maintain the variety of specific disciplines of orthopedic patient care will be the primary goal for this program the next six years.

Briefly explain:

- a. Why each 6-year plan goal was chosen (include any supporting data):

The recent changes in access to colleges and even specific classes has put a burden on high school graduates. The job market, the lack of professions that are still viable, means WE need to focus on supporting the community. My supporting data is my own direct experience with the CSU and UC systems and their policy changes. The economic situation is, I hope, very obvious.

- b. How each 6-year plan goal above supports the college strategic planning priority goals:

Better serve students in historically under-served populations, and responds to changing community needs.

2. What strategies/activities would you undertake to accomplish each 6-year plan goal?

We have a direct link to SCRUBS, a Student Internship Program at Sharp. Tom Byrne a Preceptor for these 11th graders who have a specific interest in medicine and rotate through me at Sharp. I have invited all interns to our classes at night to get a better idea of our role in medicine. the Summer semester being open to community technologists who are recertifying. These are graduates, working in the field whom we help to prepare for retesting. Grand Rounds, weekly at Mercy Hospital with 4 hours of M.D. orthopedic presentations. Our students are allowed to attend and experience very high level of Orthopedic science research. CEU, Community.

3. How will you demonstrate that you have accomplished each 6-year plan goal (be sure to include how data will be collected/assessed)?

Continue monitoring student applications. Maintain alumni relations. provide demographic supporting data.

#### E. Student Success and Support

What is/are your six-year goal(s) in this area?

1. The new Health Science building, with its dedicated classrooms, will provide the program an exceptional learning environment that will enhance the student's translation of theory to practical experience. The specialty needs of our lab will benefit greatly and better allow our students to apply, practice, create and analyze the procedures employed in the profession. The physical layout will facilitate more effective demonstration of assignment construction as well as allowing for a more accurate instructor set up and evaluation of those assignments. The Program needs to develop innovative means to enhance the level of skills and knowledge as well as student

access. We will develop a web site for students to access, 24 hours a day, articles, study guides or specific instructor handouts. Students can access all study materials at home or the Learning research center and Computer Lab. The goal is a permanent site that even graduates of the program can access to keep them up to date. The specific goal is to provide a means to clarify and arouse interest outside the classroom. This has actually been demonstrated already.

Briefly explain:

- a. Why each 6-year plan goal was chosen (include any supporting data)

Providing an "Exceptional Learning Environment to Promote Student Success". In order to educate and keep educating our students as well as our graduates.

- b. How each 6-year plan goal above supports the college strategic planning priority goals.

Promotes Student Success and Provides Institutional Effectiveness. Institutional Effectiveness and Learning Environment. Enhance workforce preparedness.

2. What strategies/activities would you undertake to accomplish each 6-year plan goal?

Both instructors consulted the design of the new health science lab building that will allow students to apply theory to practical in a much more accurate manner. Both instructors have met and will continue meeting on website design, planning, and updating.

3. How will you demonstrate that you have accomplished each 6-year plan goal (be sure to include how data will be collected/assessed)?

Clinical Advisory Board reviews student preparedness based on results presented at the meeting ranging from Board Exam success (98%) as well as feed-back from former graduates and their current job success and how the program prepared them for their career.

#### F. Department/Unit Resources and Development

What is/are your six-year goal(s) in this area?

1. The Orthopedic Program needs to make a more direct connection with staff of the learning research center as relates to Bibliographic instructions. The plan would be to establish a formal plan over the next 6 years as to assist students with the required research paper. Research has, and continues to be more and more complex. The Orthopedic Technology profession requires career long education, most of which consists of self-updating of current procedures and methods through journals or other professional recourses. Another reason for this direct link with professional associations is the concomitant link with industry. The businesses who call on and provide materials and products to the profession, also have strong links to these associations and provide support with the obvious motive of gaining customers by educating technologists, both in training and in the industry. Our students benefit from enhanced lab presentations where materials are provided by vendors. Our motivation is these vendors provide the latest



materials at no or little cost to the college, and in some cases actually donate products for lab to the College. We must strive to continue these commercial associations.

Briefly explain:

- a. Why each 6-year plan goal was chosen (include any supporting data):

It is critical in these times to develop relationships that decrease demand on college funds. The Orthopedic Technology Program has over its history made a strong effort to creatively seek out and nurture relationships with corporate sponsors as well as community health care providers, to offset the costs of lab materials and other resources. To enhance the research requirement which is a core component of this program. This will increase accessibility to students.

- b. How each 6-year plan goal above supports the college strategic planning priority goals:

To develop Innovative Partnerships That Meet Long-term Community Needs and Enhance Workforce Preparedness. Maximize revenue from traditional and non-traditional sources.

2. What strategies/activities would you undertake to accomplish each 6-year plan goal?

We have been using a few vendors and sponsors. We will continue adding vendors, sponsors, and alumni to help offset the cost of materials. Meet with the learning research center about annual walk throws.

3. How will you demonstrate that you have accomplished each 6-year plan goal (be sure to include how data will be collected/assessed)?

We can allow more class room time for vendors and spouncers. provide list of alumni donations to the school over the next 6-years.

#### G. Faculty/Staff Professional Development

What is/are your six-year goal(s) in this area?

1. Mr. Rick Kirby has provided a most critical point of contact between the Orthopedic Technology Program and Grossmont College Campus. This communication link is Crucial in that the faculty are all full time technologists with day time positions. It Is therefore important to keep the faculty up to date on campus matters as well as keep us compliant with Grossmont Administrative rules. Search for replacement instructors with the energy, curisma and passion one Tom Byrne has possesed for years. Instructors with open line of communication between school, program and Associations.

Briefly explain:

- a. why each 6-year plan goal was chosen (include any supporting data). To keep our faculty in direct communication with Grossmont College.
- b. how each 6-year plan goal above supports the college strategic planning priority

goals. Promote Employee Success

2. What strategies/activities would you undertake to accomplish each 6-year plan goal?  
Attend semester staff development meeting in search of replacement for Rick Kirby.
3. How will you demonstrate that you have accomplished each 6-year plan goal (be sure to include how data will be collected/assessed)?  
Add more instructors. Replace Rick Kirby.

#### H. Curriculum Development

What is/are your six-year goal(s) in this area?

1. Develop solid relationships with the California Association of Orthopedic Technologists, The National Association of Orthopedic Technologists and The National Board of Certification for Orthopedic Technologists. The first two associations exist to enhance the orthopedic technologist's long term educational needs. They provide the latest technology offered at national and state symposiums wherein didactic as well as lab learning formats keep the working professional up to date and prepared for the National Board Exam. This continuing education is vital to continued success of this course.

Briefly explain:

- a. Why each 6-year plan goal was chosen (include any supporting data):

The Orthopedic Technology Program here at Grossmont College is trying to become the first Licensed Orthopedic Technology Program in the United States.

- b. How each 6-year plan goal above supports the college strategic planning priority goals. This enhances workforce preparedness, develops innovative partnerships that meet long-term community needs.

2. What strategies/activities would you undertake to accomplish each 6-year plan goal?

Mr. Byrne is the President of the California State Association of Orthopedic Technologists as well as a member of the National Honor Society of the National Association. This will help us to provide students, who attend all meetings, to interact, to network with former students who are now not only a source of information on what the job entails but also keeps students aware of job availability.

3. How will you demonstrate that you have accomplished each 6-year plan goal (be sure to include how data will be collected/assessed)?

Licensing is huge accomplishment that we are currently pursuing with the state of California. The NBCOT already completed the Sunrise Survey and is currently searching for a government sponsor of bill. Continued relations with NBCOT, AOTC and Government officials are being actively pursued with licensure being the ultimate demonstration.

#### I. Staffing Needs



1. Please explain your projected needs for staffing (include data to support your needs)?

As previously stated, we have begun the process of bringing in new faculty to insure the quality and integrity of the program. In order to maintain the most effective faculty We must also educate our existing staff. Medicine changes daily and we must be updated. Staff Development for the Orthopedic Technology Program depends on the direct link to our State and National Associations. We would like to see funding for attendance at these symposiums. Currently faculty pays their own way.

J. Student Outcomes

If you are in an instructional area and have not done so already, complete your six-year student outcome assessment plan by going to [http://www.grossmont.edu/student\\_learning\\_outcomes/SLO%20Spreadsheet%20home.htm](http://www.grossmont.edu/student_learning_outcomes/SLO%20Spreadsheet%20home.htm), clicking on your department link, and completing the spreadsheet.

**NOTE: the student outcome plan spreadsheet was due online by October 2<sup>nd</sup>.**

**THE DEADLINE FOR SUBMITTING THIS COMPLETED SIX-YEAR DEPARTMENT/UNIT PLAN TO YOUR DEAN IS FRIDAY, NOVEMBER 6<sup>th</sup>, 2009.**

**Orthopedic Technology  
PROGRAM REVIEW COMMITTEE**

**SUMMARY EVALUATION**

**The Program Review Committee commends the department for:**

1. Ninety-six percent pass rate on the National Board of Certification for Orthopedic Technologists board exam compared to the average national pass rate of 66.5%.
2. Exemplary relationships with vendors, hospitals, and specialists resulting in access to clinical sites, corporate support, and continuing clinical partnerships with the UCSD and Veterans Medical Centers.
3. "Recognized" status of the Grossmont Orthopedic Technology program by the National Association of Orthopedic Technologists allowing graduates to take their board exam upon completion of the program without the usual two year wait.
4. Precise expectations and documentation of student clinical work behaviors including attitude, professionalism, and communication skills.
5. Tom Byrne for professional presentations and keynote addresses resulting in national and international recognition.
6. Community outreach at elementary schools and high schools.

**The Committee recommends the following:**

1. Hire a full-time faculty member to coordinate and teach in the program.
2. Based on current market salary research, work with the faculty bargaining unit to develop a vocational educational pay scale to make salaries competitive.
3. Ensure the fiscal stability of the program following the transition from ROP.
4. Submit curriculum modification proposals for those courses that have not been reviewed by the Curriculum Committee in more than four years or curriculum deletion forms for those courses that have not been offered in the last three years.
5. Use student learning outcome data for continued course and program improvement.



### Orthopedic Technology

SCHOOL YEAR	Enrollment	Total Budget	ADA Calculation		Cost per ADA	COMMITTEE RECOMMENDATION
2001-02	26	54,647	22.533		2425.20	Maintain
2002-03	33	59,128	20.677		2859.60	
2003-04	27	59,246	25.782		2297.96	
2004-05	23	54,985	29.543		1861.19	
2005-06	27	65,938	26.541		2484.38	
2006-07						
2007-08						
2008-09						
	FALL SEMESTER		SPRING SEMESTER			
	WSCH/FTEF	% of MAX WSCH	WSCH/FTEF	% OF MAX WSCH		
2009-10	492	96.7	414	71.0	2791.31	

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College President

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Program Coordinator

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Academic Program  
Review Chair

# Unit Plan Report - Narrative

## Planning (AHN) - Orthopedic Technology

**1a. (AA/L Sec2) - Curr Dev & Acad Stds - New:** Over the past year OT 110 has added more lab time so that students can enter the hospital earlier in the program. During the last 8 weeks of the course, students will be assigned a clinical lab experience. Partnerships exist with UCSD Medical Center, Kaiser Permanente, and Rady Children's Hospitals. The additional lab time was the result of the faculty seeing the need to expose the students to the clinical setting earlier in the Program.

**1b. (AA/L Sec2) - Curr Dev & Acad Stds - Oth Prog:** There have been no activities with other departments or units.

- 2. (AA Sec3) - Outcome Assessment - Prog Improve:** As the result of SLO #1 in OT 214, those students at Kaiser Permanente will be instructed on Health Connect to facilitate documentation on the electronic medical record. Over the past year students have not been allowed to document.
- 3. (AA/L Sec4) - Student Access:** The Program is first come first serve with Anatomy as a per-requisite for the Program. Presently the Program enters 30 students yearly. A large portion of the students entering the Program meet the required VTEA definition of special populations. Any student with a C or better in Anatomy is eligible to enter the Program on a space available basis.
- 4. (AA/L Sec5) - Student Success:** Teaching and learning the OT is every engaging. Students have some portion of lecture and then have hands on practice in each class. To date 100% of the summer 2013 graduating class passed their Certification Examination.

**5a. (AA/L Sec6) Stud Supp & Resources - Technology:** Faculty teaching in the program were provided an IPAD for classroom instruction which has enhanced student learning. A camera was installed during the past year to video record class demonstrations for students to review. Sessions are recorded through the use of Metivision. The technology provided has been sufficient to meet the student learning outcomes.

**5b. (AA/L Sec6) Stud Supp & Resources - Facilities:** No. The facilities are more than sufficient to meet the Program objectives.

**5c. (AA/L Sec6) Stud Supp & Resources - Collabor:** None.

**6. (AA/L Sec7) - Community Outreach/Response:** The OT program participates in the annual college career fair.

**7a. (AA/L Sec8) - Fac/Staff Prof Dev - Currency:** Both instructors attending the national conference for orthopedics. They were able to video some on of the laboratory classes and bring them back to their students. Both instructors are very current in their practice and are teaching students with latest orthopedic best practices.

**7b. (AA/L Sec8) - Fac/Staff Prof Dev - College:** The lead instructor presents at yearly orthopedic conferences and serves and the President of NAOT.

**8. (AA/L Sec9) Staffing Trends:** The lead instructor for the program is retiring in December 2013. This position will be replaced with another part-time instructor in orthopedics.

**9. Job Placement Rates:** 2011-98%

2012=100%

2013-pending

## Department/Unit Goal: Obtain a new clinical rotation with a private practice orthopedic office.

Send students to a clinical rotation in private practice so they can learn additional skills associated with medical assisting and orthopedics.

**Goal Status:** Active

**Goal Origin:** Department Recommendation/Goal

**Start Date:** 08/28/2014

### Planning Activities

Goal 03\*\*: SUCCESS - Provide an Exceptional Learning Environment to Promote Student Success - Develop a contract with Core Orthopedics per the districts template. (Active)



## Planning (AHN) - Orthopedic Technology

\* Measurable Outcome(s) (required): A number of students in the orthopedic tech program will rotate through this private practice office for a clinical experience.

\* Implementation Plan (required): A legal contract will be developed and sent to the district and Core Orthopedics for approval.

Other Depts Involved/Impacted (click ? for more info): None.

Institutional Plan Best Supported (click ? for more info): Student Success Plans/Framework

Year Activity Originally Started (click ? for more info): 2013-2014

Next Year For Which This Activity Is Planned:

Resources Needed From College? ("?" FOR SPECIFICS): No (Save changes, you're done)

Prepared by:: Debbie Yaddow

### Planning Results

Results From: 2013-2014

09/18/2014

Progress: Ongoing

In fall 2014 a contract was developed and sent to the District for signature.

Activity Funded?: No

Report prepared by: Debbie Yaddow

## Department/Unit Goal: Student Diversity

Develop admission criteria that will be approved by the State Chancellor's office that will promote criteria for admission rather than first-some-first serve taking into account disproportionate impact.

Goal Status: Active

Goal Origin: Department Recommendation/Goal

Start Date: 08/19/2013

### Planning Activities

Goal 03\*\*: SUCCESS - Provide an Exceptional Learning Environment to Promote Student Success -

Develop admission criteria that will be approved by the State Chancellor's office and promote student success while not disproportionately impacting any group. (Active)

\* Measurable Outcome(s) (required): Students will have a multi-selection criteria process for admission taking into account science GPA, repetitions of science courses, life experiences, veteran status, prior degrees and relevant work experience.

\* Implementation Plan (required): The OT has had increasing attrition. Last year the attrition rate was 27% and this fall 2013 it is 37%. The high attrition rate takes away an opportunity for other qualified students to have access to the program and potentially be successful.

Other Depts Involved/Impacted (click ? for more info): None

Institutional Plan Best Supported (click ? for more info): Student Success Plan/Framework

Year Activity Originally Started (click ? for more info): 2013-2014

Resources Needed From College? ("?" FOR SPECIFICS): No (Save changes, you're done)

### Planning Results

Results From: 2013-2014

09/18/2014

Progress: Ongoing

2013-2014: At the present time the State Chancellor's office is not willing to consider a similar criteria for admission as with nursing due to the lack of available data from nursing.

Activity Funded?: No

Report prepared by: Debbie Yaddow

## Department/Unit Goal: Update Curriculum

09/17/2015

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Page 2 of 3

## Planning (AHN) - Orthopedic Technology

Update and develop appropriate curriculum and add clinical time to the first OT course in the program (OT 100).

**Goal Status:** Completed

**Goal Origin:** Department Recommendation/Goal

**Start Date:** 09/05/2011

**Completion Date:** 06/03/2013

### **Planning Activities**

**Goal 09: ECONOMIC/COMMUNITY - Enhance Workforce Preparedness** - Utilize some of the lab hours the last 4 weeks of class to rotate students to their first clinical experience in OT100. (Active)

\* **Measurable Outcome(s) (required):** Student will be exposed earlier to the clinical experience earlier in the curriculum.

\* **Implementation Plan (required):** Develop a clinical rotation list to rotate students to the clinical sites the last 4 weeks of the semester length class.

Other Dept Involved/Impacted (click ? for more info): None

Institutional Plan Best Supported (click ? for more info): Student Success Plans/Framework

Year Activity Originally Started (click ? for more info):

Next Year For Which This Activity Is Planned:

Resources Needed From College? ("?" FOR SPECIFICS): No (Save changes, you're done)

Prepared by: Debbie Yaddow



**Clinical Grades. Student must obtain                      points per semester.**

All procedures are worth 5 to 10 points. Procedures with \*\*\*\* are worth 10 points. Students can only perform procedure twice for points. All procedures must be completed on a patient that was ok to leave the cast room with no help from clinician.

Name: \_\_\_\_\_

ITEM	DATE	CLINICIAN	SIGN	SIGN
CAM BOOTS				
DIABETIC BOOT LOCATIONS/APP				
AIRCAST BOOT LOCATIONS/APP				
LACE UP ANKLE BRACE				
AIRCAST ANKLE BRACE				
POST OP SHOE				
DARCO HEAL WEDGE SHOE				
PODIATRY FOOT PRODUCTS				
KNEE ROM BRACE/TROM BRACE				
KNEE SLEEVES PULL UP & WRAP				
KNEE IMMOBILIZER				
MCL BRACE				
WARM FORM BACK BRACE WITH INSERT				
HUMERAL FX BRACE				
ELBOW ROM BRACE				
SLING & SLING AND SWATHE				
ULTRA SLING				
WRIST & WRIST & THUMB BRACES				
MIAMI-J & PHILLY COLLARS				
FIGURE 8 STRAP				
KNIGHT SPLINT				
CAMP BRACE				
THERABAND AND HOME PULLEY				
CUFF AND COLLAR/HANGING ARM SLING				
PATTELA STRAPS				
TENNIS ELBOW				
CRUTCH FITTING AND INSTRUCTION				
CANE FITTING AND INSTRUCTION				

### Clinical Grades

PROCEDURE	DATE	CLINICIAN	SIGN	SIGN
<b>UPPER EXTREMITY CASTS/SPLINTS</b>				
SUGAR TONG SPLINT				
ULNAR GUTTER SPLINT				
RADIAL GUTTER SPLINT (INDEX & MIDDLE)				
THUMB SPICA SPLINT				
MALLET FINGER SPLINT				
LONG ARM POSTERIOR SPLINT				
COAPTATION SPLINT				
SHORT ARM CAST				
SHORT ARM COBRA CAST *****				
SHORT ARM CAST WITH OUTRIGGER				
SHORT ARM THUMB SPICA CAST				
LONG ARM CAST				
LONG ARM THUMB SPICA CAST *****				
MEUNSTER CAST *****				
<b>LOWER EXTREMITY CASTS/SPLINTS</b>				
BULKY JONES SPLINT				
SHORT LEG POSTERIOR SPLINT				
LONG LEG POSTERIOR SPLINT				
SHORT LEG NON WEIGHT BEARING CAST				
SHORT LEG WALKING CAST *****				
SHORT LEG WALKING CAST TOE PLATE ***				
CYLINDER CAST				
LONG LEG CAST *****				
PTB CAST *****				
STUMP CAST *****				
MOLDED CAST *****				
CLUB FOOT CAST *****				
<b>MISCELLANEOUS</b>				
PIN CARE				
SUTURE REMOVAL				
STAPLE REMOVAL				
DRESSING APPLICATION				
STERILE FIELD PREPARATION				
PREP FOR PIN AND EX FIX REMOVAL				
CAST REMOVAL				
BASIC TRACTION APPLICATION *****				
ADVANCED TRACTION APPLICATION *****				



## ORTHOPEDIC TECHNICIAN EVALUATION

NAME: \_\_\_\_\_

OBSERVER: \_\_\_\_\_

STANDARDS & ETIQUETTE				COMMENTS
Does the technician greet the member in a courteous manner?				
Does the technician use patient identifiers when bringing patient to cast room?				
Does the technician avoid using acronyms, jargon, and medical terminology?				
Does the technician use clear communication with the appropriate pitch, pleasant tone of voice, natural inflection, and normal rate of speech?				
Does the technician provide compassionate service?				
Does the technician identify themselves before working on a patient?				
Was the technician able to answer all questions, if not did they find someone that could?				
Does the technician willingly take initiative to resolve customer issues?				
Does the technician deal with members in a positive way?				
Does the technician treat co-workers with respect and appreciation?				
Does the technician keep their area clean and neat?				
Does the technician stock their area?				
Does the technician have a professional appearance?				
Does the technician have non authorized electronic devices in the work place (Phones, iPads, computers and speakers for music)?				
Does the technician keep all conversations appropriate for work?				
Does the technician provide verbal and written cast care instructions?				
Does the technician have the ability to triage a busy cast room or ER situation?				
Does the technician take criticism well and did they use your advice on a future situation with a patient or co worker?				
Does the technician chart in HC using proper guidelines?				
Was the technician able to keep their composure during a busy clinic?				
Overall does the technician present and conduct themselves in a professional manner that is consistent with our department goals and standards?				

## Appendix 2



## **Orthopedic Technology (ot)**

### **Orthopedic Technology 110 + Orthopedic Anatomy and Physiology**

*5 units, 5 hours lecture*

**Prerequisite:** A "C" grade or higher in Biology 140 or 144 or equivalent.

**Corequisite:** Orthopedic Technology 111.

A study of the development of the muscular-skeletal systems with the emphasis divided between gross anatomy, the cellular detail (Histology) of tissues, arterial and venous perfusion, as well as relevant nervous innervation of these systems as they relate to the treatment of orthopedic injuries.

*Transfers to CSU*

### **Orthopedic Technology 111 + Orthopedic Techniques I**

*4 units, 2 hours lecture, 7 laboratory hours*

**Prerequisite:** A "C" grade or higher in Biology 140 or 144 or equivalent.

**Corequisite:** Orthopedic Technology 110.

An introduction to cast room protocols, including instrumentation, the techniques for the application of the basic types of casts and the special considerations required for treatment of orthopedic trauma cases. The course will include the application of orthopedic casts in the laboratory setting and clinical setting.

*Transfers to CSU*

### **Orthopedic Technology 210 + Advanced Orthopedic Anatomy and Physiology**

*5 units, 5 hours lecture*

**Prerequisite:** A "C" grade or higher in Orthopedic Technology 110 and 111 or equivalent.

**Corequisite:** Orthopedic Technology 211 and 212.

This course provides advanced instruction in a systems approach to the evaluation and treatment of specified orthopedic injuries and disease. Topics include the development, function and interrelationships of the muscular and skeletal systems with emphasis on gross anatomy, cellular structure, vascular perfusion, neural innervation, and congenital and acquired orthopedic pathophysiology.

*Transfers to CSU*

### **Orthopedic Technology 211 + Orthopedic Techniques II**

*4 units, 2 hours lecture, 6 hours laboratory*

**Prerequisite:** A "C" grade or higher in Orthopedic Technology 110 and 111.

**Corequisite:** Orthopedic Technology 210 and 212.

This course is a continuation of Orthopedic Technology 111 with emphasis on advanced cast room protocols, instrumentation, orthopedic casting techniques and the assessment and treatment of casting complications. Emphasis will be on the application of special casts, pediatric casts, full-body casts and various traction configurations and techniques.

*Transfers to CSU*

### **Orthopedic Technology 212 + Supervised Hospital Clinical Practicum I**

*2 units, 8 hours laboratory*

**Prerequisite:** A "C" grade or higher in Orthopedic Technology 110 and 111.

**Corequisite:** Orthopedic Technology 210 and 211.

This course is designed to provide clinical application of orthopedic technology in a hospital environment. Students participate in the normal day-to-day activities of an orthopedic service where they develop and refine their skills in the application of orthopedic casts, set up and application of traction devices and the pre and post-operative care of the orthopedic patient. The student is required to demonstrate clinical orthopedic competencies as part of this course.

*Transfers to CSU*

**Orthopedic Technology 214 +  
Supervised Hospital Clinical Practicum II**

*4 units, 12 hours laboratory*

**Prerequisite:** *A "C" grade or higher in Orthopedic Technology 210 and 211 and 212.*

This course is a continuation of Orthopedic Technology 212, Supervised Clinical Practicum I, and is designed to teach the clinical application of orthopedic techniques in the clinical environment. Students will apply casts, assist in the reduction of fractures, apply and maintain traction configurations and devices, apply total body casts, and assist the orthopedic surgeon in minor and major surgical procedures.

*Transfers to CSU*

## **Orthopedic Technology**

*See page 10 for special admission procedures and criteria.*

A program designed to train students as Orthopedic Technologists, preparing graduates with lifetime professional skills in an expanding allied health field. Orthopedic Technologists are employed in hospitals, clinics, or private practice offices for applying, adjusting, and/or removing of casts, splints, and braces. In addition, the Orthopedic Technologists set up, adjust, and maintain all traction configurations, assist with the care of the acutely injured orthopedic patients, and assist the physician in the reduction and/or manipulation of orthopedic injuries. This program prepares the graduate to take the national certification examination (NBCOT) and is the first Orthopedic Technology program to be officially recognized by the National Association of Orthopedic Technologists (NAOT).

### **Career Opportunities**

Orthopedic Assistant  
Orthopedic Cast Specialist  
Orthopedic Technologist/Assistant  
Orthopedic Surgical Technician  
Orthotic Assistant  
Orthotics-Prosthetics Assistant  
Prosthetics Assistant

The Program-level Student Learning Outcomes (PSLOs) below are outcomes that students will achieve after completing specific degree/certificate requirements in this program. Students will:

1. Demonstrate the ability to communicate through written, oral and nonverbal methods with client, family, community representatives, medical personnel, and the public.
2. Uphold appropriate professional behaviors, values and attitudes that are in alignment with the Code of Ethics.
3. Practice in a variety of settings utilizing safe techniques and consider a range of diversity issues that impact the occupational needs of the client.
4. Achieve entry level competence and understand the importance of lifelong learning to maintain competence.
5. Promote and support the profession of occupational therapy, emerging practice areas and community service.

### **Associate Degree Major Requirements**

**All Allied Health and Nursing students adhere to the graduation requirements outlined in the college catalog for the academic year in which they enter the program.**

**Note: All courses in the major must be completed with a letter grade of “C” or higher.**

Prerequisite: Admission to the program, physical and dental examinations, record of current immunizations, current CPR card.



<b>Subject &amp; Number</b>	<b>Title</b>	<b>Units</b>
Orthopedic Technology 110	Orthopedic Anatomy and Physiology	5
Orthopedic Technology 111	Orthopedic Techniques I	4
Orthopedic Technology 210	Advanced Orthopedic Anatomy and Physiology	5
Orthopedic Technology 211	Orthopedic Techniques II	4
Orthopedic Technology 212	Supervised Hospital Clinical Practicum I	2
Orthopedic Technology 214	Supervised Hospital Clinical Practicum II	4
	<hr/> Total Required	24
	Plus General Education and Elective Requirements	

### **Certificate of Achievement**

Any student who chooses to complete only the courses required for the above major qualifies for a Certificate of Achievement in Orthopedic Technology. An official request must be filed with the Admissions and Records Office prior to the deadline as stated in the Academic Calendar.

**Note: All courses must be completed with a letter grade of “C” or higher.**

## Appendix 3



**Grade Distribution by Division**  
**School: Grossmont College -- Term: 2008FA -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor			
																			OT-110	Orthopedic Anatomy & Phys	3769N**
OT-111	Orthopedic Techniques I	3770N**	4.0	21	0	15	0	0	4	0	0	1	0	1	0	0	0	0	1	Rice, Harold	PT
Subject Total			43	0	32	0	0	7	0	0	1	1	2	0	0	0	0	0	2		

**Grade Distribution by Division**  
**School: Grossmont College -- Term: 2010FA -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor			
																			OT-110	Orthopedic Anatomy & Phys	3769N
OT-111	Orthopedic Techniques I	3770N	4.0	25	0	8	0	0	15	0	0	1	0	1	0	0	0	0	1	Rice, Harold	PT
Subject Total			50	0	28	0	0	18	0	0	1	2	1	0	0	0	0	0	2		

**Grade Distribution by Division**  
**School: Grossmont College -- Term: 2011FA -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor			
																			OT-110	Orthopedic Anatomy & Phys	3769N
OT-111	Orthopedic Techniques I	3770N	4.0	22	0	9	0	0	11	0	0	2	0	0	0	0	0	0	1	Rice, Harold	PT
Subject Total			44	0	27	0	0	15	0	0	2	0	0	0	0	0	0	0	2		

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2012FA -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Grade Distribution											W Instructor						
			Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F		Pass	NoPass	Inc			
OT-110 Orthopedic Anatomy & Phys 3769N	5.0	23	0	22	0	0	0	0	0	1	0	0	0	0	0	0	0	1	Byrne, Thomas	PT
OT-111 Orthopedic Techniques I 3770N	4.0	23	0	10	0	0	11	0	0	2	0	0	0	0	0	0	0	1	Rice, Harold	PT
Subject Total		46	0	32	0	0	11	0	0	3	0	0	0	0	0	0	0	2		

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2013FA -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Grade Distribution											W Instructor							
			Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F		Pass	NoPass	Inc				
OT-110 Orthopedic Anatomy & Phys 3769N	5.0	19	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Byrne, Thomas	PT
OT-111 Orthopedic Techniques I 3770N	4.0	19	0	14	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	Rice, Harold	PT
OT-299B Work Experience Externship 3245	5 2.0	5	0	0	0	0	0	0	0	0	0	0	0	0	4	1	0	7	Rice, Harold	PT	
Subject Total		43	0	33	0	0	5	0	0	0	0	0	0	0	4	1	0	7			



**Grade Distribution by Division**

**School: Grossmont College -- Term: 2009SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys	8276N**	5.0	21	0	19	0	0	1	0	0	0	0	1	0	0	0	0	0	Byrne, Thomas
OT-211 Orthopedic Techniques II	8277N**	4.0	21	0	7	0	0	11	0	0	1	0	2	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1	8278 **	2.0	21	0	16	0	0	2	0	0	2	0	1	0	0	0	0	0	Byrne, Thomas
Subject Total			63	0	42	0	0	14	0	0	3	0	4	0	0	0	0	0	

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2010SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys	8276N	5.0	23	0	22	0	0	1	0	0	0	0	0	0	0	0	0	0	Byrne, Thomas
OT-211 Orthopedic Techniques II	8277N	4.0	23	0	7	0	0	8	0	0	6	2	0	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1	8278	2.0	23	0	13	0	0	6	0	0	4	0	0	0	0	0	0	0	Byrne, Thomas
Subject Total			69	0	42	0	0	14	0	0	10	2	0	0	0	0	0	0	

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2011SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys	8276N	5.0	21	0	15	1	0	4	1	0	0	0	0	0	0	0	0	0	Byrne, Thomas
OT-211 Orthopedic Techniques II	8277N	4.0	21	0	3	0	0	14	0	0	4	0	0	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1	8278	2.0	21	0	6	0	0	9	0	0	6	0	0	0	0	0	0	0	Byrne, Thomas
Subject Total			63	0	24	1	0	27	1	0	10	0	0	0	0	0	0	0	



**Grade Distribution by Division**

**School: Grossmont College -- Term: 2012SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys		5.0	21	0	19	0	0	2	0	0	0	0	0	0	0	0	0	0	Byrne, Thomas
OT-211 Orthopedic Techniques II		4.0	21	0	6	0	0	11	0	0	4	0	0	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1		2.0	21	0	15	0	0	2	0	0	4	0	0	0	0	0	0	0	Byrne, Thomas
Subject Total			63	0	40	0	0	15	0	0	8	0	0	0	0	0	0	0	

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2013SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys		5.0	22	0	17	0	0	3	0	0	2	0	0	0	0	0	0	0	Byrne, Thomas
OT-211 Orthopedic Techniques II		4.0	22	0	9	0	0	9	0	0	2	0	0	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1		2.0	22	0	13	0	0	5	0	0	2	2	0	0	0	0	0	0	Byrne, Thomas
Subject Total			66	0	39	0	0	17	0	0	6	4	0	0	0	0	0	0	

**Grade Distribution by Division**

**School: Grossmont College -- Term: 2014SP -- Division: G08 -- Subject: All Subjects -- Course: All Courses**

Section N = Night N = Not Valid for ADA	S.T. Wks	Hrs	Enrollment	A+	A	A-	B+	B	B-	C+	C	D	F	Pass	NoPass	Inc	W	Instructor	
OT-210 Adv Orthopedic Anatomy & Phys		5.0	17	0	14	0	0	3	0	0	0	0	0	0	0	0	0	0	Duke, Erik
OT-211 Orthopedic Techniques II		4.0	17	0	8	0	0	8	0	0	1	0	0	0	0	0	0	0	Rice, Harold
OT-212 Supv Hosp Clinical Practicum 1		2.0	17	0	6	0	0	8	0	0	3	0	0	0	0	0	0	0	Rice, Harold
Subject Total			51	0	28	0	0	19	0	0	4	0	0	0	0	0	0	0	



## Appendix 4

COURSE #	SLO	PSLO's	Demonstrate the ability to communicate through written, oral and nonverbal methods with client, family, community representatives, medical	Uphold appropriate professional behaviors, values, and attitudes that are in alignment with the Code of Ethics.	Practice in a variety of settings utilizing safe techniques and consider a range of diversity issues that impact the occupational needs of the client.	Achieve entry level competence and understand the importance of lifelong learning to maintain competence.	Promote and support the profession of occupational therapy, emerging practice areas and community service.
OT 110	1	Describe the Standard Anatomic Position as employed in descriptive orthopedic anatomy, positioning and direction of motion.	X			X	X
	2	Describe skeletal anatomy, of each joint region as related to structure and function.	X			X	X
	3	Describe the position, origin and insertion of individual muscle and the synergistic function of muscle groups as relates to each joint region.	X			X	X
	4	Describe and relate the motor and sensory neurologic innervations of specific muscle groups.	X			X	X
	5	Describe and relate specific vascular system to each joint region.	X			X	X
	6	Define, Analyze and correlate the functional significance of orthopedic anatomy as relates to specific, normal physiology.	X			X	X
OT 111	1	Demonstrate the specifics and principles of the standards of practice related to patient and technologist safety based upon the O.S.H.A. and C.D.C. Guidelines.	X	X	X	X	X
	2	Demonstrate skills required to safely employ materials, devices and methods as used in the application of Orthopedic care modalities.	X		X	X	X
	3	Describe and demonstrate skills required to properly construct and assess specific casts, orthoses, and traction. Differentiate the appropriate application for each.	X				X



	4	Name and identify orthopedic operative instrumentation and	X			X	X
	5	Assemble sets related to specialty surgical procedures.	X			X	X
	6	Describe and apply skills required for surgical sterile technique relating to gowning, gloving and sterile protocol, as well as aseptic technique.	X			X	X
COURSE #	SLO	PSLO's	Demonstrate the ability to communicate through written, oral and nonverbal methods with client, family, community representatives, medical	Uphold appropriate professional behaviors, values, and attitudes that are in alignment with the Code of Ethics.	Practice in a variety of settings utilizing safe techniques and consider a range of diversity issues that impact the occupational needs of the client.	Achieve entry level competence and understand the importance of lifelong learning to maintain competence.	Promote and support the profession of occupational therapy, emerging practice areas and community service.
OT 199	1	Students will be able to identify, examine, and assess a component of the discipline in a study of individualized content					X
OT 210	1	Define and describe the skeletal physiology of orthopedic pathology and trauma as relates to fracture types, patterns and the biology of connective tissue repair.	X			X	X
	2	Define and describe specific Orthopedic examinations and tests employed in the diagnosis of specific pathology and trauma.	X				X
	3	Define and describe specific disease processes related to musculoskeletal anatomy.	X				X
	4	Describe and define pediatric vs. adult trauma and differentiate how each compares and contrasts both in diagnosis and treatment.	X				X
	5	Name, describe and relate orthopedic surgical procedures specific to each anatomic region and diagnosis.	X			X	X
	6	Describe and define standard Orthopedic conservative treatment modalities as	X			X	X

		related to musculoskeletal regions.					
OT 211	1	Prepare and construct specific designs for synthetic materials and analyze their appropriate application to treatment plans.					X
	2	Formulate articulation designs for standard casts. Apply each to injury and biomechanical as well as physiological advantages over the standard.					X
	3	Describe and demonstrate knowledge of prefabricated as well as custom bracing systems.	X			X	X
	4	Describe and demonstrate Orthopedic specialty assessment exams and correlate their meaning with pathology.	X			X	X
	5	Describe and demonstrate the specific construction and evaluate the resultant effect of all aspects of manual, skin and skeletal traction techniques.	X			X	X
COURSE #	SLO	PSLO's	Demonstrate the ability to communicate through written, oral and nonverbal methods with client, family, community representatives, medical	Uphold appropriate professional behaviors, values, and attitudes that are in alignment with the Code of Ethics.	Practice in a variety of settings utilizing safe techniques and consider a range of diversity issues that impact the occupational needs of the client.	Achieve entry level competence and understand the importance of lifelong learning to maintain competence.	Promote and support the profession of occupational therapy, emerging practice areas and community service.
OT 212	1	Demonstrate application of standards of professionalism and behavior in the clinical setting.	X		X	X	X
	2	Demonstrate direct application of patient and technologist safety as defined by O.S.H.A. and C.D.C. Guidelines	X	X	X	X	X
	3	Demonstrate ability to analyze, communicate and apply written and verbal orders and prepare and construct direct patient care modalities accurately.	X			X	X
	4	Evaluate patient orthopedic conditions by describing, analyzing, applying and reporting	X	X		X	X



		standard orthopedic tests.					
	5	Demonstrate and apply sensitivity to specific cultural diversity of staff and patients as relates to communications and patient care.				X	X
	6	Plan, arrange, analyze and construct specific orthopedic treatment modalities as listed on the Competency List for Hospital Practicum					X
OT 214	1	Demonstrate advanced communication skills, both written and verbal and their accurate recording and translation.	X				X
	2	Describe, plan, construct appropriate Orthopedic modalities of patient care.	X				X
	3	Demonstrate operating room sterile protocols to include gowning and gloving as well as all aspects of sterile technique and operating room etiquette.	X	X	X	X	X
	4	Describe and demonstrate operating room setup and radiation safety protocol.	X	X	X	X	X
	5	Describe, construct, apply and analyze advanced casts, orthoses, wound care and traction in clinical, ward, ER and SICU environments.	X				X
	6	Demonstrate primary assist skills in aseptic, sterile, O.R., E.R. and trauma procedures.	X				X
COURSE #	SLO	PSLO's	Demonstrate the ability to communicate through written, oral and nonverbal methods with client, family, community representatives, medical	Uphold appropriate professional behaviors, values, and attitudes that are in alignment with the Code of Ethics.	Practice in a variety of settings utilizing safe techniques and consider a range of diversity issues that impact the occupational needs of the client.	Achieve entry level competence and understand the importance of lifelong learning to maintain competence.	Promote and support the profession of occupational therapy, emerging practice areas and community service.
OT 299	1	A: Students will be able to define and analyze components of the discipline within a specialized topic of the discipline.	X				X
	2	B: Students will be able to define, analyze, and synthesize components of the discipline within a specialized topic of the discipline.	X				X

## Appendix 5



## Student Survey:

1) How many courses have you taken in this subject area at Grossmont College?

Two: 0  
Three: 17  
More than three: 0

2) Is your major in this department?

Yes: 17  
Undecided: 0

3) How did you find out about this Program?

Class/Schedule/catalog: 0  
Friend family: 6  
Grossmont instructor: 1  
Grossmont webpage: 6  
Grossmont counselor:  
Work referral:  
Other: 4

4) What is your reason for taking this class?

For experience: 0  
To get a job: 17

5) Which of the following helped you learn the course material best?

Handout: 0  
Lecture computer lab: 0  
Instructor/class notes: 15  
Textbook: 0  
Quizzes: 0  
Videos: 2  
Group work: 0  
Other: 0

6) Please indicate your level of agreement with the following statement  
The classrooms for this program are clean and in good repair?

Agree: 15  
Neutral: 2  
Disagree: 0

7) The classroom equipment is maintained and up to date?

Agree: 4  
Neutral: 15  
Disagree: 0

8) The computer technology is up to date?

Agree: 17  
Neutral: 0  
Disagree: 0

9) How often do you use the Career Center?

Rare: 17  
Never: 0

10) How often do you use the counseling office?

Sometimes: 0  
Rare: 2  
Never: 15

11) How often do you use the English writing center?

Sometimes: 0  
Rare: 0  
Never: 17

12) Did you use the health services?

Yes: 9  
No: 8

13) How often do you use the computer lab?

Often: 0  
Sometimes: 0  
Rare: 0  
Never: 17

14) How often do you use the instructional media?

Sometimes: 0  
Never: 17



15) How often do you use the main library?

Sometimes: 0

Often: 8

Rare: 0

Never: 9

16) How often do you use the Math study center?

Rare: 0

Often: 0

Never: 17

17) How often do you use the student affairs office?

Rare: 3

Never: 14

Often: 0

18) How often do you use the tutoring Center?

Rare: 0

Never: 17

Often: 0

19) Gender

Male: 7

Female: 10

20) Age

Under 20:

20-24:

25-29:

30-49:

50+:

21) Ethnicity

White: 5  
(Non-Hispanic and not middle-eastern decent)  
Filipino: 4  
Black: 1  
Asian: 1  
Hispanic: 2  
Other: 4

22) Primary language

English: 15  
Other: 2



## **Appendix 6**

	OT	Academic Year						Total
		08/09	09/10	10/11	11/12	12/13	13/14	
OT	<i>Degrees</i>	4	3	0	3	7	3	20
	<i>Certificates</i>	2	3	5	6	7	2	25

California Community Colleges Chancellor's Office							
Program Awards Summary Report							
	<b>ORTHOPEDIC TECHNOLOGY (121400)</b>	Annual 2008-2009	Annual 2009-2010	Annual 2010-2011	Annual 2011-2012	Annual 2012-2013	Annual 2013-2014
Grossmont Total		17	10	11	16	18	28
	Associate of Science (A.S.) degree	6	5	3	6	9	7
	Certificate requiring 18 to < 30 semester units	11	5	8	10	9	21



## Appendix 7

## 2013 ORTHOPEDIC TECHNOLOGY PROGRAM ADVISORY COMMITTEE MEETING MINUTES

Open: 4:30 pm  
April 13, 2013  
Saint Mary's Hospital, San Francisco, CA

### Members Present:

Eric Duke, OTC	Kaiser Permanente Clinical Instructor, Grossmont College Instructor, Ortho Tech Program
Tom Byrne, OTC	AOTC president.
Chris Rice, OTC	Kaiser Permanente Clinical Instructor, Grossmont College Instructor, Ortho Tech Program
Cris Leventis	President Ortho Plus Kevin Helmer
Peter Solan, OTC	National Board Secretary
Michael Vaughn OTC	Manager SCOP Inc.



**Welcome and Introductions:**

Meeting called to order 4:30 pm. Each member present was introduced by Tom Byrne and each described their business affiliation with the program.

**Reading of 2012 Minutes:**

Each member was sent a copy of the 2012 minutes in advance of the meeting for their review. A motion to accept the minutes as reviewed was made and seconded. The minutes were unanimously approved.

**Competencies and Course Outline reading and review:**

The competencies and course outline were revised in 2012 and after review were approved by the committee.

**NBCOT Test Results:**

0 students out of the 19 that took the NBCOT Board Exam failed to pass the test.

Jason Rice of the 2012 class received a scholarship award of \$600 to attend the San Diego NAOT National Symposium. His research paper was presented to the general meeting and was very well received. We are proud of Mr. Rice and the work he put into the program and of how he so well represents the course. Mr. Cris Leventis provided the funding, out of his own pocket, for this scholarship. Most impressive.

**Lecture, Lab and Clinical Rotation Results:**

A strong concern by Mr. Byrne and Rice concerning the clinical hours. It was stressed the need to add a Private Practice clinical rotation.

The clinical rotation at the VA was another concern. We have temporarily dropped the VA from our clinical sites.

The UCSD Clinical Rotation was also up for review. The voluminous report was presented to the 2012 Allied Health Education Accreditation Committee and was approved for the maximum of three years. It was noted that the report was made a model for all ancillary health program submissions. It was great to see the very positive responses from the members of the board.

Children's Hospital clinical, while limited, is still very important to us as a demonstration of a private hospital setting. Chad Richards has been a strong clinical advisor for the course. Dr. Scott Mubarak, Dr. Wallace and Chambers have truly supported the program and are deserving of our thanks.

E.S.L.R's Basic and Soft Skill requirements were reviewed and it was observed that these are strongly evident within the curriculum of the Orthopedic Technology Program's syllabus.

Mr. Rice and Mr. Duke added the Kaiser to our clinical site last year and Kaiser is implementing a new grad program for orthopedic techs.

Peter Solan from the National Board has brought the attention to our program that xray was going to be a stronger influence on the board exam.

#### Supplies and Equipment Needs:

Mr. Byrne thanked the Grossmont College for their continued strong support for our heavy supply requirements. Further, the very significant donations by Cris Leventis and his company provided for much of the advanced materials used in the lab. Mission Surgical also is a strong supporter.

Needs: Two (2) cast saws and spreaders. The cast stands are in disrepair and new ones need to be ordered. These needs were discussed and a motion was made to move for approval of the requested items. They were so approved by a unanimous vote.

Continued creative efforts to obtain materials for lab are being worked on now.

Attendance by students at the California Association for Ortho Techs was supported by Mr. Cris Leventis. A true patron of the profession he and Mr. Eric Duke, VP of the association invited, sponsored not only Grossmont College but other members. This provided a huge opportunity for our students and theirs to network with Reps, Techs and the MD speakers. The hands on workshops provided a strong source of new materials to gain experience with. A very positive event that we hope will continue to allow students to attend without the \$45 fee. Thanks to Mr. Leventis and his great wife for their constant support.

Zimmer Orthopedic Supply, and Mr. John Sillic provided all traction and educational materials for the course. We are most thankful for this expensive equipment.

Let it be noted that the traction book will now be PDF online.

Mr. Bull of Royce Medical has promised to continue his excellent support and that of his company. He has been a very significant supplier of materials to us.



Chris and I thank these individuals and companies who recognize that the education that Grossmont College provides is valuable and they want to be part of it.

### **Job Placement:**

There were 19 successful graduates in 2012 and 16 have employment as Orthopedic Technologists. This is most impressive in a difficult market such as San Diego. Actually there are two jobs posted as of today that remain unfilled. Dr. Akeson has long predicted that there would be a steady increase in the roles of ancillary medical staff in orthopedics. That is why he is the Medical Director of this program. His influence has made our course a national clearing house for employers who need technologists.

UCSD has announced that, they are to hire 2 FTE Orthopedic Technologists!

From Sharp Reese-Steele to Scripps Mercy to Scripps Greene, there are an increasing number of very good positions open.

### **Allied Health and Economic Changes:**

On this subject we refer to the data provided at the Industry and Career Educator Summit of 2012. We are attending this meeting to represent Grossmont College and to learn of future changes. A great deal of data from demographics of labor force to housing to which professions showed the most growth potential. Healthcare was by far the future, stated the many consultants from SANDAG and other agencies. The aging population and their needs will increase healthcare and personal training.

### **Recommendations:**

Each member was asked what they would add if this was their course:

- 1) number one response (universal) add Private Practice, business practice skills, billing facts, DME, L codes, and similar means by which business is reimbursed for Orthopedic devices. This will insure multiple roles for the Ortho Techs in tight markets.
- 2) It was noted that the strong local ortho tech association would benefit from Tom Byrne agreeing to, at least temporarily, act in a leadership post.
- 3) Stronger influence on x-ray in the lecture portion of program.

All members were thanked for their dedication, generosity and the giving of their valuable time and effort on behalf of the Grossmont College Orthopedic Technology Program.

Adjournment: 7:00pm



## Appendix 8

### Sabbaticals, Conference, Workshop and Staff Development Activities

The entire OTC faculty attends clinical conferences due to the necessity of accumulating continuing medical education credit (CMEs) to support their registry status (OTC). The Part time faculty also attends workshops and conferences on educational topics. Here is a sampling of conferences and workshops attended.

Name	Activity	Relevance
Harold Rice	<ul style="list-style-type: none"> <li>• ASOA and NAOT conference Dallas TX. 7/22/15</li> <li>• AOTC 2014 Fall Symposium Marina Village San Diego. 10-18-14</li> <li>• AOTC Fall Symposium Marina Village San Diego 10-26-13</li> <li>• AOTC Summer Workshop Cadaver Lab 8-17-13.</li> <li>• AOTC Professionals Symposium St Mary's San Francisco 4-13-13</li> <li>• AOTC Casting Splinting Boot Camp Oceanside CA 1-26-13</li> <li>• AOTC Fall Symposium Marina Village San Diego 10-10-12</li> <li>• ASOA and NAOT Conference San Diego 8-2-12</li> </ul>	<p>Harold Rice is an Orthopedic Technologist who still maintains employment at Grossmont Hospital.</p> <p>His clinical education focus is centered on Casting and Surgical Assistant.</p> <p>His attendance at workshops and conferences focused on education are to enhance student engagement and to network and learn from other Orthopedic Technologist.</p>
Eric Duke	<ul style="list-style-type: none"> <li>• Activity</li> <li>• ASOA and NAOT conference Dallas TX. 7/22/15</li> <li>• AOTC 2014 Fall Symposium Marina Village San Diego. 10-18-14</li> <li>• AOTC Fall Symposium Marina Village San Diego 10-26-13</li> <li>• AOTC Summer Workshop Cadaver Lab 8-17-13.</li> </ul>	<p>Eric Duke is an Orthopedic Technologist who works clinically at Kaiser Permanente</p> <p>His clinical education is primarily focused on Orthopedic Anatomy and Orthopedic Conditions.</p>

	<ul style="list-style-type: none"><li>• AOTC Professionals Symposium St Mary's San Francisco 4-13-13</li><li>• AOTC Casting Splinting Boot Camp Oceanside CA 1-26-13</li><li>• AOTC Fall Symposium Marina Village San Diego 10-10-12</li><li>• ASOA and NAOT Conference San Diego 8-2-12</li></ul>	
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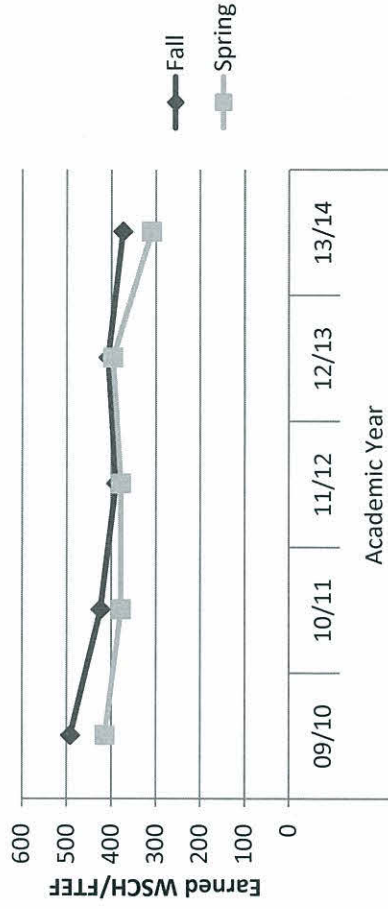
## **Appendix 9**

	Fall Semesters					Spring Semesters				
	FA09	FA10	FA11	FA12	FA13	SP10	SP11	SP12	SP13	SP14
Total FTEF	0.77	0.77	0.77	0.77	0.82	1.17	1.17	1.17	1.17	1.17
Max WSCH	390	0	0	299	0	680	630	441	462	360.4
Max WSHC/FTEF	509.14	0	0	390.34	0	583.19	540.31	378.22	396.23	309.09
Max Enrollment	60	0	0	46	0	100	90	63	66	51
Earned WSCH	377	325	299	312	307.3	483	441	441	462	360.4
Earned WSHC/FTEF	492.17	424.28	390.34	407.31	374.53	414.24	378.22	378.22	396.23	309.09
% of Max	96.67	0	0	104.35	0	71.03	70	100	100	100

Earned  
WSCH/FTEF

		Academic Year				
		09/10	10/11	11/12	12/13	13/14
Fall	492.17	424.28	390.34	407.31	374.53	
Spring	414.24	378.22	378.22	396.23	309.09	

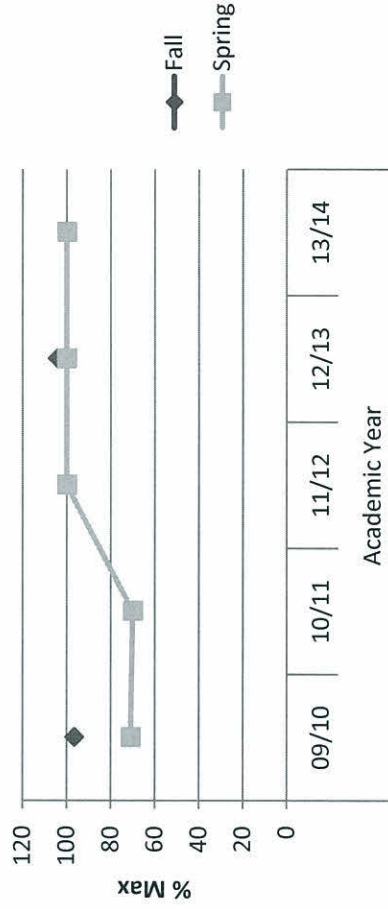
**Department Efficiency:  
Earned WSCH/FTEF**



%Max

		Academic Year				
		09/10	10/11	11/12	12/13	13/14
Fall	96.67				104.35	
Spring	71.03	70	100	100	100	100

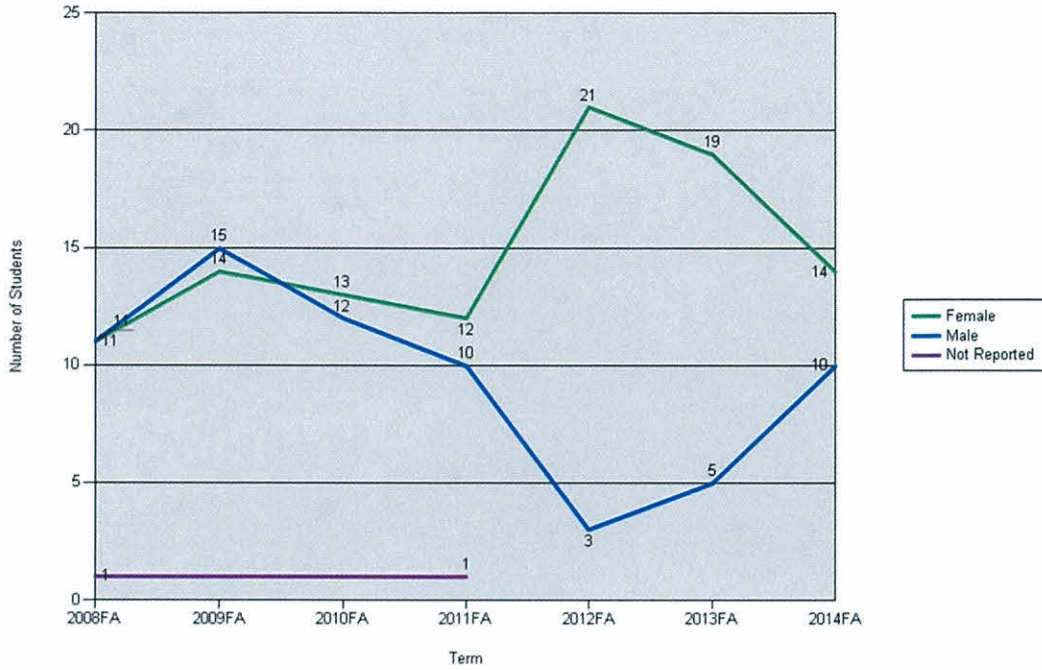
**Department Efficiency:  
Percent Maximum Enrollment**



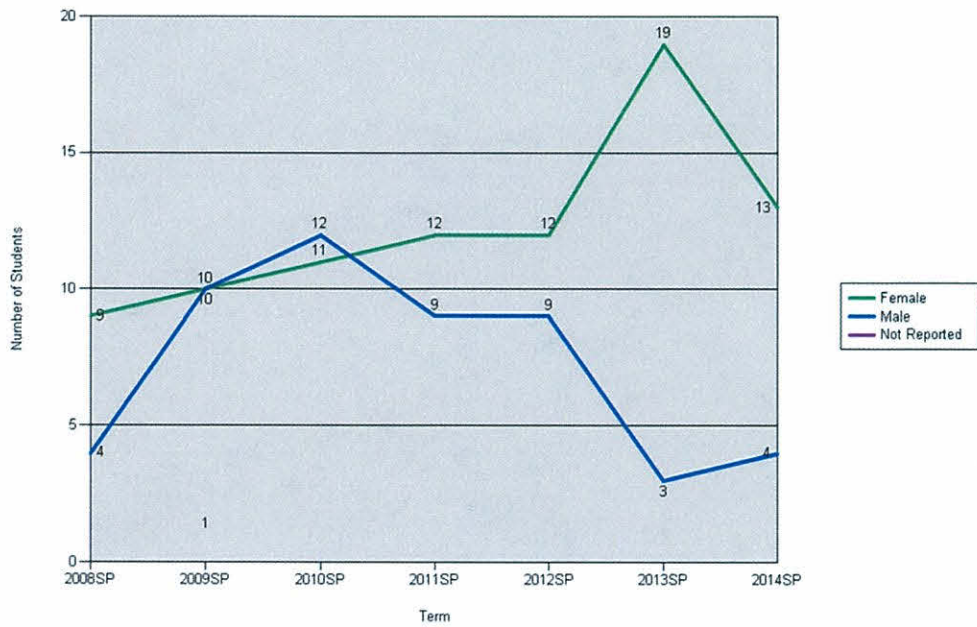


## **Appendix 10**

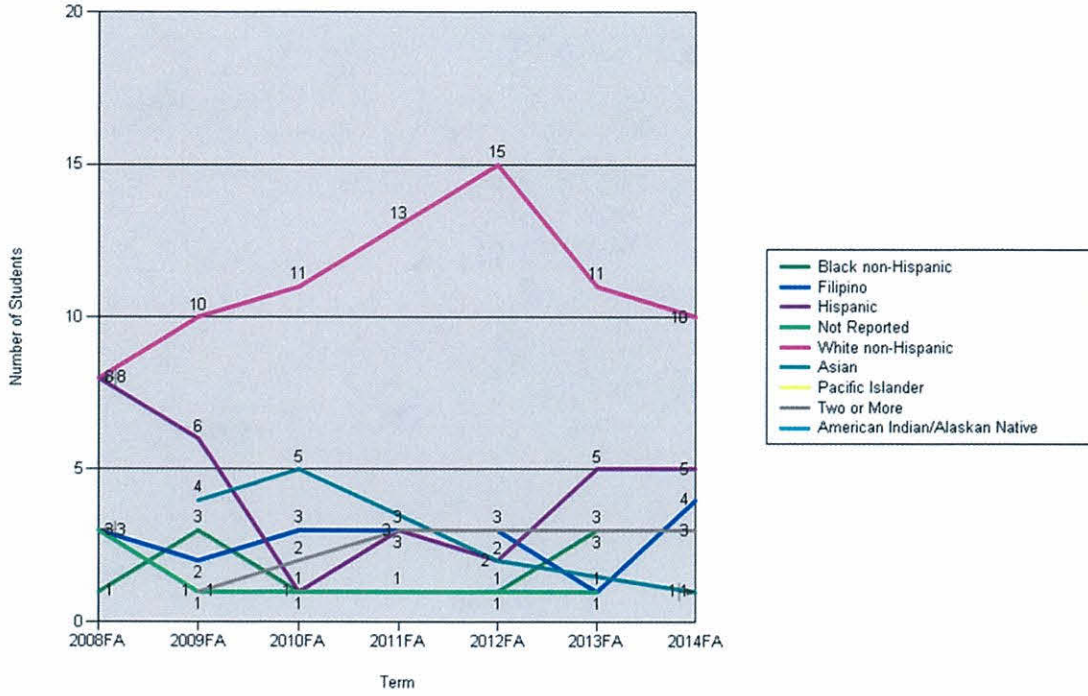
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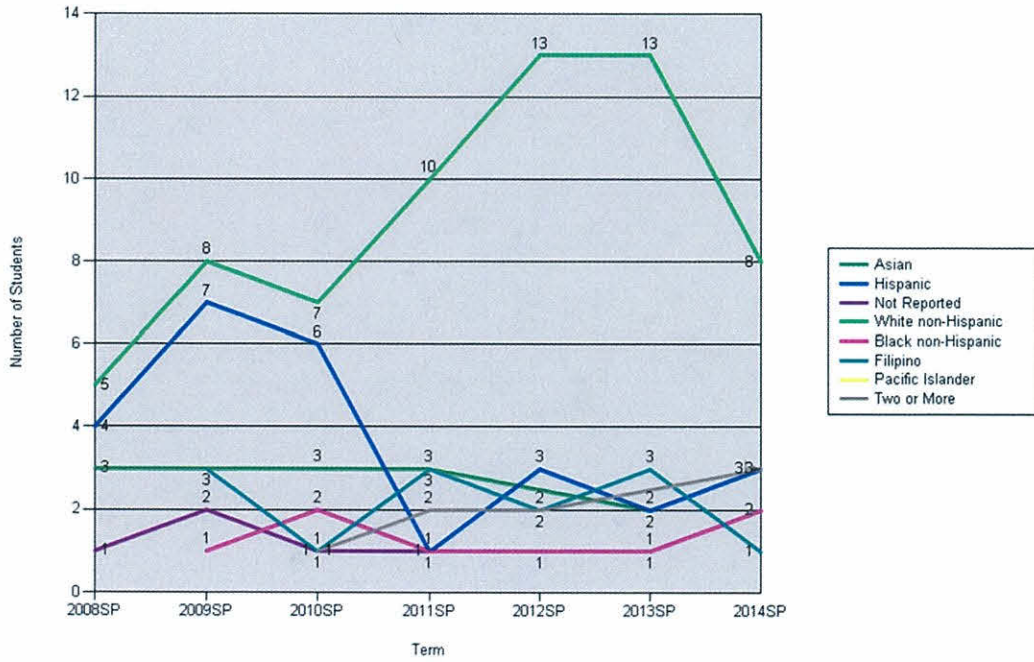
### Enrollment by Gender (Unduplicated Student Counts)



## Enrollment by Ethnicity (Unduplicated Student Counts)



## Enrollment by Ethnicity (Unduplicated Student Counts)

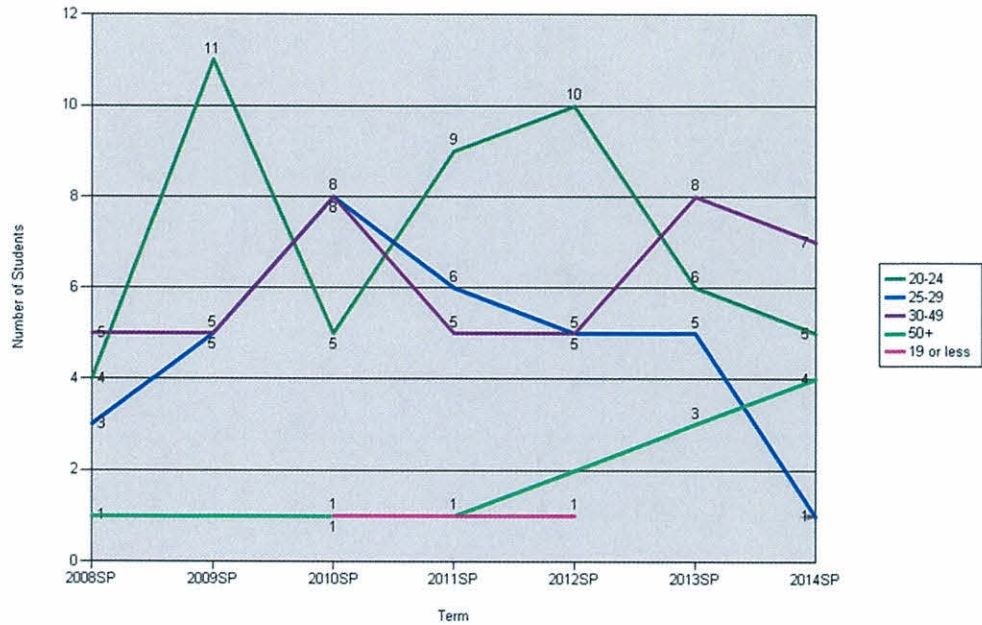


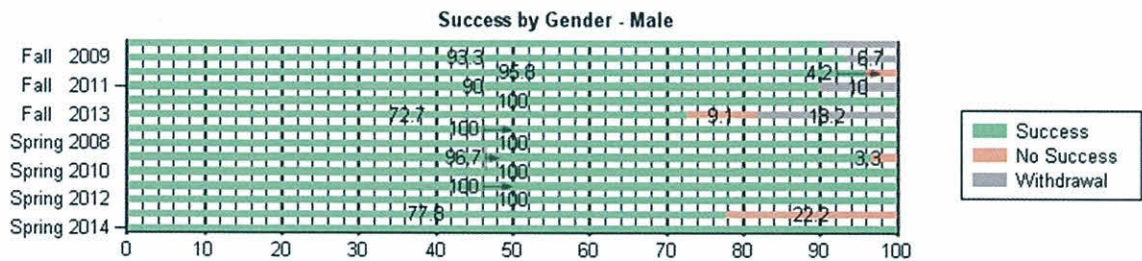
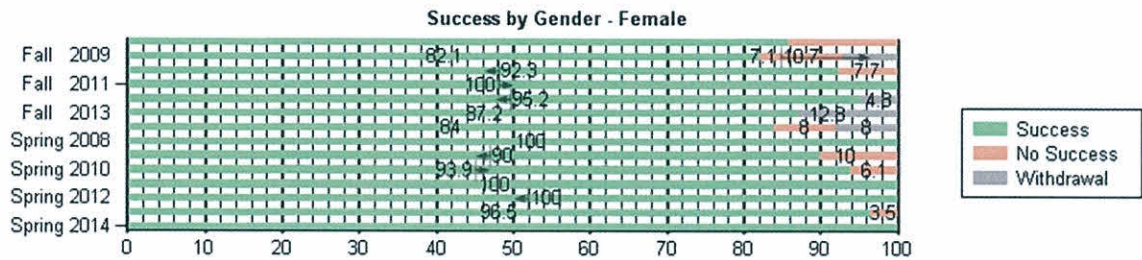
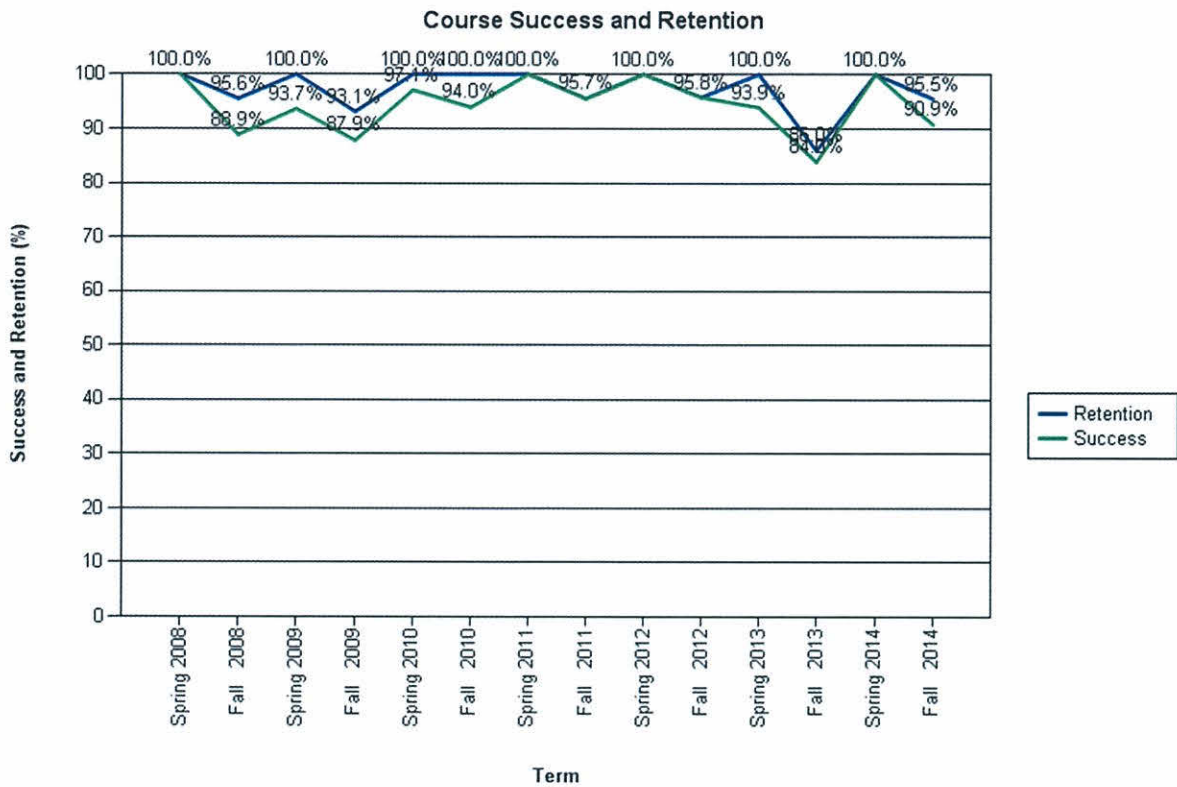


### Enrollment by Age (Unduplicated Student Counts)

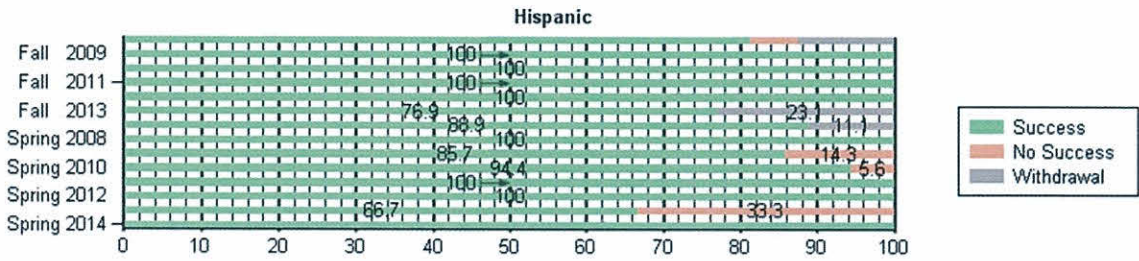
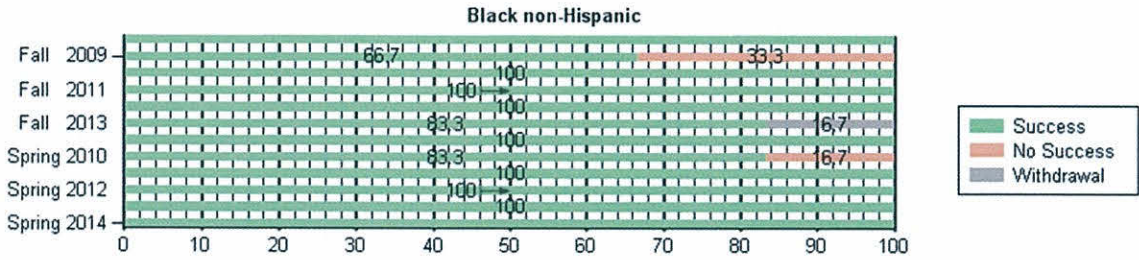
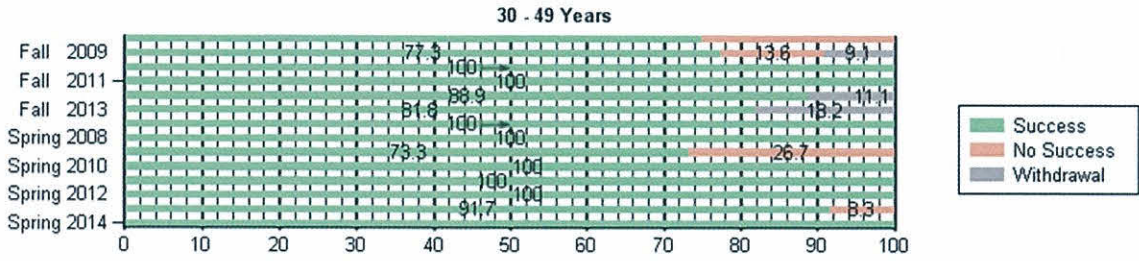
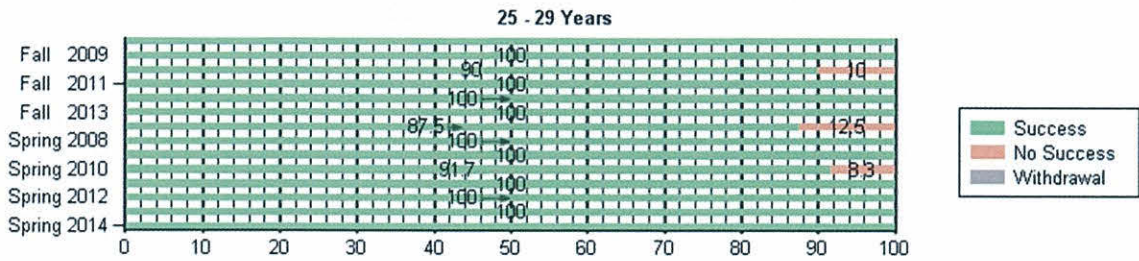
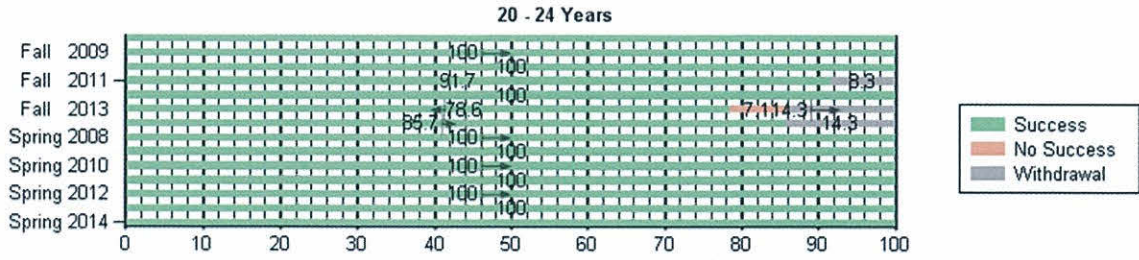


### Enrollment by Age (Unduplicated Student Counts)

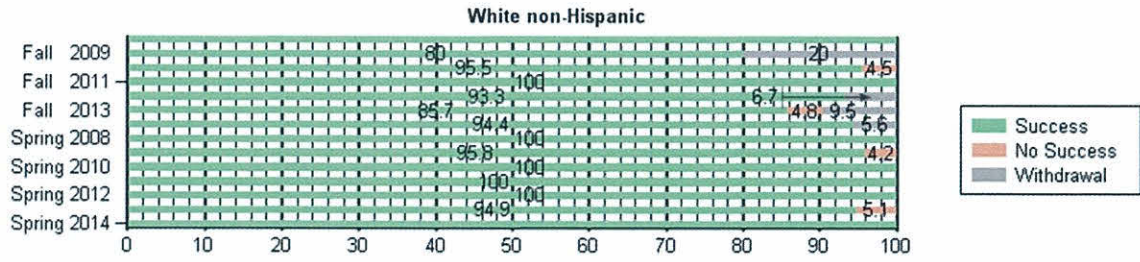












## **Appendix 11**

**GCCCD**

**Grossmont College Program Review  
Program Data Elements**

Orthopedic Technology (121400)

Course # OT 110  
OT 111  
OT 210  
OT 211  
OT 212  
OT 214

08/09 09/10 10/11 11/12 12/13

WSCH/FTES

Summer- WSCH  
Fall- WSCH  
Spring- WSCH  
Total WSCH  
Total FTES

0.00 0.00 0.00 0.00 0.00  
0.00 377.00 325.00 299.00 252.00  
0.00 483.00 441.00 441.00 312.00  
0.00 860.00 766.00 740.00 1,026.00  
0.00 28.67 25.53 24.67 34.20

Unrestricted General Fund Cost

0.00 80,027.00 84,217.00 84,261.00 89,991.00

Costs per FTES

0.00 2,791.31 3,298.75 3,415.52 2,631.32

Restricted General Fund Cost  
(Grants, Categorical funds)

89,526.00 7,003.00 0.00 0.00 0.00



## **Appendix 12**

## Appendix 12

1. Semester & Year	Fall 2008		Spring 2009		Fall 2009		Spring 2010		Fall 2010		Spring 2011		Fall 2011		Spring 2012		Fall 2012		Spring 2013	
<b>2. Enrollment</b>	45		63		58		69		50		63		46		63		48		66	
<b>3. Earned WSCH/FTEF</b>	0		0		492.17		414.24		424.28		378.22		390.34		378.22		407.31		396.23	
<b>4. Total FTES</b>	0				28.67				25.53				24.67				34.2			
<b>5. Cost/FTES</b>	\$0.00				\$2,791.31				\$3,298.75				\$3,415.52				\$2,631.32			
<b>6. Total Cost/Fiscal Year</b>	\$0.00				\$80,027.00				\$84,217.00				\$84,261.00				\$89,991.00			
<b>7. Total Revenue</b>	\$0.00				\$130,873.68				\$116,540.11				\$112,614.36				\$156,117.19			
<b>8. Other Revenue</b>	\$89,525.00				\$7,003.00				\$0.00				\$0.00				\$0.00			

Since last PR

Duplicated

From WSCH summary  
 Calculated as Total  
 WSCH for FA, SP + SU  
 \* 0.0333

Calculated as Row 6  
 divided by Row 4

From District:  
 Unrestricted  
 Row 4. times per  
 FTES multiplier  
 embedded in table

From District:  
 Restricted