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Instructional Faculty Consortium Committee (IFCC)

Cardiovascular Technology/Echocardiography

Date: May 7th, 2021

Time: 9:00 am – 12:00 pm

Location: WebEx

Meeting Facilitator: Sasha Kahiga

Recorder: Sasha Kahiga

Attendees

- 1) Capre Mitchell - ECHO Instructor, Ogeechee Technical College
- 2) Crista Resch - Clinical Coordinator, GA Northwestern Technical College
- 3) Dawn Irwin - Instructor, GA Northwestern Technical College
- 4) Guy Tennille - ECHO Instructor, Central GA Technical College
- 5) Isis Zometa - Program Director, Gwinnett Technical College
- 6) Janice Bush - Program Coordinator, Southern Crescent Technical College
- 7) Jessica Smith - Clinical Coordinator, Southern Crescent Technical College
- 8) Kathy Johnson - Lead ECHO Instructor, Gwinnett Technical College
- 9) Kristen Buoy - Dean, Gwinnett Technical College
- 10) Nina Madden - Program Director, GA Northwestern Technical College
- 11) Regina Kiefer - Program Director, Central GA Technical College
- 12) Sasha Kahiga - Curriculum Program Specialist, TCSG

Agenda Topics/Discussion

Welcome

Sasha Kahiga welcomed all participants and asked everyone to sign-in using the WebEx chat to ensure their attendance is captured and recorded. Sasha provided a PowerPoint overview, explaining how to navigate the WebEx button options.

Review of Agenda

Sasha reviewed the agenda and asked the group if other items needed to be added for discussion. The group agreed with the agenda.

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Approval of Minutes

Sasha reviewed the minutes from the February 12th, 2021 IFCC meeting. She highlighted areas that she needed the group to address to ensure that the information captured is correct. The group provided Sasha with modifications needed. Sasha updated those items and asked the group if there were any further corrections required. Sasha stated that she would give the IFCC the revisions and accept an electronic approval of the minutes for both meetings at one time.

<https://intranet.tcsg.edu/teched/academic-affairs/ifcc/ifcc-meeting-minutes/>

Curriculum Review/Revisions

CAVT 1090: Drug Calculations and Administration

- The CAVT 1090 courses needed to be revisited in reference to the necessary changes to the learning domains and levels of learning for several of the Psychomotor learning outcomes. The group was tasked with speaking with their instructors who teach that course to provide the final thoughts on what changes are needed. Sasha asked the group to share their proposed changes.
 - Janice stated that the main concern was the Psychomotor level of learning within Competency #2 and the need for programs to purchase an IV pump. In response, Sasha asked the group if the profession requires that drug administration. Regina stated that the RCIS does have drug administration in its scope of practice. Sasha noted that based on the learning outcomes for Competency #2 can be changed to the Cognitive domain with an application for the level of learning. Regina asked the group about the other learning outcomes that are Psychomotor.
 - In response, Kristen stated that labs are based on interpretation, and accreditation agencies will request those lab activities are presented with the domain level provided, and Psychomotor can be completed as an online activity. Additionally, she stated that KMS is a minimum requirement and that an IV pump is not needed, but programs can go beyond the learning outcomes if they would like to utilize IV pumps. In response, Sasha stated that the psychomotor domain level can become an issue since it requires a higher level and suggested making the learning outcome more flexible to satisfy lab hours either in class or online; it can be changed to a Cognitive/Application. Kristen agreed. Regina stated that the learning domain and level of learning within Competency #1 should follow suit. The group agreed.
 - Sasha stated that she would make the following updates to the learning outcomes,
 - Competency #1: System of Measurement

Order	Description	Learning Domain	Level of Learning
1	Read and interpret metric measurements	Cognitive	Knowledge
2	Discuss relationship between milligrams and grains, and grams and grains.	Cognitive	Comprehension

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3	Discuss relationship between milliliters and teaspoon, tablespoon, and ounce.	Cognitive	Comprehension
4	Demonstrate the conversion of milligrams to grains; grams to grains; teaspoon/tablespoon/ounce to milliliters.	Psychomotor Cognitive	Guided Response Application
5	Establish and interpret this method of measurement.	Psychomotor Cognitive	Set Application
6	Define and discuss the common drugs utilizing units.	Cognitive	Knowledge

• **Competency #2: Calculation Drug Problems**

Order	Description	Learning Domain	Level of Learning
1	Establish and compute correct dosages from doctor's order.	Psychomotor Cognitive	Set Application
2	Establish and compute correct dosages using body weight; body surface area	Psychomotor Cognitive	Set Application
3	Establish and calculate I.V. fluid rate.	Psychomotor Cognitive	Guided Response Application
4	Calculate total infusion amounts.	Cognitive	Application
5	Calculate I.V. fluid intake for 24 hours.	Cognitive	Application

Echocardiography Curriculum Review/Discussion



- Sasha provided the group with a list of the ECHO courses listed within the EC23: Echocardiography program. She stated that she compared the ECHO courses within the degree and diploma and found that the ECHO 2370 course was titled Echocardiography Clinical IV within the diploma program but titled Echocardiography Clinical III within the degree program. She asked the group if they believed it was an error and needed to be updated. Capre stated that the course within the diploma was correct, and since the programs taught out the diploma program and switched over to the degree, it was never updated in KMS to reflect the new version. The group agreed. Sasha stated that she

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would not make any changes to the diploma since the colleges are not using the diploma program.

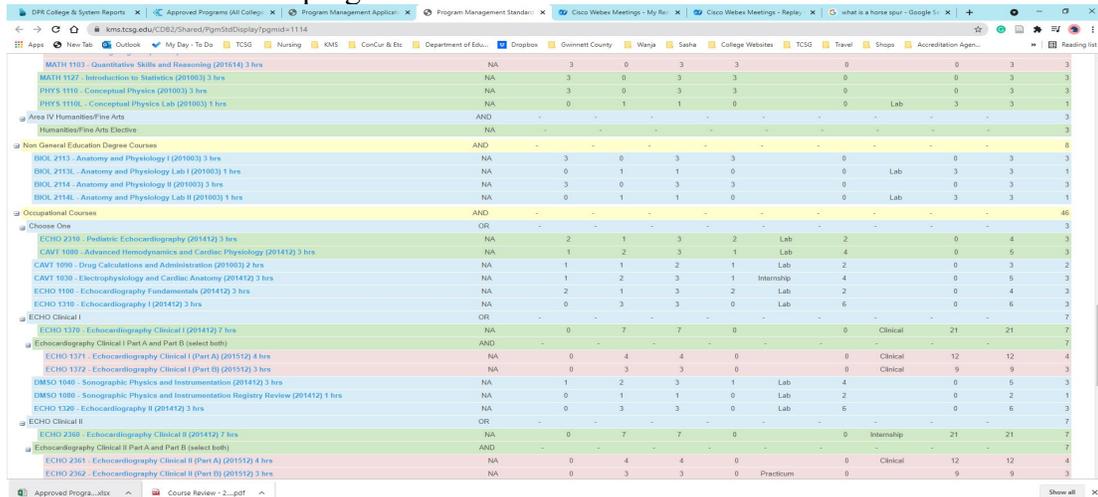
EC23: Echocardiography

- Sasha stated that there were concerns about the CAVT courses listed within the EC23 program and how the courses are not beneficial for the program due to the scope of practice. Capre agreed and stated that the CAVT 1090: Drug Calculations and Administration is not a course that is needed within a stand-alone ECHO program. She explained that her students do not bridge into CATH, and the course is useless for her ECHO students. She stated that she would like to see the course removed from the curriculum.
- Sasha asked the group if they are willing to remove CAVT 1090 from the EC23 program, allowing flexibility for stand-alone ECHO programs that do not offer the CARDIO program at their colleges. Regina asked the ECO instructors what type of drugs are the students responsible for knowing to pass their registry. Capre and Dawn stated that their registry does not provide drug calculation questions. Dawn further stated that contrast questions are provided on the registry but taught within other ECHO courses and not pertaining to calculations. They noted that the registry is based on the students knowing the different types of drugs and it's usage but no calculations.
- Kathy stated that at Gwinnett Tech, they would like to possibly use the CAVT 1090 course as a possible course to teach students how to start IVs because its relevant information if industry requirements changes. Dawn stated that she teaches beyond the standards within the ECHO 1320 course and provides IV training within that course. Capre noted that an entire class is not needed to teach students how to start an IV and can be conducted within a couple of hours within the other ECHO courses. Dawn agreed.
- Regina asked the group if they require their ECHO students to take the ACLS. Dawn & Capre stated that they do not require their students to take the ACLS. Kathy noted that they require their students to take the ACLS at Gwinnett Tech. Guy asked Kathy if their accrediting agency requires it. In response, Kathy stated that their accrediting agency does not require it; but they made it a program requirement because the CATH students are required to take it, so they follow suit with their ECHO students since their programs are conducted simultaneously as one program. Isis included that many of their sites ask for the students to have ACLS certification as well.
- Regina stated that it seems that the group is torn between keeping or removing the CAVT 1090 course. Dawn agreed and stated that if a college has both CVT & ECHO programs, there are benefits of keeping the CAVT courses within the EC23 program; however, the colleges that only have the ECHO program, the CAVT 1090 course is not needed. Capre agreed and stated that it should be removed from the ECHO curriculum, and the CVT program can still teach the course as they see fit.

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- In response, Sasha asked the colleges that offer CVT & ECHO if the CAVT 1090 course could be added to the “or” option for CAVT 1080 & ECHO 2310 to allow flexibility for the stand-alone ECHO programs.



Course	NA	3	0	3	3	0	0	3	3
MATH 1103 - Quantitative Skills and Reasoning (201614) 3 hrs	NA	3	0	3	3	0	0	3	3
MATH 1127 - Introduction to Statistics (201903) 3 hrs	NA	3	0	3	3	0	0	3	3
PHYS 1100 - Conceptual Physics (201003) 3 hrs	NA	3	0	3	3	0	0	3	3
PHYS 1100L - Conceptual Physics Lab (201003) 1 hr	NA	0	1	1	0	0	Lab	3	3
Area IV Humanities/Fine Arts	AND	-	-	-	-	-	-	-	3
Humanities/Fine Arts Elective	NA	-	-	-	-	-	-	-	3
Non General Education Degree Courses	AND	-	-	-	-	-	-	-	6
BIOL 2113 - Anatomy and Physiology I (201003) 3 hrs	NA	3	0	3	3	0	0	3	3
BIOL 2113L - Anatomy and Physiology Lab I (201003) 1 hr	NA	0	1	1	0	0	Lab	3	3
BIOL 2114 - Anatomy and Physiology II (201003) 3 hrs	NA	3	0	3	3	0	0	3	3
BIOL 2114L - Anatomy and Physiology Lab II (201003) 1 hr	NA	0	1	1	0	0	Lab	3	3
Occupational Courses	AND	-	-	-	-	-	-	-	46
Choose One	OR	-	-	-	-	-	-	-	3
ECHO 2310 - Pediatric Echocardiography (201412) 3 hrs	NA	2	1	3	2	Lab	2	0	4
CAVT 1090 - Advanced Hemodynamics and Cardiac Physiology (201412) 3 hrs	NA	1	2	3	1	Lab	4	0	5
CAVT 1090 - Drug Calculations and Administration (201003) 3 hrs	NA	1	1	2	1	Lab	2	0	3
CAVT 1030 - Electrophysiology and Cardiac Anatomy (201412) 3 hrs	NA	1	2	3	1	Internship	4	0	5
ECHO 1100 - Echocardiography Fundamentals (201412) 3 hrs	NA	2	1	3	2	Lab	2	0	4
ECHO 1310 - Echocardiography I (201412) 3 hrs	NA	0	3	3	0	Lab	6	0	6
ECHO Clinical I	OR	-	-	-	-	-	-	-	7
ECHO 1310 - Echocardiography Clinical I (201412) 7 hrs	NA	0	7	7	0	0	Clinical	21	21
Echocardiography Clinical I (Part A and Part B) (select both)	AND	-	-	-	-	-	-	-	7
ECHO 1321 - Echocardiography Clinical I (Part A) (201512) 4 hrs	NA	0	4	4	0	0	Clinical	12	12
ECHO 1322 - Echocardiography Clinical I (Part B) (201512) 3 hrs	NA	0	3	3	0	0	Clinical	9	9
DMSO 1040 - Sonographic Physics and Instrumentation (201412) 3 hrs	NA	1	2	3	1	Lab	4	0	5
DMSO 1090 - Sonographic Physics and Instrumentation Registry Review (201412) 1 hr	NA	0	1	1	0	Lab	2	0	2
ECHO 1320 - Echocardiography II (201412) 3 hrs	NA	0	3	3	0	Lab	6	0	6
ECHO Clinical II	OR	-	-	-	-	-	-	-	7
ECHO 2360 - Echocardiography Clinical II (201412) 7 hrs	NA	0	7	7	0	0	Internship	21	21
Echocardiography Clinical II (Part A and Part B) (select both)	AND	-	-	-	-	-	-	-	7
ECHO 2361 - Echocardiography Clinical II (Part A) (201512) 4 hrs	NA	0	4	4	0	0	Clinical	12	12
ECHO 2362 - Echocardiography Clinical II (Part B) (201512) 3 hrs	NA	0	3	3	0	Practicum	9	9	9

- In response, Kathy stated that at Gwinnett Tech, the ECHO students are required to select CAVT 1080 but would like to allow them to choose ECHO 2310 along with taking the CAVT 1090 course. Kristen explained to the group that maybe the group should take a holistic approach and determine if adding a vascular class to the curriculum or selecting a pediatric course over a hemodynamics course.
- Capre stated that a vascular course is more suited than the CAVT 1080 course. Regina agreed and asked if there is an ECHO course for vascular or will it need to be created. Carpe stated that the DMSO 1090: Introduction to Vascular Sonography course could be utilized.
- To recap and ensure that she captured the primary points of the discussion, Sasha stated the group would like for the “or” option for CAVT 1080 and ECHO 2310 to remain, but the CAVT 1090 course be replaced with the DMSO 1090 course. Kathy agreed with the suggestions. Guy agreed with the recommendation and stated that more doctor offices are looking for Echo techs with vascular knowledge rather than Echo techs with CATH knowledge.
- Regina asked the group if there were any faculty requirements for teaching DMSO courses required by the accrediting agency. She stated that the skills required to teach DMSO 1090 are similar to the skills needed for the DMSO 1040 & 1080 required within the EC23 program. Kristen noted that it depends on the accrediting agency programs are using for their DMSO program. However, for the JRC-CVT, the requirements state the appropriate credential is required, and that statement is open for interpretation and experience. On the other hand, JRC-DMS may be more specific. Sasha noted that the CAAHEP/DMSO standards state that the instructor must be individually credentialed. Kristen elaborated and said that JR-CVT noted that the instructor must possess appropriate credentials & knowledge of subject matter and by virtue of training &

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experience within their assigned subjects. In other words, if colleges have a ECHO credential instructor with vascular expertise, they will be able to teach the DMSO 1090 course. Kristen further stated that for JRC-DMS the standard says that the faculty & instructional staff must be qualified by education experience & effective in teaching subject assignments as appropriately credential for learning concentration. She stated that this is a little stricter and reads that if programs such as JRC-DMS accredited will require that the faculty have vascular credentials.

- Regina asked the group, based on the standards provided, if those JRC-CVT accredited programs are not required to provide credential faculty for teaching the DMSO 1090 course. The group agreed with that interpretation and stated that JRC-CVT would not require the additional credential for their faculty.
- Jessica asked the group if the credit hour change will impact students graduating from the program. Sasha responded by stating that since the ECHO program is at 73 credit hours and the change will not reduce the hours below 60 credit hours, it will not impact graduation requirements for an Associate degree. Kristen added that each program should look at how the course offerings will impact a students' financial aid. Sasha agreed and stated that the one credit hour the program is losing could be added within one of the ECHO courses to remain at 73 credit hours.
- The group agreed with the replacement of CAVT 1090 with the DMSO 1090 course.
- Kathy asked Sasha how soon can colleges begin implementing the changes. Sasha stated that the colleges would have a year to implement the changes upon approval of the PROBE.
- Kristen reminded the group that each program will need to complete a substantive change with their accrediting agency for this curriculum change. She suggested to those that are undergoing reaffirmation that it would be best to wait until after their site visit to submit their substantive change documentation. The group agreed.

ECHO 1100: Echocardiography Fundamentals

- Course description remain as is
- Sasha asked the group if the pre & co-reqs were correct and if they wanted to follow the same format as the CAVT courses by removing the "all required" statements and removing the duplication of "program admission" requirement for co-reqs. The group agreed to remove the "all required" statement and the duplication of co-req requirements.
- Kathy asked the group how they incorporate the healthcare coding & reimbursement system learning outcome within their lessons.
 - Capre stated that she works with the HIMT instructors at her college and retrieves the Cardiac codes to present to the students.
- Competencies and Learning Outcomes remain as is.

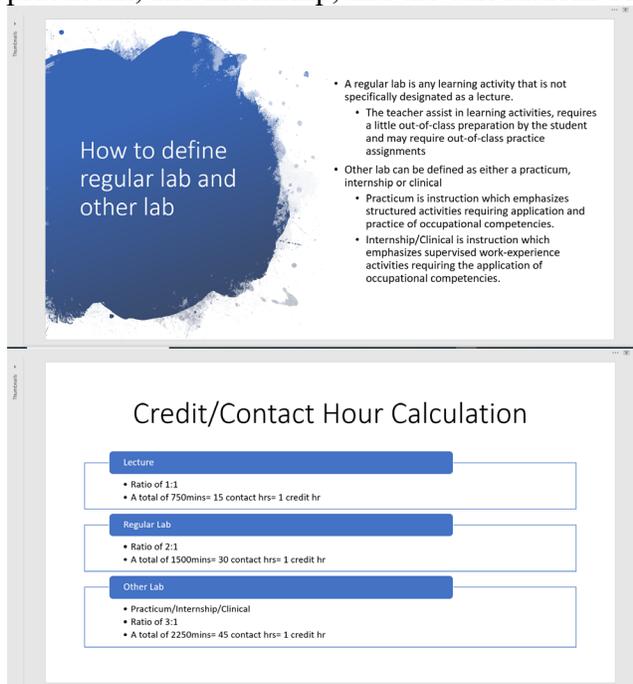
ECHO 1310: Echocardiography I

- Course description remain as is

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- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Regina asked Sasha to explain to the group once more KMS calculation for credit & contact time.
 - Sasha presented to the group the definitions for regular lab, other lab, clinical, practicum, and internship, and the calculations of contact & credit hours.



How to define regular lab and other lab

- A regular lab is any learning activity that is not specifically designated as a lecture.
 - The teacher assist in learning activities, requires a little out-of-class preparation by the student and may require out-of-class practice assignments
- Other lab can be defined as either a practicum, internship or clinical
 - Practicum is instruction which emphasizes structured activities requiring application and practice of occupational competencies.
 - Internship/Clinical is instruction which emphasizes supervised work-experience activities requiring the application of occupational competencies.

Credit/Contact Hour Calculation

Lecture	<ul style="list-style-type: none"> • Ratio of 1:1 • A total of 750mins= 15 contact hrs= 1 credit hr
Regular Lab	<ul style="list-style-type: none"> • Ratio of 2:1 • A total of 1500mins= 30 contact hrs= 1 credit hr
Other Lab	<ul style="list-style-type: none"> • Practicum/Internship/Clinical • Ratio of 3:1 • A total of 2250mins= 45 contact hrs= 1 credit hr

- The group thanked Sasha for the explanation.
- Competencies & learning outcomes remain as is.

ECHO 1320: Echocardiography II

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- The group began discussing the competencies and learning outcomes.
 - Capre and Dawn stated that they introduce many of the concepts within the ECHO 1310 course and go into further detail within this course due to the amount of time needed to cover such detailed concepts.
 - Kathy asked the group is if teaching-learning outcomes within another course is permitted when following KMS. In response, Sasha explained that as long as the learning outcome is addressed somewhere throughout the program, instructors are meeting the KMS standards.
 - Kathy asked the group if advanced cardiac concepts should be added to the course or should the course remain as is, and each program can choose to teach above the

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standards. Capre stated that she adds strain, systolic function, etc when reviewing vascular diseases.

- Guy stated that strain is becoming widely used by doctors, and it may be beneficial for the group to incorporate it into the program soon. Sasha asked if the competency is needed to be added to the program and, if so, which course would they prefer to see it within. Capre stated that it should already be within the curriculum.
- Kristen asked the group if the content has been added to the educational guidelines set by the accreditation. Dawn stated that there are provocative techniques and strain content/verbiage within that section. Dawn further noted that the course content is solely pathology; but, within her clinical comps, she requires her students to complete ventricular analysis where students must perform right & left heart strains which mean that strains are covered somewhere within the program.
- Sasha asked the group to review the accrediting agency curriculum standards to ensure that the content is listed, and if so, it must be added as a competency or learning outcome. The group stated that it is not a requirement within the profession but is becoming more popular in the field, and because of that, it will be best to teach above the standards if programs choose and place the content where it is more suited within their program. The group agreed.
- Regina asked if the content is on the registry exam. Capre & Dawn stated that strain & contrast is on the exam, but it typically 1 to 2 questions referencing the content. Regina noted that it would be best for instructors to add the content to their program as they see fit, and at the next annual IFCC meeting, the group will review the curriculum to see if it's a mandatory concept that needs to be placed within the KMS standards. The group agreed.
- Regina asked the group to review the standards and provide feedback. Kristen stated that the DMSO standards state that strain is listed. She further noted that for JRC-DMS accredited programs, the content should be listed within the program standards. Dawn asked the group how many of the ECHO programs are JRC-DMS accredited. Only two of the programs stated that they are JRC-DMS accredited. The group agreed that the discussion be table until further guidance from the other accrediting agencies.
- Competencies & Learning Outcomes remain as is.

ECHO 1370: Echocardiography Clinical I

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Sasha asked the group if their accrediting agencies mandate the number of clinical hours a student must complete to be successful within the clinical rotation.

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- Capre stated that there is not a minimum amount of hours and the accrediting agency goes by what the program has established. Dawn further noted a minimum of 800hr requirement for students to sit for their specialty exam. Capre agreed, but there is no minimum set by the accrediting agency as for graduating from the program.
- Capre asked for clarification on how the KMS clinical hours should be viewed as. She asked if the hours completed needed to be adjusted to a 50-min interval or the WLU. Sasha explained to the group that the ECHO program standards have the clinical disclaimer that reads as follows,
 - In the Echocardiography program, Practicum/Internship or Clinical courses are based on a clock hour (sixty minutes). Appropriate breaks are included in the clock hour as directed at the Practicum/Internship or Clinical site. One semester credit shall be awarded for a minimum of three clock hours of Practicum/Internship. One hour of credit shall be awarded for 2250 minutes of instructional time.
 - Sasha explained that when programs have this disclaimer that the clinical hours can be viewed in a range. She further said that KMS is based on a 50-min interval, and the clinical hours listed for that course are the maximum requirement; however, using the 60-min calculation is the minimum requirement.
 - Using the course as the example, she stated that taking the total minutes required for the course, which is 15,750min, and dividing it by 60 minutes, the minimum amount of clinical hours a student can complete is 262.5hrs. The maximum amount of clinical hours is the current hours listed of 315hrs.
 - Sasha stated that the range of hours provides flexibility to the programs. The group thanked Sasha for the explanation.
- Competencies & learning outcomes revision remained as is.

ECHO 1371: Echocardiography Clinical I (Part A)

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- The group began discussing which colleges utilize the ECHO 1370 to replace the ECHO 1371 & ECHO 1372.
 - Guy stated that at Central GA Tech they utilize ECHO 1371 & 1372 due to their program start date being in the Spring semester and the ECHO 1370 course would fall within the Summer, and that will not be enough time for the students to fulfill their required clinical hours. They teach ECHO 1371 within the summer semester, and ECHO 1372 is conducted within the fall semester.

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- Competencies & learning outcomes
 - Kathy asked the group their interpretation of Learning Outcome 2.3: Operate electrocardiographic equipment. She stated that the outcome is confusing and maybe should be revised to provide more detail. The group agreed and noted that the learning outcome should be changed to Psychomotor and revised to state the following, properly manipulate electrocardiographic leads from ultrasound equipment for enhanced diagnostic monitoring.
 - Guy stated that the revision should be made to ECHO 1370 as well. The group agreed, and Sasha noted that she would address the learning outcome within the ECHO 1370 course.

ECHO 1372: Echocardiography Clinical I (Part B)

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Competencies & Learning Outcomes
 - Sasha stated that Learning Outcome 2.3 needs to be updated to reflect the revisions made for ECHO 1370 & 1371. The group agreed.
- Sasha asked the group why ECHO 1371 & 1372 have identical competencies learning outcomes as ECHO 1370, rather than some of the competencies from ECHO 1370 listed within ECHO 1371 and the remaining listed in ECHO 1372. Dawn stated that the courses are identical because they allowed the programs to stretch out their time and meet competencies that could not be completed during the ECHO 1371 course. Regina asked the group the history of the creation of the courses. In response, Capre stated that the change was made back in 2015 to accommodate programs with difficulty with their students completing the ECHO 1370 course within one semester. Kathy noted that programs offering the ECHO 1370 course within the summer semester were the primary reason for the division of the course and the creation of ECHO 1371 & 1372. Additionally, the ECHO 1371 course is offered in the summer. The ECHO 1372 is offered in the fall, thus allowing more time in the clinic to 4 days per week, fulfilling the requirements for the entire clinical rotation within two semesters.
- Guy asked the group which semester do they offer the ECHO 1370 course. Several of them offer the course in the Summer semester, and Capre uses it within the Spring semester. Regina stated that at Central GA, they start a new cohort in January and the students do not participate in any form of clinical within that Spring semester. Guy asked the group if their students are completing 32hrs a week in the summer semester. Capre and Kathy stated that their students go to their clinical rotation 3-4 days a week.

ECHO 2310: Pediatric Echocardiography

- Course description remain as is

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- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Competencies & Learning Outcomes remain as is

ECHO 2360: Echocardiography Clinical II

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Other lab description updated to state “clinical” and not “internship”
- Competencies and Learning Outcomes remain as is

ECHO 2361: Echocardiography Clinical II (Part A)

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Competencies and Learning Outcomes remain as is
 - Guy stated that the learning outcomes would be identical for ECHO 2360. The group agreed and made no revisions.

ECHO 2362: Echocardiography Clinical II (Part B)

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Remove “practicum” description from the regular lab category due to no hours listed.
- Add “clinical” description to the other lab category to identify the description type for hours listed.
- Competencies and Learning Outcomes remain as is

ECHO 2370: Echocardiography Clinical III

- Course description
 - Guy stated the course description should be revised due to the course being a continuation of Clinical ECHO II.
 - The description was revised to state the following: This course builds on the knowledge and skills learned in ~~Clinical Echo 3~~ **Clinical ECHO II**. By the end of this rotation, the student will perform all echocardiography procedures independently with the supervision of an appropriately credentialed sonographer. This course provides a culminating clinical setting experience that allows students

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to synthesize information and procedural instruction provided throughout the program. Emphasis is placed on skill level improvements and final completion of all required clinical competencies presented in previous courses and practiced in previous clinical vascular courses. Topics include: scanning, documentation of pathologies, patient and equipment skills, current literature, professionalism, and ethical behavior.

- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Competencies and Learning Outcomes remain as is.

ECHO 2400: Comprehensive Registry Review

- Course description remain as is
- Removal of “all required” statement from pre-reqs
- Removal of “program admission” duplication from co-reqs
- Course hours remain as is
- Competencies & Learning Outcomes
 - Kathy asked the group if any of them were truly Reviewing CPR as stated within Learning Outcome 2.6 since the students are already CPR certified. Capre noted that the registry does ask questions pertaining to CPR. The group agreed that the review is a short review, and the outcome should remain.

Conclusion/Action Items

- Sasha reviewed the revisions with the group once more and explained to the group that removing the CAVT 1090 course and replacing it with the DMSO 1090 will reduce their total program credit hours by one credit. Sasha asked the group if they wanted to add the one credit hour back to the program within their ECHO courses or if they had other suggestions.
 - Capre stated that it should be added to the ECHO 1100 course. Dawn noted that adding the ALHS 1090: Medical Terminology course to the program will benefit the students. The group agreed with adding the course to the curriculum.
 - Sasha informed the group that the ALHS 1090 has a total of 2 credit hours, which will result in an increase of 1 hour for the total program credit hours. She further noted that the increase in the total program credit hours would require a detailed explanation for PROBE purposes.
 - The group stated that the recent changes of the JRC-DMS accreditation standards and guidelines that become effective September 1st are the primary reason for adding ALHS 1090.
 - Sasha explained to the group that if the PROBE is not approved to add ALHS 1090, they need to be aware that the credit hours will be reduced to 72 total credit hours due to the replacement of CAVT 1090 with DMSO 1090. The group understood.

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- Regina asked the group how the change of credit hours will impact those programs that are JRC-CVT accredited. Isis added that the DMSO faculty felt that their students were not well-versed in medical terminology for their scanning and added the ALHS 1090 course. She asked the group to elaborate on why they felt the need for the course other than the credit hour concern. In response, Dawn and Capre stated that the students are unaware of medical terms and find it difficult to read charts, which becomes a disservice to clinical sites and the patients they serve. Dawn further stated that the students are unable to successfully pass course tests and examinations due to questions being written in proper medical terms, resulting in the students not understanding the question as a whole.
- Regina asked the group if they wanted to add the course to the program or just an admission requirement for acceptance into the program designated by each college. Isis stated that ALHS 1090 is more beneficial than MATH 1127 since the students use medical terminology to perform their job duties while statistics are not used within their responsibilities. Dawn noted that statistics help with critical thinking, which is imperative for the students. Additionally, she stated that statistics are needed for lead tech or manager positions that have QA involvement. Isis agreed but noted that the Pharmacology course was being removed, and there should be some value to removing and adding these courses. Additionally, she stated that she would prefer to see the one credit hour be added to one of the ECHO courses and the Medical Terminology course replace one of the pre-req courses that are truly not needed, such as statistics.
- In response, Dawn stated that based on her understanding, the new national curriculum developed by JRC does not include statistics, so the group could remove it, but like the CAVT & DMSO IFCCs, the group should consider tabling it until after the implementation is finalized. In response, Kristen stated that the CAVT & DMSO had to table their topic because they were in need for clarification of other changes that could impact the curriculum; however, for the ECHO program, this may not be a concern and the group could move forward with the change if they prefer.
- Sasha agreed with Kristen and stated that they could add the ALHS 1090 course and wait to see what the results are from the PROBE. Kathy said that she has no objectives with adding the course but would prefer the course to a pre-req before coming into the program rather than taking the course along with the ECHO courses. Sasha stated that each college could design their program offerings as they see fit.
- The group made the final decision to add ALHS 1090 to the program.

In conclusion, Sasha informed the group that she needed to meet with a few more sonography-related program IFCCs, including Vascular, and once she has met with them all, she will begin working on the changes and initiate the PROBE at one time for all the programs. Sasha asked the group how many of them teach the Vascular program and it was determined that Crista from GA Northwestern offers the program. Sasha informed the group that she would send out another



Brian P. Kemp
Governor

Greg Dozier
Commissioner

meeting request to meet for curriculum review of Vascular on May 19th. Other faculty stated that they would be in attendance for the meeting as well. Sasha explained to the group the PROBE process and what to expect. She asked the group if there were any additional comments or questions. The group did not have any further questions. Sasha thanked the group again for their hard work, participation, and valued feedback. Sasha concluded the meeting.

Meeting adjourned at 12:20pm

Meeting Notes submitted by Sasha Kahiga

Meeting Minutes submitted by Sasha Kahiga