MVCC Phlebotomy Advisory Committee
October 1, 2020 at 1:00 p.m.

Present: Rita Kealy, Lori Schmidt, Beth Romanzow, Ellen Wallace, Chris Kuropas, Diane Kazibut, Karen Kowalski, Dr. Kiana Battle, Dr. LoShay Willis, Anna Jannak, Jennifer, Pamela Payne, Lissette Alvarado, Darlene Ucci, Karen Plage, Karyn Brooks, Tamima Farooqui, Sonia Torres, Merle Essex, Peggy Heenan, and Paul Alleruzzo

I. Welcome and introductions	Rita thanked our clinical partners, supervisors, and preceptors for their support of our Phlebotomy program who provide valuable clinical experience for our students.
II. Review of minutes and action items from 2019	All attendees were in favor of accepting the meeting minutes from 2019.
III. Annual Report and Outcomes A. Retention B. Placement C. ASCP Certification Exam Pass Rates	Our Phlebotomy program has a small attrition rate as can be seen on the supplemental hand out; a 97% graduation rate as of fiscal year 2019. Regarding placement rates, the number of respondents was small; the yearly average rate was 76% for students slated to graduate between 7/1/17-6/30/18. ASCP certification exam pass rates: of the total number of graduates who sat for the exam within the 1st year of graduation, for students slated to graduate between 7/1/17-6/30/18, 98% passed the exam. It was 97% for 2016, and 100% for 2017. Currently in 2020, our program has 12 graduates who have taken and passed the exam. The national pass rate is 91%. Suggestions on how our program could improve the number of students who take the exam within the 1st six months of program completion was welcome. Sonia suggested a survey monkey to try to get information on why students would not take the certification exam. Someone else recommended that students submit a screenshot that they actually registered to take the exam, otherwise they don't pass without that registration. Sometimes there are financial obstacles that prevent students from readily taking the exam. Students are made aware at the beginning of the semester to register for the exam and that counseling can help fund that. Other students might get their employer to pay for the exam though Rita would know of their application to take the exam since she would have to deem them eligible. Other students perhaps take their clinicals before sitting for the exam and decide they are no longer interested in working in the field so they don't want to take the exam.
IV. Curriculum A. Changes B. Accelerated program Fall 2020 pilot C. Program Learning Outcomes	Curriculum changes: clinical days were changed, students are at clinical sites on Mondays, Tuesdays, Thursday, and Fridays and the hours spent are a little longer. Wednesdays are open for PHB 111 class attendance. Also, a new and improved edition of the phlebotomy essentials was adopted with Navigate 2, adaptive learning system from Jones Bartlett Publishing, which is a publishing company that is easy to work with. Adopting the new edition entailed updating and revising the lecture PowerPoints, Labs, etc to reflect the new edition. Also added to the curriculum was automation for the waved urinalysis chemistry testing. There's now an instrument to read dip sticks

	automatically to reflect what they would do in clinical settings. Point of care testing for hemoglobin was also added to the program, along with expanding the specimen processing lab. A lecture and lab devoted to customer service was also added to the curriculum, and we revised the midterm and final exams. A phlebotomy program handbook was created that documents all the policies and clinical requirements of the program. Other new business: Castle Branch is now being used as a clinical document management vehicle and where students get their background checks, including their drug screens. Antibody titers and all the other requirements are stored in Castle Branch. Other additions to our health science classes include a new HIPPA certification, instead of attending a seminar, students can now go online, it's a module that students can go through while they're in the 110 class. Our program also split the non-blood specimen lecture into two lectures to spend more time with the two major components – the urine and the other body fluids. There are three mock exams given on the computer rather than on paper in the 111 class so that it helps students gain experience with the computerized testing. This semester, our PHB program is piloting an accelerated program in which students can complete the program in one semester, rather than two. Students in the accelerated program still need to complete the required Medical Terminology prerequisite, and those who achieved at least a B in Medical Terminology are encouraged to enroll in the accelerated program. The didactic accelerated program is taught online except the lab sessions are in-person learning. The seven students who are currently enrolled in the accelerated program this semester will be tracked through to their certification pass rate to help determine its effectiveness. So far, the program seems to be successful but perhaps too soon to tell based on this semester alone, especially since the semester was cut to 16 weeks instead of the usual 17-week semester. Plans were to have a 10 seat count but that was reduced to under 10 seat because of the pandemic. Our college will probably offer the accelerated program again and track the success rate, but we would still always offer the two semester PHB program. In addition to helping the PHB students enter the workforce quicker, it also helps with our Medical Assistant program where the students are needing to take the PHB program. An attendee asked whether the PHB program could be offered as a dual enrollment for high school students. In addition to having to complete a Medical Terminology course as a pre-requisite, the high school student would also have to be age 18 by the time the course started, otherwise they have to get a parent's permission to be stuck with a needle because they would be practicing on each other in the classroom. Also, to attend clinicals, the student has to have a high school diploma or a GED. High school graduates attending in the summer would not be an option since there are not enough weeks in a summer semester.
V. Program Evaluation A. Graduate Satisfaction B. Employer Satisfaction	Graduates report being very pleased with the quality of instruction, content, equipment, and the experience that they receive from the PHB program as the data indicates from our survey. Our students rated all criteria above 3.0 on a Likert scale of 4.0, indicating students are satisfied with their preparation.

C. Program Learning Outcomes Measures D. Student clinical surveys E. PHB Faculty Summit	Regarding employer satisfaction: based on a 5.0 Likert scale, employers rated their satisfaction with our students a 4.9 the past two years. The survey that is currently implemented started in spring 2018. Some of the comments received about graduate strengths were that graduates were well prepared for the interview as they were able to accurately answer technical questions. Graduates were also reported to have excellent customer service skills, and took direction well. Returning back to Program Learning Outcomes, data from the midterm and final practicals were considered. The scores for the return draws were collected separately. The most interesting comparison is that students performed well on practical "draw" but drop significantly on the written (PowerPoint) portion. Considering that students spend a large amount of time with live draws and the emphasis is on that, and because most of their job responsibilities are on live draws, whereas other laboratory components such as urinalysis, blood culture collection, donor collection, and etc. are done in some cases, only one time, it was determined that the survey outcome was okay. Students clinical surveys were discussed next: and the questions are what three things students like best about their clinicals. Probably only a handful of students replied to the surveys because half of our students didn't finish in the spring, they finished in summer. Annually, the phlebotomy faculty meet to discuss the program and discuss what improvements could be made. In 2019, the meeting focused on adapting the 7th edition textbook so there was a lot of discussion about revising lectures, labs, and customer service lecture and lab. Also, discussed as was mentioned earlier, was the certification exam and the importance of graduates taking the exam after completing the program. Students provided favorable feedback for the program that is now being offered at our Blue Island campus. There are eight students who are taking the course at the Blue Island campus this Fall semester.
VI. Clinical Practice Forum-Open discussion A. Extent of POC testing done at your facility (on which units, OP lab) a. What analytes are acceptable for POC testing? Describe which POC tests are CLIA waived. B. Do phlebotomists do any POC testing at your facility? C. Describe any challenges of POC testing at your facility.	Next discussed was the information and feedback that was sought from our clinical partners with regard to the extent of point of care testing done at those facilities. There is more being done and offered by point of care; it was asked of the attendees to share what their facilities are doing. Sonya of Christ Hospital said that they do not do any point of care testing in the outpatient lab. Another attendee added that glucose tolerance tests are not being done that way. Someone else said that there's a fasting that's required but the one hour testing does not require the fasting. Another attendee said that they used to do the fingerstick fasting level but that they don't do that anymore. Karen of Northwestern reported that they don't do any point of care. Karen of DuPage Medical Group said that they do some point of care testing, and that most of it is done through their clinic. Darlene of Quest said they do not do any point of care testing. Some sites do specimen processing that is sometimes done by phlebotomists, whether it stays in house or goes to hubs.

D. Describe the process of recording POC test results. E. Are POC analyzers interfaced with LIS? If so, which one (EPIC, Meditech, etc)? Describe the "kit testing" that PHB students do in the lab	
VII. Profession Updates-Open discussion A. Employment trends **a.** Career Fair – **On hold TBD** B. Profession trends	There was a career event that was planned to take place last spring but it was canceled because of the pandemic but hope that a career event will be held some other time. The purpose of the career event was that members of human resource departments, hospitals, and clinical sites would create a forum where everyone could meet and hire some of our graduates. The career event would not only be just for phlebotomy students but for all of our health science students to participate. Professional trends were discussed; Karen reported that phlebotomists have been doing a little more that waive testing, some have been learning to do CBC's in some express care centers, except the final verification that is always done with the laboratory technologists. An EKG lecture and layout was added several years ago since we learned from student feedback was that they were being exposed to that in their clinical settings were shown that as part of the responsibility of the phlebotomist at the clinical site. Another trend is that Moraine Valley added a patient care technician program which is a stackable certificate program, and includes a two-credit hour EKG course to students who also want to earn their certification as well as patient care.

VIII. Clinical Experience A. Clinical slots for students during pandemic B. When student issues arise at clinical sites C. Parking and student entrance use D. Discussion	Our program still has 15 students who need clinical placement this semester. Approximately half of our clinical sites are not accepting students in the fall, making it difficult to place students. A summer session was not offered in hopes that there would be enough clinical sites available to allow the remainder of the students to graduate. Lori made a request to help in placing students in clinical sites. Lori also asked that clinical sites contact her if students are distressed about their clinical experience so that she could possibly help the student. Also, if there are any issues with student parking or if the student entrance to parking is changed, please notify us so there can be an update in the student clinical rotation information sheet. Another request was made that our program is looking to place students in clinical sites, especially since there are 15 students who might not be able to complete the program because a lack of opportunity to complete their clinicals, and that it's especially important since the phlebotomy program is running again this spring and the completion of clinicals could be delayed. Employer survey feedback was discussed. Surveys were sent to eight employers but only three were returned. High survey return rates are

	important since the results are how our program can gauge its success, and it guides us in preparing our students. One of the comments to the question on what qualities or skills do you expect of our graduates upon completion was good communication skills and ability to handle difficult patients. Someone suggested to tell the students how challenging the patients are. Some of the challenges in preparing students is simulating in a classroom what they'll experience at clinicals where they can actually see, touch and be in the environment of a phlebotomist. The classroom can't prepare students for the smells of outpatient labs or smells of a hospital room, which are all things done in the clinical site. Also expressed in the survey response was the challenge of dealing with team members who are not receptive. Some students have not worked outside the home so going out to clinicals is important. Another survey result suggestion was to teach students what the real world is like. Bruises vein selection and communication skills were also suggested. Reported strengths of our program were that students show up to the site eager and are willing to learn. Another group of surveys will be mailed to employers and its importance to return surveys was expressed. Overall, the goal is to educate our students and to improve their abilities so that they are hired and can retain their employment. Some success seen in hiring is whether the student is a good 'fit' to the clinical organization, and that the student can get along well with staff and that the student demonstrates work ambition.
Meeting adjourned	Gratitude for the medical supplies our program received from clinical sites was expressed. Also, thank you for the time that you give to our students and the expertise that they gain from being at your facilities, and for all that the clinicals sites do to enhance our program. The meeting was adjourned at 2:09 p.m.