Ophthalmic Medical Technology Program
Review 2019

20/20 and beyond!

OPHTHALMIC MEDICAL TECHNOLOGY
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1. Program/Discipline Overview

A. What are the educational goals or objectives of this program/discipline? How do these compare with national or professional program/discipline trends or guidelines? Have they changed since the last review, or are they expected to change in the next five years?

The educational goals and objectives of the Ophthalmic Medical Technology Program are for program graduates to:

- Work within the professional, legal and ethical parameters of ophthalmology.
- Apply academic knowledge and diagnostic testing skills in a variety of practice settings.
- Utilize effective oral and written communication skills with patients and other health care professionals.
- Apply critical thinking skills to provide safe, effective patient care.
- Participate in community activities and intercultural exchanges with other ophthalmic professionals.

These objectives are closely aligned with the national and professional trends and guidelines for a Certified Ophthalmic Technician (COT).

The International Commission on Accreditation of Ophthalmic Medical Programs (ICA) provides accreditation to ophthalmic medical technician educational training programs. The Portland Community College OMT program is fully accredited through ICA and meets all the standards of ICA. International Joint Commission of Allied Health Personal in Ophthalmology (IJCAHPO), The American Academy of Ophthalmology (AAO), the Association of Technical Personnel in Ophthalmology (ATPO), the American Society of Ophthalmic Registered Nurses (ASORN), and the OMT advisory committee also informs the curriculum on standards of care and best medical practice within the regional community.

Although healthcare standards and treatments are continually evolving, and these changes are seen on the level of individual class curriculums.

The program or degree outcomes have not changed since the last review. The content of the IJCAHPO standards for the COT written examination has changed as of August 1, 2018, and the standards for accreditation provided by ICA are currently undergoing revision. The PCC OMT program is watching these changes and will integrate them into the program curriculum.
as appropriate; however, these changes are not expected to impact the OMT program outcomes in the next 5 years.

B. Briefly describe curricular, instructional, or other changes that were made as a result of your SAC’s recommendations in the last program review and/or the administrative response. (The administrative response can be found opposite your SAC’s listing at the web page where the Program Reviews are posted – look for the “AR” pdf.) Note: Any changes NOT made as a result of the last program review should be described in the appropriate section elsewhere in this template.

AR Suggestion: The program is well positioned to take advantage of changes in the profession due to increased access to health care following the passage of the Affordable Care Act. There is the possibility that the program could support more students each year with practicum and post graduation employment as a result. Continuing to monitor changes in the health care landscape will be important and necessary and thinking creatively (given lab space restrictions on occupancy) about if and how the program might grow its admission and graduation numbers (possibly through multiple cohorts staggered throughout the year or even new physical space some time in the future) will be important.

The OMT program sponsored a committee during the Summer 2018 term to explore options for growing admissions. A SAC committee is looking at possibilities of more frequent cohorts, online classes and evening and weekend labs in order to meet the needs of the changing student population, and the ophthalmic community. That committee has identified 4 possible scenarios where larger numbers could graduate from the program. As all of those scenarios would require additional funding / increased practicum placements, no scenario is being actively pursued.

SAC Recommendation: More frequent assessment of practical skills during labs, before the lab finals.

Many lab classes have adapted to have more frequent assessment of practical skills during lab. While lab finals have been a part of all OMT lab classes for years, student success had improved with more frequent assessment of practical skills (lab quizzes) during term. The department has made efforts to increase the open lab hours available to the students. In Winter 2019 the OMT program has begun a trial of using a program called
Platinum Planner that will also be able to quantify students’ skills as a Pass/No Pass assessment. Future plans to include this program into the lab skills assessment after the initial test of Platinum Planner concludes Summer 2019.

**SAC Goals:** *will also be looking at the advantages/disadvantages of adding an extra day of practicum during spring term of the second year*

An extra day of practicum was added to the winter and spring term of second year during the 2017-2018 and 2018-2019 program year. Adding an additional day of practicum was in response to the program’s accreditation guidelines for minimum clinical hours. The past two cohorts of the OMT program have participated in a three day a week practicum schedule Monday, Wednesday and Friday during Winter / Spring terms. Adding the additional hours for students has proven to be a challenge for students and some clinical sites due to their increased demands, students are not able to work a part-time job on Fridays during these terms.

**OMT Program Goals:** *The OMT program could take a more active and visible role in the community. The new program director should investigate opportunities to take the OMT program into more community health fairs, vision screenings and other venues.*

Since the last program review the OMT department has participated in several health fairs with the PCC community during Winter 2017/2018 and has also had students volunteering at community free clinics. Winter 2019 the OMT program partnered with OHSU’s mobile eye health clinic for a day of free eye screenings ran by volunteers in the community, the 2nd year OMT students, and ophthalmologist’s on site to refer patients with ocular diseases to community clinics or prescribe glasses. 32 community members received free glasses through the Lions Optical Lab and OHSU’s mobile clinic program. First year OMT students helped dispense glasses during their optics lab in Spring 2019 to ensure that patients picking up their glasses had the correct prescription. The OMT program plans to continue with the partnership with OHSU with the possibility of having this even more than one time per year.

Program visibility has also improved with the addition of an OMT web page and creation of OMT program social media page(s):

- [https://www.pcc.edu/programs/ophthalmic/](https://www.pcc.edu/programs/ophthalmic/)
- [twitter.com/OMT_PCC](https://twitter.com/OMT_PCC)
- [facebook.com/PCCOMT](https://facebook.com/PCCOMT)
- [instagram.com/PCCOMT](https://instagram.com/PCCOMT)
Spring of 2017 the OMT program completed a PCC sponsored video highlighting the OMT program within the community, is on the OMT’s web page, PCC YouTube channel and Facebook page.

Outcomes and Assessment

Reflect on learning outcomes and assessment, teaching methodologies, and content in order to improve the quality of teaching, learning and student success.

C. Course-Level Outcomes: The college has an expectation that course outcomes, as listed in the CCOG, are both assessable and assessed, with the intent that SACs will collaborate to develop a shared vision for course-level learning outcomes.

i. What is the SAC process for review of course outcomes in your CCOGs to ensure that they are assessable?

The SAC reviews and tracks both program or degree level outcomes and individual course level outcomes for all OMT courses every 2-3 years (if not more often). Course level outcomes are reviewed by each faculty member each time a course is taught. In fact, since most OMT curriculum revisions are made in response to changes in accreditation or industry standards, individual course outcomes are often looked at more frequently. The OMT department created and utilizes rubrics to standardize the assessment of student skill levels.

ii. Identify and give examples of changes made in instruction, to improve students’ attainment of course outcomes or outcomes of requisite course sequences (such as are found in MTH, WR, ESOL, BI, etc.), that were made based on the results of assessment of student learning.

The class OMT 250 (Ophthalmic Imaging) has been changed to a lecture/lab format. This was done in response to the IJCAHPO certification exam as it showed students could do better in the imaging content of the written exam. (The IJCAHPO exam is a department TSA and former LAC indicator project that the SAC continues to monitor). The goal is to improve exam scores in the imaging/photography section of the exam by providing more hands-on training on ophthalmic imaging equipment. Broadening the skills of ophthalmic technicians by implementing training in ophthalmic
imaging, will help the OMT graduates be more prepared for that increased demand in imaging skills in the ophthalmic community.

D. Addressing College Core Outcomes

i. Update the Core Outcomes Mapping Matrix.  
http://www.pcc.edu/resources/academic/core-outcomes/mapping-index.html  
For each course, choose the appropriate Mapping Level Indicator (0-4) to match faculty expectations for the Core Outcome for passing students. (You can copy from the website and paste into either a Word or Excel document to do this update, and embed it in your report or provide as an appendix. Or, you may send the revised matrix to Susan Wilson, swilson@pcc.edu, in advance of your program review due date so she can update the web page; then, you can insert a link to the web page in the body of your report).

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We have recognized that our courses include core outcomes in communication, problem solving, critical thinking, professional competence, and self-reflection, but show areas where we can improve on to increase the presence of community and environmental awareness and cultural awareness. We have added these core outcomes into courses that we felt would provide the most meaningful exposure to our students but will continue to evaluate ways where we can increase that presence. Environmental awareness within the confines of the healthcare setting presents an important and unique educational opportunity. Additionally, while we are aware that in individual OMT courses, we can always improve how we integrate cultural awareness, we do offer an amazing cultural learning experience for all OMT students in our intercultural study and exchange with the Jikei students from Osaka, Japan.
E. Assessment of Core Outcomes (LDC) or Degree and Certificate (CTE) Outcomes.

i. Reflecting on the last five years of assessment, provide a brief summary of one or two of your best assessment projects, highlighting efforts made to improve students’ attainment of the Core Outcomes (LDC-DE disciplines) or Degree and Certificate Outcomes (CTE programs). *(If including any summary data in the report or an appendix, be sure to redact all student identifiers.)*

The 2016-17 LAC project focused on identifying trends in student comprehension of OMT 163. OMT 163 Ocular Anatomy and Physiology is a particularly challenging course for some of the 1st year students due the complexity of ocular anatomy and terminology. The course is a foundational course to further success in the program, so it was chosen for assessment. Test scores were used from quizzes to identify if sub-sections of the course material could use revision, addition, or removal. The information that was assessed helped us identify if there is a trend in student learning and helped us identify topics students are not understanding.

**The results were as follows:**

Upon reviewing the OMT 163 average weekly quiz scores (which have been tracked since 2014), the average scores for each week were around 80%. The median score of all the quizzes week to week was 90%. Looking at the number of students who passed the class versus the number of students who failed the class (since 2013) the average pass rate was 80%, and the fail rate was 20%. No specific weekly topic showed a significantly lower mean. No changes were deemed necessary in course curriculum or instruction.
ii. Do you have evidence that the changes made were effective by having reassessed the same outcome? If so, please describe briefly.

The SAC last looked at this data at the Fall 2019 SAC meeting, but at that time, the statistics for the pass rate for the OMT 163. In the 2019 Fall cohort class of OMT 163 there was an 89% pass rate compared to the overall average of cohort classes 2013-2018.

iii. Evaluate your SAC’s assessment cycle processes. What have you learned to improve your assessment practices and strategies?

The certifying examination (COT exam) that students take before they complete the OMT program has two components; written and skills simulation. Currently the OMT students take the written portion of the examination before they complete the OMT program but not the skills examination due the current process of the certifying agency.

The SAC does an annual review of the Certified Ophthalmic Technician (COT) written certification exam results provided by IJCAHPO (International Joint Commission of Allied Health Personnel in Ophthalmology). As the results for the program are either at or above the national pass rate, the SAC reviews the pass rate for individual topic sections. The SAC compares from prior years if students are passing lower or higher in these sections and may make recommendations at that time. Currently, OMT students are surpassing the national averages in all sections / pass rates for the written COT examination. Our strategies plan to stay the same with our current curriculum and how much is covered or reviewed in the OMT program, with the exception of electronic health records which will be added as new course specific to the OMT program Fall 2019.

The SAC also receives data from IJCAHPO regarding the students pass rate on the simulated skills exam. Due the nature of the exam being taken after the student graduates, the OMT SAC has difficulty assessing which cohort the data is being reported on. The SAC is currently inquiring with the certifying agency IJCAHPO if the program may be allowed to have students take this portion before completion of the OMT Program. The OMT program does provide simulation training discs for students to use in the library and as part of their labs to prepare for this portion of the certification exam.
Feedback from practicum sites is used to inform assessment needs of practical skills. Platinum Planner, a skill and time tracking application, is being investigated as a tool to track student experiences and opportunities to refine their skills at their practicum sites. This information can then be used to assess where both individual students and the program at large can adjust to ensure each student graduates with a complete skill set. This has recently been a tool launched winter 2019 and will be assessed for further use after summer 2019.

iv. Are there any Core Outcomes that are particularly challenging for your (LDC-DE) SAC to assess, or difficult to align and assess within your (CTE) program? If yes, please identify which ones and the challenges that exist.

As mentioned, it is always challenging to balance best medical practice with environmental responsibility. Sterile packaging, medical waste, and disposable gloves & instruments all add to the environmental burden and cost of healthcare. We chose OMT 209 to emphasize this with students and use the course content (surgical assisting) to truly make this a teaching moment in environmental awareness. Within this required course, students explore the need, risks, correct disposal and care of all medical supplies (as well as the financial costs of new, refurbished, recycling and disposal). The class discussions as to all these challenges are key parts to the lab assignments.

Again, cultural awareness ranks between a one & three in all our courses. However, for the past eight years, the OMT program has hosted a three-day intercultural visit with the Jikei students from Osaka, Japan. The Jikei students are in a program quite similar to PCC’s OMT program. This allows all students the opportunity to think of healthcare (& specifically ocular health) from a global perspective. Ideas are exchanged, students attend class together, have student/peer-to-peer sessions, enjoy socializing and meals and relate to each other as fellow college students in an Allied Health course of study. This is a highlight for all involved and helps us reach the outcome of cultural awareness in much bigger way and in ways we had not even anticipated.
v. CTE only: Briefly describe the evidence you have, determined by direct assessment, that students are meeting your Degree and/or Certificate outcomes.

Many of the OMT program outcomes are assessed by two TSAs, the Ophthalmic Scribe Certification (OSC) exam (given at the end of the 1st year of the program); and the Certified Ophthalmic Technician (COT) exam (given at the end of the 2nd year). Both exams are given by IJCAHPO, and these written tests are designed to test the student/technicians ability to:

- Work within the professional, legal and ethical parameters of ophthalmology.
- Apply academic knowledge and diagnostic testing skills in a variety of practice settings.
- Utilize effective oral and written communication skills with patients and other health care professionals.
- Apply critical thinking skills to provide safe, effective patient care.

Evidence of the OMT program meeting the assessment that students are achieving the OMT outcomes is the industry specific certification examination for Ophthalmic Technicians, the COT exam. For several years the OMT program is at a 95-100% pass rate on the national certification written test (compared to a national pass rate of about 68%).

Additionally, the OMT program values the community of Ophthalmic Technicians, Managers, Supervisors, and Trainers that are involved with our cooperative practicum education. During the 2nd year of the program, members of the ophthalmic community are invited to provide direct assessment and feedback of the students’ skills in 5 areas of the ophthalmic exam. The results are indications that our students are meeting all the program outcomes (as mentioned above) including:

- Participate in community activities and intercultural exchanges with other ophthalmic professionals.
2. **Other Instructional Issues**

A. Please review the data for course enrollments in your subject area. Are enrollments similar to college FTE trends in general, or are they increasing or decreasing at a faster rate? What (if any) factors within control of your SAC may be influencing enrollments in your courses? What (if any) factors within control of the college may be influencing enrollments in your courses?

Since the OMT program is a closed cohort program, our enrollments stay consistent during the entry of the program. In the last three years, the OMT program has had an increase of applications and interest in this career option. In 2017, the PCC OMT program increased the cohort size from 24 to 28. Factors that have influenced the OMT program to increase the number of students within a cohort is due to a growing shortage of qualified Ophthalmic Technicians for entry level jobs. This is due in part to in healthcare as an aging population needs more qualified healthcare workers. The OMT program has been able to fill all available spots since this change and has seen an increase of graduates every year since 2016.

B. Please review the grades awarded for the courses in your program. What patterns or trends do you see? Are there any courses with consistently lower pass rates than others? Why do you think this is the case, and how is your SAC addressing this?

The OMT program has an academic policy of students maintaining a 70% or better, or P (pass) for all courses and cooperative education. Students also need to pass their course finals with a 70% or greater in order to pass the course and move to the next sequence of courses. Due to these academic policies, students in the OMT program achieve consistently high passing scores to continue in the OMT program.

The SAC has noted that a trend of students not passing OMT 163 Ocular Anatomy. The SAC identified OMT 163 for the 2017 LAC study to determine if there were sections of the course that students did not understand or if we could identify a strategy to revise these sections in the course. We found that students taking this class, since 2015 on average 80% of the students passed. There were no conclusions to specific parts of the OMT 163 Ocular Anatomy...
Anatomy course that students did not understand better than other sections, that the SAC could identify. The OMT SAC has implemented a strategy to address a lower pass rate in this course by incorporating learning activities in the OMT 145 lab by covering the anatomy of the eye, and into other courses or labs as a way to supplement students learning.

Additionally, providing coaching to students at the start of the program in research and study habits during the OMT 115 class through activities and assignments. The OMT program encourages students to seek help early in the program if they have trouble understanding new terminology by reaching out to faculty or the OMT advisor. OMT faculty will also have the FDC communicate with students that are having difficulties and give them one on one study strategies. One on one conferences are also employed to ensure students know their academic status and provide them with resources to student counseling, the women’s center, multi-cultural center, or the office of disabilities.

C. Which of your courses are offered online and what is the proportion of on-campus and online? For courses offered both via DL and on campus, are there differences in student success? If yes, describe the differences and how your SAC is addressing them.

Currently the OMT program does not have any fully online courses but is in the process of developing OMT 115, OMT 116 (new OMT class EHR in Ophthalmology), OMT 102, OMT 103 to be delivered online by Fall 2019. The OMT program does have two of the optics courses OMT 146 and OMT 147 designed as hybrid courses, where the students view the didactic portion online and the lab is in-person. Students consistently pass the hybrid OMT 146 and 147 courses at the programs required level of 70% or higher.

D. Has the SAC made any curricular changes as a result of exploring/adopting educational initiatives (e.g., Community-Based Learning, Internationalization of the Curriculum, Inquiry-Based Learning, etc.)? If so, please describe.

Absolutely! The OMT program has an intercultural exchange with a similar type of program that is located is Osaka Japan. For the last eight years,
the Jikei students from Osaka visit the Cascade campus for a three-day intercultural exchange. It’s a great experience! This year, we are excited to pilot a COIL assignment (Collaborative Online International Learning assignment) with the Jikei students. The goal is to further enhance the intercultural exchange experience, by exploring each other’s cultures and practices before the in-person visit.

E. Are there any courses in the program that are offered as Dual Credit at area high schools? If so, describe how the SAC develops and maintains relationships with the HS faculty in support of quality instruction.

Yes & No. Currently the OMT program does not have specific OMT courses that are designated as dual credit. This is mostly due to the highly specialized equipment needed and instructor qualifications necessary to teach most of these courses. However, we do have several program prerequisites that are available via dual credit (MP 111, BI 121/122, PSY & WR 121)

F. Please describe the use of Course Evaluations by your SAC. Have you created SAC-specific questions? Do you have a mechanism for sharing results of the SAC-specific questions among the members of your SAC? Has the information you have received been of use at the course/program/discipline level?

The OMT SAC does not currently have specific evaluation questions for each OMT course. However, the OMT SAC is considering creating additional questions to assess the impact of the curricular changes being made to individual courses due to accreditation requirements. Student responses are only evaluated by the FDC and the Director of Allied health for faculty evaluations. The OMT’s program accreditation does require annual survey responses from students about their experience as a whole in the OMT program. These surveys are gathered before they graduate from the program and are filled with the programs’ accreditation annual report.
4. Needs of Students and the Community

A. Have there been any changes in the demographics of the student populations you serve? If there have been changes, how have they impacted curriculum, instruction, or professional development, and, if so, in what way?

The OMT program is committed to diversity, equity, and inclusion. Nonetheless, Institutional Effectiveness data show that OMT program’s student demographics differ from the overall college and campus demographics.

The race and ethnicity data indicate that white students are making up a growing percentage of students. The percentage of white students in the program has grown from 62% in 2014-15 to 85% in 2017-18. All other race and ethnicity groups display no change or a decrease. This trend contrasts with the overall college and campus data, which indicate that white students representation is trending downward (from ~62% in 2013 to 57% in 2017, both at the college and campus). Though these changes have not impacted the curriculum or instruction, the Program Director and faculty are aware of this disconcerting trend and are working with the Allied Health Director and Admissions Coordinator to revise the application form and the application review process to address it. Furthermore, to ensure success of diverse students admitted to the program, the faculty intend to pursue professional development opportunities to best ensure that instructional approaches are inclusive.

Additionally, the Institutional Effectiveness Report shows that over the last five years, approximately 80% of students admitted to OMT program, while approximately 19% were male. Like many other Allied Health programs, the OMT Program is definitely female dominated. Although the program is equally marketed to the male and female population, it currently captures the interested of females more than in does males. Male technicians are highly valued in a female dominant field, and new measures will need to be explored by the SAC to better reach out to male students.

The Institutional Effectiveness Report indicates that some shifts are occurring with students’ age demographics. The under 20 age group has shrunk from about 20% of program admittees in 2013-14 and 2014-15 to around 9% in 2017-18. Simultaneously, there has been growth in the 20-24 age group from around 17% in 2013-14 to 34% in 2017-18. At this time, we are uncertain about what has caused these trends. Though this shift has not affected curriculum or instruction, the program is interested in diversifying
the age demographic of admittees. We intend to work with the Admissions Advisor, Allied Health Director, and Division Dean to connect better with local high schools to improve program visibility.

B. What strategies are used within the program/discipline to facilitate success for students with disabilities? If known, to what extent are your students utilizing the resources offered by Disability Services? What does the SAC see as particularly challenging in serving these students?

All faculty in the OMT Program work hard to ensure that program content and labs are accessible to all students. We work with students and disability advisors to accommodate all student needs to best position students for success in the program. Though we do not have data on how often students use resources provided by Disability Services, we are not aware of any instance where an OMT student’s accommodation needs were not fully met.

Recently, some instructors have added video lectures to their D2L pages to better meet the needs of students. In addition, the program has shifted to offer more remediation opportunities for students who fall behind or don’t pass aspects of a course. Our goal is to have every student who enters the program, graduate from the program.

We would like to note that though the program faculty are supportive of meeting students’ accommodation needs, the COT exam and the healthcare providers that may employ program graduates are not as consistent. The COT exam does allow for testing accommodations but their requirements for obtaining them are different than those of PCC. To assist with this, faculty direct students to resources on how to apply for exam accommodations. At the employer level, the Electronic Health Record system, industry equipment, and pace of the hospitals/clinics may present barriers to students with disabilities. We advise students of this possibility and encourage them to discuss their needs with their employers. Lastly, the OMT SAC is committed to future professional development opportunities to keep up-to-date on best practices for student success. In particular, we intend to have Disability Services continue attending future SAC meetings to help keep us abreast of best practices and to possibly review our lab space for opportunities to improve accessibility.
C. What strategies are used within the program/discipline to facilitate success for online students? What does the SAC see as particularly challenging in serving online students?

The OMT program currently does not have any fully online courses, but is working on developing courses: OMT 102, OMT 103, OMT 115, OMT 116. OMT 116 and OMT 115 will be available as online courses Fall 2019, followed by OMT 102 in Winter 2020 and OMT 103 Spring 2020. The goal is to focus on lecture only courses which do not require the in-person lab component. As the courses are developed, all of the lecture notes would be pre-recorded through Camtasia or other recording software, so that they could be watched by each student at their own pace, and on their own time or as many times as needed to solidify the content. This would be of great benefit to each student, by providing an opportunity to replay any lecture content on demand. Students will take a quiz to assess their understanding as well as a “stop light survey” to monitor how well the student is learning the content or if there needs to be further clarification. Students will not be able to move forward in the lecture material until they have successful passed the lecture topic quiz, which they will be given 3 attempts to complete. Lecture notes will be provided on D2L for each topic, discussion posts will also be part of the assigned material to keep high engagement with the material. Transcripts for the recorded videos will be provided so that the students have multiple ways to access and learn from the lectures and meet the accessibility requirements for online learning. Tests and quizzes will be timed and offered through D2L as well as proctored exams on campus.

A significant challenge posed by online course is that hands on clinical skills are a pillar of the program. While didactic material is suitable for D2L, hands on learning with face-to-face labs will still be a mandatory part of the program experience. Creating a distance learning model for the lab portion and skill development of the program is a barrier.

Currently, the OMT program offers two hybrid courses in optics OMT 146 and OMT 147, where the lecture material is covered online through PCC’s D2L platform and the hands-on is offered in the OMT laboratory. This creates a good balance for the students that are hands-on learners, while enhancing self-discipline with online learning. As discussed earlier in the report, students in these hybrid courses are meeting the programs’ knowledge and skill expectations.
D. Has feedback from students, community groups, transfer institutions, business, industry or government been used to make curriculum or instructional changes (if this has not been addressed elsewhere in this document)? If so, describe.

The OMT program strives to monitor and meet the needs of the ophthalmic community by incorporating changes to the program curriculum as appropriate. The Advisory Committee, which consists of representatives from the ophthalmic community along with a student representative, gather feedback from local ophthalmic providers and students and make suggestions to curriculum changes. As of August 1st, 2018, the IJCAHPO (International Joint Commission of Allied Health Personnel in Ophthalmology) has changed its exam content for COT certification. All of this feedback and changes are taken into account and are reflected in the OMT program curriculum to prepare each student for the ever-changing field of ophthalmology.

5. Faculty

reflect on the composition, qualifications, and development of the faculty

A. Provide information on how the faculty instructional practices reflect the strategic intentions for diversity, equity and inclusion in PCC’s Strategic Plan, Theme 5. What has the SAC done to further your faculty’s inter-cultural competence and creation of a shared understanding about diversity, equity, and inclusion?

The OMT SAC is committed to ensuring that all OMT applicants are fairly admitted into the OMT program, which is done by removing personal identifying information of the applicants and accepting applicants based on their application. Plans to continue to reduce implicit bias for students that are seeking entry into the program are being investigated throughout all of the Allied Health programs at Cascade Campus and the OMT program will adapt these changes to improve diversity in our program. The goal of these changes will be to have a more holistic approach on how we are admitting students.

The OMT SAC continues to practice equity and inclusion by ensuring that students who need accommodations are followed. Spring 2019 the OMT
SAC reviewed the process with the Office of Student Disabilities to ensure that all OMT faculty were adhering to accommodation requests correctly.

As a high priority for the OMT faculty we acknowledge that we should emphasize more/continued training and education in diversity, inclusion and equity to have best practices in our classrooms as professional development. We intend to incorporate more training during our SAC meetings.

B. Report any changes the SAC has made to instructor qualifications since the last review and the reason for the changes. Current Instructor Qualifications are available at: http://www.pcc.edu/resources/academic/instructor-qualifications/index.html

The OMT SAC recently changed the faculty qualifications that meet the program's accreditation; ICA guidelines which must include having faculty that is certified at or above the level of certification that the program offers. Faculty qualifications were updated in Fall 2018 to include degrees in other related fields not just Ophthalmic Medical Technology since this type of degree is less common. This would allow for other qualified applicants to potentially be considered for faculty roles that meet the college’s accreditation standards. An increase in the ophthalmology clinical experience expectations was also changed from 3 years to 5 years, as the OMT SAC felt that 5 years of clinical experience would better reflect the technical knowledge and experience required to teach OMT courses.

OMT Faculty Requirements:

- Current credential as a Certified Ophthalmic Technician or Certified Ophthalmic Medical Technologist or Medical Doctor with AAO Certification in Ophthalmology
- Associate’s or Bachelor’s Degree in Ophthalmic Medical Technology or related field
- Minimum five (5) years clinical work experience in an ophthalmic practice

For OMT 250 Ophthalmic Imaging:
Current credential as a Certified Ophthalmic Technician, Certified Ophthalmic Medical Technologist, Certified Retinal Angiographer,
Registered Ophthalmic Ultrasound Biometrist or Certified Diagnostic Ophthalmic Sonographer

OR

Demonstrated competency: Minimum five (5) years work experience in ophthalmic imaging in the past eight (8) years.

Revised Date: November 2018

Available at: https://www.pcc.edu/resources/academic/instructor-qualifications/omt.html

C. **How have professional development activities of the faculty contributed to the strength of the program/discipline? If such activities have resulted in instructional or curricular changes, please describe.**

Every year the OMT program FDC participates in designing the curriculum for a local technician continuing education meeting sponsored by the Oregon Academy of Ophthalmology (OAO). Topic ideas contributed by part-time faculty, past attendees, or resident physician request are included in the creation of the education program. The topics are assigned to OHSU residents or local physicians, experts, and technicians from the community. Faculty in the OMT program may attend at no cost, to maintain continuing education credits.

Some faculty members continue to work professionally as Ophthalmic Technicians adding real-life relevance and examples to the classroom. Other faculty members volunteer at free clinics providing free eye examinations to the community while also inviting students to participate as volunteers enriching the students’ success and experience while in training.

The FDC has presented at 3 conferences, 2 webinars, and designed one national 4-day conference in the last three years related to professional development work within the Ophthalmic Imaging subspecialty. From these experiences the OMT 250 Imaging course has undergone revision as well as including hands-on experience for students to have a foundation of understanding in ophthalmic imaging before students complete the program.
Fall 2017 3 faculty members published as contributing authors to an Ophthalmic Assisting textbook; Principles and Practice in Ophthalmic Assisting: A Comprehensive Textbook 1st Edition, published by Slack.

As of Spring 2019 all OMT faculty have been through the FOOT training or are in the process of FOOT training, as well as, OIO training in preparation of continuing to develop online courses for the OMT program.

Winter 2019 the OMT program developed a partnership with OHSU’s mobile outreach eye screening clinic, to provide vision resources to the PCC community. OMT students participated in this event seeing 39 patients, 32 of which received a no cost pair of glasses from the Lion’s Optical Lab. The OMT program encourages students to volunteer with the OHSU mobile clinic to help support other parts of Oregon’s communities throughout their time in the OMT program. The OMT program and OHSU’s Mobile Screening Clinic plan on continuing this activity in the future possibly more than one time per the school.

Updates in the industry is applied into the OMT courses as needed from annual educational conferences and activities. Other educational sources that the program uses include webinars that are provided through the OMT program being part of the Consortium of Ophthalmic Training Programs (COTP) and potential ideas from other accredited programs around the world. Most changes that result in restructuring curriculum are dictated through the program’s accreditation ICA and revisions to the Certified Ophthalmic Technician written certification exam criteria.

6. Facilities, Instructional, and Student Support

A. Describe how classroom space, classroom technology, laboratory space, and equipment impact student success.

The classroom space in Jackson Hall Rm 112 is used as a lecture hall where the students receive most of the academic instruction through lectures provided by the instructors and guest speakers. Classroom technology provides a computerized projector and speakers to play educational videos. The laboratory space, Jackson Hall Rm 115, has a smart TV to guide with instruction, laptops are provided to students in the lab with simulators and help guide the students in mastering diagnostic skills, and practice entering medical information into an electronic format. The Ophthalmic laboratory is filled with ophthalmic diagnostic equipment and four examination areas, to provide an opportunity for each student to
get hands on training. To name a few, the students are trained to use a fundus camera, an Optical Coherence Tomographer, a Corneal Topographer, and IOL Master, and A-Scan, a B-scan, a Slit-Lamp, a Humphrey Visual Field Analyzer, a Goldmann perimeter and the Tangent Screen. The students are trained to do many hand-held diagnostic tests and develop a wide variety of ophthalmic clinical skills. The labs are developed by content, and limited equipment is taken into account. The students are split into groups and rotate through the lab as they navigate through different teaching stations, this provides an equal opportunity for each student to learn the designated material for the course.

The Ophthalmic laboratory has undergone a remodel in 2018, after three floods occurred in previous years. The lab received a new exam lane with a slit-lamp, keratometer, visual acuity screen and a phoropter. This addition to the lab has allowed more students to work on refraction skills and slit-lamp skills, reducing the bottle-neck to the equipment available in lab. The purchase of an OCT, an IOL Master and the donation of a Fundus camera has allowed the student to receive more hands-on training in the laboratory, widening the clinical skills, so that they are more prepared in a clinical setting. The remodel was a great face-lift in the laboratory as new cabinets and counters were installed. New ceiling tiles and new flooring, and fresh paint has brightened the space. New light fixtures with dimmer switches have allowed for customized lighting conditions throughout the laboratory, which is mandatory for some ophthalmic testing.

The OMT program also has a dedicated Lab Tutor who currently works as an Ophthalmic Technician that provides open lab sessions during the term to help students with their skills/learning.

B. Describe how students are using the library or other outside-the-classroom information resources (e.g., computer labs, tutoring, Student Learning Center). If courses are offered online, do students have online access to the same resources?

The students are encouraged to use the library as a resource outside of the classroom. The OMT Program has books on reserve for the students, and there is a whole section of ophthalmic textbooks that are available for checkout. The OMT program has resources page for links that directly relate to ophthalmic topics. Currently the program does not subscribe to any specific journals for students to access, but topics may be available to students from general medical journal subscriptions that PCC already has. The library has a lensometer on reserve, in the event that the student needs to practice their lensometry skills outside of laboratory hours. During the
OMT 115 class, students are assigned a topic exploration paper whilst utilizing the PCC library collection of ophthalmic books, performing a database search, and brainstorming a topic of interest. Students are introduced to our program library liaison for future help with citation practices and future research papers in the program.

The program is in development of some fully online courses, but students will still be required to learn the hands-on skills on campus and will have the same access to the Ophthalmology specific resources or may request interlibrary access to books as needed.

C. Does the SAC have any insights on how students are using Academic Advising, Counseling, Student Leadership, and Student Resource Centers (e.g., the Veterans, Women’s, Multicultural, and Queer Centers)? What opportunities do you see to promote student success by collaborating with these services?

The students are required to meet with their dedicated academic advisor who is funded by the Perkins Grant, by the end of the first Fall term. This requirement is incorporated into the curriculum as part of the OMT 115 course. The goal for such mandatory advising is to make sure that none of the students are missing any general education courses and the OMT advisor can help them with their academic plan. The OMT program advisor also does an audit of all the OMT students at the start of the 2nd year to ensure that students are on schedule to graduate and take their COT certification exam as a cohort. Having a Perkins advisor is integral to the OMT students’ success, as it keeps the student on track with the classes that they need to take in order to graduate with an Associate of Applied Science in Ophthalmic Medical Technology. The OMT program advisor also helps students with time-frame extensions to ensure that they qualify for financial aid to complete the OMT program.

Before OMT students’ graduate students receive assistance and instruction from the Student Employment Specialist within Career Services. For the last ten years the Student Employment Specialist helps students with resume writing, cover letters, job searches, and interview skills/coaching. After graduation the Student Employment Specialist will also help past graduates with job searches and career advice. This service has been a vital part of the OMT program ensuring that students and past graduates of the OMT program are able to have the tools to succeed in career placement.
The students are informed or may be individually recommended to utilize the resources provided by the college, such as the Student Resource Center, the Women’s Resource Center, Student Counseling and Academic Advising. Instructors are trained to monitor the academic performance of each student, identify the challenges they may be facing, provide them with a course progress notification and refer them to resources provided by the college that would most benefit their situation. By collaborating with the services provided by the college, the students have a better chance for academic success in the program, as they address and conquer the inhibiting factors that they may be challenged with.

7. Career and Technical Education (CTE) Programs

To ensure that the curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field...

A. Evaluate the impact of your program’s advisory committee on curriculum and instructional content methods, and/or outcomes. Please include the minutes from the last three advisory committee meetings in the appendix.

The impact of the OMT program advisory committee continues to develop and recently has adopted the PCC recommendations of having a community partner, specifically a community member leading the meetings the chair of the committee. The advisory committee is vital to ensuring that the students are performing at the level of industry expectations and will report back to the OMT program with recommendations of a students’ level of skills/understanding while at practicum. With the student’s success of passing the written COT exam at a higher rate than the national average the OMT program would like to continue to achieve this rate of passing with the suggestions and recommendations from the advisory committee. Future goals of the advisory committee may include recommendations of best clinical placement practices of students, recommending technology updates, and how to best assess clinical skills being tested in the lab.

See Appendix
B. Describe current and projected demand and enrollment patterns for your program. Include discussion of any impact this will have.

A trend is developing that the OMT program is seeing more applications to the program than it has in the past years. The OMT program attributes the higher application rate to the excellent work of the admissions coordinator, social media presence, and updated marketing materials. This growth in application may also be due the high demand for qualified ophthalmic technicians.

The OMT program is currently graduating 16 to 19 students a year, which is still not enough to meet the needs of ophthalmic community. According to Bureau of Labor Statistics (BLS) the Portland metro area will see a 19.4% increase from 2016 to 2026. Due this prediction of an increased need of trained ophthalmic technicians, the OMT program is exploring the possible expansion the OMT program to an additional cohort, which would graduate students at a different time then the current cohort model.

Should a second cohort be pursued, a new solution for the clinical placement requirements would need to be devised. The International Council of Accreditation (ICA) requires 760 hours (starting Fall 2019) of clinical experience for program graduates. This level of clinical experience requires that both first-year and second-year students are placed at sites. However, clinical sites are increasingly busy due to an increase of patients who need eye care which reduces the spots available for clinical training. Adding a second cohort would exacerbate this issue. A new approach to student placement would need to be determined to remedy this.

C. How are students selected and/or prepared (e.g., prerequisites) for program entry?

OMT students are required to have BI 121/122 or BI 120, MP 111, MATH 58/65, and/or PSYCH 101 (may be admitted without a psychology course and can take it anytime during the program). Students must have passed their prerequisite courses with a C or higher.

24-28 students are selected for entry into the OMT program by filling out an application for the OMT program, providing past work experiences or volunteer experiences, grades on prerequisite courses, two written essays and any other applicable experience that may give applicants
more points. Two faculty and/or PCC staff members review the applications and will rate each section based on a point-based rubric. These points are added together along with their required parts of the application. Those who have the higher points gain acceptance into the program and are formally admitted once they accept. Those who are on the alternative list may still gain admission into the program if another applicant declined admission.

The OMT program faces a challenge in the lack of diversity of students acknowledging this shortfall for many other allied health programs as well, plans are underway to re-evaluate how to admit a more diverse students into our health programs. An admissions project is in development as of Spring 2019 to address this concern, the OMT program will adopt these changes in our admission practices once they have been determined.

D. Review job placement data for students over the last five years, including salary information where available. Forecast future employment opportunities for students, including national or state forecasts if appropriate.

Tracking past graduates is anecdotal at best due to lack of survey response from past graduates. The International Council of Accreditation (ICA) requests that accredited programs seek information from past graduates’ current employment. At the end of each year the OMT program requests the students personal email address and informs them of an annual survey and is sent in September each year for the OMT programs annual report to the ICA. Each year the response rate of past graduates is approximately 1%-2%. The OMT program estimates that 85% to 90% of graduates find jobs right after graduation if not before they graduate. This information is typically known by the OMT program when before the student completes the program or shortly after completion. The typical hourly salary for an entry-level technician is $18 to $22 dollars per hour but will vary on the clinic. Benefits are competitive with retirement, medical insurance, dental, vision, vacation/sick time, and some may offer tuition reimbursement or hiring bonuses.

Future demands in employment for ophthalmic technicians does not appear to be waning in near or long-term projections. Ophthalmology practices are constantly hiring technicians for future expansions in their businesses, as well as, outside communities inquiring for graduates of the OMT program as potential candidates for their current openings.
### Projected Short-term and Long-Term Occupations: Ophthalmic Medical Technicians

**Short-Term Projections Through 2018-2020:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Title</th>
<th>Base</th>
<th>Projected</th>
<th>Change</th>
<th>%Change</th>
<th>Average Annual Openings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>Ophthalmic Medical Technicians</td>
<td>1,880</td>
<td>2,000</td>
<td>120</td>
<td>6.4</td>
<td>210</td>
</tr>
<tr>
<td>Oregon</td>
<td>Ophthalmic Medical Technicians</td>
<td>380</td>
<td>400</td>
<td>20</td>
<td>5.3</td>
<td>40</td>
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</tbody>
</table>

**Long-Term Projections 2016-2026:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Title</th>
<th>Base</th>
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<th>Change</th>
<th>%Change</th>
<th>Average Annual Openings</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Ophthalmic Medical Technicians</td>
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<td>8,700</td>
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<td>4,600</td>
</tr>
<tr>
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<td>2,220</td>
<td>450</td>
<td>25.4</td>
<td>200</td>
</tr>
<tr>
<td>Oregon</td>
<td>Ophthalmic Medical Technicians</td>
<td>360</td>
<td>430</td>
<td>70</td>
<td>19.4</td>
<td>40</td>
</tr>
</tbody>
</table>

Reference: [http://www.projectionscentral.com/Projections/ShortTerm](http://www.projectionscentral.com/Projections/ShortTerm)

Average Wages in Oregon compared to the US
E. Present data on the number of students completing degree(s) and/or certificate(s) in your program. Analyze any barriers to degree or certificate completion that your students face, and identify common reasons why students may leave before completion. If the program is available 100% online, please include relevant completion data and analysis.

Anecdotally, barriers of students not completing this program may include housing issues, financial issues, lack of childcare, inability to work a full-time job during this program, and the ability to be trained on the job for this profession.

Common reasons that students leave the program would be if they are academically dismissed, decide to go into other fields or programs (i.e. nursing), some are unknown reasons that students decide to leave the program do not respond to contact to follow-up once they decide to leave. This information is obtained directly from the student unless they do respond to follow-up emails or phone calls.
Note in the table above is the graduate data reported from the Institutional Effectiveness report.

Cohort 2018 is not reported here, graduated 18 students with 23 students admitted. 23 students are counted instead of 24, due to a student leaving right at the start of the OMT program in the 2016 cohort start.

The cohort graduating in 2019 the OMT program admitted 28 students and anticipate that 19 will graduate in June. The OMT program hopes to see an upward trend of degree completion with our attrition rates steadily improving. The graduating cohort of 2020 admitted 28 students with an expected 24 students moving into the 2nd year of the program.

F. Is the program Perkins-eligible? If so, answer the questions below. If not, put N/A for F.
   i. With which secondary school(s) does the program have aligned Programs of Study? Do PCC faculty meet with these HS program faculty on a regular basis?

The OMT program is Perkins funded, and may have future interactions with High schools to help seniors decide on a pathway into this field. The OMT program participated in the LEAP into 9th grade program in the summer of 2018 having future high schoolers involved in lab activities. The OMT Program is looking forward to more opportunities such as these to help facilitate interactions with high school programs and high school faculty.

The OMT program intends to identify if dual credit prerequisites for the OMT from high schools such as Benson and Beaverton could be an option in the future.
ii. Please describe the Technical Skill Assessments (TSAs) that are reported annually. Include information about the nature of the assessment, content covered, alignment of degree and certificate outcomes, when the assessment is taken by students, the number of completers, and the percentage of students meeting the identified benchmark(s) for the last 5 years.

TSA assessments are completed each June and currently the two type of certifications that the OMT program utilizes are the Ophthalmic Scribe Certification (OSC) and written Certified Ophthalmic Technician (COT) examination. The 1st year students take the OSC examination and the 2nd year students take the COT examination. Both of these examinations are a Pass or No Pass designation when reporting for Perkins funding. Currently the OMT is 100% and meeting the identified benchmark as described in section:

iii. What does the SAC consider to be the most impactful use of Perkins funding for your program?

The most impactful use of Perkins funding has been for our continued support of a dedicated program advisor. Having a dedicated advisor to our allied health program is vital to ensuring that our students are maintaining their academic plan for completion of the OMT program and achieving an AAS in OMT.

Having a Student Employment Specialist in Career Services has attributed to our students’ success at being prepared for employment applications, and for past graduates to have a resource for career advice.

Perkins funding has also allowed for travel to the Consortium of Ophthalmic Training Program’s (COTP) annual meeting which helps develop the accreditation ICA’s guidelines and have representation from our program. The information reported back to the program has been instrumental on staying up to date with current revisions to the ICA’s guidelines for the OMT program and our continued accredited status.
G. Describe opportunities that exist or are in development for graduates of this program to continue their education in this career area or profession.

Continuing education for graduates is available nationally and internationally to those who have their COT Certification. Continuing education programs are offered regionally several times a year by Oregon Health & Science University, Devers Eye Clinic and the Oregon Academy of Ophthalmology (OAO). The PCC program has been involved with the OAO Technician meeting for many years and will continue to help shape the educational program for the community. Participating in this program also gives a donation to the OMT PCC scholarship foundation benefiting current students.

No formal articulation agreements exist between the OMT program and 4-year institutions. Pacific University offers a 10-month online program that accepts an associate degree in an allied health field and Eastern Washington University has a similar Health Sciences program that can be completed online for a working professional.

8. Recommendations

A. What is the SAC planning to do to improve teaching and learning, student success, and degree or certificate completion, for on-campus and online students as appropriate?

The OMT SAC will continue to monitor the results of the (TSA) COT examination for areas that can be improved for student success. Annually graduating students are surveyed about their experiences in the OMT program, areas that have been addressed in the 2018-2019 program year include more lab time for students. The OMT program has provided open labs on weekends, and week-day evenings for students to practice their skills or get help with the lab tutor/faculty member. Other areas of focus are providing online distance education for students to better balance employment and family obligations as we recognize that we could better accommodate students to be successful with these factors with more courses that are offered remotely.
The OMT program is in a unique position to be able to grow the amount of qualified ophthalmic technicians that are desperately needed in the United States. In order to make future plans to be able to expand the OMT programs offerings the OMT program has tentative options of revising the order of curriculum, offering more online courses, and revising the clinical practicum of the OMT program. The goal of making these possible changes would be to better meet the needs of the ophthalmic clinical partners, better meet the needs to students who are commuting great distances, and better at meeting the needs of students who still need to work more than 20 hours a week during the OMT program. The goal of these changes would better allow for the working student to better balance work, family and an academic allowing our program to be equitable in that regard.

B. What support do you need from administration in order to carry out your planned improvements? (For recommendations asking for financial resources, please present them in priority order. Understand that resources are limited and asking is not an assurance of immediate forthcoming support. Making the administration aware of your needs may help them look for outside resources or alternative strategies for support.)

The OMT program is strong and is poised for growth. In 2018, the Program Director and the Allied Health Director met with three of the largest employers of program graduates. In these meeting a clear message emerged: more graduates are needed. The employers also suggested if the program could expand, that it be offsetted such that graduates emerged from the program twice per year. Doing so would better meet the employers’ hiring cycles. As such, the OMT Program would like to explore more deeply adding second cohort with a Winter start (and Winter graduation).

To support the OMT program and its future growth, we request that the administration:

1. Provide special project funds to develop a strategic plan for adding second cohort model (Winter start) in the next two years. Preliminary exploration has already identified that a hybrid model for second cohort would best meet community needs.
2. Support to fund a dedicated or shared clinical coordinator. Due to the large clinical time requirements of the program’s accrediting body (760 hours per student starting in Fall 2019), the coordination, placement,
evaluation, and oversight of students at clinical sites is a very time-consuming endeavor. The expansion to a second cohort cannot be achieved without a dedicated or shared clinical coordinator.

3. Support for additional faculty for future expansion of the OMT program

4. Support for an industry-recognized Electronic Health Record (EHR). The free EHR system currently is limited and lacks many of the features of the programs used in clinical settings. Having access to more sophisticated software, such as EPIC, NextGen, Modernizing Medicine or something comparable would better emulate the clinical environment, improve the employability of graduates, and further distinguish the OMT Program from alternative programs and training models.

Assurances

Please put X’s next to all three boxes to verify that…

X faculty and FDCs at all of the campuses offering courses in this discipline/program have received a late-stage draft of the Program Review document.

X all of the division deans offering courses in this discipline/program have been sent the late-stage draft.

X the SAC administrative liaison has reviewed and had the opportunity to provide feedback on the final report.
Appendix

1. Advisory Committee Meeting Minutes Fall 2018, Spring 2018, Winter 2018

PORTLAND COMMUNITY COLLEGE
OPHTHALMIC MEDICAL TECHNOLOGY PROGRAM
ADVISORY COMMITTEE MEETING

LOCATION: TEB 217 October 24, 2018 5:30 – 7:00 PM

MEMBERS PRESENT: Sarah Grace, COT (CEI), Jenny Tu-Bui, COT (VA), Maria O’Malley, COT (Kaiser), Andrea Docherty, COMT, CO (PeaceHealth), Denise Marshall, COA(CEI), Lena Shepel, OSC (OMT 2nd yr Student)

PCC STAFF PRESENT: Adeline Stone, COT, (FDC), Ellie Bessarab, COT, (OMT Faculty) Duanna VanCamp, COT, (OMT Faculty), Lori Higginbotham, COT,(OMT Lab Tutor), Janeen Hull, Interim Division Dean, Jeri Reed, Project Specialist, Karen Henry, OMT Advisor, Amanda Gallo

MEMBERS ABSENT: Julie Arrends, COMT (Devers), Wendy Raunig, COT (RNW), Eric Donaldson, COT (CEI), Brooke Cortes, COA (OES), Andrea D’Ostroph, MD (OMT Medical Director), Sharon Jean-Louis, COT (EHNW)

PCC STAFF ABSENT: Jason Johnson, Allied Health Director, David Davis, II MD (OMT Faculty)

Meeting called to order 5:45 PM by Adeline Stone

INTRODUCTIONS: Welcome to the school year of 2018-2019, the advisory committee introduced current / sustaining members and new members. The OMT program would also like to thank JoAnn Leach, COT for her years on the committee and her upcoming retirement. Welcome Andrea Docherty, COMT and Lena Shepel, OSC!

MINUTES: Meeting minutes from April advisory meeting were sent out via email. There were no corrections or comments and are approved by the committee.

PROGRAM SPECIALIST: Jeri Reed took a moment to introduce herself to the committee regarding her new role for the allied health programs at PCC. Jeri will be working on making sure that the program contracts for student practicums are updated and in place. She also will be helping the PCC programs social media presence, networking / sharing information about the different programs for different career events.
OMT APPLICATIONS: The OMT program received 43 applications this year for the new OMT cohort. The OMT program had 10 alternates on the program waitlist and 1 person decided to decline admission due to financial reasons. 1 person was offered a spot in the program from the waitlist and accepted. The OMT program thanked and acknowledges Amanda Gallo for her efforts helping guide students to the OMT program. She shared that she always loves getting the right people to the right type of career.

OMT LAB REMODEL: The lab model was completed over the summer. The program had an open house the week before school started. If members have not seen the updated space yet after the meeting the OMT Program will give a quick tour.

CURRENT STUDENTS: First year cohort graduating class of 2020 has 28 students and so far, the OMT program reports that students are doing very well. It was noted from the OMT program advisor that it seems this first year cohort is less stressed about the anatomy and physiology course which is the class that can be the most challenging for students in their first year.

Second year cohort graduating class of 2019 has 20 students whom are doing great in their practicums. Some students are starting to get job offers and the OMT program will plan on rotating those students back to the clinical locations that they are being hired at for their final practicum rotation.

The second-year students are also gearing up to take their skill evaluation in December.

COHORT SIZE: The OMT program asked for advice from the community members if the OMT program should continue to have 28 spots for the first-year cohort. There has been a trend since 2017 of graduating 2 more people than the last graduating cohort. This increase of graduates maybe attributed to have a larger cohort to start out with.

The community partners all have a consensus that there is an increasing need for more qualified and trained technicians in the industry and continuing to have 28 or possibly more students would beneficial for a larger applicant pool. The OMT program also mentioned that placing students is increasingly challenging due to the increased hours which adds more work on the clinical sites. This is a barrier for the potential of more students that would need the practicum experience.

Some clinical sites stated that part of their challenge is that their patients have a lot of students in their residency program which can add more stress to their patients. Having technician student lessens the patient’s satisfaction with their care received. The OMT program agrees that patients always come first and can understand having more students is a challenge in this instance.
Some other challenges clinics may face is identifying staff that will be training / proctoring students at their multiple locations.

The OMT program brought up an idea that the was worked on over the summer of 4 different plans for a secondary cohort. The OMT admissions coordinator mentioned the possibility of having the practicum experience be at the end of the program (last two terms or three terms) like other programs at PCC. The OMT program has looked at this option as a possibility with one of the plans, which would essentially move all of the current curriculum at the beginning of the program and then students would be in their practicums most of the week for the last three terms with the exception of one lecture / lab class for the review of their COT.

The OMT program is planning on sending out a survey later this year to open up more discussions with other clinical sites.

ICA ACCREDIATION UPDATE: Recent proposed changes to the OMT program was sent to the committee over the summer. The consortium of ophthalmic technician programs put together a shared statement based on the new changes. Some notable items that are of importance include the decrease of practicum hours from 960 to 750, ocular pharmacology is proposed to be only taught by a pharmacist if an MD teaches it they must consult with a pharmacist, ocular anatomy and ocular disease would also only be allowed be taught by an MD. The OMT (PCC) program is very lucky to have an MD teaching these courses in the program but must recognize that this might not be a possibility if Dr. Davis decides to retire completely. Other programs may not have this benefit like the PCC OMT program does either.

Public commenting will happen later this week, Addie will report back on the final outcome of what is required for who can teach these courses and what the transition plan will look like for practicum hours. The OMT program noted that under the old accreditation guidelines the OMT program is required to 960 hours in place by April 2019. This has been completed but the program will need a year to be able to roll back credits within the program to meet the PCC deadlines. The next accreditation visit is not scheduled until Spring 2020. The OMT program is inquiring to the ICA if the program will be penalized for rolling back the hours before the next accreditation visit. The amount of credits in the degree has increased significantly due the hours increased for practicum which impacts the tuition costs of the OMT students.

iJCAHPO EXAM RESULTS: The OMT program was proud to share the OMT program written exam statistics with the advisory committee. Compared to all programs and all candidates the PCC OMT program is higher in all testing categories for the written exam.
The OMT program hopes to continue this trend on the written exam for the 2019 graduating class.

The skills portion is much lower for the passing rate then the OMT program would like to see. Although it is unknown who took the skills and passed and did not. Some recent graduates are reporting that the skills exam is nothing like the iJCAHPO skills training disc. The OMT program is planning on doing an assessment on the statistics of the skills from the last two years as a baseline and measure the next cohort’s success on their pass rate. The OMT program also has a request for the ICA to consider allowing the OMT program to have students take their skills exam before they graduate.

VETTING SKILLS: Last advisory committee meeting the community members asked if the OMT program could come up with a method of ensuring that students have met the skills standards before students start their practicum experience. The OMT program has found a platform that can track all of the lab skill assessments, practicum hours, practicum skills, evaluations, surveys, and pull data for reports. The reports can be on the student progress, the clinical sites, the skills achieved while students are learning. The OMT program will have Platinum Planner plan for trial this Winter, Spring and Summer, with no cost to students or the OMT program. The OMT program will attach our rubrics for the core skills as part of the assessment for their lab skills. Other allied health programs at PCC is very excited to also see how the OMT program likes this platform. The other part that will be better for the students and clinical sites is the ability for the clinical site to simply receive an email from

The OMT program sought advice from committee on how many times students need to perform a skill to be considered proficient. This truly varies from student to student so coming up with a hard number to place on a student is not easy. One suggestion is to allow for the students to be measure by percentage rather than by completion of times.

The other idea and suggestion are to have a total skill goal for students to achieve throughout all of their practicum rotations. Since each clinical site may perform some skills but not others this would be unfair for each student to be required to achieve a specific amount of skills per rotation.

Having this set-up as a percentage (i.e. 7 out of 10 for 70%) could be required for completion of their skills requirements. Students could use this to show new clinical sites their progress with skills, and clinic would have a better idea and confidence of the student’s ability. The other thought is this would also encourage students to be more proactive of their experience with the clinic (rather than a passive approach waiting for the clinic site to instruct them on a new skill or experience they would like to try).
OMT ADVISORY MEETING RESTRUCTURING: PCC has specified guidelines on how an advisory committee should be formulated. Addie shared via email the PCC guidelines available this link: https://catalog.pcc.edu/handbook/appendixa-externalacademicadvisorycommitteeeguidelines/ A community partner member should be leading meetings as the chair of the meetings rather than a staff member of PCC. Including a recent grad of the program and student(s) is recommended. Accreditation standards also dictate advisory committee requirements, currently the ICA suggests having a student on the committee.

Another note about the membership of the committee is that the OMT Advisory Committee should have a majority of community members rather than PCC members. The goal is for the committee to give advice the OMT program rather than have a report out about the program. The OMT program will be facilitators and work with the chair of the committee with the agenda, room, minutes and food.

As the committee restructures it is recommended to have more community members present than PCC members, so more recruiting would be good idea to moving to this format.

ADVISORY CHAIR NOMINATION: Addie nominated Denise Marshall as a recent past graduate and previously a member of the committee for one year. Denise accepted the nomination and was seconded by Sarah Grace. A vote was carried to confirm Denise as the new OMT Advisory Committee Chair member. Denise was accepted by majority vote and the rest of the meeting was handed to Denise to conclude.

IPAs for EYES: Denise would like to share IPAs for EYEs as a fundraising event for the Casey Eye outreach van. This event will include a raffle and proceeds are donated to helping the Casey Eye outreach van. Please join this event on November 4th as it is a lot of fun!

Meeting was adjourned at 7:00 PM

NEXT MEETING: (Correction from 2/27/18 date previously noted on agenda)
Winter Term: February 20th, 2019
MEMBERS PRESENT: Andrea D'Ostroph, M.D. (The Eye Group) Jenny Tu, COT (VA), Sarah Grace, COT (CEI), Eric Donaldson, COT (CEI), Brooke Cortes, COA (OES), Denise Marshall, OSC OMT Student, Maria O'Malley, COT (Kaiser), Sharon Jean-Louis, COT (EHNW), JoAnn leach, COT (PeaceHealth)

MEMBERS ABSENT: Wendy Raunig (RNW), Andy Brown (CEI)

STAFF PRESENT: Adeline Stone, COT, Duanna VanCamp, COT, Ellie Bessarab, COT, Jason Johnson Allied Heath Director, Amanda Gallo OMT Admissions, Karen Henry, OMT Advisor, Janeen Hull, Interim Division Dean, David Davis II, MD, Tanya Maldonado, Career Connections

Adeline Stone called the meeting to order at 5:40 pm.

INTRODUCTIONS: The group introduce themselves we welcomed Tanya Maldanado to the committee as our new PCC staff member.

APPROVAL OF MINUTES: Completed via e-mail

OMT PROGRAM SITE MANUAL: No comments of objections for the update of the clinical site manual discussed. Changes made to the manual accepted by the committee as presented.

JOB PLACEMENT FOR CLASS 2018: 8-10 2nd year students already have jobs or pending job offers. At least 2-3 students will be moving out of area and seeking jobs out of state. 4-5 students still seeking employment applying and being interviewed.

CURRENT STUDENTS: The first year cohort graduating class of 2019, currently has 21 students. Pending all 21 students pass finals the 2018-2019 (2nd year students) cohort will start will 3 more students than the previous year. All 18 students for the 2018 graduating class are expected to graduate in June.

VETTING SKILLS: Addie and Jason had the opportunity to round with several clinic sites about if our program is meeting the needs of the community. Some of the topics that came up during discussions included if we can do better sending first year students out into their practicums. Each clinical site has a different routine with first year students some sites will primarily have students shadowing exams while others expect the students to perform autorefractions, visual acuities (possibly), scribing for the technician and reading glasses. It was noted that first year students are not expected to be doing refractometry or eye pressures on patients (without direct supervision). Most times the first year students might be at different levels so clinics are assessing them to see where their skill / comfort level might be. Some suggestions that were brought up include:
• Possibility of having students do nursing home visits as part of their clinical experience
• Getting students up to speed on scribing much sooner and with practice. Current method is getting students certified with the OSC Ophthalmic Scribe Certification before they start their practicum. The students may understand or be familiar with terminology but this does not mean they are at the right level expected in clinic. Each clinic site may also have different expectations for scribing of their technicians
• Make it mandatory for students to participate in volunteer opportunities like the Casey Eye Outreach van to not only give them exposure to clinical skills but also have them be more prepared for clinical experiences.

**ACTION PLAN FOR VETTING SKILLS:** The OMT program will work with integrating the lab final as part of a documentation on where the student is at with their skills ability. The goal will be to have a mechanism for the student to share “their” level of skills when they rotate to different clinical locations. The goal for doing this vetting in a more structured way will make it easier for the clinical site to integrate the student with confidence in their ability when they start.

**NEXT YEAR OMT APPLICATIONs:** The OMT program plans to have 28 students for the 2018-2019. Currently we have 23 complete applications. We will plan on having an extended application deadline into summer. There are another 15 applicants who should have their applications submitted by end of June. It is looking promising that the OMT program will have 38 applicants in total.

**OMT LAB REMODEL:** The OMT Advisory committee will get to choose the final finishes which will include cabinets, accent paint and counter top finishes. Flooring has been chosen and the finishes will be picked based on the colors of the flooring. Moving equipment starts June 8th and the remodel will take place over the summer before fall term starts.

**JIKEI STUDENT VISIT:** The OMT program participated in another successful year of the cultural exchange between our OMT sister school in Osaka Japan. This year was different for their facility visit, PeaceHealth was a gracious host to the students where they learned more about motility exams. The OMT scholarship fund is up to $20,000. The OMT program is working on creating a “1st Year” $500 dollar scholarship due to the balance. Five applicants for 2nd year cohort applied and top two received $1000 for their tuition.

**PROGRAM ADVERTISEMENT and NETWORKING:** The OMT program attended Kaiser continuing education program fair this quarter on a Saturday. This was geared towards Kaiser employees who are interested on going back to school / changing their roles at Kaiser.

This summer the OMT program will participate in Leap into 9th Grade, which opens up different science and career technical education programs to students who are starting in high school. This will be a way to help give starting high school students a bit of exposure to the OMT program in hopes that they will consider the OMT program when they go to college.

The OMT program is now on Twitter! Instagram and Facebook. Currently the OMT program has 143 follows on facebook overall trending upward on engagement with difference educational posts and updates about the program. Since the twitter account is so new there are only 8 twitter followers. All of the social media accounts are linked together so posting on any of the
platforms will update the other. The OMT program is open for ideas of posts and asks to share any ideas for continued promotion of the program.

Noted OMT program social media links:
twitter.com/OMT_PCC
facebook.com/PCCOMT
instagram.com/PCCOMT

TANYA MALDONADO: Tanya asks the committee members if there are any changes with what students should be listing on their resumes. Is PCC Career Connections staying current enough with information in the industry? There was a discussion about how one student quoted a site supervisor based on their evaluation. The student misrepresented how the quote was pulled out of the evaluation due to the student only using the one positive comment that was listed on the evaluation. It was recommended that students should not be using quotes from their evaluations in their cover letters without the practicum sites prior approval.

SURVEYS: All committee members took a moment to fill out the annual OMT program survey.

ACTION ITEMS: OMT program to develop more robust method of vetting student skills before they attend practicum with a document or mechanism that is signed off from OMT faculty. Will need further input from clinical sites to revamp quarterly expectations for student’s levels for each practicum.

NEXT MEETING: Scheduled for Fall is October 24th, 2018 5:30PM-7:00PM

MEETING ADJOURNED 7:12PM

Minutes submitted by Adeline Stone, 10/3/2018
Adeline Stone called the meeting to order at 5:45 pm.

INTRODUCTIONS: The group introduce themselves; new members include Maria O’Malley, COT from Kaiser.

CURRENT STUDENTS: The First year cohort graduating class of 2019 has 22 students. The start of winter term 2 students left the program for unknown reasons. Addie attempted to reach out to these students to find out the reason for their voluntary dismissal from the program. There was no response from either student on their reasons for exiting the OMT program. 3 first students did not continue on in the OMT program due to not passing the OMT A&P class, and were dismissed academically. From the start of the year the OMT program has had 3 students leaving voluntarily and 3 students dismissed academically. There is still 1 additional student that is in the orthoptic program taking OMT classes which is not being counted for the total cohort of 1st year students.

Dr. Davis report for the first year students in OMT 102 (Ocular Pathology) there is mainly a B average with some A’s and some C’s overall first year students doing well, and are most likely expected to pass his class.

2nd year students are doing well in the winter term with 18 students expected to move to the Spring term, take their COT exam and graduate. The increased clinical hours has been a challenge for the students, mainly due to the constraints of being able to make-up days. With the recent weather 16 hours were rolled back from the total requirement since many students had difficulty getting out to their clinical sites. Those that did participate will finish a day or two earlier with their rotation. Another look at the allocation of clinical hours is going to be reviewed / revised to spread out the time more. Having so many hours in the last two terms is appearing to be a challenge for students.
TANYA MALDONADO: Skipped due her absence will place on agenda for next meeting. (PCC Career Connections staying current enough with information in the industry)

OMT PROGRAM UPDATES: OMT program has been approved for lab remodel this Summer to start immediately after the last lab class is completed in June. This is very exciting to see this request especially after another flood occurred. Many thanks to Jason and Janeen for supporting the OMT program and asking PCC for this. The tentative remodel is likely to include, electrical updates, new ceiling tile, new flooring, new sinks, the back countertops refinished, the back cupboards refinished, and new framing for the educational materials.

The OMT program has taken into consideration of the overall AAS degree and with the major increase of clinical hours which required credits to be increased decided to remove the MP 140 class (Medical Ethics) and MP 150 (Intro to EHR). The content has been reallocated into OMT 115 and into the OMT seminar classes. The hope is with the EHR class that the OMT program will have access to a test EHR database that a fellow OMT program has stated they will give access to. The goal of the OMT program will to do targeted exercises with the students in a computer classroom environment so they are better prepared to work with EHR. Medical ethics is a topic that is already covered in the OMT curriculum, continuation of teaching ethical situations will be presented to the OMT students.

The OMT Program participated in Vision and Eye Health Screening at PCC which was located at the student union building. It was great timing since there were many colleges that were also there for “transfer day” which drew a large crowd of PCC community members and students. For the entire day the students screened 60 people. Denise also commented on how well the day flowed and students felt they really got a lot out of the experience. Tests that were performed included: Visual acuity, tonopen IOP check, FDT, and OCT. There was also an educational station where students talked with the community members about eye health. The educational boards included diseases that can cause low vision (Glaucoma, AMD), a Low Vision board, and a board that highlighted different refractive conditions and what defines normal vision. There was also a table that OMT program had downstairs to help direct volunteers to the screening, which also advertised the OMT program to the PCC community. Students ran the table, arranged the screening, set-up the educational boards, and gave education to the community within their scope.

OMT PROGRAM SITE MANUAL: Committee advice to add or revise items. The revised clinical site manual was emailed out to everyone for recommendations. Important topic to note is FERPA with students at a clinic sites and the OMT program giving out references to potential employers. Students must fill out a release form with PCC in order for the OMT program to be a reference for the student seeking employment.

Karen noted there is a way for PCC staff to find out if students have filled out this form on their PCC profile, through Banner.

It is important to note that clinic sites that are outside of their business should not be speaking to each other about students’ performance without the student’s consent. This could potentially lead to bias of the clinic sites evaluations or potential for the student to gain employment at a community partners’ clinic.
NEW ACCREDITATION: The OMT program received notification of new accreditation name ICA (International Council of Accreditation), which will also include a change in the accreditation grading and structure. The goal of the new accreditation was to include programs in Canada who were losing their accreditation. The other goal of the new accreditation is to formulate a process where program sites will be graded more objectively on specific criteria on a points system. The hope is this will be a more objective approach.

Next site visit will be 2020, instead of 2019 there was an error printed on the OMT programs’ accreditation certificate. This gives the OMT program an additional year to prepare for the site visit, however it has been stated from the ICA that clinical hours will most likely be decreased which puts the OMT program at a disadvantage since we have just increase the clinical hours significantly.

A letter from the ICA stated that the OMT name of program is misleading, and could cause confusion for students seeking our program thinking that the OMT program offers different levels of certification. The letter acknowledged that the program has very clear advertising that this program is only at the technician level. An email was sent to clarify any actions needed by the OMT program, the ICA’s response is that although they feel that our program name may not be very clear with potential students they understand that the program has had OMT as its name for many years and may not be possible to change.

There was discussion about the history of the program from Duanna that the rational of the program being called Ophthalmic Medical Technology, had to also do with opticians being categorized as “Ophthalmic Technology/Technicians”, which was being reported to the state. This caused a cancelation in the program at one point in time due to the disparity of pay that opticians would receive versus the cost of a two-year program. This is when the “Medical” portion of the name was added to prevent from poor reporting.

JOB PLACEMENT OF CLASS 2018: Current 2nd year students 4 students have jobs already, many clinic sites are recruiting students sooner so they can fill their vacancies that are long standing in their offices.

Two students have reported that they will be moving out of area, and seeking employment in their respective new areas.

A total of 12 students will be available for recruitment for other positions available in the Portland metro area. This does not leave many 2nd year students to be hired in the next 3 months. The hope with the increased entry into the program will help offset the increasing Ophthalmic Tech shortage that all clinics are seeing in the nation.

PROGRAM ADVERTISING AND NETWORKING: The OMT program has participated in several outreach presentations this year to spread the word about the program and industry 4 were high school related and 2 have been MP 108 classes. Amanda Gallo and Karen Henry also promote the allied health programs including the OMT program to several high schools and programs throughout the Portland metro area.

OMT Facebook Page has 118 likes, overall page views up 50% this month trying to keep new interesting articles and news about the program relevant. There was discussion about branching out the OMT programs social media presence to other platforms such as Instagram.
and Twitter. Sarah Grace mentioned that all of these platforms can be linked together so there would not be a need to replicate posts. Sharron also stated that to capture a younger audience other platforms will need to be leveraged.

**Additional Topics / Discussion:**

Note from one of the clinical sites that it seems students still struggle with pupil exams and checking angles. There was discussion that this is also an issue with current employees not just students. Experience is really the key to these skills for techs to be competent in them.

There also was a comment that some clinical sites expect OMT students to do their exams in a shorter amount of time, but there is lack of oversight when rushing occurs, and quality suffers as a result or the supervising tech does not really check over the work of the student.

The OSC exam is coming up on its 3rd year of implementation IJCAHPO will be releasing a new exam for those wishing to keep their certification. Ellie has ensured that current 1st year students are all taking the same exam and have signed up to meet the deadline of the new exam.

Question regarding Jikei students participating again with the OMT program, they are scheduled to come mid-May.

**ACTION ITEMS:**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ASSIGNED</th>
<th>DUE DATE</th>
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</thead>
<tbody>
<tr>
<td>Email Addie comments about clinical site manual for any suggestions or additions</td>
<td>Advisory Committee</td>
<td>April 25th</td>
</tr>
<tr>
<td>Karen Henry suggest adding language regarding accommodations at a cooperative site. Addie will investigate further with a review of the cooperative site manual that PCC has</td>
<td>Addie</td>
<td>April 25th</td>
</tr>
<tr>
<td>Send cooperative site manual resource from PCC</td>
<td>Janeen</td>
<td>End of March</td>
</tr>
<tr>
<td>Create other social media outlets to leverage content being shared to community</td>
<td>Addie / Willing Volunteer?</td>
<td>End of March</td>
</tr>
</tbody>
</table>

Next Meeting:
Spring Term: April 25th, 2018

MEETING ADJOURNED: 7:00 PM

Minutes submitted by Adeline Stone, 3/1/2018