

# Health Sciences - ASCCC Small Group Discussions

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## Resources

1. Letter from Governor about making these essential employees
2. [Health Science Resources](#)
3. [Nursing Simulations Scenarios Library](#)
4. [Pediatrics Simulators](#)
5. [Knowledge to Work](#)
6. [Disease Prevention and Healthy Lifestyles](#)
7. [Lifetime Fitness and Wellness](#)
8. [Introduction to Health](#)
9. [Dental Resources](#)
10. MA simulation <https://www.mhpractice.com>
11. Simulations
  - a. vSim - most common
  - b. ATI - full package, with simulations
  - c. Swift river
  - d. Shadow Health - somewhat limited,

## Questions

1. Information from Boards
  - a. Dental Board of California - Specifically for Dental Assisting
  - b. BVNPT: Board of Vocational Nursing and Psychiatric Technicians
  - c. Vet Tech: Required to be on live patients
    - i. Medical assistant, pharmacy tech, nursing assistant - same issue
    - ii. Dental tech, hygiene, assisting - same
  - d. Center for Medicaid and Medicare services - not letting students go to sites that are ready for them. (long term care)
2. Virtual sites
  - a. can we do test runs? Need instructor previews.
  - b. Limited approval from boards
3. Is there a way to designate these as essential workers so students can go back to lab sites.
  - a. Conversations happening at CCCCO & governor's office
  - b. Presenting to administration
  - c. The biggest issue for programs
4. What options do dental hygiene students have to complete clinical requirements which includes patient treatment? This can't be done virtually. We are currently having the students complete case studies to keep them current with patient care.
5. Sites concerned about unprepared students. Issue for students who haven't had enough training. Will probably trickle over into summer & fall
  - a. Seniors were furloughed & others were told to stay home even though hired
6. Internship sites--variable programs have different problems
  - a. About 50% vet tech seniors are not working now; about 70% vet tech first year students were denied access to their internship sites.

## Concerns & Solutions

Concerns	Solutions / Ideas
<p><b>* Required to be on live patients (or no sim)</b></p>	<p>Conversations happening at CCCCCO &amp; governor's office</p> <p>Mapped it out from the time the student is in parking lot. Health questionnaire, temperature, sanitation for all surfaces, frequent hand washing breaks, PPE - full required at all times. New uniform every day.</p> <p>In small groups. <b>Floor plan</b> of rooms where the workspaces are 6 ft apart. 4 students at a time in a block. One group per day so we can sanitize before and after.</p> <p>Foothill Administration has acknowledged that Respiratory Therapy, rad tech and EMS are all essential programs as they train first responders</p> <p>We are in Allied Health, we are having the same problems on clinical/hands on training with CNA and HHA, per CDPH it needs to be face to face teaching and doing clinical on a facility. But we have received an email last week that they might consider and allow simulations, skills demonstrations to be credited as their clinical hours pending approval.</p> <p>Have students fill out a waiver to come back to campus. The student is, of their own free will, coming back to class. They have the option to come back next year instead (for new students).</p> <p>RT, rad tech, &amp; EMT are considered essential, so they could go back to college.</p>
<p>Dental hygiene and veterinary technology students - can't stay 6 ft apart from patient. Vet Tech students can't be 6 ft from each other when monitoring patients under anesthesia.</p>	<p>CODA is offering temporary flexibility for clinical/virtual requirements</p> <p>DHBC - hasn't provided information, referring back to CODA</p> <p>City College is talking about extending semester (work issues)</p>

<p>Students will be placed on hold indefinitely</p> <p>we don't know enough about the virus to plan</p>	<p>For one class - students get an incomplete and be able to come back (summer) to complete skills</p> <p>HIT course - extended 2 weeks</p>
<p>hospital preceptors already overworked</p>	<p>Some cases - sites are ready for students but administration is not ready</p> <p>Some cases - hospitals won't; even for fall. Maybe doctor's offices instead of hospitals. Not the same experience.</p> <p>Hospitals are furloughing - makes it difficult for students.</p> <p>Maybe scheduling of clinical rotations to fit.</p> <p>Centers for medicaid &amp; medicare won't let students to back.</p>
<p>Students who have finished 5/6 quarters can sit for LVN exam. Need college seal on document.</p>	<p>A&amp;R had to go to campus to get seal.</p>
<p>Boards are being inflexible</p>	<p>Flexible board (HIM) b/c not related to hands-on patient care (even though students did have hands-on practicals)</p>
<p>Do we have something for medical assisting as far as simulations are concerned?</p>	<p>MA simulation <a href="https://www.mhpractice.com">https://www.mhpractice.com</a></p>
<p>Written exams have been rescheduled b/c testing centers not prepared for social distancing</p> <p>Live patient exam - dental hygiene &amp; dentistry</p>	<p>California dept of public health - waived requirement for physical exam until the centers reopened.</p> <p>CNA - still waiting for approval; still up in the air</p>
<p>Are there any programs considering using Health Corp as clinical hours?</p>	<p>We are considering using Health Corp as clinical hours for Respiratory Therapy, but it does depend on what type of activities the students are actually doing.</p> <p>Developed by Governor to get students working. Not clear what they will be doing, or when they will be ready. 80,000 people signed but haven't heard back.</p> <p>I know some schools are, but there is the question of</p>

	<p>WHEN the students will be called up and HOW MANY will actually get called up. Pretty sketchy.</p> <p>Need to have clinical learning objectives tied to experience. Since they don't have direct supervision, this won't count.</p> <p>Rad Tech specifically excluded from the program.</p> <p>Hospital needs to be affiliated with the college (at some schools) but still missing oversight.</p>
<p>Summer cohort - don't know each other yet. How to build a cohesive unit online?</p>	<p>Discussion Boards - can break into groups or responses. flipgrid</p> <p>Zoom meetings - fully synchronous</p> <p>Breakout rooms in Zoom - very specific thing to discuss. Good response from students - helps connect them.</p>
<p>Motor competencies - how to assess</p>	<p>Students record themselves - post to assignments or discussions for peer review</p> <p>DropBox &amp; rubrics</p> <p>Instructor demo and student provide feedback</p> <p>One-on-one sessions with instructor &amp; walk through the process. They tell the instructor what to do.</p>
<p>Students underestimate how much more training they need. They may be concerned about getting hired rather than learning.</p>	<p>They don't know what they don't know.</p>
<p>How do we get supplies that are already low stock and where do we ship them?</p>	<p>Hospital partners supply (sometimes)</p> <p>Paramedics require students to bring their own gear.</p> <p>Would help to have state-level organization to order and supply these to colleges.</p> <p>Reusable supplies for some items (gowns with cleaning service).</p> <p>There is a process to sterilize masks - but requires resources</p>

Facilities are closed to interns	Extended semester into the summer.  Interns that are still working have added levels of things they need to do before entering site.  Telemedicine is an option for addiction studies
	Bootcamp next semester to get them caught up. Getting incompletes.  Doing theory now.
Anesthesiology needs to be done live. Are there any model systems to use in the interim?	Gasman  vSim  Nurse anesthesia program / association Kaiser has a program that uses simulations
vSim - better for reinforcement or preliminary?	Use for pre-clinical hours - send out scenario before time with reading material