

**Internal Review for  
Allied Health Science Program  
Prepared by RR Espinosa, PC for ALHS**

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**Section I: Statement of Purpose**

**Mission:**

The mission of the Allied Health Science program (ALHS) is to be dedicated to educational excellence. The ALHS program, also known as Health Professions Related Sciences (HPRS), is an interdisciplinary program in Health Sciences whose main responsibility is providing prerequisite and co-requisite courses for other Health Science degrees and certificate programs.

The mission is supported through offering a diverse range of courses designed to meet student needs and facilitate student success. Students are taught every aspect of general health related issues and topics from the most basic objectives through the most advanced knowledge, skills, and behaviors involved with health care delivery.

The mission of the ALHS program follows closely with the college's mission of:

ACC (Austin Community College) is an educational institution committed to challenging the human mind to explore new ideas and seek new opportunities. The College mission is to provide a wide range of high quality educational services that meet the needs of our willing partners in learning, both those who seek our services and those whom we must seek out.

Austin Community College operates on the belief that open access to quality postsecondary educational experiences is vital in a rapidly changing democratic society. Therefore, the College exists to provide such educational opportunities to all the people of the Austin Community College service area. Hence, Austin Community College maintains an "open door" admissions policy, offers a comprehensive variety of postsecondary educational programs, and actively seeks to eliminate barriers in the educational process.

A variety of courses in Allied Health specialties are offered for students who are:

- 1) Seeking enrollment in ACC health science programs such as nursing, surgical and medical laboratory technology, emergency medical services (paramedicine), occupational and physical therapy, pharmacy technician, medical coding and dental technology
- 2) Co-enrolled in ACC health science programs
- 3) Transferring into health science programs at other institutions
- 4) Exploring health science careers
- 5) Co-enrolled in public schools and either investigating health careers or planning to continue at ACC in a health science program

## **Section II: Vision Summary**

### **Question 1:**

**What new initiatives/projects do you wish to initiate to change/improve teaching and learning in your discipline during the next five years?**

Within the next five years, the ALHS program will become more accessible to students requiring access to coursework outside of the current schedule provided. This will be accomplished by developing alternative teaching methods and increasing learning opportunities as appropriate for curriculum content. The faculty will be learning and utilizing the best technology for enriching course instruction.

Use of technology to enhance student learning, such as, use of CD-ROMS, developing more on-line courses, and on-line testing. Technology will also be used to develop dosage calculation modules to help the student in Health Science programs to become familiar with solving dosage calculations. These modules will introduce the student to all the different kinds of problems, which the student will come in contact with in their careers.

Plan to improve teaching methods based on adapting to the different student learning styles and willingness to incorporate the data into our courses.

### **Question 2:**

**What are the major resources that will be needed to accomplish your initiatives/projects?**

- 1) Use of media services for the development of the dosage modules at the Pinnacle campus.
- 2) Multimedia classroom capabilities in all HPRS classrooms.
- 3) Internet and other interactive classroom environments for HPRS related offerings in both credit and non-credit programs.
- 4) Spacious multi-use classrooms for group work, providing basic skills, and other related activities.
- 5) Teaching assistant to assist the ALHS faculty with their workload.
- 6) A web-based learning specialist to help faculty develop on-line courses and examinations to meet the demands of technology learning.

## **Section III: Identification of Strengths, Weaknesses, Opportunities, and Threats (SWOT)**

The SWOT process was completed by the ALHS faculty, students and select Program Coordinators. The group found the following:

### **STRENGTHS**

The courses themselves are a great strength of this program. In many institutions, there are no courses in medical terminology, pharmacology, pathophysiology or introduction to health professions. The students at Austin Community College have the opportunity to take these courses for health science programs or as separate credit offerings that can transfer to other institutions. As a result, they benefit not only from the information presented but also from the ability to utilize these courses in other institutions as they prepare to pursue advanced degrees.

The content of the courses has also been identified by students and faculty as being relevant, complete, and current. Different levels of mastery are reported by the health sciences programs and problem areas are identified as well. In general, the health sciences programs report that students are coming into the programs with a good foundation in dosage calculations. There are some students who appear not prepared and special emphasis has been placed on certain segments of the student population, especially those who made minimal passing scores on one or more dosage exam. Emphasis is also placed on students who have problems during the pharmacology course with opportunities for tutoring and special modules designed to enhance student learning. From time to time there are problem areas identified in the theory portion of pharmacology that are identified by faculty in the health science programs. For example, faculty in the paramedic program reported that students could not identify the major actions of calcium channel blockers. As a result of this information, the Allied Health Sciences Program took extra steps to ensure that this area will be emphasized. This input also caused the allied health faculty to examine the way all drug information is presented and caused the faculty to analyze the way information is being presented. In a course such as pharmacology, it is imperative to reassess on a regular basis how information is presented. Because of the plethora of facts and concepts, it is very easy to lose sight of “the forest for the trees” and emphasize less important information at the expense of more pertinent information. As a result, the faculty is continuously surveying the students and faculty to ensure that key concepts are emphasized and secondary information receives less emphasis. In other words, the faculty maximize the time available to present an ever-expanding body of knowledge. In general, the health sciences faculty and program coordinators report that students come to their programs with a good foundation in pharmacology, pathophysiology, and medical terminology. Concerns were expressed, however, in the level of student proficiency in other prerequisites such as anatomy and physiology and microbiology. To a great degree the level of preparation of students seems to depend on the instructor they had in the course.

Student input indicates that a minority of students are taking advantage of tutoring and workshops. The reasons for this have not been totally identified. However, of the students who have taken advantage of these opportunities, the majority of them have indicated that the experiences have been very beneficial. The program is investigating why more students do not take advantage of these sessions. It has been surmised that perhaps the hours and availability of these opportunities may not meet student needs. The hours are limited in scope and number because of funding deficits. Please note that these deficits have been addressed under “Threats.” In regard to videotapes, once again the students who have used the tapes in pharmacology have found them very useful in meeting course objectives. Some students may not be aware that the tapes are available or they may not have time to view them. In any case, the program is examining ways to make the tapes more available for student use. The medical terminology

tapes received mixed reviews from those students who used them. As a result, the program will examine their content and make appropriate recommendations.

The preparation of the faculty is another great strength of the program. Full-time faculty are doctorally prepared in specialty areas necessary for teaching the courses offered. At the current time, one has a doctorate in pharmacy and the other has a doctorate in educational administration with a masters in nursing. Both individuals work in their specialty to stay current in their areas of expertise. The masters prepared nurse has access to a hospital pharmacy, therefore; has the opportunity to stay current on pharmacological data. Additionally, the program coordinator approved the masters prepared nurse to teach a clinical rotation in the associate degree nursing program during the fall semester. This arrangement has allowed the faculty member the opportunity to examine first hand what the students need to learn in all prerequisite courses, especially in the pharmacology course. As a result of this experience, several items have already been added to the pharmacology course and the nursing students are currently using a different medication summary sheet in clinicals that is more detailed and comprehensive. For example, the sheet now requires information on drug contraindications, precautions, and interactions. The students are expected to think critically about the medications that they are administering and they must be able to explain why drugs are given or held based on this information. The ALHS program has developed an excellent reputation and college relationship with other faculty and health educational programs within the college. These changes were made possible by the cooperation and collaboration between departments and programs.

The program employs a variety of adjunct faculty with diverse educational backgrounds. The faculty is perceived as being supportive, compassionate, and dedicated to their educational work. The faculty is knowledgeable in their field of study, experiences, and practices. Excellence teaching skills are assets for the program. The faculty of HPRS has provided the highest standard of education and devotion.

Student input indicates that the majority of students think that the instructors are well prepared to teach the courses they are assigned. They also think that the instructors make the information interesting although the percentage in this category is slightly lower. The faculty strive for excellence and continually try to present the course material as effectively and efficiently as possible. Different methods of presentation, including games, case studies, activities, films, and other teaching aids are utilized to meet the learning styles of all students. ALHS is becoming more involved in different teaching methods offered through distance learning (ITV, Video Streaming, PCM) to try to meet the non-traditional demands of the community. At the same time, the faculty attempt to make the material as interesting as possible to enhance learning.

Additional teaching assignments between departments would encourage such interaction on many different levels. This interaction is greatly needed in the anatomy and physiology and microbiology courses. Dialogue between the departments to achieve this cross assignment of faculty needs to occur. The results of such collaboration would be enormously beneficial and helpful to the students in their learning experiences.

Finally, the office of the Dean of Health Sciences has been a major force in ensuring that resources were available to support the ALHS program (i.e. travel reimbursement, faculty reimbursement for pharmacology workshops, and promotional brochure creation).

## **WEAKNESSES**

A weakness affecting all allied health sciences courses includes inadequate or inaccurate advising. Although the majority of students surveyed reported that they received adequate counseling, many students who enroll for pharmacology courses arrive the first day of class without the proper prerequisites. These students were not included in the survey since the surveys only captured currently enrolled students. They were “told” by one source or another that they could finish prerequisites while they take the course. For example, recently at the Fredericksburg campus, seven out of nine students were misadvised and the class had to be cancelled due to very low enrollment. This situation was inexcusable and avoidable. It was an embarrassment for the students who thought they had gotten correct information from the site supervisor when in fact they received totally erroneous information. When possible the allied health science faculty try to determine the source of such information and correct the problem so more students will not receive wrong information. The program also disseminates as much information as possible to student services offices regarding the proper prerequisites to prevent inaccurate advising. The program also tries to correct situations to ensure that students are properly prepared for allied health science courses. For example, it was recently noted that medical terminology does not require any reading prerequisites. Medical terminology should be acknowledged in a category similar with that of a foreign language and should require a certain level of reading proficiency as a prerequisite. The program is also investigating the institution of reading proficiency for the pharmacology course. In any event, more accurate advising is necessary across the District for students entering the allied health sciences courses to ensure their best chance at success in these courses.

Locating, hiring, retaining, and adequately supervising qualified adjunct faculty is another identified weakness for the program. Salary for adjunct faculty is not commensurate with salaries in the health care industry and even if faculty begin employment they sometimes leave for better pay in the health care field. For example, due to the amount of pay offered with no benefits to adjunct faculty teaching in ALHS, it is difficult to attract a healthy applicant pool. Many interested faculty are interested in teaching, but need the benefits as part of the plan to even consider the cut in pay. Some faculty have, for example, diabetes, which is an expensive condition. Without benefits, supplies and medications this would become costly. This would detour perfect applicants to seek employment elsewhere. Adjunct faculty play a major role at ACC. By the addition of another full-time faculty, we do not have to employ many adjunct faculty for the reasons mentioned above. This causes not enough faculty available to cover the demands of the community college mission of being assessable at all campuses.

There is a shortage of all health care professionals which compounds the problem of locating qualified faculty members. Recently, the program coordinator approved the one full-time faculty member in the department to teach an associate degree nursing clinical group because the ADN program could not find a masters prepared R.N. to take the adjunct position. As a result, four allied health sciences courses had to be reassigned so the masters prepared nurse could teach the

clinical group. As illustrated here, one shortage can adversely affect many programs from many different perspectives. Supervision of multiple adjunct faculty at multiple sites throughout Central Texas also poses a problem for the program coordinator of allied health sciences who has only one fulltime faculty member. The span of control is too broad to ensure quality educational experiences.

Another disadvantage to adjunct faculty is the e-staffing procedures and policies. E-staffing was designed for large programs and not small programs (i.e. ALHS). Some faculty have a hard time accessing e-staffing due to not being activated in the system or other technical difficulties. Also, some faculty do not like the time spent coming to campus to access e-staffing. (This is being addressed by IT.)

Some of our advanced courses, like Pharmacology, have a high attrition rate, due to students being weak in their basic math skills, study habits, and management of time. Students co-enrolled in Pharmacology and a program in Health Science have extremely high levels of stress, behavior situations, and lack of progress. Some of our students have resorted to cheating in order to meet the course objectives in Pharmacology and the program enrolled in. Pharmacology is a course that should be treated as a prerequisite, and not a co-requisite. The ALHS program is in the process of gathering statistics for this observation and implementation. Another weakness in HPRS 2300, was the inability to touch the medications to better enhance learning of the drug names (i.e. the kinetic learner).

Another weakness with Allied Health Science courses is classroom availability and classroom size. We have several students that filter into our classes and the classroom size is relatively small. The students are packed in like sardines. I prefer to have classes in Building D at the Riverside campus, but we have to move to Building G, at times, and Building G has smaller classrooms.

Additionally, another identified weakness is the inability of the department to offer all sections of allied health sciences courses that are requested by the community. Budget restraints as well as lack of qualified faculty contribute to this problem. The department is looking at innovative ways to deliver quality educational experiences to many areas through distance learning methodologies. The department views identified weaknesses as opportunities worth exploring and addressing.

Finally, an additional weakness that was found by faculty was that health science students do not realize that health care courses require a sufficient quantity of time for studying and preparing to meet the course objectives than other courses, such as Humanities or English.

## **OPPORTUNITIES**

This program has the great opportunity to serve as the “bridge” or “nerve center” between the prerequisite courses and all of the health sciences programs. As a “collaborative hub” it can serve as the catalyst to bring various faculty from different disciplines together to discuss curricular issues. Exit and entry competencies must be identified for all courses. Faculty need to visit each other’s disciplines so that they can see first hand what students really need at each

level of their educational journey. Cross teaching and cross training should be instituted at all levels. The wise use of available expertise should be the standard. For example, the doctorally prepared pharmacist should be asked to present various pertinent components throughout many programs. Likewise, faculty from health science programs should be more involved in teaching various components of the prerequisite courses. Team teaching should be utilized. Thinking “outside of the box” is essential if the faculty is going to meet the challenge of producing the best graduates possible. Faculty with a wealth of theoretical knowledge should join with faculty with strong clinical backgrounds to present various portions of courses. Collaboration for the good of the students is essential.

It also has the opportunity to create a “seamless” curriculum for students who pursue health science careers. There is a tremendous overlap and repetition of less important or less crucial material and concomitantly there is a tremendous gap in crucially important material in courses offered as prerequisites for the health sciences programs. It is imperative that these overlaps and gaps be eliminated so that a student’s limited time is optimally utilized to prepare them as effectively as possible. For example, dosage calculations are taught in pharmacology and in various health science programs. This specialty area should be separated and taught for all students more effectively and efficiently. The overlap is costly and not so beneficial. In other words, the cost outweighs the benefits.

Opportunities also abound to offer new and innovative courses that will complement the other programs in health sciences. The ALHS program is continually open to the development of new courses that will meet student and program needs. Many students are seeking advice of our faculty to what area of health care that they should enter, such as Pharmacy, Surgery, Medical Lab Tech, etc. Most of our beginning students do not know where to turn in choosing a career path. We serve as immediate counselors to our students. Recently the program coordinator developed a new course, Introduction to Health Professions. Projected enrollment for this first time offering was eclipsed by an overwhelming response to this course. Two sections instead of one could have been offered if qualified faculty were available. This course is definitely meeting a need for students who are investigating health science careers. Ultimately this course will save the students time and money as they narrow their career choices down to the specialty area that fits their talents and abilities. Other courses can and will be designed as student and program needs are identified.

Finally, nursing re-entry providers are looking to the ALHS program for services not traditionally requested, such as educational opportunities for their employees in the area of “Pharmacology” for re-entry training for nurses.

## **THREATS**

The biggest threat facing the ALHS program is survival in the face of current budget restraints. Because the department does not offer a terminal degree, its future could be in jeopardy in light of recent budgetary restraints. There could be a move to incorporate these courses into the larger health science departments and negate the need for a formal department. This move would weaken these courses because there would no longer be a program coordinator to examine and

improve these courses and there would no longer be fulltime faculty to assist the Coordinator in this endeavor.

The department plays a vital role for all health sciences programs because it offers prerequisite courses necessary for student success in the health science programs and, as a result, there is a great demand for the courses throughout the Austin and Central Texas region. There is a cap, however, on the number of sections that can be offered and the demand for these courses far outweigh the availability. As a result, the need for these courses is not being met although the ALHS program is very willing to design and offer these courses with the help of additional full-time and adjunct faculty.

Due to integrated course offerings through CE (Continuing Education) vs. credit, it makes it harder to provide correct information on budgeting, planning, and accuracy in reporting. Students' administrative rolls usually indicate the credit side and not the CE side of the college.

Threats as well as weaknesses are viewed as opportunities by the allied health sciences program coordinator and faculty. Because of the strengths and collaborative spirit of the ALHS program and its personnel, these challenges will be met successfully.

#### **Section IV: Summary Analysis of Core Indicators**

##### **1. Need:**

###### **a) Community Need:**

As the need from the industry increases in our health science programs (nursing, paramedics, etc.), there becomes an increase need for courses offered in our ALHS program. The ALHS program offers multiple sections of the same course throughout the Austin area by various teaching modes. With the increase in technology use, most of our courses are going to be Internet based.

For example, paramedic need in the capital area has a projected growth rate increase of 50%, and statewide at 34%. With this partial information from only one program, we can conclude a high demand of course offerings by using technology in the ALHS program to meet the demands of all Health Science programs.

###### **b) Enrollment Trends:**

Most of our courses are integrated with the CE program. Most of the information provided only reflects credit enrollment in the courses.

We have approximately 450 students enrolled in the ALHS program each semester, not including the summer semester. Summer enrollment is slightly lower representing around 300 students.

**c) Graduates (previous three years):**

The ALHS program does not graduate any students from its program. We have multiple health science programs that will graduate the students, in the near future by taking our prerequisite courses.

**d) Outcomes (previous three years):**

- Not measurable for the ALHS program.
- Analysis of courses transferred: Most of our courses do not transfer to the University of Texas at Austin, but do transfer to other Health Science Centers and Universities, such as SWT at San Marcus and UT Health Science Center at San Antonio.

**e) Labor Market Opportunities:**

As mentioned earlier, the projected percentage increases for health science programs has been increasing, and therefore, would require a greater demand in our course offerings. There does not seem to be a decrease in the health-related career opportunities due to slow, recessionary economy.

**2. Cost:**

Within the context of the college's mission, the cost of the program is semi-justified.

**a) Budget Analysis (previous two years):**

**Analysis of actual expenditure related to program compared to budget:**

The ALHS program does not have laboratory expenses to incur. The ALHS program is always trying to stay current with the current trends in health care, which would require purchasing software, instructional materials, and videotapes to enhance student learning.

The ALHS program has many students that require homework and exam results in a fair, quick, and efficient manner. To provide this service, the ALHS program would like to hire a full-time Teaching Assistant. The teaching assistant would allow for the full-time faculty to update and create new curriculum for their current courses and new courses. The teaching position would also allow the faculty to develop other methods of delivery of courses by freeing up time due to intense grading. The ALHS program would require an increase in budget to hire a full-time teaching assistant.

**b) Comparative Program Costs (previous two years):**

In the information provided in the notebook, the FY01 Budget was \$221,251, and the FY02 budget was \$234,358. I believe the full-time faculty salary budget is inaccurate for the ALHS program in FY02, due to only having 2 full-time faculty and the budget report lists 3 full-time faculty assigned to ALHS. The additional faculty member belongs to another department by itself and should not have been included in the ALHS program budget. The ALHS program in FY01 had 3 full-time faculty veterans, and at present, is

being operated with only 2 full-time faculty and a multitude of adjunct faculties. The ALHS program operating costs pool from FY01 to FY02 went from \$1730 to \$230. The non-capitalized <500 pool went from \$759 in FY01 to \$459 in FY02.

For FY03, the full-time faculty salaries are still incorrect due to an extra faculty member still being placed in the ALHS program. This is being corrected by the budget department of ACC. The hourly salary has been reduced by \$357.00 from FY02 and FY03. The operation costs have been reduced even further to \$218.00 between academic years. The non-capitalized <500 pool has decreased from \$459.00 to \$380.00

Due to the additional full-time faculty error, there is definitely inaccurate data that was provided in the review notebook reflecting revenue per contact hour. Faculty salary is a major part of the pie and not having this error corrected has led to wrong information. The information provided is included with having 3 full-time faculty members in FY02, which actually should be 2 faculty members. Once this error is corrected, 2 full-time faculty salaries will indicate around \$140.00, which is a significantly lower amount compared to the 3 full-time faculty amount. The program should have a higher net surplus per contract hour in FY02 and FY03.

Due to the decrease in hourly money, operating costs, and non-capitalized <500 pool, these hardships have made the program very difficult to operate. Hourly money would be used for a full-time teaching assistant for reasons mentioned above. The program needs supplies and instructional software in order to function efficiently and successfully.

**c) Indirect and Direct Revenues and Costs:**

The total direct revenue for the ALHS for FY01 is \$564,759. The direct cost was calculated as \$320,131, and the indirect cost was \$112,157. This provided a total cost of \$432,289. This gave our program a \$132,472 net surplus. The ALHS program has 37,600 total contract hours for FY01. \$15.02 was the revenue per contract hour that was generated. \$11.50 was the expenditures per contract hour generated. These totals yield a net surplus per contact hour of \$3.52. This represents \$64,022 (non-in-district amount), which represents 0.455% non-in-district percent of the total.

This information is inaccurate, due to the number of Continuing Education (CE) students enrolled in our integrated courses, which data was not provided in any of ACC's reports. This information includes three full-time faculty as part of the ALHS program in FY02. Our numbers in FY01, show three full-time faculty at the higher end of the pay salary scale.

We currently have 2 full-time faculty in the ALHS program. The ALHS program has the need to hire a full-time teaching assistant as our program grows in the future. The numbers in future corrected reports (correct faculty salaries, integrated CE enrollment, and increased adjunct faculty salaries) would support the need for an additional full-time faculty member. The additional full-time faculty member would meet the needs of the college's mission, students, and community.



### 3. Program Effectiveness – Student Achievement:

The teaching, learning, course, student, and student support outcomes for this program are of the best possible quality by the documentation and comments mentioned below.

#### a) Course Completion Rates:

- The ALHS program offers 5-7 courses per semester, some of which have multiple sections (i.e. HPRS 1206 and HPRS 2300).
- The ALHS program offers around 22-23 sections per semester, excluding summer.
- The average number of students each semester ranges from 427-497. This number is only including the credit students and not the continuing education students that are enrolled in our courses.
- The average course completion rate varies from a high 60% to a low 70%.
  - The Fall of 1999 had a course completion rate of 60.6%.
  - The Spring of 2000 had a course completion rate of 69.4%.
  - The Summer of 2000 had a course completion rate of 80.7%.
  - The Spring of 2002 had a course completion rate of 72.4%.

#### b) Program Degree/Certificate Completion:

This is not applicable to the ALHS program.

### 4. Program Effectiveness – Student Retention:

D-F-W rates for FY 2000, FY 2001 are as follows:

#### a) "D" rate:

- The "D" rate for FY2000 are four, representing 1% in the Fall. Four students in the Summer, representing 0.9%, and two students representing 1%.
- For FY2001, the Fall and Spring "D" rates are as follows: 3.3% and 1.0%, respectively.

#### b) "F" rate:

- The "F" rate for FY2000 for Fall, Spring, and Summer are 9.7%, 11.1% and 10.6%, respectively.
- The "F" rate for FY2001 for Fall and Spring are 8.2% and 5%, respectively. This is on the high side due to the lack of students' responsibility for withdrawing themselves.

#### c) "W" rate:

- The "W" rate for FY2000 for Fall, Spring, and Summer are 18.7%, 20.6%, and 20.6%, respectively.

- The "W" rate for FY2001 for Fall and Spring are 22.7% and 17.9%, respectively. This is on the high side due to immaturity and unpreparedness of students' skills when taking classes. Many students in the ALHS program are with children and are unable to devote time to their courses.

The percentage rate of non-transferable grades to a program is quite high. The range varies from semester to semester. The range varies from 20% to 23%.

## 5. Program Effectiveness – Student Outcomes:

### a) Program Completion:

This represents a sampling overview of how each semester outcome is reflected. Students enrolled in ALHS courses do not complete a program, but student successful completion rates for some of the HPRS courses are listed below for the Spring 2002 semester.

- HPRS 2300 – Pharmacology (nurses, etc.): 75%
- HPRS 1206 – Medical Terminology: 67%
- HPRS 2301 - Pathophysiology: 100%
- HPRS 2200 - Pharmacology (coding, etc.): 86%

## 6. Program Effectiveness – Access:

### a) Course Availability:

The courses, HPRS 2300 and HPRS 1206 are offered at multiple times and at multiple campuses each semester and by different teaching modalities. These classes always fill rapidly each semester.

HPRS 2200 and 2301 are offered at HBC, which supports the Health Professions Institute (CE) side of instruction. These courses are offered once a semester and each semester.

HPRS 1301 is only offered one time a semester (Fall and Spring) at RVS.

HPRS 1106 is offered once every semester by PCM. The class always fills rapidly every semester.

The ALHS program has plans to make available the current course offerings by different modalities not already in existence within the next five years.

### b) Barrier to Students:

One of the barriers that our students in the ALHS program face is when purchasing textbooks and materials at the local bookstore. Due to the high volume of students who go through our program, there are never enough books to go around for each and every student. Prior to each semester, I always make sure that all the required texts and supplies are at the bookstore for students to purchase. Every semester, we have about 20 - 25 students who progress 1 - 2 weeks through the course with no supplies. This in turn,

frustrates the student, decreases learning, and reflects a bad aura with the program and college. This is a big barrier to our students.

Another barrier for our students, is when trying to view lecture tapes to supplement or reemphasize learning in certain courses, the tapes are found missing. This has occurred multiple times at most campus's library media services. To avoid this barrier, I have put all the lecture tapes on reserve behind the circulation desk at all campuses.

Still another barrier students are faced with is the number of students who have been turned down by trying to get into a certain section. Our classes fill up fast (1 month) prior to the beginning of classes. Many students are turned away. Some students take the course the next semester or by the ITV methodology. Some will sign up for any available section, and then request an informal transfer into a section that meets their needs. If this request is not granted, it poses a problem of negativism and aggravation for the student towards the ALHS program. I feel more sections need to be added due to the high demand of our courses. Increasing sections will further the need to hire another full-time faculty to meet the demand of our students and community.

Another barrier is the need for all advisers and counselors college wide to give the same information regarding the prerequisites when enrolling into ALHS courses. Incorrect information makes the students have to prolong their entry into a program and the student becomes frustrated because the program will not allow special considerations.

Health Science students do not understand why some programs are not requiring them to take Medical Terminology, since this is the language of all health professionals. This communication tool helps to make reading and comprehending of texts easier. The ALHS program is left with attempting to explain why this course is required in some and not others; yet they are all going into health care.

Retaining students is another barrier because, so many students come into ALHS courses unaware of the time commitment involved in studying these courses; some are ill prepared with reading, vocabulary, study skills, math skills, and critical thinking skills. In addition, students lack family support and financial support. The college lacks adequate assistance, i.e. tutoring, for students not meeting objectives. Also, students feel the ALHS program courses go too fast, cover too much material, and the student does not have enough time to assimilate all that is required of them.

Finally, moving around from campuses college-wide in unequipped classrooms, where you can not use models, charts, and technology for class presentations, are complaints from visual learners in ALHS. The students see this as a great barrier of "not belonging" to ACC.

All in all, the ALHS program is trying to tackle and iron out all of the challenges that are currently being made.

**c) Extent to Which Courses Meet Student Demand:**

Our courses do meet student demands throughout the ACC service area. Classes at NRG, CYP, EVC, and distance learning do fill up to capacity every semester. There will be times when we have to raise the enrollment caps. We have around 500 students enrolled in our courses every semester (Fall and Spring), and 350 students enrolled in the Summer. The reports in the self study notebook indicate number of sections taught by location, number of sections closed by course, and high demand course analysis for our ALHS courses. See attachment #1. The represents the Fall 2002 semester.

**d) Marketing of Program/Courses:**

The Allied Health Science program is developing a brochure to make students aware of the courses and services offered as a program. Some of the courses offered are advertised in the course schedule certain semesters of the year. Some of the courses promote themselves through involvement in Capital Idea, Tech Prep, Early College Start, and Health Science programs offered at the college. In addition, the college catalog and the program web site offer information about the programs.

**7. Program Effectiveness – Curriculum:**

**a) Currency of Program/Course Content:**

The ALHS program will be adding a new course in the Fall 2002 semester. The course is titled HPRS 1201, Introduction to Health Professions. The Health Science texts are the most current editions of each text. Most textbooks are copyrighted 2001 or 2002.

**b) Learning Outcomes:**

All the syllabi include learning objectives for the student. For a sample of a syllabus, see attachment # 2.

**c) Catalog Content:**

Attachment #3 is a copy of the curriculum as listed in the current catalog. The catalog is reviewed and revised yearly for up-to-date information.

**d) Instructional Resources:**

The Health Sciences Library is located on the RVS campus. The library contains reference materials in computer software, videos, periodicals, and a textbook format. All the campus libraries have additional media-videos to support our distance learning courses.

**e) Course Syllabi:**

A course syllabus is available for each course taught in the program. Each student receives a separate syllabus for each course taken. All the courses have up-to-date departmental syllabi available.

**f) Alternative Delivery:**

- The ALHS program offers HPRS 1106 (Medical Terminology) through PCM every semester during the 16-week and 11-week Summer semester.
- HPRS 1206 (Medical Terminology) is offered every semester by ITV in a 16-week and 12-week long semester, and in 11-week during the Summer semester.
- HPRS 2300 (Pharmacology) is offered every semester by ITV in the 16-week long semester, and 11-week Summer semester. In the past, we have offered HPRS 1206 and HPRS 2300 via LTV and PRN. These two methods have to be unsuccessful with regards to student completion. The ALHS program plans to offer HPRS 1206 and HPRS 2300 via PCM in the near future. Other courses in the ALHS program will follow.
- The ALHS program offers select courses once a week, for example HPRS 2200 and HPRS 2301, to allow the students the opportunity to commit to one day a week versus two.
- The ALHS program has plans to offer HPRS 1106, during an 8-week session in the near future.

**g) SCANS Competencies:**

See attachment #2 for a copy of a syllabus, which includes SCANS competencies integrated into a course. There are up-to-date SCANS competencies integrated for all courses on file with the ALHS program.

**h) External Advisory Committee Input:**

The ALHS program does not have an advisory committee.

**i) Job Skills Analysis:**

This is non-applicable to the ALHS program.

**8. Program Effectiveness – Technology:**

**a) Technology Assessment:**

The ALHS program has offered a total of 32 sections (three courses) through Distance Learning since the Fall of 1999. Please refer to #7, section F for a complete description of technology impacting mode of instruction.

The faculty of the ALHS program teach students by lecturing and the use of overhead, handouts, PowerPoint presentation, videos, and software to enhance student learning.

**b) Equipment Assessment:**

Students enrolled in HPRS 1206 and HPRS 2300 (ITV) have access to the lecture videos at all major campuses for viewing. For courses that require literature searches, students can use the computers at the learning labs at any campus.

## 9. Program Effectiveness – Faculty:

### a) Faculty Credentials:

The faculty of the ALHS program ranges from pharmacists, nurses, and other health-care related professionals. Faculty of the ALHS program must be a graduate of a health care professional school, must be a current licensed Texas practitioner, and must have at least a Bachelor's Degree. All faculty meet SACS standards. The ALHS program currently has two full-time faculty and several adjunct faculty.

### b) Number of Faculty Adequate to Teach Courses:

With the information that is provided, the program **had** three full-time faculty, and a handful of adjunct faculty. The information provided below is with three full-time faculty. FY2002, the ALHS program lost a full-time faculty position and has been operating like this ever since. There are plans to add another full-time faculty to the ALHS program to meet the needs of the community and the college mission.

- On average the percent of sections taught by full-time faculty is about 70-73% in the past five years (starting Fall 1997)
- On the average the percent of contract hours taught by full-time faculty ranged from 75%-80% in the past five years (starting Fall 1997)

### c) Faculty Professional Development:

Due to the diversity of health care professionals that make up the faculty, there are differences in the amount of continue education credits (CE's) that are needed. Registered Pharmacists must complete 30 hours of CE every two years. All Registered Nurses must complete 20 hours of CE every two years plus a CE on hepatitis.

Continuing education is received by attending either meetings, conferences, or home self-study packets approved by the appropriate educational council.

The Allied Health Science offers faculty training on how to effectively challenge our students to have an application/clinical approach to learning of important medical concepts.

Faculty attend health science-specific programs offered by the college or other health organizations. Our full-time faculty complete 12 hours of faculty development every year and adjunct complete 4 hours every year.

### d) Faculty Effectiveness:

Student evaluations of instruction are within acceptable range. The students evaluate faculty consistently from very good to excellent. Students comment on how much they have learned from the course content.

Faculty do use various modes of instruction, students are allowed to work in groups to complete assignments, as this will provide experience of working with others in the real world.

Students will complete regular written assignments at home, along with some special outside assignments to enhance topics covered in class. These special assignments are usually fun.

Our courses are designed to provide information and apply what is learned to real world experience. In order for the student to have a real world experience, case studies and scenarios are given with the student as the health care provider. This involves problem-solving skills and interactive learning, which are needed for real-life decisions.

**e) Faculty Satisfaction:**

The ALHS program is a small program. The majority of our sections are taught by adjunct faculty members at other campuses and the surrounding areas. Due to the low pay for adjunct faculty, many can not make a successful living by teaching one or two classes a semester. I have lost several faculty due to finding full-time employment with benefits. All of the adjunct faculty hired, loved to teach, but could not live off the salary that was made. I have lost effective faculty members due to this reason. Being a full-time faculty, I would want to be reimbursed for mileage to another campus due to the reduction of one full-time faculty and decrease in adjuncts that are interested.

In order to meet the demands of community by offering sections all over town, full-time faculty need to be compensated for in-district travel to other campuses.

I feel this is an issue associated with faculty satisfaction.

**10. Program Effectiveness – Diversity:**

**a) Student Diversity:**

On average, 64% of students taking courses in the ALHS program are white. 22% of students taking courses in the ALHS program are Hispanic. 10% of students taking courses in the ALHS program are black. 5% of students taking courses in the ALHS program are other (for example, Asian or Indian).

The average age in the ALHS courses is between 26-28 varying from semester to semester.

On average, there are about 82% females enrolled in the ALHS courses. Most students are female.

Again, much of the data is inaccurate due to the number of CE students not included.

**b) Diversity of Graduates:**

The ALHS program does not have graduates, but must take our prerequisite courses in order to complete their desired certificate or degree plan.

**c) Faculty Diversity:**

Currently the ALHS program has two full-time faculty members, which are one Hispanic male, and one white female. The adjunct members are made of white females, one black female and one male Indian. The program has recently added two male health care professionals, one being a chiropractor and the other being an optometrist.

**11. Program Effectiveness – Student Satisfaction:**

**a) Course Evaluations:**

Student course evaluations do demonstrate course satisfaction. The program has impressive ratings to show course/student satisfaction.

**Student Course Satisfaction for the Fall 2001 Semester:**

- Medical Terminology had a course rating of 5.5 out of a 6-point scale. (1 representing "never," and 6 representing "always.")
- Pharmacology had a course rating of 5.1 out of a 6-point scale (slightly lower due to the content of information).
- Pathophysiology, had a course rating of 5.2 out of a 6-point scale. Students are always satisfied with the course content and information from the ratings mentioned above.

The discipline average for the program was 5.3, which is equal to how the college as a whole was rated in course satisfaction. The program is meeting course satisfaction when compared to the college.

**b) Graduate Surveys:**

The ALHS program does not have graduates, but must take our prerequisite courses in order to complete their certificate or degree plan.

**12. Program Effectiveness – Employee Satisfaction**

The section is not applicable for ALHS program.

**Section V: Institutional Effectiveness Measures**

Previous Unit Outcomes are provided under the Institutional Effectiveness tab of the Program Review notebook.

**Unit Purpose:**

The Allied Health Sciences program is an interdisciplinary program committed to quality education of health science students. We expect our students at the completion of the courses to be contributing, productive, and successful participants in the health science arena.

### **1997-1998**

#### **1. Pass Dosage Exams:**

The student will have taken the same dosage exam and passed three out of five exams with a grade of 80% or better to pass the course requirement. Students must have answered 39 out of 45 correctly by 70% of the students to achieve this outcome. A 93% pass obtained the results in the spring, and a 90% pass in the fall of this academic year.

#### **2. Retention:**

Students in ALHS courses will have increased retention. The results are in AHS1303, where out of 478 students, only 103 withdrew, which is 21.5%. In the AHS1403, total 336 students enrolled, 29.2% withdrew. Data collected from OIE (Office of Institutional Effectiveness).

### **1998-1999**

#### **Open Campus Classes:**

Students are to take 5-6 departmental exams in the testing center and must answer 70-80% of the questions correctly on each exam. Data was not available at time of analysis.

### **2000-2001**

#### **1. Utilizing Technology:**

The ALHS student will be able to use web-based information, such as Blackboard and instructor web pages in HPRS1106. Pass rate will be assessed by the pass rate in the class each semester. The pass rate (A, B, C) for the Spring, Summer, and Fall 2001 are 64.7%, 46.2%, and 71.4%, respectively. This outcome has been modified.

#### **2. Retention of HPRS2300 Students:**

Pharmacology students will have decreased attrition. This data was provided by OIE annual data reports. The pass rate for the spring, summer, and fall are 66.3%, 68.8%, and 62.2%, respectively. This outcome has been modified.

The following Unit Outcomes have been added or modified based on Program Review Process.

### **2001-2002**

#### **1. Improved Retention of Students Enrolled in Pharmacology via Co-enrolled or not Co-enrolled in a Program:**

**Intended Outcome:** Retention rate of students enrolled in Pharmacology will increase by 10% over the next two years by performance grades in students co-enrolled versus not co-enrolled in a program.

**Criteria:** Performance grades of Pharmacology students who are not co-enrolled in program and performance grades of students who are co-enrolled. Grades of C or better constitute successful completion of the course.

**Methodology:** Grades and pass rates of students who are co-enrolled as well as grades of students who are not co-enrolled in a program for the current and previous academic years will be collected, analyzed, and compared. Student surveys will also be distributed.

## **2. Improved Retention of Students Enrolled in Pharmacology via Appropriate Course Pre-requisites:**

**Intended Outcome:** Retention rate of students enrolled in Pharmacology will increase by 10% over the next two years by instituting appropriate course pre-requisites

**Criteria:** Performance grades of Pharmacology students who are not Co-enrolled in program and performance grades of students who are co-enrolled. Grades of C or better constitute successful completion of the course. Performance grades of Pharmacology students who have completed A & P I and II and performance grades of students who have only completed A & P I. Grades of C or better constitute successful completion of the course. This should probably be two unit outcomes, but it was addressed as one.

**Methodology:** Grades and pass rates of students who are co-enrolled as well as grades of students who are not co-enrolled in a program for the current and previous academic years will be collected, analyzed, and compared. Student surveys will also be distributed. Grades and pass rates of students who have completed A & P I and II as well as grades of students who have only completed A & P I will be collected, analyzed, and compared. Student surveys will also be distributed.

**Results:** Students co-enrolled in a program and taking pharmacology had a grade of 33% making A's, 39% making B's, 24% making C's, and less than 1% making other. Students not co-enrolled in a program and taking pharmacology had a grade of 42% making A's, 42% making B's, 12% making C's, and less than 1% other. Students currently enrolled in A and P II while taking Pharmacology made 52% made A's, 29% made B's, 19% made C's,

and less than 1% made other. Students who had taken A and P II before taking Pharmacology made 39% made A's, 39% made B's, 16% made C's, and less than 1% made other. Students who did not take A and P II prior to taking Pharmacology are as follows: 33% made A's, 48% made B's, 18% made C's, and less than 1 % made other.

**Improvement Action:** The data shows that students who are not co-enrolled while taking the pre-requisite of pharmacology had a better success rate of making an A or a B compared to the students who were co-enrolled in a program. The students who currently took A and P II with pharmacology had a success rate of 81% of making an A or B. The students who completed A and P II before attempting Pharmacology had a 78% success rate in making an A or B. Students who did not take A and P II before taking Pharmacology had a success rate of 81% of making an A or B. Plan on following this up again to maintain the validity of this statement. It is definitely needed to have the pre-reqs of A and P I before attempting and succeeding in Pharmacology. It is not absolutely beneficial to have completed A and P II before taking Pharmacology.

**Impact:** The results show that students who are not co-enrolled in a program have higher performance grades. The results show that students regardless if they have taking or not taking A and P II did not reflect the high success rate when taking Pharmacology. We will be following this one more semester.

### **3. Retention of HPRS2300 Students:**

**Intended Outcome:** Allied Health Science Students enrolled in Pharmacology will successfully complete three out of five dosage calculation exams by the end of the course.

**Criteria:** Students who have failed (grade of less than 80%) on the first two of five dosage calculation exams will be required to complete required activities prior to continuing to exams #3, #4, and #5. Their grades on the remaining exams will be recorded and analyzed.

**Methodology:** Data regarding these students' grades will be compared with grades of students in previous semesters who failed the first two dosage exams and were not required to complete any activities before proceeding to exam #3. Pass rates will be compared between both groups of students to determine if new requirements positively affect exam results.

Results: Assessment not conducted this year.

Improvement Assess this outcome in the Fall of 2002.

### **2002-2003**

#### **1. Pursue of a degree or certificate as a result of successful completing HPRS 1201, "Intro to Health Professions":**

Intended Outcome: Upon completion of Intro to Health Professions 75% of students will seek to pursue a degree in a health science program.

Criteria: Enrolled in core pre-requisite courses in an interest of completing a degree or certificate.

Methodology: Surveys will be distributed or a datatel search will provide the classes these students will be taking to assess which classes (program) the students are enrolled in.

#### **2. Success Rate in Intro to Health Professions , HPRS 1201**

Intended Outcome: Student enrolled in Intro to Health Professions will have a 90% pass rate for the final course grade.

Criteria: Performance grades will be assessed. Grades of C or better constitute successful completion of the course.

Methodology: Performance grade will be assessed by grade report.

#### **3. Utilizing Technology to pass a course:**

Intended Outcome: ALHS Students enrolled in HPRS1106 will have a pass rate of 75% average each semester via the PCM mode of instruction. Pass rate will be a C in the course.

Criteria: The number of students enrolled versus the number of students who complete the course with a grade of C or better.

Methodology: OIE data reports.

#### **4. Utilizing Technology to pass a comprehensive final**

Intended Outcome: AHLS students enrolled in HPRS 1106, PCM will have a pass rate of 70% on the revised final exam. 70% is considered passing. The students enrolled in this class will all take the same final exam.

Criteria: The final exam grade will be looked at to determine successful understanding of the course objectives using technology.

Methodology: The final exam grade will be recorded and reported.

#### **5.Retention of HPRS 2300 students**

Intended Outcome: ALHS students enrolled in Pharmacology will successfully complete three out of five dosage calculation exams by the end of the course.

Criteria: Students who failed (grade of less than 80) on the first two of the five dosage exams will be required to complete required activities prior to continuing exams #3, #4, and #5. Their grades on the remaining exams will be recorded and analyzed.

Methodology: Data regarding these students' grades will be compared with grades of students in previous semesters who failed the first two dosage exams and were not required to complete any activities before proceeding to exam #3. Pass rates will be compared between both groups of students to determine if new requirements positively affect exam results.

**Section VI: Recommendations**

1. Develop current existing courses on-line by web-based technology. (Technology)
2. Provide faculty development in the area of modifying instruction to teach web-based courses. (Faculty)
3. Develop a new course titled, "Spanish for the Health Care Professional". (Curriculum)
4. Develop strategies to increase and maintain enrollment in our new courses that are developed. (Enrollment and Retention)
5. Identify and promote existing and develop new courses in continuing education for recertification of health care professions (i.e. Nursing and Pharmacy Tech). (Curriculum)
6. Identify and develop strategies to increase course retention within the ALHS program. (Enrollment and Retention)
7. Continue to play an integral role in recruiting high school students through Early-College Start and Tech-Prep programs. (Enrollment and Retention)

**Section VII: Action Plans**

**Action Plans for ALHS  
February, 08**

<b>Recommendation #1:</b> Develop current existing courses on-line by web-based technology. (Technology)			
<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Develop a HPRS 1206 Medical Terminology course on-line to meet students' needs	Summer 2003	Program Coordinator
<b>Estimated Year 1 costs:</b> \$4000.00			
2	Develop a HPRS 2300 Pharmacology on-line course to meet students' needs.	Fall 2003	Program Coordinator

<b>Estimated Year 2 costs:\$4500.00</b>			
3	Develop a HPRS 2200 Pharmacology on-line course to meet students' needs.	Spring 2004	Program Coordinator
<b>Estimated Year 3 costs: \$4000.00</b>			
4	Develop a HPRS 1201 Introduction to Health Professions on-line course to meet students' needs.	Summer 2005	Program Coordinator
<b>Estimated Year 4 costs:</b>			

<b>Recommendation #2:</b> Provide faculty development in the area of modifying instruction to teach web-based courses. (Faculty)			
<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Train interested faculty in the area of on-line course development	Fall 2003	Program / Faculty
<b>Estimated Year 1 costs:</b> college training-no cost			
2	Train interested faculty on modifying instruction to teach web-based courses	Spring 2004	Program / Faculty
<b>Estimated Year 2 costs:</b>			
3	Interested faculty teaching web-based courses	Fall 2004	Program / Faculty

<b>Estimated Year 3 costs:</b>			
4	Interested faculty teaching web-based courses	Fall 2004	Program / Faculty
<b>Estimated Year 4 costs:</b>			

<b>Recommendation #3:</b> Develop a new course titled, "Spanish for the Health Care Professional". (Curriculum)			
Year	Actions	Target Date	Responsible
1	Gather necessary information to prepare for this course	Fall 2003	Program / Faculty
<b>Estimated Year 1 costs: \$4000.00</b>			
2	Develop curriculum for the course. i.e. handouts, overheads, etc.	Spring 2004	Program / Faculty
<b>Estimated Year 2 costs:\$2000.00</b>			
3	Hire faculty to teach the course	Fall 2004	Program Coordinator / Faculty
<b>Estimated Year 3 costs:</b>			
4	Offer the course, Spanish for the Health Care Professional	Spring 2005	Program / Faculty
<b>Estimated Year 4 costs:</b>			

**Recommendation #4:** Develop strategies to increase and maintain enrollment in our new courses that are developed. (Enrollment and Retention)

<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Develop promotional material for the new courses offered	Spring 2003	Program Coordinator / Faculty
<b>Estimated Year 1 costs: \$500.00</b>			
2	Continue to advertise in the course schedule about the new course offerings	Spring 2003	Program Coordinator / Faculty
<b>Estimated Year 2 costs:</b>			
3	Continue to communicate with Capital Idea, counselors, and advisors on the benefits of the new courses	Fall 2003	Program Coordinator / Faculty
<b>Estimated Year 3 costs: No cost</b>			
4	Continue to communicate with Capital Idea, counselors, and advisors on the benefits of the new courses	Fall 2003	Program Coordinator / Faculty
<b>Estimated Year 4 costs:</b>			

**Recommendation #5:** Identify and promote existing and develop new courses in continuing education for recertification of health care professions (i.e. Nursing and Pharmacy Tech).  
(Curriculum)

<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Develop a CE course in Respiratory Therapy for Pharmacy Techs and Nurses.	Fall 2003	Program Coordinator
	Develop promotional material for identified courses.	Fall 2003	Program Coordinator
<b>Estimated Year 1 costs: \$2000.00</b>			
2	Develop other courses that would be of interest to current Pharmacy Techs and Nurses for CE credit.	Summer 2003	Program Coordinator / Faculty
	Develop promotional material for these courses.	Summer 2003	Program Coordinator / Faculty
<b>Estimated Year 2 costs:</b>			
3	Develop other courses that would be of interest to current Pharmacy Techs and Nurses for CE credit.	Summer 2003	Program Coordinator / Faculty
	Develop promotional material for these courses.	Summer 2003	Program Coordinator / Faculty
<b>Estimated Year 3 costs:</b>			
4	Develop other courses that would be of interest to current Pharmacy Techs and Nurses for CE credit.	Summer 2003	Program Coordinator / Faculty
	Develop promotional material for these courses.	Summer 2003	Program Coordinator / Faculty
<b>Estimated Year 4 costs:</b>			

**Recommendation #6:** Identify and develop strategies to increase course retention within the ALHS program. (Enrollment and Retention)

<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Identify methods that have helped to increase student retention for distance learning students.	Summer 2003	Program / Faculty
<b>Estimated Year 1 costs: no cost</b>			
2	Develop methods that have helped to increase student retention for other Health Science programs.	Fall 2003	Program / Faculty
<b>Estimated Year 2 costs:</b>			
3	Continue to develop methods that have helped to increase course retention within the program.	Fall 2004	Program / Faculty
<b>Estimated Year 3 costs:</b>			
4	Continue to develop methods that have helped to increase course retention within the program.	Fall 2004	Program / Faculty
<b>Estimated Year 4 costs:</b>			

**Recommendation #7:** Continue to play an integral role in recruiting high school students through Early-College Start and Tech-Prep programs. (Enrollment and Retention)

<b>Year</b>	<b>Actions</b>	<b>Target Date</b>	<b>Responsible</b>
1	Work with Dean C. Sanders as she collaborates with area high school teachers.	Spring 2003	Program / Program Coordinator
<b>Estimated Year 1 costs: \$1000.00</b>			
2	Continue to work with C. Sanders as she collaborates with area high school teachers.	Summer 2003	Program / Program Coordinator
<b>Estimated Year 2 costs:</b>			
3	Work with area high school teachers to see if they are meeting the ALHS program needs.	Fall 2003	Program / Program Coordinator
<b>Estimated Year 3 costs:</b>			
4	Work with area high school teachers to see if they are meeting the ALHS program needs.	Fall 2005	Program / Program Coordinator
<b>Estimated Year 4 costs:</b>			