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CRITICAL NEED: administrative assistant to help track the progress of students and help to confirm that the prerequisites for the certification is met in a timely matter

I.C.1. CTE Programs: Review of Perkins Core Indicator and SWP Outcomes Metrics

Perkins Core Indicators:

Most all the core indicators for the MLT are positive and show a strong and robust program. The program is above in technical skill attained and high in employment indicating that our students are well prepared for the employer market upon completion. The awards for Core 2 were at 100% and with the continued efforts of the program director to make this paperwork part of the exit interview from the program this trend should remain high. The biology counselor and the assistant (to be hired) for the program will be able to help guide and track the students for these awards. The main issue is with our non-traditional students. The good news is; if they complete then they are find work (8% above the negotiated level); however this is the group with the lowest persistence. We need a mentor for these students and plan to implant an open session for students. This will allow these students additional time and support in the program and a good role model to follow.

1) Trends: The program was able to purchase a molecular instrument and it is currently being used in the clinical microbiology laboratory. So much of the testing in the clinical area is now based on molecular tests; this gives our students the advantages of handson experience and mastering the theory of this new technology. The program will need funding to sustain the instrument with reagents for student practice. This is the case for all the instrumentation in the laboratory, a source of funding for the yearly purchase of reagents to run the machines for testing. A permanent position for a laboratory specialist instructor is required to help with all laboratories and to incorporate pre analytical/ analytical/ and post analytical techniques in the laboratory experience. The pre analytic area is an increasingly needed and desirable skill for employers. The program has a few laboratory computer systems to aide with this learning. To incorporate this skill into each lab a knowledgeable assistant that can be the common thread to cross between all labs will help with consistency.

2018-19: The SWI money was put to good use with the purchase of much needed equipment upgrades for several classes. We continue to offer the skills open laboratory all three quarters this year; expanding to include Hematology. The interest for this extra help has increased and with the feedback from the students, the sessions are adjusted to respond to their needs. This is a good place to emphasize the needs of the employers. The skills lab has more defined direction and purpose. (Thanks to one of our great instructors, Margaret Yamada). She took the feedback from last year and is trying to focus on the skills most needed by students as defined by the students. New this year, will be a discussion of professionalism and behavior in the workplace. This open concept allows the students to get needed extra help in a non-intimating environment. The students will also be able to get some basic tutoring for the courses.

2) Future plans: The continued limitation to the growth of the program is the lack of clinical sites and the lack of current sites to commit to taking students on a regular bases. This past year 1 new clinical site was added to the program. However, we lost one site that had taken 4 students per year to zero. We have several sites for various reasons (among them lack of personnel) are not training on a regular basis or not at all during the year. It is important for all sites to commit to train at least one MLT per year. It is a constant struggle to keep clinical sites, and sites to keep their commitment to train.

Recommendation: A partnership with business and the school would be helpful to cement this relationship. The new CTE Dean and the other position to help CTE programs; hopefully, will take an active role in promoting our program AND emphasizing the dire need for training. Without the clinical training a student can not complete the program nor will they be able to sit for the license exam. To add more pressure to this situation; may clinical sites are now centralizing locating their microbiology labs thus further restricting the number of clinical sites. It is important for the administration of DeAnza to actively show their support for the program. If there is a grant fund writer that could help us secure money for the student training, I think this would be helpful. Many diagnostic companies in the area benefit from trained and licensed laboratory personnel and yet can not train because their scope of testing is

I.C.2 CTE Programs: Labor Market Demand and Industry Trends:

EDD still has a strong positive growth outlook for this field of MLTs. EDD website shows continued growth for MLT in San Francisco, East Bay and the Bay region. Overall there is an expected 19.4 % increase in demand for these jobs between 2016-2026 or an estimate of 3,700 jobs in California.

The program receives many inquires from clinical labs interested in graduating students for local clinical lab positions.

The average starting salary for this field in this area is about \$30 to 35/hours. Some of the highest job posting are with Stanford Health Care and Sutter Health followed by over 48 companies from clinical hospitals to diagnostic firms all looking for laboratory personnel.

De Anza College's MLT program relies on feedback from the Advisory Committee to ensure that our training program meets the needs of the community employers. The Advisory Committee recognized the severe shortage of clinical laboratory professionals in the Bay Area and throughout the state. They praised De Anza College's MLT program for its innovation, and curriculum which is adequately preparing students to pass the national certification examination for entry level positions in the clinical laboratory. San Jose State and San Francisco state CLS programs continue to recommend the DeAnza program to students that are needing prerequisites for their courses.

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Program Review v5.7.883 The advisory meeting using conference cans with a good response from the clinical sites and hopefully more participation in this year. A focus this year will be "how can we help you train our students". Jan 1, 2019 was the implementation of new regulations, that increased the scope of practice for the MLT. The change has affected three areas of the laboratory; ABO-RH typing with moderately complex instrumentation, Urine microscopy and hematological smears reveiw after an instrumentation reading on a moderately complex instrument. These changes increase the value of MLTs to the clinical workforce and increases their presence in the clinical laboratory. We are set to get another donation of chemistry equipment. One issue is space. The program has outgrown the current room. Not only is there not enough space for the current equipment the electrical system in the class room is lacking. Many of our students come to us with a 4 year degree and because of this do not qualify for financial aid. The program has received a generous donation from an individual (Barbara Harrelson) that believed in and supported the MLT program; we plan to award \$1000 each Fall, Winter and Spring quarter to one deserving student in a clinical unpaid externship. Along with this original gift, Debbie Wagner received out to our graduates for a donation to the program and to date we have received about \$2000 to add to our scholarship fund. With an increase in funding for instrumentation replacement, we are able to provide students with the skills they need for entry level jobs. This includes specimen entry with use of the LabDaq system purchased by Measure C money is now a staple of the chem lab. With SWI funds we will be able to purchase several pieces of equipment that needed replacement for the UA, Coagulation and Chemistry laboratories. The program will focus on Immunology and Immunohematology equipment upgrades. This is very helpful but only replaces dead or unsupported, outdated equipment. A budget that incorporates a continuous replacement plan for equipment is needed. Funding for new technological equipment must also be a consideration. We are hopeful that funding will continue at this pace so we will be able to evaluate the equipment needs on a yearly bases knowing that the need to replace dead, unsupported or new technologies has a permanent solution. Obtaining a certificate and/or degrees from the college continues to be low. Most students come into the program with a degree and therefore only are qualified for a certificate. The numbers for the Certificate of Achievement will increase as the paperwork is now handed out in the class room. The state license is the needed certification for employment and as such the students are not motivated to return to campus to complete all the necessary paperwork for the Certificate of Achievement-Advanced. There currently are too many barriers to obtain a certificate at the college. One specific barrier is the English language requirement; it is unclear what specifically is needed. This is very important to our program because many of our students have English as a second language. Employers want a student with "clear communication skills in English. It is unclear, how this can be accomplished. Many students are unaware or unable to negotiate the degreeworks website, many have completed requirements, but lack of good communication between the department, student and records department as to the needed requirements to fulfill or complete the certification. The biology counselor, CTE dedicated person and the counselors are in place and a viable way to maximize use of all these Again, an administrative position or a dedicated coordinator, is needed. Finding the optimum time has been an issue because the MLT students do not qualify until their externship is completed, which is approximately 6 months later and away from campus at clinical training site. Lack of clinical sites for externship is a difficulty and efforts are in progress to increase the number of sites. This is an ongoing problem across the country, and has been recognized as a statewide shortage. However, a good partnership with business would go a long way to help provide funding to the clinical sites to help cover their costs to train personnel. Grant writers welcome. County hospitals, in general, are willing to train but lack funding to train personnel. A dedicated person to interact with both business and clinical sites is needed. (See 1.C.1) Clinical sites that provide all topics required for training are limited along with issues of inadequate staffing evident in the California Assembly Bill 2281 that has expanded the MLT scope of practice (AB-2281 Clinical Laboratories: licensed medical laboratory technicians) the bill author and per California Society of Pathologists, CSP, has deemed that "California is currently experiencing a shortage of laboratory personnel...Considering that 42% of current CLSs are quickly nearing retirement, our state can anticipate a drastic shortage in clinical laboratory personnel...this bill will alleviate the workforce shortage by allowing [MLTs]... to assist CLSs with three moderately I.D.1 Academic Services & Learning Resources: #Faculty served ? I.D.2 Academic Services & Learning Resources: #Students served

I.D.3 Academic Services & Learning Resources: #Staff Served

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	I.E.1 Full time faculty (FTEF)	
*	2.3	?
	I.E.2 #Student Employees	
···		?
	I.E.3 Full Time Load as a %	
	0.9	?
4	I.E.4 # Staff Employees	
	None: need an assistant for the program director	?
	I.E.4 #Staff Employees	
		?

I.E.5 Changes in Employees/Resources

The program is without a full time person/instructor. None. All instructors and the program coordinator will be part time employees. This is a tremendous amount of work for a part-time program coordinator allotted 4 hours weekly to take on. For one year of transition from the current coordinator to the next; it is possible to keep the program afloat with the additional support of an administrative / laboratory aide.

The program is in need of a permanent part time staff position for aid in the class room laboratory for the safety of the student instead of temporary student lab aides that changes quarterly. This person needs to have the background and skills to aid the students in performing skills for the safety of all in the laboratory. This individual can also support students as a tutor for concepts and skills. The lack of a position was significantly noted by the students. In order for the program to grow and maintain a good reputation the safety and quality in the lab is a must. These are added steps to help retain nontraditional students.

2017-18: With SWI funds the program has hired a person to help pilot the skills laboratory. The skills lab has been well received and was liked by the accreditation visitors. The students like the hands on and report that the practical exams are "easier" and less stressful. The externship students often comment on much confidence and well prepared they feel for clinical training.

For safety and continuity in the lab, we could use a permanent lab aide, mentor, skills lab instructor. Currently, Perkins funds are used to hire a temporary person for the TEA positions. Perkins funds for this position will be ending as this was a temporary measure. As noted above, the students notice a significance difference in the courses without the laboratory Allied Health Specialist. All three of these positions guide students in developing needed laboratory skills, additional academic help and counseling.

SWI funding allowed us to hire a PT instructor for the skills lab and teaching the additional Immunohematology skills. Due to recent legislation, the MLT scope has expanded in areas of Hematology and Immunohematology. Therefore having lab aides or a skills instructor to tutor students in these challenging areas of study are necessary.

Continued financial support is needed to be able to offer these skills to our students and meet our NAACLS accreditation. These students are getting additional skills help to make them better suited for the working world.

Paid peer tutors would help those students that are having trouble with basic concepts in class. Many of our students do not qualify for

II.A Enrollment Trends

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There continues to be very high interest in the program due to changes in California legislature that has expanded the scope of practice and created a MLT-to-CLS pathway. There are far more applications then spots available.

The MLT program is operating beyond maximum capacity in relationship to its funding, space and especially staffing.

We are still an impacted program and students are waiting over two years to enter the program.

The enrollment has dropped in 2018-2019 while it was steady from 2015-2017. The enrollment is down from 485 to 392. The decrease is FTE from 2017-2018 is due to two factors. A surge of sections offered before the 2018-2019 year and a drop of sections due to multiple factors.

Prior to 2018-2019, the program was offering 2 Clinical Microbiology sections instead of 1 and 3 Clinical Hematology sections instead of 2. This year only 1 Clinical Chemistry 1 section is offered. In 2017 an unprecedented third lab section was offered. In 2018, only 2 sections were available to students even though increased interest was present that needed these courses as a prerequisite for other laboratory programs.

In 2018-2019, the program experienced a shortage of laboratory experienced faculty. Two part-time instructors have declined to rejoin our faculty, and the previous program coordinator, who was the only full-time staff, retired, so staff retention is imperative for the program to offer more sections, keep up enrollment and provide student success.

Also, now CLS programs are requiring Medical or Clinical Microbiology laboratory course for acceptance, so we are seeing increased interest in Clinical Microbiology which we can not offer more then 1 laboratory section due to the cost of supplies and staff time for this unique and time consuming course. Clinical Chemistry is a requirement for MLT students and not for students pursuing a CLS program.

Overall, the demographics of students hasn't changed much over the last 5 years. The largest increase is seen in gender with an increase in males.

The college has shown an increased commitment to support this program in terms of faculty and funding.

II.B Overall Success Rate

The overall success rate for all students was up slightly from the previous year for both targeted and non-targeted groups. The students that are able to complete the course are successful. The withdraw rate over the last year for the targeted group has increased, however the percent of students in the non success category has fallen. One reason for the increase in the withdrawal rate may be due to a better understanding of the system and what the "W" means for the student. Intervention early with the skills lab and peer tutoring can identify areas of struggles for these students and aid in their success so there would be less need to withdraw from the course. Also noted, the students that completed the course are successful. Our pass rate on the national exam continues to be 100%.

II.C Changes Imposed by Internal/External Regulations

De Anza's MLT program is nationally accredited by the National Accreditation Agency for Clinical Laboratory Science (NAACLS) and the State of California. Therefore, our curriculum teaches to the national standards, which are more comprehensive than the state regulations. Legislation was recently passed (effective Jan 1 2019) to increase the scope of practice for the CA MLT in three key areas: microscopic urine analysis

ABO/Rh blood typing review of hematology results

De Anza's MLT program is already teaching an expanded curriculum, so our graduates will be equipped for this change and but further tutoring and mentoring is essential.

A second bill was passed and to be effective Jan 2022 for an MLT-to-CLS pathway (SB-334). The bill was allow working MLTs with a bachelors to qualify for CLS licensure due to California deeming that there is a critical shortage of technicians and technologists.

The need is high for these well trained licensed professional and the DeAnza program is well set to teach to the standards of NAACLS and to the needs of local employers.

III.A Program Success

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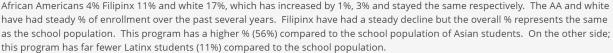
The MLT program was inspected by the accrediting agency, NAACLS, National Accrediting Agency of Clinical Lab Scientists, in October 2019 and was awarded 10 years of accreditation. This is the maximum number of years that a program can be awarded, and this achievement is due to the efforts of the dedicated faculty of the program.

De Anza's MLT Program has provided career opportunities to a diverse group of students since its inception in 2004. The class makeup has shifted over the past several years to include many of the targeted groups. Outreach to specified target populations has been accomplished through aggressive marketing and student recruitment of our MLT program throughout the community and clinical laboratories. The program is present for the DeAnza Opening Days and we had a representativie on the STEM board 2 years ago. Many

of our students hear about the program through word-of-mouth and our program is recommended by two of the state universities in the area. The reputation of the program reaches far beyond Santa Clara County. We have students that travel from the central valley

The percent enrollment for the following groups reflex the % enrollment at the college:

The program will continue to reach out to the community to capture these groups.



and have moved from southern CA to attend the program at DeAnza.

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III.B Enrollment Trends - Equity Lens

The African American and Filipinx population is seeing a lower success rate by 19% and 7% respectively, but the Latinx population is demonstrating and increased success rate by 11% and a lowered withdraw rate of 6% compared to the previous 12%. Course success for targeted group stayed the same as the previous year (77%) but nonsuccess dropped from 11% to 8%.

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III.C Success, Non-Success and Withdraw Rates

2018-2019

Success rates:

African Americans 69%

Latinx 84%

Filipinx 72%

Asian 82%

White 92%

The MLT program faculty is committed to success of all enrolled students. The success of the Latinx group has increased from 73 to 84% and unfortunately the African American rate was 88% and has now dropped to 69%, the Filipinx success rate is slightly lower, from 79 to 72% and Asian rate from 89 to 82%. Course success for targeted group stayed the same as the previous year (77%) but nonsuccess dropped from 11% to 8%.

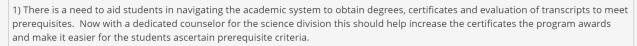
Over all from the stats the program has remained fairly steady in success and non success for all groups. The distribution of students reflex the campus distribution, except our students are slightly older.

The withdraw rate is slightly higher for the targeted group, but of those that persist are successful.

The goal will be to decrease the withdrawal and non success rate by providing mentoring and tutoring such as a skills laboratory. The additional session will intervene early and give students needed technical skills to be successful.

To sustain the success rate the program must have faculty support, counseling help, mentors, peer tutors and lab skills at the level that is required by the accreditation and the expectations of the community employers.

III.D Equity Planning and Support



Encouragement of Degreework use along with demonstrations of using the system can help students monitor their progress and keep on track. Increased communication between departments and coordination will increase the number of certificates obtained.

A method increase certificates awarded is to use a certification form as part of the externship process. Other strategies may be utilized, such as making faculty and students aware that certificates are a goal and engaging staff and students in the process.

2) Allied Health Specialist, AHS, to aide in the classroom must be included as part of student support. The AHS, help the instructors with set up of the laboratory and tutor students during class which reduces the student/instructor ratio from 1/20 to 1/10.

An important difference with class TEA was noticed by the students in student evaluations compared to courses without TEAs. The student/instructor ratio is a safety concern for the instructors along with the accreditation team. The recent site visit accreditation team recommends a ratio of 1/15 and with the limited space in the classroom a reduced number should be accepted by the school.

The instructional help from the health specialist for the students aid in their success during classes as well as mentoring them for success in their externships. With the increase funding from the Strong Workforce Initiative, this position will, hopefully, be filled on a permanent basis.

Using SWI funds, a mentor could be hired to have on campus time to help these students navigate the academics portion and prepare them for the externship.

3) SWI and other equipment/supply support allows us to purchase enough materials for each to perform testing which is extremely valuable hands on experience. "Seeing and doing" are two very important components of learning and having functioning equipment and material for testing are required. With continued funding, the program, will be able to advance the technology. This adds to the skills lists for students and makes them successful candidates for employment.

4) Handshake Partnership - Administrative staff needed to set up partnership with the clinical community. Diagnostic companies can donate equipment or set up training demos for students to receive hands on experience. Demo or donated equipment pertain to costly or hard to maintain equipment so students can be exposed to current technology along with exposure to externship or career

III.E Departmental Equity Planning and Progress















Lab Educator Development:

Crucial for our instructors as most of our instructors are professionals in their which brings a unique knowledge of the subject matter; however many were not trained in education.

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One of the few educator training experiences available is CLEC, the Clinical Laboratory Educators Conference held one a year that is a valuable resource for faculty, administrators and directors. The conference identifies trends with strategies to manage, develop training techniques and enhance instructional skills.

The conference has helped our faculty to teach using simulators to create the best model for training in a classroom setting or providing instructional designs. The conference also aids instructors in techniques to evaluate student success, faculty fatigue, student satisfaction and engagement in the class.

Our instructors have implemented these techniques, evident in student satisfaction in our skills lab. So all of our instructors should have the opportunity to attend this once a year meeting. This is the only meeting of its kind that combines clinical laboratory with teaching tools.

Student Laboratory Skills Support:

Necessary staff such as a skill lab instructor for each topic, specialist for additional blood banking instruction for the expanded MLT scope, and TEA in each lab classes is necessary for students success and safety. A budget that allows every student to perform individual testing instead of the current practice of working in pairs with shared supplies would increase each student's skill level by ability to practice laboratory techniques.

Mentoring and Consultation:

An assistant for the program coordinator is a critical need so that students may have a mentor to navigate career goals and stressful externships. A permanent lab aide to help track student process and identify struggling students, so intervention occurs earlier will increase student success. The skills lab offers some help, but more is needed.

Online peer tutoring is needed for students with long commutes, work or family commitments that can not attend on site tutoring. Since our course work is specific to clinical lab with complex theories, former students that have experienced an clinical extern would make the best tutors.

Fund a permanent lab aide position through the SWI funding will be used to fund this position. This position will help to continue to close the equity gap and increase the success of all students and especially the targeted group of students. These health professionals have the knowledge and technology skills to aid the students in the laboratory for additional tutoring, lessen the instructor to student ratio for safety, and mentor students for clinical training success.

Thanks to the support of the college much of the old and non functioning equipment has been replaced. This helps the students stay current and learn skills and theory that are valued by the employers.

The core struggle of the MLT program's growth is limited by the number of clinical sites. To balance this, the off set is to take students that need our courses as prerequisites.

Through recruitment, marketing and program reputation (which is credited to the relentless efforts of the previous MLT program director) throughout the Bay Area, there are more students interested in the program than we can accommodate, leading to impacted enrollment.

For program enrollment to increase, additional training sites are needed to accommodate the current demand and future growth. The goal is to market and reach out to sites in the East side of the Bay Area.

Recruitment and maintaining clinical sites is a constant challenge. We were able to increase our affiliates with 1 additional clinical training site. One site has increased the number of trainees from 1 to 2 per year along with offering a stipend. Unfortunately one site has decided not to continue training for the near future.

III.F Assistance Needed to close Equity Gap

Yes 🔻

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IV. A. SLOAC Summary

IV.B Assessment Planning

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V.A Budget Trends

De Anza College's MLT program receives funding from several sources. The MLT Program Coordinator and part-time faculty are paid for by De Anza College. Our program received a generous increase in the B budget to \$2000 in 16-17 and some lottery money. This helped with classroom supplies and resource materials for the students. The school this past year also increased the support for the program which allowed for purchase of equipment. SWI allowed for payment for personnel to help in skills lab, additional Immunohematology skills, and classroom specialist. As the regulations for Perkins funding tightens and the HLWI grant funding disappears; it is important to recognize and keep open these aforementioned funding sources to keep this high demand program sustainable.

A source of funding for reagents and media for testing that is accessible throughout the school year is needed as many of these reagents are time sensitive. Currently, the funding allows for purchases only for the lab courses; with additional funding more kits or reagents could be purchased to fund the skills lab as well.



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V.B Funding Impact on Enrollment Trends



The funding has allowed for replacement of UA, Coagulation, chem analyzers and this year a immunology analyzer and new UA equipment to include microscopy that will keep our students current with the new regulations that were just past. We were able to introduce molecular techniques this year to keep current for the job market and to maintain the high standards of the program.

The instruments are the component of the program that allows the students the "hands on" experience necessary to be successful in the work place. This "hands on" before the externship is one of the most valuable aspects of the program, according to student and clinical feedback.

It is imperative that the program budget includes replacement and evaluation of new technology. A replacement plan for equipment is every 5-7 years but is typically longer and equipment is replaced only when it is nonfunctional.

With lack of clinical sites, increased interest in simulation labs at the academic institutions is being discussed and now should be the time to plan for this change.

Lack of clinical sites, continues to be the biggest factor in limiting enrollment. As the demand for the programs grows some changes may need to be made in the admissions process. A recency requirement has been discussed, this would allow students to "refresh" their knowledge and thus be able to keep up with the pace of the class, cutting down on repeaters or drops. This may also have the

V.C.1 Faculty Position(s) Needed

Replace due to vacancy

V.C.2 Justification for Faculty Position(s)

Next year the program director will be part time. It is imperative for the program to maintain it's high standards and continue to function and grow; a full time Program Coordinator will need to hired. Even with an assistants' help, the program coordinator will need some help.

Part-time faculty for skills lab and additional skills and training in other areas of the laboratory. Last Spring we were able to hire a person until the end of the year under a trial period that was successful and hope to have it become an important part of the program. Students need more time to practice lab skills and have expert help to tutor on techniques, math and understanding general concepts in the clinical field. This is an unique program that requires special knowledge to tutor these skills. These skills are ones that we are getting directly from the clinical sites as needed skills to be successful in employment.

This additional training allows us to attract clinical sites and thus increase the number of students we can accept in the program.

To maintain and increase the clinical sites for training, some marketing is needed to tie the program to community beyond the associated schools and internal network of the staff. A face of the program is needed to help "brand" the program and attract top

V.D.1 Staff Position(s) Needed

Growth position

V.D.2 Justification for Staff Position(s):

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Permanent: part time professional health expert to aid the instructor during the laboratory sessions by adding valuable instruction and demonstration of needed laboratory skills to increase the success of students in the classroom and prepare them for the workforce. One of the NAACLS standards require that the school ensure the appropriate personal safety for students and faculty are safe guarded during educational activities. This is not possible with a 1/20 ratio in the laboratory. An additional person in the laboratory would reduce this 1/10 a more manageable number. This position should be a professional expert that has the knowledge and skills of the clinical laboratory to aid the instructor in presentation of material, answering questions, giving additional tutoring and demonstration of skills for those that are in need. The lack of this position and its direct effects on students was noted in the student evaluations and also noted on the tenure review. As the program coordinator position will be part time next year is more important than ever to get this person support. This is more than a full-time position to begin. 2018-19: an administrative assistant is needed for the program to continue to growth. Currently all administration of the program is done by one full time faculty. This includes (but not limited to), program review, ordering and budget, student tracking, preparation for exam, maintaining accreditation, recruiting clinical sites, hiring, aid with SLO and curriculum. This is in addition to the responsibilities of 4 a full time instructor. The program currently has 6 students in externships, 2 students that are still counseled and in the process of taking the exam. Also 9 students are ready for an externship now with 32 students that are working on the academic portion of the program. This does not include all the students that are taking courses as prerequisites for the other programs. (>>) V.E Equipment Requests Equipment resource requests listed on spreadsheet V.F Facility Request See Spreadsheet V.G Other Needed Resources Resource requests listed on spreadsheet V.H.1 Staff Development Needs ? CLEC once per year, good for all instructors to attend and network. This is the most important meeting of the year and the only one that focuses specifically on teaching to clinical scientists. The information is invaluable so it is important that all instructors be included. The information is specific to discipline so each instructor can get ideas that relate to their classroom. General topics cover classroom behaviors, how to recognize and tract good exam questions, how to teach to the tech age student as well as specific issues concerning externships. It is important that the faculty stay current in the ever changing health technology field. The CLEC (Clinical Laboratory Educators' Conference) meeting (once per year) is specific for clinical science educators to gather and share ideas and learn new skills for the class room. The meeting also has information about current technology with company representatives present to answer questions and publishers are present to show off the latest textbooks and how to create or customize your own textbook. V.H.2 Staff Development Needs Justification The CLEC, Clinical Laboratory Educators' Conference, meets yearly and is specific for clinical lab educators. The conference is where lab ? educators convene to share information, training skills, updates on the board exam, and manage compliance. The meeting is generally out of state, once a year, and unique due to incorporation of every topic a clinical lab educator needs to aid in student development. This meeting addresses both academic, lab, communication and well-being skills that can be transferred back to the classroom. Faculty can tailor the information to their specialty. This years conference was well attended by several instructors. It will be very important for the new program coordinator to attend this year as our accreditation agency holds a workshop on standards, compliance, and fulfills the new program coordinator requirement for our accreditation agency.

V.I Closing the Loop

	Outcomes will be assessed based on student retention and success rates for targeted and non-targeted populations.	?
	Skills lab data will be collected and compared to student exam scores. Surveys of clinical sites and employers will aid in assessment of student preparedness for training and work.	
*	Advisory committee meeting: Ask the question, how can we help? What do we need to improve to make the training experience better.	
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