

Student Support Services Student Health Services Department

Introduction

The Student Health Services Department (SHSD) is responsible for the on-campus health care and health education services (no/low cost) for currently enrolled and attending students. It strives to “support students effectively and efficiently in and out of the classroom” for student success (Educational Master Plan [EMP] E1) by providing direct health care and educational services in its health center and through innovative and collaborative educational projects that are in cross-discipline instruction and student services areas. The focus of these two support services within the department is to keep students well so they can persist and stay in college.

The SHSD participates in leadership and advisory roles that effect the campus health at-large (Crisis Prevention and Response Team (C-PART), Health and Safety Committee, Veterans Advisory Committee, health alerts [i.e. tuberculosis exposure and flu epidemics], etc.) and in the special services departments (student health services, psychological services, and disabled student programs and services) which are represented in the Academic Senate. These efforts support a healthy campus environment for all and give a voice to those special services that are strong student advocacy groups in this academic institution. The anticipated revision of the EMP E1.5 due in early 2014 will be incorporating the following statement within Student Support Services: E1.5: Promote and integrate physical and mental health, wellness and self-advocacy (student health services, psychological services, and disabled students programs and services).

Historically, the SHSD continually maintains internal and external collaborative partnerships that support student physical and mental health and wellness. To name a few internal groups: First Year Pathways (College 1); Health Sciences, Kinesiology and Health Education, and Social Sciences Divisions; Student Affairs (Cross Cultural Affairs, Associated Students, and Student Clubs); and Student Services (Safe Zones, Veterans Resource Center, PCC Wellness Center, and International Students Center). Briefly, the external groups include local, state, and national public health agencies, community college and college/university affiliations and community agencies.

As student needs become apparent the SHSD evaluates how best to support students. To exemplify this, it participates in the First Year Pathways College 1 programs by presenting health education material (i.e., contraception and sexually transmitted infections [STIs]) that is relevant to their students’ education. Other staff responses to student needs are the Safe Zone Trainings. The training directly facilitated (due to direct student panel feedback) a change in the health center’s health questionnaire to be more LGBTQ welcoming. The gender boxes expanded from just M (male) and F (female) to include MTF (male to female), FTM (female to male) and Gender non-conforming. Simple but remarkable.

The SHSD serves on the Veterans Advisory Committee and in the Fall of 2012 it initiated a weekly two-hour consultation time with our full-time Registered Nurse Specialist, Carmita Veliz, RN, MSN, in the Veterans Resource Center (VRC) to better bridge the veterans’ access to direct on-campus health care services. This has proven successful with 100 documented health center follow-up visits in the last 15 months.

The health center's health services include assessment, treatment and individual education for short-term medical conditions, first line emergent care (until paramedics arrive or transport to emergency care by other means), immunizations, women's health, sexual health care and counseling, general health and nutritional counseling, smoking cessation services, and health clearances for the ten PCC health sciences programs. All of these services are rendered by licensed clinicians (physicians, advanced practice nurses, and nurses), a registered dietitian, and the city's public health department (an ongoing collaborative partner for numerous health related projects) state certified HIV testing counselor.

During the academic year 2012-2013, the SHSD provided direct clinical services to nearly 8,300 (visits attended) students. In 2013 the health center direct care visits grew by 4.6%, an increase from 3,691 to 3,860 (comparatively 7/12-12/12 to 7/13-12/13). During this same time, there were 1000 additional contacts with students who cancelled appointments or didn't show creating considerable additional work at the front office.

The SHSD is funded by the mandated health fee (\$13 semester/\$10 summer/intersession) per credit student. The fee is far less than the statewide standard of \$19 semester/\$16 summer/intersession effective January 1, 2012.

Historically, the lack of increase is likely reflective of the district governing board's reluctance to raise student fees. The district enrollment of >23,000 students allows for strong financial support for student health care and wellness initiatives, however, the department runs with just four full-time employees (coordinator, senior clerk, intermediate clerk II, and registered nurse) and the remaining hourly certificated staff (physicians [3] and advanced practice nurses [3], college assistants (registered nurses [4], a dietitian, and a front desk college assistant) and student workers [2]). The hourly unclassified staff, the 900 hour/170 day limit significantly impacts the SHSD's continuity of care and depth and breadth of the services.

The mandated health fee (restricted general fund) monies pay for the equipment, technology, supplies and purchases are driven by update needs (ECG machines, printers, biologic testing machines, etc.) and services rendered (prescription and non-prescription medications, vaccines, syringes, etc.) and supplies needed to run an ambulatory care practice setting.

As for professional staff development, the coordinator regularly attends the annual college health conference, completes academic credit courses, continuing education courses needed for professional practice standards and attends/participates in PCC faculty development activities.

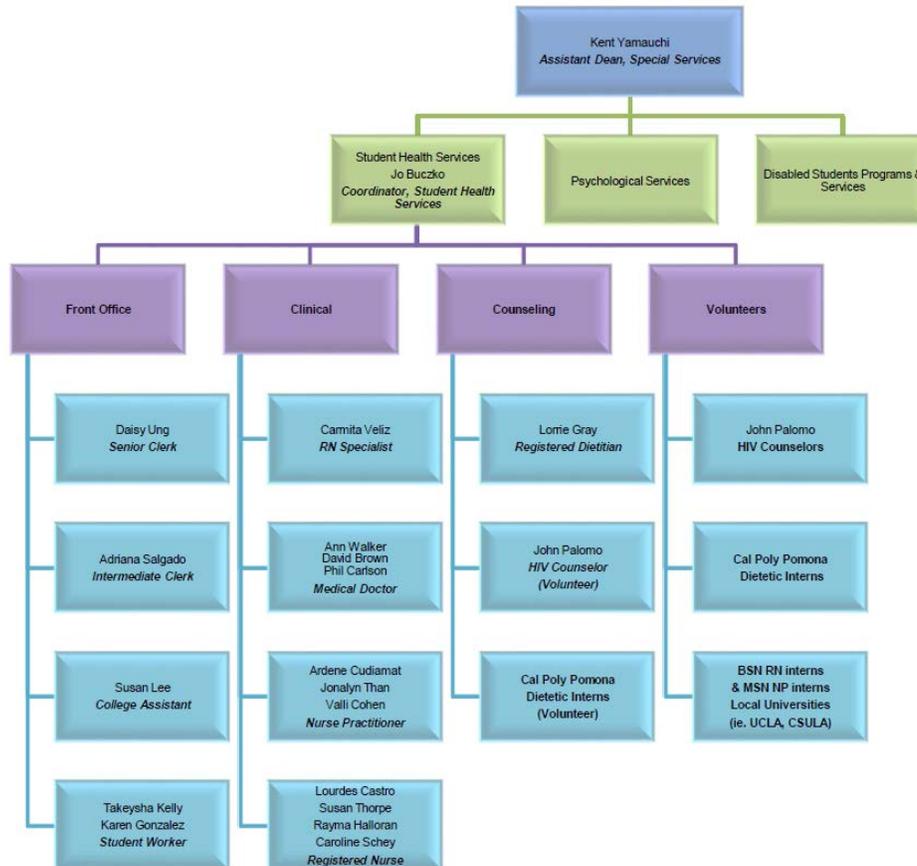
The full-time classified staff attend conferences related to their health center work and regularly attend PCC Classified Days. The staff also participate in other professional development opportunities (i.e., Health and Safety Committee, Campus Emergency Response Team (CERT), Veterans Advisory, hiring committees, campus workshops, Welcome Day, and involvement with other employee groups (Association of Latino Employees [ALE] and the Asian Pacific Association for Faculty and Staff).

The staff as a whole (full-time and hourly) is encouraged (and do) participate in training opportunities, i.e., the Safe Zone Trainings; QPR Suicide Risk Assessment, Mental Health First Aid, and Foster Youth; Veteran's Suicide Prevention Training, and a Domestic Violence Workshop as well as in-services occasionally offered during monthly staff meetings.

These are a few of the highlights from the SHSD. There are others with collaboration between internal and external stakeholders that can be made available upon request.

Organizational Chart

Special Services



Mission Statement: Student Health Services provides quality health and educational services that empower students to be well informed and self-directed in their own health care.

Program Outcomes- Students will:

Outcome #1: Identify “at risk” health behaviors.

Outcome #2: Employ strategies to reduce their “at risk” health behaviors.

Outcome #3: Student Health Services complies with state laws and national and state standards of practice to ensure professional services to students.

Student Health Services Department Review

Category I. Function

Component A: Services Provided

Outcome: Student will identify an “at risk” health behavior.

Measure: Administration of a survey (SurveyMonkey) for evaluation of Student Health Services' Student Learning Outcome.

Description of Measure: The survey was selected since it was expedient in reaching students who had given advanced permission for contact by email when they completed the health questionnaire during their health center visit. It was also thought that completing the survey at their convenience in private, and not at a time of the clinical visit, would make the results more accurate or reliable. The coordinator also felt that the results would be more reliable after the visit rather than administering the survey (paper and pencil) during a week or two when the staff would be aware that the survey was being conducted. That situation may influence staff behavior for better results.

The District's Institutional Effectiveness Office/Institutional Planning and Research Office (IEO/IPRO) namely Crystal Kollross and student health services coordinator (Jo Buczko) developed the four questions as an assessment tool based on the department's student learning outcomes. It was administered through the IEO/IPRO. A brief four question survey was sent to all students who agreed in advance to anonymous surveys by email contact and who had visited the health center in the previous semester (Spring 2012). Two hundred and sixty (260) surveys were sent and 75 respondents returned completed surveys. The IEO/IPRO indicated that the results were valid and reliable with a nearly 30% response rate.

Written introduction to the survey: Thank you for visiting PCC Student Health Services. Your continued good health is important to us. In order to provide PCC students with the best and most current health care options we are asking you to complete a short survey.

The four questions and results were: Which of the following best describes the reason for your recent visit to PCC Student Health Services: (The students checked "yes," "no," or "not applicable.")

Current illness (11.8%)
 Tuberculosis skin test (25%)
 Blood or urine test (5.3%)
 Birth control (6.6%)
 Sexually transmitted infection counseling or testing (13.2%)
 General health counseling: nutrition, smoking cessation, weight loss (10.5%)
 Other (27.6%)*

Which of the following categories best describes the health risk or behavior that your clinician discussed with you?

Blood or urine test (2.9%)
 Birth control (5.8%)
 Sexually transmitted infection counseling/testing (13.0%)
 Other (14.5%)**
 Current illness (cold, flu, etc.) (15.9%)
 General health issues (23.2%)
 Tuberculosis skin testing (24.6%)

In your opinion, how helpful was your clinician during your recent visit in helping you identify specific health risks or behaviors that you could change which would promote better health for you?

Not helpful at all (1.3%)
 A little helpful
 Somewhat helpful (5.3%)
 Helpful (11.8%)
 Very helpful (73.7%)
 We didn't talk about this at all (7.9%)

How committed are you to changing your health risks or behaviors to protect or promote your own health?

Not committed at all
 A little committed (4.1%)
 Somewhat committed (9.5%)
 Committed (48.6%)
 Very committed (37.8%)

Other: 21 student quotes: hurt foot, blood and vaccination, get (sic) burn in the lab, bacteria in my eye (conjunctivitis), sight problems, pain management, allergy, a piece glass on my foot, Stomach pain, tick bite, leg staph infection, skin allergy, some vaccines and tests for DH program, Itch, I use the Health Services to express milk, for my baby, pap test, tb test, road rash on leg due to exercise, Rad tech program, allergies, and tooth infection.

Other: 10 student quotes: HPV vaccine, hurt foot, access to medication and their costs, allergy, leg infection, skin rash, urine infection, itch on face, tb test, allergies/skin rash.

Acceptable Target and Rationale: For this survey and based on the opinion of our researcher colleague, Crystal Kollross, this is an acceptable result. Thirty percent (30%) return rate, we understand, is a good response for this type of survey especially considering the complexity of administering the survey with changing email addresses. There was no survey completion incentive and it was based on a previous visit which could have been a few days or a weeks or months prior to survey distribution.

Seventy-five percent (75%) would be an acceptable result of students experiencing the minimum of a "helpful" and "very helpful" clinician in identifying a specific health risk or behavior. To the point, it's a passing grade generally, however, given the mission statement and outcomes, health services can meet this goal.

Ideal Target and Rationale: The ideal target would be $\geq 80\%$ since it can be a better representation of the students we serve.

What steps were taken to analyze the data? Jo Buczko and Crystal Kollross reviewed the data. At the time it was discussed to follow-up in three months (August, 2012) with a survey to see if students

remained committed to changing their behavior in reducing their health risk(s). Unfortunately, this was not attainable within the schedules of the coordinator and IEO/IPRO interim dean.

Key/Responsible Personnel: Interim Dean Crystal Kollross and SHSD Coordinator Jo Buczko

Supporting Attachments:

Survey results: available upon request

Reports: none written at the time

Rubric used in the assessment: none used

Copy of the results: ready to attach

Minutes from meetings: discussed by phone

Summary of Findings: As for the specific survey results, students accessed services for various health issues ranging from tuberculosis screening, current illnesses or injuries, blood and urine tests, birth control, sexually transmitted infection counseling and testing, general health counseling, and “other” categories. Eighty-five (85%) of the students agreed that a clinician (helpful [11.8%] and very helpful [73.7%]) helped them identify health risks or behaviors that they could change to promote better health for them. As a follow-up, 86.4% of the students were committed (committed [48.6%] and very committed [37.8%]) to changing their health risk or behaviors to protect or promote their own health.

Results:

Acceptable Target Achievement: Exceeded

Ideal Target Achievement: Exceeded

Recommendations for Improvement: The outcome was met given the percentage of respondents (30%) as well as the percentage of students acknowledging that they were helped in identifying health risks or behaviors that can impact their health (85%). As previously noted, it would be a good strategy to follow-up (at three months) with the same students to see if they sustained their commitment in changing their behavior of their identified risk. A survey monkey would likely be used and administered through the IEO/IPRO.

As an interim student learning outcome assessment, the health center can offer a limited time (two weeks) paper/pencil evaluation during clinical visits although this method has its own limitations in administration with an additional burden on the front desk staff tracking the paperwork and the staff awareness of a survey being done.

Reflections/Notes: The goal of identifying the “at risk” behavior was measured broadly in the survey with common themes for visits (tuberculosis testing, current illness, etc.). This was done intentionally for a broad base assessment. Perhaps the next assessment can focus on a specific “at risk” behavior to see if students are identifying specific risks to their health (i.e., lack of use of contraception, lack of exercise, dietary habits, etc.). This will likely be a small sample of students, however, more precise in assessing their health risks and behaviors and their commitment and sustainability in changing their behaviors.

EMP: Student Support Services: Support students effectively and efficiently in and out of the classroom” for student success (EMP E1):

Promote and integrate physical and mental health, wellness and self-advocacy (student health services, psychological services, and disabled student programs and services) [pending institutional approval early 2014]

With the increase in demand for specialized (students presenting with a broad spectrum of physical and mental health issues) and general health services resulting from outreach programs, complications with student health conditions, health alerts (i.e. sexually transmitted infections and flu epidemic) and other emerging problems of students (i.e., cultural adjustment issues and significant relationship issues).

Recommendations:

Hire one Full-Time Registered Nurse Specialist Nurse to offer professional nursing services and complement health education outreach.

- 2) Hire one Full-Time Intermediate Clerk II for reception, records management, processing of students and other front office operations.
- 3) Change registered dietitian job classification (college assistant) to permanent part-time status.
- 4) Hire part-time health educator to focus on health education outreach activities.

Category II. Institutional Support

Component A: Budget See Introduction

Component B: Space Allocation

Outcome: Space for student waiting room met.

Description of Measure: The SHSD administered a student satisfaction survey to 222 students during 10 operating days in the weeks of February 23rd-March 7, 2014.

The survey was given only to those students checking-in for their current appointment or who had stopped by to make an appointment. All survey recipients had had at least one prior clinical visit. Students coming in for their first time clinical visits were excluded since this survey specifically collected information based on their last visit in this health center (seen by a clinician or health related counselor). Students with appointments for vaccines or tuberculosis skin testing had to be cancelled during the survey time due to a refrigeration failure of the clinic stock supply. Although most of those visits were subsequently filled with students with other health concerns, the regular operation was disrupted with this change. Finally, these two weeks included midterm examinations which likely effected the clinic census.

The survey obtained information from students related to their age, gender, ethnicity, resources for health care, the waiting room environment, experience(s) with all levels of staff, satisfaction with the health care received, health services assistance with their personal and educational goals, and their willingness to refer a friend to this SHSD.

Total Surveys Distributed: 222

Ages	N	%
16-24	146	66%
25-30	43	19%
31-40	21	9%
41-55	10	5%
55+	2	1%

Gender Total: 204

	N	%
Male	64	31%
Female	139	68%
Male to Female	1	0%
Female to Male	0	0%
Gender Non-conforming	0	0%

Ethnicity Total: 217

African American	American Indian	Asian Pacific	Hispanic	White	Other
10 (5%)	1 (0%)	47 (22%)	91 (42%)	29 (13%)	25 (12%)

Q 2. How comfortable are you with the waiting room (i.e. seating, confidentiality, health and safety)?

Total: 221

	N	%
Very Comfortable	132	60
Comfortable	88	40
Not Comfortable	1	

Thirty-four qualitative responses were made to this question: Some comments:

"Feels safe"

"All the staff here try their best to make it comfortable."

"The pillar in the center is quite intimidating."

"Seating is a bit limited & tight."

"Sound-proofing with carpet helps, but can still overhear conversation."

"A bit small so privacy at front desk is a bit uncomfortable."

"Exceptionally clean."

"The chairs are too close to the windows!!!" (where receptionists are seated)

"Couches needed."

"Too close for comfort, but I understand your space is small. It is a bit difficult to navigate since I used a rollator (4-wheel walker).

"Love the candy and protection!"

Acceptable Target and Rationale: This convenience paper survey will be distributed to all students who check-in for an appointment. An acceptable target is at least 60% completion with a return to the Survey Box. It's anticipated that the students will likely complete the survey while waiting be called in by the health care provider. The one page check-box format with space for optional written comments is also convenient.

Ideal Target and Rationale: The ideal target would likely be an 80% response rate to have better data collection. The more complete data that is available the more likely department can make sound decisions for department and program updates.

What steps were taken to analyze the data? The data was compiled by Daisy Ung and reviewed by Jo Buczko. The data was then reviewed with Crystal Kollross to verify findings from a research perspective.

Key/Responsible Personnel: Coordinator, Student Health Services Department (Jo Buczko)
Senior Clerk, Student Health Services Department (Daisy Ung)
Director, Institutional Planning and Research Office (Crystal Kollross)

Supporting Attachments:

Survey sample: ready to attach

Survey results: ready to attach

Summary of Findings: The Student Health Center does not meet the space needs for the department. The primary concerns are centered on health, safety and confidentiality:
Limited reception area (approximately 150 sq. ft. of useable space) houses students, chairs, and table. This busy space is for students making appointments, some checking-in/out and also those waiting to be called in by the clinician.
This is not a confidential space. Students are easily overheard discussing their medical concerns at the front check-in area.
The dense volume of students with book bags, rolling bags, skateboards, and other personal items makes it difficult to walk through uninhibited to the clinic area. This significantly impacts traffic flow for students and staff.
Increased exposure to other students with communicable infections (primarily respiratory infections). Secondly, there is only one entrance into the clinic from the administrative support side which requires passing through seated waiting students and swiping a secure lock for entry. This setup is problematic for staff, traffic flow, and for personal safety in emergency situations (potentially aggressive and violent students). The administrative support staff need a secure door (and possibly bullet proof glass) in their working area.

Results:

Acceptable Target Achievement: Exceeded

Ideal Target Achievement: Exceeded

Recommendations for Improvement: Will schedule appointment with the Director of Facilities to see what changes can be made to expand the waiting area to reduce the negative impact on the students' health, safety and confidential concerns.

The health center staff propose an extension of the waiting area in the external hallway where additional seating can be constructed. Although this will unlikely address the needs completely, it will provide additional space for students who need additional privacy and comfort.

Reflections/Notes: The findings of the survey confirm the SHSD's concerns and the reality of the small student waiting area. The SHSD needs to keep the students' concerns in mind. One note to mention, since reviewing the survey results, the staff adjusted the seating arrangement by moving out the small table. This immediately opened the space creating a less obstructive pathway and a more open feeling for the seated students.

Category III. Accountability

Component A: Internal Accountability

Outcome: Students will be satisfied with the health care services they received for the health concern they sought help for.

Description of Measure: The SHSD administered a student satisfaction survey to 222 students during 10 operating days in the weeks of February 23rd-March 7, 2014.

The survey was given only to those students checking-in for their current appointment or who had stopped by to make an appointment. All survey recipients had had at least one prior clinical visit. Students coming in for their first time clinical visits were excluded since this survey specifically collected information based on their last visit in this health center (seen by a clinician or health related counselor). Students with appointments for vaccines or tuberculosis skin testing had to be cancelled during the survey time due to a refrigeration failure of the clinic stock supply. Although most of those visits were subsequently filled with students with other health concerns, the regular operation was disrupted with this change. Finally, these two weeks included midterm examinations which likely effected the clinic census.

The survey obtained information from students related to their age, gender, ethnicity, resources for health care, the waiting room environment, experience(s) with all levels of staff, satisfaction with the health care received, health services assistance with their personal and educational goals, and their willingness to refer a friend to this SHSD.

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Ethnicity Total: 217

African American	American Indian	White	Other
10 (5%)	1 (0%)	91 (42%)	29 (13%)
	47 (22%)		25 (12%)

Q 1. Is PCC Student Health Services your only resource for health care?

Total: 218

Yes	131	60%
No	87	40%

Q 3. Please rate your experience with any staff/clinician(s) you saw at your last visit (mark “not applicable” in any category of staff/clinicians(s) that you did not see then):

Front Desk Staff: Total 208

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
0	158 (76%)	49 (24%)	1 (0%)

“VERY nice staff.”

“Staff are really nice and accommodating.”

“Sometimes the staff at the front desk can and will be rude. There is only one person there who is nice.”

Nurse: Total 194

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
27 (14%)	128 (66%)	36 (19%)	3 (2%)

“I had an infection in my left eye but because they weren’t sure they went out of their way to find me the right doctor. Thank you very much for caring.”

“Great service to offer students, with easy access and affordable. Thank you.”

Nurse Practitioner: Total 192

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
57 (30%)	100 (52%)	34 (18%)	1 (1%)

“The nurse and nurse practitioner that was helping were both really friendly and gave me the most affordable options for my limited budget and I really appreciated that. I really enjoyed the atmosphere, it was really inviting.”

Doctor: Total 187

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
77 (41%)	79 (42%)	31 (17%)	0

“Doctors is very friendly and understanding.” (sic)

Registered Dietitian: Total 178

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
126 (71%)	32 (18%)	19 (11%)	1

HIV Counselor: Total 175

Not Applicable	Very Satisfied	Satisfied	Not Satisfied
144 (82%)	22 (13%)	9 (5%)	0

Q 4. Were you satisfied with the health care you received for the health concerns(s) you came in for?

Total: 210

	N	%
Very satisfied	138	66%
Satisfied	64	30%
Not satisfied	3	1%
Not applicable	5	2%

“Very impressed by the health services offered.”

“Staff/clinicians are very helpful and understanding.”

Q 5. Student Health Services assists me with staying in school and working towards my personal and educational goals.

Total: 217

	N	%
Yes	173	80%
No	44	20%

“Helped me a lot of times in my school stress and health conditions.”

Student Health Services is really helpful in my studies and personal life and illnesses. Nurses and everyone working here is nice and pleasant.

Q 6. Would you refer a friend to this Student Health Services?

Total: 219

	N	%
Yes	215	98%
No	4	2%

“I actually always refer people to Student Health Services.”

Acceptable Target and Rationale: This convenience paper survey will be distributed to all students who check-in for an appointment. An acceptable target is at least 60% completion with a return to the Survey Box. It's anticipated that the students will likely complete the survey while waiting be called in by the health care provider. The one page check-box format with space for optional written comments is also convenient.

Ideal Target and Rationale: The ideal target would likely be an 80% response rate to have better data collection. The more complete data that is available the more likely department can make sound decisions for department and program updates.

What steps were taken to analyze the data? The data was compiled by Daisy Ung and reviewed by Jo Buczko. The data was then reviewed with Crystal Kollross to verify findings from a research perspective.

Key/Responsible Personnel: Coordinator, Student Health Services Department (Jo Buczko)
Senior Clerk, Student Health Services Department (Daisy Ung)
Director, Institutional Planning and Research Office (Crystal Kollross)

Supporting Attachments:

Survey sample: ready to attach

Survey results: ready to attach

Summary of Findings: As an aside, it was satisfying to see that the SHSD is seeing students who reflect our campus population (African American [5%], Asian Pacific [22%], Hispanic [42%], White [13%], and Other [12%]). It was doubly satisfying to see that they are very satisfied or satisfied with the care they received for the health concern they came in for (96%) and that they believe the SHSD helps them stay in school and work towards their personal and educational goals. Finally, the students are overwhelmingly happy with our services when 98% of the respondents would refer a friend.

The SHSD will continue to grow with its outreach efforts whether one-on-one in direct clinic services or with indirect services in educational outreach programs.

Results:

Acceptable Target Achievement: Exceeded

Ideal Target Achievement: Exceeded

Recommendations for Improvement: The SHSD will continue explore services that will meet the needs of this diverse population. At this time, the survey supports what we are currently providing in services in the affective domain.

Reflections/Notes: The SHSD will continue to practice current standards of practice and update services as necessary to meet diverse student needs. This will include those health issues related to targeted populations (emerging young adults).

The SHSD needs to expand its wellness component outreach activities. This is the time to begin planning for space for small and large group wellness projects. In addition, it can look for current campus use

space that will lend itself to these activities as it begins to move toward introducing physical and mental health, wellness, and advocacy for our students.

Component B: External Accountability

Outcome: Student Health Services complies with state laws and national and state standards of practice to ensure professional services to students.

Measure: Maintain current licenses for the dietitian, nurses, advance practice nurses, and physicians in compliance with the California Board of Registered Dietitians, California Board of Registered Nursing and the California Medical Board:

Commission of Dietetic Registration

Medical Doctor California Licenses

Registered Nurse California Licenses

Registered Nurse-Advance Practice Nurse California Certificates

Professional Certifications (Optional):

Charter Fellow of the American Dietetic Association

Internal Medicine and Rheumatology

Adult Nurse Practitioner

Family Nurse Practitioner

Women's Health Nurse Practitioner

Professional Memberships:

Health Services Association California Community Colleges

American College Health Association (renewal pending)

Operations:

Clinical Laboratory Improvement Amendments (CLIA)

Certificate of Provider-Performed Microscopy Procedures

Certificate ID #05D0857095 (Effective: 9/1/12-8/31/14)

Certification of Calibration of Clinical Equipment (Annual-current)

Acceptable Target and Rationale: It is required by state law for licensed staff to have a current license to practice in dietetics, nursing and medicine which makes 100% an acceptable target. Physicians and nurses are required to complete mandated continuing education hours and a minimum of a Basic Life Support CPR/AED Training every two years. Some providers (dietitians, medical doctors and advance practice nurses) can hold national board certifications in their specialties (dietetics, internal medicine, adult medicine, family practice and women's health) which represents 100% for the dietitian, 33% for the doctors and 75% for the advance practice nurses currently working in the SHSD.

Ideal Target and Rationale: The ideal target would be that at least 50% of advance practice nurses and medical doctors would have national board certifications. However, there is no state mandate for a national certification nor is there a financial incentive to pursue it for this clinical setting.

What steps were taken to analyze the data? Review of current practice guidelines and mandates.

Key/Responsible Personnel: Coordinator, Student Health Services Department (Jo Buczko)
Senior Clerk, Student Health Services Department (Daisy Ung)

Supporting Attachments:

Licenses, Certifications, and Board Certifications: available upon request

Membership Documents: available upon request

Operations Certificates: available upon request

Summary of Findings: All licensed staff are current by state laws while some hold national certifications in their specialty areas.

Results:

Acceptable Target Achievement: Met at 100% for state licenses

Ideal Target Achievement for national certification (optional for practice):

Dietitian (100 %): Exceeded

Medical Doctor (50%): Not met at 33%

Nurse Practitioner (50%): Exceeded at 75%

Recommendations for Improvement: Offer financial incentives for national certification. It takes considerable time investment as well as financial commitment to pass and continue renewal for a certification and perhaps (since it is not required for employment or state laws) a financial incentive may make a difference.

Reflections/Notes: The SHSD is a compassionate, well-trained and knowledgeable staff working in this college health environment. The PCC Student Health Services practices its mission of providing health and education services that empower (diverse) students to be well informed and self-directed in their health care.