

Program Viability Committee Summary

April 16, 2026, 10:00 a.m. to 11:30 a.m. – Zoom

Voting Committee Members:					
Lisa Hooper	Committee Chair	X	VACANT	Transfer Discipline Rep./At-Large Member	A
Kelly Cude	Program Review Faculty Chair (and/or MSE Faculty Dept. Chair)	X	VACANT	ASG Student Rep.	A
Jason Burgdorfer	MSE, COCFA President	X			
Jaya George	Health Professions	A	Administrator Voting Members		
Jennifer Paris	CTE Rep/ECE Rep/SBS	X	David Vakil	Interim Asst. Superintendent/CIO	X
Jesse Vera	Tricia George proxy for Enrollment Services /Counseling	X	Jason Hinkle proxy for Erin Tague	Assist. Superintendent/VP of Facilities	X
Karl Striepe	SBS/Transfer Discipline Faculty	X	Jason Hinkle	Associate, VP, Business Services	X
Ruth Rassool	Humanities (Adjunct) Representative	X	VACANT	Assist. Superintendent/VP Tech, Inst. Dev. & Tech Computer Support	A
Tricia George	Curriculum Committee Chair/Humanities	X	A= Absent	X = Present	

Guest:							
Dianne Avery	X	Jennifer Brezina	X	Marilyn Jimenez	X	Nadia Cotti	X
Daylene Meuschke	X	Deanna Riviera	X	Monica Shukla Belmontes	X	Lak Dhillon	X

I. Routine Matters

1. Call to order: 10:02 am.
2. Approval of the 3/26/2026 meeting minutes
 - i. **Motion** to approve the meeting minutes by Dr. David Vakil seconded by Ruth Rassool. Unanimous. Approved.
3. Approval of the Agenda

II. Reports

1. **Final Report:** Diagnostic Medical Sonography, Lak Dhillon & Nadia Cotti
 - i. **Fall 25 Cohort:** The last fall cohort started with 16 students. Two students couldn't continue due to health issues. In evaluating some students, some students dropped out as this program wasn't the best fit for them based on their academic goal. It has been challenging to do remote courses. Student requested additional scan time and some non-credit classes were added
 - ii. **NC.DMS100 Fundamentals of Sonography Course:** This course helps students explore sonography and the program has had great success and has filled every section. There is another course that is paired with this one, *Health Professions* which prepares students for the certificate. Students can obtain 10 extra points for their rubric.
 - iii. **Physical Resources:** The Lab was renovated at CCC. There are 8 GE Versana Ultrasound units equipped with linear and curvilinear transducer. This helps student learn how the anatomy works. Two students can work on a single machine. The program is written for 18-24 students max.
 - iv. **Body works Course:** Unlike other local programs COC competes with many private programs in the valley. The hope is that students can see Pathology live.

- v. **Program Website:** This has evolved well. All information is there and is easily accessible. Applications opened yesterday and due to a large interest, the program left the application open for 3 weeks.
- vi. **Curriculum Updates:** There is a final read for April 28th for two classes, Abdomen and OBGYN & Vascular.
- vii. **Human Resources:** Milan Minorat the new faculty coordinator has been doing well and has helped with recruiting more students. Many adjuncts hire and who are working in the industry. The program has had to constantly shift the schedule as the instructors are not available due to their other jobs.
- viii. **Challenges:** The challenge has been in obtaining clinical sites. On campus the program can handle 50 students. The clinical sites dictate the growth of the programs.
- ix. **Clinical sites:** There are 5 clinical sites with the DMS contracts that are at hospital sites. Clinical site development is the biggest issue as they are not required to have students. Release time has been worked well and if this continues as is that would be great.
- x. **Red lining in contracts:** When COC goes to a clinical site the site's focus on their institution and puts all liability on the district. Other smaller schools need the contract quickly and will agree to their terms. Regarding COC, the big pocket is the college, and this is always a conversation. At the end of day, it is the decision for the executive cabinet to sign the contract on behalf of the district.
- xi. **Growth of the Program:** UCLA and Kaiser would like to work with the COC program to develop contracts. A second cohort will begin in August. There will then be 2 cohorts running simultaneously. There will be technology needs and/or larger lab space or a need to expand the lab space. These are potential growth issues.
- xii. **Advisory Committee:** There is an Advisory board meeting that will take place to enhance the support of the program. There was an advisory committee established prior to hiring Lak Dhillon as the program was brought forward to PV before he was hired. Many of the original members of the committee are no longer serving on this advisory board. There are new members who are all industry experts. It is also an accreditation requirement to have people in the profession.
- xiii. **Perkins funding:** The funding has helped with the building of agendas and minutes. The program has also received support from Katherine Hernandez and Harriet Happel.
- xiv. **COC vs. Other CCC programs:** The COC program is a bit of hybrid. Lak modeled the program after Cypress College. However, Cypress is different as they start clinicals with students who have no experience. The industry members here in this community want students who are a bit more prepared. The first clinical setting is 3 days a week and private colleges do all the didactics at the clinical sites.
- xv. **Advanced Sonographic Practices Course:** If industry member state that students are not very good in an area the program will prepare students in those areas to get them ready for industry.
- xvi. **Labor Market Report:** Most programs focus on OBGYN area.
- xvii. **Noncredit Scanning Practical Classes:** It was stated that enrollment limitations cannot be added to non-credit classes. Language was added which states that students need to be enrolled at COC, have completed a program or have a licensure. It was clarified that limitations can be placed on some courses.
- xviii. **Course Time Blocks:** There are petitions that can be made and there is a potential to look at different structures of classes regarding time blocks. The time block is to ensure that students taking courses can do so without considerable overlap.

- xix. The past practice has been to have a final report until the first cohort of students has taken place. Dr. Nadia Cotti expressed appreciation for PV taking time to learn about this program.
- xx. **Motion** to approve Diagnostic Medical Sonography by Tricia George, seconded by Kelly Cude. Tricia George proxy for Jesse Vera (yes, vote). Jennifer Paris left the meeting early but confirmed her vote was a “yes.” Unanimous. Approved.

III. Discussion

1. Possible refinements to the Program Viability and AP process, Lisa Hooper
 - i. **Overview:** The committee’s job is to address a need and create a prompt and this understanding has evolved. There were competition challenges regionally and these have not evaporated. Colleges have been encouraged to develop programs that other nearby colleges already have. Need to include more detail with what it would take to bring a program from an idea to course offerings.
 - ii. **Pro Forma:** This was developed to help address resource needs. Jason Hinkle worked with Garrett Rieck to work on a form for the NC side. One of the tasks is to weave the pro-form prompts into the document for program initiation to attend to this information. Need to also learn as a community how to analyze resources. What we see in the initial presentation vs. requirements is different. Need to separate substantial modification from revitalization.
 - iii. **Program Revitalization:** This is for programs that already exist and for those who are not sufficient to support students such as a need for staff, space and/or equipment. Many times, it can be marketing. The revitalization is the trigger.
 - iv. **Discipline Expertise:** Discipline experts write curriculum and there are many proposals that have come through. Many times, they were not writing curriculum but more so proposals. Should we require that a discipline expert be consulted? Absent an expert contribution it is hard to know if in fact this is what it will look like. Advisory boards are helpful, but they are not experts in writing curriculum.
 - v. **Create, Merge, Split Departments:** It is unclear as to what evidence is necessary to justify these actions? What evidence would justify the splitting of a department. There has been some confusion and overlapping regarding a faculty director versus a department chair. Need to think about the criteria for the creation or splitting of a department. It would be helpful to generate a bullet list of what a department chair has to oversee.
 - vi. **Final Approval for Program:** It was shared that some feel that there should not be a final approval of a program until there the completion of a cohort. What does viability mean if there is a second graduating class and a program is deemed not viable. Due to other mechanism such as modification or revitalization the program could come back. Do we discontinue the program or monitor? Could a program exist for 6 years before it receives final approval and report out 3 times. Should the committee move to milestones? A suggestion is to have changes phased in. The committee could assign PV-equivalent of catalog rights to programs that began under "old" rules.
 - vii. If a new program is proposed is there any level of validation of the program design before it comes to the PV committee? Is there space for an advisory board or subcommittee (including discipline experts) to vet the set-up, accreditation requirements etc. before it comes to the PV committee? Is PV's focus on how to support the program and its success at COC or to make sure a program is valid?

IV. Adjournment: 11:35 am.