

## Radiologic Technology Program Advisory Committee Meeting Minutes

Date & Time: October 25, 2016 – 6 p.m. dinner/meeting to follow

Campus & Room # East Grand Forks Campus – meeting room 290

### Attendees:

Deb King, Al Shervold, Kayla Krom, Katie McFarland, Rich Lofgren, Ryan Hager, Terra Wockenfuss, Pam Schorsch (program advisor) Jodi Stassen – Health Dean, Carli Thompson and Tyler Espelien (student reps)

Topic	Responsible Party	Discussion/Outcome
Call to order	Deb K.	Following a 6 p.m. dinner, Deb K. called the meeting to order. March meeting minutes were emailed out for approval following that March meeting and Deb indicated there were no addendums to the March minutes.
1. Program Updates		<p>In response to the March Advisory meeting:</p> <p><b>Instructional material:</b> Item not discussed during meeting-----Faculty still need to research textbook and supplemental instructional materials for Imaging Acquisition/QC and Imaging Equipment. With revisions to ARRT content, spring/summer is the time to determine what is available to proficiently accommodate and align content for those courses.</p> <p><b>Goal setting</b> for first year students has been created in place rather than a rubric for clinical grading. First year cohort goal setting will allow faculty to monitor progression in personal and professional growth for final semester and incorporate into capstone project for registry prep.</p> <p><b>Conference Attendance:</b> At the current time, four second year students plan on attending the ACERT (Association for Educators in Imaging Radiological Sciences) conference in Las Vegas. A number of the remaining students plan on attending the NDSRT conference in March. Club funds will be utilized to fund these activities.</p>
2. Clinical Updates	Al S. and Deb K.	<p><b>Clinical sites and department workloads</b> were discussed. The program has not been utilizing FMC due to the decrease in workload. Recommendations from members included the following:</p> <p>Katie indicated we should look at assuring there is always a student working a p.m. shift to better utilize the p.m.'s and provide students opportunity for the procedures most</p>

	<p>encountered during that shift differential such as trauma etc. Katie also proposed having a student work the middle shift; 11 a.m. to 7 p.m. It was discussed that perhaps students scheduled at the hospital could work a “mirrored” schedule of staff. Deb reminded members that first year students cannot work p.m.’s and weekends but perhaps the 11 – 7 shift would not be considered differential in regards to JRCERT compliance.</p> <p>AI discussed how the schedule is completed at the current time and some challenges with scheduling with assuring all students rotate through all sites. Ryan expressed that taking a student from Riverview, rather than having two, and having that student working a hospital p.m. would warrant an increase in workload opportunities for each student. Ryan also inquired about Sanford on the East side as a site but last inquiry, that site does not have enough work load.</p> <p>Tyler E. the senior student representative inquired about a possible third student at Essentia. Deb has had this discussion over the summer with the Essentia department manager and at that time, Brent expressed the staff are satisfied with having only two; Deb indicated a Detroit Lakes students comes in late afternoons and DL has inquired about allowing an additional student. Deb expressed to the Department Manager at that time that if there is discussion of adding an additional student, we would like first option.</p> <p>Rich inquired about distance and clinical sites and what was our break-off for distance. Rich stated we should look into Grafton. He indicated we have been discussing an additional site for some time which program faculty have, so we need to explore these options. Grafton is a facility that has been busier than in the past. Deb expressed her desire to be in a situation where we had more flexibility with clinical sites rather than a situation where we are having to shift students around due to low procedure numbers or staffing issues.</p> <p><b><u>Action:</u></b></p> <p>1. Current semester: AI will initiate communication with the Dept. Manager at Unity Medical Center in Grafton and determine their interest to serve as a clinical site and look at their procedural stats etc. We will report to the Advisory board during the March 2017 meeting what transpired. Certainly we will look at the dept. workflow and variety of exams to assure the validity of the rotation and make a visit to assess department/equipment as new sites must meet the JRCERT requirements.</p>
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		<p>2. Current semester: AI will schedule a conversation with the Clinical Instructor and Department Manager at Essentia, prior to the end of fall semester regarding a third student.</p> <p>3. Current semester: Look at the current clinical scheduling format/process and determine how to better utilize hospital rotations in regards to p.m.'s, weekends and mid-shift scheduling (11 a.m. – 7 p.m.).</p> <p>The program will report on the above during the March meeting in regards to revisions/additions that have been made due to this discussion and what actions have already transpired at that time.</p>
3. Mammography Rotation Policy and Plan	Deb K.	<p>Deb shared the mammography rotation policy she has created utilizing guidance from the JRCERT template. Members in attendance were apprised to the purpose of the policy. Ryan H. indicated that facilities may not have the option to deny a male student a mammo rotation if one requested. AI expressed concern that this could put a facility in a situation of having to deny. Deb indicated she does not feel this will be an issue; we do need to comply by the JRCERT's request as their concern is that female students are not getting this opportunity due to the issue with lack of sites able to provide opportunity for males. AI S. will determine when the mammography rotations will start; Deb indicated it is probable to provide this opportunity to the current second year students if they are interested.</p> <p>For the 2017 cohort, this will most likely follow the same rotation/opportunity pattern as some of the additional modalities. Deb stated the important aspect with this requirement is to have a policy in place, which we now do, which will apprise male students that if they request a mammography rotation, they need to be aware our current program clinical sites may not be able to provide the opportunity.</p> <p><b><u>Action:</u></b></p> <p>Prior to the end of fall semester: AI will have discussions with the mammography supervisors at clinical sites that he anticipates students may have opportunity to rotate through and determine a plan; how many students may be accommodated at one time, which sites are willing to participate etc. A mammography rotation plan and process will be determined prior to the end of fall semester if this opportunity includes the second year cohort. Mammography rotations will be included in the modality rotation grid for program self-study submission in March.</p>

<p>4. Assessment Process Review of SLO's to date: remainder of benchmarks and tools reviewed during March 2017 meeting.</p>	<p>A copy of the Class of 2016 Assessment plan and results was distributed to each advisory member. All SLO's were reviewed with members in attendance with the exception of Alumni, Employee and placement benchmarks which will be reviewed during March 2017 meeting.</p> <p><b><u>Learner Outcomes Assessment for Fall meeting</u></b>  <b><u>CLINICAL COMPETENCE: SLO'S 1,2,3,4,6</u></b></p> <p>1. <i>Demonstrate proficiency in positioning skills</i>; AI indicated this certainly continues to be a strong area of assessment for students and generally score quite high in this area on both cumulative weekly and rotation evaluations.</p> <p>2. <i>Demonstrate radiation safety practices by following principles of ALARA</i>: AI presented the new capstone project students complete in regards to research on radiation safety practices and ALARA awareness. Rich inquired about this and the expectations of; AI explained it is designed for students to investigate and evaluate common practices and research the concepts of ALARA and determine effective strategies. He provided examples of what students researched and presented this past spring.</p> <p>3. <i>Identify required criteria for routine radiographic images</i>: although benchmark was met, Deb indicated the majority of students responded as "average" rather than above average on the exit survey. Deb is now conducting mid-term exams for procedures courses that involve mainly image critique; first procedures mid-term was October. Senior students will again take a <i>comprehensive</i> exam early spring that involves just image critique. The idea is to improve student's confidence in this area since it is stated as "routine" images. Mid-term testing for procedures will push students to review image critique for previously learned procedures and more so, those procedures they have not routinely encountered; instill the importance of retained knowledge! Deb also expressed the importance of requiring students to critique all images they produce and keep this continuous and consistent at the clinical sites. She does feel this has greatly improved at the majority of sites. We need to be sure all students are allowed the opportunity to critique their images rather than just have them approved by a supervising tech. If this is consistent and ongoing, students will feel more independence and assurance with the critique basics since this is much diversity from tech to tech. Katie M. and Kayla K. agreed this is something they consistently instill in students at their respective sites.</p>
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5. Program Effectiveness Data		<p>In addition to the annual assessment report, Deb distributed the current program effectiveness data (PED) and addressed the three areas, completion rates, pass rates and placement rates. Discussion surrounded the benchmark of retention rate for 2015</p>

		<p>ad 2016, of most concern the retention for Class of 2016. Members in attendance inquired about student's status at time of withdrawals in regards to academic or clinical issues for class of 2016. Deb indicated that only one of the five students that withdrew did not have Intro to Rad Tech prior to program enrollment and she is still not convinced requiring shadowing as an application requirement would be beneficial. The current second year cohort is at 15 so retention numbers are back up significantly from last year. There is no consistent data as a comparison between the past two years for the low retention. The Class of 2017 will be the second class to graduate under the more academic selective requirements so the program will continue to track and compare data.</p> <p>ARRT pass rate: Class of 2016 benchmark was met but one student still has not passed the ARRT exam. Deb addressed tasks she has implemented in her courses early in the program for students that display at risk. These include earlier intervention if students are just passing didactic courses and addressing students additional needs. For second year cohorts, following the first simulated exam, students will be able to determine categorically which areas they need to focus on most. Deb stated there has been a pattern with students that do not successfully pass her simulated exams and having problems with passing the ARRT exam on the first attempt.</p> <p>New for spring of 2016: second year cohorts completed the Mayo Mock Registry and were ranked with all MN students that participated. Deb shared the students rankings compared to the total number of MN students; a number of them ranked in the top 30 of 117. Of the student that did not pass the ARRT exam, ranking was 89.</p> <p>Deb shared the average "mean" scores of the ARRT exam by category and compared to class of 2015; all categories demonstrated an increase; no category was under 8.0 which was something we indicated we wanted to see across the board. This is definitely a plus to demonstrate increase in mean scores, particularly the categories that have historically demonstrated the most challenges; equipment operation/qc and image acquisition/evaluation. Deb reviewed again what the program has been doing in the past year to work on improving student learning; split labs, new textbook utilized for procedures, additional simulated exams early in fall semester etc. The 2016 assessment report has demonstrated improvement in the area of pass rate.</p> <p><b><u>Action:</u></b></p> <p>No specific changes/additions at this time were discussed in regards to retention and pass rate since it is still early with some of the changes implemented. Early intervention for students that struggle didactically will always be key and program faculty will continue to monitor and work with all students that demonstrate just making the grade since</p>
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		<p>foundation learning is critical for retained of knowledge. Deb will be encouraging all second year cohorts to obtain review material prior to the end of fall semester (and prior to registry prep) so they can conduct their own self-assessment and determine areas of their strengths and weaknesses in regards to exam categories.</p> <p>Deb will be providing the first simulated exam to second year cohorts on November 3<sup>rd</sup>. No additional recommendations by advisory members at this time.</p>
6. Curriculum Updates: Common Course OL Revisions for 2017 curriculum updates	Deb K.	<p>Deb and AI will be revising all common course outlines for submission to AASC for the January meeting. ARRT content specifications were revised and go in affect January 2017 which means the 2017 cohort will be under the new revisions. The Class of 2018 will graduate under the current course content and current clinical competency requirements.</p> <p><b><u>Action:</u></b> Deb and AI will plan to submit Common Course Outline (CC OL) revisions to AASC for the January 11<sup>th</sup> meeting. With this timeline, these revisions most likely will need to take place prior to the holiday break for faculty to share and discuss together prior to January meeting. The January submission timeline allows the month of February for any re-submissions that may be needed so the program has the approval for revisions and can submit these CC OL with the self-study report.</p>
7. Laptop requirement	Deb K.	<p>Deb has submitted a request to require the 2017 cohort to have a laptop. That request was approved by AASC (academic affairs and standards council). Deb is already conducting procedures tests via the laptop through D2L and it has been going well. A major advantage is the image critique area; students are viewing the images as they would at the clinical site (computer station). In addition, this will be a tremendous cost saving to the program; well over \$1400 (estimate) to date. Printing costs for the program average close to \$3000.00/year.</p> <p><b><u>Action:</u></b> Deb will follow up with Karleen D. to be sure this new requirement is available on the program website by November 01.</p>
8. Timeline for 5-year sustainability Report, Self-study & Site Visit	Deb K.	<p>Deb shared the timeline for the sustainability report. She anticipates submitting the draft very early; late November or early December rather than February due to the timing of the self-study submission which is March. The 2016 sustainability report was not yet ready and available for members to review so that report will be made available during</p>



		<p>the March 2017 meeting. Deb also shared the timeline for the self-study completion and submission which is March; Site visit will be scheduled sometime during September of 2017.</p> <p><b><u>Action:</u></b> Deb anticipates submission of 5-year report prior to February draft due date. A draft will be presented to advisory members during the March Advisory meeting.</p>
9. Revised application timeline and requirements	Deb K.	<p>Deb informed members of the new program application timeline. The application window will now be open from November 01 to February 01 to accommodate a new application requirement. All applicants must now document completion of Hepatitis B or at least the first two of three vaccines by the application deadline. Starting 2017, all NCTC health students must comply by the Hepatitis B requirements and that is all three vaccines must be completed <i>prior</i> to attending clinical; historically only the first two vaccines were required.</p> <p><b><u>Action:</u></b> Deb will have the revised application and application requirements posted to the program webpage prior to November 01.</p>
10. NCTC Advisory Board Guidelines	Deb K.	<p>Deb presented NCTC's requirements for rotating advisory board membership every three years and appointing a chair. She expressed concern with having an issue with lack of participants with the rotation requirement as well as having a chairperson appointed since there is a number of accreditation requirements that need addressing during advisory meetings; such as assessment report of outcomes. However for 2017, program faculty will look at appointing new members, some current members will still remain that are new at this time. If a chairperson is appointed, Deb indicated this perhaps could be an advisory leadership role to collaborate with clinical affiliates and keep that as the chairperson focus. Any changes to the advisory board will be discussed/announced at the March 2017 meeting.</p> <p><b><u>Action:</u></b> After the March 2017 meeting, Deb and AI will determine which members will remain to serve a three year term and will solicit interest for additional membership for those members that have served greater than three years. Prior to electing an Advisory chair, Deb will solicit feedback from members and determine how the chair person will be best utilized to assure all advisory meeting requirements are met; both NCTC and JRCERT requirements. All changes to the Advisory board membership will be communicated prior to the fall 2017 advisory meeting.</p>

Meeting adjourned 8:20 p.m.		Minutes completed by Deb King – October 28 <sup>th</sup> , 2016
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