

Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
June 2, 2020 2:00 pm

In Attendance by phone through Webex	Michelle Bratton, (PD), Renae Stratton (CI), Jim Coffin (Radiology Dept Manager), Karen Zimmerman (CNO/VP Pt Care), Andrea Roedocker (Coor. Strategic Development); Becky Hoes (Community member), Dawn Rubbleke (co-Lead Diag. Tech); Jess Anderson (co-Lead Tech)(attended briefly); Cindy Milkey (Community member); Tammy Anderson (Staff Technologist/Part Time Clinical Instructor); Jessie Shaver (student rep) Absent: Jim Miller (Program Medical Director); Shelley Semrau (Dir. Organizational Development)
Review of minutes	Jan 7, 2020 minutes were disseminated again and approved today. Michelle noted that in order to publish the minutes in a timely manner to the website that it was important for members try to review/approve them in a timely manner.
I. JRCERT Update	<p>A. JRCERT accreditation status: A Progress Report is due September 1, 2020 on the following objectives, which will determine our final accreditation length – 5 or 8 years (until 2024 or 2027):</p> <p style="padding-left: 40px;">JRCERT Objective 1.3 (Provides timely, appropriated, and educationally valid clinical experiences for each admitted student <i>(Provide assurance the program maintains a student to radiography clinical staff ratio of 1:1 always)</i>) & JRCERT Objective 5.4 (Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement. <i>(Provide assurance the program analyzes student learning outcome data and PED and shares this analysis with the program’s communities of interest)</i>)</p> <p>Results of accreditation status will be discussed at the next meeting assuming the JRCERT has its decision by then.</p> <p>B. JRCERT Revised Standards have been adopted (3rd revision) and go into effect 1/21. The finalized version is not yet available but when it is, Michelle will send to members with a brief summary of any major changes.</p>
II. Master Education Plan	<p>A. Didactic Curriculum: Michelle stated that the patient care course has been split up into Basic and Advanced patient care courses. Basic will be completed in the 1st semester and Advanced will be in the 4th semester. Program is considering adding a new course/clinical time on Surgery/Portables/Other equipment or an Image Evaluation or Critique as well based on comments from graduates and current students on areas they feel they would like more training in.</p> <p>B. Clinical Plan: Due to the COVID situation this spring, students were removed from clinical rotations as of March 27, but had already been out of the clinical areas since March 12 due to spring break and the program officials’ decision to keep them out of clinicals the week of March 22. Due to PPE shortage issues and general safety in reducing numbers of people in contact with patients and staff, the clinical sites asked that students remain out of clinical areas until further notice.</p> <p>Michelle noted that the program, not the ARRT or JRCERT, sets the number of required clinical hours for a class of students to graduate and that the program generally requires 1900-2100 clinical hours. This number varies by calendar year due to holiday dates and scheduled time off, and changed after adopting a more university based calendar.</p> <p>Summary of COVID-19 Restrictions/Effect on Clinical Hours The 2020 class: missed a total 144 clinical hours; 48 hours of that were a “choice” modality week and a mammography rotation; So total diagnostic time = 96 hours. However, by February, this class had already completed most, if not all, of their required exams, so it was determined that making up missed clinical hours was not necessary.</p>

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Because clinical days were excluded, this class began and finished Registry Review early, and was able to take their Final and all the Mock Exams in April, so the graduation date was move up to April 24.

The main issues for this class were 1) the restrictions affected their applications to the ARRT to take the exam (applications had not been processed when ARRT was forced to shut down) and only 2 of them have taken the exam to date (both passed) and the remaining graduates are scheduled in June and July.

Employment update: 2 of the 5 students are now employed at Trinity, one took a position at Sanford in Bismarck and one is in Montana, it is unknown if she is employed yet.

Jim mentioned that maybe the program should consider strongly advising students to try to have their required clinical exams done early, since this class was able to do it. Cindy noted that if we had 6 students per class that it may be more difficult for the students to complete competencies earlier. Michelle noted that each class is different, but that students often complete the required exams (but for the few miscellaneous odd ones) well before the end of April. With the COVID restrictions, the 2021 class will be a bit behind in write ups but will be encouraged to complete exams as early as possible. However, even if the students complete the clinical requirements early, continuing their clinical hours gives them much needed experience with patients and exams. There is ample time built into the didactic schedule to complete final and registry review prior to graduating mid-May.

The 2021 class: missed a total = 178 hours of clinical time, 48 hours of that were MRI and Cath Lab rotations, which they will make up in 5-6th semesters. So potential makeup hours = 130.

Michelle and Renae will assess the 2021 students' progress completing required ARRT clinical competencies to determine if any clinical hours will need to be made up. In order to schedule missed clinical hours, the JRCERT has relaxed some rules, allowing students to volunteer for a 10 hour clinical day, and allowing an increase the percentage of evening and weekend shifts the students can be scheduled for. Notably, this class is now ahead in the didactic coursework due to the clinical days being restricted, so if clinical hours need to be added, it will not affect their didactic schedule to graduate May 13.

Michelle noted that Renae has done an excellent job rearranging the 2021 class schedule to ensure students rotate through the advanced modalities they missed.

- C. **Policy Manual** – The revised Policy Manual was disseminated to members just prior to the meeting. Members are asked to review it prior to the meeting in January and be prepared to comment on or approve it then.

Revision highlights:

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	<p>Application process: Reduction of our prerequisite courses for admission to the program from 11 to 8 and made several courses as optional scored courses; requiring 1 semester of physics (more in keeping with other programs, including our US program); making Chemistry/Biology/Computer Sci/Art/Hum/Microbio optional scored courses. The changes are to ensure our applicant pool is open to persons with non-rad tech degrees that don't have as many science requirements. We will also give points for 4 hours of job shadowing in radiology for those applicants that undertake such. We will continue to emphasize job shadowing at the MSU Intro to Rad Tech class.</p> <p>Addition of "Pandemic" situations to the Communicable Disease policy was read and discussed. The Policy has always been that students follow the same guidelines as Trinity Health employees in these types of situations, the section just reiterates that idea and makes it known to students that their clinical rotations may be affected and have to be made up in some cases.</p> <p>Clinical Education Plan: incorporated it as the latter portion of the Policy Manual, and rearranged, removed and revised it to reduce redundancies. Removed all of the clinical advanced modality objectives and put in the semester log books.</p> <p>PLD/CTO: Added CTO deductions for students that turn in assignments late or abuse the PLD policies as an incentive to be more responsible.</p> <p>D. Mission Statement – This was read again, and the members agree that it still encompasses the program's objectives.</p>
III. Resource /Staff Updates	<p>A. Trajecsys: Renae continues to add to make forms available on Trajecsys. She also updated the students' Semester Log books and revised the Semester Objective Books to include the Advanced Imaging Modality Clinical Objectives that were removed from Clinical Plan as they were often forgotten by our students and to reduce paper waste.</p> <p>B. Developmental Tests and Registry Review: The class of 2020 utilized the RadTech BootCamp website in class and on their and most felt it was a good resource for registry review. We will continue to use the traditional St Catherine's tests for review and the Lange Review book as well for this purpose.</p> <p>C. ASRT Education Institute: This is a free program that educators can apply for annually and this is only the 3rd year it has been offered. 15 people are randomly selected for each session. Both Renae and Michelle applied for it this year, and Michelle applied for it last year. This year Michelle was excited to announce that she was selected to participate in the program. Amy Hofmann was part of the 1st class of educators chosen in 2018 and thought it was extremely well done. It consists of 5 online modules on education and curriculum management, and then an all-expense paid trip to attend a 2 day seminar in Albuquerque. The dates of the online course are not yet set due to the COVID situation, but will likely be in the fall, and March 25-26, 2021 is the date for the 2 day seminar. Renae and Michelle applied for several other grants and educational opportunities this year and both will continue to do so.</p>

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Summary of PED and Student/Employer 6 months post grad surveys (Class of 2019)

Assessment Plan/SLOs

DISCUSSION OF RESULTS 2020

- A. **Program Effectiveness Data (PED) 2020 class:** Complete information on the class 2020 will not be available for discussion until the next meeting, but will be updated on the website as soon as it is complete and sent to committee members for their review. However, all 5 students that began the program graduated in 2020, and at least 3 of 4 are already or will be employed within 6 months. One is continuing her education in radiation therapy in August. As of today, 2 have passed the ARRT exam and the others are scheduled in June and July.
- B. **6 month Post Grad surveys:** The 6 month post graduate and employer surveys were converted into web-based Survey Monkey surveys for the 2019 class in hopes that there would be better response time from students. However, response times were similar and the surveys (free version) were cumbersome to create and had to be broken down into several surveys etc. In any event, the results are summarized below.

Employer survey responses: Several questions from this survey were a tool for benchmarks in the old SLO 3.2 (To graduate students with entry level employment skills) and 4.2 (Students will conduct themselves in a professional manner). Even though we no longer use the surveys in the SLO, they are important for evaluating the quality of our graduates and our program. We will continue to send out these surveys for this reason and so comparison to prior graduates can be tracked.

3 of 4 surveys were returned from 2019 employers. The old SLO 3.2 benchmark was the employers scored a “very satisfied” or “satisfied” on overall satisfaction with new graduate employee; this was met this year. Old SLO 4.2 benchmark was that the grads scored 18/24 points on professionalism, attitude and relationships. This was also met by the 2019 class. These results were compared to the classes of 2017 (2 of 2 surveys) and 2018 (3 of 4 surveys)- these were also met in those years.

Graduate Survey responses: some of these responses had been used as a tool for old SLO 3.2. This is assessed in the new SLOs by more readily available documents while students are still in the program, but again, regardless of whether the results are used in SLOs, these responses are important for program development, improvement and comparison of responses of the previous classes.

4 of 5 surveys were returned from 2019 graduates. To complete the old SLO for the class of 2019, the results were compiled: The first benchmark was for the grads to score themselves 10 out of 15 points on 5 questions related to critical thinking and job skills (now survey #3). This benchmark was met by the 2019 class.

The second benchmark was for each 2019 grad to score their education as “excellent” or “good” on 4 questions (12/16 (now survey #2)), which was also met when averaging the scores, but not met individually. However, within the 4 questions under Educational Experience, there were several low scores and comments worth noting: On a question of overall level of supervision by the techs (question 4 in old, 5 in new), 1 student ranked “fair” (usually appropriate supervision when needed). The old benchmark was for each student to rank supervision as “good” or “excellent” The

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2019 results were compared to the classes of 2017 (2 of 2 surveys) and 2018 (2 of 2 surveys)- but the benchmarks were met in those years. Student supervision/1:1 ratio is an area in which the program continues to emphasize and reeducate the technologists and students through annual review of the policy by technologists, careful planning of the clinical rotations according to how many technologists are available per area, per site, per shift, emphasis to new and current students of their responsibility to inform program officials if staffing changes during a clinical rotation affects the 1:1 ratio, and daily checks of clinical sites to ensure 1:1 ratio remains constant.

Secondly, when rating the technologists' professionalism in general (question 3 in old survey, 4 in new), 2 students scored them as fair (meaning usually professional- which is lower than "good" or "excellent") - one commented there was lots of gossip; that the techs were picky of who they liked; and if they didn't like you, your clinical experience might suffer. This same student commented that they would not recommend our program to others due to their clinical experience.

Discussion was had on how this sort of information is disseminated to other staff members. Differences in personalities are sometimes noticeable between students and technologists, but it is noted that overall the diagnostic technologists do an amazing job of teaching and mentoring the students, some are better than others. As lead techs, Dawn and Jess and program officials together address this sort of issue with involved parties if it comes to our attention. Dawn R. noted that comments like this are discussed at diagnostic technologist meetings.

- C. Program Evaluation by Graduates:** Students are asked to fill out a detailed Program Evaluation just before they graduate. A summary of the answers going back to 2017 (4 years) was created to track each class and compare responses. The class of 2020 was given the form to fill out about 2 weeks before graduation, so they had more time to comment on certain areas.

Highlights from 2017-2020:

Clinically- students would like more c-arm, surgery and trauma exposure. Surgery is something that some students are not comfortable with and try to avoid. We provide plenty of clinical rotations in surgery, but experience varies by cases and how aggressive students are in getting the experience. South Ridge and St Joes SD surgery are good c-arm experiences that are less stressful and could be utilized more if needed. Jim noted that when the new hospital is built that same day surgery will be together with the general OR which might give more clinical opportunities to the students in surgery at one site.

2020 students wanted more sterile tray practice and felt the clinical assignments for certain modalities were excessive (US, RT, NM). Jim again noted that sterile field work can be found in IR/CVI. The students do rotate through these areas for 2 weeks and have lots of fluoro rotations.

Didactic coursework: In terms of Anatomy and positioning, the 2020 class mentioned wanting to learn more pathology and correction of radiographic errors would be helpful, the latter was also noted by the 2017 and 2018 classes. Along with the monthly image review Renae conducts with all the students, Michelle and Renae have been discussing adding a

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	<p>radiographic critique workbook to the curriculum in the students senior year when they start reviewing positioning for registry review.</p> <p>Summary: No big issues stand out that have not already been addressed in some fashion. We will continue to track these results and compare them to discuss areas of improvement.</p>
<p>V. Administrative Schedule/Open discussion</p>	<ul style="list-style-type: none"> <input type="checkbox"/> New Students: We conducted 9 interviews in January for 4- 6 positions out of 15 total applicants. 2 applicants changed their mind- one got into our US program, and the other decided to apply to US next year. Another applicant took a position in Bismarck and cancelled her interview. <p>We offered the top 6 applicants positions in the program and initially all accepted. Several alternates were also selected. We had one applicant decline around the time of the COVID situation to accept a position closer to her family and another applicant dropped out due for family reasons. Several alternates were contacted, but they also declined due to taking positions elsewhere. With the COVID situation, program officials decided that a smaller class of 4 would be a good idea in case clinical restriction issues arise again during the 2022 class tenure. They begin June 8.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cindy asked whether the program is more actively pursuing students with associates degrees. Michelle responded that only through hospital recruiting efforts at those colleges. Michelle will check with the recruiter for their schedules for the upcoming year. <input type="checkbox"/> Tuition reimbursement incentive-Karen and Jim continue to work on this issue. As this is unrelated to the school, they will keep program officials informed as to the progress so that applicants and graduating students can be made aware of it when it becomes active. <input type="checkbox"/> Michelle asked whether some funds could be budgeted for annual NDSRT conference travel expenses for students who present scientific research papers. Karen noted that this is unlikely to be an approved budget item as the budget is already set for next year. <p>ACTION: Michelle will consider different fundraising options and present them to the classes of students or apply to the Foundation again.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The next Committee meeting will be TBD (Jan 2021), where we will discuss results of the SLOs in the 2020-2021 Assessment Plan. In the meantime, the updated PED for the 2020 class will be disseminated and updated on the website as soon as it available <p>UPDATE: Next meeting scheduled for Friday, Jan. 15 from 10:30-12, and will hopefully be done in person.</p>
<p>VI. Student Report</p>	<p>Jessie Shaver, student representative, mentioned that it would be nice if there were other scholarship opportunities for student rad techs. Michelle will alert students to overlooked opportunities but notes that there are not many of them. The ASRT has some student resources on scholarships that are available to them.</p>