Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
January 15, 2021

In Attendance by Webex	Michelle Bratton, (PD), Renae Stratton (CI), Jim Coffin (Radiology Dept Manager), Karen Zimmerman (CNO/VP Pt Care), Becky Hoes (Community member), Dawn Rubbleke (co-Lead Diag. Tech)(attended briefly); Jess Anderson (co-Lead Tech); Cindy Milkey (Community member); Shelley Semrau (Dir. Organizational Development **Absent**: Jim Miller (Program Medical Director); Andrea Roedocker (Coor. Strategic Development); Jessie Shaver (student rep)
Review of minutes	Previous minutes from June of 2020 were approved again today. Michelle noted again 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. UPDATE: Jan 15, 2021 minutes were disseminated and approved prior to posting on website.
I. JRCERT Update	A. **JRCERT accreditation status**: Program was granted an award of 8 years of accreditation in September of 2020. An interim report will be due in early 2023, which purpose is for the JRCERT to determine if the 8 year award will be maintained or reduced at that time. The next site visit is tentatively set for 2027. B. **JRCERT Revised Standards** have been adopted (3rd revision) and went into effect 1/21. The finalized version has been made available to the members of the committee. PD reviewed the 2021 Standards and created a comparison chart showing the changes in numbering and wording from the 2014 Standards. After review, PD determined there were no substantive changes to discuss at this time.
II. Master Education Plan	A. **Didactic Curriculum**: Senior class is nearing the end of their didactic courses and will begin registry review mid- February until they graduate. This is well ahead of schedule due to the calendar changes that were implemented in 2019 when the JRCERT ROF expressed concern over junior students in the first semester and it was decided to increase didactic class time in the first 4-5 weeks to 4-5 days a week. This, along with extra class time spent when the students were restricted from clinical areas in the beginning of the COVID crisis, has led to completion of the normal curriculum earlier than in the past. PD has increased registry review time, especially in light of the utilization of a new registry review program. The seniors were given several extra half days to make up clinical hours as well to ensure completion of their clinical competencies. Jim asked whether we will need to use simulation exams for the seniors, but Ci is confident that is unlikely to be necessary. B. **Academic schedule**: PD and CI reviewed the academic calendars of nearby programs (Bismarck and Fargo) and other similar hospital based programs for comparison. PD and CI assessed our current hours carefully and determined that it is more than feasible to start the next class the first week of August instead of early June but leave the graduation date in the second week of May. This results in a reduction in the program length of 8 weeks, but since there will only be 10 weeks off during the entire program versus 13 weeks currently, it amounts only to about a 5 week reduction in class or clinical hours. The change will decrease didactic and clinical hours by about 6.5 % each and will not affect the curriculum content at all. The JRCERT rules were consulted and this does not constitute a substantial change requiring approval. Credits were re-calculated for the projected courses and they remain above what is required by MSU and Univ of Mary for bachelor's degree students. Current juniors will remain on the schedule they were given but the new 2023 class will begin Aug 2. This will make it a 22 month program with 5 semesters instead of 6, which makes us more competitive with nearby programs.

	Jim expressed consent as the nearby local programs in Bismarck are always in competition for local students. Committee members felt this was a very reasonable and feasible change to implement. C. **Clinical Plan**: Students have not been restricted entirely from clinical areas since the last meeting but are still restricted from surgery on or performing an exam on a COVID positive or pending patient. As noted, CI has been closely monitoring the 2021 students' completion of required ARRT clinical competencies and they are definitely on track to do so with minimal to no clinical makeup hours being utilized. D. **Policy Manual** – The policy manual will not be reviewed until spring this year as the new students will not be starting classes until August. E. **Mission Statement** – Mission statement was read and committee still feels it continues to strongly support our program's objectives and no revisions were suggested.
III. Resource /Staff Updates	A. **Trajecsys**: Renae continues to make paper forms available on Trajecsys. This has greatly enhanced the availability of these forms and has simplified our Assessment Plan process when compiling results. B. **Developmental Tests and Registry Review**: The class of 2021 will be the first class to fully utilize all of the traditional classroom resources from the past along with the RadTech Boot Camp resources. PD has already assigned and will continue to assign the videos and quizzes for different subject matters to the seniors to begin delving into registry review of the necessary topics for the exam. C. **ASRT Education Institute**: As noted in the last meeting, Michelle was accepted into the 2020 program, but it has been delayed due to COVID restrictions. It may begin in March online, but it is still unclear. D. **ARRT** is working to make the application for the registry exam online instead paper and it may be ready in February. PD already has paper applications and will assist the seniors in preparing them in case the electronic filing isn't ready by Feb 13, the earliest the seniors can send in their applications (3 months before graduation date).
Assessment Plan/SLOs **DISCUSSION OF RESULTS 2020**	A. **Assessment Plan/SLOs**: The Assessment Plan for 2020 in its new reporting format (combining results from 2 classes) was disseminated for discussion. General discussion: All class benchmarks were met. Where possible, the 2020 SLOs were compared to past classes to track benchmarks and results. There was discussion again by the committee on the benefits of simplifying the results by using only percentages instead of the differing scale numbers used in the tools and benchmarks. Karen noted that due to the different types of evaluations used to assess students, it can be confusing to see the numbers with the percentages. The committee agreed that using percentages in the result area should be done next year. PD will keep track of the number scales in the comment section or elsewhere so that the information remains available if needed for comparison to past years **GOAL 1: To graduate students who possesses effective verbal and written communication skills.**

Student Learning Outcome 1.1: Students will demonstrate effective patient communication skills.
This is assessed by technologist feedback when assisting students with diagnostic exams (Clin Perf Eval), and on student evaluation forms from technologists from diagnostic and advanced modality rotations. **The benchmarks for both classes were easily met here.**

DISCUSSION/ACTION PLAN: The Goal and SLO do not need revision. PD noted that benchmarks have been consistently met in this category for the past several years. Using 6 instead of 3, non-random performance evaluations provides more information. Committee felt the benchmarks were fine for this SLO.

SLO 1.2: Students will demonstrate effective written and verbal communication skills.
This is assessed with student evaluations from technologists, CI grab-bag reviews, junior students' presentation of a written paper on an ethical topic, and the senior students' research papers. **The benchmarks were all met here,** but for some individual scoring on the ethics paper, not the presentation. PD went over the papers with those students and reviewed general paper writing skills.

DISCUSSION/ACTION PLAN: Concerning the tool consisting of the ethics paper and presentation, discussion was held on the use of the entire class average to meet the benchmark, or whether it made more sense to change it to ensure each student meets the benchmark because 2 years in a row there have been individual students who did not meet the benchmark. Karen felt that it would be beneficial to look at the individual scores and provide the grading rubrics with more instruction for this assignment. PD remarked that the rubrics were already part of the syllabus given to the students, but that it is clear that more formal instruction would be helpful on the paper and presentation expectations.

As for the tool utilizing the oral presentation of the Senior Research paper, there was discussion of simply using the written paper because the oral presentation is not typically completed until March (6th semester). The committee agreed that the oral presentation should continue to be a requirement for the seniors to complete, but that it should be removed from the SLOs since it does not fit into the appropriate time frame for scoring. PD and CI will continue to judge the seniors oral presentations with the rubrics and track those scores elsewhere. Senior typically prepare for this just prior to the NDSRT convention (end of March/early April) where 3 of them have an opportunity to present their papers for prizes.

UPDATE: For consistency, the benchmarks for both the junior ethics paper <u>and</u> presentations as well as the senior research papers scores will be measured individually to meet the benchmark, rather than as a class average in the 2021 SLOs.

GOAL 2: To graduate students who can apply critical thinking skills to professional practice.
SLO 2.1 Students will exhibit necessary critical thinking skills in the positioning and performance of patient exams.
This is assessed by the CI through performance evaluations and grab bags on positioning. **The benchmarks were met in both tools.**
DISCUSSION/ACTION PLAN: Karen brought up that the benchmark goal for the grab bag tool of 50% seemed low for the juniors. Discussion was had on whether to increase this benchmark due to consistently meeting this goal for both juniors and seniors. Committee agreed that it made sense to **raise the bar for this SLO to 75 and 90%** for this important skill.

SLO 2.2 Students will demonstrate the ability to critically evaluate completed radiographs.
This is assessed by technologist evaluations of students during clinical rotations, and with an image review tool during monthly image review where students are asked to critique radiographs and their critiques are assessed against the CI assessment of the same radiography and scored. **The benchmarks were met here and were exceeded,** especially by the junior class**.**
DISCUSSION/ACTION PLAN: The committee was satisfied that no changes are necessary under SLO 2.2.

GOAL 3: To graduate students who are clinically competent entry level radiographers.
SLO 3.1: Students will produce images exhibiting accurate positioning and acceptable radiographic quality.
This is assessed on Trajecsys through student Performance Evaluations, CI Performance Rechecks. **The benchmarks were met for each tool thus far, but the CI Performance Rechecks have not yet been completed.**
DISCUSSION/ACTION PLAN: Last year we removed Final Testing as a tool (6th semester). This year, due to COVID restrictions, the seniors have not yet completed enough exams to complete Performance rechecks. We feel that next year this will be back on track for the correct timing. Committee did not recommend any changes for this SLO.

SLO 3.2: To graduate students with effective radiation protection practices for self, patients and healthcare team.
This is assessed on Trajecsys through Performance Evaluation criteria entered by supervising diagnostic techs and student evaluations by technologists. **The benchmarks were met.**
DISCUSSION/ACTION PLAN: This SLO was new last year, comparing this year to last year, benchmarks were easily met (last year above 95 % for all, this year above 95.8 for all). Jim mentioned that the discussion of using gonadal shielding that has come up in recent times is something that he has brought up with the radiation safety officer and he will update the program if any significant changes are implemented. Committee did not find any reason to revise this SLO.

GOAL 4: To graduate students who possess ethical and professional behaviors necessary for an entry level radiographer.
SLO 4.1: Students will demonstrate professionalism and ethical behavior.
This SLO is assessed by student evaluation forms from technologists, Professional development forms by the CI and an Ethics clinical that all students participate in that is scored with a rubric by the PD & CI. **The benchmarks were all met here.**
DISCUSSION/ACTION PLAN: There was discussion about the benchmark in the first tool for the juniors being too low. CI advised that the reason for this is that the juniors are often still developing the skills measured by the professional development tool, and that lower scores are typical.
For the 3rd tool, however, similar to the juniors ethics paper/presentation, it was decided that because for several years some students did not meet the benchmark individually, but the class did as a whole, that the benchmark should be revised to look at individual scores to meet the SLO.

SLO 4.2: Students will demonstrate professionalism with the healthcare team.
This SLO is assessed by student evaluation forms from technologists and professional development forms by the CI. **The benchmarks were met in this SLO.**

	DISCUSSION/ACTION PLAN: The first tool is the professional development form and since this had already been discussed, no changes were recommended for this SLO. **CONCLUSION**: Several revisions will be implemented next reporting year- use of individual scoring in certain benchmarks, raising the benchmarks in several areas, and use of percentages instead of numerical scoring to simplify the results. All agree that the simpler the better when it comes to discussing the results. The junior class is doing very well this year and have had several nice compliments from techs and lead techs on their helpfulness and work ethic. B. **Program Evaluation by Graduates and employers:** These have been sent out to 2020 grads and employers and results will be discussed at the next meeting.
V. Administrative Schedule/Open discussion	• **New Students**: We conducted 10 interviews yesterday for the next class. We are hopeful that we can retain students until the program begins August 2. We have some concern that even if applicants accept a position that some may be applying to US program in the meantime (deadline of March 31 for that). On a related note, Shelly Semrau shared great feedback from Shannon, the medical librarian, who observed our students yesterday during the applicant interview process and commented that they really made the applicants at ease and did a great job helping with a nerve wracking process. Notably, all 4 seniors, Jessie Shaver, Ranie Becker, Ashleigh Rodgers and McKayla Kautzman, along with a junior student, Ari Connant-Longakit were the students assigned to personally assist different applicants during their interview time. Great job! • Radiology nursing staff has been increased and Jim noted that we may want to utilize nurses where needed to enhance knowledge of students in certain patient care areas. In the past, the program has utilized nurses to teach venipuncture and vital signs for a more hands on approach. PD and CI will look into this again. • Michelle noted that she asked the Foundation to start a Rad Tech Program Fund and that the program's fundraiser this year (Bread Braids) raised $960.50 with the profits and several donations. In order to make the proposed fund viable, there would need to be $25,000 deposited in the fund in the next 3 years. Michelle sent out an email to the radiology department about the employee giving form where you can give a specified amount each pay period to different Foundation funds, including this one. The monies raised were intended to be used for the students to attend NDSRT conference, however it is unclear whether there will be a conference this year. We could use the funds for other school related items as well. Cindy mentioned that sending letters out to past students or radiology personnel might be a way to increase donations to the Rad Tech Program fund to meet its goal. PD will consider the possibility of doing so and speak to Cody from the Foundation about mentioning the fund in foundation letters. **UPDATE**: Next meeting scheduled for June 29 at 2 pm.
VI. Student Report	None.