

Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
January 12, 2022 2:30 pm

In Attendance	Michelle Bratton, (PD), Renae Stratton (CC), Jim Coffin (Radiology Dept Manager), Becky Hoes (Community member), Jess Anderson (co-Lead Tech); Andrea Roedocker (Coor. Strategic Development) By phone: Karen Zimmerman (CNO); Dawn Rubbleke (Kronos) Absent: Shelley Semrau (Dir. Organizational Development); Jim Miller (Program Medical Director); Cindy Milkey (community member); Sarah Karhoff (co-Lead Tech)
Review of minutes	UPDATE: 6/29/21 minutes were reapproved.
I. JRCERT Update	<p>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.</p>
II. Master Education Plan	<p>A. <u>Didactic Curriculum:</u> The program started 6 juniors (not 7 as expected) this past August and they are doing amazing. Senior class of 4 is nearing the end of their didactic courses and will begin registry review mid- February after Spring Break. Last year students started registry review at this same time and kept the seniors on the same clinical/class schedule through graduation rather than just having 2-3 weeks of class straight at the end. This worked well. Jim noted that the senior class is doing an amazing job and completed their exam proficiencies early again this year. PD noted that they had additional time in clinicals during their summer semester, which helped them finish earlier and made them more confident.</p> <p>B. <u>Academic schedule:</u> PD and CC reviewed academic calendars of nearby programs (Bismarck and Fargo) and other similar hospital based programs in terms of starting dates and determined that starting when state colleges begin was feasible. Moving the start date will change very little in terms of clinical or class hours – 58 fewer class hours and 24 fewer clinical hours. The reduction will not detrimentally affect credits earned by university students. This change reduces the program by 3 weeks and makes it more competitive with other radiography and US programs in terms of program length – 22 weeks instead of 24. So the class of 2024 will start August 22, 2022.</p> <p>C. <u>Clinical Plan:</u> There have been no issues with clinical testing or scheduling with our class of 6 juniors. We are hoping to begin another full class of 6 for next year. If that happens, we will need to bring a part time clinical instructor/preceptor on board. CC has been reviewing other clinical program requirements on the process of grading student images to make the process more meaningful. Jim asked whether students were able to sit down with CC and go over images. CC noted that she does go over images with students monthly, so they can discuss quality and how to improve them. Students continue to use an image review workbook from McQuillen-Martenson to work on improving image quality. The students feel the book has been very helpful.</p> <p>D. <u>Policy Manual</u> – It was noted last meeting that many of the program’s polices needed to be updated with current language from the hospital polices that had changed, along with adding COVID related polices. Program officials reviewed the policy manual section early this year in order to update the policies with Trinity’s general polices and also rearranged them in</p>

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	<p>more logical order. A copy was provided to each member for discussion/approval at this meeting. This version will be made available to the applicants during their interviews tomorrow, so they can ask questions as usual.</p> <p><u>Discussion:</u> Several minor revisions were suggested by Andrea and Karen. PD will review and incorporate these revisions prior to printing the new policy manual for the 2022-2024 class in August. After the clinical plan and these minor revisions have been made, PD will disseminate the manual for approval by the committee members.</p> <p>E. GI Bill: Note that the first GI Bill student started the program this year. There has been a large learning curve with the process, but PD has now enrolled Trinity in VA-ONCE, an electronic certification website that should make it easier to deal with reimbursement for these students.</p> <p>Update: One of the new students for the next class may be able to use the GI Bill. PD will send her information so she can check into it early.</p> <p>F. Mission Statement – Mission statement was read, and committee still feels it continues to strongly support our program’s objectives and no revisions were suggested.</p>
<p>III. Resource /Staff Updates</p>	<p>A. Trajecsys: No issues. It was noted that the SLO process is much simpler now – the information is stored on Trajecsys rather than in paper form and not necessary to print it out.</p> <p>B. Developmental Tests and Registry Review: The class of 2022 will utilize our traditional St. Catherine’s tests, RadTech BootCamp, ASRT resources and updated registry review material during their 3 month registry review process. PD continues to update the materials that are outdated and assign online tests to prepare students for the exam.</p> <p>C. ASRT Education Institute: As noted in the last meeting, Michelle was accepted into the 2020 program-the online portion just started this week, but the in-person portion will be conducted by ZOOM in early April.</p> <p>D. ARRT: Exam application fee went up to \$225. All applications can be made online now starting 3 months prior to the date of graduation. This has simplified the process greatly for students.</p>
<p>Assessment Plan/SLOs DISCUSSION OF RESULTS May 2021-May 2022</p>	<p>A. Assessment Plan/SLOs: The Assessment Plan for June 2021 to May 2022 (combining results from 2 classes) was disseminated for discussion.</p> <p><u>General discussion:</u> The PD used a spreadsheet to compare the 2021 SLOs to past classes to track benchmarks and results. As discussed, the results were also simplified into percentages this year. Some benchmarks were not met this year, which were discussed below.</p> <p style="text-align: center;">GOAL 1: To graduate students who possesses effective verbal and written communication skills.</p> <p><i>Student Learning Outcome 1.1: Students will demonstrate effective patient communication skills.</i></p>

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This is assessed by technologist feedback when supervising 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 individually and as a group.**

DISCUSSION/ACTION PLAN: Committee determined that this Goal and SLO do not need revision. PD noted that benchmarks have been consistently met in this category for the past several years. Committee felt the benchmarks and tools were fine for this SLO.

SLO 1.2: Students will demonstrate effective written and verbal communication skills.

The students written and oral skills are assessed with student evaluations from technologists, CC grab-bag reviews, junior students' presentation of a written paper on an ethical topic, and the senior students' research papers. After discussion last year by the Committee, **the benchmarks were increased for the grab bag review from 50 to 75% for juniors and from 75 to 87.5% for seniors.** PD noted that the senior benchmark of 90% that was discussed at the meeting was not consistent with other similar benchmarks herein, so changed it to 87.5%. **The benchmark for the Juniors Ethics presentation and paper was also altered so that each student must *individually* score 75% to meet the benchmark rather than looking at the group average score.**

DISCUSSION: The benchmark for the grab bag review (Seniors) was not met for this SLO. 2 of 4 senior students did not meet the 87.5% (75% and 81%) on verbal presentation of a lower extremity position. CC discussed the issues with each student for their individual exams and will continue to do grab bag rechecks in this area to improve their verbalization skills when discussing positioning. CC also noted that she did use challenging lower extremity positioning during this grab bag, because the seniors asked for more review in this area. There was some discussion about the rubric used and whether it is too confining. The committee decided that the rubric should remain the same so that results can be better tracked for the next assessment plan. It was agreed that it was good that we raised the benchmark for this tool so that we can improve on the students' verbalization skills and/or the rubric being used after comparison of the next SLO.

The benchmark for the juniors Ethics paper/presentation was not met for this SLO – This year more instruction was provided to the students for this assignment along with the grading rubrics, so they could see how they would be graded. PD remarked that the junior class seems comfortable as a whole with writing papers and presenting topics, but that some students would still benefit from even more instruction on writing and presenting. When the 2 rubric scores (paper & presentation) were combined, all students met the 80%. However, *one individual presentation score was 79%*, below the benchmark. That student was counseled on the reasoning for the lower score which stemmed presenting the paper casually and not fully preparing for it.

PD will give more guidance next year as to the content and format of the paper, and more tips on how to present the paper. PD will also go through the rubric more thoroughly with students so that they are aware of the areas that will be scored on both the written paper and their oral presentation of the same.

ACTION PLAN: The committee felt that using the same benchmarks/rubrics next assessment plan will provide more discussion for this SLO. Verbal and written skills are important and more easily measured than other skills.

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.

Critical thinking is assessed by the CC through performance evaluations and grab bags on positioning. **The benchmarks were met in the first tool (performance evals), but not in the senior grab bag review. Note: the benchmarks for this tool were increased from last year to 75% for juniors and 87.5% for seniors.**

DISCUSSION Notably, the increase in the benchmark here made a difference for seniors meeting it. It was noted that critical thinking skills are difficult to assess in general. Only 3 of the 4 seniors met the benchmark here. Again, this was a challenging area (lower extremities) for the seniors. The juniors were in the middle of the lower extremity course and did meet the benchmark as it was fresh in their minds. CC discussed the issues with the senior students for their individual exams and will continue to do grab bag rechecks in this area for practice on this important skill. CC noted again that the rubric used has little room for error by its definitions and that possibly making the rubric more detailed with more points in different areas would make the assessment more meaningful.

ACTION PLAN: Committee agreed again that even though the seniors did not meet the benchmark, no changes were needed, but rather comparison in the next assessment plan would be helpful to decide if the rubric needs more scoring content or any other revisions are necessary to assess the SLO.

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 CC's assessment of the same radiography and scored. **The benchmarks were met here.**

DISCUSSION/ACTION PLAN: CC has been reviewing images with students on a monthly basis individually in order to discuss ways to improve the image quality. PD noted again that CC has been using an image quality review workbook from McQuillen-Martenson that the seniors really feel is helpful.

Overall, the committee was satisfied that no changes are necessary under SLO 2.2 for this cycle.

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, CC Performance Rechecks. **The benchmarks were met for each tool.**

DISCUSSION/ACTION PLAN: Committee did not recommend any changes for this SLO. Students consistently meet this SLO.

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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: Notably, students repeat rates are also checked during semester evaluations and CC notes that they are doing very well, under 10%. 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 CC and an Ethics clinical that all students participate in that is scored with a rubric by the PD & CC. **The 3rd tool's benchmark was not met (junior class). This benchmark was altered from last year so that the junior students have to score 75% individually instead of as a group average.**

DISCUSSION: The 3rd assessment tool is a senior led question/answer ethics clinical where the juniors are scored by the PD and CC based on their answers to specific ethical issues and general participation in discussions. PD noted that the one low individual score was due to the student's quiet nature, and not due to how "ethically" the student answered her questions. PD led discussion on how to better assess student's ethical behavior. Jim asked whether Trinity's Code of Conduct is utilized in class or not. PD stated that the students do the same mandatory education that all employees undergo with the Code of Conduct, but that she may be able to use the document to better assess the student's knowledge of the same. Another way may be to score both the juniors and seniors during this activity or even just the seniors who have had more experience with medical dilemmas than the juniors. Seniors tend to be more vocal than the juniors as they have been exposed to more ethical situations and are generally more comfortable having difficult discussions with each other.

ACTION PLAN: PD will print out the Code of Conduct and try to incorporate it into the Ethics course and clinical for the next assessment plan. Without changing the benchmarks or rubrics, PD and CC can also score both the juniors and seniors next time and compare them in the next plan to see if it is more reflective of evaluating ethical behavior.

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 CC. **The benchmarks were met in this SLO.**

DISCUSSION/ACTION PLAN: No changes were recommended for this SLO.

CONCLUSION: Dawn reminded PD and CC that it is often helpful to remind technologists in general to be honest when grading student performance evaluations and to let students know that technologists are giving them constructive criticism when docking

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	<p>points. CC will do a general reminder to techs and students that honest feedback does not hurt the students or mean a failed exam, but constructive criticism is necessary so that areas that might require improvement can be addressed.</p> <p>B. <u>Program Evaluation by Graduates and employers:</u> These have been sent out to 2021 grads and employers and results will be discussed at the next meeting.</p>
<p>V. Administrative Schedule/Open discussion</p>	<ul style="list-style-type: none"> <input type="checkbox"/> New Students: We will conduct 11 interviews tomorrow for the next class. Will accept 6 again, and if so will need to have a part time clinical instructor on board in August. Update: 6 students have accepted positions in the next class, and several alternates have been chosen so hopefully the next class will be 6 total, again that will require a part time clinical instructor to be added to the school officials. <input type="checkbox"/> The anonymous judge for the Michelle Keller scholarship papers is retiring this year. He reached out to a colleague at the ASRT and he agreed to judge the papers next fall for the class of 2023. New judge is an English major, published author and works at the ASRT. <input type="checkbox"/> Next meeting will be scheduled for June-July after the students have taken their registry exam and survey results have been collected.
<p>VI. Student Report</p>	<p>Ari: No student issues.</p>