

**Trinity Health Radiologic Technology Program  
Advisory Committee Meeting  
March 22, 2019 2:00 pm/Skyway #2**

<p>Attending: Michelle Bratton, (PD), Cindy Milkey (CI), Becky Hoes (Radiology Coordinator), Jessi Heimdal (Senior student representative), Paige Brodel (Jr. Student Rep) and Karen Zimmerman (CNO/VP Pt Care). Absent: Jane Nygaard (Community Member), Dr. James Miller (Program Medical Director); Dawn Rubbleke (Lead Tech)</p>	
<p>Introductions</p>	
<p>Review of Minutes</p>	<p>December 5, 2019 minutes - read for approval and approved</p>
<p>I. Main discussion</p>	<p><b>A. JRCERT Site Visit wrap up:</b> The committee discussed that the JRCERT site visitors main points were to ensure “transparency” of the program’s policies and procedures and that there needs to be “more robust discussion” regarding our SLOs, Mission Statement, review of curriculum, and making all of our materials and SLOs available to the general public, potential, current and past students and any other communities of interest. It is noted that we are not required to make any revisions based on the site visitors report prior to receiving the Report of Findings (ROF) from the JRCERT; however, many suggestions are being considered and implemented prior to the official ROF. If changes are made, it will be documented in a response form so that if the JRCERT does cite the program for those items, they may have already been addressed. As noted by the site visitors, the ROF will probably not be sent to us until May, and after our response, the decision for reaccreditation is not likely to be made until the October 2019 JRCERT board meeting.</p> <p><b>ACTION PLAN:</b> Continue making revisions where it seems necessary and document those changes in a response to the JRCERT so that if citations noted by the site visitors are in the ROF, they will have been addressed and our response time can be shortened.</p> <p><b>B. Mission Statement:</b> The current mission statement was reviewed at the meeting and a new mission statement was discussed and adopted by the Committee. The new statement is more concise and uses more meaningful words to demonstrate the types of radiographers we wish to graduate.</p> <p style="padding-left: 40px;">New- MISSION STATEMENT: The mission of the Trinity Health Radiologic Technology Program is to provide a comprehensive, quality education in the art and science of radiologic technology. The program strives to prepare service-oriented, knowledgeable entry-level radiographers who demonstrate qualities of excellence in critical thinking, professionalism, patient care, safety and ethical behavior in serving their patients, healthcare community and the profession.</p> <p><b>ACTION PLAN:</b> The new statement will be incorporated in the revised Policy Manual and website as soon as they are updated.</p> <p><b>C. Assessment Plan/SLO revisions:</b> The committee discussed the JRCERT site visitors’ comments on the current Assessment Plan. The site visitors found the SLO document was too complicated and many assessment tools were</p>

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not easily accessible. They didn't feel our benchmarks and tools were assessing issues and evaluating student performance "real time" such that meaningful changes to improve on our student learning outcomes and goals could be undertaken.

Based on that information, the clinical instructor and program director had several meetings and after researching other programs SLOs, tools and formats, they revised the Assessment Plan, including some of the goals, SLOs, tools and benchmarks to improve on it. Karen Zimmerman also noted that she some resources that she would sent to the program director on similar plans to assist in this major revision.

The committee reviewed the 2018-2020 Assessment Plan that the site visitors had commented on and then discussion was had about the revised Assessment Plan. Summary of the changes follows:

**SLO 1.1** (Students will demonstrate effective patient communication skills) remained the same, except that the benchmark will now include the average of 6 non-random performance evaluations per student, instead of 3 that are random.

**SLO 1.2** changed from students demonstrating effective communication with radiology personnel to general written and verbal communication skills. The tools for this SLO will be based on 2 separate student papers and presentations, as well as our grab bag rubric. Assessing how the students work with radiology personnel was added as well.

**SLO 1.3** was removed as redundant and covered under verbal communication/working with others.

**SLO 2.1** (Students will exhibit critical thinking skills in positioning and performance of patient exams) remained the same, however the Repeat Analysis tool was removed and a grab bag exercise that assesses critical thinking on positioning. This was because as the repeat analysis tool was not useful in correcting anything real time, as well as not being terribly accurate.

**SLO 2.2** (Students will demonstrate the ability to critically think in the classroom setting was revised to "critically evaluate completed radiographs.") For this revised SLO, a tool was added, a rubric to be used by the program director and clinical instructor during monthly image review to evaluate students' ability to critically evaluate image quality on the spot. The 2<sup>nd</sup> tool is generated already from Trajecsyst regarding image analysis on clinical performance evals. A rubric will need to be developed for the first tool.

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**SLO 3.1** remained unchanged, except that the benchmark will use an average of 6 instead of 3 non-random performance evals per student.

**SLO 3.2** was changed from “to graduate students with entry level employment skills” to a new SLO that was not covered before, to “graduate students with effective **radiation protection** practices for self, patients and healthcare team.” The tools already exist on Trajecsys and in technologists’ evaluations from clinical rotations to assess this SLO. Note that much of the prior SLO 3.2 was actually *post-graduate data* that appears in the Performance Effectiveness Data (PED). This information is tracked separately and was simply removed from the Assessment Plan, simplifying the Plan.

**Goal 4** was changed from “to graduate students who exhibit ethical and professional behaviors” to “graduate students who possess ethical and professional behaviors necessary for an entry level radiographer”

**SLO 4.1** was changed from “students will conduct themselves in a professional manner” to “Students will demonstrate professionalism and ethical behavior.” The tools were tools we had been using in the Plan but made more sense with this new SLO. The clinical instructor’s professional development form regarding discretion and professionalism is one tool, the student evaluations from technologists regarding working effectively with others is the 2<sup>nd</sup> tool, and an Ethics Clinical that both the Jr and Sr students participate in is the third tool.

Finally, **SLO 4.2** was changed from “students will conduct themselves in an ethical manner” to “students will demonstrate professionalism with the healthcare team.” The tools for this SLO are the professional development form from the clinical instructor on “relationship with others” and well as the technologists’ evaluations of the students from clinical rotations.

**ACTION PLAN:** The committee agreed that the changes were an improvement on the prior Assessment plan and the next step in these major revisions is for the program director to submit the changes to accreditation specialist from the JRCERT and seek advice on the revised Assessment Plan prior to implementing it for the new class of students in June. Karen will send the information on SLOs that she has access to for assistance in the revisions as well.

**D. Review of 2016-2018 class SLOs/PED** The committee reviewed the graduation rate, registry pass rate and employment rates of the 2018 class. The PED information has been updated on the website.

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II. Review of Master Education Plan with any JRCERT site visitor comments

- A. **Didactic Curriculum** : the program director and clinical instructor decided to change positioning textbooks (Merrills) and the program director is still considering new Physics books for the following year. The program director will be looking closely at the didactic courses as they are taught to ensure compliance with ASRT and ARRT curriculums and requirements. Based on comments from the site visitors, we are considering shortening some of the advanced modality courses as well as creating an intro to advanced imaging course to encompass an intro to each, considering moving patient care course along quicker as well.
- B. **Grading scale**: site visitors remarked on perceived inconsistencies between didactic and clinical grading percentages. After some discussion, it was decided to make the grading percentages the same for didactic and clinical grades to simplify the process overall. Also, the program director will set forth in the syllabi for each course how much quizzes will be worth (for ex, 25% of course grade), instead of the current +/- points system for quizzes. The syllabi for positioning courses could be revised to include the clock hours of clinical instruction and testing as well to simplify the hours per course as well.
- C. **Clinical Plan**: Based on comments from site visitors, it was decided that the junior student's clinical schedule would be adjusted to remove advanced imaging observations until at least the 2<sup>nd</sup> semester to ensure that students have a good introduction to those departments' procedures and patient safety first, and after they have more radiography courses completed; the clinical calendar will be adjusted to reflect these changes for the new class starting in June. Further, the first 5 weeks of the new students will now be spent in the classroom before any clinical rotations are started to ensure that a good solid radiography base is set out first; and a new course, Introduction to Advanced Imaging, will be in the first semester before any advanced rotations are scheduled. The program director is considering making the advanced modality classes that are graded didactically (CT, MRI, US) pass/fail instead of graded.
- D. **Policy Manual**: the Policy Manual is undergoing its annual review by the PD and CI. To simplify and ensure program information is consistently provided in the materials, it was decided that the School Catalog (which only gets printed every 2 years) will be incorporated into the Policy Manual. All information from the catalog will be added to the Policy manual. The Clinical Plan will be scaled down as well to remove redundancies with the Policy Manual, and made an appendix to the Policy Manual so all the program information is included in one place. Once the revisions are complete, the program director will ensure the revised Policy Manual appears on the website and old information is removed by the website supervisor.
- E. **Grievance policy**: The old grievance policy has been updated to define "grievance" add a formal grievance form for students to use if necessary and shorten the time frame for resolution to about 1 week.
- F. **Organizational charts** have been updated the new program director's name and contact information. They will be available in the new Policy Manual and on the updated website.

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	<p><b>G. Applications process:</b> The committee discussed the taking of an applicant’s photo after the interview as it had been mentioned by the site visitors. It was decided that although the practice was benign in nature, we will discontinue it as it is not really needed with the smaller numbers of applicants we have annually. The clinical instructor and program director have also reviewed and revised some of the application process and documents to ensure that all of the program’s policies are disclosed to applicants, that new students are aware of background checks upon admission, and to ensure that points awarded during the application process are more transparent. The revised information will be added to the revised Policy Manual.</p>
<p>III. School Resource Updates</p>	<p><b>A. Trajecsys Report System:</b> there was some discussion from the clinical instructor that it would be nice to have a Trajecsys in-service so that we can utilize the resource more fully. <u>ACTION PLAN:</u> check out the tutorial and see if we can utilize this resource more fully</p> <p><b>B. Second Year Student tuition fees waiver:</b> there was discussion about possibly setting up a “payback” plan for a certain amount for students that sign on to work at Trinity Health and stay for a year after graduating. <u>ACTION PLAN:</u> Program director will reach out to HR (cc to Karen Zimmerman) to see if this is a feasible idea. Karen thought that it was feasible, and Jim agreed that it would be a great incentive to generate interest in our radiography program as well for applicants.</p> <p><b>C. Course material/textbook changes/classroom additions:</b> recent site visitors as well as the 2016 visitors mentioned that we need a process to annually assess our evaluating learning resources. <u>ACTION PLAN:</u> Program director will be looking at our current list of resources and ensure it is inclusive of all we have to offer students currently and look into other ways to improve our resources.</p> <p><b>D. Radiologist Fridays with Students/Radiologist image review:</b> The committee discussed that another radiologist, Dr. Heninger expressed an interest in being involved with the students/school, which is such a great resource for the students to have. <u>ACTION PLAN:</u> clinical instructor will work with both Dr. Miller and Dr. Heninger to start a more rigorous image review with the radiologists.</p> <p><b>E. Webpage:</b> Program direction has been working with the web designer to update and simplify the program’s website, and once complete will add latest revisions to our program materials.</p> <p><b>G. ASRT Digital Imaging Academy:</b> the program director noted that these courses have been very useful and will be incorporated into Sr registry review, and Jr coursework as appropriate.</p> <p><b>H. Classroom updates:</b> Discussion was had on the new paint and décor of the classroom. An open house will be considered to show it off. The students love it and feel it was an excellent improvement.</p>
<p>IV. Administrative Schedule</p>	<p><b>Upcoming events/deadlines:</b> The program director expressed a goal to make these meetings more frequent and meaningful. The next one will be scheduled in September at the latest.</p>

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V. Open Discussion	<p>A. Karen asked about the program’s drug testing policy, as it had come up in the nursing program recently. She will cc the program director on an email to the nursing program so that more details can be looked into for our program if we choose to start drug testing.</p> <p>B. After the comments from the JRCERT site visitors on our lack of “clear” academic calendar and schedules, and due to the revisions in the first-year schedule, the program director and clinical instructor have been working on a more detailed annual calendar that shows semester breaks and holidays. We now have the semester schedules for the next 4 years, including dates that students will be in class and on break, which are subject to revision. With the schedule changes, the program was shortened by a couple weeks and students will graduate the second week of May (same week as MSU) and still start the 1<sup>st</sup> or 2<sup>nd</sup> week of June. Even with these change, the same course curriculum will be followed, but the schedule will be more similar to a university schedule.</p> <p>C. Our community member, Jane Nygaard has expressed an interest in retiring from the committee, so discussion led to who we might ask to join the committee from our healthcare and local communities. Several names came up, Andrea Roedocker, who graduated from this program and now works in strategy development in the executive office of the hospital, Shelly Semrau from Organizational Development, Joe Super, from Central (9<sup>th</sup> and 10<sup>th</sup> grade) who is involved in the vocational health program for high school students, even a couple retired teachers from the community will be approached to see if they would consider joining our committee. Also discussed was creating a separate committee for assessing SLOs, especially with the intended major overhaul of the Assessment Plan. This committee would consist of the program director, clinical instructor(s) and Becky Hoes at this time.</p> <p><u>ACTION PLAN:</u> The program director will reach out by email to the mentioned persons to see if they would be interested in the committee. Program director will also reach out to JRCERT with the revised Assessment Plan to get advice on the direction it is going. Afterwards, the Assessment Plan Committee will be convened to work on the new plan.</p> <p>D. Due to some confusion on the hospital program name and the new logo recently adopted by Trinity Health, it was decided to change of program name to Trinity Health Radiologic Technology Program –reflecting more continuity with Trinity Health. The program will begin using the Trinity Health logo and name to ensure there is no confusion whether the school is under the Trinity Health umbrella for its clinical experience to our students.</p> <p>E. The new MSU radiography club was mentioned and the program director will seek more information on it to hopefully increase interest in our program.</p>
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