

Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
January 30, 2023 2:00 pm/ Skyway #1

In Attendance	Michelle Bratton, (PD), Renae Stratton (Clin Preceptor), Jim Coffin (Radiology Dept Manager), Becky Hoes (Community member), Megan Ryals (Clin Preceptor); Shelley Semrau (Dir. Organizational Development) By phone: Dawn Rubbleke (Kronos) Absent: Karen Zimmerman (CNO); Jess Anderson (Lead Tech); Andrea Roedocker (Coor. Strategic Development), Jim Miller (Program Medical Director); Cindy Milkey (community member)
Review of minutes	UPDATE: 8/10/22 minutes were reapproved.
I. JRCERT Update	A. JRCERT accreditation status: Program was granted an award of 8 years of accreditation in September of 2020. The interim report is due February 20, 2023. The report will be discussed at the May JRCERT meeting to determine if the 8 year award will be maintained or reduced at that time. The next site visit is tentatively set for 2027 if the 8 year accreditation is maintained.
II. Master Education Plan	<p>A. Didactic Curriculum: The program started 6 juniors in August and they are doing well. Senior class of 6 is nearing the end of their didactic courses and will begin registry review mid- February after Spring Break. The curriculum changed a little for the new class only in that courses were spread out a bit in the first few months of class since there is plenty of time built into the class days to accomplish everything.</p> <p>B. Academic schedule: no changes</p> <p>C. Clinical Plan: There will be some revisions coming to the clinical rotations once the move is complete to the new hospital facility this spring.</p> <p>D. Policy Manual – Revisions to the policy manual will be necessary for the 2025 class before they begin due to the new hospital clinical address and rotation names being revised, so major revisions will be undertaken next spring/summer before that class begins.</p> <p>E. GI Bill™: Currently have 2 students (1 senior and 1 junior) benefiting from this tuition assistance.</p> <p>F. Annual Graduate/Employer surveys: these were sent to the 2022 graduates and employers and results will be discussed at the summer meeting.</p>
III. Resource /Staff Updates	<p>A. Trajecsys: No issues.</p> <p>B. Megan Ryals has joined the program as a part time clinical preceptor due to the total number of students exceeding 10. Welcome Megan.</p> <p>C. Developmental Tests and Registry Review: The class of 2023 will utilize our traditional St. Catherine’s tests, RadTech Boot Camp, Lange Review, ASRT resources and updated registry review material during their 3 month registry review process.</p> <p>D. ARRT: Senior applications will be started in February online for the radiography exam.</p>
Assessment Plan/SLOs DISCUSSION OF RESULTS of 2022-23	<p>A. Assessment Plan/SLOs: The 2022 Assessment Plan (combining results from class of 2023 and 2024) was disseminated prior to the meeting for discussion.</p> <p><u>General discussion:</u> The results were all in percentages this year to accommodate the different scoring methods used in different tools. The Assessment Plan Results were entered into the new JRCERT suggested template, which also includes a column for past results and space to add more discussion notes. MB noted that at the next meeting she would have some potential revisions to the wording of the goals and SLO’s after reviewing the JRCERT standards and other programs around the country. MB also noted that some of the SLO’s will need to be discussed at the next meeting to allow for more data to be collected in the second semester for the clinical performance evaluation tool, which is used in several SLOs. Due to a change in how many clinical</p>

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performance evals are required, the junior class did not have enough evals to use to determine if they met the benchmark. The time frame will be extended into the second semester for this tool.

The committee also talked about creating a mock patient simulation with vital signs or special procedures, that could be utilized as a tool in several areas as well as during the patient care course. KZ had commented by email that Trinity has a simulation expert that we could utilize to create this for our students. JC mentioned that these “touch point” interactions with patients (when handing off a patient to a different area) is a great place to work on student communication skills.

ACTION: RS and MB will look into the simulation idea to try in the patient care course and possibly as an SLO tool. They will present this at the next meeting.

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. Other than to mention that the potential patient simulation tool would be very useful to assess this SLO, committee analysis on this SLO was deferred until more clinical performance evals (tool A) are available in the 2nd semester for the juniors. It was noted that the senior class did meet the benchmarks of both tools, tool A – clinical performance evals and tool B – technologist evaluations of students and that the junior class met tool B’s benchmark as well. More discussion will occur on this SLO during the next meeting when more data is available.

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

The students written/oral skills are assessed with tool A - graded grab-bag reviews, tool B-technologist evaluations of students, tool C- junior paper/oral presentation of an ethic’s topic, and tool D - senior written research papers. Last year, the benchmarks were increased for tool B from 50 to 75% for juniors and from 75 to 87.5% for seniors. The benchmark for tool C was revised from the last Plan so that each student must *individually* score 75% to meet the benchmark instead of the class average.

DISCUSSION: The benchmarks for tools A & B were met for both classes when using the class average. **However it was noted that 2 juniors did not reach 75% individually for tool A.** Discussion on whether the tool should be modified so *individually* students must get 75% led to a decision to leave the benchmark as is and continue reporting individual scores too as it makes comparison to previous years more direct.

Since this is a low scoring area historically for juniors who are not yet comfortable verbally explaining positioning, the committee decided to increase the number of **graded** grab bags to help improve this trend, and to extend the data collection through the 2nd semester so it can be reanalyzed at the next meeting to determine whether the time frame should be revised for the grab bag tool.

The benchmark for tool C (juniors Ethics paper/presentation) was met for this SLO – This year MB provided more instruction for the Ethics assignment along with the grading rubrics, so students could see how they would be graded. MB remarked that the junior class seems comfortable as a whole with writing papers and oral in class presentations. JC suggested that during the Ethics course and presentations that more emphasis be put on professionalism and reasons for licensure in general to reinforce this

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aspect of our profession. The presentation is a great way to assess classroom verbal skills and help students become comfortable speaking in front of others.

The benchmark for tool D (senior scientific research paper score) was met for this SLO. There was some discussion whether to add the senior presentation of the paper back into the SLOs even though it is not completed until the 5th semester. It was noted that it could be used as a way to see what progress a class has made in verbal communication. MB and RS will grade the presentations with the rubrics as usual for discussion at the next meeting.

ACTION PLAN: RS will grade several more grab bags in the 2nd semester to enhance individual accountability of the juniors to become more verbally proficient. The 2nd semester data will be analyzed at the next meeting to determine whether revisions to this SLO's tools or timing should be considered.

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 through tool A-clinical performance evaluations and tool B-grab bags on positioning graded by RS. Analysis is deferred until more clinical performance evals and graded grab bags are available in the 2nd semester for the juniors. It was noted that the seniors did meet the benchmarks for both tools. More discussion will occur on the SLO during the next meeting when all the tools have enough data.

SLO 2.2 Students will demonstrate the ability to critically evaluate completed radiographs.

This is assessed with tool A -image review tool where students critique radiographs and their critiques are assessed against the RS's assessment of the same and scored and tool B – technologist evaluations of students during clinical rotations. While historically students meet the benchmarks for this SLO, this is also an area where new graduates report feeling the least comfortable. The benchmarks in tool A were met here for both classes. The seniors met tool B benchmark both as a class and individually, but the juniors did not meet it individually (class average was met).

This is a difficult area to assess and some new ideas for more realistic tools were discussed. RS identified that adding individual student evaluation while reviewing graded competency exams would more directly assess this important ability. Another suggestion was to come up with some image evaluation tests for seniors working on the image analysis text/workbook. The committee agreed that different tools would be useful for this skill set.

DISCUSSION/ACTION PLAN: RS will work on a rubric or form for a verbal image analysis of competency exams and ways to test image analysis with more direct tools. New tools will be presented at the next meeting for discussion.

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 tool A -student Performance Evaluations, tool B - RS Senior Performance Rechecks. Analysis is deferred until more clinical performance evals and Senior Performance Recheck are available in the 2nd and 5th semester. Again it

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was noted that the seniors did meet these benchmarks for both tools, but since they had 3-5 performance rechecks each (not 6 as required) further analysis is deferred until after the next semester. Historically both classes score high on these tools and meet the benchmarks.

SLO 3.2: To graduate students with effective radiation protection practices for self, patients and healthcare team.

This is assessed on Trajecsys through Tool A -Performance Evaluation criteria entered by supervising diagnostic techs and Tool B – technologist evaluations on students during diagnostic and adv modality rotations. Analysis is deferred until more clinical performance evals are available in the 2nd semester. Again it was noted that the seniors did meet these benchmarks for both tools, and historically both classes score high on these tools and meet the benchmarks.

DISCUSSION/ACTION PLAN: While analysis was deferred due to lack of enough evals, the committee did discuss how the new Trinity policy on gonadal shielding might affect this SLO and students in general. Reducing repeat exams and collimation are the main focus of effective radiation protection and there was discussion of bringing back a repeat rate analysis for the students. JC noted that the new hospital equipment should make repeat rates easier to determine instead of on the honor system. Students keep track of exams in their own log books along with repeats, so perhaps this should be placed back on the tool list for this SLO. Discussion was also had on how students and technologists will handle patient communication for the gonadal shielding policy. It was noted that it will be important that techs and students are giving proper reasoning for the new policy and be coached on how to handle patient questions. DR noted that the ARRT and ASRT both have good talking points that can be utilized. This SLO will be reevaluated at the next meeting.

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 tool A - Professional development forms by RS, Tool B- technologist evaluations on students during clinical rotations and tool C- an Ethics clinical that all students participate in scored with a rubric by MB & RS. All benchmarks were met. Tool A is an assessment of student behavior in the clinical setting by RS who stated she gets an excellent feel for each student due to the amount of time she spends working with the students clinically with patients. It was noted that in Tool B, which has a class average benchmark, that only 1 out of 30 evals on junior students was below the 75% benchmark on professionalism. RS noted that while 50% seems low, 50% actually corresponds to a rating of “average” (75% = above average and 100% = excellent). These benchmarks are historically met and work well.

Tool C, the ethics clinical, where senior and junior students read ethical dilemma questions, answer how they would handle the situation and discuss other options, went well this year. Both classes participated well according to RS and MB. They use a rubric and graded both the juniors and seniors this year to compare classes and to see if adding the senior class to the tools would be useful. Committee noted that the senior class scored very high likely due to having more experience clinically and did not feel that it would be very useful to add to the tools at this time.

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	<p>DISCUSSION/ACTION PLAN: Committee was pleased with the tools and the how the None, historically these benchmarks are met and the tools work well.</p> <p><i>SLO 4.2: Students will demonstrate professionalism with the healthcare team.</i></p> <p>This SLO is assessed by tool A - Professional development forms by RS, Tool B- technologist evaluations on students during clinical rotations. All benchmarks were met for class average. Tool A is an assessment of student behavior in the clinical setting by RS who feels she gets an excellent feel for each student due to the amount of time she spends working with the students clinically with patients. It was noted that in Tool B, only 1 out of 30 evals for junior students was below the 75% benchmark. RS noted that while 50% seems low, 50% actually corresponds to a rating of “average” (75% = above average and 100% = excellent). These benchmarks are historically met and work well. The benchmarks were met in this SLO and historically are met.</p> <p>DISCUSSION/ACTION PLAN: No changes were recommended for this SLO.</p> <p>B. <u>Program Evaluation by Graduates and employers:</u> These have been sent out to 2022 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"> • New Students: We conducted 15 interviews and accepted 6 new students who will begin in August. • Students and program officials sold Ole & Lena’s Pizza products for a fundraiser in November and raised \$1800 that will be added to the program fund used to attend the annual NDSRT conference. The plan is to do a fundraiser at least biannually to raise money for the cost of the hotel rooms and trip so that seniors can attend conference and present their papers if chosen to do so. • Next meeting will be scheduled for June-July after the students have taken their registry exam and annual 6 month survey results have been collected so that PED can be discussed. We will also update the SLO data at that time with 2nd semester results. Analysis of SLO 1.1, 2.1, 3.1 & 3.2 will take place at that meeting as well after more data has been compiled for the tools mentioned above. • The move to the new hospital location will take place at the end of April. MB will check into address changes for the main clinical location/ortho address.
<p>VI. Student Report</p>	<p>No concerns.</p>