Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
August 2, 9 am Radiology Conf. Room

In Attendance	Michelle Bratton (PD), Renae Stratton (Clin Preceptor), Jess Anderson (Lead Tech), Jim Coffin (Radiology Dept Manager), Keith Epperson (student rep); Cindy Milkey (Community member); Becky Hoes (Community member), Janel Feehan (PACS Coor), Cynthia Dixon (Interim CNO), Ben Anderson (Asst CN0) **By phone:** Dawn Rubbelke (Rad Admin Rep) **Absent**: Jim Miller (Program Medical Director); Andrea Roedocker (Coor. Strategic Development), Lonna Browne (Info Sys Coor)
Old business	None. Last meeting minutes were already approved and have been published on the website.
I. JRCERT Update	A. **JRCERT accreditation status**: Program was granted an award of 8 years of accreditation in September of 2020. A self-study report will be due in 2026 and next site visit will be first quarter of 2027. B. **Annual** 2023 submitted in July, was accepted by JRCERT
II. Program/ Master Plan Updates	A. **Policy Manual** – Minor revisions to application forms to reduce bulk when printing for files– will limit printing of manual to classroom copies & ensure latest version is sent to students by pdf and on Trajecsys. B. **The Master Education Plan** continues to be updated annually with electronic notes on where to find information to use less paper. C. **Didactic Curriculum**: No major changes, some reordering of units within courses occurred for next class. D. **Clinical Plan**: RS was able to accommodate 7 students clinically in rotations with 1:1 supervision without issue. E. **2024 Class update**: the 6 juniors are spending most of their 3rd semester in clinical rotations. They are doing well. F. **New juniors – class of 2025**: The 2026 class of 7 students will begin August 19. They will be in class 5 days a week the 1st 3 weeks to complete some basic patient care/transport, intro and radiation protection coursework and then will begin clinical rotations.
III. Resource /Staff Updates	A. **Trajecsys**: No new updates. B. **Developmental Tests and Registry Review**: The class of 2024 utilized the traditional St Catherine's tests, the Lange Review book, the review worksheets and mock exams. Each student had access to RadTech BootCamp, Mosby registry review book. PD will continue to use all the same review materials and update some of the test questions that are outdated. RadTechBootCamp access begins in last 6 months to use for review. St Cath tests were the favorite resource for the 2024 class. C. **Website updates**: Updates were completed for new application forms and policy manual. D. **Classroom/office relocation**: Classroom is being moved to MAC skywalk conf. room B. US program will be in room C. PD's office will be moved to 5th Floor of MAC as well. This will happen in August.
Assessment Plan/SLOs **DISCUSSION OF RESULTS of 2023-24 – mostly junior data**	**Assessment Plan/SLOs**: The 2023 Assessment Plan (combining results from classes of 2024 and 2025) is complete for the junior (Class of 2025) 2nd semester data and is discussed below. General discussion: Revisions to wording of goals and SLO's was discussed at the last meeting, any substantive changes are noted throughout the discussion below. Senior 4th Semester and some junior results were already discussed at the last meeting. **NEW GOAL 1: Students will demonstrate effective verbal and written communication skills.** *SLO 1.1:* ***Students will effectively communicate with patients****.*

	Tool A: Competency Evaluations- In Competency Evals, techs score students 1-4 (4 = 100%, 3 = 75%, 2 = 50%) for their patient communication skills during a supervised exam (identify self/patient, communicate info). 6 random Comp eval scores in the category/student are averaged individually and as a class. The 2025 class met the benchmark (75%) as a class (97%) and individually. No action needed. **Tool B: Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations, which are valuable in assessing overall performance over a longer period of time and not one procedure. 6 evals per student are averaged on categories of #7 "Communication skills/Patient rapport" and #6 "Patient care" the 2025 class met the benchmark (75%) both as a class (87 & 83%) but 1 student scored 72% on #6, which is a general patient care assessment. This student is introverted and working on getting more comfortable with patients. **DISCUSSION**: Junior students consistently score above the benchmarks in patient communication. No action needed. *SLO 1.2:* ***Students will demonstrate effective verbal communication****.* **Tool A: Procedure Grab Bags-** 5 random procedure grab bags/student graded by RS with a rubric. This number was increased from 2 both classes from last cycle. One of the new grab bag scenarios for the juniors is a c-arm mock spine level demonstration, where students are asked to position the c-arm with explanation. The 2025 class met the benchmark (75%) as a class (91%) and individually when averaging the grab bag grades together. **Tool B: Technologist Evaluations of Student-**6 evals per student are averaged on categories of "asking questions" and "initiative;" The 2025 class met the benchmark (75%) as a class (88 & 92%) and individually. No action needed. **Tool C: Ethics Presentation -**results discussed last meeting **Tool D: Scientific Research Paper Presentation:** Senior presentations were scored by program officials by a rubric-benchmark of 75% was easily met with a range of 87.5-97%. This class was very good at oral presentation despite some being very nervous. No action needed. *SLO 1.3:* ***Students will demonstrate effective written communication skills.*** Results discussed last meeting Overall, both classes of students exhibited communication skills both written and verbal that were very good and within historical boundaries. No action needed. **GOAL 2: Students will demonstrate critical thinking skills in professional practice.** *SLO 2.1* ***Students will exhibit necessary critical thinking skills when performing routine and nonroutine procedures****.* **Tool A: Competency Evaluations-** 6 random Comp eval scores in the category/student were averaged individually and as a class. The 2025 junior class met the benchmark (75%) as a class (93%) and individually. No action needed.

	Tool B: Procedure Grab Bags- 2-UE/2-LE/1-C-arm grab bags per student were graded by RS with a rubric on critical thinking. Total of 20 pts available (4 for each exam). The 2025 junior class met the benchmark (75%) as a class (76%) but 1 student did not meet the mark individually at 68%. This student has false confidence at times and was counseled by RS to spend more time in surgery and practicing non-routine exams. During grab bags, a student's critical thinking skills are assessed with no "back up" from a technologist and this increases the difficulty. Increasing the number of grab bags was done to help improve the individual student scores for this skill. The 2025 class is on track but a bit below scores from previous years where only 2 grab bags (not including a c-arm demo) were used. **Action plan:** Program officials were pleased with the c-arm addition here as it was well received by the students and very useful for critical thinking. In the future we may add a second c-arm exam to improve this important critical thinking skill. Cynthia mentioned that the use of empty OR rooms would be useful for the c-arm clinical and practice. *SLO 2.2* ***Students will demonstrate the ability to critically evaluate radiographs for quality***. **Tool A: Image Analysis Tool –** Juniors undertake image analysis of several different radiographs and are graded individually by *RS with a rubric on their quality assessment with a 4 point (0-3) rubric that scores whether the student identified "ALL, MOST, SOME or NO" image quality factors, including identification of errors, positioning criteria, technique and collimation.* Juniors met the benchmark as a class and individually. They evaluated 3 images (AP CXR/T/F, Neer) and the rubric used to assess them is the same as for Tool B for the seniors. No action necessary. This type of assessment is appropriate early in the program and we will continue to use this for juniors. **Tool B: McQuillen Image Analysis Test –** this was discussed for seniors at last meeting. **Tool C**: **Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are averaged on category of "ability to critique images." Historically students meet the benchmark as a class, but this is an area where new graduates often report feeling uncomfortable. The 2025 class of juniors met tool B benchmark (75%) as a class (78%), but individually one student fell slightly below (74%). **DISCUSSION/ACTION PLAN:** This junior class scored lower overall than previous years, likely due to the addition of more categories and more clear guidelines for the technologist when grading the students. This tool also covers an entire rotation with a more general assessment of student abilities over many exams and not just one competency exam. Jim asked if the radiologists had mentioned any issues with the new 17 x 17 IR, but no one had any information on that. He wondered if collimation was an issue on the larger IR. **GOAL 3: Students will demonstrate clinical competence as entry level radiographers.** *SLO 3.1:* ***Students will competently operate equipment to produce quality images exhibiting accurate positioning and acceptable technique.***

	Tool A: Competency Evaluations- In Competency Evals, techs can score students 1-4 (4 = 100%, 3 = 75%, 2 = 50%) for clinical competence categories of "Image analysis" and "equipment use." 6 random Comp eval scores in the category/student are averaged individually and as a class. The 2025 class met the benchmark (75%) as a class and individually. No action needed. **Tool B: Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are averaged on a new categories "manipulation of equipment," "positioning skills" and "setting technical factors." The 2025 class met the benchmark (75%) as a class and individually for manipulation of equipment and positioning skills. However, they did not meet the benchmark as a class for technical factors, and only 1 student scored higher than the benchmark at 80% in this category. Image analysis is a skill that we begin didactic work on in the end of the 2nd and early in the 3rd semester, so clinically it is a very new skill for juniors. Because digital equipment defaults to acceptable techniques and repeats for technique are rare, it is a difficult concept to grasp. As a new assessment tool category, program will be tracked in the next assessment plan. **Tool C: Recheck Performance Evaluations**- discussed at last meeting. **DISCUSSION**: The addition of more categories will be helpful in tracking more specific skills in the students. *SLO 3.2:* ***Students will use appropriate radiation safety practices for patients, self and others.*** **Tool A: Competency Evaluations-** In Competency Evals, techs can score students 1-4 (4 = 100%, 3 = 75%, 2 = 50%) for clinical competence category of Radiation Protection that includes repeats, pregnancy screening, collimation, technique and shielding. The 2025 class met the benchmark (75%) as a class (96%) and individually. **Tool B: Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are averaged in the radiation protection category, which includes use of shielding and collimation, technical factors and repeats. The 2025 class met the benchmark (75%) as a class (85%) with 1 student falling below it individually at 74%. This student's evals were noted to include 3-3's and 3-5's in this category, which 3 being "average." No action necessary. **DISCUSSION/ACTION PLAN:** Continue to assess using Tool A and B and self-reported repeat rates. Evaluate next cycle. **GOAL 4: Students will exhibit ethical and professional behavior suitable to entry level radiographers.** *SLO 4.1:* ***Students will use appropriate discretion and exhibit professionalism.*** **Tool A – Professional Development Eval -** Professional development evaluations are completed each semester by RS. Discretion and professional appearance have historically been assessed, but the categories of "punctuality/attendance" were added to this SLO, as these are important aspects of professionalism. The 2025 class met the benchmark in each category (75%) as a class (100, 100, 93%) and individually.

	Tool B- **Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are averaged the Professionalism category and a new category "discretion" was added to this SLO as well. 6 evals per student were scored and the 2025 class met the benchmark (75%) in both as a class (89, 90%) and individually. **Tool C- Ethics Clinical Activity –** discussed last meeting. **DISCUSSION/ACTION PLAN**: Adding more professional behaviors that are scored in this category was easy and informative because behaviors were already being assessed in the tools. No action needed. *SLO 4.2:* ***Students will be dependable and work efficiently with healthcare team members.*** "Dependability" and "efficiency" were added to the wording of the SLO due to new categories assessed in existing tools. **Tool A – Professional Development Eval -** Professional development evaluations are completed each semester by RS. Student "relationship with others" has historically been assessed, but the categories of "productivity" and "dependability" were added to this SLO because they were also being evaluated and are important qualities of entry level radiographers. The 2025 class met the benchmark in each category (75%) as a class (77, 80, 93%) and individually. **Tool B**- **Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals/student are averaged individually and as a class. Interdepartmental professionalism of students during clinical rotations has historically been assessed, but new categories of "dependability" and "organization" were added to the form and so were added to the assessment here. The 2025 class met the benchmark in each category (75%) as a class (86, 95, 82%) and individually. No action is deemed necessary. **DISCUSSION/ACTION PLAN:** No changes were recommended for this SLO. *SLO 4.3:* ***NEW – Student will exhibit confidence under stress and gracefully accept feedback.*** This is a new SLO that takes advantage of categories of professionalism being assessed in existing tools that weren't previously reported. It is thought that this will assist in assessing our students behaviors on a broad and individual scale. **Tool A – Professional Development Eval -** Professional development evaluations are completed each semester by RS. Categories of "self-confidence," "reaction under stress," and "accept feedback" were added here to assess these important qualities of entry level radiographers. The 2025 class met the benchmark in each category (75%) as a class (77, 80, 93%) with one student receiving a "3" (60%) for an occasional need for reassurance with exams. No action is necessary. **Tool B**- **Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are averaged individually and as a class. The categories of "Application of knowledge" and "Critical thinking" are important qualities of professionalism in entry level technologists. The 2025 class met the benchmark in each category (75%) as a class (87, 79%) but 1 student fell below individually at 72% because they

	received a "3.6" in critical thinking, which is still better than "average" but not quite "above average." No action is deemed necessary. **DISCUSSION/ACTION PLAN:** Members liked this new SLO and agreed that these qualities are difficult to assess, but since they are being assessed in existing tools, tracking it will be useful in reviewing the overall professional behavior of the students. Overall Summary: Junior class met all benchmarks as a class, with a few instances of individuals falling below the benchmark. Revisions to language of Goals and SLOs and inclusion of more scored categories in several existing tools will provide more detailed assessment of broad categories over time.
IV. 2024 PED updates/ 2024 Grad Program evaluations & Student/Employer 6 months post grad surveys for class of 2023	A. **Program Effectiveness Data (PED) 2024 class**: All 2024 grads passed the ARRT registry exam on the 1st try with an average class score of 90. The national average in 2023 was 82% (2024 info not available yet). 6 of 6 graduates are employed, 5 at Trinity - 2 are training in mammography, 1 in IR/CL and 2 in CT. 1 moved back to CO. PED was updated on the website. **B. Program Evaluation by 2024 Graduates:** Students are asked to fill out a detailed Program Evaluation just before they graduate. A summary of the answers going back to 2017 tracks each class and compares responses. **Clinical rotations- 2024 –** All categories were marked adequate, except for 1 excessive for Adv. Modalities, and an inadequate for Trauma, Surgery, and Dig. Sys. There were comments that 1) more incentive to go to the OR would be useful, 2) lack of trauma experience in general and techs taking over anyway 3) no practice with GI procedures. These comments are common- we are incorporating more c-arm simulations so students will be more comfortable going to surgery. **Didactic coursework 2024:** Most categories were marked adequate. There were 2 "inadequate" ratings for Digital Imaging with a comment that it was difficult to retain and that a refresher would be good. Radiation Prot/Bio also received an inadequate but the comment was just that the student struggled with the topic. Adv. Modalities also received 1 "inadequate" with the comment that they would have liked more class time dedicated to different modalities to maybe spark more interest in them. Lastly, 2 student marked image analysis as "excessive" because they did not like the workbook. Digital imaging and equipment is completed in the fall of the senior year and is usually not a favorite. MB will incorporate more review sessions in the future to assist with retention of both digital and rad pro/bio. Image analysis is being revamped by RS for the next class, where we will try using images RS put together for review sessions with the same tests used now. The workbook, while useful, had too much information in it so RS is making the course more concise. During discussions, Jim noted that IR is a growing modality and it may be useful to spend more time on IR exams within the didactic framework to increase interest in this area. Dawn agreed and also thought that more DXA instruction might be useful as a job marketing skill for the graduates. Other procedures that students noted were not common and they were not comfortable with were ribs, skulls, t-spines, urinary procedures and cystos. This class liked reviewing competency slips and discussing issues with RS

	and noted that RS was always around for issues in the dept or with techs. They felt student services and learning resources were adequate with a couple comments that a body phantom would be useful. 4 students were very confident in their ability to be an entry level tech, 2 were a bit hesitant with unusual exams and 1 wanted more independence as a student. Overall satisfaction was 4 10's and 2 9's. Final graduate comments were: occasional comprehensive review exams; one felt stressed preparing NDSRT presentation during registry review (MB did tell them to get the slides done earlier!); one felt that issues with techs were too "hush hush" to avoid upsetting the techs. This is a tricky area and how it is handled depends greatly on the actual issue and sometimes a cooling off period is necessary to avoid finger pointing at the students and to try to cultivate an environment of cooperation, not hostility. C. **6 month Post Grad surveys for 2023 class (6 graduates-4 employed at Trinity, 1- to Rad Therapy, 1 to WA):** **Employer survey responses:** The surveys were electronically sent out on Google forms again this year and 5 of 6 surveys were returned from employers. Scale is from 4 to 1 with 4 being the highest. 4 of 5 employers gave a "4" on overall satisfaction with new graduate employees (1 was a "3"). Breakdown by category was • Manual skills 4(3), 3 (2) • Speed/competence 4(4), 3(1) • Repeat exams 4(2), 3(3) • Efficiency 4(3), 3(2) • Initiative/attitude 4(4), 3(1) • Attitude toward change/confidence 4(4, 3(1) • Pt relationships 4(5) • Co-worker relationships 4(3), 3(2) • Judgment 4(4), 3 (1) • Prof Appearance 4(5) • Overall satisfaction 4(4), 3(1) The 2023 results were compared to the classes of 2017-2022, 1 new grad had mostly "3s" but overall the grads had more 4's than the previous class and no 2's. Overall this class was stellar and 3 grads are currently in diagnostic and 1 in mammo at Trinity.
V. Administrative Schedule/Open discussion	• Michelle Keller papers for class of 2025 are underway and will be submitted to judge in October for a November reveal of the winner of the scholarship during Rad Tech week. • GI bill updates: No students will be using the GI bill this cycle. **Update:** Next meeting will be in January where we will discuss mostly SLO results for the senior class from the 4th semester and reserve most of the junior class analysis for after the 2nd semester.
VI.Student Report	Keith brought up the rad asst wages, which is beyond the control of the program. Jim and Cynthia said it was under discussion with leadership.