

**Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes**  
**August 6, 2025, 3 pm Radiology Conf. Room**

In Attendance	Michelle Bratton (PD), Renae Stratton (Clin), Jim Coffin (Radiology Dept Manager), Cindy Milkey (Community member); Ben Anderson (VP) <b>Absent:</b> Jim Miller (Program Medical Director); Andrea Roedocker (Coor. Strategic Development), Janel Feehan (PACS coor), Dawn Rubbelke (Rad Admin Rep), Jess Anderson (Lead Tech), Becky Hoes (Community member), Jeanne Scinto (VP), Sam Morgan (Lead Tech), Lonna Browne
Old business	None. Last meeting minutes were approved and have been published on the website.
I. JRCERT Update	<p>A. <b>JRCERT accreditation status:</b> 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.</p> <p>B. <b>Annual Report for 2024</b> submitted in July (due in Oct), was accepted by JRCERT.</p>
II. Program/ Master Plan Updates	<p>A. <b>Policy Manual</b> – Minor revisions included curriculum and adding the new academic calendars and wording for the application process, more detailed international student info was added after having 2 international student graduates this year. Under current US laws for work visas, neither student is able to apply for a visa (HB-1 or TN) because the statute language allows employers to seek work visas only for careers that “<i>require</i> a bachelor’s degree.” Our profession only requires an <i>associates</i> degree and does not fall under any other exception. This was discussed with the MSU advisors for the program and international office to ensure that students on visas are made aware of the laws if they decide to pursue a career in medical imaging in the US. Ben A. noted that there is a new H1B1 visa in the works that may help international rad tech students.</p> <p>B. <b>The Master Education Plan</b> updated annually electronically to use less paper. PD is adding documents to Teams to keep it centrally located and available.</p> <p>C. <b>Didactic Curriculum:</b> There was reordering of some units within courses to accommodate current calendar cycles. Several courses are not changing in content, but being combined into one (MRI, CT and mammo) course and taught in 3<sup>rd</sup> semester before students go to those rotations. The students do go through an observational CT rotation in the 2<sup>nd</sup> semester. The image analysis units that we incorporated in the 3<sup>rd</sup> and 4<sup>th</sup> semesters will be part of 310 Image Quality and 403 Digital Imaging Courses. The MK research paper and presentation will be part of a course grade this year. We are planning to invite radiology staff to listen to the presentations in December as well. These changes were made so the hard work students do on this research project is reflected in their grades.</p> <p>D. <b>Clinical Plan:</b> RS was able to accommodate our 7 students clinically in rotations with 1:1 supervision.</p> <p>E. <b>2026 Class update:</b> the 6 juniors are doing well and are right on track with competencies.</p> <p>F. <b>New juniors – class of 2027:</b> The 2027 class of 7 students will begin August 18. They will be in class 5 days a week the 1st 3.5 weeks to complete basic patient care/transport, intro to rad science and radiation protection coursework and then will begin clinical rotations through the diagnostic areas.</p>
III. Resource /Staff Updates	<p>A. <b>Trajecsys:</b> No new updates.</p> <p>B. <b>Registry Review:</b> The class of 2025 utilized St Catherine’s tests, Lange Review, our worksheets and mock exams for registry review. Each student had access to RadTech BootCamp as well. PD will continue to use these materials and update some of the test questions that are outdated for the 2026 class.</p> <p>C. <b>Website updates:</b> No major updates, just annual information changes.</p> <p>D. <b>Radiographic Phantom from Foundation:</b> The Foundation approved a request to purchase a radiographic phantom and we received it in July.</p>

<p>Assessment Plan/SLOs</p> <p><b>DISCUSSION OF RESULTS of 2023-24 – mostly junior data</b></p>	<p><b>Assessment Plan/SLOs:</b> The 2024-25 Assessment Plan is complete for the junior (Class of 2026) and 2<sup>nd</sup> semester was discussed. The committee reviewed all the results, but focused discussion on areas where benchmarks were not met or met as a group, were low or not met individually (1.2, 2.2, 3.1, 4.3), which is detailed below.</p> <p style="text-align: center;"><b>GOAL 1: Students will demonstrate effective verbal and written communication skills.</b></p> <p><u><i>SLO 1.2: Students will demonstrate effective verbal communication.</i></u></p> <p><b>Tool A: Procedure Grab Bags-</b> Procedure (UE, LE, Spine, Pelvis, C-arm, Fluoro and difficult patient situations) grab bags/student were conducted and graded by RS with a rubric. We increased the number of graded sets from 2 to at least 4 so students become more comfortable both explaining what a procedure entails and improving recall. The 2026 class met the benchmark (75%) as a class (98%) and individually (range of 100-95%) when averaging the grab bag grades together. Increasing the frequency of and varying the content of these grab bags has been well received and this class showed improvement from the beginning to the end of the semester, attributable somewhat to the increased frequency of this activity. No action needed.</p> <p><b>Tool B: Technologist Evaluations of Student-</b>6 evals per student are averaged on categories of “asking questions” and “initiative;” The 2025 class met the benchmark (75%) as a class (90,94 %) and individually. No action needed.</p> <p><b>Tool C: Ethics Presentation</b> -The class of 2026 easily met this benchmark (100-94%). They were well prepared overall and comfortable presenting. No action needed.</p> <p><b>Tool D: Scientific Research Paper Presentation:</b> The senior class of 2025 presented their papers in April to coincide with presenting at the NDSRT annual conference. The presentations were scored by program officials by a rubric- benchmark of 75% individually. While the class average was 75%, 3 students did not meet the benchmark (50 x2, 67%). To avoid a lack of effort in the presentation aspect of this project in the future, members discussed whether the paper and presentation should be graded, and the presentations done before we know who will present at conference. The committee liked the idea of inviting radiology staff to listen to increase students’ commitment to fully preparing their presentations.</p> <p style="text-align: center;"><b>GOAL 2: Students will demonstrate critical thinking skills in professional practice.</b></p> <p><u><i>SLO 2.2 Students will demonstrate the ability to critically evaluate radiographs for quality.</i></u></p> <p><b>Tool A: Image Analysis Tool</b> – Juniors undertake image analysis of several radiographs and are graded individually by RS 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.</p> <p><u>Juniors</u> met the benchmark (87.5%) as a class (96%) and individually (98-93%). No action needed.</p> <p><b>Tool C: Technologist Evaluations of Student-</b>Supervising technologists are asked to evaluate students during specific diagnostic rotations. Up to 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 2026 class of juniors met the benchmark (75%) as a class (81%) and individually (90-75%). 3 students were on the lower</p>
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end of the benchmark, but this is expected in the 2<sup>nd</sup> semester. Tech comments for this area varied from repeat tips, positioning and setting techniques. We expect to see improvement here by the 4<sup>th</sup> semester.

**DISCUSSION/ACTION PLAN:** RS has created more formal structure for the image analysis coursework to ensure students put effort into this skill and this will continue into the 4<sup>th</sup> semester. No action needed.

**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 score students 1-4 (4 = 100%, 3 = 75%, 2 = 50%) for clinical competency categories of “image analysis” and “equipment use.” 6 random Comp eval scores in the category/student are averaged individually and as a class. The 2026 class met the benchmark (75%) as a class (97, 99%) and individually (100-92%) (100-96%). No action needed.

**Tool B: Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 4- 6 evals per student were averaged for “manipulation of equipment,” “positioning skills” and “setting technical factors.” The 2026 class met the benchmark (75%) in image analysis and equipment use as a class (89, 86%) and individually (95-83%) (90-83%). While they met technical factors as a group (77%), individually several did not (85, 84, 76, 73, 72, 71, 70). Technique is discussed generally throughout the 2<sup>nd</sup> semester, but isn’t taught in detail until the 3<sup>rd</sup> semester, so clinically it is a newer skill as digital equipment defaults to acceptable techniques when you choose the exam. This class performed as expected for the time frame. Image quality and technique are expanded in the summer’s 3<sup>rd</sup> semester and with image analysis materials, so these results are what were expected and will look for improvement by the 4<sup>th</sup> semester. No action necessary.

**GOAL 4: Students will exhibit ethical and professional behavior suitable to entry level radiographers.**

**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. The 2026 class met the benchmark in each category (75%) as a class (80, 80, 100%) with all students receiving 4’s out of 5 for self confidence and reaction under stress, which is expected at this point.

**Tool B- Technologist Evaluations of Student-**Supervising technologists are asked to evaluate students during specific diagnostic rotations. 4- 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. The 2026 class met the benchmark in each category (75%) as a class (88, 82%). The committee discussed that these categories are ones that improve with exposure and experience, and that the results were within what is expected during the 2<sup>nd</sup> semester.

	<p><b>DISCUSSION/ACTION PLAN:</b> No action necessary.</p> <p><u>Overall Summary:</u> 2026 class met all benchmarks as a class, with only a few instances of individuals falling below the benchmark. No major changes to the Assessment Plan goals or objectives are needed at this time.</p>
<p>IV. 2024 PED updates/ 2024 Grad Program evaluations &amp; Student/Employer 6 months post grad surveys for class of 2023</p>	<p>A. <b>Program Effectiveness Data (PED) 2025 class:</b> All 2025 grads passed the ARRT registry exam on the 1<sup>st</sup> try (average class score of 89%). The national average in 2024 was 83 % (2025 info not available yet). 5 of 6 graduates found employment right away, 2 at Trinity – 1 in diagnostic and 1 in CT. 1 went to Grand Forks, 1 to Seattle, 1 still looking, 1 to Helena, MT.</p> <p>B. <b>Program Evaluation by 2025 Graduates</b> Students are asked to fill out a detailed Program Evaluation (Exit Survey) before they graduate. A summary of the answers from 2017 to the present class is used to compare responses.</p> <p><b>Clinical rotations- 2025</b> – Most clinical categories were marked adequate, except surgery/portables, trauma and physician assists was marked as inadequate for 3 students, although 1 student marked surgery as excessive. There were also comments that they saw lots of surgery and trauma but didn’t get a chance to do the exams. These comments are common- we have incorporated more c-arm simulations to help students get more comfortable in surgery. We now have a radiographic phantom that can be used under drapes for positioning, so that will assist as a way to allow students practice trauma and surgery positioning.</p> <p>1 male student commented that they didn’t want to learn about or rotate in mammography because they weren’t going to be a mammographer. The committee talked about this and concluded that the coursework in advanced modalities should continue and no real change was necessary for that rotation as they may have the chance to observe a few exams or biopsies and at that location they rotate in diagnostic as well.</p> <p><b>Didactic coursework 2025:</b> Most didactic categories were marked adequate. There were 2 “inadequate” ratings for exposure factors, with a comment that that section felt rushed and a review lecture later would be good. 1 student felt that lower extremities unit was rushed and they needed more time to retain that information before Thanksgiving break. Calendar dates and breaks sometimes creates a “rush” to get through a course but only so there is nothing left to “study” over a holiday. The class schedule has been rearranged to try to avoid this, but it isn’t always possible. It is noted that even when there are no tests coming up, students need to work to retain all the information since it is not just needed for the test but for their chosen profession.</p> <p>1 student thought the image analysis workbook assignments were “excessive” as it was a lot of pages. RS has been working on this course and creating her own worksheets. 2 students thought that it was excessive to go through a mammography rotation and coursework as a male, which was discussed above.</p> <p>In the next section of the survey, students commented on a lack of urinary procedures and pain injections, surgery and trauma exams. Several students noted that they liked image review together in class and suggested more mini review lectures and trauma mock exams. They felt the student services were adequate. All students said they felt confident in their ability to be an entry level tech, 1 said clinicals helped boost confidence and experience would improve it</p>

Overall satisfaction with their profession was: 5 students at 10 and 1 at 9. Other graduate comments that they wished they could declare a modality early on and skip the others, several were grateful they chose our program, some noted that issues with technologists detracted from their experience, but that there were also some great techs that taught them (Brinlee, Caley, Hailee, Kara, Tammy, Tina and Teresa). T

- C. **6 month post graduate survey for 2024 class:** This is an electronic 3 part Google survey, easy to use and view responses. 6 of 6 surveys were returned.
- **The first section** is information about the registry and employment for the 2024 grads. PD noted that 6 grads are members of the ASRT and 5 with the NDSRT. 5 graduates started working at Trinity after graduation, 1 in IR/CV, 2 in CT and 2 at MAC/mammography. Starting wages were in the \$26-\$30 range.
  - **The second section** has each grad score their educational experience with ranges between 1-10 (very unsatisfied to extremely satisfied). All ranked their experience overall as 9-10 (extremely satisfied) on registry preparation. There were 5-9-10's and 1- 8 on how well the program prepared them for this career.

On technologists' professionalism -4 graduates rated them – 9/8 – very to extremely professional and 2-6-7 - usually to very professional, commenting “techs would often take over and not let us correct our mistakes” and “superiors seem to forget they were once in the same position as you” and techs should stop “tweaking” student positioning when it is not completely off. Scoring less than 9's here is typical. Last year it was in the range of 8-10 for all. There were also some specific issues between students and techs early on for this class. The issues were addressed by the lead tech and RS and improved. Personality issues do come up between techs and students and are addressed as needed. Another common theme is how hard it is to allow students to use their own judgment during an exam where the supposed “error” will affect the patient. The new phantom can be used for this type of issue, where students can expose it and analyze their own positions.

On tech supervision 2 grads said 9-10 (excellent supervision) and 4 grads 7-8( great supervision.)

As to whether students were allowed enough independence to develop confidence, 1 student rated it lower, 5-6-adequate, 3- 7-8, above average, and 1- 9 excellent level of independence. Comments included that “techs took over exams and won't let us correct our mistakes,” or rushed them, tweaked their positioning unnecessarily and failed to let them set their own techniques. Techs are reminded to let the students have some independence in their senior year with indirect supervision and students are reminded to ask for it, but this is an area that is very specific to the exams being done and personalities of the students and techs. We will continue to work on communicating the need for more independence prior to graduation.

Students commented on ways that the program failed to prepare them for this career, needing more independence to make mistakes and one wanted more information about other modalities.

Students commented on changes to the program as work on “tech attitudes” towards students, techs taking over exams, more detailed anatomy to retain it better and more focus on urinary procedures.

- **The third section of the survey** has the graduates score themselves on 7 questions related to critical thinking and job skills, with the highest score (10 – always, 9-almost always, 8-mostly). Results were:

1-Confidence in positioning skills – 10 (2), 9 (4)

2-Modifying for age and other variables – 10(1), 9(3), 8(2)

3-Technique adjustment on diff equipment – 10(1), 9(1), 8(3), 6(1)

4-Image evaluation - 10(2), 9(4)

5-Independent judgment - 10(2), 9(2), 8(2)

6-Pt care skills - 10(5), 9(1)

7-Satisfied with career – 2 – Love it!; 3- Very satisfied; 1- satisfied

Overall, the 2024 class felt very prepared for the career and had a good experience.

**Discussion:** As is common, the graduates commented on technologist attitudes towards students – rushing them, or taking over exams, not allowing enough independent thinking. Tech/student relationships play a direct role in their education during the program; it is hard to balance supervising and letting a student make a mistake when it involves real patients. Students also commented on technical adjustments, which will come with experience on different equipment. The committee agreed that this is an area where reminders to both students and techs is the main solution.

**D. 6 month Post Grad surveys for 2024 class:**

**Employer survey responses:** 6 of 6 surveys were returned from employers. Scale is from 4 to 1 with 4 being the highest.

Breakdown by category was

- Manual skills 4(3), 3(3)
- Speed/competence 4(5), 3(1)
- Repeat rate 4(3), 3(2), 2(1)
- Efficiency 4(4), 3(1), 2(1)
- Initiative/attitude 4(4), 2(1), 1(1)
- Attitude toward change/confidence 4(3), 3(2), 2(1)
- Pt relationships 4(6)
- Co-worker relationships 4(4), 3(1), 2(1)
- Judgment 4(5), 3(1)
- Prof Appearance 4(5), 3(1)
- Overall satisfaction 4(4), 2(2)

The 2024 class results were compared to the classes of 2017-2023. Some grads in this class got lower scores from supervisors in confidence, efficiency, initiative, relationships and overall satisfaction than previous classes. Committee

	discussed how the program could improve for overall satisfaction, including talking to grads more about what is expected of them when they go into the workplace, to create ways for them to be more independent in the final months of the program, creating a final check list for completing more indirect supervision exams, changing technical factors and determining protocols to follow when unusual orders arise. As to learning protocols, one suggestion was for grads that are hired by Trinity to undergo protocol and technical checklists created by lead techs/supervisors with more emphasis on what will be expected of them when they transition to technologist.
V. Administrative Schedule/Open discussion	<ul style="list-style-type: none"> <li>Michelle Keller papers for class of 2025 are due in August and will be submitted to the judge for a November reveal of the winner of the scholarship during Rad Tech week. This year the students will prepare and present their papers before Christmas, with invitations out to the radiology department to attend.</li> <li>The radiographic phantom that the Foundation purchased for the program is here. We are doing a contest to name it and want to obtain clothing for it that states it was purchased by Trinity Foundation and when it is used at career fairs (hat, scrub top, t-shirt, headband). Phantom is stored in the c-arm garage, but there was some concern that it looks bad. We will keep the doors closed and the phantom covered better so it doesn't appear to be a patient.</li> </ul> <p><b>Update:</b> Next meeting will be in January/February where we will discuss SLO results for the 2026 class from the 4<sup>th</sup> semester and the 6-month surveys from graduates and employers for the class of 2025.</p>
VI. Student Report	Student representative was busy in the department and could not attend.