

Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
2/13/26 2:00 pm Radiology Conf Rm

In Attendance	Michelle Bratton, Jim Coffin (Radiology Dept Manager), Janel Feehan (PACS), Hailey France (Student Rep), Andrea Roedocker (Admin), Greg Toepfer (Service Line Director), Samantha Morgan (Lead Tech) Absent: Renae Stratton, Jess Anderson, Ben Anderson, Becky Hoes, Jim Miller, Cindy Milkey, Dawn Rubbelke, Lonna Browne
I. JRCERT Update	A. JRCERT accreditation status: Program was granted an 8 year accreditation in 9/20. The window for reaccreditation has been opened and our self-study report is due 8/3/26. The site visit will be in 2/27.
II. Master Education Plan/Program Updates	<p>A. Didactic Curriculum: 7 juniors (class of 2027) began in August and are doing well in class and clinicals. The class of 2026 is nearing the end of didactic coursework and will begin registry review mid-March.</p> <p>B. Academic/Clinical schedule: This semester we changed the class/clinical schedule. Students now have no class days on Mondays instead of Fridays and when students work a weekend, they have Mondays off instead of Fridays. RS determined Mondays are consistently busier than Fridays for certain fluoro exams (ex. ORIF Ant hip/Pain injections) that benefit students.</p> <p>C. Policy Manual – During the annual review, there were only slight adjustments to wording of admission/application policies. No substantive changes other than some adjustments in the application process scoring numbers to accommodate a change in the course scoring scale. This did not affect the percentages of criterion scored during the application process.</p> <p>D. GI Bill™: No students using this currently.</p>
III. 6 Month Post Grad Surveys	<p>A. 6 month Post Grad Surveys from Grads: All 6 graduates of 2025 returned their surveys.</p> <ul style="list-style-type: none"> • The first section is related to <u>registry and employment</u>. 4 were still members of the ASRT and NDSRT at the time of the survey. 2 graduates are employed by Trinity (1 in diagnostic & 1 in CT). 3 others are employed in Grand Forks, Helena, MT & near Seattle, WA. 1 graduate purchased a coffee shop and is currently working outside the field because she relocated to an area where she could not find employment. • The second section of the survey asks the graduates to score their <u>educational experience</u> in the Program 6 months later. Scoring is from 1 to 10 (very unsatisfied to extremely satisfied). All ranked their experience overall as 8-10 (very to extremely satisfied). They all ranked registry preparation and that the program prepared them for the career as a 10 – extremely satisfied. <p>When rating the technologists’ professionalism during the program, 4 graduates – 9/8 (very to extremely professional) and 2 – ranked them a 6 (usually professional). While a 6 seems low, these scores are similar to previous years and this seems to fluctuate based on personalities of students and technologists year to year.</p> <p>On tech supervision 3 graduates ranked 9-10 (excellent supervision), 3 graduates – 8 (great supervision).</p> <p>5 grads ranked whether they were allowed enough independence to develop confidence as 9-10 (excellent) and 1 gave a 6 (adequate level of independence). During discussion, it was noted that low scores in this category often come from students who hold back in clinical areas and are reluctant to ask techs for more independence. In 2024 we also had scores of 5-6 from 2 graduates in this category. One suggestions to avoid this was to require students do more supervised “solo” exams in the 4th and 5th semesters in different rotations (for ex: portables, c-arm surgery, fluoro set up, etc.) so that they cannot hold back and will hopefully become more comfortable with certain exams before the graduate.</p> <p>Comments to “in what ways do you feel your education failed to prepare you” included: clinic days did not always allow us to see certain procedures; more knowledge of post graduate CE, certification, and payment; reviewing images in urgent cases to understand why changes were made. Program officials have addressed this by changing class and clinical days to allow for more exposure to certain exams based on current trends (Monday allows access to more types of surgery cases</p>

and procedures than Fridays). Hailey noted that she has seen more hip surgeries in clinical rotations on Mondays since the change and liked the change.

As for grads wanting “more knowledge of post graduate information,” we already go over the requirements before they graduate and give students a handout called “So you graduated, now what?” to refer to later. Students are encouraged to contact us even after graduation if they need assistance with this information as well, and they often do.

It can be difficult to review images or ask questions in urgent cases, so it is important for students to make an effort to seek out this type of review on their own. The committee agreed that most techs would be happy to review a particular case if asked by a student. While the program already implements general “image review” sessions with interesting cases, all students are now required to prepare and present an interesting or unusual exam they completed to their peers several times a semester during the 2-5 semesters. Students choose an exam, remove PHI, and create a presentation (removing PHI) to share with their peers. This has been interesting and educational. Program officials will also consider prompting students to seek out review of images with techs when there is something they didn’t have time to look over in “real” time with something in their clinical semester objective books.

Comments to “if you could make changes in the program” included: adjust days to see a wider range of exams; Fridays off in the summer; assignment to single tech instead of an area; more opportunities to go over image after a case. Students do have half day Fridays during the end of the 3rd semester, which works out well as Fridays can be slower during the summer.

100% would **recommend the program to others**.

- **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).
1-Confidence in positioning skills – 10(3) and 9(2) and 8(1)
2-Modifying for age and other variables – 10(3), 9(1), 8(1), 6(1)
3-Technique adjustment on dif equipment – 10(3), 8(2), 7(1)
4-Image evaluation - 10(3), 8(2), 7(1)
5-Independent judgment - 10(3), 9(2), 7(1)
6-Pt care skills - 10(3), 9(3)
7-Satisfied with career – 3 – Love it!; 2- Very satisfied; 1- satisfied

Discussion and Action: We will continue to stress to students that they must ask techs to allow them more independence as they reach the end of the program, as there is a “team” approach to many exams when 2 or more techs are involved. We will look at a way to add some items to semester objective books to prompt students to seek out more independence and for reviewing exams with technologists.

B. Employer surveys 6 month Post Grad Class of 2025:

Employer survey responses: 5 of 5 surveys were returned from employers. Scale is from 4 to 1 with 4 being the highest.

Breakdown by category was

	<ul style="list-style-type: none"> • Manual skills 4(4), 1(3) • Speed/competence 4(3), 3(2) • Repeat rate 4(2), 3(3) • Efficiency 4(3), 3(2) • Initiative/attitude 4(4), 3(1) • Attitude toward change/confidence 4(3), 3(2) • Pt relationships 4(4), 3(1) • Co-worker relationships 4(3), 3(2) • Judgment 4(4), 3(1) • Prof Appearance 4(5) • Overall satisfaction 4(4), 3(1) <p>The 2025 class results were compared to the classes of 2017-2024. Scores were similar to and higher overall than 2024 as there were no “2’s” in any category. The only comments were positive. These scores are typical for our graduates.</p>
IV. Resource /Staff Updates	<p>A. Developmental Tests and Registry Review: The class of 2026 will use St. Catherine’s tests, RadTech Boot Camp, Lange Review book, Mosby Review book, ASRT resources and updated registry review material/mock exams after spring break.</p> <p>B. ASRT: Cost of student membership is going up to \$37 next class.</p> <p>C. Fundraising for program: Students and program officials did the Double Good popcorn fundraiser again and earned over \$2500 in November to be used for expenses to attend the NDSRT conference and misc. student related things.</p> <p>D. New Radiographic Phantom: We have been using our new radiographic phantom for positioning assignments, c-arm practice and so much more. We had a marketing experience with the Foundation to thank them for buying this amazing resource for the program.</p> <p>E. Program video: Program officials asked Trinity marketing to create a video about our program that includes interviews from students and graduates, highlighting the new phantom and hospital facility. The video will be available as an informational tool for our radiography program. The final video is not yet complete.</p>
V. Assessment Plan/SLOs DISCUSSION OF RESULTS of the Class of 2026 4th Semester	<p>Assessment Plan/SLOs: Results from the Class of 2026 - 4th semester (compared to their 2nd semester) - were disseminated prior to the meeting.</p> <p><u>General discussion:</u> The following discussion was for the graduating class of 2026 and the Assessment Plan draft prepared compared their 2nd and 4th semester results. The committee liked seeing the results and comments of one classes 2nd and 4th semesters together in one document. MB will keep this format for the class of 2027 in their 4th semester. The junior class (2027) results will be discussed in the 2nd semester and compared to the class of 2026’s 2nd semester in one document at the summer Advisory meeting.</p> <p style="text-align: center;">GOAL 1: Students will demonstrate effective verbal and written communication skills. <i><u>SLO 1.1: Students will effectively communicate with patients.</u></i></p>

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 2026 class met the benchmark (100%) as a class and individually.

Tool B: Technologist Evaluations of Student-Supervising technologists are asked to evaluate students during weeklong diagnostic rotations, which are valuable to assess overall performance over a longer period of time and not just 1 procedure. 6 evals per student are review in categories of “Communication skills” and “Patient rapport;” the 2026 class met the benchmarks both as a class & individually at 97 & 98% in communication and patient care, respectively, an improvement from 93 & 92% in the 2nd semester.

DISCUSSION: Our students consistently score well in patient communication, as did the class of 2026 in both semesters. No action needed.

SLO 1.2: Students will demonstrate effective verbal communication.

Tool A: Procedure Grab Bags- 6-7 UE, LE, spines, skulls, and urinary procedure grab bags/student were graded by RS with a rubric. This number was increased for both classes from last cycle. The 2026 class met the benchmark as juniors and as seniors as a class (97%) 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 on categories of “asking questions” and “initiative/participation.” The 2026 class met the benchmark as a class (98 & 99%) and individually, improving from 90 & 94% as juniors. No action needed.

Tool C: Ethics Presentation - This class met it as juniors at 96%.

Tool D: Scientific Research Paper Presentation- 2026 students met this benchmark with a range of 96-98%. This year we had them present their papers in a conference room and invited the radiology personnel to attend. This class did an excellent job overall, validating the decision to make the paper and presentation into a graded course after the gradual decline in the scores of individual presentations. This is important for this SLO and also helps promote professionalism.

DISCUSSION: The corrective actions of using the research paper for a graded course and also deciding the students would present to a larger audience discussed last year after a slow decline in scores may have assisted in increasing the scores this year. As noted by Hailey, the timing for the presentation will be moved closer to when the paper was due in late August.

SLO 1.3: Students will demonstrate effective written communication skills.

Tool A: Ethics Paper – This class met the benchmark as juniors at 96.5%.

Tool B: Scientific Research Paper - Senior students’ scientific research papers for the Michelle Keller scholarship are scored by an anonymous judge. The 2026 class **met the benchmark (82-94% individually)**. The class average from the judge was 88%. Students were graded by program officials for course 331/431 with a more detailed rubric and scored between 95-99%.

DISCUSSION/ACTION PLAN: Students consistently score well here as a group but sometimes fall below 75% individually. Now that the research project is a graded course, the committee discussed and decided that the benchmark should be raised at least 80% - the “passing” grade for our program. The committee felt that the judge’s scores on the written paper was still an appropriate way to assess this benchmark for consistency and because it is likely more impartial than the program officials’ final grading.

Program officials used the same rubric categories to grade the papers this year, but broke down each main category for more focused grading. This more detailed rubric will be shared with the anonymous judge for the next class when papers are scored.

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- In Competency Evals, techs score students 1-4 (4 = 100%, 3 = 75%, 2 = 50%) for critical thinking when performing an exam (appropriate positioning and technical factors, necessary modifications). 6 random Comp eval scores in the category/student are assessed individually and averaged as a class. The 2026 class met the benchmark as a class (99%) and individually, with only 2-3s, an improvement from the 9-3s as juniors. Techs have been writing positive and constructive comments in this category, including noting when students needed assistance positioning patients or the tube angles during portables.

Tool B: Procedure Grab Bags- 5-6 Random procedure grab bags/student were graded by RS with a rubric on critical thinking on a 4 point scale. The 2026 class met the benchmark as a class (98%) and individually in both semesters. During grab bags, critical thinking is solely on the student with no “back up” from a technologist and this increases the difficulty.

DISCUSSION/ACTION PLAN: Critical thinking is difficult to assess but the current tools allow for good comparisons from the 2nd to 4th semester so no change is needed as this time.

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. The class of 2026 had 100% in the 2nd semester.

Tool B: McQuillen Image Analysis - Seniors are graded on 3 comprehensive image analysis tests that include many images in 3 units - LE/Spines/Skulls. The 2026 senior class met the benchmark as a class (98.3%) and individually. This is a useful tool for assessing this skill because the student decides on the quality of an image with no input from technologists.

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 2026 seniors met tool B benchmark as a class (97%) and individually, noting that as juniors they averaged 81% and had several lower individual scores of 75, 76, 77, which was above the benchmark for a junior, but illustrates tremendous improvement.

DISCUSSION/ACTION PLAN: Program will continue using the McQuillen Image Analysis test for seniors as it seems to improve confidence in this area. Sam suggested that doing the McQuillen image analysis right after the various positioning units might be helpful so that students are thinking about how to correct positioning errors right away when they start working on competencies. This idea has been reviewed before and to date it hasn't been implemented 1) due to time constraints in the first 2 semesters and 2) the worry that it would overwhelm students. RS begins McQuillen image analysis in the 3rd semester once all the positioning units are complete and when students are in clinicals every day for 6-7 weeks. The image analysis quizzes are good for reviewing the anatomy and positioning that students have become comfortable with so they can critically think about troubleshooting when images aren't ideal. Now that we have a phantom, other ideas for image critique were create poorly positioned images with the phantom and have the students take radiographs to correct them.

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 2026 class met the benchmark as juniors and in the 4th semester as a class (98, 97%) 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 2026 class met the benchmark as a class (98, 98. 93%) on 6 evals/student as a class for each category. Technical factors was at 93% which is a clear improvement for the 2026 class from 2nd semester of 77% and where 3 students did not meet the 75% benchmark individually.

Tool C: Recheck Performance Evaluations- Recheck performance evals on seniors in the 4th semester are scored by techs on 6 random exams per student. The 2026 class met the benchmark as a class (99.3%) and individually. No action necessary.

DISCUSSION: The class of 2026 has consistently been ahead of the curve and in the area of technical factors has made significant improvements. No action needed.

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 2026 class met the benchmark as a class (97%) and individually. No action necessary. They reduced the number of 3’s by half 10 to 5) in the 4th semester.

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. The 2026 class met the benchmark as a class (98%) and individually. No action needed.

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 2026 class met the benchmark in each category as a class (100, 100, 100%) and individually in both the 2nd and 4th semesters.

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. The 2026 class met the benchmark in both as a class (98, 100%). No action needed.

Tool C- Ethics Clinical Activity – 2nd semester this class also scored 100%.

DISCUSSION/ACTION PLAN: The class of 2026 has consistently shown maturity in this category. No action needed.

SLO 4.2: Students will be dependable and work efficiently with healthcare team members.

	<p>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 2026 class met the benchmark in each category as a class (100, 100,100%) and individually.</p> <p>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. The 2026 class met the benchmark in each category as a class (97, 97, 100%). As juniors, some individuals fell a bit short in the organization of tasks area (88-84%) but even that was above the benchmark.</p> <p>DISCUSSION/ACTION PLAN: No changes were recommended for this SLO.</p> <p style="text-align: center;"><u><i>SLO 4.3: NEW – Student will exhibit confidence under stress and gracefully accept feedback.</i></u></p> <p>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 2026 class met the benchmark in each category as a class (100,100, 100%) and individually in the 4th semester, improving from 80% in self-confidence and reaction under stress in the 2nd semester.</p> <p>Tool B- Technologist Evaluations of Student-Supervising technologists are asked to evaluate students during specific diagnostic rotations. 6 evals per student are assessed individually and averaged as a class. The categories of “Application of knowledge” and “Critical thinking” are important qualities of professionalism in entry level technologists. The 2026 class met the benchmark in each category as a class (98, 96%) whereas last year they were at 88, 82% as a group, with individual scores of 84, 80, 77, 75. This is a significant improvement in this class, and right where we expect our senior students to be.</p> <p>DISCUSSION/ACTION PLAN: This SLO attempts to quantify qualities are difficult to assess but that improve with experience. The Tools used have consistently showed improvement from the 2nd to 4th semesters. Tool B results show that this class improved in reacting under stress, critical thinking and applying their knowledge from the 2nd to 4th semesters. The committee discussed how the recently acquired phantom could be used to develop other ways to assess and practice critical thinking skills throughout the program. For example, RS had the class of 2027 use the phantom to simulate trauma shoulders –a recumbent Y view (roll patient versus angling the tube) to look at image quality. She has plans to do similar critical thinking simulations with both classes. Ashley (diag. tech) has also been demonstrating O-arm with the phantom with the students. Other tools will be developed with the phantom to continue to improve and assess these important skills.</p>
<p>VI. Administrative Schedule/Open discussion</p>	<ul style="list-style-type: none"> • New Students: 9 interviews were conducted (14 applications). 6 students were accepted will begin in August 2026. • Graduation: 2026 graduation will be May 14th at 11:00 am in the Prairie Rose room. • Update: Next meeting: summer 2026-2nd semester SLOs for class of 2027 & 2026 post graduate surveys and PED info. • EPIC: Jim noted that once the hospital move from Cerner to EPIC is underway that the students will also have to be trained. MB noted that program officials will take care of that once they are trained and it is an appropriate time for students to learn EPIC. The transition will not happen for several months.
<p>VII. Student Report</p>	<p>Hailey reported that the students felt stressed about the presentation and would have rather presented shortly after the written papers were due (August) than in December. MB will look at the course schedule and see if presentations might fit in earlier next year to see how that goes.</p>