

Trinity Health Radiologic Technology Program/Advisory Committee Meeting Minutes
June 15, 2026, 1 pm Dakota Room

In Attendance	Michelle Bratton (PD), Renae Stratton (Clin), Jim Coffin (Radiology Dept Manager), Greg Toepfer (Serv. Line Admin); Andrea Roedocker (Coor. Strategic Development), Janel Feehan (PACS Coor.), Ben Anderson (VP), Sam Malone (student rep); Lonna Browne (Rad Info Sys Mgr.) Absent: Jess Anderson (Lead Tech), Cindy Milkey (Community member); Jim Miller (Program Medical Director); Dawn Rubbelke (Rad Admin Rep), Becky Hoes (Community member), Jeanne Scinto (VP), Sam Morgan (Lead Tech)
Old business	None. Last meeting minutes were 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 August 3, 2026, and next site visit will be in February of 2027. B. Annual Report due in October.
II. Program/ Master Plan Updates	A. <u>Policy Manual</u> – Minor revisions include revising the curriculum sequencing page to make it more general to avoid having to revise each semester in the manual when calendar dates require it or courses are shifted. A copy was sent to members prior to the meeting for review and several edits were suggested before approval to general Trinity policies that may have been updated recently. An edited version of the Policy Manual will be sent out to members for final review and approval after those revisions. B. <u>The Master Education Plan</u> updated to Teams to use less paper. PD is adding appropriate documents to Teams to keep it centrally located and available. C. <u>Didactic Curriculum</u>: As noted, the curriculum coursework listed in the Policy Manual was written more generally as courses are moved between the 2nd and 3rd semesters to accommodate the calendar or staffing, but the substance remains the same. The new ARRT exam content for 2027 has removed computed radiography (CR), added virtual grids, more about networking security for PACS/MIMPS and AI and removed/added some procedures. Program officials continue to adjust coursework to reflect these changes. D. <u>Clinical Plan</u>: RS revised the clinical plan to meet the new ARRT 2027 exam content and clinical competencies where procedures were removed or added. One notable removal is IVUs completely from the list. Also, temperature and venipuncture were removed from the competency task list, but we plan to continue having our students learn and practice venipuncture in their CT rotations. E. <u>2027 Class update</u>: the 7 juniors are doing well and are right on track with competencies. F. <u>New juniors – class of 2028</u>: The 2028 class of 6 students will begin August 24. 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. G. <u>Mission Statement</u>: was reviewed 2.3.25. Noted to review it again in 2028.
III. Resource /Staff Updates	A. Trajecsys: No updates B. Registry Review: The class of 2026 utilized St Catherine's tests, Lange Review, ASRT SEAL tests, 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 2027 class. C. Website updates: No major updates D. Radiographic Phantom: students have been using this to perform trauma positioning and learning basic images and checking exposures and positioning, as well as practicing c-arm and o-arm localizations. There was some

	discussion of how else to utilize the phantom in other imaging areas, but no areas were identified that might benefit from it at this time. E. Program Video from Marketing: still waiting to see the video from marketing
Assessment Plan/SLOs DISCUSSION	Assessment Plan/SLOs: The 2025-2026 Assessment Plan is complete for the juniors (Class of 2027) 2nd semester and 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, which is detailed below. GOAL 1: Students will demonstrate effective verbal and written communication skills. <u>SLO 1.1: Students will effectively communicate with patients.</u> Tool A: Clinical Competency Evals: 6 scored categories (Communication, Critical thinking, Equipment, Radiation protection, Image analysis, Post procedure) with areas for number of repeats and tech comments. Techs score students 0 - 4 (4 = 100%, 3 = 75%, 2 = 50%, 0) <u>Juniors</u> met this mark as a class and individually. This class had between 41-97 comps each completed this semester. 6 random evaluations from each student were used (1 from January and then every 2-3 weeks to get sample across semester). It was noted that the technologists have been writing more comments and giving great feedback, both positive and constructive criticisms. Of the 42 Comps, there were only 4 “3’s” in this category– indicating minor help needed to communicate with the patient. This is an area that historically the students rank high in, no action necessary. Tool B: Technologist evals of student: 16 categories (used to be 10), 5 point scale (1=weak, 3= avg, 5=strong) during a clinical rotation. Note that 3/5 pts is 60% (average), but our benchmark is set for 3.75/5 (75%) on a 5 point scale <u>Juniors</u> met this mark both as a class and individually, although 2 were right at 75%. 6 students had 4 evaluations, 1 had 5. #6 is a general patient care score, which was added to better assess general patient communication skills. Notably, the technologists left thoughtful remarks and more realistic scores this round, marking more “3s” which is “average” and right where we want juniors to be. No action necessary. <u>SLO 1.2: Students will demonstrate effective verbal communication.</u> Tool A: Procedure Grab Bags- Procedure (UE, LE, Spine, Pelvis, C-arm, Fluoro and difficult patient situations) grab bags/student were conducted and graded by RS with a rubric. The 2027 class met the benchmark as a class (97%) and individually. The first grab bag in January was lower scoring than the later ones in April and May. No action needed. Tool B: Technologist Evaluations of Student-4-5 evals per student are averaged on categories of “asking questions” and “initiative;” The 2027 class met the benchmark as a class (92, 85 %) and individually, with 2 students scoring 75%. No action needed. Tool C: Ethics Presentation -The class of 2027 easily met this benchmark (100-92%). They were well prepared overall and comfortable presenting. No action needed. Tool D: Scientific Research Paper Presentation: The committee discussed changing this benchmark for seniors to be the same as our grade cut-off at 80% since it is now a graded course. It was decided that it made more sense to increase it to 80%.

SLO 1.3 was discussed at the last meeting for both classes.

GOAL 2: Students will demonstrate critical thinking skills in professional practice.

SLO 2.1 Students will exhibit necessary critical thinking when performing routine and nonroutine procedures.

Tool A: Clinical Competency Evals: 6 scored categories (Communication, Critical thinking, Equipment, Radiation protection, Image analysis, Post procedure) with areas for number of repeats and tech comments. Techs score students 0 - 4 (4 = 100%, 3 = 75%, 2= 50%, 0).

Juniors met this goal both as a class and individually. Of the 42 total evaluations, there were 12 “3’s” in this category. Tech comments varied widely for this broad category – from assisting a student with angles to noting that the exam did not require critical thinking so a 3 (Average) was given. No action necessary.

Tool B: Grab bag evaluations: 4 point (1-4) rubric on verbal and critical thinking skills. Seniors completed 5-6 grab bags in the 4th semester.

Juniors met this mark as a class and but not individually. Questions in grab bags included UE, LE, pelvis, spine and c-arm competency. This class did as expected as juniors and improved their verbal skills as more grab bags were undertaken. The earlier grab bags elicited lower individual scores (in January) while the grab bags in March and May showed higher scores overall. Individually, 2 students scored below the benchmark at 74 and 73%. Critical thinking skills come with experience, so no action was warranted other than to discuss this with those students and encourage them to build this important skill.

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 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.

Juniors met the benchmark as a class and individually (90-100%). No action needed.

Tool B is a senior tool.

Tool C: Technologist evals of student: 16 categories (used to be 10), 5 point scale (1=weak, 3= avg, 5=strong) evaluating a student during a clinical rotation. Critiquing images is in an area that requires experience as there is always a tech making the final call on the quality of student images. We generally see this skill increase with experience and confidence as students’ progress through the program. Note that using a percentage scale here means that average is 60% (3/5), and our benchmark is set at 75% (3.75 out of 5).

Juniors met this goal as a class with one student falling below individually at 65%. This tool covers an entire rotation with a more general assessment of student abilities over many exams and not just one competency exam. 83% is where we expect students as a class, and is slightly above the class of 2026 who were at 81% during the 2nd semester. The student

who fell below the benchmark had 3-3s and 1-4 which are acceptable scores, and the student was counseled during semester evaluations to work on this area. No action necessary.

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: Clinical Competency Evals: 6 scored categories (Communication, Critical thinking, Equipment, Radiation protection, Image analysis, Post procedure) with areas for number of repeats and tech comments. Techs score students 0 - 4 (4 = 100%, 3 = 75%, 2 = 50%, 0).

Juniors met this mark as a class and individually in both Image analysis and Equipment operation. Of the 42 Comps, there were 6 “3’s” in image analysis and 2 “3’s” in equipment. Again, it is noted that the technologists have been writing more comments and giving great feedback, both positive and constructive criticisms. Image analysis comments included lead marker use, assessing images for positioning and techniques for repeats. No action necessary.

Tool B: Technologist evals of student: 16 categories (used to be 10), 5 point scale (1=weak, 3= avg, 5=strong) during a clinical rotation.

Juniors: This class met the benchmark for Equipment manipulation and Positioning skills as a class, but 1 student was at 70 & 65%, respectively. This student scored low at 75% or lower in other tech eval categories, but again, with 3s and 4s, they were in the “average” range. The student was counseled generally to work on all of their clinical skills and try to be more confident.

This **class did not** meet the benchmark for Technical factors – 2 were at 75%, 3 were below. However, image quality is not taught in detail until the end of the 2nd or beginning of the 3rd semester. This class completed the image quality course earlier than the class of 2026 (in May) but still scored low in this area. This class performed a little below what is expected, but actually scored almost the same as the class of 2026, who did not have the image quality course until the 3rd semester. We work more with technique in senior coursework, so as in the class of 2026, we expect to see improvement in this as they progress and get more experience. The committee discussed the timing of teaching technical factors and agreed that in the digital age, repeats more often come from positioning issues, not technique. With experience students will improve here, as the classes before them did, PD and CC will continue to talk about appropriate techniques along with positioning, but the formal course remain in the 3rd semester.

SLO 3.2 is Radiation Protection and the juniors met these benchmarks easily. The committee discussed whether this is a good learning objective since we no longer use lead to protect patients during exams. However, this SLO tracks whether the students collimate appropriately and whether repeat imaging was necessary. The committee felt these were key areas to continue to track. The tools used specifically look for those areas.

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

SLO 4.1 is Students will use appropriate discretion and exhibit professionalism. Juniors met this goal easily with the Prof. Development eval, tech evals and ethics activity clinical.

	SLO 4.2 is Students will be dependable and work efficiently with healthcare team members. Juniors met this goal easily as well. <u>SLO 4.3: NEW – Student will exhibit confidence under stress and gracefully accept feedback.</u> Tool B: Technologist evals of student: 16 categories (used to be 10), 5 point scale (1=weak, 3= avg, 5=strong) during a clinical rotation. <u>Juniors</u> met the benchmarks for both as a class. Individually, 1 student was at 70% for application of knowledge and 2 fell below the Critical Thinking benchmark at 60 & 65%. Notably, the class of 2026 also had a lower score in Critical thinking (82%) but improved to 96% by 4th semester. Some of the techs comments noted that juniors were scored at 3s because they did not observe them in exams that required being creative. Like setting and adjusting technique, critical thinking skills are developed with experience. Although below the benchmark, “average” is where we expect juniors to be when struggling with exams that are not routine. No real action necessary, though it is noted that this class will benefit from the addition of the radiographic phantom to practice critical thinking skills on. <u>Overall Summary:</u> 2027 class met almost all of the benchmarks as a class, with a few instances of individuals falling below the benchmark and technical factors as a group. No major changes to the Assessment Plan goals or objectives are needed at this time other than to work on improving critical thinking and technique/image quality skills, which will come with more experience.
IV. PED updates/ Grad Program evaluations	A. <u>Program Effectiveness Data (PED) 2026 class:</u> All 2026 grads passed the ARRT registry exam on the 1st try (average class score of 92.5%). The national average in 2025 was 85%. 1 graduate was hired at Trinity at MAC; 1 to Omaha, NE; 1 hired for the summer at Trinity, then going to radiation therapy school in SD, 1 to Heart of America in Rugby; 1 will look for employment in UT and 1 is having knee surgery and then will look for employment in AZ. B. <u>Program Evaluation by 2026 Graduates</u> 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. Clinical rotations- 2026 – Most clinical categories were marked adequate, except trauma and interventional/physician assists was marked as inadequate for 1 student. This is common- we have a radiographic phantom that can be used for trauma positioning, so that will assist as a way to allow students practice critical thinking in a less stressful setting. 1 student commented that they wanted more OR experience, but noted that they were able to do more in the summer semester with more clinical time. Didactic coursework 2026: All didactic categories were marked adequate. Comments included how useful they found the image analysis course, and that it would have been helpful to do the circulatory class before cath lab and cross sectional before CT/MR. These courses are in the 5th semester due to timing to get all the positioning, physics and radbio coursework done first, so that there is more time to retain that info before the ARRT exam. One complaint was that there isn’t a lot of time to let the harder material “sink in” but that it was covered well in the time we have.

	Students are asked to list procedures they were not exposed to but they feel were necessary for entry level rad techs: Comments included IVUs, skulls, O-arm and spine injections. IVUs have been removed from the ARRT exam content and the other areas are misc. electives for the same reason – they are not common anymore. Students are asked if they were able to obtain assistance with questions or problems during clinicals: Yes (6). There was always a tech or Renae to answer or help. Were student services adequate: yes (6) Were learning resources adequate related to the curriculum: Yes (6) and the phantom was a great addition, especially for c-arm work. One comment was that an image analysis book at clinical sites would be helpful as a reference. Do you feel confident in knowledge, skills and competency to perform as an entry level tech? Yes (6). The amount of clinical experience we get prepared us and we had enough independence when we became comfortable. Additional comments: Felt 100% supported academically and in the resources provided; Check in with juniors after they start clinicals because seeing some of the traumas and sick people can be shocking and tough to take at first, help they learn to deal with it in a healthy way. Overall satisfaction with their profession: 6 students all scored it a 10.
V. Administrative Schedule/Open discussion	- Michelle Keller papers for class of 2027 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. Next year we have students start the paper later with same completion date due to comments that too much time was given to complete it. - We plan to do our annual fundraiser in the fall with DoubleGood popcorn to assist with expenses to attend the NDSRT conference in the spring in Fargo Next meeting will be in January/February where we will discuss SLO results for the 2027 class from the 4th semester and the 6-month surveys from graduates and employers for the class of 2026.
VI. Student Report	None.