

Minnesota West Community & Technical College
Radiologic Technology Program, Luverne Campus

Advisory Board Meeting

April 20, 2010

Minutes

Members Present: Windom Area Hospital, Valerie Wilkening, Murray County Hospital, Sandy Stokesbury, Pipestone County Medical Center, Katy Lightfoot & Shirley Luce, Janet Keiffer, Sanford Kiwanis Clinic Sioux Falls, Amber Jacobsma, Sanford Sycamore Clinic Sioux Falls, Reed Fricke, Sanford Worthington Regional Hospital.

Tonya Koepsell, and Sally Sieve, Minnesota West.

Members Absent: Sanford Canby, Susan Schanning, Sanford Luverne, Glen Malmquist, Avera Marshall, Pam Peyton, Chippewa Co. Montevideo, Debbie Jensen, Paynesville Area Health, Mark Dingmann, Hendricks Community Hospital, Carrie Gorham, Avera Dell Rapids, Mandy Sander, Sanford Tracy, Peg Kizer, Hegg Memorial Rock Valley, Jessica Lems, Sanford Orthopedics-Sioux Falls, Sue Goebel, Redwood Area Hospital, Lynn Juell, Granite Falls Hospital, Shannon Sander, Avera Worthington Specialty Clinics, Linda Smith, Sanford Canton-Inwood, Kristi Wiersma.

I. Welcome and Introductions

Everyone was welcomed to the meeting and introductions made.

II. Minutes

Old minutes were adopted from the previous meeting

III. Agenda was adopted

IV. Old Business

a. Program Effectiveness:

1. 100% board pass rate of graduating class of 2009
2. Average board score was 85%.
3. Retention rate in program is currently 89%.
4. Job placement rate is 4/6 or 67%. The board discussed this finding acknowledging that the economy has played a large role in the decrease of jobs within the field. Because this was our first graduation class, and it was during these economic times, the board decided to continue to monitor the job placement rate.
5. Employer satisfaction is excellent, all positive comments.

- b. Clinical Sites-(Sharing)- Windom and Pipestone both are currently taking a first and second year student. Students only overlap on one day of the week. Both expressed that the arrangement was going well and second year student is mentoring the first year student on the day they are together. Windom indicated an overlap of more than one day may be too much, but there would be no need for this with the students' current schedule. As clinical site needs may become more demanding in the future, other sites may be asked to try this arrangement on a trial basis.

V. New Business

- a. New Handbook Printed - Minor changes including reorganization and condensation.
Page 12 was brought to everyone's attention as to the student disciplinary policy. Board reviewed this policy and agreed to the changes.
- b. Technologist Evaluations - Those present were reminded that the technologist evaluations that are filled out by the site techs are assigned a due date. It is the responsibility of the student to give adequate time for the tech to complete. If evaluation is not turned in to clinical coordinator by due date, the student receives no credit.
Also, clinical grading was addressed. The current system states that 20% of students' grade comes from clinical coordinator evaluation, 30% of grade comes from technologist evaluations, and 50% comes from competency scores. It was questioned as to whether these percentages should be changed as it was felt that some students were still passing clinicals by completing competencies when maybe they weren't performing adequately in clinicals. After some debate, the board decided to leave the current system as is and reevaluate in the future.
- c. Student absent policy - Board was again asked if they thought the current absent policy was too lenient or too harsh. Board agreed the current policy with students being allowed to make up time missed was a good system.
- d. Student Clinical Progression - Specific parts of the handbook were discussed with the board including the "failure to thrive or lack of progression" in the clinical setting. Sites were asked if they were willing to provide documentation in written form if they felt a student was not thriving. Repeated documentation would then be addressed by the program and determine if the student would be asked to withdraw. Board agreed to provide this documentation if necessary. (See attached policy addendum).
- e. Ideas for students to improve - Board was asked if there were any specific items or areas they felt our students were weak in. Nothing was brought up specifically, but the door is open if there are specific exams that need extra work, etc.
- f. Laboratory Supplies - Piggostat was recently purchased for laboratory enhancement as well as a pocket ionization chamber device. Board was asked for any equipment ideas that they think would be beneficial to the students. Nothing

was brought up at this time, but board was encouraged to pass on any thoughts in the future.

- g. Student Holding Policy - The holding policy as well as radiation dose limits for students were discussed with the board in regards to the policy on page 21 in the handbook. While it is not prohibited, students are advised not to hold for any procedures in clinicals. However, if there is educational purpose, the students can and should hold for this reason. Board was reminded that ALARA principles should be followed and the dose should be spread around as many individuals as possible.
- h. Student Orientation (JRCERT changes) - The JRCERT is revising their standards of education. One standard is requiring that there be documentation that the students are made aware of such things like hazardous waste disposal, fire & emergency policies, HIPAA, etc. Board was shown the checklist that will need to be completed by every student at each site beginning in the summer semester. (See attachment).
- i. Curriculum Change- Procedures I which is normally offered in the first spring semester (January- May) will be offered at the very beginning of the program in the fall semester (August-December). This will allow the new first year students to be able to learn chest, abdomen, upper & lower extremities, etc. well before going to clinicals in January. We plan to do continuous review of exams in the lab in early January to refresh the students as much as possible in those early clinical days.
- j. Mammography Clinical Experience - JRCERT is requiring documentation that any limited rotation offered within the program be offered equitably. Thus, the modality of mammography must be offered to both males and females with the same opportunity.

Board decided a general policy for mammography rotation stating that mammography could be observed/assisted with the consent of the patient (regardless of sex of the student). (See attached policy).

VI. Next Meeting August/September 2010

VII. Adjourn