

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

Advisory Board Meeting

October 27, 2009

**Minutes**

**Members Present:** Windom Area Hospital, Valerie Wilkening, Murray County Hospital, Sandy Stokesbury, Pipestone County Medical Center, Katy Lightfoot, Janet Keiffer, Sanford Kiwanis Clinic Sioux Falls, Amber Jacobsma, Sanford Sycamore Clinic Sioux Falls.

Jeff Ernst, Jackie Otkin, 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, Tami Berkanpas, Sanford Orthopedics-Sioux Falls, Sue Goebel, Redwood Area Hospital, Lynn Juell, Granite Falls Hospital, Shannon Sander, Sanford Worthington, Reed Fricke, Avera Worthington Specialty Clinics, Linda Smith

**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. Mission and Goals - The mission and goals were revisited once again. In an attempt to simplify things, the mission statement was rewritten (Please see attached document). The board approved the new mission statement. No changes to the goals at this time.
- B. Assessment Plan Update - Tonya highlighted the Assessment Plan and how it is used to meet or exceed the program goals. Benchmarks were shown and data reflected in relation to those benchmarks. *The importance of the technologist evaluations was stressed as this is a very essential assessment tool.* Tonya indicated

to always give an honest representation of the student to give an accurate depiction of their progress. The board thought no changes should be made to the goals or assessment tools until more data can be collected with each additional class that goes through the program. (Please see attachment of Assessment Plan). The board did suggest adding course evaluations for the students to complete to verify that the content of their coursework was suitable. The students already evaluate the program as a whole as well as Tonya and Sally each semester.

- C. Site Visit Update- The site visitors from the JRCERT came in June and awarded the maximum accreditation possible. The program will be due for another site visit in 3 years.
- D. Clinical Sites Needed- It was thought that the VA Hospital in Sioux Falls would be taking several MN West students once accreditation was established as they really wanted to only have students that complied with the highest standards of an accredited program. However, they are not willing to take MN West students at this time due to other circumstances. This leaves a need for additional clinical sites for the students. It was discussed whether some existing sites could take an additional student (one 1<sup>st</sup> year and one 2<sup>nd</sup> year) at the same time because clinical days only overlap one day of the week. On this day, it would provide an opportunity for the 2<sup>nd</sup> year to mentor a 1<sup>st</sup> year student which has proven to be very beneficial to the students. It was asked for everyone to evaluate their situations and discuss any willingness to take more students with either Tonya or Sally. As always, we are open to any ideas.

## V. New Business

- A. Dress Code/ Personal Appearance / Professionalism - Sally discussed how there have been some issues with students coming to clinical with poor appearance, lack of cleanliness, or looking unprofessional. As this is a reflection of MN West as well as the hospital and clinic, this behavior is completely unacceptable. It was asked to please make Sally aware of any of these issues as soon as possible so the situation can be remedied.
- B. Orientation with Checklists - When the MDH came to inspect the energized x-ray lab, they made some suggestions. One of those was that the students needed to verify that they had some orientation to each clinical site's operations with regards to emergency shutdown procedures and radiation safety. The MDH inspector indicated that when each clinical site is inspected, the inspector may ask for paperwork to verify this. The students will be bringing a checklist to complete to

fulfill this requirement. The board decided that the student will keep the completed checklist in their clinical binder and each site can take a copy if they wish. The board also requested a blank copy of the form to keep in their MDH file or radiation safety manual regarding initial training on safe operation of x-ray equipment and radiation safety. (Attached is the form, so please print for your records.)

- C. Competency Pass/Fail- Sally voiced the importance of the students to at least attempt a competency on an exam. While it is up to the technologist, it was mentioned that it would be great if each technologist could write on the comp form what the major problems were with the exam and why they failed the competency if that was the case. This way, this can be kept in the student binder and can be discussed at the clinical coordinator evaluation. Trends could possibly be identified to the student so they know what they need to work on. It also indicates to Tonya and Sally that they are trying to comp out on exams, even if they don't have many passed competencies to show.

Sally also discussed how some students have mentioned that techs will not pass them on a competency if they make one mistake. This again is technologist preference, but keep in mind the competency form does allow the student to miss two points and still pass. If the technologist thinks the mistake was a huge factor to the exam, they certainly don't have to pass the students. However, in certain instances (a sternum or scapula for example), we all may be guilty of repeating and repositioning a patient to get passable films. So when the student needs to do this as well, keep that in mind.

- D. Handbook- It was mentioned that the handbook is going to be condensed and reorganized. No major changes will be made to any policies or procedures. When new copies are available, those will be passed on to clinical sites.
- E. Laboratory Enhancement- Tonya showed the board some of the new purchases to the lab for the students. There have been new body part phantoms, a fracture simulator, and an enema tipping simulator. It was discussed that barium enemas are becoming less frequent, so the students would benefit from extra practice. One of the board members asked if students could practice the tipping procedure on rectal contrast CT's. This was decided to be a good idea as it would give the students more practice on real patients.

It was discussed as to other things the board thought the students would benefit from having in the lab. The board thought CR equipment was not needed at this

time and that the students still greatly benefit from learning on film. A pigostat was suggested for the students to practice with as this is another intimidating procedure for students. This will be looked into as to price and availability.

- F. Absent Policy - It was highlighted that the current absent policy for students is that they may miss up to 40 hours of clinical and/or class time each year (from August to August). The board felt this was adequate and that the students don't seem to be taking advantage of this time. The board also indicated students seem to be in good attendance and make up most missed time.

#### G. Handbook Policies Additions & Review

Addition: Pandemic Policy- This policy is to address any illnesses that may become an issue, not just H1N1. Whether all the clinical sites, one specific clinical site, and/or MN West shuts down their facilities due to a pandemic, each issue will be addressed on a case by case basis. (See attached pandemic policy).

The attendance, re-admission, clinical grading, student dismissal from program, and pregnancy (student leave) policies were also reviewed and approved by the board.

The radiation safety manual was reviewed by the board with no major changes.

- H. Students Printing Fluoro & Skull Images- It was discussed that there is a shortage of fluoro and skull images for laboratory and classroom purposes. It was asked for clinical sites as they are purging films to keep some of these exams (especially those that are a full series- set (4) overheads with a GI, 4v skull, full overheads with BE, etc). If the opportunity arises, it was asked to have the student at your site help with purging and sorting through these exams. If an exam comes up when the student is there, it would be great to print an extra copy to send along with the student, however, we are not asking for this on a routine basis as laser film is expensive. MN West would be happy to reimburse for any accrued costs.

- I. Communications with Email- It was mentioned to the board on how they felt the communications with email were going. The board felt this was going fine.

- J. Frequency of Meeting Change - The board was asked if due to the long distance of many of our sites, if they would prefer to have the advisory board meeting once per year rather than biannually. Those present indicated that they liked the face to face interaction and wanted to continue with biannual meetings. The time of the meeting was also discussed. Suggestions can certainly be made as to a time of day that anyone feels is better.

K. Suggestions- There was none.

**VI. Next Meeting April 2010**

**VII. Adjourned**