

## Radiologic Technology Advisory Board Minutes – October 9, 2012

Members present: Valeri Wilkening, Windom Hospital, Nicole Johnson, Murray County Hospital, Amber Jacobsma, Sanford Clinics SF, Shirley Luce & Marci Mahik, Pipestone Hospital, Jessica Lems, Hegg Memorial; Reed Fricke, Sanford Worthington, Christal Serie, Sanford Luverne; Barb Berghorst, City of Luverne; Janine Papik, Luverne Community Member; Tonya Koepsell, Program Director; Sally Sieve, Clinical Coordinator.

Meeting was called to order at 130 by Tonya Koepsell, Radiologic Technology Program Director

Agenda Item	Item Summary	Discussion/ Resulting Action/Decision	Responsible Party	Status/Due Date
Introduction	<b>Welcome</b>			
Approval of Minutes	<b>Minutes from last advisory board meeting of 5/2/12 were emailed to members prior to meeting</b>	No corrections or additions to 5/2/12 meeting minutes	Motion to approve: Barb Berghorst Motion seconded: Result: Valeri Wilkening Motion carried	Minutes from 5/2/12 approved as read
Adoption of Agenda	<b>Agenda dated 10/9/12</b>	-No discussion followed	Motion to approve: Valeri Wilkening Motion seconded: Barb Berghorst Result: Motion carried	
Old Business	<b>Transport Checklists</b>	It was documented at our last meeting that our students are lacking transporting skills. To help improve the students skills, new checklists were developed and implemented this semester in which all students will be required to assist in transporting as a 1 <sup>st</sup> year student and independently transport patients as a 2 <sup>nd</sup> year student. We encourage clinical instructors/techs to allow our students independence in this area to expand their skills.	Sally	<b>CLOSED</b>
	<b>JRCERT Site Visit Updates to Affiliation</b>	The JRCERT site visit overall went very well in June. A huge thank you to all those who were interviewed either		<b>CLOSED</b>

	<b>Agreements</b>	<p>personally or over the phone for the site visit.</p> <p>Suggestions were made to make our students more aware of our grievance policy which was previously posted on the website and printed in student handbooks. Changes have been made to make students more aware of what this policy actually states and ensure the students are reading it.</p> <p>Another suggestion was a change in our Affiliation Agreements. The supervision provision of the agreement was amended to include "supervision of students is delegated to the clinical instructor"; however the college is ultimately responsible for the students. This is really no change from how supervision was handled in the past; however, the verbiage in the agreement was remedied to reflect this change. Also, contracts will renew every 5 years. New agreements have been sent out to clinical sites for signatures. Many have been returned already. Sanford Affiliation Agreements remained unchanged.</p>		
New Business	<b>Program Effectiveness:</b> <b>A. Retention:</b>	Current Retention Rate for Class of 2012 was 69% which does not meet the benchmark of 80%. 13 students began in the program and 9 completed the program. Reasons were stated for why students did not complete the program (lack of interest in the field primarily), and no suggestions were made at this time for ways to improve retention. Suggested to reevaluate this topic once 5 years of data are available.		<b>CLOSED</b>
	<b>B. Board Pass Rate</b>	First student in history of the program failed boards this year. From the Class of 2012, there was an 89% board pass rate. The 4 year average of the program is 96% pass rate. Average Board Test Score was 84%. This meets the benchmark.		<b>CLOSED</b>
	<b>C. Graduate Satisfaction</b>	Students who completed the program indicated that they were satisfied with the program scoring the program 5 out		<b>CLOSED</b>

		of 5 averages. Benchmark was met.		
	<b>D. Employer Satisfaction</b>	Employers will be satisfied with our graduate's performance. This will be evaluated 6 month post graduation and will be reported at the Spring meeting	Tonya will gather this info and report at the next meeting.	<b>OPEN</b>
	<b>E. Employment</b>	6 of 9 students who graduated are currently employed. This number is not "officially" tallied until 6 months post graduation (December/January). We will provide final tally at Spring meeting.	Tonya will gather this info and report at the next meeting.	<b>OPEN</b>
	<b>2011-12 Assessment Plan Evaluation Mission/Goals</b>	<p><b>Goal #2 Student will be clinically competent:</b> Benchmark met.</p> <p><b>Goal #3 Student can critically think:</b> Benchmark not met 86%. With the addition of critical thinking scenarios performed in the lab (both procedure based and equipment based) and critical thinking clinical assignments for Clinical IV &amp; V, students are not meeting the benchmark for these assignments. Board suggested adding an additional project where student would need to record/learn techniques for common exams. Board also suggested adding techniques into the scenario assignments performed in the lab. Tonya has also suggested a fracture simulator lab that will require the students to critically think. Will revisit this topic with the additions from the board and evaluate for effectiveness.</p> <p><b>Goal #4 Student will demonstrate professional behavior:</b> Benchmark met.</p> <p><b>Goal #5 Student can effectively communicate:</b> Benchmark met.</p>	Tonya will add tools to the current assessment plan in effort to improve students critical thinking skills. New tools and results will be analyzed at the Fall 2013 meeting.	<b>OPEN</b>
	<b>60/120 Rule</b>	All Minnesota State College AAS programs are required to cap the credits at 60 unless a waiver is submitted and approved. Currently our program has a total of 91 credits (59 program credits and 32 general education credits). The board discussed cutting of credits and it was decided that it is not advisable to cut to 60 credits. In order to comply with the JRCERT accreditation requirements as well as with the ASRT curriculum guide, the program will have to be capped higher than 60 credits. After comparing the credit load from the other programs in the state, the board was	Tonya will continue to collect data and report back to the board.	<b>OPEN</b>

		<p>unanimous that the general education credits should be cut. The board was asked suggestions of which general education courses they thought should be cut from the program after viewing the list. The boards' suggestions were (in this order) Intro to Microcomputers, Humanities, Developmental Psychology, and Physics. Students were also surveyed to see what courses they thought were least beneficial to them. The students suggested cutting the following (in order) Physics, Intro to Microcomputers, Humanities, and Developmental Psych. Further data will be collected at a meeting with the 7 Rad Tech programs in the state to be held 10/12/12.</p>		
	<b>CEU's offered at Advisory Board</b>	<p>It was suggested by the JRCERT site visitors to offer a one credit CEU at each advisory board meeting to both encourage participation and benefit the technologists in attendance. At this time the board did not feel this would be something they would take advantage of, and are not having problems getting needed CEU's.</p>		<b>CLOSED</b>
	<b>CT Competencies</b>	<p>The new ASRT guidelines have become available in 2012. The trending in these guidelines is to be adding more instruction in regards to CT and Cross Section. Also, they are suggesting optional competencies in CT including head, thorax, and abdomen. This has not been adopted by the ARRT as required competencies, but most likely will be in the future. The board had mixed feelings about this as some felt "entry level radiographers" should not be CT techs. Others on the board felt that this trending was exactly where the field is leading and are open to adding this instruction and resultant competencies. Regardless, the bottom line is that these curriculum outcomes have been adopted by the ASRT and thus must be included into the curriculum. The clinical competencies continue to be optional based upon the ASRT guidelines. Final decisions in regards to curriculum changes will be completed as changes are made in compliance with the 60/120 cap review</p>	<p>Tonya will continue to collect data from other programs as well as discuss curriculum changes with the college officials and then report back to the board. Further discussion regarding clinical competency will be discussed at the next board meeting.</p>	<b>OPEN</b>

		process. Further discussion regarding clinical competency will continue at the next advisory board meeting.		
	<b>Mission Statement/Goals</b>	The mission statement and goals were analyzed by the board. The board felt that the mission was an accurate representation of the program. The goals were analyzed as well. No changes will be made to the mission or goals.		<b>CLOSED</b>
	<b>Analysis of Goal 2</b>	The student will be clinically competent was analyzed. Based on the discussion of the board, the current outcomes, tools and benchmarks are effectively measuring this outcome and should remain the same.		
	<b>Analysis of Goal 4</b>	The student will demonstrate professional behavior was analyzed. Based upon the feedback from the clinical sites, it was decided to continue with the transport lab. This lab will be added to the assessment plan as a measurement tool in regards to measuring the outcome regarding demonstration of patient care. The benchmark for this lab will be 90% or above. It will be completed during Rad Procedures III. All other outcomes, measurement tools and benchmarks will remain the same.		
Other Discussion	<b>JRCERT &amp; MN West Awards</b>	JRCERT Clinical Student of the Year: Katie Hadler JRCERT Clinical Instructor Award: Morgan Campbell, Pipestone Hospital MN West Academic Student of the Year: Shawna Christians		
	<b>Building Remodel Complete</b>	Clinical Addition is complete.		
	<b>Portable Update/Evaluation of Student Portable Skills</b>	In regards to board feedback that our students are lacking in portable skills, new labs have been added into coursework in an effort to improve these skills. The 2 <sup>nd</sup> year students will be working hands on with the portable and C-arm for most of the current semester. Continue to provide feedback on if the students' skills are improving.		
Next Meeting	<b>April 2013</b>			
Adjourn	<b>Meeting Adjourned</b>	3:15 pm.		

Meeting was adjourned.

Respectfully submitted,

Tonya Koepsell

Radiologic Technology Program Director