The following are good examples of **Objective 1.11** – Engages communities of interest for continuous program improvement. The first two examples were provided at the previous meeting and the minutes now document what the program has done with the information. The last two are examples of input that can be noted or addressed in the future.

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### Program Advisory Committee Meeting Minutes

**January 5, 2014**  
**12:00 pm – 3:00 pm**

| Present:  |  |
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| Leslie F. Winter, Dean | Joanne Sauter, Clinical Instructor Presbyterian Hospital West |
| Jay Hicks, Program Director | Janet Luczak, Clinical Instructor General Hospital |
| Suzie Queue, Clinical Coordinator | Megan Cruz, Clinical Instructor Park West Hospital |
| Barbara Burnham, Radiography Faculty | Jean Samuels, Clinical Instructor JRC Community Hospital |
| Tom Brown, Nursing Faculty | Betty Matulewicz, Clinical Instructor Methodist Hospital |
| Traci Lang, Admissions Counselor Radiography Program | Teresa Cruz, Clinical Instructor Edmundson General Hospital |
| Brian Leonard, General Education Department | Janet Murzyn, Clinical Instructor Park West Imaging Center |
| Dr. Stephanie York, Radiologist, St. Mary’s Hospital | Donna Omega, Graduate |
| Jacqueline Kralik, 2nd Year Student Representative | Peter Jenkins, 1st Year Student Representative |

Following the luncheon, Jay welcomed all committee members and introduced Janet Murzyn as the new clinical instructor for Park West Imaging Center. Janet has worked with Ms. Queue to become comfortable with the program’s policies, requirements, competency requirements, etc.

### II. Review of Minutes

The minutes from the July 2013 Advisory Meeting were reviewed and approved as amended.

### III. Program Updates

In response to the last Advisory meeting, the college has purchased additional software to assist students in their digital imaging knowledge-base. The students are required to complete both DVDs prior to the end of the Exposures II class. CT’s indicate that they have seen a marked improvement in the students’ understanding to date.

The students will participate in a community health event that was suggested by Teresa Cruz at the last meeting. The students will be allowed to perform vital signs on the participants as well as participant registration. This should help to increase their skills in assessing patients as well as working with various patient populations.

The students continue to complain that the white lab jackets are hard to keep clean. With the colored college patch, the students cannot bleach the jackets. The program would like to suggest that the students purchase a matching maroon jacket in the future, if this is not an issue with any of the sites. Additionally, current students would also be allowed to change from white to maroon or they can keep the current white jackets. The clinical affiliates see no issue with the change.

Students will be participating in a raffle to help off-set the cost of attending the state meeting in April.

### IV. Clinical Site Updates

Joanne Sauter, Clinical Instructor Presbyterian Hospital West – Students seem to be struggling with cross-table lateral C-spines. It appears that they have a difficult time assuring that the patient’s shoulders are not obstructing the C7-T1 interspace. It appears that several other sites are experiencing the same problem. The program faculty will work to provide a review on cross-table lateral C-spines.

No other concerns were expressed. The clinical sites agreed that the students have a positive attitude, are adjusting well, and are performing excellent images. Dr. York also commented that the students patient care skills, especially communication skills, are amongst the best in several years.
Students continue to struggle with mathematical equations in Exposure I and Physics courses. The faculty spends significant time reviewing basic algebraic equations. Donna Omega commented that the cross-multiplying was something that was skimmed over in the Algebra course because the instructors felt that it was a remedial part of the course. Traci agreed to meet with course faculty to review the emphasis placed on these concepts and to see if a different algebra course could be more beneficial. Course syllabi will be forwarded to the radiography faculty and a follow-up meeting will occur next month.

The assessment plan results and analysis were presented to the Advisory Committee and the following comments were noted:

Clinical Competence – The benchmarks for clinical competence (positioning skills, selection of technical factors, and radiation protection) were met. It was noted that the CI’s and Medical Director feel that the students are positioning patients with ease. Their confidence levels seem to be higher than the past two classes. This is consistent with the assessment results for positioning skills which have increased again for the past two years. It was also brought to the Committee’s attention that the student to faculty lab ratio was reduced this year (6:1). This was difficult for administration to approve because the laboratory teaching load had to be increased. However, the early assessment results, student feedback and clinical feedback indicate that this lower ratio appears to provide students with increased skills. Donna Crone indicated that the 12:1 ratio in her cohort did not allow enough time for independent practice with a lab instructor. The program will continue to monitor the positioning skills in relation to the new ratio and resulting student improvement.

Communication Skills – The benchmarks for communication skills, both oral and written, were also met for this reporting period. From the comments noted above, it appears that students are doing well with communicating with patients. The clinical instructors also noted that the students’ repeat rates are much lower this year. This could be partially attributed to the students providing better instructions to patients. Suzie implemented a new assignment in the Patient Care course that requires students to explain examination to a variety of patients (pediatrics, hard of hearing patients, adult patients with and without medical backgrounds, etc.).

Critical Thinking – The benchmark for the student learning outcome, “Position trauma patients,” was not met. It appears that students are experiencing problems with trauma patients on stretchers --- especially when imaging the cervical spine. The clinical affiliates also noted that students sometimes have issues with providing a 90 degree beam to image-receptor alignment. These concepts and laboratory assignments occur in Exposures I; however, the students may need additional practice to feel comfortable. The faculty will review the laboratory assignments and talk with the students to see what additional practice may be warranted. This is the first time this benchmark has not been met; however, with the curricular changes over the past two years, there is a greater emphasis on higher order (cognitive and psychomotor) skills.

The benchmark for the student learning outcome, “Adapt technical factors for non-routine patients.” was met; however, we would like to see a marked increase in the actual results. Although the benchmark was met, it appears that students are still struggling with converting mAs and kVp for changes in distance and positioning. The clinical instructors will continue to appraise the program of the students’ ability in this area. The faculty will be surveying other programs and researching the idea of mandating manual techniques for all procedures.

Professional Growth and Development – Both benchmarks were met. There is some concern that one of the student learning outcomes (SLO) is not a good measure of professional growth and development. The Committee reviewed the SLO and felt that “Students will attend a professional meeting.” really does not reflect assess of professional growth and development. Additionally, the faculty felt that simply assessing attendance does not indicate any type of learning. The SLO will be revised in the next cycle to evaluate – “Students will employ ethical behaviors in the clinical settings.”
This section of the meeting minutes document discussion of program effectiveness measures. This provides support for Objective 5.4. Note that the program provides a narrative for met and unmet benchmarks.

Program Effectiveness Measures –

**Pass Rates** – 100% first time pass rate for this year; 5-Year average is 98% (147/150). The program continues to meet its benchmark. Exit and graduate surveys indicate that the one-week review seminar prior to graduation is a huge contributor to the students’ success. Although this is very time consuming for faculty and students, the seminar has proved beneficial foundational knowledge that students tend to forget from their early classes.

**Employment Rates** – 100% (20/20) employment rates for those graduates seeking employment. There were two students that decided to continue their education and not seek employment; otherwise, all additional students have full time or part-time employment.

**Program Completion Rates** – 85% (22/26). The program continues to seek methods to increase this rate. Although the benchmark has been met, the Committee reviewed the three students that did not graduate from the program. The three students failed due to low grades in Exposures I. It appears that the mathematical equations continue to be an issue for students. As noted above, the program will work with the General Education Department to ensure that the program is requiring the most beneficial algebra course.

**Employer Satisfaction** – Benchmark met with a 95%. There was a low return rate for the initial response; however, the faculty worked with the clinical affiliates and increased our return rate to 90%. This is a very favorable response rate and the actual results and comments are exceptional.

**Graduate Satisfaction** – Benchmark not met (85% actual results/90% benchmark). The Committee reviewed the results and found that the question “Do you feel that your education prepared you for employment?” should be replaced to read “Do you feel that your education prepared you for entry-level employment?” It appears that students feel that they should be as quick as a seasoned technologist. It was agreed that the question should be further explained so that graduates understand that they are still honing their skills. The Committee will review this benchmark to see if the language changes are more consistent with the comments. It is also understood that these types of ‘self-report’ survey data are often dependant on the maturity of the respondents or their understanding of the questions/intent.

VIII. Assessment Plan Review

This section of the meeting minutes document discussion of the program’s mission statement and goals. Additionally, it documents a review of the assessment plan. Note that there were two changes to the assessment plan for the next cycle. This documentation provides evidence for Objective 5.5.

**Mission Statement** – The mission statement was reviewed. No issues were identified and the statement continues to be consistent with the program’s offerings and in line with the College’s mission.

**Goals** – The goals were reviewed. The program revised the goals last year and the Committee felt that the goals were still applicable.

**Assessment Plan** – The following revisions to the assessment plan were made:
- Changed SLO under Professional Growth and Development
- Increased benchmark for Positioning Skills under Clinical Competence to 3.6/4.0 (current benchmark is 3.5). The committee felt that an increase was necessary as the program has met this benchmark for the past two years. The program will continue to use the current tool but may consider an alternate or additional method of assessing positioning skills in the future.
- Reviews of the assessment methods show a good mix of direct/indirect tools. Timeframes seem appropriate.
- All faculty will be participating in an assessment research day at the university to learn more about current practices in the assessment literature and practices.

IX. Additional Comments

The faculty expressed their continued appreciation for the support from the CI’s and technologists at the clinical sites.

Adjournment

2:50 p.m. The next meeting will be scheduled for July. Time and day will be announced in May.

Revised – May 2015