



Radiography Program Advisory Board Meeting
Date: April 5, 2022

In Attendance: CCBC Representatives: Erin Phelan, Diane Flint, Debbie Lam, Rhande Meggett, Rick Svoboda, Jessica Shirkey, Alison Nantz, Brandy Jones, Sara Lillard, Hesham Henein, Susan Landry, Deborah Johnson

Student Representatives CO2023 – Michael Carpenter, Sara Thompson, and Samantha Tidey

Off-Campus Members: Shannon Carter (*Medstar Franklin Square*), Adia Johnson (*Lifebridge Northwest Hospital*), Natalie Majewski (*ExpressCare*), Shelly Young (*UMMS Upper Chesapeake/ Harford Memorial*), Kelly Kunze (*RadNet*), Leticia Armstrong (*GBMC*), Fitzhugh Alford (*UMMS Midtown*), Lisa Ziegler (*Upper Chesapeake Medical Center/Harford Memorial Hospital*), Shelly King (*Advanced Radiology*), Adrienne Haney, (*UMMS Saint Joseph Medical Center*) Jennifer Falavigna (*Medstar Union Memorial/Good Samaritan Hospitals*)

Recorder: Erin Phelan

Transcriber: Deborah Johnson

Topic	Discussion	Actions/Recommendations
Welcome/Introductions	Erin Phelan welcomed and thanked everyone for being in attendance. She introduced Diane Flint, Assistant Dean SOHP. Ms. Flint thanked Erin for inviting her to join the committee. All attendees introduced themselves and their roles. The CO2023 representatives introduced themselves.	

<p>Clinical Facilities Updates</p>	<p><u>Shannon Carter</u>, with MedStar Franklin Square Medical Center reported on the growth of her site; new equipment, a new Cath Center, and prep for the joint commission and hiring new graduates.</p> <p><u>Natalie Majewski</u>, with ExpressCare states they have opened three new locations, and will need techs for all locations, and they received a new Fuji machine.</p> <p><u>Adrienne Haney</u>, with St. Joseph recently replaced one C.T. scanner, a second to be replaced by June. Recently became the premier hospital for Kaiser Permanente insurance.</p> <p><u>Kelly Kunze</u>, with Advanced Radiology states they are upgrading CT's and upgrading software on M.R. scanner. They also have several tech openings in various modalities.</p> <p><u>Fitzhugh Alford</u> with University of Maryland Midtown states he is expecting a new C.T. scanner in October.</p> <p><u>Jennifer Falavigna</u>, with Medstar Union Memorial and Good Samaritan hospitals, states it is exciting that students are finally able to train at Union.</p> <p><u>Adia Johnson</u>, with LifeBridge states there are 39 positions open with a potential \$10,000 sign on bonus even for new graduates.</p> <p><u>Lisa Ziegler</u>, with Upper Chesapeake and Harford Memorial hospitals states that they are having similar staffing issues. HMH will be closing soon, and Aberdeen location will be opening soon.</p> <p><u>Letitia Armstrong</u>, with GBMC states that they are glad to have students back.</p>	<p>Lisa to work on getting a new affiliation agreement for new Aberdeen location when the time comes to transfer HMH students to Aberdeen.</p>
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Approval of minutes from last meeting	Motion to approve was made by Rhande Meggett and seconded by Jessica Shirkey.	
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	<ul style="list-style-type: none"> • RADT 224 is the last remaining course content to finish creating for the new curriculum. It is a professional seminar course with no course tests, just Radtechbootcamp for Registry review quizzes and tests. There will be a mock Registry exam at the Testing Center instead of a final, to simulate lifelike Registry exam conditions. • We currently have 68 verified applications, and still 40 people in progress. • RADT 101, which started last fall is now a prerequisite, started last fall. Feedback is very good. Rhande will do a two-week clinical orientation in the fall for CO24, before they start clinical rotations in Week 3. • There will be a lab observation session for admissions this summer, instead of hospital observations. Next admission cycle, we will get back to hospital observation sessions. Discussion took place to ask other hospitals to participate and how this process will look. • Current prerequisite of Physics 101 drop/or maintain. The consensus was to drop. Other Radiography programs do not require it, and none of the material in PHYS 101 is included on curriculum analysis grid. Advising/Admissions stated that there may be an influx of even more applications if PHYS 101 is dropped. Erin stated that diversity in cohorts is small, and maybe diversity will increase if PHYS 101 is dropped. <p>d) Continuing Education opportunities:</p>	<p>Keep a lookout for more RADT 101 feedback.</p> <p>Hospital observation sessions are better. Other facilities agreed to participate. Erin and Susan Landry to discuss the process for next year's cycle and will give an update later in an email.</p> <p>Next cycle will be the LAST to require Physics 101 as a prerequisite. Erin to update all interested parties at CCBC, including Advising and Physics department, for pipeline students. Update RADT 101 to reflect changes.</p>
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	<ul style="list-style-type: none"> • Erin looking at creating CEU activities next year and asked for suggestions, whether in-person or online. ECHP is a perfect space to hold events, and Erin is looking into buying software for online CEU creation, along with the Continuing Education department cooperation. • Debbie Lam spoke on collaborating with the CCBC Medical Assistant program in Continuing Education department to start a new job opportunity in the state of MD. The idea for a highly skilled medical assistant combined with imaging tech aide skills is needed and was put forth by RadNet, who are starting to use tech aids to help remote CT/MRI technologists perform scans. Erin and Debbie have spoken with Donna Rowan about adding an imaging piece to the Medical Assisting curriculum and having clinical rotations at imaging centers. The Medical Assisting program would have to include venipuncture in its curriculum for this to work. Many students are taking RADT 101 and are not getting into the Radiography program. If students did not want to wait for admission, they have the prereqs for Medical Assisting and could have a great career as an imaging medical assistant. The MA program at CCBC is accredited and grads sit for a licensing exam, so the infrastructure, along with RADT 101, is already there. RadNet agreed that this type of high-level imaging medical assistant would be valuable to their plans and would support our initiative with 	<p>Send Erin any suggestions for CEU needs.</p> <p>Erin to update Board after more talks with the Continuing Education department.</p>
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	<p>clinical rotations. Other facilities, such as Franklin and LifeBridge, agreed.</p> <p>e) Clinical update:</p> <p>i) Pandemic issues:</p> <ul style="list-style-type: none"> • Clinical sites taken away • Clinical capacity cut in half • Students not allowed to perform on Covid-positive or PUI patients • Fluoro rotations taken away, when fluoro studies are desperately needed <p>ii) Need more pediatric rotations</p> <ul style="list-style-type: none"> • There has been a decline in pediatric examinations. • Students are not able to perform pediatric exams, because there are no comp testers and/or patients available. • Rhande asked if any clinical sites are expanding pediatric units. They are not. <p>iii) Imaging reminder/lab manual</p> <ul style="list-style-type: none"> • Students need to have Black Books and Lab manuals present when imaging and comp testing is taking place. Black Books are good reminders for CIs what students are learning in positioning since it could be different from their own training. <p>iv) Clinical Instructor Workshops</p> <ul style="list-style-type: none"> • Traditional in-person CI meeting with food will start up again January 2023. 3 CEU credits from ASRT. • Searching for software that will allow for CEU creation, tracking, and giving out ASRT-approved certificates of completion. • Can create online modules for initial CI training, maybe a complementary one to go 	<p>If any clinical location will be expanding pediatric units or services in the future, please remember that Radiography students need more peds training.</p> <p>Clinical sites to send out reminders to all CIs, that all students need to present Black Books and Lab Manuals when imaging and comping.</p>
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	<p>along with Rhande’s training. This may free up time for her.</p> <ul style="list-style-type: none"> • Also looking at creating refresher modules for CI duties, to keep CIs up to date with program changes. • We should have a mandatory small online module every three years to keep their JRCERT-approved clinical instructor status. • Erin requested that we be sent an email if a clinical instructor leaves the site. <p>f) Lab Update</p> <p>i) Mastoids/temporal bones</p> <ul style="list-style-type: none"> • Rick asked all who work at clinical sites their opinion on continuing to teach Mastoid/temporal bones. No, they go to CT. There was a suggestion by Adrienne to replace mastoids with cochlear implant views or shunt surveys or dial views for shunts. Rick and Adrienne will consult on this. • Rick updated that we now have a portable machine and a C arm that is used to train students in introductory labs. An Introduction to Portable Radiography lab and surgical procedures was given, which utilized our C-arm. This helps new students with their first rotations in these areas. • For the first-year students, we added a shared day with the Surgical Tech program, allowing both students to share information about their programs, which was beneficial to all. • For the second-year students, we incorporated a quality control experiment with the portable machine to go over how to 	<p>Send the program a message when a JRCERT-approved clinical instructor resigns, so we have as much advanced notice as possible to train someone else.</p> <p>Rick to consult with Adrienne about replacing mastoids with cochlear implant and shunt views.</p>
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	<p>reboot, relog into machine, perform flat field test to confirm machine was working properly. This helps students identify troubleshooting areas on clinical rotations.</p> <ul style="list-style-type: none">• Also, for CO2022, A trauma exposure experiment was given to the students in the fall before they were tested on trauma labs, which helped students be more successful in passing final trauma labs.• We purchased moulage stickers that look like wounds, glass, and a fake spike, so we will introduce a little more realistic trauma simulation. The students are given scenarios of how to act and what to say. Trauma labs will be updated to reflect different scenarios.	
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<p>Advanced Modality Programs Updates</p>	<p>Debbie Lam spoke on CT, MRI, and Mammography.</p> <ul style="list-style-type: none"> • In 2020 13 CT students graduated. • In 2021 9 CT students graduated. • Our Registry Review courses in CT/MRI (RADT 236, 246) have not been popular. This may be due to lack of advertising. • In 2020 7 MRI students graduated. • In 2021 8 MRI students graduated. • We currently have 9 students enrolled in MRI. • Applications for CT and MRI are open for enrollment: July start for CT and fall start for MRI. <p>Debbie's thoughts on why there is a decline in student enrollment.</p> <ul style="list-style-type: none"> • Nationwide shortage of RTs • There used to be more respect for techs who transitioned to advanced modalities, but no more. • Not getting a good pool from CCBC Radiography students, maybe students see the working conditions while in the program and the current pay rate for advanced modalities is not worth the price of further schooling for them? • Maybe new grads and even seasoned techs want to be able to be multi-modality techs and use x-ray and advanced modality skills, but are not allowed to do that once hired. • Techs are not supported by employers to attend another educational program to get licensed in another modality 	<p>Remind technologists that we have 1 credit, Registry Review online courses in CT and MRI for CQR purposes.</p>
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	<p>Remedies?</p> <ul style="list-style-type: none"> • Creating multi-modality positions • Consider a 12 hr. and 4 hr. clinical rotations. • Suggested the site pull from their pool of experienced techs for a day of observation in one of the advanced modalities to drum up interest. • Would consider keeping an employee/student at same site for entire program and create a flexible schedule with manager of site. • Consider some type of incentive package for a multi-step increase to go through training and licensure. • Debbie also asked the attendees not to hire students before they graduate from the program since statistically, those techs never take the licensing exams. Interested students for hire can stay at site, but not be allowed to train other students. <p>A discussion took place asking why students cannot get paid by employer while being on clinical duty for CCBC. It is a liability issue.</p> <p>Mammography update</p> <ul style="list-style-type: none"> ▪ Mammography courses are popular. ▪ Debbie described the Mammography courses and showed photos of the lab, equipment, and Hologic unit. ▪ Since starting in the fall of 2019, we have graduated 31 Mammography students. ▪ This May, 7 more will graduate 	<p>Clinical sites need to look at suggested remedies to increase interest in attracting new CT/MRI techs.</p> <p>Advanced Imaging will be very flexible with required clinical hours and managers who want to hire students, if students stay in the program.</p> <p>Erin to inquire what other SHP programs do for employee-specific clinical rotations and will search accreditation standards.</p>
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	<ul style="list-style-type: none"> ▪ Already seeing interest in fall 2022 courses. 	
50th anniversary of CCBC Radiography program	<ul style="list-style-type: none"> • Erin spoke on the 50th anniversary and gave us the backstory for the program. • Coming up in 2023. • Asking for old photos • She would like to do a presentation of the classes over the years. 	Send any old photos of previous classes to Erin for Anniversary celebration.
Class of 2023 Student Representatives speak. <ul style="list-style-type: none"> • Michael Carpenter • Samantha Tidey • Sara Thompson. 	<ul style="list-style-type: none"> • Currently learning the spine, already completed lowers, and uppers. • Shout out to outstanding techs: • Judy and Lindsay at Good Sam, • Troy at Midtown, • Karen and Sharon at Harford Memorial, • Amy, and Kathy at 201 Plum Tree • Joshua Kelly at GBMC • Taylor and Nate at Upper Chesapeake • Laurie at Fleet St. • Alex, Marlon, Mike at Franklin Square • There is a desire for more high-level trauma experience, especially in lab. • In the past they were able to go to observe shock trauma. • Students suggest a trip to the medical examiner's office. • Rotating in a pain management setting. • Students would like to have the anatomical models currently stored in the closet to use/pass around in lab. • They find the old skeleton given to them to use in anatomy is especially useful. 	

	<ul style="list-style-type: none">• Also having an on-site clinical coordinator at each site, or a lead tech to focus on students and organize them.• Every site needs to have an imager available. This would be extremely helpful in completing an evaluation for an image or comp.• Students would like to have the work emails of the techs, so they can send a text to them when they have a need for evaluation. The pink slips currently being used are not useful.• Since different sites have different expectations, the students would like a way of getting that information either on a sheet of paper on a pinboard or a little binder detailing what to do and where things are such as restock linens, and where to find the linen cart, how to restart the X-ray machine, additional information such as maps for how to get around the departments from the main entrance.• It was suggested that students could volunteer to create maps and video directions from the entrance to the parking lot for incoming students.• Students would like feedback from the techs as to how they are doing on clinical evaluations, i.e., Good job, keep up the good work. Techs may need to be trained in this procedure.• The students discussed appropriate uniforms and asked if skull caps were okay to wear.	
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	<ul style="list-style-type: none"> • Restrictions on tattoo policy was questioned by students. • Response to extra lab time and hands on practice was addressed by Erin and it was suggested that students should get involved instead of just observing when they know how to do these things. • Response: Regarding extra practice hours, we can open from 3p.m. - 5p.m. or Saturday morning. <ul style="list-style-type: none"> ○ Students closing comments: ○ The RADT 101 prerequisite is a great idea, especially in assuring this is the right career for us. ○ Having an onboarding process prior to the semester helps assures the students are all set. ○ Love the new uniforms ○ Everyone has felt supported by lab instructors, and feel they are set up for success with the program and the techs onsite. ○ Appreciation of the new building with the Resource Room and Testing Center. ○ Expressed satisfaction with the small class size, how curriculums are set up and categorized and how it is broken down in a logical way that makes sense. ○ Students think it is awesome that CCBC graduates are at their sites. ○ And finally, a shout out to Alison and Brandy lab instructors and Rick as a teacher and lab instructor. 	<p>Any clinical sites changing their stance on tattoos? Erin will send out an email asking if there have been any changes in the uniform polices. She asked the attendees remaining to let her know of any of these changes.</p>
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Conclusion	<ul style="list-style-type: none">• Erin asked if there were any comments• Erin thanked the students and attendees expressing her appreciation for their hard work.	
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