

Medical Imaging Programs Advisory Board Meeting

Date: October 20, 2022 - continued



Medical Imaging Programs Advisory Board Meeting

Date: October 19, 2022

CCBC Representatives: Erin Phelan, Debbie Lam, Rhande Meggett, Rick Svoboda, Jessica Shirkey, Deborah Johnson, Brandy Jones, Alison Nantz, Kateryna Paunic, Susan Landry, Sara Lillard, Diane Flint, Asst. Dean, SHP, and Shawn McNamara, Dean of Instruction, SHP.

Class of 2023 Representatives – Samantha Sullivan, 2023 Class President and Melissa Carlson, 2023 Class Vice President

Off-Campus Members: Heather Broomall (*Patient First*), Shannon Carter (*Medstar Franklin Square*), Adia Johnson (*Northwest Hospital*), Natalie Majewski (*ExpressCare*), Adrienne Haney (*GBMC*), Shelley Schenning (*Advanced Radiology*), and Kelly Kunze (*Director of Clinical Services for Advanced Radiology*).

Topic	Discussion	Action/Recommendation
Welcome/Introductions	➤ All attendees introduced themselves and their roles. Erin Phelan welcomed and thanked everyone for their vital membership on the Advisory Board.	

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Topic	Discussion	Action/Recommendation
<p>Clinical Facilities Updates</p>	<ul style="list-style-type: none"> ➤ Adrienne Haney with GBMC is looking for more comp testers for students. ➤ Shannon Carter states there is a new supervisor, Ryan Nichols at Franklin Square. Under construction for a 3T MRI scanner. Have started elective cardiac cath procedures and have started building a new cath lab in the old OR. Staffing is better in all departments except for CT. ➤ Natalie Majewski states they have openings at all locations. A new location is opening next year in Ellicott City. ➤ Adia Johnson from Northwest states that there are several positions open in X-ray, CT, and IR. They have approved students to be able to be cross trained in CT and IR on-the-job. 	<p>Adrienne will reach out to Rhande about CI training.</p>
<p>Review of April 2022 Advisory Board Minutes and Action Items</p>	<ul style="list-style-type: none"> ➤ “New curriculum with CO22 should raise the average mean scaled score. Keep an eye out for that. And “Information about site visits will be updated later in the summer or fall.” Will be discussed in meeting agenda. ➤ “Keep a lookout for more RADT 101 feedback.” Did not receive any feedback on the new prerequisite course. Seems to be going very well. ➤ “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.” Hospital observation session info has been rolled out to the first group of RADT 101 students. Email sent by Erin Phelan in June stating we will be going back to hospitals, and prospective students can choose any single hospital and go through volunteer services. Erin showed the observation evaluation form and the video instructions that are sent out to perspective students. ➤ “Next cycle will be the LAST to require Physics 101 as a prerequisite. Erin to update all interested parties at CCBC, including the Advising and Physics department, for pipeline students. Update RADT 101 to reflect changes.” Will be doing that for the admission 	

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	<p>deadline of April 15, 2024, not 2023. Will update RADT 101 to reflect changes in admission requirements. CCBC Academic Advising and Physics departments have been notified.</p> <ul style="list-style-type: none">➤ " Send Erin any suggestions for CEU needs." Nobody has sent in any suggestions but keep this in mind.➤ "Erin to update Board after more talks with the Continuing Education department." The MA imaging assistant will be discussed in today's meeting.➤ "If any clinical location will be expanding pediatric units or services in the future, please remember that Radiography students need more peds training." Have not heard any updates from any clinical sites about expanding pediatrics.➤ "Clinical sites to send out reminders to all CIs, that all students need to present Black Books and Lab Manuals when imaging and comping." Hopefully, everyone went back after the last meeting and sent out these reminders.➤ "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." Erin reminded everyone that if there is no JRCERT-approved clinical instructor at a small site, we cannot send students to that location.➤ "Rick to consult with Adrienne about replacing mastoids with cochlear implant and shunt views." They have not had the chance to speak about this since April.➤ "Remind technologists that we have 1 credit, Registry Review online courses in CT and MRI for CQR purposes." Hopefully, everyone sent out reminders to staff about these courses.➤ "Clinical sites need to look at suggested remedies to increase interest in attracting new CT/MRI techs." and "Advanced Imaging will be very flexible with required clinical hours and managers who want to hire students, if students stay in the program." Will discuss in today's meeting.	<p>Let the program know when any CI resigns so that we can comply with JRCERT standards.</p> <p>Rick and Adrienne to consult about new views.</p> <p>Take a look at the new CCBC Medical Imaging ad in <i>The Scanner</i>.</p>
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	<ul style="list-style-type: none"> ➤ “Erin to inquire what other SHP programs do for employee-specific clinical rotations and will search accreditation standards.” Erin updated the Board that her research showed that most programs separate student clinical duties from paid work completely. ➤ “Send any old photos of previous classes to Erin for Anniversary celebration. Have not received any old photos as of yet. ➤ “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.” Nobody has any changes in uniform policy and tattoos need to be covered up. ➤ Debbie Lam approved minutes and was seconded by Diane Flint. 	
<p>Updates on CO2022</p>	<ul style="list-style-type: none"> ➤ First class with new curriculum. ➤ They took the Registry right away. 100% passed on first attempt. ➤ Retention rate: 100% of them that started the program and 18/18 graduated. ➤ 17/17 Got a job within the first three months. One was going to the MRI Program. 	
<p>Outcomes Assessment Data Review</p>	<ul style="list-style-type: none"> ➤ Erin reminded everyone that the Class of 2022 was start of new curriculum and that she started a new comparison chart. ➤ Brought up both comparison charts: old and new curricula ➤ The Assessment Plan itself has not changed. ➤ Goal #1: Students will be clinically competent. ➤ 1A1 and 1A2: <u>Students will demonstrate positioning skills</u>. Meeting benchmark. Lab has always been an issue with students skirting the benchmark, but two things improved their scores in lab: 1. Starting with the Class of 2020, we stopped having students memorize techniques for lab testing since that’s all they focused on and not the actual positioning. That helped. And 2. Our data we were pulling from EValue was incorrect. The math in EValue did not match our math on the forms, for all lab, image, comp, and clinical evaluation forms. We corrected the data and changed all 	

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	<p>assessment plans and the comparison graphs to reflect the errors. After correction, scores shot up.</p> <ul style="list-style-type: none">➤ 1B: <u>Students will select appropriate technical factors.</u> 1B1 with the RADT 123 Tests 1-2. With the advent of the new curriculum with Class of 2022 and with the mandated use of RadTechBootCamp, the average test scores have risen. Met benchmark. 1B2 with the comp form – benchmark met.➤ 1C: <u>Students will demonstrate knowledge of and practice radiation safety.</u> 1C1 with 206 final exam, again, the new curriculum has expanded this course in length and has new textbook. Scores are up. 1C2 with comp forms, consistently meeting benchmark with this tool.➤ Goal #2: Students will use critical thinking skills.➤ 2A: <u>Students will manipulate technical factors for non-routine examinations (i.e.: portables/ or/trauma/Pediatric).</u> 2A1 with comp form, consistently meeting this benchmark. 2A2 with trauma lab form, scores are better starting with Class of 2020, which correlates to the ending of students memorizing techniques.➤ 2B: <u>Students will evaluate images.</u> Both tools have shown students consistently meeting benchmarks.➤ Goal #3: Students will communicate effectively.➤ 3A: <u>Students will demonstrate effective written communication skills.</u> With 3A1 and 3A2, students consistently meeting benchmarks.➤ 3B: <u>Students will use effective oral communication skills.</u> 3B1 with Film Critique presentation, students consistently meet this benchmark. 3B2 with Employer Survey Form, students consistently meet this benchmark with a result of Good or Excellent. However, the January 2022 survey for Class of 2021 was only answered by 3 people, despite survey being sent out a few times and an email warning.➤ Goal #4: Students will evaluate the need for professionalism.	<p>Please respond to the Employer Survey for each graduating class every January. This is accreditation data which is valuable for the betterment of the program.</p>
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	<ul style="list-style-type: none">➤ 4A: <u>Students will demonstrate professional behavior</u> with questions on clinical evaluation form. CO21 did not meet benchmark. This was last class with old curriculum. Also, everyone who applied for this cohort got admitted due to low application numbers. A few students were not strong. CO22 did meet benchmark. CO23 only has first year numbers returned and will have to wait for RADT 221 for complete score. Clinical Coordinator has been training CIs to be very honest on clinical evals.➤ 4B: <u>Students will understand professional ethics</u>. Changed the tool with CO22 from questions on a test to a Case Study assignment, which fits nicer. With either tool, students consistently met benchmark.➤ Goal #5: The program will constantly measure its effectiveness in graduating entry level technologists.➤ 5A: <u>Competent students will complete the program</u>. Erin stated that she has been measuring the retention rate incorrectly over the years. She has been including every student who has left the program for any reason, against the total number of students at the end of 3rd week of first semester. JRCERT does not require including students who leave for “financial, medical/mental health, or family reasons, military deployment, change in major/course of study, other reasons an institution may classify as a nonacademic withdrawal.” Even with this error, the retention rate has always been strong, with current 5-year average at 88%. Starting with the CO21, non-academic withdrawals were not counted, and the rate went up. CO22 is 100% as all 18 graduated.➤ 5B: <u>Graduates will pass the ARRT Registry certification on the 1st attempt</u>. CO22 is 100%. 5-year average is 93.6%. Met benchmark.➤ 5C: <u>Students will score at or above the national average on the ARRT Radiography Exam</u>. Consistently not meeting this benchmark over the years. However, with CO22, new curriculum included using RadTechBootCamp for Registry review and having a Mock Registry exam in Testing Center as an actual grade. End-of-year 2022 data	<p>Expect higher retention rates in the future.</p> <p>Expect CO22 to meet the benchmark.</p>
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	<p>from ARRT has not been posted yet, but CO22’s average score was 88%, which is very encouraging to meet this benchmark.</p> <ul style="list-style-type: none"> ➤ 5D: <u>Employers will be satisfied with educational preparedness of graduates</u>. Consistently meeting this benchmark. ➤ 5E: <u>Students will express satisfaction with the radiography program, with answers of Good or better</u>. From Exit Interviews, CO22 was 100%. Consistently meeting this benchmark every year. ➤ 5F: <u>Of those seeking employment, graduates will obtain employment</u>. Consistently meeting benchmark. Response rates have been good recently. Erin reaches out with Survey Monkey and through Facebook Messenger. 	
<p>Admissions (Susan Landry)</p>	<ul style="list-style-type: none"> ➤ For CO24, number of verified applications was 85. 69 applications were considered with points. Number of Accepts = 30 applicants. Others denied for not having prerequisites, missing paperwork, low scores. ➤ TEAS score is based on overall score, no cutoff Reading score, although Erin may consider this in future. Students agreed that the Reading score was very important. 	<p>Landry to investigate reading scores for past 5 years. Erin to come back with update to Advisory Board when data has been analyzed.</p>
<p>Marketing Efforts (Susan Landry)</p>	<ul style="list-style-type: none"> ➤ Eustis Building directory updated with room numbers. ➤ Programs received large banners for room identification. ➤ New poster at entrance to doors containing program information cards. ➤ Have restarted CCBC SHP social media pages. ➤ Working on producing videos for all programs’ websites. ➤ Have started face-to-face college fairs. 	
<p>JRCERT Site Visit</p>	<ul style="list-style-type: none"> ➤ JRCERT will be here on December 1-2 for accreditation site visit. ➤ They will be visiting MedStar Franklin Square and MedStar Union Memorial Hospital. ➤ Will interview clinical preceptors here on campus from MedStar Good Samaritan Hospital, MedStar Harbor Hospital and MedStar Orthopaedic Institute. 	

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	<ul style="list-style-type: none"> ➤ Erin has talked with Deb Windsor, Shannon Carter, and Kevin Kelly about site visit. 	Erin to reach out to Kim Krug regarding Harbor Hospital.
Simmons Scholarship	<ul style="list-style-type: none"> ➤ Dr. Thayer Simmons from RadNet generously has donated money to start a new scholarship for Radiography students. The first recipients will be chosen this Spring and next Fall and will receive \$500.00 each. 	
RADT 224 – Radiography Seminar	<ul style="list-style-type: none"> ➤ The final didactic course which has been run once with CO22. ➤ The professional piece of program with professional development and Registry review. ➤ Topics include starting first radiographer job, employer expectations, supervising students, and soft skills. ➤ Erin sent out email to clinical supervisors asking for advice on employer expectations and received no replies. 	Send Erin topics you would like to see included in this course.
IR/Cath Labs needs	<ul style="list-style-type: none"> ➤ Erin was contacted by a company called Total Impact Investment firm. They work for Philips, and they are looking to either fund or partially fund anything that would help IR, especially cardiac catheterization lab needs/shortages. ➤ Shannon states they are open to hiring RCIS, as fluoroscopy is being used under the supervision of a physician, but she stated that getting IR techs trained in specialty areas would help with shortages. ➤ Discussed elective rotations with Radiography students in IR and one IR/Cath lecture in RADT 207, as ways to drum up interest in area. ➤ Should CCBC start a new program for either RCIS's or RT's only in IR and Cath? 	Advisory Board to think on best way to move ahead to help with staffing shortages in this area.
Clinical Updates	<ul style="list-style-type: none"> ➤ Clinical Instructor Meeting will be in-person this January, for first time in 3 years. In afternoon with lunch provided. Will contain 3 ASRT CEUs. ➤ Purchased software called Cert Central for CI training purposes and any ASRT CEU programs we want to create. ➤ Continuing need for comp testers on all student shifts. 	<p>Keep an eye out for CI meeting invite. Consider sending one CI per clinical site.</p> <p>Reach out to Rhande with comp tester recommendations.</p>

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	<ul style="list-style-type: none"> ➤ MD's new concealed carry law was discussed. A Radiography student came across a patient on clinical duty that was carrying. Asked clinical partners for advice. Kelly from Advanced said they have a No Firearms policy at all locations, but they don't screen for this. Hospitals did not comment. 	<p>Reach out to program with any updates on MD's Concealed Carry Law and firearm policies. Need to educate students that they may come across situations on clinical duty.</p>
<p>Advanced Modality Program Updates</p>	<ul style="list-style-type: none"> ➤ We have graduated 33 CT techs and 24 MRI techs and 42 Mammography techs. ➤ The current CT class graduates at the end of December and all the graduates have already been spoken for. ➤ Piloting 12 hours a week clinical rotations for CT this January, instead of 16 hours. Maybe this will increase the student numbers and make it look more attractive. Will increase flexibility of rotations. ➤ Discussed Nuclear Medicine Technologists and Radiation Therapy Technologists applying for the CT program. ➤ Any nuclear medicine tech would go through the ARRT requirements because not everything required for NMTCB is covered by CCBC. ➤ Most mammography students do clinical rotations at Advanced Radiology. However, Mercy Hospital is requested as a site also. 	
<p>Medical Imaging Assistant/Virtual Assistant</p>	<ul style="list-style-type: none"> ➤ Updates on creating a Medical Imaging Assistant program in combination with Continuing Education to create a new job designation in MD which would replace a Tech Aide with a fully licensed Medical Assistant. ➤ In discussions with Donna Rowan of CCBC Medical Assistant Program to work on a job description or list of skills. ➤ Would have to include a 20-hour IV Therapy course and clinical rotations at imaging sites. ➤ Interest from hospitals as well. 	<p>Erin, Debbie, and Kelly Kunze to meet about this topic.</p> <p>Erin and Debbie to provide Donna Rowan with a specific list of skills.</p>
<p>Class of 2023 Representatives (Samantha Sullivan,</p>	<ul style="list-style-type: none"> ➤ Need for more Comp Testers and more Imagers on site. Suggested allowing students to burn CD's for Images to take to the college. That would alleviate some of the problems with lack of staff. 	

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President and Melissa Carlson, Vice President)	<ul style="list-style-type: none">➤ Students would like to see an updated badge system. Currently students must set up an appointment and go to Upper Chesapeake the day before they start to pick up their badges. This wastes a lot of time commuting.➤ Were promised dummy badges to make movement throughout the hospital easier, but this has not happened.➤ Would like to have student parking passes.➤ Students expressed their appreciation for faculty and CCBC working with them to make changes and inviting them to the meeting.	
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Described by:

Name: Deborah Johnson

Date: 10-24-2022