



Medical Imaging Programs Advisory Board Meeting

Date: October 25, 2023

CCBC Representatives: Erin Phelan, Debbie Lam, Rhande Meggett, Jessica Shirkey, Alison Nantz, Brandy Jones, Marina Faybusovich, Sally Sawyers, Susan Landry, Sara Lillard, Hesham Henein

Student Representatives – Dylan Coleman and Noah Ford, Class 2024

Off-Campus Members: **Adrienne Haney** (GBMC), **Deb Windsor** (MedStar Good Samaritan/Union Memorial), **Jennifer Falavigna** (Medstar Good Samaritan/Union Memorial Hospital), **Erica Pullins** (Johns Hopkins Cath Lab), **Wendy Ward** (MedStar Good Samaritan/Union Memorial), **Shelley Schenning** (Advanced Radiology), **Katina Barnes** (Mercy Hospital), **Cortni Herod** (Patient First), **Adia Johnson** (Northwest Hospital)

Topic	Discussion	Action/Recommendation
Welcome/Introductions	<ul style="list-style-type: none"> ➤ All attendees introduced themselves and their roles. Erin Phelan welcomed and thanked everyone for being in attendance. 	
Approval of minutes form last meeting	<ul style="list-style-type: none"> ➤ Approval of fall 2022 meeting minutes 	
Radiography Program Updates	<ul style="list-style-type: none"> ➤ Our Radiography Program currently has 25 students in our 2nd year class and 41 students in our 1st year class. ➤ We have expanded partnerships and added new locations in addition to our long-standing partners. We are authorized in the following locations: <ul style="list-style-type: none"> • Ascension St. Agnes Hospital • Advanced Radiology (Annapolis; Ellicott City, Fisher, Quarry Lake, Seven Squares, Timonium) • LifeBridge Northwest 	

- Mercy Medical Center
- Mercy Personal Physicians (Lutherville and Overlea)
- Patient First (Bayview, Bel Air, Lutherville, Perry Hall, Towson, White Marsh)
- University of MD Greene Street (AACC agreed to share OR & Ports)

➤ New Hires

- Since March, Jessica Shirkey was finally hired as a FT faculty member. Sally Sawyers is our new ASA for Medical Imaging. We are now a fully staffed department, which has been a long time in the works.

➤ JRCERT

- After our December 2022 site visit, JRCERT awarded us 8 years accreditation, which is the highest number of years you can achieve. Thank you everyone who helped with this achievement and the successful outcome. The interim report is due in 5 years, which is 2026 and the next site visit will be in the 4th quarter of 2030.

➤ ARRT Statistics

- Erin shared the ARRT results from the National Comparison Report and Annual Program Summary Report with the board, which reflect Class of 2022 since it is a year behind. It was an interesting year since we had started a new curriculum; we had COVID prior to that and we could only take 18 students. All 18 started, graduated and passed the registry the first time. All of them have found jobs. The National Comparison for 2022 was 83.5% of first-time test takers passing where CCBC had 100%; the scaled means score was 82.4% nationally and this was the first time there was a great leap forward in the average test score. So, Class of 2022 scored 2 points or more over the national average, which is impressive. Erin showed the Class of 2022 Assessment Plan where our benchmark is 84% and the

Class of 2022 scored 93.4% and Class of 2023 scored 93.5% and at this time, we do not have anything for Class of 2024 yet. The comparison graph was updated to reflect those changes.

➤ Outcomes Assessment Data

GOAL #1: Students will be clinically competent.

- A1 and A2: Students will demonstrate positioning skills.
Positioning skills (A1) on the lab form showed a benchmark of 85% and Class of 2022 scored 93.4 % and Class of 2023 scored 93.5% and we do not have the data for class of 2024 yet. Erin started a new chart with the new curriculum which started in the summer of 2020. A2 (Questions 4 & 5) the Class of 2022 scored 89.26% and Class of 2023 scored 90.2%. So, we are well above the benchmark of 85%.
- G1 B1: Students will select appropriate technical factors which deals with math and physics in RADT 123's first two tests, and with the old curriculum we struggled to get the score above 80%, but the new curriculum has improved the results to 82.5% for class of 2022, class of 2023 scored 84% and class of 2024 scored 84.4%. So, we are very happy with how this is improving everything. We also started utilizing RadTechBootcamp which has been an amazing tool for students. Exposure Module tests (RADT 123 test 1 & 2) were going well for a while, but we struggled with the class of 2018 at 76.1%, class of 2019 at 78.6%, class of 2020 at 77.8%, and class of 2021 at 79.9%. Then the new curriculum was implemented, and things started to go up with the class of 2022 at 82.5%, class of 2023 at 84%, and class of 2024 at 84.4%. This seems to be going very well didactically with the initiation of RadTechBootCamp.
- G1 B2 Technical factors in class and on live patients (Comp forms 6 and 13) are very strong with class of 2022 at 92.8% and class of 2023 at 95%, all above the benchmark of 85%.
- G1 C1 The Radiation Protection Final exam shows up well above the benchmark of 80% and class of 2022 came in at 85.7% and

	<p>class of 2023 at 81% and class of 2024 with take this at the semester.</p> <ul style="list-style-type: none"> • <u>G1 C2 the Radiation Protection (comp form 7 and 15)</u> shows class of 2022 at 92.7% and class of 2023 at 91%, again well above the benchmark of 85%. <ul style="list-style-type: none"> • GOAL # 2: Students will use critical thinking skills. • <u>G2 A1: Students will manipulate technical factors for non-routine examinations (i.e.: portables/ or/trauma/ Pediatrics.)</u> Students will use critical thinking skills and the tools we use are technical factors for non-routine exams which have all been successful as shown in the assessment data for class of 2022 and 2023. • <u>G2 A2: Trauma labs (Question 6- with portables, trauma PEDs</u> which are, again above the benchmark of 85%, with class of 2022 scoring 94.1% and class of 2023 with 90.5%. • <u>G2 B1: Evaluating Images in Image Analysis class,</u> which is scored at 40/50 points and class of 2022 got 48.2 and class of 2023 got 49.1. • <u>G2 B2: The Preliminary Image Evaluation</u> grading we do is very high for both classes 2022 and 2023, so we are very happy with their critical thinking skills. <ul style="list-style-type: none"> • GOAL # 3: Students will communicate effectively. • <u>G3 A1: Students will demonstrate effective written communication skills.</u> This ranges around 92% for the 1st semester in RAD 121 with the class of 2022 and 2023 at 92.7% and the 2nd semester we upped the benchmark with their writing from 75% to 85%. • <u>G3 A2: CT Clinical Objective Component (worksheet 2.)</u> The class of 2022 scored 93.8% and the class of 2023 scored extremely high at 99.8% which was almost perfect. • <u>G3 B1: Film Critique presentation.</u> Both classes scored very high in the oral communication skills part of the rubric. With a benchmark of 80%, class of 2022 was at 97% and class of 2023 scored 98%. 	<p>Erin will send out Employer Evaluations in January 2024. Please make sure to fill them out as this is assessment data for JRCERT.</p>
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- G3 B2: Employer Survey. This was 100% for the class of 2022. Erin will send these out for the class of 2023 so please fill these out which give us important feedback and communication for each class. This is done 6 months after graduation with a benchmark of 85%.

GOAL #4: Students will evaluate the need for professionalism.

- G4 A1: Students will demonstrate professional behavior. There are a few questions on the Clinical Evaluation form (Questions 2-8) regarding professionalism and students in both classes scored very high. Class of 2022 had 93.8% and class of 2023 scored 94.7%.
- G4 B1: Students will understand professional ethics. Ethics is a new tool in the new curriculum with specific class assignments where students must research cases where someone was sued or something similar, to show a radiology mistake and do a report on it. This should reflect violations in ARRT standards and what could have been done to avoid this. All have passed and are well above the benchmark of 85%. With class of 2022 at 89% and class of 2023 at 96.6%.

GOAL #5: The program will constantly measure its effectiveness in graduating entry level technologist.

- G5 A1: Competent students will complete the program. The completion rate shows the class of 2022 at 100% and the class of 2023 at 90%. Erin had been doing a straight percentage (which was incorrect since students who leave for personal reasons should not be included) so these percentages are, technically, even higher, starting for the Class of 2024.
- G5 B1: Graduate will pass the ARRT Registry certification on the 1st attempt. The ARRT Exam scores were also very good with class of 2022 at 100% and class of 2023 at 88.2% (well above the benchmark of 75%.)
- G5 C1: Students will score at or above the national average on the ARRT exam. What is particularly important is Class of 2022 are the 1st class scoring 6 points higher than the national

Erin to follow the JRCERT guidelines for calculating completion rates from the Class of 2024 onward. Reasons for leaving, such as family matters, do not count for completion rates.

average and this is the class that had the new curriculum, so this was monitored very carefully. After we get the National average for ARRT we will compare it to 84% for the class of 2023.

- G5 D1: Employers will be satisfied with the educational preparedness of graduates. This is sent out 6 months after graduation and with a benchmark of 80% and class of 2022 was 90%.
- G5 E: Students will express satisfaction with the radiography program, with answers of Good or better. Exit Interviews are where students can express their satisfaction or dissatisfaction with the program, but we received 100% and the employment rate is very high as well.
- G5 F1: Of those seeking employment, graduates will obtain employment. This is done 12 months after graduation and the class of 2022 was at 100%. Erin thinks this will continue, especially with the employment rate so high and so many jobs available.
- Technical Standards Review
 - Radiography Standards
 - These were updated with modern terminology and changed some of the language. Old film and chemical information were removed. The standards are given to the pre-applicants in RADT 101, so they are familiar with the requirements and physical and mental expectations of the job. Students come into the program aware of the intellectual, physical and emotional specifics of this program and what their job after graduation will entail. Erin updated the list to include blue light from computer screens, the ability of 25 lbs. and walk short distances. If someone is unable to do these things, with a doctor's note we won't schedule clinicals until they can meet these

	<p>requirements. There is an acknowledgment page that states they cannot proceed with the observation session which is part of the admission process. This must be signed before they go on their observation day; they also sign an agreement for infection control and patient confidentiality. Each hospital has criteria that each student must follow, and this is explained fully. The board approved.</p> <ul style="list-style-type: none"> ○ MRI Standards <ul style="list-style-type: none"> ● These are basically the same as the radiography standards except we added in MR safety and operating the coils and various safe practices. This reads as a job description for an MRI technologist, with additions of adequate eyesight and hearing, interpersonal skills, frequent exposure to strong magnetic field vs. radiation, etc. with an acknowledgement/signature page. The board approved. ○ CT Standards <ul style="list-style-type: none"> ● Again, Basically the same except added in drawing up contrast and added in radiation. The board approved the review of these standards with the addition of adding standards regarding contrast material (drawing up contrast and recognizing adverse reactions, etc.) ➤ Electronic Orders <ul style="list-style-type: none"> ○ This was requested to be added to the agenda by Kelly Kunze who was unable to attend today. However, we do not teach E-orders because there are so many different EMRs, but we are always open to adding practical skills for students. Shelley Schenning will take that information back to Kelly for future reference. It 	<p>Erin will add standards regarding contrast material/ reactions to the CT and Radiography Technical Standards.</p>
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	<p>would be nice to have students have some exposure to the computer side of the RT job, possibly adding some EPIC training to RADT 123 in the future. Most EMR technology has “playgrounds” to help with becoming familiar with the system, but Erin has reached out to EPIC and there are no training modules for school programs to use. Jennifer Falavigna suggested CIs just show students what they are doing with labs, etc. while they are doing it so students can have a little exposure to the process. Erin agreed and said maybe the program can add in a little training before they go to clinicals just for familiarity. Rhande mentioned push back from techs.</p> <ul style="list-style-type: none"> ➤ Clinical Update <ul style="list-style-type: none"> ○ We will be holding our annual Clinical Instructor Workshop on January 24, 2024, with lunch at 12:30 pm and the workshop will be 1:00 pm - 4:00 pm. If sites can spare people the time to attend, we would appreciate it. We will go over clinical policies, comp testing and remind them of their CI duties as well as inspire them through this workshop. ○ Erin touched on how pretest procedures are going which just started this fall. This is a pre-competency replacing imaging where any technologist can fill out the form. Students like it because they can do 3 -4 successfully; then they are allowed to move to test with a CI. No negative issues reported, and this process seems to be working. Rhande did report that turnaround time for these evaluations is maximum time of a week; some have been coming to her months late and that is unacceptable. She does send a reminder email through Evaluate since these evaluations count toward the students’ grades. Erin reminded everyone that there are also pink slip reminders where students can leave as a reminder when things are due, especially 	<p>Shelley Schenning will take information back to Kelly Kunze for the future.</p> <p>We will re-address the possibility of going over EPIC and E-orders with students, so they have some exposure for their clinicals.</p> <p>Allow at least one CI from each office or site to attend CI Workshop on January 24, 2024.</p> <p>Remind all techs to fill out Pretest evaluations as soon as possible to not hold up students’ progression.</p>
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	<p>the re-tests. If techs need help to fill out these forms, please reach out or use the link in the email. Rhande does stay on top of this, and she communicated with all the instructions and support for our techs. There are also copies available in the student handbook if students need to copy and give to their CI.</p> <ul style="list-style-type: none">○ Two years ago, we implemented a new Clinical Warning form which can document issues, attitudes, or any behavior on site; anything a student may need to correct. You don't have to use it but it's there and anyone can always, as usual, communicate with Rhande. This form has a clear pathway with 1st and 2nd offenses, so the documentation is clear for what students may need to correct. Rhande this helps in Evaluate as a formal method which she sees before the students do and she can have a warning ready to meet and address with student.○ Criminal background checks vary with each Affiliation Agreement per site. Our students pay a fee for the drug screen and background check with Castlebranch after they are admitted into the program, so admission is not based on other sensitive information. Students are admitted provisionally, and then they need to pass everything and go through the onboarding procedure which includes a background check. Some Affiliation Agreements are clear as to which entity does what but in the School of Health Professions, we don't screen students who are coming to your site. GBMC might accept something MedStar does not, so in our program we do not approve or disapprove of where a student is assigned based on their criminal background check. The clinical sites can check Castlebranch. Mark Bailey at Mercy has been extremely diligent about this for us. Deb Windsor acknowledged there have been a lot of	<p>Communicate with Rhande about any clinical issues.</p>
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	<p>changes and agreed it should not be up to the program to oversee this process. With that being said, sites know we see these, and between Mark and Rhande have eyes on these screenings for all our students. The affiliation agreements state that criminal background checks need to be done on all students but does not say anything about the approval process. MedStar is unclear, GBMC's HR doesn't do it, Mercy has a director of education that does this, University of Maryland is based on their specific criteria, St. Joseph's is different and Upper Chesapeake doesn't do them anymore. All agreed that the program is not qualified to make these determinations; however, Rhande is extremely careful and will not hesitate to contact anyone with questions. The issue is that every site has different criteria and expectations, so the program cannot possibly keep up with. Susan Landry confirmed that if someone has something out of the ordinary of concern, she or an advisor are notified at CCBC.</p> <ul style="list-style-type: none"> ○ Erin thanked everyone who donated barium and BE bags. 	<p>Deb Windsor will follow up with Erin or Rhande regarding MedStar Good Samaritan/Union's background check policies.</p> <p>Erin needs information on who approves students for each site so she can update Castlebranch's directory.</p> <p>If there are any donations of expired procedure trays, HSGs, etc. please send them with students. We appreciate it.</p>
<p>Advanced Modality Programs Updates</p>	<ul style="list-style-type: none"> ➤ Deb Lam reported numbers are down. She has 7 MRI students, 5 CT students and 3 Mammo students. We had 7 that started in January, 4 finished and 3 dropped out because it was too overwhelming. Two came back and are finishing up now and the 4 that finished just took their boards. So, Deb made the application process a little more stringent for the radiography students who want to take the CT program during their send 	<p>If there are any incentives, job openings for our CT, MRI or Mammo programs please let Deb Lam know so she can pass it onto her students.</p>

year for the next cohort; they must have a certain GPA and be at a certain point with their comps. Erin gives them 8 hours for CT clinical duty, so they only must use 4 hours of their own time and Deb decreased the clinical hours with CT to 12 hours/week. New CT classes start in January, Mammo will start in spring, and the current MRI students graduate in May and a new cohort will begin in the fall.

➤ Medical Assisting in Imaging:

- A new class will begin in January and Deb has made it very easy to schedule, with synchronous asynchronous, not having to be on campus and flexible clinical hours. There are flyers to take and a virtual information session for all Advanced programs on Nov. 7th. The newest endeavor is a collaboration with the Medical Assisting program and is called the Medical Assisting Tech Aid. Deb's idea is to make this person a viable part of the imaging team. They can start IVs, do history taking, patient prep, etc. So halfway through their Medical Assisting training, students can decide to take this imaging path and it is all online. Deb sends them for 40 hours of clinical where they are trained in CT and MRI. Her Basic Medical Imaging for the Health Care Professional course goes through everything, 2 modules of safety including radiation safety; internal and external patient prep; exam orders and informed consents. There is a whole module on communication, history taking, exam questions, and the basics of contrast. It is a 20-hour course, and this will start in November with 1st round of clinicals to begin in January. After completion, there is no certificate since it is through ConEd but it will show on their transcripts that they completed this course. It is approximately a \$229.00 fee for this course and the Medical Assisting program is around \$7,000.00 but offers many grants. Donna

We will make a flyer for the Medical Assistant in Imaging program with registration information and information session dates and times and send it to our board members to pass on.

	<p>Rowan, the Director of the Medical Assisting program at CCBC, has informed her students and we already have had 4 interested people reach out to Deb.</p> <ul style="list-style-type: none"> ➤ Erin discussed a new Phillips initiative to create a Cardiovascular “Task Force.” A budget was submitted to Phillips, but there is no follow up from Phillips at this time. So, we are in limbo as far as developing a Cath Lab course through Continuing Education. But interested parties did meet in September with Erin, and this is something exciting that we are looking forward to in the future once we hear back from administration and Phillips. 	
<p>Clinical Facilities Updates</p>	<ul style="list-style-type: none"> ➤ Advanced Radiology reported they are still short-staffed. Just about all CT equipment has been replaced. ➤ Medstar Franklin Square’s new Cath Lab and IR unit will be opening in May; a CT unit has been approved and a new portable is coming November/December. They are now servicing MRI 24/7. They have 3 full time, 1 part time, and several PRN openings. ➤ Mercy Medical Center reports a new Fluoro room in the works. ➤ GBMC stated they have a lot of construction on campus including the new cancer center, and a new IR unit. They have some overnight positions and 1 for x-ray. ➤ MedStar Good Samaritan has a new IR suite opening November 13th with 2 part time overnight positions and 1 IR position currently. In x-ray, there is a FT position opening (Friday, Saturday, Sunday) and a part time position (Friday, Saturday) 12-hour shifts. ➤ Medstar Union Memorial has 1 FT evening shift and will have an overnight spot coming up soon. They are still waiting for new equipment requests to process. ➤ Medstar Good Sam/Union IR has openings in 1 FTE for IR: 2 FTEs for CT both overnight (4 10s Tuesday – Friday and 3 12s Saturday, Sunday, Monday) ➤ Johns Hopkins Cath Lab just hired 2 new techs and still has 5 open positions but still have anywhere from 30-50% vacancies. 	

	<ul style="list-style-type: none"> ➤ Patient First just opened their new Annandale, VA location with several x-ray openings at all centers. ➤ Northwest nothing has changed much since March; they are very busy and have various positions still open. 	
Class of 2024 Representatives	<ul style="list-style-type: none"> ➤ Dylan Coleman and Noah Ford are the Class of 2024 students here today with a few things to mention. Their request is for a student computer log in, and Jen Falavigna mentioned that her site has a computer in the back area that they can possibly use. They could then work on their performance objectives and look up patients, etc. for familiarity. The students would also like to see some new sites. There is an issue with student badges, access to the areas they need to get to and do not always work, which hinders them getting to clinical areas. There was a suggestion of a specific badge for CCBC students with a photo that is turned in when clinicals are finished. The students also need scrub access. 	Addressing student badge issues and scrub access for the future.
Additional Board Issue (not on agenda)	<ul style="list-style-type: none"> ➤ Erin left one issue off the agenda that the board needs to decide. How many students will we take in the next Radiography cohort? We have 25 graduating in May and 41 1st year students currently. Once we satisfy the diagnostic needs, then more people will go into the advanced modalities, but it will take a while. But the board must think about 2 ½ years down the road and how many we take for that cohort. Sites have reported many techs retiring or about to retire, which will add to the void that already exists. It was suggested to accept larger cohorts, maybe two more times because this is a regional problem across all sites. It was suggested that we do high school fairs to introduce high school students to this profession and what pathways and opportunities are out there. The general consensus was at least one more large cohort, if not two. 	

Respectfully submitted,

Name: Sally Sawyers

Date: 11/1/2023