



Radiologic Technology Advisory Committee Meeting Minutes

Date | time 10/26/2017 | 4:30PM in Room B1272
Meeting Called to Order by Jerry Fox, Program Director

In Attendance

Advisory Members Present:

Erica Sachs—Clinical Instructor, Rochelle Hospital
Heather Hensley—Clinical Instructor, Rochelle Hospital
Cate Hamilton—Clinical Instructor, Rush-Copley Medical Center
Beu Becker—Clinical Instructor, Kishwaukee Hospital
Geneses Juraska—Clinical Instructor, Northwestern Health System
Tiffany Hohmann—Valley West Hospital
Joy Miller—Manager of Imaging Services, Rochelle Hospital
Diedra Galitz—CT Technologist, Rochelle Hospital
Joni Simone—CT Technologist Northwestern Health System
Janey Ciontea—Manger of Radiology, Valley West Hospital
Tom Markuszewski—Director of Imaging Services, Rush-Copley Medical Center
Heidi Hershberger—RA Student Representative, KC
Kayla Musgrave—RA Student Representative, KC

Kishwaukee College Members in Attendance:

Jerry Fox—Program Director, KC
Marie Meadors—Clinical Coordinator, KC
Lori Damask—Clinical Facilitator, KC
Joanne Kantner—Vice President of Instruction, KC
Bill Nicklas—Executive Director of the Foundation, KC
Brianna Hooker—Administrative Assistant to Instruction, KC

Carryover Discussion of Computed Tomography

Jerry began discussion on Computed Tomography (CT) after the Clinical Instructor (CI) meeting and before the official start of the advisory committee meeting in attempt to gain some clinical instructor input on the program. As advisory committee members trickled in, they joined the conversation.

ASRT curriculum includes basic patient care and Jerry would like committee thoughts as to whether or not that is something we would need to cover in the CT program?

Erica and Jodie consider the length of the class and believe that time should be primarily focused on more technical concepts.

Tiffany thinks it is likely covered in the curriculum because it is covered on the exam.

Joy encourages Jerry to carefully review the objectives before diminishing completely because topics are included in the curriculum for a reason.

Jerry asks which hospitals do coronary arteries? Rush-Copley does, Kishwaukee likely will be within a year, Rochelle has the capability in terms of equipment but do not have the volume of patients to make

training worthwhile. Jerry seeks to ensure that if students are going to be tested on something, it is important to confirm they will have clinical exposure.

Tom expresses concern over length of course and feels it would be necessary for more than one course to prepare for the exam. Jerry has completed considerable research on length of programs and they range anywhere from 4 weeks to 1 year.

Tom and Joy have concern over students doing clinical on their own; this would be a liability issue for the clinical sites. Tom suggests possible addendum to existing agreements with clinical sites to include CT clinical.

Joy does not believe Rochelle Hospital would have the capacity to support a CT program due to the volume of scans completed. Erica confirms it took her 22 months to meet the scan requirement for her CT education to get them all done at Rochelle.

Jerry has great interest in striving to determine how we could support a program because of high interest.

Janey recommends considering some sort of rotation model in order to ensure students get the volume of scans they need. Even with a rotation model, Joy thinks it would be difficult for Rochelle to participate and is hesitant to move forward. She would need further discussion.

Joni is excited about the opportunity because it would provide the education that other, shorter CT programs do not offer. Other programs are sufficient for experienced techs but not for recent graduates. This would allow recent graduates to gain the education right away.

Jerry asks for committee thoughts on clinical rotations occurring in the evenings. Tom doesn't see how this would be beneficial for the students since majority of scans occur during the day shift, day shift is also where the higher quality skill level is.

Janey agrees that day shift is necessary, although some evening/weekend shifts could be a possibility.

Tom agrees that a combination of mostly days, with some evenings/weekends would be okay.

Janey asks if experienced techs would be able to opt out of the clinical portion. Jerry confirms it could be an option.

Jerry asks committee if writing a new curriculum seems to be necessary or should the already developed curriculum be utilized? Marie summarizes the question; are we going to use the entire existing curriculum, revise, or create an entire new curriculum?

Joy thinks the current curriculum exists for a reason and we should be VERY careful straying too far from it.

Official Advisory Committee Meeting Begins at 4:55pm

JRCERT Report

Jerry reports that himself and Marie attended the JRCERT symposium in May and it focused heavily on assessment outcomes and has Jerry has already implemented some ideas into our assessment plan.

Jerry would have appreciated more allowance of questions from the audience.

Jerry reports to committee that he predicts within the next few years, CT will become part of Radiography programs. Currently JRCERT is not governing CT programs.

Program Outcomes

Cate reports having received many complements from hospital staff for the students who attended orientation. They left a great impression on Rush-Copley.

Heidi felt that orientation prepared her well for Clinicals and that it was very helpful. She is still feeling apprehensive but is starting to feel more comfortable. Colleagues seem to be enjoying the program as well.

Kayla reports classmates are happy overall. All second-year students are very interested in pursuing a CT program and would prefer to continue their education at KC because they are familiar and like it here. Janey expresses concern that if everyone immediately pursued CT right after graduation, area hospitals would have a difficult time supporting the employment need. She would like to see some people start out as techs and slowly gain CT experience.

Assessment Follow Up

Jerry reports that Graduate Exit Surveys/Lunch with the Dean of Health and Education provided us with valuable information. The greatest concern of graduates is difficulty in technique selection and modifying techniques when necessary.

Marie is unsure of what the “missing link” is because modifying techniques is covered heavily throughout the program. Committee seems to think that some of the issue may be because the machines are now digital.

Joy is seeing that students know how to “fix” an image afterwards but are having difficulty figuring out live when the patient is on the table. Kayla confirms this is where her and many other students are struggling. Joy thinks a lot of it comes down to the clinical instructors (CI’s) as there is so much that cannot be taught/simulated in the classroom.

ARRT Test Results

Jerry reports being disappointed with test results this year. National Pass Rate is not yet available. Our pass rate is 82% this year. However, the two students who failed have both retaken and passed. On the graduate exit survey, students indicated that they were not prepared for the exam. Faculty do not believe that students prepared well for the exam during their last semester of the program.

The 2016 graduating class had a pass rate of 100% so this is a significant drop. Class of 2017 had 11 graduates, Class of 2016 had 10 graduates.

Jerry reports increasing retention rate this year and attributes that to doing the acceptance meeting in April. The process now looks like this, students are accepted into the program in January, faculty meet with accepted students for the first time in April (the additional piece of the process), and official orientation occurs in June. One goal of the meeting is to prepare students for what the program will consist of and set up job shadowing experiences as needed. This extra step has hopefully decreases the number of people who decide radiography is not for them after beginning the program.

Jerry was surprised how poorly students did in the radiation protection and radiation biology portions of the exam.

To help better prepare upcoming graduates, Jerry has started bringing test questions from the Elsevier’s test bank to work on as a class. Kayla highly praises this exercise and thinks it is very helpful.

Jerry currently takes students out of clinicals one day per week during RA 234 for registry review and seeks committee feedback as to whether it would be beneficial to utilize two days per week to prepare?

Cate does not think students should be pulled from another clinical day because clinical experiences are so valuable. Students need to be responsible to study and pursue extra help if needed.

Radiology Technology Program Mission Statement Review

Current Mission Statement:

The mission of the Kishwaukee College Associate degree Radiography Program is to prepare the student to obtain their licensure to practice Entry-level medical radiography. The program is supported by State of the Art Academic and clinical experiences as well as knowledgeable faculty and clinical instructors.

Tom feels that the mission statement is very straightforward and does not recommend any changes at this point.

Jerry reports that students, graduates, and clinical instructors/sites all seem pleased with the program.

Any Concerns/Suggestions/General Comments on the Program

Cate thinks the changes in the acceptance/orientation process has helped tremendously. Jerry thanks Joy and Rochelle hospital for their help and support in the job shadowing piece of that change.

Cate reports that COD has the same clinical times as KC with 4 additional weekend shifts per semester.

Weekend/evening techs at Rush-Copley love having students on those shifts. Marie explains the JRCERT requirement justification piece. Jerry thinks it is too risky to be put on probation by JRCERT. One major concern is having equal opportunities of each clinical site which would be challenging for us to justify/accommodate.

Joy would like the program to emphasize patient satisfaction scores to students. This is very important to hospitals so we should make students aware of this. Joy will provide an example of survey. Tiffany confirms that students should be aware of this because it will be such an important thing once they become employees.

Heather reports that Lori is a huge asset to the program. Many thanks to Lori. Tom confirms and thinks that it is a great message sent to the clinical facility to see the presence of someone from the schools at the facility.

Tom thinks the CT discussion is a step in the right direction for progressive change to the program. Jerry plans to investigate/pursue new/more clinical sites in order to move forward.

Next Meeting

Spring 2018, Exact date and location TBA.

Meeting Adjourned at 5:50pm