

**RADIOLOGIC TECHNOLOGY**  
**ADVISORY COMMITTEE MEETING**

**September 29, 2011 4:30 p.m.**

**APL119, Antelope Valley College, Lancaster, CA**

Attendees:

Cindy Austin, Joyce Cohen, Dr. Karen Cowell, Jeff Crawford, Maria Kelly, Susan Vradenburg

Opening Comments: Maria welcomed participants. The contents of the meeting packet and minutes from the February 24, 2011 meeting were reviewed.

Old Business:

Equipment and Educational Materials Needs

*Accessory Laboratory Equipment*

The program received funding and purchased various accessory lab equipment last year. However, the program is still looking for an extension cone for student experiments on scatter radiation. There was a question as to whether or not facilities are using this equipment and how beneficial would it be to have one at the campus lab for student learning. Jeff indicated that Palmdale Regional Medical Center will be purchasing one for patient care use and thought students would definitely benefit from simulated exposure to this type of equipment. Susan stated that she had access to an older cone that she would donate to the collage, however Maria indicated that the type used for older equipment did not fit the campus x-ray tube housing, but may be able to modify it for use by students during laboratory experiments and welcomed the donation. Maria will investigate this option and make a recommendation to the board for it's next meeting.

*PACS, CR and Internet Access*

The faculty and employers felt that the students would benefit from a simulated PACS environment at the campus laboratory, since the clinical affiliates and employers in the area are all using digital and PACS. Susan and Jeff indicated that it would be beneficial for students to learn what happens when images are transmitted incorrectly in a test environment to demonstrate how errors affect patient care. Maria indicated that Internet access to the classroom and laboratory is needed to support this technology. In addition, Maria stated that Internet access would also be used by service vendors for remote access for trouble shooting for equipment errors. Dr. Cowell will inquire about Internet access to the classroom and laboratory. The program director requested Perkins IV funding for a second CR reader and a simple PACS with a large view monitor for the 2011-2012-budget year, but the proposal was placed on the second tier to be approved and may not happen this year. If funding is not achieved this year, the Program director will submit a request for next year.

*Film Experiments*

Some discussion ensued on the difficulty of obtaining a good film site for conducting the State mandated film experiments. Currently the program has an agreement with Dr. Antebi's office for use of the x-ray room and film processor. However, faculty reported that student learning is consistently interrupted by patient care while at the site and due to other issues has proven to be rather inconvenient logistically for both instructors and students. Maria reported that film sites in general have been difficult to find because all of the RT sites in the area and most doctors offices use digital

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now. Jeff indicated that the chance of an RT being employed at a film site would be zero in the State and the focus for RT students should be on digital processing not film screen. Maria indicated that the State still requires film experiments even though the ARRT and ASRT has removed much of the detail on film processing out of the curriculum and examination content. Therefore the college is still obligated to provide film experiments for the students until the State changes the regulations to be more congruent with current practice. Jeff suggested looking Dr. Garrison's office as a possibility. Maria also attempted to solicit how other programs are dealing with the unavailability of film sites, but have received no responses so far. Maria recommended that the program continue to use Dr. Antebi's office until another site can be located and agreed upon.

### *Educational Resources*

Maria indicated that most of the program textbooks have new additions out in 2012 corresponding to the updates to the ASRT curriculum and ARRT examination content specifications. Faculty have access to new editions via the Evolve/Elsevier portal.

### Next Cohort Enrollment June 2012

The next enrollment period will begin in March of 2012. This will be the class of 2014. The program director will hold enrollment information meeting this semester in October and November for prospective student interested in the program. The information sessions include:

- Information on career options in medical imaging
- The role of the radiographer
- The college's enrollment process
- Prerequisites and courses required for the degree.
- Overview of courses in the program
- Program rigor and expectations

Ten students will be selected on a first come first serve basis conditional on meeting all the enrollment requirements.

### Class of 2010 and 2012 status

The class of 2010 graduated 7 students, the class of 2012 currently has 8 students progressing towards graduation. The pinning ceremony for this cohort is scheduled for May 31, 2012. The requested location may be either 1) the new college theater or 2) the boardroom (SSV 151).

### JRCERT Status

The next JRCERT site visit is scheduled for April 2013. The self-study and program accreditation fees will be due April 2012. Any updates to the JRCERT assessment plan, WASC SLO's and PLO's will also needed to be completed. Cindy and Joyce volunteered to help with completion of the self-study.

### Mission/Goals:

The board discussed the suggested mission, goals and student learning outcomes suggest in the JRCERT Standards. The board decided that the current mission statement was substantially congruent with the suggested mission statement in the Standards and voted to keep the mission statement as it is. The board felt that even though the program goals and student learning outcomes were similar; the language used in the Standards was more concise and targeted. The board voted to adopt the language in the Standards. The published program goals will be aligned as discussed with the suggested JRCERT language for the next cohort starting in June 2012.

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### New Business:

#### Curriculum updates (ASRT 2012)

The ASRT curriculum and the ARRT content specifications have been updated and will be in effect January 2012. The program's Course Outline of Records (COR) have been updated for each course to be congruent with these updates and be more current with the actual current practice in the field.

#### *Positioning Laboratory Changes*

Last year a pilot was started to see the effect of moving positioning laboratory to the campus laboratory on students learning for positioning. Students and faculty believed it would be beneficial to perform some laboratory demo backs (graded competencies) and practice demonstrations at the campus laboratory, so as not to interfere with patient care at the clinical sites. Faculty reported that the advantage was that students all heard the same instruction at the same time and could benefit from hearing other students questions. Overall the students felt that the clinical environment was not as conducive to making mistakes and corrections that could lead to learning at clinical for their simulated practice of procedures and demonstrations. There was also a suggestion from the graduate surveys to have less time at the hospitals, with more time in the positioning laboratory in the first year.

The clinical faculty proposed that positioning laboratory should meet on Tuesdays for the first year for a full day (rather than ½ day) at the campus laboratory rather than the clinical affiliates. This would impact RADT103 and part of RADT107, resulting 8 hours in the campus-positioning laboratory and 16 hours at the clinical sites per week. Summer and Intersession hours would not change. Jeff stated that extra time for simulated practice would benefit student learning and agreed with this proposal. Maria will calculate the hours and schedule the next cohort accordingly.

In addition, some discussion ensued around the need to have demo-backs (graded simulated procedure demonstrations) used more consistently as assessment tools to track student learning outcomes, rather than just for formative assessments. Clinical instructors were allowing students who were not prepared the first attempt to redo the demonstration, without grading the first attempt, then only submitting the second attempt to the department chair for SLO data input. Maria pointed out that this might be one reason the SLO's for clinical courses consistently met target. The clinical faculty agreed that demo-backs should be graded more consistently and progressively, so areas of concern with student learning may be readily identified. Students will be graded on all attempts and if a student fails to demonstrate an objective, s/he will be graded accordingly, be given specific recommendations for practice by the clinical instructor and after the recommended practice is achieved allow the student to repeat the assessment.

#### Program Assessment Plan (Are we meeting program goals?)

The below assessment results were discussed. Options for changing the assessment plan based on the results were also discussed. It was agreed that the program assessment plan matches the mission, goals and objectives of the program appropriately for the class of 2012, except for program completion rate benchmark( see below action plan/goals).

- ARRT Examination Pass Rates- 100% on first attempt- 75% benchmark
- Job Placement Rates- 84%- with in six months-75% benchmark
- Program Completion Rates – 64%- (75%) -discussion on benchmark ensued, see action plan/goals below.

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- Graduate Survey Results- On a scale of 1- 5- 3 or better on all questions
- Employer Survey Results- On a scale of 1- 5- 4 or better on all questions.
- Student Learning Outcomes (JRCERT & WASC) – All objectives were achieved for all courses for the cohort
- Program Learning Outcomes (JRCERT & WASC) - All objectives were achieved, except program completion rate (see above) for the cohort
- WASC (regional accreditation) Annual Program Review – highlights were reviewed

### Summary of Comments of Graduate and Employer Surveys:

1. Graduates- Decrease clinical time in first year and increase in second year.  
Discussion: Plans are already under way (see above under *Positioning Lab Changes*) in increase the use of the new laboratory by scheduling demonstrations and demo-backs in the campus lab, rather than at the clinical sites. Discussion from the board was positive in that instructors felt that students would benefit from more simulated practice without the constant interruption for patient care and that all students would hear the same instruction at the same time. The employers felt that although they did not mind the students using the rooms during patient downtime, the technologists felt bad about interrupting their demonstration and felt that this planned option would increase students preparedness for live patients.
2. Graduates- More education on Mammography.  
Discussion: Maria outlined for the board the content areas and amount of time spent on advanced modalities including mammography. The employers discussed that Mammography was not performed that their facilities. Only Kaiser and Antelope Valley Outpatient Imaging Center performs these exams in the area. The employers felt that extra material is not needed on mammography, since the State requires an approved mammography course after primary certification anyway. The employers felt that it would be more beneficial to increase lecture time in CT. Maria indicated that currently CT is incorporated earlier in the didactic curriculum along with positioning and anatomy of the thorax, abdomen/pelvis and head, to allow students to have clinical rotations earlier, per prior employer requests. Other advanced modalities are covered toward the end of the program. The group suggested that current curriculum on advanced modalities is adequate for the purpose of training entry-level graduates at this time and changes should only be made when the ASRT curriculum changes.
3. Graduates – More education on surgical exams.  
Discussion: The group agreed that more targeted education on specific surgical exams would benefit students. Maria indicated that the difficulty in the didactic coverage of surgery is that each facility and surgeon has different protocols. Maria also indicated that new graduates often have a steeper learning curve in surgery because the technologists do not often allow students do more than assist in these procedures. When they become technologists, it is assumed that they have had more hands on experience than they actually do. In addition, there are certain surgeons that have not allowed students in the operating room.

### Action plan/goals:

The Board discussed several possibilities for the results of program completion rate for the 2010 cohort. The possibilities included, the State of California enrollment regulations, mandatory limitations on enrollment by the Radiologic Health Branch and JRCERT, program rigor and individual personal reasons from the students involved (i.e. lose of spousal support, changed mind about career, etc). There was also some discussion on the intermediate algebra prerequisite for physics possibly being placed as a program entrance requirement instead. Dr. Cowell indicated that we

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would need to prove by Title 5 standards, that students would be more successful if intermediate algebra was a program prerequisite. So far, most students admitted to the program completed this course beforehand, and therefore correlation with program completion is difficult to prove, given the numbers needed (thousands of students) to state the case.

The board agreed that given the circumstances above, the program completion benchmark is unrealistic, should be moved from 75% to 70% and continue to be tracked for several cohorts.

### Other Business:

Dr. Cowell asked for volunteers to speak at a middle school careers day on health science professions for February 23, 2012.

Maria gave a tour of the campus laboratory.

Meeting was adjourned at 5:30 pm

Next Meeting: TBA