

EL CAMINO COLLEGE – RADIOLOGIC TECHNOLOGY PROGRAM
CAREER AND TECHNICAL EDUCATION – 2 Year Review (Fall 2016)
SUPPLEMENTAL QUESTIONS

- 1. How strong is the occupational demand for the program? As you analyze demand over the past 5 years and projected demand for next 5 years, address state and local needs for the program.**

The demand for the Radiologic Technologists remains strong. As projected by the Bureau of Labor and Statistics (BLS) "Employment of Radiologic Technologists is projected to grow 9 percent from 2014 to 2024, faster than the average for all occupations. As the population grows older, there will be an increase in medical conditions that require imaging as a tool for making diagnoses."

<https://www.bls.gov/ooh/healthcare/radiologic-technologists.htm>

According to the BLS, California has one of the highest employment of Radiologic Technologist per state, and the average wage ranks among the highest in the country.

<https://www.bls.gov/ooh/healthcare/radiologic-technologists.htm>

State	Employment	Employment per thousand jobs	Hourly mean wage	Annual mean wage
California	16,540	1.07	\$36.57	\$76,070

- 2. How does the program address needs that are not met by similar programs in the region?**

There are no similar programs in the area – the closest program is over 30 miles away. The ECC RT Program fills a need for local area community hospitals, doctor's offices and imaging centers who need qualified and well trained imaging personnel to staff their departments.

We have affiliation agreements with eight medical centers, so many of our graduates are then hired by those clinical sites after they complete the program

- 3. What are the completion, success, and employment rates for the students? Discuss any factors that may impact completion, success, and employment rates. If applicable, what is the program doing to improve these rates?**

The Program continues to have excellent pass rates on the ARRT exam (100%).

Employment Rate has increased to 100% the past two years, and success and retention overall continues to improve. Our Accreditation *JRCERT is considering separating the difference between a student with an academic failure verses one who drops due to personal reasons. (See Results = page 2)

COMPLETION, SUCCESS, AND EMPLOYMENT RATES

YEAR OF COMPLETION	Graduates	ARRT EXAM Take / Pass	Yearly % PASS RATE	% Seeking & Found Employment Within 6 Months		# of Students Enter/complete	75 % goal Completion Rate %(PCR)
2005	20	16/16	100%	20/20	100 %	20/22	91%
2006	14	17/17	100%	14/14	100 %	14/21	78%
2007	21	22/22	100%	21/21	100 %	21/22	95.5%
2008	18	18/18	100%	15/17	90%	18/21	85.7%
2009	15	15/15	100%	10/13	80%	15/20	75%
2010	18	18/18	100%	12/16	75%	18/23	78%
2011	13	13/13	100%	9/11	83%	13/21	62%
2012	15	15/15	100%	11/14	80%	15/23	65%
2013	18	18/18	100%	15/18	83%	18/24	75%
2014	20	20/20	100%	20/20	100%	20/24	83%
2015	17	17/17	100%	17/14	100%	17/23	74%
2016	19	19/19	100%	n/a	n/a	22/19*	86%

4. If there is a licensure exam for students to work in their field of study, please list the exam and the pass rate. If there are multiple licensure exams in the program, include them all. Discuss any factors that may impact licensure exam pass rates. If applicable, what is the program doing to improve these rates?

ARRT National Licensure and California RHB – Fluoroscopy Exam Results:

YEAR OF COMPLETION	# Of Grads	ARRT EXAM Take / Pass	ECC Students % PASS RATE (1 st Attempt)	ARRT National Average Pass Rate	ECC Students AVE SCORE	ARRT National Ave. Score	RHB Fluoro State Exam Pass Rate (1 st Attempt)	FLUORO EXAM 1 st Attempt # of Students Tested / Passed
2005	20	16/16	100%	89.4%	85.9%	84.8%	100%	16/16
2006	14	17/17	100%	90.5%	88.3%	84.8%	100%	17/17
2007	21	22/22	100%	90.8%	90.2%	84.7%	100%	22/22
2008	18	18/18	100%	91.0%	87.3 %	84.6%	100%	18/18
2009	15	15/15	100%	91.4%	91.1 %	84.8%	100%	15/15
2010	18	18/18	100%	92.4%	90.2%	84.9%	100%	(Jan- Dec Results) 15/15
2011	13	13/13	100%	92.7%	88.8%	85.1%	90%	10/9
2012	15	15/15	100%	93.0%	87.2%	85.3%	95.8%	24/14
2013	18	18/18	100%	89.6%	87.3%	84.1%	91.7%	12/11
2014	20	20/20	100%	~88.9%	89.5%	83.8%	100%	9/9
2015	17	17/17	100%	~88.4%	88.0%	83.4%	100%	17/17
2016	19	19/19	100%	87.3%	90%	85%	n/a	n/a

The ARRT results show 100% pass rates for over the past 10 years. The State Fluoroscopy exam also show excellent results. The State will be eliminating the Fluoroscopy exam within the next 2 years as the same content is test within the ARRT exam.

While there are have been no obstacle to success for student pass rates on the ARRT Registry licensing exams.

As of 2017 the ARRT are making changes to the Content Specifications, and therefore it may be necessary to request CTEA funding to provide some additional resources for students so that the ECC RT Program can maintain their 100% pass rates.

5. Is the advisory committee satisfied with the level of preparation of program graduates?

Yes, as evident through discussions at Advisory Committee Meeting minutes and Employer Surveys that are done annually. (See sample attachment)

How has advisory committee input been used in the past two years to ensure employer needs are met by the program?

Overall, the results shows that the graduates are well prepared. One of the recommendations suggested for the program to obtain more portable x-ray units so the students would have more positioning practice stations during lab. This would improve their proficiency and increase their skill set, ultimately creating a better prepared graduate.

Describe any advisory committee recommendations that the program is either unable to implement or is in the process of implementing.

The committee has recommended an Introduction to Clinical and Patient Care course that could be offered to students who are interested in applying or who have applied to the program. The Curriculum has been developed, but has not yet been reviewed or approved by the Curriculum Committee

California Education Code 78016 requires that the review process for CTE programs includes the review and comments of a program's advisory committee. Provide the following information:

- a. **Advisory committee membership list and credentials –**
See attached
- b. **Meeting minutes or other documentation to demonstrate that the CTE program review process has met the above Education Code requirement.**
See attached

The Radiology Program Advisory Committee plays a very active role in the program. The committee meets twice a year, but there are many discussions via email when warranted. The Program seeks advice and input from the committee members on a regular basis. Along with the weekly visits performed by the Clinical Educators, the Clinical Coordinator and Program Director conduct regular visits at the clinical sites, which keep the lines of communication open.

**ECC – Radiologic Technology Program
ADVISORY MEETING MINUTES**

**March 30, 2016
8:00 am– 11:00 am**

Location: ECC Campus, MBA 401

(draft pending approval)

Present:

El Camino College Full Time Faculty

Dawn Charman, Program Director
Mina Colunga , Clinical Coordinator
Colleen McFaul, Instructor and Clinical Educator

El Camino College Part-Time Faculty

Sivi Carson, Clinical Educator
Rosa Luna, Clinical Educator
Valentino Lopez, Clinical Educator
Arshad Fazalbhoj, Clinical Educator
Naveed Hussain, Clinical Educator
Joel Sanchez, Clinical Educator
Tino Lopez, Clinical Educator

Clinical Affiliates & Others:

Steven Eklund, Clinical Instructor Santa Monica Medical Center
Laura Papadakis & Isabel Vasilescu, Clinical Instructors Providence Little Company of Mary Torrance
Sandy Pederson & Evelyn Mejia- Clinical Instructor Providence Little Company of Mary San Pedro
Alexandra Ramirez, Clinical Instructor California Hospital Medical Center
Sivi Carson & Tony Price , Clinical Instructor Centinela Hospital Medical Center
Christine Marin, Clinical Instructor Torrance Memorial
Sandy Pham, Clinical Instructor, Kaiser Permanente

Student representatives:

Marvin Duran – Class of 2017 1st year student representative
Marissa Wilhelm Class of 2016 2nd year student representative

Others

Janet Verdugo, Manger, Centinela Medical Center
Rick Houston, Manager, LCM - Torrance

R.

Absent: Natividad, Dean of HS&A

1. Call to Order/ Welcome	<ul style="list-style-type: none"> a. Welcome and Introductions Rosa Luna, Sandy Pham, Evelyn Mejia,: new faculty b. Changes to committee and faculty New manager at Marina, CC and PD, to restart rotations for students (2nd years) Janet at Centinela is in new position, Maria Torres at San Pedro, John Barone at Cal, Rick at LCMT c. Certificates-reminders for renewals DC asks that all staff have their updated certificates regarding,
	<p>Minutes of the last meeting were sent out for review. Dawn reminded everyone to read, review and approve the minutes.</p>
2. Program Status and Results	<ul style="list-style-type: none"> a. Current Classes (2016 & 2017) Grad Stats, Program Completion Rate PCR: DC has limited report on student employment. DC asks for help with updating students that have been hired. ECC track up to 12 months after graduation. Completion Rate: one student Failed* out in the fall that put us at 74% completion rate. <u>Which is below our benchmark.</u> Committee discussed in the fall and suggested remediation for students. DC reports some improvement in success. MC shared her classes remediation. DC asks for input from committee. Discussion followed. Clinical members shared some strategies for remediating students in clinical setting. MC reminds all failed comps should be turned in in order to use as a remedial tool for students. MC also suggests to use Etudes to communicate with other CE, CI's. DC suggests that tech do not turn comp back to student but give directly to CE. ECC staff wants to catch the problems earlier so students will have more success. (*Private discussion at end of meeting to specifics of student failure) b. Class of 2015; ARRT exam results 100% pass rate, early employment update: ARRT: all passed, lowest score was 84% and many scores in the high 90 percentiles. Fluoro results are very high. JS asked about the breakdown for passing categories. c. 100% Employment rate: committee members are filling out a roster if they know of any working student grads. 14/17 Students seeking employment are working. (100% employment) 2 are pregnant and one student went back to his family business for now.

3. Regulations, Accreditation and Program Benchmarks

JRCERT Accreditation

Site Visit: Monday, Tuesday April 11, 12

1. Site Visit Schedule: Luncheon scheduled for April 11, 11am -12:30. MBA 401 All are required to attend. DC cautions about parking issues.

2. Student Learning Outcomes: DC reports the results of some of the SLO. DC directs staff to the Rad Tech Website. DC will post on Etudes so it would be easier for staff to access. DC post program effectiveness data on faculty web page. DC showed how to navigate the web site to find link to SLO and PLO's. Staff can also find Advisory Meeting Minutes. DC will post under RT 218.

3. Review of JRCERT standards and Site Prep: DC shared what to prepare for and what types of questions and documents might be reviewed during site visit. Please review self –study.

Standard 1.3 was shared. DC shared philosophy about how we send students to clinical sites. Discussion followed regarding student placement. Clinical sites would like to have some input but understand that program staff will make the final decision. MC shares about a desirable list is different than inappropriate behavior. She requests that sites share disrespectful behavior, inadequate behavior. DC reports some of the practices of other sites that will charge for parking at some sites but other sites do not. Both students shared their experience regarding having input for their clinical assignment. Both students feel that students input is not needed. MC asks if students feel like the clinical site can make a judgement in the short time of visits. DC would like to discuss the standard by JRC. MC reminds all present that information that should be very confidential.

Regarding JRC visit: DC shared that clinical visits by JRC but also reminded all sites to be available. JRC could change their site visit schedule. DC reminds all to have student handbook and all clinical staff knows where to find policies. LCM was very good about response during the State Inspection. DC reviewed policies for records, competencies, exams, and placement. DC reminds all to check student boards and check for the revision dates on student boards. DC shared the official MRI Safety policy that students are orientated during the first year.

DC reviewed briefly site visitors' agenda.

4. CDPH-RHB, RTCC Meetings in LA	1. 2 nd year student attendance Day after JRC visit. DC normally asks students to attend. However, students are concerned about getting comps done. DC has left attendance as optional to attend. DC will attend and send update.
5. Program/School Changes & Updates	a. Fall 2016 Class Schedule changes (Academic and Clinical) Follow up discussion from Fall meeting. DC passed out schedule for Fall. 1 st years will be on campus on Monday. This will affect student clinical schedules in Fall. b. Winter Session (2017) (RN memo)- DC reports that Winter session will return in Winter 2017. 2 nd students would normally be in Winter Session but RN noted that would be for only 2 nd yr students- likely not for 1 st year. (only students needing units to graduate). c. DC shared Academic Calendar with committee. Winter Clinical is 5 weeks Spring will start later in February. Also spring will end June 9 instead of May. Only 1 week before Summer. begins
6. Clinical Discussion & Feedback	a. New 1 st year Observation Hours Discussion of 1 st year student-Since students are not having any input, should we still have the students rotate between hospitals. Past practices had the 1 st years rotate during week 3-10. If students do not rotate, then CI's would not be able to give any viable input. Committee votes to keep process the same. 5 hours rotating, increases when b. Fall -repeat procedure- progress is good c. Clinical Capacity Forms- due to DC by end of October? April 1 DC passed forms to confirm clinical capacity forms and asked to be turned in d. Clinical Capacity for new students Fall 2016- MC is requesting total students for each site. CA-2 2new

- e. DC reported Applications Process dates for SPRING 2017 will be early again (March)
- f. Attendance CE, CI at ACERT Feb 2016- DC shared disappointed in attendance in ACERT, despite the grant money to cover the costs. DC would like input to discover reason for not attending. Staff reports coverage in clinical was an issue. Staff would also have to take personal time off.
Some asked if staff can attend only one day instead of all three days.
- g. Closed Session for confidential student issues at end of meeting.
- f. Student logs: DC would like to re-vamp the patient log forms because we have to shred those files. Clinical sites agree that they do not want their Patient ID numbers in regular trash.
Clinics request that we return patient logs to clinical sites and they will trash. DC looking to purchase some shredders so we can discard safely at school at end of program.
- h. MC wants clarify the use of AEC. 1st year students should NOT be using AEC.
MC shared some examples of several cases of over-exposure to patients from Image Critique classes.
Discussion followed. There were pro and cons shared on both sides of AEC issue. MC would like consensus for of AEC techniques. Sites request that MC send out information on Techniques for CI's pass out to staff techs. TMH requests some time to orient staff to not using AEC.
- i. Extremities-removable grids from DR systems.
There is no increase in technique used in the DR room. Grids not always removed.
- j. Comp orders: SE has issues with order of the comps earned. Student need to get pelvis before the hip comp. To clarify, shoulder before trauma shoulder. Students need to have a CXR II before a port CXR. To clarify, students can get hip before pelvis. Patella standards remain the same.
- k. C-spine limited is a different comp, so it can be an extra comp but not the mandatory comps.

7. Class of 2016	<ul style="list-style-type: none"> a. A.S. degree graduation May 13, 2016 on softball field- at 4pm at Murdoch stadium if completed. b. Completion Ceremony, Friday week 8, October 21, 2016
8. Summer Discussions	<ul style="list-style-type: none"> a. MC requested Summer off- CM to act as Clinical coordinator during that time b. DC working and part-timers CE's – RL, JS and NH. DC will also be in clinics to check radiation safety books are up to date. DC may start review classes with the 2nd years during the summer. There has been digital added to fluoro test. c. Image Critique schedules for summer - Week 4 @ ECC by D. Charman d. Student hours- can student do 10 hour shifts, Weekend or pm shifts to 9:00 pm if supervision (1:1 tech to student ration) and appropriate exams are available. MC reports it is based on hospital policy and tech coverage. Sites should make sure student has a variable and valuable learning experience, to meet their learning objectives. 2nd years will work 37 hours. MC requested suggested hours.
9. Other Items	<ul style="list-style-type: none"> a. Date for next Fall Advisory Meeting- Suggestions for date on the next Advisory Meeting. DC shared calendar for Fall. It looks like Tuesday afternoon are the only times to meet. October 25? November 1st? Staff voted for November 1st Tuesday 12-4pm. b. PLCM-T is donating a portable which we thank very much. c. Closed session for Student discussions: Students were excused for the private session
10. Adjournment	Adjourned at 11:20

ECC – Radiologic Technology Program
ADVISORY MEETING MINUTES
April 29, 2015 8:00 am– 11:00 am

Location: ECC Campus, MBA 401

Present:

Present:

El Camino College Full Time Faculty

Dawn Charman, Program Director

Mina Colunga , Clinical Coordinator

Colleen McFaul, Instructor and Clinical Educator

El Camino College Part-Time Faculty

Sivi Carson, Clinical Educator

Matt Trites, Clinical Educator & Manager, Marina Del Rey Hospital

Rosa Luna, Clinical Educator

Valentino Lopez, Clinical Educator

Arshad Fazalbhoy, Clinical Educator

Naveed Hussain, Clinical Educator

Absent:

Eric Lee, Kaiser Permanente

Joel Sanchez, Clinical Educator

R. Natividad, Dean of HS&A

Clinical Affiliates & Others:

Steven Eklund, Clinical Instructor Santa Monica Medical Center

Christine Marin, Clinical Instructor Torrance Memorial

Laura Papadakis & Isabel Vasilescu, Clinical Instructors Providence Little Company of Mary Torrance

Sandy Pederson & Evelyn Mejia- Clinical Instructor Providence Little Company of Mary San Pedro

Alexandra Ramirez, Clinical Instructor California Hospital Medical Center

Kim Johnson, Clinical Instructor Centinela Hospital Medical Center

Student representatives:

Christine Bush – Class of 2015 2nd year student representative

Marissa Wilhelm Class of 2016 - 1st year student representative

R. Natividad, Dean of HS&A (9:40 – 10:20)

3. Program Updates	<p>f. Clinicals asked to possibly keep list of observers for program to see if this has been effective.</p> <p>g. Current Applications update and orientation Anyone interested in application committee? 65 applications, ranked list of GPA, not complete yet, program staff and counselors, Christine M. possibly interested, CI needed to have input Review date prior to 5/15/15 Takes 1-2 hrs.</p> <p>h. Background/drug testing: annual and staff: Students will need to be required to have background check yearly, staff may need to do this as well, do background on employees every year? Waiting to hear from clinical sites - to be fair if one site requires it – then everyone will have to do it. Faculty: do we need to do this for faculty- campus does DOJ check etc. DC asking for input from clinics...background check around \$40...with drug \$70...MC to put in syllabus for Summer and Fall.</p> <p>a. LCM-Torrance: all employees & students need medical clearance</p> <p>b. May start using background check company to log and track immunizations and titers – Nursing Dept trying it and will let me know if it is successful. Will cost student an additional \$35 for background fees.</p>
4. Surveys for program effectiveness assessment and program benchmarks	<p>a. Employee and Advisory committee: need to fill out survey, should we meet twice a year,(YES) also an employee survey to. Results from past surveys were shared with CI and Clinical Sites (Exit Exams) Some results were shared during the year with Dept. Admin by Mina and Dawn</p> <p>b. SLO and program assessment effectiveness: all linked to website, send out advisory meetings and sent to staff, need to be read by staff,</p> <p>c. Survey Results and Program Effectiveness discussed from 2013-2014 Assessment Plans. Assessment plans are emailed. Do not want all of the information public (other programs may copy).</p> <p>d. Benchmarks met –close is some areas, discussion by committee for improvements.</p> <p>e. Asked for input from Advisory committee on other assessments or assessment methods, particularly as it applies to clinical practice. Response was to think about ideas and email suggestions back to us. If we are meeting our benchmarks, it is important to identify areas that we may not be – so we can improve – that is the purpose of assessment. How can we help the students and program to be better?</p>
5. Regulations, Accreditation	<p>JRCERT & CDPH-RHB accreditation</p> <p>1. JRCERT Self-study 2015 and Site Visit 2015-16:</p> <p>a. DC just sent in self-study (Apr 2015)(98 pages and more with attachments) All sent electronically on flash drive. Will be post narrative on website for view if desired. DC also site visitor for JRC, so has some experience with site visits, but can be different depending on the Site Visit Chair. Will likely be schedule this fall, or early spring - will usually visit 2 hospitals, critically important to have an on-site meeting with <u>all CI & CE's</u>, all students, need to be interviewed, ask questions.</p> <p>b. Student supervision and JRCERT documentation: MC has feedback regarding 1:1 supervision, RHB and JCR requires it, MC asked for feedback from students and clinical sites. All assured there is adequate supervision.</p>

5. Regulations, Accreditation continued	<p>c. RHB can do random visits, can question entire program. Student should not be setting up portable or c-arm and waiting for tech. State is doing site visits and we should be expecting one soon. We need to comply, and if there is a problems, please contact us ASAP. Discussion ensued to clarify direct/indirect supervision, student should mention situation to CI, if they are sent to set up equipment without a tech present.</p> <p>d. CDPH-RTCC meeting updates. Sites visits for RHB, DC on fluoro curriculum, RHB concerned about revenue, DC suggested at meeting that we just pay for certificate and eliminate the Fluoro exams – DC committee showed that fluoro content is adequate within ARRT exam, same curriculum that ARRT has same information tested. It takes too long for grads to get fluoro permits, limits employment.</p> <p>e. Bachelor degree program-some Comm. Colleges are eligible for pilot program for 4 year program. DC was asked, but told there could not be another college within 50 miles with same degree (?) ECC Respiratory Care program may be doing a pilot program for BS degree.</p>																																												
6. Clinical discussion /Schedules and feedback	<p>a. Spring Final Exam Schedule - students will bring to CI for schedule adjustments,</p> <p>b. Reminder – Please - CI and CE need to get grades in on time.</p> <p>c. SUMMER 2015: Clinical assignments for summer 2015- MC says all student returning to home site. Schedules go to MC first, then to CI for approvals.</p> <p>d. Image critique: 2 Image Critiques are scheduled for summer- held on campus, DC working this summer (no surgeries) - DC brought questions to the committee regrading IC and repeats - Finding more difficulty for discussion when repeats are needed with no evidence for discussion.</p> <p>Image Critique continued: Digital imaging prevents repeat and a permanent record - how to get around it?, What if student takes picture with cell phone, why not print? No pictures in procedural areas policy in sites, Can student send to a student repeat folder, at (Centinela can import CD). DC also discussed at a number of image critiques- 10-15 instances where there was an error in exam or report....missing information....what to do? DC asked how should we approach? Reply: bring it to CI who will take care of it. DC will let students know.</p> <p>e. Clinical capacity for Fall 2015</p> <table><tr><td></td><td>2015 Grads</td><td>2016</td><td>2017</td></tr><tr><td>Cal</td><td>3</td><td>3</td><td>3</td></tr><tr><td>Centinela</td><td>2</td><td>2</td><td>3</td></tr><tr><td>Kaiser</td><td>3</td><td>5</td><td>3</td></tr><tr><td>LCM- SP</td><td>0</td><td>2</td><td>2</td></tr><tr><td>LCM-T</td><td>3</td><td>3</td><td>3 4</td></tr><tr><td>Marina</td><td>1</td><td>0</td><td>1 (2nd yr only)</td></tr><tr><td>SMUCLA</td><td>6</td><td>4</td><td>5-6</td></tr><tr><td>Torrance Mem</td><td>2</td><td>2</td><td>2</td></tr><tr><td>Current # Students</td><td>20</td><td>21</td><td>23-24 available slots</td></tr><tr><td>Started with</td><td>23</td><td>22</td><td></td></tr></table>		2015 Grads	2016	2017	Cal	3	3	3	Centinela	2	2	3	Kaiser	3	5	3	LCM- SP	0	2	2	LCM-T	3	3	3 4	Marina	1	0	1 (2 nd yr only)	SMUCLA	6	4	5-6	Torrance Mem	2	2	2	Current # Students	20	21	23-24 available slots	Started with	23	22	
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6. Clinical discussion / Schedules and feedback Continued

Cal -3 students, Cent 3, Kaiser- (3)/5=8(not here), SP-2, LCM -T 3, Marina-1, SMUCLA- 5-6, TMH-2, 23-24 possible seats for accepted students.

Clinical assignments from last year was messy so we apologize. MC going out on surgery, the process was rushed, and mistakes were made. We will send assignments to CI before giving to students. Steve suggested that sites have universal form for feedback on ranking students more fairly and evenly so ECC staff can tell difference. Students rank 1-8 and must provide feedback.

- f. **Student Lunches/time clocks-** any time clock issues...Kaiser not here....students logging in and out for lunch. All students be treated same. Students should all have same lunch time. Breaks and lunch should be equitable. How should we work that? Students that have a full hour for lunch should work an extra ½ hour for lunch. Students perspectives no room for breaks. Supervisor should schedule students lunches, student do not dictate lunch, and not always wait around for other students. Students should not be left for last to go to lunch, They cannot “save” lunch until the end of the day. DC wants survey for on site: some are at hour for lunches, some are at ½ hour Do we make policy that students go to lunch within 5 hours. DC asked input of Dean RN, recommends guidelines that school will base on state law, rather than dictate what clinics can do. CI can enforce guidelines, we will back up clinical sites but clinics should follow.

- g. **Procedure protocols list:** MC also wants to clarify student issues...differing protocols between techs, rather than one protocol book. Do clinics enforce techs to do the protocols? For comps students have different protocols for each tech. Students should not comp on exam with differing protocol book. “in absence of guidelines, these are the views to do”.... DC requires protocol lists from 1st years for RTEC 124. MC has asked for Protocol lists from CI email to her so we can be sure students are doing proper number of projections for competencies.

The following hospitals have a current Protocol Book:

LCM-Torrance LCM- San Pedro Marina Del Rey California

Torrance Memorial- same protocol for outpatient and inpatient centers,

SMUCLA, - Ortho differs from musculoskeletal, Students will refer to protocol books unless a doctor asks for specific views

Centinela- will make sure book is up to date

- h. **Dosimetry reports-**

MC has made it student responsibility to get reports, but she needs updated info on RSO,

Torrance- John Bellotti Centinela/Marina- Andrew Kelly SMUCLA- Morgan Denman

LCM -San Pedro- Liviu Spatiriu

Cal- unknown LCM-Torrance- unknown Kaiser- unknown (will email names)

MC is RSO on campus. Some sites are requesting share dosimeter reports.

Student rotators to new site -which sites will require orientation?

Cent only-for permanent sites. Cent, SP,Kaiser,

Sites that require orientation: 3rd Thursday of month-Cent.....SP has changed so Sandy will find out.

Sites that require passwords, sexual harassment training, get copy of signature pages.

6. Clinical discussion and feedback Continued	<p>i. ACERT seminar workshop for CI/CE / CEU's in FEB 2016 in Las Vegas. DC part of job description also requires training in instruction, evaluations- need to have courses for CI's on teaching methods and evaluations. DC has offered digital course - also have video discussion of sample comp. ASRT 16 CEU's for CI's and CE – not many took advantage of the offer. DC wrote a grant - there is money for all CE, CI, Supervisors to attend : ACERT Feb 4,5,6 2016 Education for RT Grant to cover costs of travel, food and conference. SAVE THE DATE – Put your requests for time off now! Only 2nd yr students will be allowed to attend – DC trying to get funding for the class as well.</p> <p>j. Portable policy- New/revised equipment check off form for portable handed out (POP) As discussed at last advisory meeting – 1st yr students are able to drive unit after completing first part of POP – equipment check off, Theory for exams are covered after Spring Break, so they can start performing with techs, then 1st years can attempt exam comps in summer – but will ALWAYS need tech supervision per JRCERT & CDPH/RHB Clinical Instructors – Program again requests that we have at least 2 CI's per site. When CI is out for whatever reason, need two at each facility. Each site: (vacation, medical leave, illness, work responsibilities) , need resume that includes supervising students- Dawn will send out a sample CV /Resume – please return by By May 15th – the name of person willing to take on responsibility at your clinical site. DC can get approved by JRCERT. CV, ARRT and CRT are needed. CI's need back-up, can split duties if desired. SM- Steve, (Juper)</p>
	<p>Dean Comments to Committee: R.Natividad commented that community college focus has changes, he thanks all staff for participation, input into the program.</p>
Confidential ISSUES	<p>Confidential-student issues- Student reps were dismissed. DC discussing student issues with staff. KP failed program last year in 328. Also DH failed RT244 as well and better idea to release students that do not pass. Students unsuccessful in clinics need to be stopped earlier. MT knows of student that is not going to be successful. MC shares that 2nd year is harder than 1st. More modalities, work areas. DC needs documentation for each student that will not make it. MC to ask sites document student progress. CE and CI need to communicate more to include student progress. Also needs to share reports with CI and CE. LP states students all learn in different ways. Discussion follows. Speed is of concern. Tools for help: writing up students for lack of comps...put on probation or contract. What do we do then? Student is either weak, lacking initiative, cognitive abilities, personal issues? What is the problem?</p> <p>For incoming Class of 2017 (Fall 2015 we are raising minimum GPA to 75%. ARRT cut score is 78%. The students who are skimming along the first year 73-76% are usually the ones who do not make the 2nd year. Faculty have come up with plans for remediation in the coursework to help students do better when they are not progressing sooner in the courses.</p>

7. Class of 2015	<ul style="list-style-type: none"> a. AS degree graduation May 15, 2015- at the ECC Softball field. Stadium is still under construction b. Completion Ceremony October 16, 2015- Good response for theatre, some say it is squishy; people not want to go outside for refreshments, but theater feel too big. Many complained that student video was too long. DC responded that she told them to keep it to a max of 15 min. Despite that – it was 25 -30 min, and submitted too late to change. This is their night – but would still like to keep the whole ceremony under 1 ½ hrs total.
8. Other Items	<ul style="list-style-type: none"> 1. CTEA FUNDING - \$350,000 grant- additional funds for Health Sciences <ul style="list-style-type: none"> a. Purchased pediatric phantom and baby phantom, more laptops, new grids, sponges and other equipment. b. Any other equipment you would like to see ordered? Naveed Sliding board- for patient care lab. 2. MC asked for any Clinical Instructor Issues <ul style="list-style-type: none"> a. CI can have access to student comps and time-clock: ON-LINE RadSchool <ul style="list-style-type: none"> i. Access requested by SMUCLA, Kaiser and Ms. Rosa Luna – MC said she will look into adding them ii. Can also add all CI's to ETUDES clinical classes b. Repeat sheet signatures – Techs that work with students need minimum of 2 year experience per CDPH/RHB - DC will clarify with JRCERT – not sure if that applies to repeat logs c. Comps- Mina can schedule a date with hospital staff on how to fill out comp forms and clinical policies d. Faculty meetings are monthly at each site- can invite Mina to sit in - Need to document clinical staff communication for JRC – how they are made aware of policies (monthly staff meetings) e. New comp sheet- back side has instructions/guidelines f. Steve, CI wants to have comps turned in would like to have CE initials, but then CI does not want to ok comps. 3. DC says we may change to another program for time clock, comps, 4. Comps-techs should not sign comps without being filled out. Also MC should have small groups meetings with staff. 5. DC reminded all that per Title 17 - RHB is requiring a lead apron on all portables for tech and for students. DC has checked with RHB during RTCC meeting. It is still required. Also at least 2 lead aprons (tech and patient) 6. DC reports NCRP maybe be changing minimum standards for dose limits (less 2Rads/yr) 7. Faculty summary evaluations are scheduled on May 13, 2015. See DC for schedule.
9. Next Meetings Adjournment	<ul style="list-style-type: none"> 1. All Rad Tech Faculty Next Meeting: Wed, August 19, 2015 – (Week before Fall begins) 2. Fall Advisory Meeting: Best day is WED 11/11/16 – Which is Veterans Day - May not be able to have it on a holiday. Will send out an email to group requesting alternate day – Only day faculty available is Wed mornings after week 8. <p>Adjournment at 11:20 Draft Minutes submitted by Colleen McFaul and Christine Bush Finalized by Dawn Charman</p>



**El Camino College
Radiologic Technology Program
Advisory Committee Agenda: Wednesday, April 29, 2015 8:00 am in MBA 401**

1. Call to Order

- a. Welcome & Introductions
- b. Collection of Certificates-ALL ARRT/CRT (CE: CPR/TB/FLU in Fall) RHB Machine

2. Program Status & Results

- a. Current Classes (2016 & 2015) Grad Stats, PCR
- b. Class of 2014; ARRT exam results, employment update/ Stats
- c. Comments on application procedures, observers and hours
Volunteer for Rad Tech Application Committee (TBA)
- d. Current applications update and orientation dates /
- e. Background / Drug Testing – Annually? & Staff? Other Hospital Requirements?

3. Surveys for Program Effectiveness Assessment

- a. Employee & Advisory Committee / Results will be share in Summer

4 . Regulations, Accreditation and Program Benchmarks

- a. JRCERT Accreditation
 - 1. Self-study this week and site visit Oct 2015
 - 2. Student learning outcomes (SLO) & Program Assessment/Effectiveness
 - 3. Student Supervision & JRCERT Documentation



**El Camino College
Radiologic Technology Program**

Advisory Committee Agenda: Wednesday, April 29, 2015 8:00 am in MBA 401

b. CDPH-RHB - RTCC meeting 4/08/15

1. New ARRT Fluoro Curriculum & Exam results
2. Eliminating Fluoro Test (2 years)

5. Clinical Discussion & Feedback

- a. Image Critique Schedules for Summer / Repeat Procedures/ Report Errors
- b. Clinical Assignments for Summer 2015 / Clinical Objectives for Students
- c. Clinical Capacity for Fall 2015
- d. Procedure Protocols, List / Lunches / Time clocks
- e. Dosimeter Report – Who is RSO?
- f. CEU's for Seminar Workshop for CI/CE (JRCERT) / ACERT in FEB
- g. Portable (POP) Revised / Feedback
- h. Closed Session – Confidential Student Issues (Short term evals)

6. Class of 2015

- a. A.S. degree graduation May 15, 2015 – Softball field
- b. Completion Ceremony – October 16, 2014 Campus Theater/ Marsee?

7. Other Items

8. Adjournment

Faculty Evaluation Conferences - May 13

ECC – Radiologic Technology Program
ADVISORY MEETING MINUTES
April 30, 2014 8:00 am– 11:00 am

Location: ECC Campus, MBA 401

Final Approved via email Jan 2015

Present:

El Camino College Full Time Faculty

Dawn Charman, Program Director
Mina Colunga , Interim Clinical Coordinator
Colleen McFaul, FT Instructor and Clinical Educator

El Camino College Part-Time Faculty

Sivi Carson, Clinical Educator
Matt Trites, Clinical Educator
Valentino Lopez, Clinical Educator
Arshad Fazalbhoy, Clinical Educator
Naveed Hussain, Clinical Educator

Clinical Affiliates & Others:

Steven Eklund, Clinical Instructor Santa Monica Medical Center
Christine Marin, Clinical Instructor Torrance Memorial
Eric Lee ,CI Kaiser Permanente
Matt Trites, Manager Marina Del Rey Hospital
Alexandra Ramirez, CI California Hospital Medical Center
Shawn Tanaka, Manager, Centinela Hosp. Med Center

Student representatives:

Christine Bush, Class of 2015 – 1st year student representative
Augie Hermenegildo, Class of 2014 – 2nd year student representative

Absent: Pr

Laura Papadakis & Isabel Vasilescu, CI's - LCM - Torrance
Sandy Pederson CI – LCM – San Pedro
Providence Little Co. of Mary Hosptials
Kim Johnson, Centinela Hospital Med. Center
Rory Natividad, Dean of HS&A

**1. Call to Order/
Welcome**

Dawn welcomed all staff to meeting. Introductions were made for any new personnel.

**2. Review of
Minutes**

Minutes of the last meeting were sent out via email for review. A few copies were made available at the meeting. Dawn reminded everyone to read, review and approve the minutes within one week of receipt so that they can be posted on the website. Final Minutes are posted on the Programs Webpage:
<http://www.elcamino.edu/academics/healthsciences/radiologictech/RTadvisory.asp>
Committee approved minutes from March 2013, with no changes.

3. Program Status and Results

A. Program Effectiveness & Statistics

Class of 2013 Graduates: 18 students graduated in Oct. 2013 –

B. ARRT pass rate – 100% All 18 passed the ARRT -Ave. score = 87.3% (Range 78% - 95% / National ave= 84%)

C. Fluoroscopy Exam = 100 % passed CDPH – RHB State Exam

D. PCR – Program Completion Rate Class of 2013 18/24 **PCR of 75%** - just met benchmark

a. Current **Class of 2014 21/24 students = 87.5% completion rate** so far

b. Current **Class of 2015 is 21/23 = 91.3 %** so far

E. Employment STATS: Dawn passed rosters to check grads employment of **Class of 2012= 80**

(11 of 14 student) had employment within 12 months of graduation – met benchmark

5 year average is now 80% - Benchmark met

a. New Grads & Future Grads Employment Information

Clinical sites were polled regarding recent graduates and their employment. If a clinical site could confirm employment of a recent grad, they wrote on the rosters that was passed around. Discussion followed regarding future hires. Some hospitals are still hiring but some are in a hiring freeze. All sites agreed that there are still jobs for graduates. Jobs have become available as techs retire or move into different modalities. So despite the 'non-growth' aspect of hospital care, students are still getting jobs.

F. Applications period is closed. Will have period opened earlier next year, as it collided with grading and final exams.

G. Observations hours: Dawn asked for input regarding the number of observation hours the applicants are completing. Discussion followed amongst all present regarding the ideal number of hours for observations. Matt Trites asked for the purpose of the observations so he could relate to the achievement of that purpose by the number of hours. A vote among the clinical sites indicated that 40 hours were enough for students to get an idea of a radiology department. Voters also recommended that facilities only allow 20 hours per site in order to give the students a more well-rounded idea of departments. So observers will have to visit 2 sites for the 40 hrs. The observed hours will be valid for 5 years.

- Arshad suggested that the Standards of Conduct should be included observation guidelines. He will send a copy of what TMMC uses for their volunteers.

H. Rad Tech Application Committee. Dawn asked for any volunteers from the clinical sites to join - Shawna, Director from Centinela, volunteered. This will involve our clinical sites more in the selection process.

I. Orientation dates for Provisional Applicants are the week of June 16 and August 20. More information to follow. Dawn is looking into using an Entrance Exam as a pilot for this group. It will cost the student \$35. They were informed in the email sent informing them of their provisional acceptance. We would like to compare the results to the application points to see if there is a correlation to how students will succeed in the program.

J. New course is being developed Patient Care 101 where provisional students would take over the summer and rotate through the clinics. This might be able to replace the observation hours. However, course is still in rough development

4. Regulations, Accreditation and Program Benchmarks

A. JRCERT Accreditation:

Expected self-study due date is Spring of 2015 & Site visit is Fall 2015,

B. Mission Statement

was passed out and read by all present. Dawn asked for feedback on any possible changes.

The last revision was in 2012. Committee agreed to maintain the current statement.

C. Program benchmarks are being reviewed and will be updated for 2014 by the end of summer.

Program has met most benchmarks, including retaining more of the student entering program. This could be possibly attributed to the points system of the application process. We are getting a better prepared student.

D. Program Learning Outcomes and Student Learning Outcomes were reviewed by all.

Mina shared that the student would be having a clinical assignment due this summer through Etudes. We will be able to assess the SLO through these assignments. We are continuing to migrate the SLO/PLO's for JRCERT accreditation with the ECC required, although now with 3 assessments required per course, there are more required for ECC.

E. Clinical Capacity-

The last two classes have been very successful in the retention rate so the number of prospective students will be less. Clinical sites were polled to determine how many students they would be able to take for the next class. It was determine that **21 seats** are available for this incoming class. Mina took note on the specific number of students requested by each clinical site. Marina is opting to be a site for rotating 2nd year students only this next year.

F. Clinical Staff Program Information:

Dawn again polled all clinical sites as to methods to disseminate information to the staff technologist regarding student supervision by staff technologists. Several ideas were discussed. Several clinics prefer to discuss this with their technologists at staff meetings. Some clinics would prefer to have Mina come to their staff meetings to explain this regulation to the staff technologist. Mina will coordinate the meetings with the facilities. Clinics will send meeting minutes and attendance sheets to Dawn so she can document that the hospital staff are aware of program policies and procedures, particularly related to student supervision (direct and indirect), repeat policy, portable polices and what is posted on the student boards.

G. CDPH-RHB-RTCC meeting 4-02-2014

a. New **ARRT fluoro** curriculum and Exam results- Dawn shared results of the previous class pass rate. She reported that the scores for the fluoro exam are more difficult to track than the licensure for diagnostic because they are calculated on a calendar year, not by the Academic class of students. When someone waits until after Jan to take the fluoro test, then they get counted with the next group. She states that all our Class of 2013 students have passed the fluoro exam –but the RHB reported 12/11 took exam = 92% even though there were 18 student in that class who shows as passed when checked individually.

b. **RCIS and use of Fluoro** by non-RT- Dawn report on the RTCC meeting and the discussion taken place at that time. There is consideration being given toward allowing non-Rad Tech's perform procedures with a C-arm under the supervision of a doctor (non-radiologist). She suggested we keep informed of the situation. There might be a need for a letter writing campaign in the future.

She plans on attending the next meeting in the Fall 2014 in Sacramento. There is continued discussion of trying to get the RTCC to agree on eliminating the fluoro test in California. More details will be available next meeting.

5. Surveys for Program Effectiveness Assessment	<p>A. Employer satisfaction surveys were distributed. Dawn asked if the survey was adequate, or any suggestions for improvement. Committee did not suggest any changes.</p> <p>B. Advisory Committee Survey – Committee was also asked to evaluate the survey and provide suggestions for improvement – no one had any suggestions.</p> <p>C. Committee members completed the surveys.</p> <p>D. The plan is to share the results at the Advisory next meeting, or through email or personal visits to the clinical sites by Dawn or Mina. Comments were that the program has done a good job with communicating with clinical sites through on site visits and emails.</p>
6. Clinical Discussion and Feedback	<p>A. Image Critique Schedules for Summer Session- Dawn requested input from clinical sites and clinical educators regarding the feasibility of doing Image Critique on campus. Since several sites have difficulty providing a room and a projector/computer for the students and educator. The students are able to bring images on a CD that can be used on campus. Faculty was polled and the location of the class will be decided on an as needed basis. Some Clinical Instructors wanted to be in on the process. Image Critique classes by the Educators are tentatively scheduled for Week 6 and Week 13 for the Fall semester. The summer semester will be decided when students complete their summer schedules.</p> <p>B. Procedure Protocols, Exposure Index and collimation-Students are frequently claiming a “hospital protocol” for open collimation or poor positioning. Clinical faculty should be aware. Clinical instructors should make sure techs at the sites are all on the same page if possible. Updating protocol book would also be helpful. Dawn shared the need for exposure indices to be more universal and standardized.</p> <p>C. Positioning, Sharing Exams and CI approval for comps-Students should not be “sharing” a patient for exams. Unless an exam is needed by a student AND it is rarely seen, one student should do all the work for one exam. It is in the best interest of the patient. Clinical Instructors should look at the images for the student comps. This can ensure that the techs are writing valid comps. This can also help a consistency of comp approval so students don’t always ask the “easy” tech for the comp. Clinical Educators are also encouraged to review the images of student comps.</p> <p>D. Course Objectives – There should be current copies of the RTEC 123, 124, 233 & 255 courses on the student board. These will guide the staff and students as to what exams are covered in class and lab, before the students may perform these exams in the clinical site. After the lab is covered, students may work with a technologist with Direct supervision. After the first semester, students begin their clinical competencies – please make sure that all staff are aware of the schedule and the objectives for that student each semester.</p> <p>E. CEU’s for Digital Imaging offered by ECC staff- Dawn suggested the ECC could offer a digital course for staff technologist in order to update them on the standardizing of the Exposure Index. Shauna (Centinela) offered to have a physicist come in to give a lecture as well. Course could be approved by ASRT for FREE CEU’s. Committee agreed.</p>

	<p>F. Competency Forms (portable, C-arm, Fluoro, etc.)-ECC faculty are in process of updating forms for comps and room check. There is a new Portable form to be used. Input from clinical staff is welcome.</p> <p>a. There is a need for students to review their images during and immediately after. Techs are hurrying the student to complete exams. Students feel rushed. Their learning is being compromised. Although at times, patient care requires faster speed, student learning also needs to be a component of the day to day workload. A lengthy discussion and suggestions were made how to facilitate this process so both student and clinical will benefit.</p>
7. Class of 2014	<p>A. A.S. degree graduation is scheduled for May 16, 2014 on the Softball Field on the ECC campus at 4pm. All are welcome to join.</p> <p>B. Completion Ceremony- scheduled for October 17, 2014, at 6:30 in the Campus Theater. All clinical staff, educators, staff technologists are encouraged to attend. It shows great support for all the hard work the students have put in the clinical sites. More information to follow. Please Save the Date!</p>
8. Other Items	<p>A. Equipment Needs – Program still looking for some portable machines for student practice. Shawna suggested contacting Steve from EP Radiological. He may have a wall unit to donate. Dawn has a large “wish list” that faculty have put together in the event there may be some grant or CTEA monies available.</p> <p>B. CTEA grant for this year – Faculty wrote a request to purchase the following items through CTEA: High Volume scanner, Fujitsu fi 6140z: 1 @ \$1479 for preparing program documents and accreditation Portable X-ray system, Source Xray Inc: 2 @ \$16,300 each- Small and compact for student practice with collimation X-ray cassette holders, Alimed Inc: 2 @ \$1000 each – Upright and moveable to use with portables in room Computer stands, Safeco: 3 @ \$190 each- to house CPU for CR and DR. units – they are not safe on the ground, and it is bad posture for someone to try to use the control key board standing, but when sitting, you cannot see through the window as required in real life scenarios of patient exposures.</p>
8. Adjournment	<p>Meeting was adjourned. Dawn thanked everyone for their time and input. Clinical Educators and ECC staff was asked to remain for brief faculty meeting.</p> <p style="text-align: center;">Next Rad Tech Faculty meeting scheduled for August 20, 2014@ 8:00 on ECC campus.</p>

EL CAMINO COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM: EMPLOYER SURVEY

Hospital: SmuCLADate: 4/01/2014Name of person completing this form Steve ExlundTotal number of Radiologic Technologists employed? 52How many El Camino College graduates have you hired between Dec 2013 now? 8Please rate the entry-level skills and knowledge your Technologists who are El Camino College Graduates - If there are differences among the graduates - Please use a separate form for each

5 = Excellent 4 4 = Very Good 4 3 = Good 2 = Fair 1 = Poor

General - fill out more than one form if you have different answers for different graduates

Knowledge and skills:

Circle one of the number

1. Imaging equipment and processing

8 5 4 3 2 1

2. Patient care

8 5 4 3 2 1

3. Radiographic positioning

5 5 4 3 2 1

4. Radiographic exposure / technique

4 5 4 3 2 1

5. Knowledge of anatomy & physiology

8 5 4 3 2 1

6. Radiation protection

8 5 4 3 2 1

7. Medical ethics and professional ethics

2 5 4 3 2 1

8. Interaction with staff

8 5 4 3 2 1

9. EMPLOYER SATISFACTION -

5 4 3 2 1

Please rank how satisfied you are with the graduate's competency, skills, knowledge, abilities and job performance as an entry level technologist.

10. Are there any other comments you would like to make? Build confidence toallow students to attend clinic nights & evening

11. Are there any other skills that we should evaluate that are not listed above?

Composure in stressful situations

Your input is valued! - Thank you for your time and support of our program
Please use back for additional comments if needed

2016

El Camino College Division of Health Science & Athletics Radiologic Technology Program

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Sivi Carson B.S., RT, CRT	Centinela HMC
Sandra Pham, RT, CRT & Matt Trites RT, CRT	Kaiser Perm. South Bay
Maaika Holman, RT, CRT	Marina Del Rey
Laura Papadakis B.S.,RT, CRT Isabel Vasilescu, RT, CRT	P-Little Co Mary Torrance
Sandra Pedersen, RT, CRT & Evelyn Mejia, RT	P-Little Co Mary San Pedro
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EL CAMINO COLLEGE - RADIOLOGIC TECHNOLOGY PROGRAM (rev 6/2016)

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Clinical Student Supervisor

RADIOLOGY LICENSES AND CREDENTIALS

American Registry of Radiologic Technology (ARRT)

California Certified Radiologic Technologist (CRT)

ECC FACULTY	CRT #	ARRT #	Clinical Instructor
Charman, Dawn	RHF00042532 11/2018	#159600	Alex Sanabria RT, CRT
Trevis, Mina	RHF00083076 12/2018	#364049	Tony Price RT, CRT
McFaul, Colleen	RHM00060674 11/2018	#222409	Sandra Pedersen, RT, CRT
Part-Time Faculty			Evelyn Mejia, RT
Angulo, Kim	RHF00097584 4/2016	#464332	Laura Papdakakis, RT, CRT
Carson, Sivi	RHM00063761 12/2017	#232259	Isabel Vasilescu, RT, CRT
Fazalbhoy, Arshad	RHF00079313 1/2018	#345523	Maaike Holman, RT, CRT
Felix, Alex	RHF00079882 12/2016	#346979	Mr. Steven Eklund RT, CRT
Hussain, Naveed	RHF00074422 6/2017	#313513	Ms. Christine Marin RT, CRT
Lopez, Valentino	RHF00086923 9/2018	#388027	Kathleen Lopez, RT, CRT
Luna, Rosa	RHM00075726 4/2018	#322192	Lorena Reynosa RT, CRT
Sanchez, Joel	RHF00089635 7/2018	#410904	Mejia, Evelyn
Shrestha, Sofi	RHF00092712 10/2017	#432962	
Villa, Eric	RHF00096199 1/2016	#448688	