El Camino College Radiologic Technology Advisory Meeting  
Wednesday March 30, 2011 8:00AM

1. Call to order
Dawn Charman called the meeting to order at 8:05 am and thanked everyone for attending

a. Introductions

El Camino College Full Time Faculty
Dawn Charman, Program Director
Kelly Holt, Clinical Coordinator
Mina Colunga, Full Time Faculty

El Camino College Part Time Faculty
Sivi Carson, Clinical Educator
Matt Trites, Clinical Educator
Colleen McFaul, Clinical Educator
Naveed Hussain, Clinical Educator

Clinical affiliates:
Steven Eklund, Clinical Instructor Santa Monica Medical Center
Christine Marin, Clinical Instructor Torrance Memorial
Jesse Platts, Clinical Instructor Kaiser Permanente
Laura Papadakis, Clinical Instructor Providence Little Company of Mary
Sandy Pederson Clinical Instructor Providence San Pedro
Shawna Tanaka, Director of Medical Imaging Centinela Medical Center
Isabella Vasilescu, Radiologic Technologist Providence Little Company of Mary

Student representatives:
Aaron Sherburn, 1st year student representative
Juper Ociones, 2nd year student representative

Not present:
Al Cerda, Clinical Instructor California Medical Center
Phil Fairchild, Director Medical Imaging California Medical Center
Rick Magennis, Director Medical Imaging Providence Little Company of Mary
Richard Bavarrro, Assistant Director Medical Imaging Kaiser Permanente
Sandy Edson, Director Medical Imaging Providence San Pedro
Pat Baldivia, Director Medical Imaging Torrance Memorial
Kim Johnson, Clinical Instructor Centinela Medical Center
Vinis Salazar, Director Medical Imaging Santa Monica Medical Center

Advisory Meeting Minutes were sent out via email prior to the meeting. The Minutes were approved for 2010

2. Program/Class Status Updates

- Class of 2010 - 100% pass rate on ARRT exam with an ave. score of 90.2% (81 to 95%)
- PCR – 18/24 = 75%, This is the minimum benchmark set by JRCERT. The trend is showing a decline. Perhaps the way the new application process is done will help with this problem
- EMPLOYMENT – Of the 18 students who completed in Oct 2010, and those that responded to the email about their job status – 80% are working. We have not heard back from many of the students as to employment status and if they are actively seeking employment.
- Current classes: 2nd year class has 13 students. We had 12/21 begin, and one student who dropped in the middle of the second year, asked to be readmitted with this class bring the number to 13. This will be a problem for our statistics as was reported out last year
- 1st year class now has 18./ 20 accepted.
4. NEW APPLICATION PROCESS FOR 2011
Dawn went over the new application process and showed the committee where to find it on the program webpage. Dawn solicited feedback from the committee. Since this is the first time going to the annual application process, she will report back at next year’s meeting. Applicants have received notification over the past 18 months that the Program was in the process of changing the application filing process. Applicants that were on the waiting list were given additional points depending on how many application periods that they were waiting – the maximum number of points were 20.

a. **Observation hours for applicants** – Dawn asked as to how many facilities are still allowing observers to come in? And how many hours they believe was adequate to get an understanding of what a radiographer does and whether they want to pursue a career in Radiologic Technology?. Providence Little Company of Mary San Pedro, Santa Monica Medical Center, Kaiser, Centinela and Marina Del Rey Medical Center are still taking observers, but they are allowing them approximately 8-10 hours maximum, as they are overwhelmed with students. The committee believes that 8-10 hours over a 3-4 day period is sufficient observation time. Providence Little Company of Mary and Torrance Memorial Medical Center are no longer taking observers due to a concern of liability and the observers not being background screened before coming to the facility.

b. The committee feels the **Introduction to Patient Care and Clinical Education course** proposal will alleviate these problems but allowing the students to be screened before observing and giving them ample time to observe in the clinical setting in the summer, but they feel that 20-24 hours maximum observation hours should be done at clinical during this course. The consensus of the committee is not to add extra points for those who apply this year and do not get accepted on next year’s application process.

5. **JRCERT Accreditation Updates and Program Benchmarks**

a. Interim report will be due soon. We are soliciting the help of our committee to fill out online surveys to help gather information for the report. The request has not arrived yet, but will be arriving soon and we need accurate data from clinical sites to compile statistical data for the report. The committee has agreed to fill out the forms. Jesse Platts will have to check with Kaiser regulations as to whether he can fill out these forms and be compliant with privacy of employees at Kaiser. Kelly demonstrated the clinical evaluation forms we will be using to assess students online. All the clinical educators employed at El Camino College agreed to do these evaluations in conjunction with a paper copy at the end of the spring semester. If the clinical instructors at the facilities have any problems filling out the electronic evaluation forms online, the clinical educators at El Camino with input the data for the facility they are working with in spring.

b. **The 2010-2011 Assessment Plan** was presented to committee. The RT Assessment Committee has reviewed the results, and from there developed the 2011-2012 plan. The committee feels that are still too many outcomes to measure, and the large amount of data is difficult to assess. Putting the Clinical Evaluation into a summary by the Institutional Research should help with data collection.

c. **Goal #1** assessments – There shows a steady improvement with the grades for clinical competency. Addition additional open lab and use of lab aides has attributed to the improvement. Concerns that with the funding cuts, we also had to cut down on the use of lab aides. The course instructors have spent many additional hours assisting students. The Repeat Rates are now within benchmark., committee felt we should continue to track for at least one more assessment cycle.

d. **Goal #2** assessments– there is still a problem with meeting the benchmarks for beam restriction, it is difficult to get agreement on the criteria and standards.
**JRCERT Accreditation Updates and Program Benchmarks – continued**

e. **Goal 3** assessments – Communication and Critical Thinking, shows an overall improvement, but there are some areas where student are not or just meeting the benchmarks. Feedback from the Advisory committee was solicited. The Assessment Committee felt that the communication and critical thinking goals should be separated so it is clearer what tools to use for measurement. An area that was identified as continually problematic was the Clinical Final Exam evaluation for image critique and technique problem changes. The committee developed the for assessment in 2009. Changing the process of how the problems were solved, and clarifying the forms for the evaluation have resulted in better scores. Since this is still new, the committee felt that we should continue to assess.

f. **Goal 4** assessments – The benchmarks have been met, and the committee would like to find some new measurements for professionalism. Ask the advisory to send comments and ideas. Meeting attendance does not really measure professionalism.

g. **Goal 5** assessment – some changes were made and some of the tools eliminated per the suggestions during last year’s review. Of the two tools left, we are meeting benchmarks. Again asked for input and ideas. The committee felt that inviting an administrator to speak to the senior class about the job interview and resume may also assist students in addition to having someone each year come from the Mediscan Registry. Any suggestions can be email for review.

h. The Employer/Graduates surveys should be moved to programmatic review – not SLO sections.

i. **This plan has completed a 5 year cycle of review. The committee feels that a revision of the Program’s Mission Statement, Goals and Outcomes should be considered.**

j. Dawn and Kelly are planning to attend the JRCERT Accreditation Workshop that will be held in Albuquerque in June. It has been a few years since they have attended a full 3 day workshop, and are hoping to get a better insight moving into the next assessment cycle.

5. **JRCERT Regulations.**

a. **Student Holiday Schedules:** Students cannot be scheduled to work during scheduled school holidays or during hospital scheduled holidays that interferes with staffing requirements for supervision of the students. The committee feels that students should not be at clinical sites when they are site visited by JCAHO. The facilities agreed to take students from other sites when they are displaced because of a site visit, but want to be called first and asked.

b. **Clinical capacity** for 2013- listed below is the numbers each facility is willing to take for 2013, based on the current amount of students at their facility.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
</tr>
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<tbody>
<tr>
<td>California Medical Center</td>
<td>2</td>
</tr>
<tr>
<td>Centinela</td>
<td>2</td>
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<tr>
<td>Kaiser Permanente</td>
<td>5</td>
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<tr>
<td>Providence Little Company of Mary</td>
<td>3</td>
</tr>
<tr>
<td>Providence Little Company of Mary San Pedro</td>
<td>2</td>
</tr>
<tr>
<td>Torrance Memorial Medical Center</td>
<td>2</td>
</tr>
<tr>
<td>Santa Monica Medical Center</td>
<td>4 or 5</td>
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<tr>
<td>Marina Del Rey Medical Center</td>
<td>2</td>
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6. **ARRT & Competencies**

a. Kelly reviewed the new competency changes as recommended by American Registry of Radiologic Technologists (ARRT). It is the consensus of the committee that we exceed the ARRT recommendations to reflect the needs of our community by proposing the following changes: 2 categories of skull to be mandatory, cross table c-spine is added to mandatory side, small bowel series and upper gastrointestinal study to be kept on mandatory side. The second years will keep the previous recommendation and no changes will be made to their competency requirements. First years will adopt the new standards effective immediately and will be notified soon. The committee
decided that students can no longer do one exam and split it apart to count for two exams that are duplicated for competencies but they may do so when getting numbers before obtaining a competency.

b. Fluoroscopy exam is currently available by ARRT and the state of California will consider adopting the ARRT Fluoro to replace their exam effective January 2012. The new exam will reflect current equipment and standards.

c. Suspensions will be reserved for radiation protection and ethics violations. Disciplinary time off will be given for attendance violations.

7. CDPH- RHB
   a. RTCC meeting update- State of California will adopt ARRT exam for state licensure in fluoroscopy. Senate passed a bill stating that the state of California will honor Joint Review Committee on Education in Radiologic Technology (JRCERT) standards. In late 2010, Radiologic Health Branch of California issued a memo stating that the 10 venipuncture sticks on mannequins are supposed to be “live sticks”. The facilities affiliated with our program do not support live sticks at their facilities at this time.

8. Curriculum Change Proposal
   Full time faculty are working on proposals as recommended by committee last year as follows:

   - RT 106 will be reduced by 1 unit and this unit will be used to design RT 101 Introduction to Clinical Education and Patient Care
   - RT 219 will be reduced to a 5 unit course
   - RT 108 will be reduced by 1 unit
   - RT 328 will be separated into two courses.

   This will reduced the number of clinical hours the students do in the program from 2000 to 1850. This will also alleviate the pressure of the clinical sites to allow observers visit their facility before being screened and allow students to see what clinical radiography is before continuing in the program in an attempt to increase retention to our accreditation benchmark of 75%. At this time we are unable to accommodate the requests of the committee to allow first years to attend winter session during their first year due to financial constraints.

9. Other items
   a. Equipment needs. The committee agrees that students need the following equipment at the school to be better prepared to work in a clinical setting; gurney that functions similar to those used in the hospital setting, a digital radiography system, laptops, and a computed radiography system.

   b. Kelly will have 30% release time in the fall for her new role as ALC president. The college is currently in the process of hiring part time faculty to accommodate this change and decrease full time faculty load.

   c. Kelly let everyone know that the program has funding for clinical evaluation education modules (150) for radiographers who evaluate students and do competencies with students. She asked clinical instructors at each facility to let her know which employees they would like to take the course so she can send them an access code. Kaiser Permanente does not believe they can ask their employees working with students to take such a course, but he will check with management.

   d. Juper Ociones asked for clarification on competencies for Lumbar Punctures and Myelograms. The committee consensus is that the exams are very different and cannot be counted as the same exam. They can perform a lumbar puncture for numbers leading up to a competency in a Myelogram but an actual Myelogram study must be done when obtaining a competency.

   e. Colleen McFaul invited panel to join Radiologic Technology Educators of California (RTEC) and to become more active in legislative action in our field.
f. Dawn announced that she will be out on Medical Leave beginning May 10 – for approximately 6 to 8 weeks. Kelly will be filling in for the Program Director duties while she is out. Mina will be subbing in the positioning course, and Kelly will sub the RT 255 course. Dawn will be available by email or phone if necessary.

g. Dawn notified the JRCERT and the CDPH-RHB of her absence, and gave them Kelly’s contact information.

10. Clinical Activities
   a. Web access for time tracking- some students are having a hard time with having access to clocking in and out. Steve Eklund will look into the problems at Santa Monica Medical Center. California Medical Center’s students are also having problems clocking in and out.  
   b. Dosimeter reports- Mina thanked the clinical educators for the getting the clinical dosimeter reports to her. She asked everyone to make sure to remove social security numbers, birthdates, and names of anyone other than students from the reports before being turned in to protect employee privacy and that all the student review and initial there reports before they are turned in to El Camino College to keep in compliance with JRCERT accreditation and California state law. The committee is an agreement and clinical educators have agreed to do so.

10. Graduation and Completion Ceremony
   a. June 10, 2011
   b. Completion ceremony will be in October date TBA.

11. Adjournment at 10:35AM

Minutes submitted by Mina Colunga
Reviewed by Kelly Holt & Dawn Charman
Draft submitted to committee members via email for approval  4/10/11