

Outcomes Assessment Meeting/ Advisory Council meeting- January 25th, 2019—Meeting Notes

<p>Members present: Mary Kleven, Program Director Ken Budnick, Clinical Coordinator, APH Lou Bischoff, Director, APH, Southfield and Novi Jennifer Miner, Clinical Preceptor, APH Liz Layer, Clinical Preceptor, APH Patti Rucinski, Clinical Preceptor, APH Sue Birli, retired xray tech/instructor</p>		<p>APH = Ascension Providence Hospital</p>
<p>What: 2018 assessment plan</p>	<p>Benchmark set/change</p>	<p>When/ who change due:</p>
<p>Review of Qualitative and Quantitative Outcomes/Goals (2018 Assessment plan passed out to all members) what's working/what's not. Overall we agreed that the quantitative benchmarks are good; no need to change. Qualitative assessment benchmarks have some changes to benchmarks. PD brought up concerns regarding clinical competency testing which will be discussed later in the notes.</p>		<p>M. Kleven</p>
<p>1. Overall GPA: 95.3%. Benchmark met; will continue to monitor.</p>	<p>Stay the same</p>	<p>M. Kleven</p>
<p>2. Clinical GPA: 97.2 Benchmark (95%) met. Will continue to monitor.</p>	<p>Stay the same</p>	<p>M. Kleven</p>
<p>3. Attrition: 0%. Benchmark (<40%) met.</p>	<p>Stay the same</p>	<p>M. Kleven</p>
<p>4. Registry Results: 92% Benchmark (75%) met. As a group we discussed why two people who have not passed in the last 5 years. Some people take it very personally that people are not taking advantage of their education and training. Students seem to be having more difficulty with adult priorities in the last few years. For the most part our job is to counsel and to encourage but mental health issues cannot be managed unless someone admits to having a problem. The Employee Assistance Program is offered for those who need it. Our ARRT annual program report showed that our students' average scores were just under the average for the nation by .8 of a mean total score. Still very close, good job!</p>	<p>Stay the same</p>	<p>M. Kleven</p>
<p>5. Job Placement – 100%. Benchmark (75% in 12 mos.) met.</p>	<p>Stay the same</p>	<p>M. Kleven</p>

<p>All 2018 graduates found a job(s) within three months of graduation; some have already found a second job. Several students have stayed in X-ray, while others have found positions in advanced modality training programs: CT(3) or MR(5); one in IR. Most graduate evaluations are in as most started working right away, overall most are demonstrating feeling prepared for their jobs and registry. One student did not report back whether she passed her registry or not.</p>		
<p>6. Goal #1 is good; SLOs are good; utilizing the re-test tool to gain new insight to students' ability to assess a patient's size and possible technique choice. Students are complaining that they are not encouraged to practice, or that some staff say it doesn't matter anymore with digital. This is a concept that is reinforced properly in Principles, Digital Imaging, Image Analysis, and Radiation Protection. We are still doing experiments to demonstrate how much the image is being fixed by the computer. This is a language issue between techs that were not given accurate information regarding the digital technique.</p> <p>As for use during positioning, discussion was had regarding the benchmarks of the six month blocks. Using the trend analysis it looks as if we could bump the benchmarks to be 95% for the earliest blocks; and drop the senior block down to 95% considering the bulk of that block is for headwork. Motion was carried to adjust benchmarks for next AP 2019 as a trial; then discuss next OAP meeting and confirm for the future if the value is still holding true.</p> <p>Our QI project on our testing sheet: Centering: 25% of bad centering, only 8% had points subtracted Collimation: 33% of the time the student didn't collimate properly; 17% did not lose points for it. That's half the time which is an improvement. Students are shielding. Marker use: 25% of the time markers were not used and 25% lost points. Will continue to monitor for centering and collimation; all agreed it is better but still needs to be monitored. Markers are being utilized.</p> <p>PD suggested that we need to limit number of CC team members; we have lost a few people in the last couple of years, may be a good time to consider changing the</p>	<p>Stay the same</p> <p>OAP 2019</p> <p>Anytime</p> <p>Ken will give PD report on centering every 6 months.</p> <p>Preceptor team/ Ken Budnick</p>	<p>M.Kleven</p> <p>M.Kleven</p> <p>Ken Budnick;evaluate</p>

number of people involved in process. Please submit input/ ideas by next Adv. Meeting in 7/2019.		
7. Goal #2 is good. SLO can stay the same. Considering adopting a change to the testing sheet to separate out history from procedure awareness. Decided at last Adv. Meeting that history is a non-issue. SLO for demonstrating good oral communication: Students are meeting the general benchmark now that we have made an adjustment. Will continue to monitor.	Ken Budnick; Evaluate Mary	September 2018 2018 AP
8. Goal #3 is good. SLOs tools are good. Follow up on testing analysis for maintaining focus: Students remained at approximately at a retention rate of 70% on information they should know. Have not developed benchmarks from twelve week finals yet. Hope to have developed something by the July meeting.	Mary Kleven	January 2018 OAP
9. Goal # 4 is good; SLOs are good. 2018 class had 9 secure placements in advance modalities. Benchmark met. SLO regarding demonstrating proper work ethics are okay. PD can say that measure have been taken to remind everyone regarding the 1:1 ratio; previous manager was not a school proponent. New supervisor is working closely with the program to ensure supervision and clear understanding of policy/process. Students have all been following policy much more closely as well. 2018 class met expectations of benchmark for reliability and timeliness; but barely again. I believe a lot of it is being so close to finishing that their focus is gone; will monitor one more year to decide if a change to the benchmark is necessary.	Stay the same Jennifer Miner Mary Kleven	 OAP Jan. 2017
10. Mission Statement was reviewed and carried over.	No change	Mary Kleven
11. Instructor policies (didactic and clinical) were reviewed at the meeting.	July Adv. Meeting	Mary Kleven

<p>a) Instructor classroom evaluation was reviewed and carried over. PD trying to get onto e-value.</p> <p>b) Clinical evaluation policy was changed to include the process being in E-value, distribution is unnecessary as the staff has access to the evaluations at any time. Supervisors will be given access to the evaluations to be utilized in staff annual evaluations. These changes were approved by members present. Once notes are posted they can be reviewed by staff for comments.</p> <p>Liz Layer has been through the evaluation process as a didactic instructor, but Jen and Patti are new to the process, so we took the opportunity to discuss grading scale, outlines/syllabi, lesson plans, etc. regarding having a fair and equitable learning experience for all. Please ask Ken or I to assist you in any way. Thanks for teaching!</p>	<p>J.Miner (1), Liz Layer (2)</p>	
<p>12. PD asked for input regarding the clinical competency process; the question raised was if there are too many people giving a personal impression of what is competent and not what the school is asking for a student to be competent. After looking at the testing sheet. The question is now whether the team is consistently requiring the same information. Input is necessary from the group to determine if a change is necessary. Ideas put out: Ken/Mary should be the final sign off; if we could develop a two-person process, etc; some techs want re-evaluation;</p> <p>Ken/Mary do not want to be the sole competency testers nor are we trying to say that we are the only, but I do believe the students are given more leniency by the staff than be the Ken/Mary, and this can lead to confusion for the students and staff as to what a student should know upon competency.</p> <p>Ken will ask the clinical team for input regarding this issue. In the next few months, will work with Jen, Patti, and Liz to observe testing opportunities to get some data.</p>	<p>July advisory Meeting</p>	<p>Ken Budnick/ M.Kleven</p>
	<p>Next meeting</p>	<p>Mary Kleven</p>
<p>13. The ASRT 2019 compliance suite has been purchased for all technologists in the radiology department. The module for Student supervision will be required for all technologists in the department as an annual reminder of what a 1:1 ratio means in regards to direct, indirect, and repeat supervision circumstances.</p>	<p>Will be put on hospital learning site for use by the techs. Should be ready by for 2019 mandatory modules.</p>	<p>IT department; elearning M.Kleven/ V. Nedeljkovic to monitor development</p>

14. Technique charts for GE and Toshiba are temporarily set in the manual technique book. Students are given their own copy in Techniques class. PD will continue to update as progression occurs. There is a lot of interest in the department for techniques that will work.	Ongoing	M.Kleven
16. Needed to have discussion regarding benchmarks for "maintaining focus" on twelve week evaluations. Students are scoring below the benchmark of 3.6 at the 21 st month for the last 3 years. Last year's class scored low in every cycle measured for maintaining focus, (very unusual). Is 3.6 out of 4.0 too high just before graduation or should that be the expectation. And if stays, what should/ could be done about it? Please bring any ideas to the next meeting in July.		
Notes placed on E-value website:		

Next meeting July 2019 Advisory/cc team