Florida SouthWestern State College

Radiologic Technology Program

Advisory Committee Meeting 11/15/2024

Agenda

I. Introductions, College and Program Overview

II. Review of New Mission Statement

III. JRCERT Accreditation

IV. Review of Programmatic Outcomes and Assessment plan

IV. New X-ray Lab Rooms

VII. Open Discussion

Radiologic Technology Advisory Committee Meeting

November 15, 2024

Attendees:

Rendy Petrin – Lee Health System

Jim Mayhew – Director, Radiologic Technology Program

Coleen Kubetschek- Clinical Coordinator

Michael McNiskin – Program Coordinator

Annette Ridley – Lee Health

Melanie Ingram – Lee Health

David Ingram – Clinical Associate

Talia Minichiello – NCH Clinical Instructor

Robert Devito – Gulf Coast Medical Center Radiology Director

Sheri Branstetter – FR Bonita/CP Radiology Manager

Eric Vazquez – Cape Coral Hospital Director of Radiology

Robert Thomas – Gulf Coast Medical Center Radiology Supervisor

Jane Fry – Lee Memorial Radiology Director

Addie Malpica – 2nd year student

Jacob Griffin – 1st year Student

Tamra Pacheco (scribe)

Rendy Petrin called the meeting to order at 2:05pm.

**Introductions and Program Overview**

* Rendy Petrin requested introductions from each attendee.

**Review of New Program Mission Statement**

* We have to make sure that our mission statement coincides with the college’s.
* Jim requested all attendees to review our mission statement and suggest any changes.
* Dr. Schott stated that we must remove the word “diverse” and a motion was made to approve the removal by all attendees.

**JCERT Accreditation**

* Jim went over the academic probation requirements and the steps we have taken to fulfill their requests. We hired Michael McNiskin to fulfill the instructional vacancy. We have corrected the MRI form to omit the question of pregnancy.
* Objective 6.4 – program needs to share outcome data with the community is the reason for holding this meeting. We are reviewing the current data, mission statement, and outcome plan to make the necessary revisions.
* In January, we will meet to go over the outcomes.
* In March, we will need to submit meeting minutes and results to JRCERT.

**Review of Programmatic Outcomes and Assessment Plan**

* We are reviewing the 2 outcomes and 4 benchmarks for each goal.
* JRCERT stated that we have a good program and outcomes, we just need to provide a better assessment of the data.
* Jim requested the attendees to review each benchmark and share their input on the elimination or modification of each.
* The attendees agree that benchmark 2 and 4 can be eliminated from goal 1. The motion was made to eliminate benchmark 2 and 4 and modify benchmark 3 to remove “31” from outcome 3 was also made.
* Geriatrics was defined as those who are over 65 and physically impaired
* It was agreed that both benchmarks for outcome 2 in goal 1 can remain.
* For goal 2, Rendy stated that the word “decide” should be replaced with “identify” and all agreed.
* For goal 2, benchmark 1 can be removed and “80%” can be removed from benchmark 2.
* Will move benchmark 3 into outcome 2 of goal 2 and revise wording to include PDA average.
* Instead of performing weekly evaluations, we focus on the mid and final PDAs. We can track the average on a PDA where the input comes from CAs, clinical preceptors, and the instructor.
* We may need to add student presentations to both 1st and 2nd year courses and increase the criteria for the presentations.
* Dr. Schott stated that we could use AI to evaluate the results of the presentations and other assessments.
* Speech is no longer required for the degree and we no longer have room for it in the curriculum.
* In goal 3, outcome 1 we can remove “90%” from benchmark 1 and 2.
* In goal 3, outcome 2 we will refer to the PDA rather than weekly report. We can add the criteria for communicating with patient and communicating with staff.
* We use weekly evaluations to show improvement but it is not a requirement. The purpose is mainly for the Clinical Preceptor to provide input on student behavior and actions with the opportunity to catch red flags.
* Rendy states that they should add a comment box for each rating on the forms to promote a more detailed reason for the rating and student performance in that area.
* Some techs will provide comments and others will not.
* Michael stated that they like to correct the issue right away rather than mid-way through the course.
* The students value the weekly evaluations if they are filled out correctly. Students can choose who they request to complete the form if they have worked with multiple preceptors.
* Techs will say something different than what they write on the form.
* For goal 4, outcome 1, it was agreed upon to change the wording to identify activities such as career plan and resume and leave in the current writing assignment.
* The benchmarks will also include the completion of a career plan and resume.
* The second benchmark of outcome 1 will be moved to outcome 2 for goal 4.
* Outcome 2 will be modified to replace understand with describe and purpose to replace value. Both benchmarks will remain.
* 100% of the students passed the ARRT this year.
* We have an annual review and the JRCERT wants to see the 5-year average pass rate.
* Jim compares our rates to the national average every February in each area of the exam.
* Only one year we did not meet the national average in a section.
* They no longer count students that withdraw for personal and financial reasons.
* The question came up on how our surveys are sent to employers. They are given out at advisory meetings or personally delivered to the workplace.
* Surveys are often not completed in either situation and we must set aside some time with the meeting attendees and employers to be sure they are completed and handed in.
* A motion was made to accept all changes made to the goals and assessment plan. Motion was accepted and Robby second the motion to accept.

**New X-Ray Lab Rooms and Equipment**

* Demolition of A-141 starts on December 12th
* Waiting on paint and new carpet in A-114 for temporary practice lab before equipment is delivered on the 11th.
* We will buy manikins – 3 adults and 2 children for new energized labs.
* David Ingram is looking forward to the new energized labs.
* The question was posed regarding access to an image repository. We do have one and can use more images of unique cases. Image review and critique has been added to the labs this year.
* Facility employees can be tasked with a project to gather images for the college to use in labs.

**Open Discussion**

* We will be under the School of Allied Health starting in January and Nursing will split off into their own School of Nursing.
* May 10th is Jim’s last day at FSW as the Program Director. He cannot work for the college for a year but may apply for an adjunct position in the program when able.
* We all thank Jim for his dedication to the program.
* We need to make sure that we continue to have a person from the community as an advisory board member, but it is not required.
* The students are happy to have no other students at the facility during their clinical rotation.
* Students are happy to see the proactive work completed to make the program better.
* Rendy will try to get more attendees for the next meeting in January.

Meeting Adjourned at 2:50.