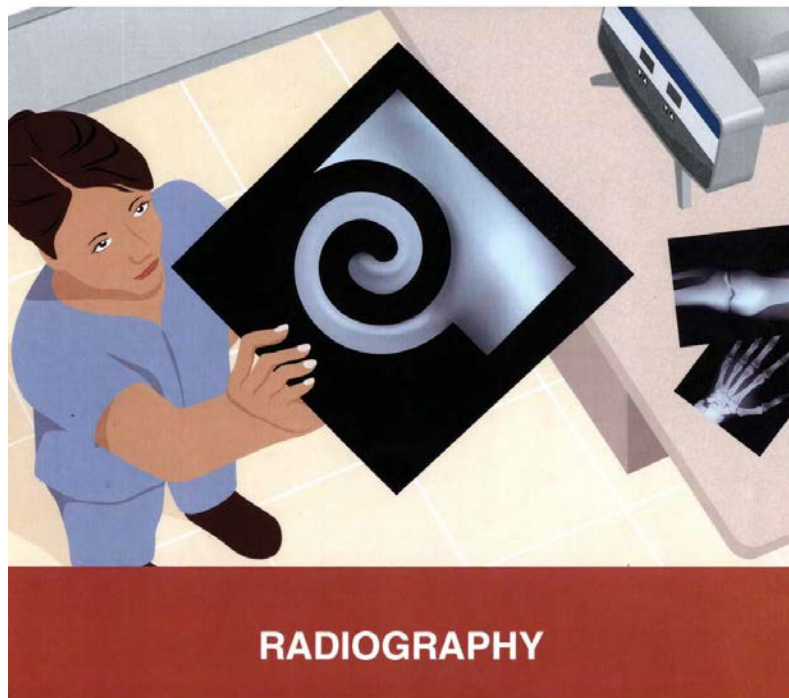


Portland Community College Radiography Program Program/Discipline Review 2016



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Introduction and Program Overview

Program History

The Radiography Program at Portland Community College began in 1969 and is housed within the Health & Technology building on the Sylvania campus. Graduates of the Program receive an Associate of Applied Science degree in Radiography and are then eligible to sit for the national certification examination.

When students complete all clinical and didactic courses they have acquired the skills and knowledge needed to be successful as entry-level technologists. The Program is affiliated with all major hospitals and numerous clinics in the Portland Metropolitan area, Southwest Washington and also affiliated with the Salem Clinic in Salem, Oregon.

The Advisory Committee consists of the clinical instructors from each site and the Program faculty. Meetings are held six times per year and also one additional meeting for the selection of a new cohort of radiography students. The clinical instructors are employees of the hospitals and clinics and work closely with the Program's Clinical Coordinator and Director. This group is collaborative and very supportive of the students, the profession and the Program.

As with other health professions programs at PCC, there is an application process that includes successful completion of prerequisite courses, clinical shadowing experiences with interviews and advising from the Health Admissions Office. Entry is highly competitive and there are a limited number of seats, based on affiliate placement availability.

Program outcomes are aligned with those of the College and also meet the requirements of the Joint Review Commission on Education in Radiologic Technology (JRCERT).

The Program's curriculum is aligned with the professional curriculum developed by the American Society of Radiologic Technologists (ASRT). The American Registry of Radiologic Technologists (ARRT) is the national organization that administers the certification examination.

1. Program Overview:

RADIOGRAPHY PROGRAM MISSION & GOALS

Program Mission Statement: It is the mission of the Radiography Program to deliver quality education that provides the means for each student to gain and apply the knowledge and skill necessary to be successful in the field of radiography and to become a productive individual in society.

Program Goals:

1. **Communication:** The Program will foster the development of appropriate communications skills essential to the practice of radiography.
2. **Professional Competence:** The Program will graduate students that are clinically competent.
3. **Critical Thinking:** The Program will facilitate the development of critical thinking and problem solving skills.
4. **Community:** The Program will help fulfill the radiography employment needs of the community.

A. How do program goals compare with national and/or professional program trends or guidelines? Have they changed since the last review or are they expected to change in the next five years?

The Program's goals were grammatically changed prior to the last program review to match the College's preferred language. They are also aligned with those preferred by national and certification organizations. The Programs does not anticipate any significant changes to the goals in the next five years.

To investigate how the Program is meeting its goals, students complete an Exit Survey as they are finishing the two-year program and another approximately six months later, a Graduate Survey. The Program goals are reflected in the survey questions and the results are reviewed by the SAC and also with the Advisory committee.

Similar questions are posed to the hiring managers approximately eight months post-graduation to seek additional input on how these goals were met. A document is created for the JRCERT that documents assessment results and if any goals are not met, the reasons why and steps needed to correct the deficiencies.

B. Curricular, instructional or other changes that were made as a result of SAC recommendations and/or administrative responses from the last program review:

First, the Program's curriculum underwent changes during the past five years due to technology advancement in the clinical environment. As use of digital imaging increased in the clinical affiliates, the faculty added information to their courses and labs that correlated to the new imaging methods. With the increased use of CT, MRI, Interventional procedures and Sonography, certain diagnostic imaging procedures have been removed from the curriculum. This follows the national trend in radiography educational programs.

In addition, a big challenge was presented to the Program when certain clinical affiliates could no longer use the web-based clinical records documents that were created using Google Documents. The IT departments for these sites felt that Google Documents was not aligned with their HIPAA requirements, even though no patient identifiers were ever entered.

The Clinical Coordinator researched alternate web-based options and after a very comprehensive search and collaborative efforts involving both clinical and college managers, a new method was agreed upon. The clinical instructors and all students received training on how to use this system and as of now, the clinical IT departments feel HIPAA requirements are being met.

The Program also made changes based on the following:

SAC recommendation: Communication

Entry-level radiographers should be able to engage in professional and intellectual conversations with patients, their families, physicians and other health care professionals, using correct terminology. Any information provided to the radiologists should also demonstrate appropriate communication skills.

In evaluating student communication skills, the Program had used in-class presentations in two didactic courses and clinical performance assessments completed by clinical instructors and managers. Rubrics were used for the in-class presentations and a standardized assessment tool was used in clinical. The effectiveness of these changes is also gauged in a graduate survey completed by managers following eight months of the graduate's employment. The results of these assessments were reported in the annual report for the JRCERT and reviewed by the SAC.

In addition, throughout the two-year program, students were required to do both oral presentations and written reports on radiographic images. The clinical coordinator was responsible for these evaluations, which were done in the clinical setting each term.

Upon review, the SAC determined the assessment tool for these image critique sessions, which had not been revised for a number of years, lacked clear criteria for how well students spoke and focused mainly on if they perceived errors in patient positioning or any pathology. The SAC felt students were not being challenged enough on professional communication skills because of this assessment tool. Comments and scores on clinical assessments also indicated there were students lacking in communication skills.

A clearly defined rubric was created by the Clinical Coordinator to evaluate verbal and non-verbal skills during image critiques and case study presentations in the clinical environment, which placed more emphasis on communication skills. The change was a SAC project and was described in the SAC's Annual Report for Assessment of Outcomes 2012-2013. (See Appendix)

Using the new assessment tool, the Clinical Coordinator was able to clearly document any inadequate skills and in private, share the results with each student. During these meetings the Clinical Coordinator was also

mentoring students on how to engage in more effective or appropriate communication methods for their next presentations or any discussions they might have with other professionals.

Faculty led instructional change: Using the Flipped Classroom

In term 8 of the Radiography Program a course on imaging and pathology, RAD 206, is taught and is a course recommended by the ASRT. Entry level radiographers should be able to identify abnormalities on images and understand what that presentation might indicate.

Radiographers do not diagnose pathologies, but by understanding more about the disease and radiographic appearance they can better understand the clinical pathways a patient may be faced with and what other imaging modalities might be used to further diagnose the disease process.

However, during the latter part of the second year students often experience “second-yearitis” and feel frustrated with this course. With only two terms left in the Program, most students just want to work on clinical skills and not study anymore. The faculty member who had taught this course for three years was at a disadvantage as many second year students feel this course is not necessary and that past instructors had made it labor intensive and tested on minute details. Those attitudes spread from cohort to cohort. She also found that many students were somewhat disengaged being lectured to and sought new ways to bring “hands-on” learning to the classroom.

She decided to try using a “flipped classroom” where students would do a presentation using a 3D model of pathology made by the student and outlined what information they were to include in their presentations. As usual, there were the comments about “Why do we need to know this?” or “We are told by radiographers that this course isn’t really necessary”.

The faculty member then lectured on specific information each class period and included time for a few applicable student presentations. Despite prior reservations, the students found themselves fully engaged in their projects and created unique models while giving thorough and educational presentations. It turned out to be one of their favorite parts of the course and many students provided feedback that it helped them to visually see a representation of the pathology from a 2-D radiograph.

In spring term 2014, despite changing RAD 206 to a “flipped” classroom, the instructor continued to be disappointed in student assessments of this course.

The Division dean suggested opportunities through the TLC for faculty who want their teaching styles and course structures evaluated (TIP); a peer mentorship program. The faculty member was eager to try this.

The TIP coach observed and filmed several course lectures and provided valuable suggestions for ways to engage the students more and also provided positive feedback about what they were doing well.

Midway through the term the students were surveyed to seek more input on ways to assist in the learning of course information and increase student engagement. The students were candid and provided comments that helped the instructor understand what she was doing well and what else she might or should try.

At the end of the term, the TIP coach provided a final survey to the class and those results were shared with the instructor. A very positive comment was: "Instructor X has improved tremendously in teaching this term. We really appreciate her efforts & and always going the extra mile- she cares!"

In 2015 this course was taught using input from the TIP assessment and continued use of the "flipped" classroom. The student presentations and 3D models have demonstrated that when more engaged, students value opportunities to learn from each other and also have fun while doing that. The instructor also continues to offer private weekly feedback opportunities to students which allows them a sense of import and investment into the course.

B. Changes due to Administrative Response:

2010-2011 Administrative Response: Small faculty number

In the previous program review we commented:

"The small number of faculty teaching in the Program may be a detriment in the event of an extended absence of any member. It is important to pursue the hiring of additional part-time faculty to both learn the courses of the Program but also to fill-in for absent instructors."

The Administrative Response was:

Again, we applaud you for your forward thinking on this. We support this proposal/plan. As suggested during your presentation, we suggest you engage your Advisory Committee as you search for more Part Time Faculty.

The Radiography SAC consists of three full-time and two part-time faculty. These numbers have been consistent for years. In the past two years there have been more opportunities for the part-time faculty to substitute teach and this has been beneficial for them as well as the Program.

One of the full-time faculty has national professional responsibilities and when needed, both of the part-time faculty have assisted in covering lectures and labs. Instead of only teaching in the positioning labs they are now substitute teaching in physics, equipment and specialized imaging courses. They are now more familiar with the Program and have gained additional instructional skills.

Due to another full-time faculty's health issue, both part-time faculty assumed more responsibilities in the positioning labs and the related lecture course. The Program was able to maintain the usual schedule of courses and students did not lose out on any aspect of their education.

The small number of faculty is still a concern. This could be a detriment to the Program when current faculty begin to retire within the next few years. PCC's current hiring process is lengthy and may prevent the Program from filling vacancies in a timely manner. It is hoped that CTE programs, like this one, can begin the process prior to these vacancies occurring.

2. Outcomes and Assessment: What is the SAC process for review of course outcomes in your CCOGs to ensure that they are assessable?

A. Course-Level Outcomes:

i. SAC process for review of course outcomes:

Upon beginning this review process, the SAC recognized that course outcomes are not reviewed on a routine basis except by the individual instructor and, the Program Director. We do not have multiple sections of courses and each instructor manages their own CCOGs.

The course outcomes are based on the knowledge and skills required of entry-level radiographers and align with those of the national curriculum. Each instructor follows that model to instruct and assess students.

Program outcomes and goals are assessed consistently to comply with accreditation requirements. This has been the main focus to determine how successful the Program is in delivering quality education and preparing students for workplace entry.

However, reviewing and revising course outcomes, if necessary, is a priority for the next academic year. With the addition of digital imaging equipment to the radiography lab, the curriculum will include more information about this method and assessment strategies will reflect the new skills. The SAC will have input on these assessment tools and strategies.

ii. Examples of changes made in instruction to improve student's attainment of course outcomes:

RAD 105, Patient Care, is a hybrid course where lecture is taught online and lab is done in person. Although some students commented that they liked having fewer lecture classes and the addition of the on-line modules, others felt they were not learning the information as well in person due to their auditory learning styles.

The instructor developed Camtasia lectures for the D2L component that also includes captioning. PowerPoints of the online lectures are provided for students to study from as well. Students have reflected during private meetings with the instructor that they appreciate being able to hear and replay the lectures, and not having as much reading text to go through each week.

B. Core Outcomes Matrix Updated and in Appendix

C. Degree and Certificate Outcomes:

i. Describe the evidence we have that students are meeting our Degree outcomes:

Student success in meeting Program outcomes is evaluated each year as part of the requirements of the JRCERT accreditation process. The Program attrition rate each year is low, first time pass rate on the certification examination is high (100% of all graduates) and overall clinical assessments high. All statistics are submitted to the JRCERT on an annual basis. The following link contains information that the JRCERT requires on the Program's web site for public access:

<http://www.pcc.edu/programs/radiography/documents/radiography-program-effectiveness-data.pdf>

ii. Reflecting on the past five years of assessment- provide a brief summary of one or two or your best assessment projects:

The Program would like to demonstrate its efforts to seek new and perhaps more effective clinical assessment tools by providing the following information:

The Radiography Program's 2011 Assessment Outcomes project highlighted the successful implementation of a revised clinical assessment document. Changes in the assessment tool were deemed necessary due to the following reasons:

Students are routinely assessed by staff technologists following an assigned rotation, using a standard assessment form. The clinical instructors review the assessments, discuss student performance with the technologists and then summarize the comments and scores on an "end of the term" grade sheet. The results are shared with the student and are submitted to the Program's Clinical Coordinator for review and issuing of the final grade.

Unfortunately, the clinical instructors would have some of the same technologists come to them after the term ended and admit that they did not mark the student down in certain areas so as not to "hurt their grade" or "be mean" but the student did have some problems and could they talk to them.

The reality that some students were moving forward in clinical without the appropriate skills and behaviors that are expect at each level of training was alarming on numerous levels. First, the student was not receiving the counseling and coaching that could assist them in improving their skills at the appropriate time. Second, graduates of the Program should all have good entry-level skills that allow them to be successful in the workplace. Third, patient safety and quality care are the gold standards that the Program embraces and teaches.

The original end-of-term assessment tool completed by the clinical instructors included the following criteria and all had the same 5 point scale attached to them:

Responsibility / Dependability
Initiative / Motivation
Maturity / Attitude
Attendance / Time Management
Problem Solving / Independent Thinking
Interpersonal Relationships / Teamwork
Acceptance of Personal Feedback
Concentration / Focus
Infection Control / Body Mechanics
Professionalism
Patient Care
Radiation Safety
Job Performance / Exam Speed
Technical Skills

The faculty and members of the Advisory Committee developed a new form that placed more emphasis on technical and patient care skills than on others that are important but are those that are “soft skills” and less technical.

The criteria were separated as follows:

0 or 5 points:

Responsibility / Dependability
Initiative / Motivation
Maturity / Attitude
Attendance / Time Management
Problem Solving / Independent Thinking
Interpersonal Relationships / Teamwork
Acceptance of Personal Feedback
Concentration / Focus

0 or 10 points:

Infection Control / Body Mechanics
Professionalism
Patient Care
Radiation Safety
Job Performance / Exam Speed
Technical Skills

For each category the 0 scores must have comments provided that support that score.

Although these new forms helped in documenting student problems with more clarity, the clinical instructors still had issues with how some students still received higher scores than they should have based on those “after-the-term” comments. Once again, the advisory committee and the faculty worked on how to improve the assessment process.

A mid-term evaluation form is completed by the clinical instructor, based on feedback from the staff and their own observations. Three options for their score in each category are based on how well they meet that criteria, the level they are at in the Program, and if they do not meet the criteria- what comments support this. They can earn:

S = Satisfactory

IP = In Progress

U = Unsatisfactory

Comments are mandatory for anything less than an "S".

The students meet with the clinical instructor and discuss the midterm assessment and if necessary, a clinical improvement plan is implemented with all expectations listed and a time frame in which these improvements need to be demonstrated.

iii. Evidence that changes were effective:

The End of The Term Assessment form now has just two choices for how a student meets or does not meet the criteria:

S = Satisfactory or U = Unsatisfactory

For both forms, each category accounts for a percentage of the grade. Students who have not met certain skill levels and who have deficiencies that are critical to being successful in completing the Program are now spotted earlier. Clinical improvement plans are created to document if the student is successful in meeting the expectations as listed in the document. (See Appendix)

The Radiography Program is fortunate to have the support and cooperation of the clinical instructors and affiliates. This is one of the reasons our graduates are successful in the work place and provide the community with high level patient care

iv. Evaluate your SAC's assessment cycle processes. What have you learned to improve your assessment practices and strategies?

CTE programs are required by their certification agencies to conduct assessments throughout the entire duration of their programs. The JRCERT requires radiography programs to submit annual reports and also compare program outcomes to professional standards and regulations. Because we do a plethora of assessments we have not had to do any significant changes to our processes but do adjust some assessment tools to meet any changes in the curriculum or professional practices.

v. Are there any Core Outcomes that are particularly challenging for your SAC to assess? If yes, please identify which ones and the challenges that exist.

How do you truly assess Cultural Awareness? This continues to be a challenge but we have included in multiple courses cultural awareness discussions, group activities and self-awareness activities. In the clinical setting, the staff and clinical instructors work closely with the students and use an assessment tool that includes cultural awareness and patient care skills.

We have not had to counsel any student on inappropriate behaviors related to cultural awareness and feel our efforts right from the first day of the program have fostered appropriate behaviors. What someone feels inside is not measurable but we cannot do anything about that.

3. Other Curricular Issues:

A. Which of your courses are offered in a distance modality (online, hybrid, interactive television)?

RAD 105 and RAD 216 are the only courses that are hybrid. Each course is designed for approximately 50% in class and 50% on line. We only offer these courses in the hybrid format and do not have any in-class-only offerings for these for comparison.

B. Has the SAC made any curricular changes as a result of exploring/adopting educational initiatives?

The Program has not engaged in any initiatives and finds it difficult to do so. Students are either in class or in clinical 5 days per week.

C. Are there any courses in the program that are offered as Dual Credit at area High Schools?

There are none.

D. Please describe the use of Course Evaluations by the SAC. Have you developed SAC-specific questions? Has the information you have received been of use at the course/program/discipline level?

The faculty and Program Director use the course assessments as a discussion tool- we look for trends as well as any individual comments or scores that are concerning. The SAC has not added any questions to the standard assessment document.

E. Identify and explain any other significant curricular changes that have been made since the last review.

Aside from adding new course information and lab experiences that cover digital imaging, no significant curricular changes have been made. The Program aligns its curriculum to the national curriculum and until that changes we continue to follow their lead.

4. Needs of Students and the Community:

A. Have there been any notable changes in instruction due to changes in the student populations served?

The demographics of each cohort of students does not impact the curriculum. The instructors will meet with students who are having problems in their courses to see if the student needs any assistance, such as

tutoring or test taking strategies. A few instructional methods have changed by using new technology but the curriculum is fairly consistent year to year.

B. What strategies are used within the program/discipline to facilitate success for students with disabilities? What does the SAC see as particularly challenging in serving these students?

The Program's Technical Standards are shared with all potential applicants prior to the application process to make them aware of the physical requirements of the profession. These are discussed at the Information Sessions that the Health Admissions advisors provide and also again during the application process. For the most part, students who apply can meet those requirements and understand that if they can't, they may not be able to complete the Program.

Students with any learning disabilities or needs can go through the Office of Students with Disabilities and request certain types of assistance. We can have them test in a separate space, add more test taking time and also allow them to record the lectures.

Radiography is a very physical profession and that is why the technical standards are emphasized as much as they are. Also, prospective students are advised to meet with the Program Director to discuss any disabilities and determine if those would prevent them from succeeding in the Program.

Challenges for the faculty in meeting the needs of a student who requires assistance can be the limited time to individually coach or tutor and also, the student needing more time to test may miss part of the lecture that follows a shorter test.

C. What strategies are used within the program/discipline to facilitate success for online students? What does the SAC see as particularly challenging in serving on-line students?

Because we only do hybrid courses, students can meet with the instructors while on campus. The D2L format allows the students ways to connect with their instructor as well. The biggest challenge is when the system is down or not working correctly. Students are very good at letting their instructors know this via email or phone calls.

D. Has feedback from students, community groups, transfer institutions, business, industry or government been used to make curriculum or instructional changes?

Please refer to items 1 and 2 in the Program/Discipline Review section for how we made changes.

5. Faculty: reflect on the composition, qualifications and development of the faculty:

A. Provide information on how the faculty composition, professional development, and teaching reflect the Diversity, Equity and Inclusion goals of the institution:

We have provided information about all members of the Radiography department in a document found in the appendix.

We are not very diverse in our program. Currently, there are no minority faculty or staff. There are only two males and 6 females. This is not unusual for our geographic area and perhaps also for the profession. The ratio of male/female has always been higher numbers for female students and faculty. Perhaps in the next few years when retirements will take place, there can be a more diverse applicant pool.

All faculty and staff have had education/training on diversity and inclusion matters. Our professional meetings often include topics that stress the importance of knowing more about our diverse patient population in order to provide appropriate care.

B. Report any changes the SAC has made to instructor qualifications since the last review:

There have not been any changes.

6. Facilities and Academic Support:

A. Describe how classroom space, classroom technology, laboratory space and equipment impact student success.

We have been fortunate to have a lecture classroom that comfortably hold all students in a cohort for the lecture classes. With the current remodel of the lab, students are now practicing on state-of-the-art equipment and computer systems. The addition of monndopads to the lab has allowed the instructors to be creative with presentations and testing. But even before these changes, our students were very successful due to the quality of the instructions provided by the Program.

B. Describe how students are using the library or other outside-the-classroom information resources. If courses are offered online, do students have online access to the same resources?

For certain courses, students are required to write papers and use professional journals, texts and some on-line sources. They also take a tour of the library and have a brief discussion with a librarian about how they can access information. The Program also has many books and journals for their research.

Any online or hybrid courses are designed so that all students have access to any materials.

C. Does the SAC have any insights on student's use of Advising, Counseling, Disability Services, Veterans Services and other important supports for students? Please describe as appropriate.

The Program refers students to PCC counselors as needed. This usually is discussed during a meeting between a student and the Program Director and/or faculty member. We also refer them to the other resources when we think that assistance is needed. In particular, we were able to connect a student with Veterans Services and they facilitated getting them access to timely medical care.

7. To ensure that the curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field:

A. Evaluate the impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes.

The last three minutes can be found in the Appendix:

The Advisory Committee meets 6 times per calendar year. The composition of the committee consists of all clinical instructors and Program Director/faculty. The greatest influence from this group is in the clinical training of students.

All clinical forms are designed with their input and these are consistently reviewed. Changes in forms/assessment criteria are often a result of what the instructors experience as not being as effective or as thorough as needed.

The clinical instructors meet with managers and their staff to discuss any concerns or new forms that have developed. We have a very good relationship with their managers and at time they are the one who contact us for various reasons.

Compared to other Radiography Programs in the nation, ours is one of the most participatory committees and we feel blessed to have their support.

B. Describe current and projected demand and enrolment patterns. Include discussion of any impact this will have on the program/discipline.

Following the most recent recession, the employment market for radiographers decreased significantly. The Program had responded to the community prior to that when it was having difficulty finding employees. This became our “Expansion Program” and lasted for 3 cohorts, increasing each year, the enrollment to 48 instead of the previous 36 per cohort. The last group of graduates really suffered the effects of that recession.

Due to the difficulty of those graduates not being able to find gainful employment unless willing to work 2-4 on-call or part-time positions, the dean and Program make the decision to reduce the enrollment numbers to no more than 36 per cohort. The community was in agreement with this decision. It was also understood that if employment needs should return to needing more graduates, the Program would increase numbers as appropriate.

For the past 2 years the graduates have readily found employment and we are seeing more job opportunities occurring. For now, however, the enrollment remains at 34 per cohort.

C. How are students selected and/or prepared for program entry?

Students who might be interested in this program can access information from the Program's website and also by attending the Information Sessions provided by the Health Admissions Office (HAO). When any student contacts our department, we refer them to the HAO so they will receive consistent and accurate information about transfer credits, timelines and prerequisites.

The link to our website is: <http://www.pcc.edu/programs/radiography/>

D. Review job placement data - please use this link:

<http://www.pcc.edu/programs/radiography/documents/radiography-program-effectiveness-data.pdf>

Salary information can be difficult to obtain. However, we have the graduates complete a survey and ask them if they would share their salary as an entry-level radiographer. In this state, the range seems to be from \$22.00 to \$27.00 per hour.

The most current information that has been published about student enrollments and national trends can be found at:

<https://www.asrt.org/main/news-research/press-room/2013/01/14/enrollment-down-in-radiography-programs>

E Data on the number of students who have completed the AAS Degree in Radiography: Barriers to completion of our degree program usually happen when students are having either financial or academic problems but also there have been a few who decided it was not the career for them. Our retention rate is fairly high and most students are high achievers just to gain entry into our program.

E. Describe opportunities that exist or are in development for graduates of this program to continue their education in this career area or profession.

There are many opportunities for advance education and training in the radiography/medical imaging profession. These include our certificate programs in CT and MRI, hospital-based training in cath labs, mammography and quality assurance. A number of our graduates have entered and graduated from OHSU's radiation therapy program.

In addition to anything local, there are numerous bachelor's programs in Radiography and Advanced Imaging modalities offered by many universities. Some are entirely on-line and others are hybrid-meaning they will meet on campus once a term for intensive sessions.

There are also opportunities in sales, applications, sports medicine and mobile radiography. We also encourage students to consider teaching, as many of us in the profession are of retirement age 😊

8 B: What support do you need from administration in order to carry out your planned improvements?

RAD SAC support needs include the following:

- Sound proofing materials for lab walls to decrease lab noise.
- The ability or permission to have an increase in faculty - a one-year temporary full-time faculty for learning courses and labs – would hope to then have a sub- or replacement when faculty member retires.
- Ability to hire new director prior to current director retiring. There is a lot to know and the faculty are not knowledgeable about all the director's responsibilities.
- When possible, an increase in the size of the lab's classroom to accommodate any increase in cohort numbers that may occur in the future. The current room is quite small and the location of the Mondo pad on the wall is not ideal for all students to see what images the faculty are showing.

Appendix

Pages 18	Rubric for Film Critiques –
Pages 19-20	End of Term Assessment Form -
Pages 21-22	Midterm Assessment Form –
Pages 23-25	Core Outcomes Master Plan
Pages 26-29	Faculty and Staff –
Pages 27-32	Advisory Committee Minutes -

Rubric for Image Critiques in Clinical



Nonverbal Skills				
Criteria	4	3	2	1
Eye Contact & Posture	Constantly scanning audience, stands up straight	Occasionally looks at some people, sometimes stands straight	Focuses on one part of the group, will infrequently stand straight	Does not look at audience, slouches
Facial Expressions	Appropriate and gives the audience clues about content	Occasionally displays some during presentation	Shows conflicting expression	Shows none
Gestures	Natural hand gestures			None
Visual/Communication Aids	Aids presentation and keeps interest	Thoughts are clear, but not engaging, missing some content	Few items; those present add nothing to presentation	No items or poor, distracts audience
Enthusiasm	Demonstrates a strong positive feeling about topic	Occasionally shows positive feelings about topic	Shows some negativity toward topic	Shows no interest in topic presented
Verbal Skills				
Criteria	4	3	2	1
Speaks Clearly	Speaks clearly and distinctly all of the time	Speaks clearly and distinctly most of the time	Speaks clearly and distinctly less than 1/2 the time	Mumbles and cannot be understood
Volume	Volume is loud enough to be heard by all students	Volume is erratic, may not be loud enough	Volume is mostly quiet, but will speak louder if asked	Volume too soft to be heard by most students in room
Well planned & Coherent	Organized and the interest level of the audience is maintained	Thoughts articulated but does not engage audience	Thoughts do not flow	Mumbles, audience has difficulty hearing, confusing
Content				
Criteria	4	3	2	1
Comprehension	Student shows full understanding of topic	Shows good understanding of topic, may have a few areas that are vague	Shows moderate understanding of topic and leaves a couple areas unclear	Shows only partial understanding of the topic and leaves several areas unclear
In-Depth Coverage/Thoroughness	Thoroughly explained all points	Some points glossed over	Majority of points glossed over, one or two points not covered	Several points completely left out or not covered
Information Relevant, Coherent and Appropriate	Relevant, appropriate, and integrated properly	Some research, but not enough	Not appropriate or irrelevant	Not clearly stated
HIPAA Compliance	All patient identifiers completely removed			Patient identifiers still present
Ability to respond to questions	Fully able to answer questions without reference, expands discussion	Able to answer most of the questions asked, may have to reference a question	Unable to answer one or more question without reference	Unable to answer any questions with or without reference

Student's Name: _____ Clinic: _____

PCC Radiography Program
CLINICAL END OF TERM EVALUATION FORM

Student: _____ **Term Number:** 1 2 3 4 5 6 7 8

Room / Rotation: _____

Clinical Instructor: _____

Key: S=SATISFACTORY Frequently meets learning outcomes with safe & ethical practice. May require some guidance & structure, bases actions on rationale.
 ALL AREAS MUST BE MET WITH SATISFACTORY SCORES IN ORDER TO PROGRESS IN THE PROGRAM.
 U=UNSATISFACTORY Does not meet learning outcomes, is unsafe/unethical and/or has not improved w/additional learning opportunity.

Student skills should continually increase as program progresses - evaluate per training level in program.

Terms 1-2: assists, attempts routine exams

Terms 3-4: performs broader range of exams

Terms 5-6: performs some complex exams, increased speed, accuracy

Terms 7-8: perform complex exams, increased independence

Circle the letter that accurately represent the student's skills and performance.

Skill - Worth 5% each		S=Satisfactory 5%	U=Unsatisfactory 0%
1	Responsibility / Dependability	S	U
	... Ability to complete assignments, work obligations. Honors commitments. Reports errors/mistakes on own initiative.		
2	Initiative / Motivation	S	U
	... Volunteers to perform exams /set-up. Self directed in improving knowledge. Knows when to ask for assistance. Cleans rooms/equipment.		
3	Maturity / Attitude	S	U
	... Deals with stressful situations appropriately. Communicates clearly and concisely. Minimizes personal sharing. Maintains positive/supportive attitude.		
4	Attendance / Time Management	S	U
	... Punctuality, regular attendance, follows department protocol for calling in sick. Returns from breaks on time.		
5	Problem Solving/Independent Thinking	S	U
	... Ability to identify and solve problems. Demonstrates knowledge of options available for solving problems.		
6	Interpersonal Relationships/Teamwork	S	U
	... Cooperates and adapts as needed to get along with peers, co-workers and supervisors. Willingly participates.		
7	Acceptance of Personal Feedback	S	U
	... Receptive to suggestions and applies corrections. Approachable, receptive to supervision. Remains positive after feedback.		
8	Concentration / Focus	S	U
	... Ability of the student to stay on task. (CIIC: finish term assignments within specified time limits. Submits forms to CIIC on time.)		

Circle the letter that accurately represent the student's skills and performance.

Skill - Worth 10% each

S=Satisfactory
10%

U=Unsatisfactory
0%

9	Infection Control / Body Mechanics ●●● Follows infection control practices, regularly maintains equipment. Practices proper body mechanics, safe transfer techniques.	S	U
10	Professionalism ●●● Conducts themselves professionally, maintains confidentiality of patient records, supports goals and mission of department.	S	U
11	Patient Care ●●● Courteous and empathetic towards all patients. Communicates clearly. Follows protocol for patient ID. Correctly obtains history.	S	U
12	Radiation Safety ●●● Maintains radiation protection for patient, self and others during imaging. Properly wears radiation dosimeter.	S	U
13	Job Performance / Exam Speed ●●● Demonstrates speed, accuracy, efficiency in performing clinical duties. Organized/Thorough in completing paperwork, exam charges, document scanning.	S	U
14	Technical Skills ●●● Demonstrates knowledge of department/physician routines, equipment and techniques. Maintains proficiency in performing exams.	S	U

FEEDBACK/SUGGESTIONS (list 2 things done well and 2 items for improvement). Indicate reasoning for any "U" marks.

	CIIC Signature	Date	Percentage: _____ / 100
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CIIC - END-OF-TERM EVALUATIONS

Exam Competencies Completion:	q already completed	q did not complete
Clinical Site Room Objectives Completion:	q already completed	q on target to complete q behind schedule
PCC Clinical Objectives Completion:	q already completed	q did not complete

Student Comments:

Student Signature	91.5% - 100% = A
Date	83.5% - 91% = B
	74.5% - 83% = C
	65.5% - 74% = D
	00.0% - 65% = F

PCC Radiography Program
CLINICAL MIDTERM EVALUATION FORM

Student: _____ Term Number: 1 2 3 4 5 6 7 8

Room / Rotation: _____

Clinical Instructor: _____

Key:

S=SATISFACTORY Frequently meets learning outcomes with safe & ethical practices. May require some guidance & structure, bases actions on rationale.

IP=IN PROGRESS Student sometimes performs at an acceptable level but is not consistent and needs improvement to fully meet expectations.

U=UNSATISFACTORY Does not meet learning outcomes, is unsafe/unethical and/or is not improving with additional learning opportunities.

Student skills should continually increase as program progresses - evaluate per training level in program.

Terms 1-2: assists, attempts routine exams

Terms 3-4: performs broader range of exams

Terms 5-6: performs some complex exams, increased speed, accuracy

Terms 7-8: perform complex exams, increased independence

Circle the letter that accurately represent the student's skills and performance.

Skill - Worth 5% each		S=Satisfactory 5%	IP=In Progress 2.5%	U=Unsatisfactory 0%
1	Responsibility / Dependability	S	IP	U
	... Ability to complete assignments, work obligations. Honors commitments. Reports errors/mistakes on own initiative.			
2	Initiative / Motivation	S	IP	U
	... Volunteers to perform exams /set-up. Self directed in improving knowledge. Knows when to ask for assistance. Cleans rooms/equipment.			
3	Maturity / Attitude	S	IP	U
	... Deals with stressful situations appropriately. Communicates clearly and concisely. Minimizes personal sharing. Maintains positive/supportive attitude.			
4	Attendance / Time Management	S	IP	U
	... Punctuality, regular attendance, follows department protocol for calling in sick. Returns from breaks on time.			
5	Problem Solving/Independent Thinking	S	IP	U
	... Ability to identify and solve problems. Demonstrates knowledge of options available for solving problems.			
6	Interpersonal Relationships/Teamwork	S	IP	U
	... Cooperates and adapts as needed to get along with peers, co-workers and supervisors. Willingly participates.			
7	Acceptance of Personal Feedback	S	IP	U
	... Receptive to suggestions and applies corrections. Approachable, receptive to supervision. Remains positive after feedback.			
8	Concentration / Focus	S	IP	U
	... Ability of the student to stay on task. (CIIC: finish term assignments within specified time limits. Submits forms to CIIC on time.)			

Circle the letter that accurately represent the student's skills and performance.

Skill - Worth 10% each		S=Satisfactory 10%	IP=In Progress 5%	U=Unsatisfactory 0%
9	Infection Control / Body Mechanics	S	IP	U
	... Follows infection control practices, regularly maintains equipment. Practices proper body mechanics, safe transfer techniques.			
10	Professionalism	S	IP	U
	... Conducts themselves professionally, maintains confidentiality of patient records, supports goals and mission of department.			
11	Patient Care	S	IP	U
	... Courteous and empathetic towards all patients. Communicates clearly. Follows protocol for patient ID. Correctly obtains history.			
12	Radiation Safety	S	IP	U
	... Maintains radiation protection for patient, self and others during imaging. Properly wears radiation dosimeter.			
13	Job Performance / Exam Speed	S	IP	U
	... Demonstrates speed, accuracy, efficiency in performing clinical duties. Organized/Thorough in completing paperwork, exam charges, document scanning.			
14	Technical Skills	S	IP	U
	... Demonstrates knowledge of department/physician routines, equipment and techniques Maintains proficiency in performing exams.			

FEEDBACK/SUGGESTIONS (list 2 things done well and 2 items for improvement). Indicate reasoning for any "IP" or "U" mark

CIIC Signature	Date	Percentage: _____ / 100
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CIIC - MIDTERM AND END-OF-TERM EVALUATIONS

Exam Competencies Completion:	q already completed	q on target to complete	q behind schedule
Clinical Site Room Objectives Completion:	q already completed	q on target to complete	q behind schedule
PCC Clinical Objectives Completion:	q already completed	q on target to complete	q behind schedule

Student Comments:

Student Signature	91.5% - 100% = A 83.5% - 91% = B 74.5% - 83% = C 65.5% - 74% = D 00.0% - 65% = F
Date	

CIIC Midterm Clinical Evaluation Form

It is the mission of the Radiography Program to deliver quality education that provides the means for each student to gain and apply the knowledge and skill necessary to be successful in the field of radiography and to become a productive individual in society.

Outcome	Method/Tools	Benchmark	Timeframe	By Whom	Results
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Program Goal: Students/Graduates will demonstrate communication skills.

Students will use effective oral skills	<u>End of Term CLIC Assessment:</u> Section 2 – Item 11 (communicates clearly and concisely)	Each student will score at least 85%	End of each term	Clinical Coordinator	
	<u>Student Portfolio:</u> RAD 209- Advanced Radiographic Procedures Presentation – rubric used for points earned	Class average will be ≥ 9 on a 12 point scale	Term 5	Course Instructor	
	<u>Student Presentation: RAD 206- Survey of Medical Imaging Diseases</u> – rubric used for points earned	Class average will be ≥ 85 out of 100 points possible	Term 8	Course Instructor	
	<u>Image Critique:</u> In clinical setting –critiquing images and participating in group discussions	Each student will score: ≥ 13 on a 15 point scale	Terms 2,3,4	Clinical Coordinator	

Graduates:	<u>Graduate Survey:</u> Question #5- (How well did the Program prepare you to use effective communication skills)	Each student will score : ≥ 3 on a 4 point scale	6 months post completion of Program Term 5	Program Director	
Students will demonstrate effective writing skills	<u>Student Portfolio:</u> RAD 209- written paper – rubric used for points earned	Each student will score : ≥ 24 on a 28 point scale	Term 5	Course Instructor	
	RAD 206 – written paper rubric used for points earned	Each student will score : ≥ 40 out of 50 points possible		Course Instructor	

Program Goal: Students /Graduates will be clinically competent.

Student provides appropriate care that endures the safety, comfort, and ongoing assessment/response to the patient's condition.	<u>End of Term CIIC Assessment:</u> Section 2, Item 11- (courteous/empathetic, communicates clearly, follows ID protocols, correctly obtains history)	Each student will score at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	
Student demonstrates ability to select technical factors and manipulation of equipment	<u>End of Term CIIC Assessment:</u> Section 2, Item 14 (demonstrates knowledge of department, routines, equipment and techniques. Maintains proficiency in performing exams)	Each student will score at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	

Student adheres to Infection Control/ Body Mechanics Protocols	<u>End of Term CIIC Assessment:</u> Section 2, Item 9 (Follows infection control practices, practices proper body mechanics, safe transfer techniques)	Each student will score at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	
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Students/Graduates will demonstrate critical thinking skills.

Students will demonstrate problem solving/critical thinking skills in the lab/clinical setting	<u>End of Term CIIC Assessment:</u> Section 1, Item 5 (ability to identify and solve problems. Demonstrates knowledge of options available for solving problems)	Each student will at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	
	<u>Trauma lab simulation:</u> combined positioning, image analysis and written exam	Each student will score: \geq 80% combined scores	Term 7	Course Instructor	

Students will be able to review/critique radiographic images for diagnostic quality	<u>Image Critiques</u> -critiquing images in clinical and participating in group discussions	Each student will score: ≥ 13 out of 15 points	Terms 2,3,4,5	Clinical Coordinator	
Graduates:	<u>Employer Survey</u> - <u>Goal #2:</u> (ability to adapt to challenging patients and procedures and image evaluation)	Each student will score: ≥ 3 on a 4 point scale	6 months post-graduation	Program Director	
	<u>Graduate Survey</u> – Item 9: How well did the Program prepare you to utilize problem solving skills	Each student will score: ≥ 3 on a 4 point scale	6 months post-graduation	Program Director	

Students/Graduates will model professionalism.

Student conducts themselves professionally.	<u>End of Term CLIC assessment:</u> Section 1, Item 1(responsibility and dependability)	Each student will score at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	
Students maintain HIPAA/patient confidentiality	<u>End of Term CLIC assessment:</u> Section 2, Item 10 (conducts themselves professionally, maintains confidentiality)	Each student will score at least 85%	Terms 2,3,4,5,6,7,8,9	Clinical Coordinator	

Graduates:	<u>Employer Survey</u> : <u>Goal #4 – Part B:</u> (demonstrates adherence to professional ethics and standards	Each student will score: ≥ 3 on a 4 point scale	6 months post-graduation	Program Director	
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Radiography Core Outcomes Mapping Matrix - Updated January 2017

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
RAD 100	Introduction to Radiology	2	1	3	2	0	2
RAD 101	Radiographic Positioning I	4	0	4	3	0	3
RAD 102	Radiographic Positioning II	4	0	4	3	0	3
RAD 103	Radiographic Positioning III	4	0	4	3	0	3
RAD 105	Methods of Patient Care	2	1	2	1	0	2
RAD 106	Radiographic Equipment I	2	0	2	0	0	0
RAD 107	Radiographic Equipment II	3	0	3	0	0	0
RAD 107C	Principles of Fluoroscopy						
RAD 110	Radiographic Clinic I	1	1	1	1	0	1
RAD 115	Principles of Exposure I	2	0	2	0	0	0
RAD 120	Radiographic Clinic II	2	1	1	1	0	1
RAD 122	Radiation Protection - Biology	3	0	3	0	0	0
RAD 130	Radiographic Clinic III	0	1	1	1	0	2
RAD 132	Radiographic Image Production	3	0	3	0	0	2
RAD 140	Radiographic Clinic IV	2	1	2	1	0	2
RAD 203	Applied Radiography Topics	3	3	4	3	3	4
RAD 205	Radiographic Positioning V	4	0	4	3	0	3
RAD 206	Survey of Medical Imaging Diseases	3	1	3	1	0	2
RAD 209	Advanced Radiological Procedures	4	0	3	0	0	0
RAD 210	Radiographic Clinic V	2	1	2	1	0	2
RAD 211	Advanced Imaging Modalities	3	0	3	0	0	0

Radiography Core Outcomes Mapping Matrix - Updated January 2017

RAD 215	Principles of Exposure II	4	0	4	0	0	2
RAD 216	Radiography Registry Review			4		4	
RAD 220	Radiographic Clinic VI	2	1	2	1	0	2
RAD 230	Radiographic Clinic VII	2	1	2	1	0	2
RAD 240	Radiographic Clinic VIII	2	1	2	1	0	2
RAD 290	Mammography I						

Course numbers and titles updated April 2015. Last review of mapping level indicators unknown.

Faculty Acknowledgements:

PCC Radiography Program Faculty and Staff

The Radiography Program may be small in faculty and staff numbers but it is blessed with high-achieving individuals who give 100+ % of time and energy to helping students succeed. They are:

Barb Smith, MS, RT (R)(QM), FASRT, FAEIRS:

Barb is a graduate of the Program and began her career at PCC as lab manager while also working part-time at various local facilities. Within a few years she became a part-time faculty member and then assumed a full-time position. She has taught for 30+ years.

In addition to teaching, she has been very active in state, regional and national professional organizations including holding offices in each.

She also serves as a trustee on the American Registry of Radiologic Technologists board, the national certification organization. She is co-editor of Merrill's Atlas of Positioning, a three-volume publication used by a majority of radiography programs across the nation.

Gayle Wright, B.S., RT (R) (MR) (CT):

Also a graduate of the Program, she began her career at PCC as a part-time faculty member 30+ years ago while also working in the professional field at local hospitals. When the Program increased the student enrollment to accommodate the high demand for technologists, approximately, 13 years ago, she became a full-time faculty member.

Gayle is credentialed in both Magnetic Resonance Imaging and Computed Tomography and has been employed as both for many years. She is also the lead instructor for the PCC CT and MRI certificate programs. The development of these programs was also due to the community's need for certified CT and MRI professionals. Gayle developed the curriculum and assisted in the hiring process of several part-time faculty to assist with the instruction.

In addition to teaching, Gayle has provided information about CT and MRI to the Merrill's publication and has given professional presentations at state educational meetings for the imaging profession.

She currently works on-call at a local hospital in both the diagnostic department and in CT. By doing this she is not only maintaining her skills but is current with the newer digital equipment and CT protocols.

Recently she has been approached to see if an additional track can be developed for the Providence Health Care System for the training of CT technologists that can meet their need for additional employees due to increased demand. This is in the investigation stage and due to the long-term support from this health care system we would like to see what we can offer in the near future.

Dawn M. Coakes, BS, RT (R):

Dawn began her affiliation with the Radiography Program thirteen years ago when selected to be the clinical instructor at OHSU. She graduated from the OIT Radiography Program a few years prior to this and had worked at several local hospital.

When a part-time faculty position was available for the Program, Dawn was happy to apply and be selected as a lab instructor. She taught in the positioning lab for three years and then applied for the full-time position of Clinical Coordinator. She has served in this capacity for seven years and also teaches two courses in the two-year program.

Dawn has presented at both state and regional professional meetings and works as an on-call technologist at local hospital.

When the Program decided to use an on-line format for all clinical records and reduce it's paper footprint, Dawn and Gayle Wright were instrumental in developing the forms and how they would be used in Google Documents. The on-line process word very well but after several years the Providence system felt that Google was not as HIPAA secure as they would like and asked that the Program find another process. Although no patient identifiers were used on any Google documents, they still wanted it to cease.

Dawn research other web-based programs and the Program decided to move forward with E-Value. Dawn was the key person to input the forms and learn the system. After several trainings all clinical instructors and program faculty were able to navigate the system and it has been a success.

In addition, she is also the co-author for the textbook, Patient Care in Radiography, which is used by students in programs across the nation.

Abigail Berman, BS, RT (R) (CT):

Abbie began her career six years ago when hired as a part-time faculty for the positioning labs. She is a graduate of the Program and had worked at a local hospital performing both diagnostic and CT procedures.

When the CT certificate program was developed, Abbie began teaching part-time for that and also monitors the CT students during their clinical training. When needed, Abbie has been a substitute instructor when full-time faculty were unable to be present.

Abbie has also been hired to work in both radiography and CT at a local clinic and this keeps her abreast of any changes in these modalities. She participates in state and regional professional meetings and has presented on the state level.

Michael Roney, BS, RT (R):

Another graduate of the Program, Michael was hired four years ago as interim lab supervisor. He served in this capacity for one term. When a part-time instructor position became available in the positioning lab, he applied and was hired.

Michael has also filled in as a substitute instructor as needed and had been helpful in special projects, such as redesigning the lab critique grading process. Due to his computer skills and love of spreadsheets, he has gathered information that is used to track student performance in lab testing procedures.

He too, works in an on-call basis at a local pain clinic.

Stephanie LaRiviere-Miller, BS RN:

Stephanie was hired in 2009 to be the instructor for Patient Care labs. She has over 20 years of nursing experience and is a dynamic instructor. The labs are taught in the fall term of the first year of the two-year program. Her high energy, knowledge and level of professional expectations are perfect for these labs.

Her desire to teach in nursing was the stimulus for entering a Master's program and she will complete this in another year. She enjoys the Patient Care labs and hopes to continue teaching them as well as a faculty position in nursing.

Ben Kouba, RT (R):

Ben was hired in 2009 for the Radiography lab manager position. He graduated from the OIT Radiography Program in 1971. Prior to being hired at PCC he worked for a local hospital and two local clinics. In addition to working as a radiographer, Ben was employed as a field service engineer for both Kaiser Permanente and Picker International.

With a background in electronics engineering, he had been able to trouble shoot equipment problems, repair the automatic processor and discuss technical aspects of the equipment with service personnel.

Students have enjoyed the cutout x-ray tube that Ben designed, which allows them to see the parts of the tube responsible for x-ray production. There are numerous learning tools he has designed and shared with students for their physics labs.

He, too, has been able to work as a radiographer from time to time and his contacts in the community have reached out to see if any graduates needed employment. This has resulted in several graduates securing jobs.

Virginia Vanderford, Med., RT (R) (M):

Virginia graduated from the Weber State University Radiography program in 1973. She had 20 years of professional experience prior to beginning her teaching career at that same University. Her experience included

both hospital and clinic radiography. During her 10 years as a faculty member at Weber, she completed her Master's degree.

Wanting more challenge, she accepted the Program Director position at Swedish American Hospital in Rockford, Illinois. Going from a large college-based program to a smaller hospital based program was good experience. The program was affiliated with a local university and students had the option of both certificate or baccalaureate tracks.

However, the Midwest was not where the Vanderford's wanted to be, the West was calling their name! In 2003 Virginia was hired to be the Radiography Program Director at PCC.

As far as other accomplishments, she had several articles published in professional journals, has been an officer for three state radiography societies, presented at state, regional and national meetings and coedited for another author. She has also been on professional committees, such as the American Society of Radiologic Technologists Curriculums for the Associate and Baccalaureate degrees. She is has also been awarded Life Time Membership to the Oregon Society of Radiologic Technologist for her service.

Ms. Vanderford has also represented the state in grassroots efforts to establish minimal educational requirements for anyone using radiation on humans through the ASRT's Committee on Advocacy. This included three trips to Washington D.D. to meet with legislators and discuss the CARE (Consistency, Accuracy, Responsibility and Excellence bill that was introduced in both houses by our national organization.

Joanie Cunningham, Administrative Assistant II

Joanie was hired as the Administrative Assistant for the Radiography Program in 2011. Prior to that she worked for the PCC IT Training Team as their assistant. She holds an Associate degree in General Studies from the College.

Coming from a non-academic department there were many new skills she needed to learn. She has mastered most Banner processes and is very student oriented. She has been willing to take on additional tasks and loves to be at the "blue vest" table each term, answering questions and assisting students as needed.

Because of her experience in the IT arena, she has been able to assist with computer issues and knows who to contact for specific needs. She works closely with the Health Admissions advisors during student application and selection time frames.

D:

PCC RADIOGRAPHY ADVISORY COMMITTEE MEETING

August 18, 2016

Roll Call:

Virginia Vanderford, Dawn Coakes, Greta Lee, Erica Tuff, James Garcia, John Sabol, Nancy Madsen, Duane Simpson, Candice Cook, Mickey Aberle, Karen Wheeler, Paden Bosworth, Charlotte Roth

Student Representatives:

None present

Approval of Minutes:

Minutes from June 16 meeting approved as written.

Old Business:

Clinical Integrity Policy:

1. Review and discussion of updated policy.
2. Dawn will make noted changes and add to the E-Value website.

Graduation:

1. The PCC President attended and was impressed by the Clinical Support our program has.
2. Staff felt the Gymnasium worked well but it was very hot
3. Graduation is a student planned event and it seemed to go well and as planned.

Adventist CIIC:

JoyLynn is no longer the CIIC at Adventist Hospital

New CIIC from Adventist: Charlotte Roth

New Business:

Competency Log Changes

Apply to Class of 2017

1. Geriatric Competencies
2. Remove Trauma hand as Required
3. "Extra" Competencies are now mandatory individual competencies
 - a. Mobile Ortho
 - b. Pediatric Extremity
 - c. Mobile Pediatric

List of Hiring Questions

Virginia shared a list of qualities Managers responded in a survey that they look for when hiring a graduate student.

Discussion followed.

What qualities would we as CIIC's want:

Computer Skills/Organizational skills

Ability to deal with different personalities

Dawn asked all CIIC's to bring one question/quality to the October meeting.

E-Value:

Dawn has input the new student as "pre- active"

2nd year students are now "post- active"

Student training will occur on the 1st day of classes – 9/26
Discussion on how to view time cards in E-value

2016 Exit Survey: Virginia shared the results regarding Clinical Sites

Health Admissions statistics:

2011 applicants – 132

2016 applicants - 75

6/ re-applicants

5 /3rd time applicants

67% had Health Care experience

45 interviewed – average overall GPA/3.7, average science GPA/3.77

34 accepted into program

First alternate has been accepted into Class of 2018

2nd alternate will be accepted into Class of 2019

Health Admissions will send surveys to all applicants.

Next year all applicants will be encouraged to begin process of vaccinations ready for applying.

Manager surveys: Each CIIC has a survey to give to their Clinical Manager along with a pre-paid postage envelope to encourage all managers to complete the **Class of 2015** survey.

CPR Certificates: now only come in email format for new students.

September 15 – new students on campus

September 21 – 1st day of Clinical Orientation

Special Rotation: Dawn will send out schedules soon.

Pain Clinic: at Kaiser will be available this fall.

OHSU “Partnerships” Both Adventist and Tuality have become joint ventures with OHSU.

Next Meeting: October 20, 12:30 Kaiser Town Hall (Rooms A & B)

PCC RADIOGRAPHY ADVISORY COMMITTEE MEETING

October 20, 2016

Roll Call:

PCC: Dawn Coakes, Virginia Vanderford, **ADVENTIST:** Charlotte Roth, **KAISER: INTERSTATE;** John Sabol, **SUNNYSIDE;** Nancy Madsen, **WESTSIDE;** Jimmy Garcia, **LEGACY: EMANUEL;** Duane Simpson, **MERIDIAN PARK;** Paden Bosworth, **MT HOOD;** Kristine Lehmann, **OHSU:** Lia Castoe, **PEACE HEALTH SW:** Heather Cassavoy, **PROVIDENCE: MILWAUKIE;** Mindy Proctor, Mickey Aberle, **PORTLAND;** Erica Tuff, **ST VINCENT;** Greta Lee, **WILLAMETTE FALLS;** Karen Wheeler, **SALEM CLINIC:** Absent, **TUALITY:** Candice Cook/Dee Cessna

Student Representatives:

None present

Introductions

Approval of Minutes:

Minutes from 8/18/16 approved.

Old Business:

- **CIIC INTERVIEW QUESTIONS:** most coordinators misunderstood the assignment.
Nancy and Dawn explained that they are looking for **BEHAVIORAL QUESTIONS** for prospective **CIIC'S NOT** prospective student applicants.
Dawn would like us to bring Behavioral Interview Questions to the next meeting.
- **Competency: Clarifications**
 - These changes will be effective for **both classes now** – as changes made to E-Value cannot easily be separated for the two classes.
 - All “extra” competencies that were recorded in 2 locations are now “mandatory – individual” competencies.
 - Mobile Ortho
 - Pediatric Extremity
 - Mobile Pediatric
 - Trauma Hand – **no longer required – now elective**

New Business:

November meeting: ideas for educational workshop were discussed.
Dawn will share helpful E-value tips for new CIIC's and all the rest of us as well!
Duane will look for a possible meeting room at Emanuel. Location to be determined.

2017 Meeting Schedule:

Nancy shared the 2017 room assignments for our 2017 meetings.

Clinical information:

Dawn checked in with new CIIC's

Switch/ Outside Rotations– CIIC at temporary site will approve time cards and competencies

Question? When can new Technologist's approve competencies?

Most sites stated 6 months but it is site dependent.

Dawn is creating new CT Objectives for the now 1 day CT rotation during RAD 220

She will also create new more in-depth objectives for those students who wish a longer CT or other MODALITY rotations during Summer Term.

- Remind staff of level/abilities of current students – several shared different methods they use to help the staff understand how to critique the student involvement based on their level in the program.
- Allow students to “touch” equipment during Orientation.
- Meet with students weekly and set up scenario’s to help develop “Critical Thinkers”

5 year Program Review

Virginia will be meeting with PCC for the review process.

Round Table:

Legacy: Good Samaritan will return in the Fall and take a student.

OBMI: Virginia will attend meeting to speak against Nurses supervising Fluoroscopy and Ultrasound procedures.

Kaiser RADFEST: November 5th – Dawn will forward flyer – 9 CEU’s

ACERT MEETING: January 2017 – Greta and Erica have received permission to attend with Virginia

HIPPA – Shriner’s and OHSU do not have reciprocal HIPPA training. All students who come for Spring Switch will have to do full OHSU/HIPPA training.

Next Meeting: November, 17 (Location to be determined) – **BRING FOOD TO SHARE!**

PCC RADIOGRAPHY PROGRAM ADVISORY MEETING MINUTES

January 19, 2017

Members in Attendance:

Mindy Proctor, Kristine Lehmann, Rodger Silva, Mickey Aberle, Virginia Vanderford, Dawn Coakes, Lia Castoe, Candice Cook, Dee Cessna, Nancy Madsen, John Sabol, Paden Bosworth, Duane Simpson, Heather Cassavoy

Members Excused:

Greta Lee, James Garcia and Erica Tuff

October's Meeting Minutes were approved as presented

Old Business:

Guided Situationals: Dawn provided copies of the ideas from this group and asked how to proceed with their use. It was decided that each CIIC could work through them when possible.

Dawn also announced that E-Value had been updated again but mostly in appearance, the content being the same as before.

She also informed the committee that one site has offered for a one-day seminar on the use of the C-arm, with it being interactive and students completing a form or check off sheet stating they have completed this assignment. Willamette Falls, Mt. Hood and Adventist are also possible sites for this experience. This could be done in the 3rd term of the Program.

During this discussion it was also brought forth that the fluoro work sheet need to be updated to meet the way the newer equipment operates. Dawn will take this on and use this as one of the SAC annual projects for 2018-2019.

New Business:

Virginia announced tentative dates for the Selection Process and will firm these up following a meeting with the Health Admissions Office:

Applications accepted:	February 1 through April 3
Top Applicant Orientations at PCC:	April 12 and 13
Shadowing:	May 13 through May 19
Student Selection:	May 25

Dawn also announced that she and Virginia will be meeting with managers at Longview Radiologists and Vancouver Clinic to see if these would be viable rotation sites. If they are, they would be for 2nd year students. This would have to occur following being approved by the JRCERT. Also, Salem Clinic still prefers that students complete a two-week rotation to their site but if necessary Dawn will work on flexing this.

Program Mission Statement:

The Mission Statement was reviewed and some minor editing was suggested but nothing pertinent. It was approved by the entire committee.

Virginia announced that the OSRT meeting will be in April at Mt. Hood Bachelor's Village. She also noted that the annual ASRT meeting will be held in June, in Orlando, FL.

Lost clinical hours due to inclement weather closure:

Although students missed a few days of clinical, it was decided that unless a student is having problems with completing competencies, no additional days would be schedule. If a student wants to make up those hours for personal skill growth, they can discuss with the CIIC and let the College know for insurance purposes.

This was also the last meeting for Nancy as she has retired and Tuality is in the process of completing interviews for CIIC position. Members expressed their congratulations and refreshments were provided. She will be attending graduation in August to congratulate her final group of second year students.

Next Meeting: February 16, 2017 at Town Hall C & D