Minutes

RADIOLOGIC TECHNOLOGY ADVISORY COMMITTEE MEETING

July 21, 1987 2:00 p.m.

Present

William Bell, Jr.
Donald Bennett
Sharon Cottrell
Ann Gusmano
Lillian Kelmenson
Joseph D. Macri
Robert E. McLeod
Fred W. Parker, Jr.
Kathleen Sandler
Willie J. Smith
Theresa Wangler
Daniel Zaniewski

Pontiac General Hospital
Saratoga Hospital
St. Joseph Mercy Hospital - Pontiac
St. Joseph Mercy Hospital - Mt. Clemens
Oakland Community College
Oakland Community College
St. Joseph Mercy Hospital - Pontiac
Sinai Hospital of Detroit
Bi County Community Hospital
Pontiac Osteopathic Hospital
Oakland Community College
Doctors Hospital

1. Call to Order

The meeting was called to order at 2:10 p.m. by Theresa Wangler.

2. Introductions

Everyone present introduced themselves and stated which health care facility they represented.

3. Opening Comments

Theresa Wangler presented the two main reasons for Oakland Community College considering a Radiologic Technology Program:

- I. Several hospitals have expressed an interest in having the College teach the didactic portion of their program—not only because of the possible financial savings to them, but also as way to improve the quality of the educational experience for the student.
- II. Many would-be and current Radiologic Technicians have expressed a desire to obtain an Associate Degree.

The College cannot offer the "hands-on" experience and the health facility cannot grant the degree. A cooperative effort seems appropriate at this time. The participants in this meeting have been asked to attend because they are the experts in this field.

4. Purpose of Advisory Committee

Dr. Macri explained that Oakland Community College has been successful in developing occupational programs because it works extensively with advisory committees. A set of guidelines for the utilization of advisory committees was distributed (see attachment) to further explain the purpose, function, and mechanics of this body. It was stressed that many decision are made by the committee, not the College. After a program has been developed, the maximum number of meetings per year would be two.

5. "Birth of an Idea"

Sharon Cottrell and Bob McLeod of St. Joseph Mercy Hospital - Pontiac shared some of the reasons for their approaching OCC regarding a cooperative Radiologic Technology program:

- * They felt that the College would be better able to maintain a "quality control" system when dealing with instructors and course content. The student would receive a more consistent, better-quality education.
- * The didactic portion of the program is constantly changing due to new technology and the College is better able to keep up with these changes.
- * The cost of maintaining the school inside of the hospital was a break even situation—there may be a slight monetary advantage in moving the didatic courses to an educational institution.
- * St. Joseph's current cooperative arrangement with the College is going well. OCC has always been very willing to work things out with the hospital. "Their openess and willingness to work with us is to our advantage."
- * The "college" environment is more stimulating to students.
- * 50% of there technicians were going on to get an Associate Degree after completing their in-house program anyway. It was noted that during later planning stages, a program could be set up allowing people already employed to substitute work experience for the clinical courses, thus obtaining an Associate Degree.

6. Survey Results

Lillian Kelemenson reviewed the results of a survey that was sent out on the program. 40 surveys were sent out, and 23 were returned. Most people felt that the job market would increase. When asked if they felt OCC should develop a program, 14 said yes, 5 said no. The response when asked if they would be willing to help with such a program was 2:1 in the affirmative. 9 facilities said that they would be willing to serve as a clinical site, 4 said maybe, and 5 said no. The

salary range for technicians was \$8.50 to \$14.00 an hour. The survey results will be presented to the College Board of Directors for their approval to start this new program. Mrs. Kelmenson has been in contact with Marilyn Fay from the AMA Accreditation office. Ms. Fay said it was possible for one person to have dual responsibility as the Radiologic Technology Program Director/Diagnostic Medical Sonography Program Director. Mrs. Kelmenson will keep Ms. Fay informed of the program's development and ask her for any suggestions she may have.

7. Recommended Curriculum

Theresa Wangler distributed a draft of how the program might be set up with didatic and clinical courses being offered simultaneously (see attached). A lengthy discussion ensued, and several points of concern/consideration were brought up:

- * This is an extended Associate Degree with 84 credit hours (62 credit hours is normally required for an A.A.S. Degree). It should be stressed to the students that this is above and beyond a normal A.A.S., bringing them that much closer to a B.S. This would allow the student to receive his/her degree more quickly than if they were in an in-house program. There are certain College requirements that must be fulfilled for a student to receive an Associate Degree, but there is some flexibility in the Major Requirements. The major requirements will be developed by the Committee and by the certified instructors who will be teaching them.
- * Student selection will be a shared process. The Committee will decide how to set up interviews—representatives from the health facility may participate in interviews with OCC staff or the student may have two interviews, one with OCC and one with the health facility.
- * The number of students selected for the program is determined by accrediting regulations and by the number of students we will be able to place at each clinical site.
- * The Committe will be asked to help locate quality instructors and to select textbooks, audio visual materials, etc., and to help develop student handbooks as well as student rules and regulations.
- * The clinical portion will be held at affiliating sites with didactic courses being scheduled at the College around these clinical classes if necessary. It was pointed out that Ferris has a lab on campus that the students can utilize. No one was sure if the lab was energized or not. The matter will be looked into
- * The number of clinical hours put in by the student is determined by the program requirements not by AMA regulations. All AMA requirements are competency based.

- It was questioned as to which way the clinical and didactic courses should be set up. Offering them simultaneously may limit the student's flexibility. If the student fails a course, s/he would not be able to go back and pick it up again during another semester. It was pointed out that most in-hospital programs would dismiss a student if they failed any part of the program anyway. Offering the courses simultaneously may also cause transportation problems for students without cars. Having to be at two locations in one day could be difficult if they are relying on public transportation or others for a ride. Theresa Wangler agreed to also supply the Committee with a program draft showing all didactic courses being taken first and the clinical portion being offered after that (see attachment). This point should be considered and discussed in depth at the next meeting.
- Another decision the Committee must make is how the clinical rotations will be set up. Should the students be rotated through several clinical sites? Can a student stay at one clinical site for the entire program? If so, perhaps a "visitation program" can be set up with other affiliating sites who have special equipment or an area of expertise.
- * The Committee should think about how the Radiation Seminars should best be utilized. What should the course content be? Should they deal with specialized areas? Should they be a partial review for the student? Sharon Cottrell feels that it is best to offer these at the very end of the program. It brings the students back together and offers them moral support right before they sit for the credentialing exam.
- It was decided that BUS 101, Principles and Practices of Business, will be added to the required supportive courses. The Committee felt that it was essential that the student have a basic understanding of business end of the health facility's operations. This will change the total number of credit hours to 87—adjustments will have to be made some where else in the program to compensate for the 3 additional credit hours.
- * What is expected of the health facility and of OCC is laid out in a formal affiliation agreement which is approved by both parties. OCC has a standard agreement which it uses in many other programs. If the health facility has any special requests, it can be incorporated into this agreement upon approval by the College lawyers. On-site requirements are delt with in the aforementioned Student Handbook and Student Rules and Regulations.

8. Future Considerations

Theresa Wangler asked which facilities would be interested in the program? Bi County, Doctors, Pontiac Osteopathic, St. Joseph Mercy-Pontiac, and Saratoga Hospitals all indicated that they would be interested. Pontiac General and Sinai, which currently affiliate

with Ferris State College, indicated that they might possibly be interested, along with St. Joseph Mercy Hospital-Mt. Clemens.

Everyone present agreed to serve on the Advisory Committee.

Lillian Kelmenson will contact Marilyn Fay for input/suggestions and to keep her abreast of the Committee's progress. William Bell, Jr., will contact Ferris to see if their on-campus lab is energized.

Theresa Wangler called for the election of a Committee Chairperson. Sharon Cottrell was nominated, elected and accepted the position of Chairperson.

Chairman Cottrell requested that all the members review the program draft and carefully think over some of the points that surfaced during this meeting. The next meeting will be held Tuesday, August 18, 1987, 2:00 p.m., Oakland Community College, Southfield Campus, Conference Room.

The meeting adjourned at 4:10 p.m.

Respectfully submitted,

Bobin a. Evans

Robin A. Evans

HT/DV/MinRadTech