OAP/ Advisory Committee meeting- March 31st 2025—Meeting Notes

OAP/ Advisory Committee meeting- March 31 <sup>st</sup> 202:	o riccang ricco	
Members present:		
Mary Kleven, Program Director APH, Southfield/Novi		
Liz Layer, Clinical Coordinator, APH, Southfield/Novi		
Jannifor Minor Clinical Instructor ADL		
Jennifer Miner, Clinical Instructor, APH		
Sue Birli, community member		
Sandy Wilson, APH Novi		
Follow up from previous OAP meeting:	Who	When
The Mission Statement was passed and discussed. Side note- heard from several	Mary (1) Liz (2)	3/2025
interviewees for next cohort that they really like our mission statement.		-,
The 2024 Assessment Plan was passed and reviewed for the assessment values we have.	Mary (1) Liz (2)	
Mary plans to remove/adjust how she uses the St. Catherine test information on 2025 AP.	1 1 LIZ (2)	
Data does not correlate between scores received and twelve weeks scores at the same		
time. On a positive note, scores from final mock and registry means are proving to be		
more helpful.		
Goals and SLOs were reviewed and carried over.		
	Mary (1) Jen (2)	
Follow up:	, (=) 55 (=)	
SLO #5 - Journal writing has improved. Research papers have improved slightly; we have		
required papers and presentations in Patient Care and Ethics.		
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SLO #6- Liz has begun to go through Ken's position as he is now completely retired from	M.Kleven	
his program position. She will begin working on scenario situations with her upcoming		
classes, to help with the non-routine situation. Any suggestions would be appreciated.		
SLO #7- Liz has begun putting Image Eval on her positioning test. She has also taken		
over the quarterly image evaluation with both classes. We are seeing mild improvement		
with student understanding. There is still confusion between the different sites and what		
each set of doctors want. Students are reminded to follow protocol/procedure at each		
' ' '		
location as the same radiologists are reading for all locations. Technologists need to allow		
students to look at their images after they've taken them and allow them to determine or		
give time to occasionally discuss their images.		
	M.kleven	9/24

New digital technique book was created for the students and adopted for use by proval from our RSO, Dr. Kinni. Our technologists were asked to allow the students to the new techniques to help decrease the dose to our patients; especially when testing procedures. Feedback has been positive so far.  So, for SLO #2; students are being asked basic techniques during their retest to ensure eavy are applying the information to their everyday.  O#3 Students have been given access to their IDR on Landauer; each student is quired to look up the monthly dose for themselves and put it on the tech reporting eet that they turn in each month. (see attached form). This form was created so the ident can document who their Clinical preceptor is every day in case we have trouble ting their evaluations returned.  O#6 Developing a trend analysis for progression on portables over the two years monstrates a pretty steady skill set; even from year to year. I think the issue is an lividual's ability to handle rather than an entire class.  Inantitative benchmarks that support our PED are good and will be carried over.  Inantitative benchmarks that support our PED are good and will be carried over.	leven/L.Layer nyer	
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rerall GPA: 95.1%. Benchmark met; will continue to use.		
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nical GPA: 97.9. Benchmark (90%) met. Will continue to use. crition: 20%. Benchmark (<40%) met. gistry Results: 75% Benchmark (75%) met. 75% first try. Di Placement: 100%; several at APH. Waiting for Employer returns for 2 graduates. Our erage student passing score (82.6) is at the national average (82.9%).		
rrent Issues:		

Elizabeth Layer is our new full-time clinical coordinator. Welcome Liz! We know she's	M.Kleven	10/2024
going to do great things.		
Job Placement – 100%. Benchmark (75% in 12 mos.) met. 7 out of 8 or the 2024 graduates found a job prior to graduation. Several students have	M.Kleven	3/2024
stayed in X-ray (4), while others have found positions in advanced modality training programs: CT(2) and one in IR. Several are interested in Advanced Modality in a few		
years.		
No further concerns from the floor were brought. Meeting adjourned.		
Next meeting: July 2024 / preceptor meeting		