

OAP/ Advisory Committee meeting- March 24th 2026—Meeting Notes

<p>Members present: Mary Kleven, Program Director HFPH, Southfield/Novi Liz Layer, Clinical Coordinator, HFPH, Southfield/Novi Vicki Nedeljkovic, Director of Radiology-West Region Lily Riopelle, Supervisor HF Novi Jennifer Miner, Clinical Instructor, HFPH</p> <p>Tracey Olldashi, Program Director, Ultrasound Program HFPH</p> <p>Sent in Worksheets to participate in vote Jennifer Miner, Lead Radiologic Tech, HFPH Megan Jaquez, Preceptor, HFPH Samantha Kowalski, Preceptor, HFPH</p>		
Follow up from previous OAP meeting:	Who	When
The Mission Statement was passed and discussed. Side note- heard from several interviewees for next cohort that they really like our mission statement.	Mary (1) Liz (2)	3/2026
<p>The 2025 Assessment Plan was sent out prior to meeting with highlighted areas to be discussed. For those unable to attend; we attached a voting form for each area of interest. Needed to add evaluation of number of students from each cohort to achieve the benchmark in each category.</p> <p>JRCERT site visit will be April 2 and 3, 2026. We are ready.</p> <p>Goals and SLOs were reviewed and carried over.</p> <p>Follow up:</p> <p>SLO #7- Image evaluation worksheet has been in use for three years: benchmarks were carried over at the meeting; 85% for first quarter; 95% for the last three; students should understand what they are looking at; and what to answer in regards to their images. Tracey and Vicki agree with benchmarks. Categories are Density/Contrast, Detail, and Distortion. Students will lose 1 point per deficit of recognition. Liz will continue to do all image evals to ensure that each student is evaluated consistently.</p>	<p>Mary (1) Liz (2)</p> <p>Mary and Liz</p> <p>Mary (1) Jen (2)</p> <p>M.Kleven</p> <p>M.kleven</p>	3/2026

<p>The digital technique book has been in use for over a year. We are consistently getting feedback on how well the values work for our equipment. We have dropped the kVp back down to +50 for hands, wrists, scaphoid, and feet. Ribs were also decreased for the lack of contrast on the studies to 65 kvp on upper; 75 kvp on the upper and obliques. The +60 was too harsh for our images. Otherwise, most of the techniques are good.</p>		
<p>The Landauer IDR has been working really well for the students to look up their dose and have that information at their fingertips.</p>	<p>V. Nedeljkovic (2) J. Miner (1)</p>	<p>3/2026</p>
<p>New information: SLO#3 It was discussed that choosing the appropriate FOV for each image/study needs to be evaluated during competency for points under collimation/proper FOV. If a student is using an incorrect FOV, points should be taken off.</p>	<p>E.Layer(1) V. Nedeljkovic (2)</p>	<p>3/2026</p>
<p>SLO#6 Students will continue to perform a 2V portable abdomen as a requirement for portable competency in their 2nd year. Lead technologist gave feedback that a lot of her outside hires do not know how to do a decubitus abdomen. Discussion of moving date to get competency completed; students may need more time. PD will assess dates of completion and report at next meeting. All technologists need to follow protocol of our hospital regardless.</p>	<p>E.Layer(1) V. Nedeljkovic (2)</p>	<p>3/2026</p>
<p>SLO #8 Image Assessment Liz is meeting with the students every 6 months to discuss their own images; this is an area that needs more attention clinically. We need to ask that preceptors ensure they are taking the time review images with students.</p>	<p>M.Kleven</p>	<p>2026 assessment</p>
<p>This year on the students' evaluations for the staff, PD is breaking out three specific questions, one being that, "the tech reviews my images with me". It will be excellent information to use to determine if the students feel they are getting support in this area.</p>		
<p>I've been using the St. Catherine tests in our AP to evaluate retention. PD can't seem to find a correlation to give students some advice. But PD did find some consistency in the scoring from our twelve week tests, finals for major courses, and the overall scores on the registry. I will be using that as a comparison tool and removing the St. Catherine from the AP. Once I develop a trend, it could be a great way to determine understanding prior to graduation.</p>		

<p>Graduate surveys from students were very good. Comments are in 2025 assessment. Employer surveys have dipped, may want to change evaluation benchmark to 2.0 rather than 2.5 /3. We're also considering changing the scoring pattern to offer more choices rather than just 1 for marginal, 2 for good, and 3 for excellent. Tracey said she would share her employer survey with us.</p> <p>Quantitative benchmarks that support our PED are good and will be carried over.</p> <p>Overall GPA: 96.7%. Benchmark met; will continue to use. Clinical GPA: 97.3. Benchmark (90%) met. Will continue to use. Attrition: 0%. Benchmark (<40%) met. Registry Results: 100% Benchmark (75%) met. 100% first try. Job Placement: 100%; several at HFPH. Our average student passing score (82.6) is at the national average (82.9%).</p>	<p>M.Kleven</p> <p>M.Kleven</p>	<p>3/2027</p> <p>10/2026</p>
<p>Current Issues:</p>		
<p>Job Placement – 100%. Benchmark (75% in 12 mos.) met. 10 out of 10 of the 2025 graduates found a job prior to graduation. A few students have stayed in X-ray (3), while others have found positions in advanced modality training programs: CT(4), and MR (3).</p>	<p>M.Kleven</p>	<p>9/2025</p>
<p>Vicki asked if we are considering offering placement to our top alternate applicants; PD agrees, except for filling the entire class. I don't want to use a waiting list. With 150 applications for this year, it may be necessary to increase the math test scoring to 85% with no possibility of retake. May ask JRC officials their opinions during site visit.</p>	<p>M. Kleven</p>	<p>1/2027</p>
<p>No further concerns from the floor were brought. Meeting adjourned.</p>		
<p>Next meeting: March 2027</p>		