

Radiography Assessment Committee Meeting Minutes

November 9, 2021

3:00pm-4:30pm

Members: Shawn Dixon, Program Director- Present
Dr. Rebecca Truelove, Dean of Accreditation & Research- Present
(Representing Dr. Clark, Wambli Win, Wendy Burton)
Dr. Nicky Michael, Executive Director of Indigenous Studies & Curriculum- Present
Rhonda Barron, Library Director
Michael Elizondo, Bacone College School of Indian Art Director/Faculty Athletics Rep- Present
JM Goingsnake, 1st Year Advisor/Recruiter
Dr. Yaniv Cohen, Associate Professor of Biology- Present
Wil Lowe, HR
Rita Courtwright- Public Relations

I. Welcome & Introductions

There are no new introductions at this time. The premise of the meeting was to review the report of findings. The Program Director invited others who have vital roles for the radiography program.

II. Review of Minutes

There were no minutes to approve. The meeting was scheduled to review the report of findings. A copy of the report was handed out.

III. Report of Findings

Shawn started the meeting by writing on the board on how the program needs to proceed from here and to explain how the program functions to the members and guests. The board stated, More students= Clinical Coordinator and more clinical sites.*Shawn* proceeded to go through the report with the committee.
Standard One: The program was in compliance but there was a suggestion. The program needs to work on the webpage to make it more transparent for prospective students about the admissions requirements. *Shawn* said she can get with *Wendy* to get that accomplished by the end of December or January. *Shawn* noted that everyone can look at the radiography page to see what it entails. There was no further discussion about this standard.
Standard Two: The program was in compliance with objectives 2.2-2.8. The program was not in compliance with objective 2.1. The program is in dire need of hiring a Clinical Coordinator. *Shawn* discussed with *Wil* the importance of circulating the job description again. *Shawn* told the committee that there were four interviews but the two that meet requirements turned down the job. The other two did not meet requirements. One was not a registered tech. *Wil* said he would start distributing out to the tribal institutions and see what comes of that. *Shawn* discussed how she is doing all the classroom instruction, clinical visits, and administrative duties. There was no further discussion about this standard.
Standard Three: The program was in compliance but there were some

	<p>suggestions. One, working on the master plan of education. There needs to be one location for this so other faculty can access as needed. This includes syllabi, exams, minutes, etc. (anything pertaining to the program that is not suppose to be confidential). Second, an evaluation for the clinical instructors (clinical preceptors). <i>Shawn</i> stated she had already been looking into this and researching what other places are doing. There needs to be one ready for the spring 2022 semester. Third, there needs to be more lab time for the students. <i>Shawn</i> stated this is already in the works and that the class slip needs to be approved. The students are waiting more time to prepare before clinicall procedures and test outs. There was no further discussion about this standard.</p> <p>Standard Four: The program was in compliance but there was a suggestion updating the clinical orientations. <i>Shawn</i> noted that she wants to try and have something prepared for the spring 2022 semester and at the latest for the the summer. Summer is when applicants are applying for the program and most sites require a one-time orientation prior to the start of clinic or the first day. There was no further discussion about this standard.</p> <p>Standard Five: The program was in compliance with objectives 5.1, 5.3, and 5.5. The program was not in compliance with objectives 5.2 and 5.4. With objective 5.2, the program did not meet the program completion rate. That information is posted on the webpage under program effectiveness data. The program needs to update the 2021 year and will do that by the end of December or January. The 2021 completion rate should reflect that the benchmark is met. With objective 5.4, there is a lack of meeting minutes. It is hard to get individuals to leave the clinical site so the assessment committee has evolved. This committee can produce a finalized document which in turn can be distributed to the clinical sites and posted on the webpage. This is not to leave out the clinical sites but to alleviate going to a working meeting. There has not been much input prior to this meeting. Only a couple of clinical instructors would respond to the review. They can still provide input and updates can be made to the assessment plan. The main goal is to get meeting minutes and produce an adequate assessment plan that everyone can understand and analyze. Feedback is always accepted. The outcomes assessment plans will be updated and will need to be reviewed, once the committee reviews, then it can be distributed on posted. There was no further discussion about this standard.</p>
IV. Additional Comments	<i>Shawn</i> asked if there were any other questions about the report, and there were none. <i>Shawn</i> noted the due date for the response is December 16, 2021.
V. Adjournment	4:30pm- The next meeting is tentatively set for December.

