

Retiring Directors

The JRCERT extends its sincere thanks to Dr. Sarah Baker and Dr. Amod Saxena, who retired from the Board at the conclusion of the Spring 2002 meeting. Both Dr. Baker and Dr. Saxena served two full terms. Dr. Baker served as Second Vice Chairman, and both Dr. Baker and Dr. Saxena served on several committees during their tenure. Every Director makes unique contributions to the Board, and these two individuals were no exception. The time and effort required of Directors is significant, and the JRCERT extends its gratitude to Dr. Baker and Dr. Saxena for their contributions.



Sarah Baker, Ed.D. and Amod Saxena, M.D.

New Directors

The JRCERT welcomed 3 new Directors at its Spring meeting. H. Martin Northup, M.D., FACP was installed at the beginning of the meeting to fill the unexpired term of Robert M. Steiner, M.D. A graduate of the University of Arkansas School of Medicine, Dr. Northup currently serves as Interim Chief of Vascular/Interventional Radiology at Shands Jacksonville Medical Center in Florida. He is certified in Radiology by the American College of Radiology.



H. Martin Northup, M.D.

Patricia (Penny) K. Sneed, M.D. and Michael D. Ward, Ph.D., R.T.(R), FASRT were installed at the conclusion of the meeting and replaced Amod Saxena, M.D., FRCR, FACP and Sarah S. Baker, Ed.D., R.T.(R), FASRT, respectively. Dr. Sneed is a graduate of Stanford University Medical School in California. She is currently a Professor-in-Residence and Vice-Chair of the Department of Radiation Oncology at the University of California, San Francisco. She is certified in Therapeutic Radiology by the American College of Radiology.



Patricia K. Sneed, M.D.

Dr. Ward is certified in radiography by the American Registry of Radiologic Technologists. He received a certificate in radiography at the Washington University School of Radiologic Technology, Mallinckrodt Institute of Radiology and received his doctorate in Higher Education Administration from St. Louis University. He is an Associate Professor and currently serves as Academic Dean of the Division of Allied Health at Jewish Hospital College of Nursing and Allied Health in St. Louis, Missouri.



Michael D. Ward, Ph.D.

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Clinical Education Settings

There has been a dramatic increase in the number of inquiries regarding the use of a clinical education setting by more than one educational program. Some programs have expressed concern that the use of a clinical education setting by more than one program jeopardizes appropriate student supervision, student capacity, and the general effectiveness of the site.

The Board of Directors reviewed this issue at the April 2002 Committee meeting and decided that it is the clinical facility's prerogative to be associated with more than one program. While the JRCERT understands that the situation creates the potential for problems, there are some basic rules that should be followed by both programs to assure that student learning outcomes are not compromised. The first step is to seek recognition of the clinical education setting by completing JRCERT Form 104. Submission of a request for recognition does not constitute recognition. The program should not assign students to a facility until it has received official notice of recognition from the JRCERT.

The programs using a clinical education setting should work together to assure appropriate utilization of the setting. This is an important step because it is the responsibility of each program to assure that there are sufficient physical and human resources to support both groups of students. This is particularly important if students from both programs are simultaneously involved in the competency system.

It is also the programs' responsibility to assure that clinical staff and clinical instructors understand their responsibilities associated with each program. There are often significant differences in the operations of educational programs which impact clinical personnel. If the educational program allows clinical staff to perform student competencies, the clinical staff must understand the clinical evaluation system of the program.

Sharing of clinical education settings may become more common given the realities of the current health care environment. Therefore, it is incumbent on programs to work together to assure effective utilization of a shared site.

Szafranski Promoted



The JRCERT is pleased to announce that Shirley Szafranski has been promoted to Accreditation Services Coordinator, effective April 22, 2002. Shirley replaces Irene Szemla who left the agency after 25 years of service.

Shirley began employment with the JRCERT as a receptionist in January 1999 and was promoted to Secretary later that year. As Accreditation Services Coordinator, Shirley will work with both program officials and site visitors in arranging site visits.

The JRCERT is confident callers will find Shirley pleasant and helpful. Congratulations, Shirley.

Subcommittee Organization

As the JRCERT embarks on the accreditation of educational programs in magnetic resonance and medical dosimetry, there is an increasing tension between the need for representation of all communities of interest and the need for a “right-sized” Board that maximizes economy and efficiency. A proposal to develop subcommittees to serve as program review committees in the accreditation process was considered at the Spring 2001 meeting of the JRCERT. The proposal was endorsed and a Task Force identified to more fully develop the concept. The JRCERT believes that this organizational scheme will facilitate greater representation of relevant communities of interest without unnecessarily increasing the size of the Board of Directors.

The Task Force, which included representatives from the medical dosimetry and magnetic resonance communities, developed

recommendations that were adopted by the JRCERT at the Spring 2002 meeting. The proposal will be shared with the American Association of Medical Dosimetrists (AAMD) and the Society for Magnetic Resonance Technology (SMRT) for input. It is anticipated that further discussion will take place at the Fall 2002 JRCERT meeting with a target date of January 2004 for implementation of the subcommittee structure.

As currently proposed, a separate subcommittee will be formed for magnetic resonance and medical dosimetry. Each will be comprised of 3 subcommittee members plus a JRCERT Director, who will serve as the liaison between the subcommittee and the Board, and a JRCERT staff member. The subcommittee membership will be comprised of an educator, a technologist/dosimetrist, and a physicist. Members will be elected by the Directors of the JRCERT and

will serve 3-year terms.

Each subcommittee will review program materials related to programs in their particular area of expertise and make appropriate recommendations to the Board of Directors of the JRCERT. The majority of program review and discussion will take place at the subcommittee level, but the final decision will remain with the Board of Directors. To assure consistent accreditation decisions, significant training will be required of subcommittee members. It will also be the responsibility of the Director liaison and the JRCERT staff person assigned to each subcommittee to assure that appropriate procedures are followed and that decisions are consistent.

The JRCERT is excited about the opportunities provided by the new organizational system and welcomes input from the professional community.

Stipends

Based on questions directed to JRCERT staff, there is an increased interest in student stipends. Most educators thought this issue was dead due to budgetary restraints encountered in the 1970s and 1980s. A resurgence of stipends, however, seems to be fueled by current staffing shortages in the radiologic sciences. Many clinical education settings associated with JRCERT-accredited educational programs are inquiring about the possibility of offering stipends as recruitment tools. The clinical settings see the stipend as an enticement for the student to remain with the facility as an employee after graduation.

Stipends are fixed sums of money paid periodically to defray student expenses. Student stipends are considered educational gifts, which are clearly differentiated from payment for work. There is no JRCERT policy that prohibits student stipends. However, JRCERT Policy 10.000 (as revised at the April 2002 meeting) establishes two conditions for these stipends. First, all students must have an equal opportunity to be eligible to receive a stipend. All clinical education settings must offer equal stipends to all students or all students must be eligible to rotate through a facility that offers a stipend. Secondly, the payment of a stipend cannot be related to completion of specific clinical hours or assignments.

Because the offering and acceptance of stipends has significant tax consequences, programs are encouraged to consult with appropriate legal and human resource professionals prior to engaging in the practice of student stipend payments.

JRCERT Annual Report

The JRCERT 2001 Annual Report is available online at www.jrcert.org. Hard copies are no longer mailed to individual programs but are available on request.

Questions & Answers

Q Can the director of the radiology department at my clinical education setting also serve as clinical instructor for my program?

A Maybe. An individual identified as clinical instructor must adequately perform the responsibilities of a clinical instructor as defined in the **STANDARDS**. The duties are numerous and include being knowledgeable of program goals and understanding clinical objectives and the clinical evaluation system. The clinical instructor must also be available to instruct, supervise, and evaluate student competence. Many departmental managers are excellent clinical instructors. However, others are very busy running radiology departments, leaving little time to devote to a clinical instructor position. A manager of a smaller facility who has enough time to serve as clinical instructor may be an excellent choice while a departmental manager of a larger facility could be overwhelmed with the additional responsibility. When selecting clinical instructors, program directors must accurately assess both ability and availability to perform the required duties.

Q Is there a particular form that I need to complete for a progress report for my clinical instructor or can I just send another copy of the curriculum vitae?

A Progress reports are required, after one calendar year, for an acting program official whose submitted curriculum vitae did not adequately demonstrate compliance with **Standard Six**. The majority of progress reports are asked to address the activities and experiences completed by acting clinical instructors to demonstrate proficiency in supervision, instruction, and evaluation.

The JRCERT does not provide a standard form and allows the program great latitude in demonstrating compliance. The individual may complete formal or informal coursework in supervision, instruction, and evaluation. The program director or clinical coordinator

may provide in-service education and/or mentoring. Resubmission of an updated curriculum vitae is acceptable only when accompanied by appropriate back-up documentation of relevant activities and experiences.

Q After serving for many years the program director of our radiation therapy program has retired. Due to the shortage in the radiation therapy field, our administration is having a difficult time in finding another qualified individual to assume this position. What options are available to us?

A According to the **STANDARDS**, the program director must hold ARRT certification or equivalent and registration in the pertinent discipline. This means that the program director of a radiation therapy program must (in addition to the other requirements) be credentialed in radiation therapy.

The program may wish to consider either temporary, interim, or acting appointments. An individual may be appointed as a temporary program director for a period of no more than six months to allow administration needed time to seek a qualified replacement. Following a temporary appointment, a qualified individual must be identified. An interim appointee meets the requirements for the position but does not intend to serve permanently. Interim appointments can be held for up to 12 calendar months. An acting appointee does not meet all of the requirements for the position but will be able to meet the requirements within one calendar year. The acting appointment can also be held for up to one calendar year. A progress report documenting the individual's attainment of the required criteria is required near the end of the 12 month period.

During these times of shortages, recruitment of qualified personnel can be difficult. The variety of options available, however, should provide the program with sufficient flexibility as it searches for an appropriate candidate.

Interim report

Programs that receive a maximum accreditation award of eight years are required to submit an interim report documenting compliance with specific Standards at the four year midpoint. Previously, programs were given 9 (nine) months notice of the deadline for this report. Effective immediately, programs will receive notification of the approaching deadline 6 (six) months before the report is due. Programs are reminded that, based on the review of the interim report, the Board of Directors will determine whether to maintain the current accreditation status or reduce the accreditation status and expedite the continuing accreditation process. If you have any questions regarding your program's interim report, please do not hesitate to call the office for assistance.

Accreditation of Educational Programs in Medical Dosimetry

At the request of the American Association of Medical Dosimetrists (AAMD), the JRCERT is moving forward with a proposal to accredit medical dosimetry programs. The target implementation date is January 2004. The AAMD currently “recognizes” six educational programs that have demonstrated compliance with AAMD recognition criteria. The medical dosimetry community would like to see educational programs become more formalized and believes accreditation is a means of achieving that goal.

At the April 2002 meeting of the Committee, the following timetable for medical dosimetry accreditation was adopted.

Phase I: Summer/Fall 2002

1. Develop Draft 1 of standards for internal discussion
2. Conduct survey/collect data relevant to developing Draft 2 of standards
3. Develop Draft 2 of standards; present to Board for adoption
4. Request input about Draft 2 from AAMD and other relevant organizations
5. Distribute Draft 2 to communities of interest for review and comment; post Draft 2 on JRCERT website

Phase II: Winter 2002

1. Consider input from organizations and communities of interest and Develop Draft 3 of standards
2. Distribute Draft 3 to communities of interest for review and comment; post Draft 3 on JRCERT website

Phase III: Spring 2003

1. Consider input and develop Draft 4 as necessary
2. Distribute Draft 4 to communities of interest for review and comment; post Draft 4 on JRCERT website
3. Adopt final standards

Phase IV: Summer/Fall 2003

1. Distribute final document
2. Develop related documents (Guide for Program Analysis, application forms, etc.)

Implementation: January 2004

Accreditation standards

should reflect the input of a wide variety of individuals from diverse communities of interest. To help the JRCERT achieve that goal, it is important for individuals in the professional community to take advantage of the many opportunities to review and provide feedback on draft standards. Draft documents will be sent to AAMD-recognized programs, posted on the JRCERT website, and presented at various JRCERT open forums. Individuals are encouraged to contact the office if they need information or have questions or concerns.

Accreditation of MR Programs Effective January 1, 2003

Consistent with the JRCERT mission to promote excellence in education and enhance quality and safety of patient care through the accreditation of educational programs, the JRCERT will initiate accreditation of magnetic resonance programs January 1, 2003. This initiative was begun in response to requests from the MR community, consisting of educators, administrators and practitioners, to provide consistency and standardization in MR educational programs.

While the **Standards for an Accredited Educational Program in Magnetic Resonance (STANDARDS-MR)** were modeled after the **Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS-RS)**, the **STANDARDS-MR** have been developed specifically for magnetic resonance programs. One major difference is the emphasis on safety related to magnetic fields versus radiation safety. Another significant difference is that the program director is not required to be credentialed in magnetic resonance. If that is the case, however, an educational coordinator with magnetic resonance credentials is required.

Applications for accreditation of educational programs in magnetic resonance are currently available and can be acquired by contacting the JRCERT office.

Elimination of Reconsideration for Probation

The decision to award Probationary Accreditation is based on a number of factors. Usually the program's report of findings contained a significant number of citations. However, the Board's decision is not just a reflection of the number of citations identified in the report of findings. Some citations, because of their severity, are of greater concern to the Board. For example, the Directors are particularly concerned with issues such as student supervision and students taking the place of qualified staff. The program's history also plays a part in determining the accreditation award. In evaluating program materials as part of the accreditation decision, Directors also review the program's previous report of findings. If a program is cited for issues identified in the program's previous report of findings, the repetitive nature of the citation is also a factor.

Previously, programs have had the opportunity to request reconsideration of an award of probation. This involved the sponsoring institution submitting a request within 20 working days of receipt of the award letter and including documents to demonstrate that the program was in substantial compliance with the **STANDARDS**. At the Spring 2002 Committee meeting, the Board voted to eliminate the provision for a request for reconsideration of probation. This decision was based on a number of factors. The documentation submitted by the program for reconsideration often contained very little new information. Since the Directors had thoroughly reviewed the program's initial submission and determined that the response, the severity of the citations, and the program's past

history warranted probation, the Board consistently reaffirmed probation. This was both discouraging and frustrating to program officials who had invested significant time in submitting the request and supporting documentation.

Another factor that played a role in determining the Board's decision to eliminate the reconsideration of probation was the need for the JRCERT to conform to United States Department of Education (USDE) recognition criteria. The USDE requires the JRCERT to ensure that any program it accredits comes into compliance with all of the Standards within 18-24 months, depending on the length of the program. If the program does not, the accrediting agency must take adverse action. Previous USDE policy considered Probationary Accreditation an adverse action. This is no longer the case as the USDE currently considers only denial, withdrawal, or termination of accreditation as adverse actions. Once probation is awarded, time becomes an important factor. It usually takes from three to four months to process a request for reconsideration, including time spent by the program in preparing a submission, time spent by the JRCERT in processing the submission, time needed for Director review, and time for appropriate notification to the program. This is valuable time that could be used by the program to begin its self-study process in preparation for the next site visit. At the time of Board consideration following the next site visit, the program must be in compliance with all Standards or the Board must take adverse action to withdraw accreditation. The request for reconsideration reduces the time available.

Probationary Accreditation is an accreditation category and not an adverse action. For that reason and all the reasons discussed above, the JRCERT believes reconsideration is not a productive process. Probationary Accreditation is, nevertheless, a serious action. If your program has received Probationary Accreditation, JRCERT staff urge you to call the office for consultation.

Workshops Successful

The JRCERT hosted two Outcomes Assessment Workshops in 2001 in conjunction with Site Visitor Workshops and Accreditation Seminars. The Outcome Assessment Workshops were led by Dr. Susan Hatfield, Assessment Coordinator for Winona State University. Participants found the conference extremely helpful in understanding outcomes assessment and developing a successful assessment plan. An informal analysis of accreditation awards and attendance at an Outcomes Assessment Workshop shows a high positive correlation between the length of the award and attendance. Because of the high demand and success of the conferences, the JRCERT is hosting an additional workshop October 24-25, 2002 in Chicago. For further information regarding the 2002 workshop, visit www.jrcert.org or contact the office.

JRCERT Reaffirms the ASPA Code of Good Practice

As an organization, the JRCERT belongs to the Association of Specialized and Professional Accreditors (ASPA) and subscribes to its Code of Good Practice. The Board of Directors reaffirmed its continuing support for the ASPA's Code of Good Practice at the April 2002 Committee meeting.

Spring 2002 Accreditation Actions

Published as required by the USDE

Standards for an Accredited Educational Program in Radiologic Sciences - Radiography

Continuing

Baptist Medical Center South
Montgomery, AL
Next Review Date: 2005

DCH Regional Medical Center
Tuscaloosa, AL
Next Review Date: 2006

South Arkansas Community College
El Dorado, AR
Next Review Date: 2005

Pima Medical Institute
Mesa, AZ
Next Review Date: 2009

Mills-Peninsula Health Services
Burlingame, CA
Next Review Date: 2009

Orange Coast College
Costa Mesa, CA
Next Review Date: 2005

Chaffey College
Rancho Cucamonga, CA
Next Review Date: 2003

San Diego Mesa College
San Diego, CA
Next Review Date: 2009

Quinnipiac University
Hamden, CT
Next Review Date: 2004

Naugatuck Valley Community College
Waterbury, CT
Next Review Date: 2006

University of Hartford
West Hartford, CT
Next Review Date: 2007

Windham Community Memorial
Hospital
Willimantic, CT
Next Review Date: 2006

Manatee Community College
Bradenton, FL
Next Review Date: 2005

Edison Community College
Ft. Myers, FL
Next Review Date: 2006

St. Vincent's Medical Center
Jacksonville, FL
Next Review Date: 2005

Lakeland Regional Medical Center
Lakeland, FL
Next Review Date: 2006

Emory University School of Medicine
Atlanta, GA
Next Review Date: 2009

Grady Health System
Atlanta, GA
Next Review Date: 2003

University Hospital
Augusta, GA
Next Review Date: 2003

DeKalb Medical Center
Decatur, GA
Next Review Date: 2006

Griffin Technical College
Griffin, GA
Next Review Date: 2003

Gwinnett Technical College
Lawrenceville, GA
Next Review Date: 2008

Okefenokee Technical Institute
Waycross, GA
Next Review Date: 2006

University of Hawaii-Kapiolani
Community College
Honolulu, HI
Next Review Date: 2006

Iowa Methodist Medical Center
Des Moines, IA
Next Review Date: 2006

Mercy Medical Center-North Iowa
Mason City, IA
Next Review Date: 2003

Indian Hills Community College
Ottumwa, IA
Next Review Date: 2003

Covenant Medical Center
Waterloo, IA
Next Review Date: 2009

Boise State University
Boise, ID
Next Review Date: 2009

Kaskaskia College
Centralia, IL
Next Review Date: 2009

Parkland College
Champaign, IL
Next Review Date: 2009

Sauk Valley Community College
Dixon, IL
Next Review Date: 2006

College of Lake County
Grayslake, IL
Next Review Date: 2005

Trinity Medical Center - East Campus
Moline, IL
Next Review Date: 2009

Olney Central College
Olney, IL
Next Review Date: 2003

Columbus Regional Hospital
Columbus, IN
Next Review Date: 2003

Fort Wayne School of Radiography
Fort Wayne, IN
Next Review Date: 2006

Hancock Memorial Hospital and
Health Services
Greenfield, IN
Next Review Date: 2005

King's Daughters' Hospital and Health
Services
Madison, IN
Next Review Date: 2003

Porter Memorial Hospital
Valparaiso, IN
Next Review Date: 2009

Good Samaritan Hospital
Vincennes, IN
Next Review Date: 2003

Summer Review

King's Daughters' Medical Center
Ashland, KY
Next Review Date: 2009

Madisonville Technical College
Madisonville, KY
Next Review Date: 2006

Morehead State University
Morehead, KY
Next Review Date: 2009

Baton Rouge General Medical Center
Baton Rouge, LA
Next Review Date: 2009

Louisiana State University at Eunice
Eunice, LA
Next Review Date: 2003

Wor-Wic Community College
Salisbury, MD
Next Review Date: 2006

Delta College
University Center, MI
Next Review Date: 2007

Argosy University/Twin Cities
Bloomington, MN
Next Review Date: 2006

Lake Superior College
Duluth, MN
Next Review Date: 2008

College of St. Catherine - Minneapolis
Minneapolis, MN
Next Review Date: 2009

Mayo School of Health-Related
Sciences Mayo Clinic/Mayo
Foundation
Rochester, MN
Next Review Date: 2009

Mineral Area Regional Medical
Center
Farmington, MO
Next Review Date: 2003

Sanford-Brown College - South
Campus
Fenton, MO
Next Review Date: 2006

Sanford-Brown College (Kansas City
Campus)
Kansas City, MO
Next Review Date: 2006

Research Medical Center
Kansas City, MO
Next Review Date: 2009

Rolla Technical Center
Rolla, MO
Next Review Date: 2009

Cox Health Systems School of
Radiologic Technology
Springfield, MO
Next Review Date: 2005

St. John's Regional Health Center
Springfield, MO
Next Review Date: 2004

Mississippi Gulf Coast Community
College (Jackson County Campus)
Gautier, MS
Next Review Date: 2006

University of Mississippi Medical
Center
Jackson, MS
Next Review Date: 2005

Caldwell Community College and
Technical Institute
Hudson, NC
Next Review Date: 2006

Sandhills Community College
Pinehurst, NC
Next Review Date: 2003

Cleveland Community College
Shelby, NC
Next Review Date: 2006

Mary Lanning Memorial Hospital
Hastings, NE
Next Review Date: 2005

Alegent Health
Omaha, NE
Next Review Date: 2005

Regional West Medical Center
Scottsbluff, NE
Next Review Date: 2009

Englewood Hospital & Medical
Center
Englewood, NJ
Next Review Date: 2008

Bergen Community College
Paramus, NJ
Next Review Date: 2006

Burlington County College
Pemberton, NJ
Next Review Date: 2009

Mercer County Community College
Trenton, NJ

Next Review Date: 2006
Long Island College Hospital
Brooklyn, NY
Next Review Date: 2008

New York Methodist Hospital-Bartone
Brooklyn, NY
Next Review Date: 2003

Nassau Community College
Garden City, NY
Next Review Date: 2009

W.C.A. Hospital
Jamestown, NY
Next Review Date: 2006

Bellevue Hospital Center
New York, NY
Next Review Date: 2003

Harlem Hospital Center
New York, NY
Next Review Date: 2008

Northport V.A. Medical Center
Northport, NY
Next Review Date: 2003

North Country Community College
Saranac Lake, NY
Next Review Date: 2006

St. Elizabeth Medical Center
Utica, NY
Next Review Date: 2003

Firelands Regional Medical Center
School of Radiologic Technology
Sandusky, OH
Next Review Date: 2006

Meridian Technology Center
Stillwater, OK
Next Review Date: 2008

Tulsa County Technology Center
School District No. 18
Tulsa, OK
Next Review Date: 2006

Oregon Institute of Technology
Klamath Falls, OR
Next Review Date: 2003

Bradford Regional Medical Center
Bradford, PA
Next Review Date: 2006

Armstrong County Memorial Hospital
Kittanning, PA
Next Review Date: 2003

Albert Einstein Medical Center
Philadelphia, PA

Summer Review

Next Review Date: 2009

Washington Hospital
Washington, PA
Next Review Date: 2006

Pennsylvania College of Technology
Williamsport, PA
Next Review Date: 2009

Universidad Central Del Caribe
Bayamon, PR
Next Review Date: 2008

Spartanburg Technical College
Spartanburg, SC
Next Review Date: 2006

Sioux Valley Hospital
Sioux Falls, SD
Next Review Date: 2006

Volunteer State Community College
Gallatin, TN
Next Review Date: 2003

Amarillo College
Amarillo, TX
Next Review Date: 2009

Galveston College
Galveston, TX
Next Review Date: 2003

Houston Community College System
Houston, TX
Next Review Date: 2006

Harris County Hospital District/Ben
Taub General Hospital
Houston, TX
Next Review Date: 2004

Tarrant County College
(Northeast Campus)
Hurst, TX
Next Review Date: 2006

Kilgore College
Kilgore, TX
Next Review Date: 2003

Covenant School of Nursing and
Allied Health
Lubbock, TX
Next Review Date: 2006

School of Health Care Sciences/USAF
SHEPPARD AFB, TX
Next Review Date: 2003

McLennan Community College
Waco, TX
Next Review Date: 2008

Riverside School of Health & Medical
Sciences & Newport News Public
Schools
Newport News, VA
Next Review Date: 2006

Southside Regional Medical Center
Petersburg, VA
Next Review Date: 2009

Bon Secours St. Mary's Hospital
Richmond, VA
Next Review Date: 2009

Rutland Regional Medical Center
Rutland, VT
Next Review Date: 2004

Tacoma Community College
Tacoma, WA
Next Review Date: 2009

Lakeshore Technical College
Cleveland, WI
Next Review Date: 2006

Chippewa Valley Technical College
Eau Claire, WI
Next Review Date: 2009

St. Joseph's Hospital
Marshfield, WI
Next Review Date: 2003

Columbia/St. Mary's Hospitals
Milwaukee, WI
Next Review Date: 2009

University of Charleston
Charleston, WV
Next Review Date: 2006

United Hospital Center
Clarksburg, WV
Next Review Date: 2003

Southern West Virginia Community
and Technical College
Mount Gay, WV
Next Review Date: 2009

Wheeling Hospital
Wheeling, WV
Next Review Date: 2009

Initial

Professional Training Centers
Miami, FL
Next Review Date: 2003

Hillyard Technical Center
St. Joseph, MO

Next Review Date: 2004
Mitchell Technical Institute
Mitchell, SD
Next Review Date: 2004

Transfer of Sponsorship

From: University of Louisville
Louisville, KY
To: Jefferson Community
College
Louisville, KY
Effective: 6/1/02
Next Review Date: 2003

Voluntary Withdrawal - Program Closure

St. Alexius Medical Center
Bismarck, ND
Effective Date: 12/4/01

Voluntary Withdrawal

Ohio State University
Columbus, OH
Effective Date: 12/31/01

**Standards for an
Accredited Educational
Program in Radiologic
Sciences - Radiation Therapy**

Continuing

University of Alabama at Birmingham
Birmingham, AL
Next Review Date: 2005

Loma Linda University
Loma Linda, CA
Next Review Date: 2009

Gateway Community College
North Haven, CT
Next Review Date: 2003

National-Louis University
Evanston, IL
Next Review Date: 2003

James Graham Brown Cancer Center
University of Louisville Hospital
Louisville, KY
Next Review Date: 2003

Laboure College
Boston, MA

Next Review Date: 2006
Massachusetts College of Pharmacy &
Health Sciences
Boston, MA
Next Review Date: 2003

UMass Memorial Medical Center
Worcester, MA
Next Review Date: 2003

University of Michigan - Flint
Flint, MI
Next Review Date: 2003

St. Barnabas Medical Center
Livingston, NJ
Next Review Date: 2003

Erie Community College - City
Campus
Buffalo, NY
Next Review Date: 2003

Nassau Community College
Garden City, NY
Next Review Date: 2006

Memorial Sloan-Kettering Cancer
Center
New York, NY
Next Review Date: 2003

University of Wisconsin LaCrosse
LaCrosse, WI
Next Review Date: 2009

Initial

Spartanburg Technical College
Spartanburg, SC
Next Review Date: 2004

Voluntary Withdrawal - Program Closure

Henry Ford Hospital
Detroit, MI
Effective Date: 12/11/01

Voluntary Withdrawal

S.U.N.Y. Health Science Center at
Stony Brook
Stony Brook, NY
Effective Date: 11/7/01

Successful Assessment

Assessment is the systematic collection, review, and use of information about an educational program for the purpose of improving student learning and development. Assessment is more than just collecting data. It is gathering appropriate data and analyzing it to initiate program improvement. In order to accomplish effective assessment, the program must determine what data to obtain and the best way to obtain it. Tools used in obtaining data are often referred to as assessment methods; these include items such as national certification examinations, clinical grades, and surveys. The most important criterion in selection of assessment methods is whether the method will provide useful information that the program can use to identify priorities for improvement.

Many methods have the potential to answer several assessment questions but will answer some assessment questions better than others. For example, employer surveys can be used to determine employer satisfaction as well as if graduates possess appropriate skills. The overall score on the survey will quite likely be a reflection of general employer satisfaction, while the

score on a specific individual question may be used to yield direct information relative to a specified graduate skill, such as communication skills. One or more of the questions on an employer satisfaction survey might deal with clinical competency or specific radiographic or radiation therapy skills. The responses to these questions need to be tallied separately to provide the specific information being sought regarding graduate skills.

Many programs attempt to use course grades as an assessment method. The problem in using course grades as an assessment method is that course grades tell how the student performed in class but may not give specific information relating to a specific learning outcome. This is a result of many educators using factors such as attendance and class participation as factors in determining grades. That does not make the grade less meaningful, but it does limit its value as an assessment mechanism. For course grades to be a meaningful assessment tool, they must be directly linked to a learning outcome and should provide the program information for improvement of the course and the student. When selecting assessment methods, the activities must directly assess student learning.

Responding to Citations in Standard Eleven (1997) or Standard One (2002)

Assessment is a unified process that incorporates several elements. That makes it difficult for JRCERT staff and Directors to evaluate one element without reviewing the entire assessment plan. Accordingly, programs are requested to submit the entire assessment plan and outcomes when responding to any citation in Standard Eleven (1997 STANDARDS) or Standard One (2002 STANDARDS). Program officials with questions are encouraged to contact JRCERT staff for assistance.

JRCERT Representation - 2002

JRCERT Directors and staff are scheduled for participation in the following meetings in 2002:

June 8-12	American Society of Radiologic Technologists (ASRT) Birmingham, AL JRCERT Directors and staff	September 19-21	Health Professions Network (HPN) Dallas, TX Barbara Chakmakjian
June 20-23	American Association for Higher Education (AAHE) Assessment Conference Boston, MA Leslie Winter	September 19-21	Michigan Society of Radiologic Technologists Fall Conference Michigan Janis Stiewing
July 26	Medical Imaging and Radiation Oncology Data Alliance (MIRODA) New Orleans, LA Joanne Greathouse	October 6-10	American Society for Therapeutic Radiology & Oncology (ASTRO) New Orleans, LA Patricia Giordano Joanne Greathouse
July 26-August 1	American Healthcare Radiology Administrators (AHRA) Association of Educators in Radiological Sciences (AERS) New Orleans, LA Barbara Chakmakjian Chuck Mitchell Joanne Greathouse	October 17-20	Joint Review Committee on Education in Radiologic Technology Board of Directors Meeting Chicago, IL (Limited to JRCERT Directors and staff)
September 8-10	Association of Specialized Professional Accreditors (ASPA) Fall Conference Cleveland, OH Joanne Greathouse	October 24-25	Outcomes Assessment Workshop Chicago, IL

The JRCERT will host an Accreditation Seminar and Site Visitor Workshop in conjunction with the Outcomes Assessment Workshop in Chicago, IL on October 24-25, 2002. Consult the JRCERT website or call the office for further information.

Acceptance of Regional Accreditation Findings and Reports

The JRCERT recently revised its position statement - Institutional Finding of a Regional Accreditation Process Accepted as Evidence of Having met an Objective - to reflect the revised **Standards for an Accredited Educational Program in Radiologic Sciences (2002)**. As in the past, the position statement provides for the acceptance of findings of regional accrediting agencies in certain, specified areas as documentation of the program's having met correlated objectives from the **STANDARDS**.

If a program chooses to use this approach, the narrative portion of the self-study report that addresses an objective should indicate that the program is housed in a regionally accredited institution, that the program's practices are consistent with the institution's practices in that area, and that the institution has been found by the regional accreditor to be in compliance. As

documentation, the program needs to provide a copy of the appropriate section of the institution's regional accreditation report.

Accepted institutional findings with corresponding objectives are listed below:

- * Institutional non-discrimination (Objectives 2.2, 7.2)
- * Institutional publications (Objective 2.3)
- * Institutional policies and procedures (Objectives 2.4, 7.7)
- * Administration/organization of the institution (Objective 3.1)
- * Institutional financial resources (Objective 9.1)

Accreditation and Professional Curricula

As JRCERT Directors and staff talk to program officials at various meetings, it has become apparent that many educators do not realize the significance of the curricula published by the American Society of Radiologic Technologists (ASRT). The Standards for an Accredited Educational Program in Radiologic Sciences and the Standards for an Accredited Educational Program in Magnetic Resonance require all programs to follow a JRCERT recognized and accepted curriculum (Standard Four, Objective 4.2). For radiography and radiation therapy, the only recognized and accepted curriculum is that of the ASRT. Educational programs in magnetic resonance can follow the curriculum of the ASRT or that of the Association of



ASRT Annual Conference - Birmingham, AL. Chairman Janis Stiewing M.S., R.T. (R) CV (M) addressing the audience at the JRCERT Open Forum.

Educators in Radiological Sciences, Inc. (AERS). Failure to follow a recognized curriculum can jeopardize a program's accreditation.

Because educational programs are required to follow the professional curricula developed by these

professional societies, it is important that program directors and faculty take advantage of opportunities to provide input into the development of these curricula as well as monitor curricular changes.

*THE JRCERT PROMOTES EXCELLENCE
IN EDUCATION AND ENHANCES QUALITY
AND SAFETY OF PATIENT CARE
THROUGH THE ACCREDITATION OF
EDUCATIONAL PROGRAMS.*

The JRCERT REVIEW is published after each meeting of the Joint Review Committee on Education in Radiologic Technology, a not-for-profit corporation under the State of Illinois. Issues are sent at no charge to officials of JRCERT accredited programs, selected faculty, and site visitors. Others may subscribe for \$6.00 per year. JRCERT policy requires that payment accompany any order. The JRCERT REVIEW is written and edited by Leslie Winter and Joanne Greathouse. The JRCERT office may be contacted via E-mail at mail@jrcert.org.

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