

Guide for Program Analysis-MD

Name of Program: _____

Program Number: _____

Name of Program Director: _____

Telephone: _____

The Guide for Program Analysis-MD (GPA-MD) is designed to facilitate and integrate the accreditation and site visit processes. It is based on the Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Medical Dosimetry**, adopted April 2003; implemented January 1, 2004.

Programs will use the GPA-MD to demonstrate compliance with the **STANDARDS-MD** and to prepare the Self-Study Report. Site visitors will use the GPA-MD to assess the information and materials provided by programs prior to and during the site visit.



Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 • (Fax) 312.704.5304
www.jrcert.org

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Introduction and Instructions

I. Overview of the STANDARDS-MD

The Joint Review Committee on Education in Radiologic Technology (JRCERT) believes that the accreditation process offers a means of providing public assurance that a program meets standards and of stimulating programmatic improvement. The JRCERT **Standards for an Accredited Educational Program in Medical Dosimetry (STANDARDS-MD)** require a program to articulate its purposes and scope; demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; document its effectiveness in accomplishing its purposes; and provide assurance that it can continue to meet accreditation standards. Using these **STANDARDS-MD**, the goals of the accreditation process are to protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

There are nine (9) standards a program is expected to meet. Each standard includes a series of objectives that the program must meet to demonstrate compliance with the standard and to maintain accreditation.

Key words and phrases in the **STANDARDS-MD** are underlined and defined in the Glossary of key terms (page 102). These definitions are considered a component of the **STANDARDS-MD** and, as such, must be satisfied to comply with the **STANDARDS-MD**.

II. Overview of the Guide for Program Analysis

The Guide for Program Analysis-MD (GPA-MD) has been designed to facilitate and integrate the accreditation and site visit processes.

- A program will use the GPA-MD to guide the review of its program, to demonstrate compliance with the **STANDARDS-MD**, and to prepare the program's Self-Study Report.
- Site visitors will use the GPA-MD to assess the information and materials provided by the program prior to and during the site visit. The findings of the site visit team will be recorded on a separate document, the *Report of Site Visit Team Findings-MD*.

The GPA-MD contains the following elements:

- Explanation - clarification of the intent of the objective
- Rationale - the reason for the objective and its potential benefit to the program
- Suggested compliance documentation - specific suggestions of how a program can document that it meets the objective
- Possible site assessment methods - additional materials that may be examined and personnel who may be interviewed by members of the site visit team

The GPA-MD also contains the **STANDARDS-MD**, including corresponding objectives and the Glossary of key terms.

The GPA-MD also includes instructions for programs and site visitors. Program officials and site visitors should review both sets of instructions to gain a thorough understanding of the entire accreditation and site visit process.

III. Instructions for Performing a Self-Study

Programs applying for initial and continuing accreditation must perform the following steps:

- Complete the Application for Accreditation of an Educational Program in Medical Dosimetry (Form 100MD).
- Complete an Application for Recognition of Program Officials (Form 102MD) for each relevant program official and clinical faculty.
- Prepare a Self-Study Report that documents compliance with the **STANDARDS-MD** and each of the corresponding objectives.

Prior to beginning the self-study process, program officials should consider attending an accreditation seminar to develop a better understanding of the **STANDARDS-MD** and how to use the GPA-MD to conduct a comprehensive study of the program. Information regarding accreditation seminars is available from the JRCERT office or on the web site.

The program should identify a self-study committee that represents its communities of interest. The committee should be convened, the self-study process outlined, responsibilities for specific components assigned, and timelines established. The committee can be organized in different ways. Some committees may wish to work as a committee of the whole with the entire group reviewing materials for all of the **STANDARDS-MD**. Other committees may wish to assign responsibilities for specific **STANDARDS-MD** to identified subcommittees. Attention also needs to be paid to gathering the necessary information and materials for the application for accreditation (Form 100MD), e.g., affiliation agreements and curricula vitae.

Relevant materials and documents should be gathered for review by the committee. These might include the program's previous Self-Study Report, the Student Handbook, the program's policies and procedures, and materials and data related to the program's ongoing assessment process.

The GPA-MD must be used to guide the development and writing of the committee's report.

The program's Self-Study Report should consist of narrative and/or documentation for each objective, as required. Both the narrative and supporting documentation should be clearly identified by the relevant standard and objective number. Exhibits should be representative samples of documents rather than entire master plans, course outlines, etc. All materials should be bound and submitted in an appropriate binder.

Programs are responsible for providing a hard copy of the Application and Self-Study Report to the JRCERT, by the established deadline, and to each member of the site visit team within 5 days of receipt of the team members' names and addresses.

For each objective, program officials should refer to the GPA-MD to determine:

- the level of effort required to demonstrate that an objective has been met;
- the suggested compliance documentation that can be used to demonstrate that an objective has been met; and
- possible site assessment methods.

Level of Effort. For some objectives, the program will be required to simply provide materials that verify that an objective has been met (assurance). For other objectives, the program will be required to provide a brief description that discusses steps taken to implement a procedure or meet an objective (narrative). For each objective, the GPA-MD specifies whether (1) an assurance is sufficient (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by program officials is indicated on the lower left-hand corner of the page.

Suggested Compliance Documentation. For each objective, the GPA-MD lists suggested evidence a program may use to document that the objective has been met. Programs are not required to use these suggestions. However, if the suggested items are not used, programs must identify the evidence they prefer to use to demonstrate compliance with the objectives. The suggested evidence for a given objective may be a document, a narrative description, or both. When providing a document, programs should clearly indicate where the appropriate materials can be found.

Possible Site Assessment Methods. The GPA-MD is also designed to provide guidance regarding additional materials that may be examined and personnel who may be interviewed by members of the site visit team. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Summary. Following the narrative for each standard, the program must list the major strengths and major concerns of the program relevant to the standard. A plan must be provided for addressing each concern. The plan must include a description of any progress already achieved and any constraints in implementing improvements.

IV. Instructions for Site Visitors

The site visit team is required to use the GPA-MD to prepare for and conduct the site visit.

- Prior to the site visit, team members use the GPA-MD to review the program's Self-Study Report and other materials supplied by the program.
- During the site visit, team members use the GPA-MD to outline areas for follow-up.
- At the end of the site visit, the GPA-MD can assist site visitors in summarizing a program's strengths and concerns.

Prior to the site visit, team members will use the GPA-MD to review the narratives and materials supplied by the program, i.e., application form, curricula vitae, Self-Study Report, and supporting documents. This review should incorporate the following factors:

- **Level of Effort.** For some objectives, programs are required to provide or make available materials that verify an objective has been met (assurance). For other objectives, however, programs are required to prepare a brief description that demonstrates steps taken to implement a procedure or meet an objective (narrative). For each objective, the GPA-MD specifies whether (1) an assurance is sufficient to demonstrate compliance (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by the program is indicated on the lower left-hand corner of the page. If a program supplies only an exhibit when a narrative is required, site visitors may need to obtain more detailed information about the objective during the site visit.

- **Suggested Compliance Documentation.** Site visitors should refer to the suggested compliance documentation that has been identified for each objective to assess the type of information that programs are expected to provide. The suggested compliance documentation for a given objective may be a document, a narrative description, or both. Programs are not required to use these suggestions. However, if the items suggested as compliance documentation are not used, programs must identify the documentation they prefer to use to demonstrate compliance with the objectives. When providing a document, programs are required to clearly indicate where the appropriate materials can be found.
- **Possible Site Assessment Methods.** For each objective, the GPA-MD lists materials site visitors may review and personnel who may be interviewed. When the program has clearly satisfied the criteria outlined in the suggested compliance documentation, there may be no need to review these materials or to interview personnel.

During the site visit, site visitors use the GPA-MD to outline areas for follow-up. Because of the limited amount of time that site visitors can spend at the program, they should plan to ask questions for only those objectives that are of greatest concern. Site visitors may use the space at the bottom of each page of the GPA to record any reminders, questions, findings, and general notes.

At the end of the site visit, the GPA-MD can assist the site visitors in summarizing a program's strengths and concerns. Site visit team members can use the space in the lower right-hand corner of the page (*Has Program Met Objective?*) to record their preliminary assessment as to whether a program has met an objective. All final team assessments and supporting narratives on whether a program has met an objective must be recorded in the *Report of Site Visit Team Findings-MD*.

To protect programs' confidentiality, the completed GPA-MD used by the site visitors must be destroyed upon receipt and review of the Report of Findings.

Standard One:
Mission/Goals, Outcomes, and Effectiveness

Standard One: The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

Objectives:

In support of **Standard One**, the program:

- 1.1 Has a mission statement that defines its purpose and scope.
- 1.2 Has written goals that outline what the program is designed to achieve.
- 1.3 Makes its mission statement and goals readily available to students, faculty, administrators, and the general public.
- 1.4 Develops and implements an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals and includes:
 - program completion rate;
 - clinical performance and clinical competence;
 - problem solving skills and critical thinking;
 - communication skills;
 - professional development and growth;
 - graduate satisfaction; and
 - employer satisfaction.
- 1.5 Documents outcomes consistent with each of the following JRCERT policies:
 - over the past five years, credentialing examination pass rate average of not less than 75% at first attempt; and
 - over the past five years, job placement rate of not less than 75% within six months of graduation.
- 1.6 Regularly solicits feedback from students, faculty, radiation oncologists, radiation physicists, graduates, employers, and other communities of interest.
- 1.7 Analyzes and uses feedback from communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings.
- 1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary to achieve continuous quality improvement.

1.1 Does the program have a mission statement that defines the purpose and scope of the program?

Explanation:

The program's mission statement should be a broad statement of purpose or intent and may range in length from one sentence to a few paragraphs. The program's mission statement should be consistent with that of its sponsoring institution.

Rationale:

Having a clear statement of the purpose or intent toward which a program's efforts are directed assists the program in prioritizing its resources and efforts.

Compliance May Be Demonstrated by:

Providing a copy of the program's mission statement.

Possible Site Assessment Methods:

- Review of published program materials
- Review of master plan of education
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

1.2 Does the program have written goals that outline what the program is designed to achieve?

Explanation:

The JRCERT defines goals as tasks or direction statements adopted by a program that include the purpose or intent toward which the program's efforts are directed. A program's goals are a more specific expression of the program's intended student learning outcomes. The goals should be written using behavioral terms and should address the cognitive, affective, and psychomotor domains. They must be measurable, preferably through use of more than one measurement tool.

Rationale:

Goals provide direction to the program in focusing on educational efforts important to achieving its mission and provide a mechanism for determining if the program is accomplishing its mission.

Compliance May Be Demonstrated by:

Providing a copy of publications that contain the program's goals.

Possible Site Assessment Methods:

- Review of published program materials
- Review of assessment plan

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

1.3 Are the mission statement and goals readily available to students, faculty, administrators, and the general public?

Explanation:

The program can make its mission statement and goals available in a variety of ways, including program publications and/or a Web site.

Rationale:

Program accountability is enhanced by making its mission statement and goals available to the program's communities of interest.

Compliance May Be Demonstrated by:

- Describing how the program makes its mission statement and goals available to each of these communities of interest.
- Providing a copy of publications that contain the program's mission statement and goals. If the program makes its mission statement and goals available via a Web site, the program must provide the Web page address in its self-study report.

Possible Site Assessment Methods:

- Review of published program materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

1.4 Has the program developed and implemented an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals?

- **program completion rate;**
- **clinical performance and clinical competence;**
- **problem solving skills and critical thinking;**
- **communication skills;**
- **professional development and growth;**
- **graduate satisfaction; and**
- **employer satisfaction.**

Explanation:

The program should have an ongoing, systematic process to assess its outcomes. The assessment plan should incorporate the program's goals, supported by specific desired outcomes. An outcome, as defined by the JRCERT, is the expected end result of student learning. A benchmark must be established for each expected outcome to provide a standard against which the actual outcome can be evaluated. The assessment plan should also identify tools to be used and timeframes for data collection and analysis. The person and/or group responsible for the analysis should be identified.

Example:

| <i>Outcomes</i> | <i>Measurement Tool</i> | <i>Benchmark</i> | <i>Time Frame</i> | <i>Person/ Group Responsible</i> |
|---|---|--|---|----------------------------------|
| 1. Students will provide appropriate patient care. | 1. Patient care written final examination | Average score $\geq 80\%$ | 1 st semester | Didactic instructor |
| | 2. End of term clinical instructor evaluation Questions 3, 4, 5 | Average score for each question ≥ 3.5 on 5 point scale | 4 th and 6 th semesters | Clinical instructor |
| 2. Students will position patients to yield diagnostic images. | 1. Positioning written final examination | Average score $\geq 80\%$ | 1 st semester | Didactic instructor |
| | 2. Laboratory final examination Section 1/Positioning | Average score ≥ 3.5 on 5 point scale | 2 nd semester | Laboratory instructor |
| | 3. Terminal competency Section 1/Positioning | Average score ≥ 4.0 on 5 point scale | 6 th semester | Clinical Coordinator |
| 3. Students/graduates will practice appropriate radiation safety principles for the protection of patients, selves, and others. | 1. Turns in film badges to Radiation Safety Officer by due date every month | $\geq 95\%$ of film badges submitted by due date | 1 st and 4 th semesters | Radiation Safety Officer |
| | 2. End of term clinical coordinator evaluation Questions 9, 10 | Average collective score for these questions ≥ 4.0 on 5 point scale | 1 st and 5 th semesters | Clinical Coordinator |
| | 3. Employer survey Question 5 | Of the surveys returned $\geq 95\%$ indicate yes | Every other year/ 6 months after graduation | Program Director |

Rationale:

The use of an assessment plan assures that the program systematically gathers relevant data to evaluate its effectiveness.

Compliance May Be Demonstrated by:

Providing a copy of the program's assessment plan.

Possible Site Assessment Methods:

- Review of assessment tools
- Review of outcome data to support the assessment plan
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

- 1.5 Does the program document outcomes consistent with each of the following JRCERT policies?**
- **over the past five years, credentialing examination pass rate average of not less than 75 percent at first attempt**
 - **over the past five years, job placement rate of not less than 75 percent within six months of graduation**

Explanation:

Measurement of the above outcomes must be reflected in the program's assessment process. These outcomes can be used to support other program goals or established as separate, independent goals.

Rationale:

These outcomes are considered significant indicators of a program's effectiveness.

Compliance May Be Demonstrated by:

Providing a copy of the program's assessment plan that incorporates these required outcomes.

Possible Site Assessment Methods:

- Review of completed assessment tools
- Review of data to support reported outcomes

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

1.6 Does the program regularly solicit feedback from students, faculty, radiation oncologists, radiation physicists, graduates, employers, and other communities of interest?

Explanation:

The program can use a variety of tools to obtain information from its communities of interest regarding activities and accomplishments. Communities of interest are defined by the JRCERT as institutions, organizations, groups, and/or individuals interested in educational activities in radiologic sciences.

Rationale:

Obtaining feedback from these individuals/groups allows the program to determine if it is meeting the expectations of its communities of interest and to assess the program's efforts in meeting its own desired outcomes.

Compliance May Be Demonstrated by:

Providing representative samples of appropriate meeting minutes, evaluations (e.g., of courses and faculty), and surveys (e.g., of graduates and employers of graduates).

Possible Site Assessment Methods:

- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

1.7 Does the program analyze and use feedback from its communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings?

Explanation:

The program should review actual outcomes in relation to expected outcomes and input from its communities of interest, analyze this information, and use the results of the analysis to make appropriate changes. Changes should be monitored to determine if the desired effect(s) has been achieved. A comparative analysis of data from one assessment cycle to another should be performed to identify trends in outcomes.

Rationale:

Analysis of outcome data and other feedback allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest.

Compliance May Be Demonstrated by:

- Describing how the program analyzes input from its communities of interest and outcome data to identify areas for program improvement.
- Describing examples of changes that have resulted from the assessment process and discussing how these changes led to program improvement.
- Providing representative samples of appropriate meeting minutes and/or other appropriate documents.

Possible Site Assessment Methods:

- Review of program assessment plan
- Review of assessment tools
- Review of meeting minutes
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

1.8 Does the program periodically evaluate its mission statement, goals, and assessment plan and make revisions as necessary to achieve continuous quality improvement?

Explanation:

As part of the assessment cycle, the program should review its mission statement and goals to assure that they are appropriate and useful. The assessment plan should be reviewed to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes.

Rationale:

Identifying and implementing needed improvement(s) in the mission statement, goals, and/or assessment plan leads to programmatic improvement and renewal.

Compliance May Be Demonstrated by:

- Describing how this review has occurred.
- Providing meeting minutes and/or other relevant documentation.

Possible Site Assessment Methods:

- Review of meeting minutes
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

Summary for Standard One

1. List the major strengths of **Standard One**, in order of importance.
2. List the major concerns of **Standard One**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Two:
Program Integrity

Standard Two: The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.

Objectives:

In support of **Standard Two**, the program:

- 2.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 2.2 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 2.3 Publishes statements accurately reflecting the program's offerings.
- 2.4 Has due process procedures that are readily accessible, fair, and equitably applied.
- 2.5 Has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT **STANDARDS-MD** and maintains a record of such complaints and their resolution.
- 2.6 Regularly evaluates program policies, procedures, and publications and revises as appropriate.
- 2.7 Documents the continuing accreditation of the sponsoring institution.
- 2.8 Documents the continuing recognition of each clinical practice setting by applicable regulatory agencies.
- 2.9 Maintains JRCERT recognition of all clinical practice settings.
- 2.10 Maintains JRCERT recognition of all applicable faculty appointments.
- 2.11 Complies with requirements to achieve and maintain JRCERT accreditation.

2.1 Does the program adhere to high ethical standards in relation to students, faculty, and staff?

Explanation:

Policies and procedures must be made known to students, faculty, and staff and be equitably applied.

Rationale:

High ethical standards help assure the rights of students, faculty, and staff are protected.

Compliance May Be Demonstrated by:

- Describing the procedure for making policies and procedures known.
- Providing copies of policies or procedures that assure students, faculty, and staff are treated equitably.

Possible Site Assessment Methods:

- Review of employee/faculty handbook
- Review of student handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

2.2 Does the program assure that faculty recruitment and employment practices are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin?

Explanation:

Equal opportunity for employment should be offered to each applicant. Employment practices should be applied equitably to all faculty.

Rationale:

Recruitment and employment practices that are non-discriminatory assure fairness and integrity.

Compliance May Be Demonstrated by:

- Describing how non-discriminatory employment practices are assured.
- Providing copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Assessment Methods:

- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

2.3 Do the program’s published statements accurately reflect the program’s offerings?

Explanation:

The program’s published documents should reflect current information about the program’s offerings.

Rationale:

Maintaining current published information regarding the program’s offerings provides interested parties with an accurate overview of program requirements and expectations.

Compliance May Be Demonstrated by:

Providing program publications that reflect program offerings.

Possible Site Assessment Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.4 Does the program have due process procedures that are readily accessible, fair, and equitably applied?

Explanation:

Due process procedures outline the steps for formal resolution of a grievance or complaint. A due process procedure must identify timeframes for completion of each step and provide for final appeal to a source external to the educational program.

Rationale:

Due process procedures provide students with an unbiased avenue to pursue complaints or grievances and the opportunity to be heard in a timely manner.

Compliance May Be Demonstrated by:

Providing a copy of the program's due process procedure.

Possible Site Assessment Methods:

- Review of student handbook
- Review of institutional catalog
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.5 Does the program have a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT STANDARDS-MD and maintain a record of such complaints and their resolution?

Explanation:

Students must be made aware of the JRCERT **STANDARDS-MD** and must be provided with a specific policy for resolution of allegations of non-compliance. The program must maintain a record of complaints and their resolution.

Rationale:

A policy for addressing complaints of non-compliance with the **STANDARDS-MD** helps assure students have knowledge of the **STANDARDS-MD** and an identified avenue to pursue allegations. USDE regulations require a record of such complaints.

Compliance May Be Demonstrated by:

- Providing a copy of the policy.
- Describing the procedure for making students aware of the **STANDARDS-MD**.

Possible Site Assessment Methods:

- Review of complaint records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

2.6 Does the program regularly evaluate program policies, procedures, and publications and revise as appropriate?

Explanation:

The evaluation/revision process should be documented. It is the program's prerogative to determine the frequency of evaluation.

Rationale:

Routine review and evaluation assure that published program materials reflect current program offerings and practices.

Compliance May Be Demonstrated by:

Describing the procedure for review and revision of program materials.

Possible Site Assessment Methods:

- Review of meeting minutes
- Review of program policies, course outlines, etc.
- Review of student handbook
- Review of program brochure

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

2.7 Does the program document the continuing accreditation of the sponsoring institution?

Explanation:

The sponsoring institution is the facility or organization having primary responsibility for the educational program and granting the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards.

Rationale:

Accreditation helps assure educational quality.

Compliance May Be Demonstrated by:

Providing letters or certificates demonstrating the current accreditation status of the sponsoring institution.

Possible Site Assessment Methods:

- Review of documentation of appropriate accreditation

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.8 Does the program document the continuing recognition of each clinical practice setting by applicable regulatory agencies.

Explanation:

A clinical practice setting is a facility recognized by the JRCERT as meeting appropriate criteria for delivering clinical education and evaluation of clinical competency. Clinical practice settings may be recognized by The Joint Commission (TJC) or an equivalent agency or may hold a state issued license.

Rationale:

Recognition by a regulatory agency helps assure an appropriate environment for student clinical education.

Compliance May be Demonstrated By:

Providing letters or certificates demonstrating the current recognition status of each clinical practice setting.

Possible Site Assessment Methods:

- Review of documentation of current recognition.

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.9 Does the program maintain JRCERT recognition of all clinical practice settings?

Explanation:

A clinical practice setting is a facility recognized by the JRCERT as meeting appropriate criteria for delivering clinical education and evaluation of clinical competency. Initial recognition of a clinical practice setting requires submission of JRCERT Forms 104MD and 102MD. A minimum of one (1) clinical preceptor must be identified for each recognized clinical practice setting.

Rationale:

JRCERT recognition helps assure an appropriate clinical education environment for student clinical education.

Compliance May Be Demonstrated by:

Listing the clinical practice settings used by the program.

Possible Site Assessment Methods:

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.10 Does the program maintain JRCERT recognition of all applicable faculty appointments?

Explanation:

The JRCERT requires recognition of the program director, educational coordinator and clinical preceptors. Recognition requires the submission of Form 102MD, a current curriculum vitae, and documentation of current registration by the Medical Dosimetrist Certification Board or equivalent.

Rationale:

Recognition helps assure appropriate education, evaluation, and supervision of students.

Compliance May Be Demonstrated by:

Listing current faculty appointments.

Possible Site Assessment Methods:

- Review of JRCERT database
- Review of program files
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

2.11 Does the program comply with requirements to achieve and maintain JRCERT accreditation?

Explanation:

Programs must comply with JRCERT policies and procedures to maintain accreditation.

No program response required.

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | | | | |

Summary for Standard Two

1. List the major strengths of **Standard Two**, in order of importance.
2. List the major concerns of **Standard Two**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Three:
Organization and Administration

Standard Three: Organizational and administrative structures support quality and effectiveness of the educational process.

Objectives:

In support of **Standard Three**, the program:

- 3.1 Has organizational and administrative structures that support the program's mission and student learning outcomes.
- 3.2 Establishes and maintains affiliation agreements with clinical practice settings.
- 3.3 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught and the objectives for the degree or credential offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.1 Do the institution's and program's organizational and administrative structures support the program's mission and student learning outcomes?

Explanation:

It is the program's prerogative to determine its organizational and administrative structure. These structures should facilitate the program's mission and goals as they relate to student learning outcomes.

Rationale:

Organizational and administrative structures affect a program's ability to meet its mission.

Compliance May Be Demonstrated by:

- Providing an institution's and/or program's organizational chart.
- Describing the program's organizational and administrative structures and how they support the program's mission and identified learning outcomes.

Possible Site Assessment Methods:

- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty
- Interviews with clinical preceptor(s)

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

3.2 Does the program establish and maintain affiliation agreements with clinical practice settings?

Explanation:

The JRCERT defines affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical practice setting. An affiliation agreement must identify the responsibilities of all parties and, specifically, must address responsibility for liability, student supervision, student evaluation, and adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical practice settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical practice setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Rationale:

Formalizing relations between the program and the clinical practice setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical practice setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component.

Compliance May Be Demonstrated by:

Providing copies of current signed affiliation agreements with each clinical practice setting.

Possible Site Assessment Methods:

- Tour of clinical practice setting(s)
- Interviews with administrative personnel
- Interview with program director
- Interviews with clinical practice setting administrators

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

3.3 Does the program assure the security and confidentiality of student records, instructional materials, and other appropriate program materials?

Explanation:

Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment).

Rationale:

Appropriately maintaining records and other materials protects students' right to privacy.

Compliance May Be Demonstrated by:

Describing how the program's policies/procedures for assuring the security, maintenance, and retention of program records are consistent with state and federal laws.

Possible Site Assessment Methods:

- Tour of program offices
- Tour of clinical practice setting(s)
- Review of program's/institution's published policies/procedures
- Review of student academic and clinical records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

3.4 Does the program assure an appropriate relationship between program length and the subject matter taught and the objectives for the degree or credential offered?

Explanation:

The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.

Rationale:

Consistency between program length and terminal award assures program integrity.

Compliance May Be Demonstrated by:

Describing the relationship between the program length and the terminal award offered.

Possible Site Assessment Methods:

- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

3.5 Does the program measure the length of all didactic and clinical courses in clock hours or credit hours?

Explanation:

The clock hours or credit hours assigned to each didactic and clinical course must be identified.

Rationale:

Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid.

Compliance May Be Demonstrated by:

Providing a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Assessment Methods:

- Review of published program materials
- Review of clinical and class schedules
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

Summary for Standard Three

1. List the major strengths of **Standard Three**, in order of importance.
2. List the major concerns of **Standard Three**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Four:
Curriculum and Academic Practices

Standard Four: The program’s curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.

Objectives:

In support of **Standard Four**, the program:

- 4.1 Maintains a master plan of education.
- 4.2 Follows a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline.
- 4.3 Provides a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills.
- 4.4 Provides a well-structured, competency based curriculum that supports the program’s mission and goals.
- 4.5 Has a curriculum that reflects evaluation of affective, cognitive, and psychomotor domains.
- 4.6 Provides learning opportunities in current and developing medical dosimetry procedures.
- 4.7 Provides equitable learning opportunities.

4.1 Does the program maintain a master plan of education?

Explanation:

The plan must provide documentation of the entire course of study and, at a minimum, must include didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

The plan may also contain the following documentation:

institutional and program philosophies and goals, curriculum sequence, course descriptions, course outlines and performance objectives, textbooks assigned by course, competency-based clinical education plan demonstrating integration and correlation with the didactic component, performance objectives for clinical education, graduate competencies, strategies and instruments used for evaluation of student behaviors in the cognitive, psychomotor and affective domains, and grading policy/derivation. While there is no prescribed format for the master plan, the component parts should be identified and readily accessible.

Rationale:

A master plan provides an overview of the program and allows for continuity among and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, it provides the knowledge needed to understand the program and its operation.

Compliance May Be Demonstrated by:

- Providing a Table of Contents for the program’s master plan.
- Listing the component parts of the master plan of education and their locations.

Possible Site Assessment Methods:

- Review of master plan of education
- Interview with program director
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

4.2 Does the program follow a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline?

Explanation:

At a minimum, the curriculum must include the latest American Association of Medical Dosimetrists (AAMD) curriculum or another curriculum formally adopted by the JRCERT for medical dosimetry. Expansion of the curricular content beyond the minimum is at the discretion of the program. The curriculum must be comprehensive and include current information.

Rationale:

Use of a standard curriculum promotes consistency in educational preparation.

Compliance May Be Demonstrated by:

- Providing a list of courses and course descriptions.
- Describing how the courses include the content identified in a JRCERT recognized and accepted curriculum.

Possible Site Assessment Methods:

- Review of course descriptions, outlines, syllabi, lesson plans
- Review of analysis of employer, graduate surveys
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

4.3 Does the program provide a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills?

Explanation:

The program’s curriculum must be designed to identify and foster professional values, instill life-long learning, and promote student development of competencies in critical thinking and problem solving skills. The curriculum should also promote the development of intellectual skills such as the ability to apply fundamental theory to practice, assess situations and make appropriate judgments, interact effectively in a culturally diverse world, and increase knowledge through continuing education.

Rationale:

These qualities are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, and keep abreast of current advancements within the profession.

Compliance May Be Demonstrated by:

Describing how the program promotes student development of professional values and life-long learning and competencies in critical thinking and problem solving.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of curriculum competencies
- Review of course descriptions, outlines, syllabi, lesson plans
- Review of analysis of student, graduate, and employer surveys
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

4.4 Does the program provide a well-structured, competency based curriculum that supports the program's mission and goals?

Explanation:

The curriculum, whether offered in a traditional manner or via an alternative learning option (Refer to Policy 10.800, Statement 10.803), must be appropriately sequenced and provide for assessment of student achievement of a specified level of proficiency. Clinical and didactic education must be appropriately correlated.

Rationale:

A well-structured curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures and/or competency evaluation.

Compliance May Be Demonstrated by:

Describing how the program's curriculum is structured.
 Identifying which courses, if any, are offered via distance education.
 Describing how the program's curriculum is delivered, including the method of delivery for distance education courses.
 Describing any alternative curriculum delivery options.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of course descriptions, outlines, syllabi, lesson plans
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery.

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

4.5 Does the program’s curriculum reflect evaluation of affective, cognitive, and psychomotor domains?

Explanation:

The curriculum must provide for evaluation of the extent to which students have learned desired behaviors.

Rationale:

Assessment of student performance is necessary to promote student achievement.

Compliance May Be Demonstrated by:

- Describing how the evaluation system assesses the affective, cognitive, and psychomotor domains.
- Providing examples of completed evaluation tools.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of course descriptions, outlines, syllabi, and lesson plans
- Review of student competency evaluations
- Review of tools used for evaluation of the domains
- Review of grading policies/derivations
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

4.6 Does the program define and provide learning opportunities in current and developing medical dosimetry procedures?

Explanation:

The program must provide learning opportunities in current and developing medical dosimetry procedures. It is the program's prerogative to decide which procedures should be included in the didactic and clinical curriculum.

Rationale:

These learning opportunities provide students with knowledge about the procedures. Students also gain an awareness of potential advancements in the profession.

Compliance May Be Demonstrated by:

Describing how the program provides opportunities in developing procedures in the didactic and/or clinical curriculum.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of course descriptions, outlines, syllabi, lesson plans
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

4.7 Does the program provide equitable learning opportunities for all students?

Explanation:

The program must provide equitable learning opportunities for all students.

Rationale:

The provision of equitable learning activities promotes fair and impartial education and reduces institutional and/or program liability.

Compliance May Be Demonstrated by:

Describing how the program assures equitable learning opportunities.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of performance objectives
- Review of published program materials
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.
2. List the major concerns of **Standard Four**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Five:
Resources and Student Services

Standard Five: The program’s learning resources, learning environments, and student services are sufficient to support its mission and goals.

Objectives:

In support of **Standard Five**, the program:

- 5.1 Provides classrooms, laboratories, clinical practice settings, administrative and faculty offices, and other facilities to support its mission and goals.
- 5.2 Has clinical practice settings that provide students with a variety and volume of procedures for competency achievement.
- 5.3 Reviews, evaluates, and maintains learning resources to assure the achievement of student learning outcomes and program goals.
- 5.4 Reviews, evaluates, and maintains student services to assure the achievement of student learning outcomes and program goals.

5.1 Does the program provide classrooms, laboratories, clinical practice settings, administrative and faculty offices, and other facilities to support its mission and goals?

Explanation:

Although a dedicated classroom and/or laboratory is not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities.

Rationale:

Provision of appropriate learning environments and learning resources facilitates achievement of program outcomes.

Compliance May Be Demonstrated by:

Describing how classrooms, laboratories, clinical practice settings, and administrative and faculty offices support the program's mission and goals.

Possible Site Assessment Methods:

- Tour of the didactic and clinical practice settings
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

5.2 Do clinical practice settings provide students with a variety and volume of procedures for competency achievement?

Explanation:

It is the program’s prerogative to identify student outcomes for competency achievement; however, clinical practice settings must provide a sufficient variety and volume to allow all students to achieve required program competencies. Clinical practice settings may include hospitals, clinics, freestanding treatment centers, and other facilities.

Rationale:

Students must have access to an adequate variety and volume of procedures to become competent in clinical practice.

Compliance May Be Demonstrated by:

Providing assurance that all students have access to a sufficient variety and volume of procedures to achieve competency.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student clinical rotation assignments
- Review of student clinical records
- Review of surveys
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

5.3 Does the program review, evaluate, and maintain learning resources to assure the achievement of student learning outcomes and program goals?

Explanation:

Learning resources are media and reference materials utilized to support and enhance the educational program. If a print library is a primary resource, it must have a variety of materials published within the last five years. If computers are a primary learning resource, access must be assured. The JRCERT does not endorse any specific learning resource.

Rationale:

The review and maintenance of learning resources assure student knowledge of current and developing medical dosimetry procedures.

Compliance May Be Demonstrated by:

- Identifying available learning resources.
- Describing the procedure for review, evaluation, and maintenance of learning resources.

Possible Site Assessment Methods:

- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of outcome assessment data
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

5.4 Does the program review, evaluate, and maintain student services to assure the achievement of student learning outcomes and program goals?

Explanation:

Student services are provided at the discretion of the program; however, they should be sufficient to assure that student learning outcomes and program goals are met.

Rationale:

The provision of appropriate student services promotes student achievement.

Compliance May Be Demonstrated by:

Describing the correlation between available student services and the achievement of student learning outcomes and program goals.

Possible Site Assessment Methods:

- Review of surveys
- Review of meeting minutes
- Review of outcome assessment data
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.
2. List the major concerns of **Standard Five**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Six:
Human Resources

Standard Six: The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

Objectives:

In support of **Standard Six**, the program:

6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Program Director:

Holds, at a minimum, a masters degree;

Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;

Documents the equivalent of three years full-time experience in medical dosimetry and/or radiation therapy;

Documents one year experience as an instructor in a JRCERT accredited program;

Holds Medical Dosimetrist Certification Board certification or equivalent; if the program director does not meet this qualification, an educational coordinator is required.

- Educational Coordinator:

Holds, at a minimum, a baccalaureate degree;

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds Medical Dosimetrist Certification Board certification or equivalent.

- Didactic Program Faculty:

Is qualified to teach the subject;

Is knowledgeable of course development, instruction, evaluation, and academic counseling;

Holds appropriate professional credentials, if applicable.

- Clinical Preceptor(s):

Is proficient in supervision, instruction, and evaluation;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds Medical Dosimetrist Certification Board certification or equivalent.

- Clinical Staff:

Holds Medical Dosimetrist Certification Board certification or equivalent.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

- Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Assumes the leadership role in the continued development of the program.

- Educational Coordinator:

Cooperates with the program director in design and implementation of the curriculum;

Correlates clinical education with didactic education;

Coordinates clinical education and evaluates its effectiveness;

Evaluates students;

Cooperates with the program director in periodic review and revision of clinical course materials;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

- Didactic Program Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Preceptor(s):

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

Maintains competency in the professional discipline, instructional and evaluative techniques through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

Maintain current knowledge of program policies, procedures, and student progress.

- 6.3 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 6.4 Provides support services to meet all educational, program, and administrative requirements.
- 6.5 Provides program faculty with opportunities for continued professional development.
- 6.6 Evaluates didactic program faculty and clinical faculty performance regularly to assure instructional responsibilities are performed.

6.1 Do all faculty and staff possess academic and professional qualifications appropriate for their assignments?

Explanation:

Faculty and staff must possess academic and professional qualifications appropriate for the assigned responsibility(ies).

Rationale:

Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Compliance May Be Demonstrated by:

Providing curricula vitae and copies of relevant professional credentials for individuals not identified in the program's application for continuing accreditation (JRCERT Form 100MD).

Possible Site Assessment Methods:

- Review of published program materials
- Review of position descriptions for faculty and staff
- Interviews with faculty
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

6.2 Are the responsibilities of administrative, faculty, and clinical staff delineated and do they support the fulfillment of the program’s mission and goals?

Explanation:

Administrative, faculty, and clinical staff responsibilities must be clearly delineated and must support the program’s mission and goals.

Rationale:

The clear delineation of responsibilities facilitates accountability.

Compliance May Be Demonstrated by:

Providing documentation that administrative, faculty, and clinical staff positions are clearly delineated and support the program’s mission and goals.

Possible Site Assessment Methods:

- Review of position descriptions
- Review of handbooks
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

6.3 Does the program provide an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements?

Explanation:

Faculty teaching loads must be consistent with those of comparable faculty in other health professions in the same institution. An educational coordinator is required if the program director is not credentialed in medical dosimetry or if the program has five or more clinical practice settings or has more than 10 students enrolled in the clinical component. A minimum of one clinical preceptor must be designated at each recognized clinical practice setting. The student to clinical staff ratio must never exceed 2:1. There must be one full-time equivalent clinical preceptor for every 5 students involved in the competency achievement process.

Rationale:

An adequate number of faculty promotes sound educational practices.

Compliance May Be Demonstrated by:

Describing the adequacy of the number of faculty to meet identified accreditation requirements and program needs.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of program’s staffing plan
- Review of position descriptions
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

6.4 Does the program provide support services to meet all educational, program, and administrative requirements?

Explanation:

Support services necessary to assist the program in meeting educational, program, and administrative requirements of the program must be provided.

Rationale:

Support services allow faculty to focus on academic and related organizational responsibilities.

Compliance May Be Demonstrated by:

Describing the availability and use of support services.

Possible Site Assessment Methods:

- Review of program’s staffing plan
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

6.5 Does the program provide program faculty with opportunities for continued professional development?

Explanation:

Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Rationale:

Continued development results in more knowledgeable, competent, and proficient faculty.

Compliance May Be Demonstrated by:

Documenting that continued professional development opportunities are available to faculty.

Possible Site Assessment Methods:

- Review of institutional and program policies
- Review of program budget
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

6.6 Are didactic program faculty and clinical faculty performance regularly evaluated to assure instructional responsibilities are performed?

Explanation:

The performance of didactic program faculty and clinical faculty must be regularly evaluated.

Rationale:

Evaluation assures instructional responsibilities are performed and provides faculty and leadership with information to assess performance. Evaluation promotes proper educational methodology and increases program effectiveness.

Compliance May Be Demonstrated by:

Providing samples of evaluations of didactic program faculty and clinical faculty.

Possible Site Assessment Methods:

- Review of faculty evaluation materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.
2. List the major concerns of **Standard Six**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Seven:
Students

Standard Seven: The program's and sponsoring institution's policies and procedures serve and protect the rights, health, and educational opportunities of all students.

Objectives:

In support of **Standard Seven**, the program:

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendar, academic policies, grading policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendar, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to no more than forty (40) hours per week.

7.1 Are the program’s and institution’s recruitment and admission practices consistent with published policies of the program and sponsoring institution?

Explanation:

In considering applicants for admission, the program must follow published policies and procedures. Program policies must assure timely, appropriate clinical placement for each admitted student.

Rationale:

Defined admission practices facilitate objective student selection. Programs have an obligation to provide timely, educationally valid clinical education experience to all students admitted to the program.

Compliance May Be Demonstrated by:

Providing program and institutional admission policies and describing the implementation of these policies. Describing how the program assures clinical placement of enrolled students.

Possible Site Assessment Methods:

- Review of published program materials
- List of enrolled students in relation to clinical assignments
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

7.2 Does the program assure that student recruitment and admission practices are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin?

Explanation:

If statistical information such as age, race, etc., is collected, it must be done in such a way that students' rights to non-discriminatory practices is not violated.

Rationale:

Non-discriminatory practices assure applicants have equal opportunity for admission.

Compliance May Be Demonstrated by:

Describing how students' right to non-discriminatory admission practices is assured.

Possible Site Assessment Methods:

- Review of published program materials
- Review of students records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

7.3 Does the program make available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendar, academic policies, graduation requirements, and student services?

Explanation:

The institutional and program policies must be published and distributed to program applicants.

Rationale:

Publication and distribution assure applicants are adequately informed.

Compliance May Be Demonstrated by:

- Providing a copy of published program materials.
- Describing how program and institutional policies are made known to applicants.

Possible Site Assessment Methods:

- Review of institutional materials
- Review of published program materials
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

7.4 Does the program make available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendar, academic policies, grading policies, graduation requirements, and student services?

Explanation:

The institutional and program policies must be published and distributed to students enrolled in the program. Policy changes must be made known to students in a timely fashion.

Rationale:

Making information available to enrolled students assures that they are adequately informed.

Compliance May Be Demonstrated by:

- Providing a copy of published program materials.
- Describing how program and institutional policies are made known to enrolled students.

Possible Site Assessment Methods:

- Review of institutional materials
- Review of published program materials
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

7.5 Are enrolled students provided timely and supportive academic, behavioral, and clinical advisement?

Explanation:

Student advisement should be both formative and summative.

Rationale:

Appropriate advisement promotes student achievement.

Compliance May Be Demonstrated by:

- Describing procedures for advisement.
- Providing sample records of student advisement.

Possible Site Assessment Methods:

- Review of students records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

7.6 Does the program assure that student academic and clinical activities are educationally valid and support attainment of student learning outcomes?

Explanation:

Student activities must be supported by objectives consistent with the program’s stated outcomes. If students participate in clinical education during evenings and weekends, the program must have a plan for such assignments that includes objectives correlated with an assessment tool. Activities that have minimal educational value must be limited in scope.

Rationale:

Requiring educational validity for student activities assures that there is a meaningful plan for student education and prevents the use of students as replacements for employees.

Compliance May Be Demonstrated by:

Describing how academic and clinical activities support the attainment of student learning outcomes.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student assignment records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

7.7 Does the program assure the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse?

Explanation:

Policies and procedures should meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Rationale:

Appropriate policies and procedures assure that students are aware of and protected from workplace hazards, harassment, communicable disease, and substance abuse.

Compliance May Be Demonstrated by:

Providing program policies that safeguard the health and safety of students.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

7.8 Does the program limit required clinical and academic involvement for students to not more than 40 hours per week?

Explanation:

Combined assigned clinical and academic hours cannot exceed forty (40) hours per week. Make-up time cannot be scheduled in a manner that would require more than forty (40) contact hours per week unless such scheduling is voluntary on the student's part.

Rationale:

This limitation helps assure that students are treated ethically and do not take the place of professional staff.

Compliance May Be Demonstrated by:

Providing documentation that required student clinical and academic involvement in the program does not exceed forty (40) hours per week.

Possible Site Assessment Methods:

- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

Summary for Standard Seven

1. List the major strengths of **Standard Seven**, in order of importance.
2. List the major concerns of **Standard Seven**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Eight:
Radiation Safety

Standard Eight: Program policies and procedures are in compliance with federal and state radiation protection laws.

Objectives:

In support of **Standard Eight**, the program:

- 8.1 Safeguards the health and safety of students associated with educational activities through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 8.2 Has a pregnancy policy that is published and made known to accepted and enrolled female students that:
 - is consistent with applicable and federal regulations and state laws;
 - includes notice of voluntary disclosure; and
 - provides options for student continuance in the program.
- 8.3 Assures that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves, and others.
- 8.4 Assures that all medical dosimetry procedures are performed under the direct supervision of a qualified practitioner until a student achieves competency.
- 8.5 Assures that fabrication of beam modifying and immobilization devices are performed under the direct supervision of a qualified practitioner until a student achieves competency.
- 8.6 Assures that fabrication of beam modifying and immobilization devices are performed under the indirect supervision of a qualified practitioner after a student achieves competency.
- 8.7 Maintains documentation that learning environments are in compliance with applicable state and federal safety laws.

8.1 Does the program assure the health and safety of students associated with educational activities through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable?

Explanation:

The program must maintain and monitor student radiation exposure data. The program must have a protocol for incidents in which dose limits are exceeded.

Rationale:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA).

Compliance May Be Demonstrated by:

- Providing copies of appropriate policies.
- Describing how the policies are made known to accepted and enrolled students.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

8.2 Does the program have a published pregnancy policy that contains the following elements and is made known to accepted and enrolled female students?

- **is consistent with applicable federal regulations and state laws**
- **includes notice of voluntary disclosure**
- **provides options for student continuance in the program**

Explanation:

The policy must include the listed elements.

Rationale:

Options for continuance must provide equitable opportunities for the student to complete the program.

Compliance May Be Demonstrated by:

- Providing a copy of the program’s pregnancy policy.
- Describing how the pregnancy policy is made known to accepted and enrolled students.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

8.3 Does the program assure that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves, and others?

Explanation:

Students must understand safety practices prior to assignment to the clinical practice setting.

Rationale:

These practices assure the safety of patients, students, and others.

Compliance May Be Demonstrated by:

Describing the curriculum sequence and content as it relates to preparing students for safe clinical practice.

Possible Site Assessment Methods:

- Review of program curriculum
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

8.4 Are all medical dosimetry procedures performed under the direct supervision of a qualified practitioner until a student achieves competency?

Explanation:

The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student’s achievement; evaluates the condition of the patient in relation to the student’s knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until competency is achieved.

Rationale:

Direct supervision assures patient safety and proper educational practices.

Compliance May Be Demonstrated by:

Describing how the program’s direct supervision requirement is monitored and enforced in the clinical practice setting.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

8.5 Are fabrication of beam modifying and immobilization devices performed under the direct supervision of a qualified practitioner until a student achieves competency?

Explanation:

The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a procedure is being performed.

Rationale:

Indirect supervision promotes patient safety and proper educational practices.

Compliance May Be Demonstrated by:

Describing how the program’s indirect supervision requirement is monitored and enforced in the clinical practice setting.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

8.6 Are fabrication of beam modifying and immobilization devices performed under the indirect supervision of a qualified practitioner after a student achieves competency?

Explanation:

The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a procedure is being performed.

Rationale:

Indirect supervision promotes patient safety and proper educational practices.

Compliance May Be Demonstrated by:

Describing how the program's indirect supervision requirement is monitored and enforced in the clinical practice setting.

Possible Site Assessment Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

8.7 Are learning environments in compliance with applicable state and federal safety laws?

Explanation:

Records of compliance (TJC, state, or equivalent) must be maintained for clinical practice settings and laboratories.

Rationale:

Compliance with applicable laws promotes a safe environment for patients, students, and others.

Compliance May Be Demonstrated by:

Providing certificates and/or letters documenting learning environments' compliance with state and federal safety laws.

Possible Site Assessment Methods:

- Review of certificates and/or letters

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | | | | |

Summary for Standard Eight

1. List the major strengths of **Standard Eight**, in order of importance.
2. List the major concerns of **Standard Eight**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

Standard Nine:
Fiscal Responsibility

Standard Nine: The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.

Objectives:

In support of **Standard Nine**, the program:

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

9.1 Does the program have sufficient on-going financial resources to support the program's mission and goals?

Explanation:

The sponsoring institution must demonstrate on-going financial commitment to the program and its students by providing adequate human and physical resources.

Rationale:

Adequate on-going funding is necessary to accomplish the program's stated mission and goals and to support student learning.

Compliance May Be Demonstrated by:

Providing copies of the program's budget and/or expenditure records and describing the adequacy of financial resources.

Possible Site Assessment Methods:

- Review of program budget
- Interviews with administrative personnel
- Interviews with faculty

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

9.2 Does the program director have an opportunity to participate in the budget planning process?

Explanation:

An opportunity must exist for the program director to have input into budgetary decisions related to the program.

Rationale:

As the individual responsible for the overall effectiveness of the program, the program director is responsible for assuring that there are sufficient human and physical resources to accomplish the program’s mission and goals.

Compliance May Be Demonstrated by:

Describing the opportunities for program director participation in the budget planning process.

Possible Site Assessment Methods:

- Interviews with program and institutional officials

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| | X | | | |

9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, does the institution and/or program maintain compliance with USDE policies and procedures?

Explanation:

The program must comply with USDE requirements to participate in Title IV financial aid.

Rationale:

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the program’s mixed accreditor, the JRCERT serves as the program’s gatekeeper and is responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Compliance May Be Demonstrated by:

Providing evidence that Title IV financial aid is managed and distributed according to the U.S. Department of Education (USDE) regulations.

Possible Site Assessment Methods:

- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

| Level of Effort | | Attach Additional Pages If Necessary | Has Program Met Objective? <i>(for site visitor use only)</i> | |
|-----------------|-----------|--------------------------------------|--|----|
| Assurance | Narrative | | Yes | No |
| X | X | | | |

Summary for Standard Nine

1. List the major strengths of **Standard Nine**, in order of importance.
2. List the major concerns of **Standard Nine**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

**JRCERT Standards
for an Accredited Educational Program
in Medical Dosimetry**

Standard One: Mission/Goals, Outcomes, and Effectiveness

The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

Objectives:

In support of **Standard One**, the program:

- 1.1 Has a mission statement that defines its purpose and scope.
- 1.2 Has written goals that outline what the program is designed to achieve.
- 1.3 Makes its mission statement and goals readily available to students, faculty, administrators, and the general public.
- 1.4 Develops and implements an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals and includes:
 - program completion rate;
 - clinical performance and clinical competence;
 - problem solving skills and critical thinking;
 - communication skills;
 - professional development and growth;
 - graduate satisfaction; and
 - employer satisfaction.
- 1.5 Documents outcomes consistent with each of the following JRCERT policies:
 - over the past five years, credentialing examination pass rate average of not less than 75% at first attempt; and
 - over the past five years, job placement rate of not less than 75% within six months of graduation.
- 1.6 Regularly solicits feedback from students, faculty, radiation oncologists, radiation physicists, graduates, employers, and other communities of interest.
- 1.7 Analyzes and uses feedback from communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings.
- 1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary to achieve continuous quality improvement.

Standard Two: Program Integrity

The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.

Objectives:

In support of **Standard Two**, the program:

- 2.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 2.2 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 2.3 Publishes statements accurately reflecting the program's offerings.
- 2.4 Has due process procedures that are readily accessible, fair, and equitably applied.
- 2.5 Has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT **STANDARDS-MD** and maintains a record of such complaints and their resolution.
- 2.6 Regularly evaluates program policies, procedures, and publications and revises as appropriate.
- 2.7 Documents the continuing accreditation of the sponsoring institution.
- 2.8 Documents the continuing recognition of each clinical practice setting by applicable regulatory agencies.
- 2.9 Maintains JRCERT recognition of all clinical practice settings.
- 2.10 Maintains JRCERT recognition of all applicable faculty appointments.
- 2.11 Complies with requirements to achieve and maintain JRCERT accreditation

Standard Three: Organization and Administration

Organizational and administrative structures support quality and effectiveness of the educational process.

Objectives:

In support of **Standard Three**, the program:

- 3.1 Has organizational and administrative structures that support the program's mission and student learning outcomes.
 - 3.2 Establishes and maintains affiliation agreements with clinical practice settings.
 - 3.3 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
 - 3.4 Assures an appropriate relationship between program length and the subject matter taught and the objectives for the degree or credential offered.
 - 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
-

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.

Objectives:

In support of **Standard Four**, the program:

- 4.1 Maintains a master plan of education.
- 4.2 Follows a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline.
- 4.3 Provides a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills.
- 4.4 Provides a well-structured, competency based curriculum that supports the program's mission and goals.
- 4.5 Has a curriculum that reflects evaluation of affective, cognitive, and psychomotor domains.
- 4.6 Provides learning opportunities in current and developing medical dosimetry procedures.
- 4.7 Provides equitable learning opportunities.

Standard Five: Resources and Student Services

The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.

Objectives:

In support of **Standard Five**, the program:

- 5.1 Provides classrooms, laboratories, clinical practice settings, administrative and faculty offices, and other facilities to support its mission and goals.
 - 5.2 Has clinical practice settings that provide students with a variety and volume of procedures for competency achievement.
 - 5.3 Reviews, evaluates, and maintains learning resources to assure the achievement of student learning outcomes and program goals.
 - 5.4 Reviews, evaluates, and maintains student services to assure the achievement of student learning outcomes and program goals.
-

Standard Six: Human Resources

The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

Objectives:

In support of **Standard Six**, the program:

- 6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.
 - **Program Director:**
 - Holds, at a minimum, a masters degree;
 - Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;
 - Documents the equivalent of three years full-time experience in medical dosimetry and/or radiation therapy;
 - Documents one year experience as an instructor in a JRCERT accredited program;
 - Holds Medical Dosimetrist Certification Board certification or equivalent; if the program director does not meet this qualification, an educational coordinator is required.
 - **Educational Coordinator:**
 - Holds, at a minimum, a baccalaureate degree;

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds Medical Dosimetrist Certification Board certification or equivalent.

- Didactic Program Faculty:

Is qualified to teach the subject;

Is knowledgeable of course development, instruction, evaluation, and academic counseling;

Holds appropriate professional credentials, if applicable.

- Clinical Preceptor(s):

Is proficient in supervision, instruction, and evaluation;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds Medical Dosimetrist Certification Board certification or equivalent.

- Clinical Staff:

Holds Medical Dosimetrist Certification Board certification or equivalent.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

- Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Assumes the leadership role in the continued development of the program.

- Educational Coordinator:

Cooperates with the program director in design and implementation of the curriculum;

Correlates clinical education with didactic education;

Coordinates clinical education and evaluates its effectiveness;

Evaluates students;

Cooperates with the program director in periodic review and revision of clinical course materials;

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

- Didactic Program Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Preceptor(s)

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

Maintains competency in the professional discipline and in instructional and evaluative techniques through continuing professional development;

Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

Maintain current knowledge of program policies, procedures, and student progress.

- 6.3 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 6.4 Provides support services to meet all educational, program, and administrative requirements.
- 6.5 Provides program faculty with opportunities for continued professional development.
- 6.6 Evaluates didactic program faculty and clinical faculty performance regularly to assure instructional responsibilities are performed.

Standard Seven: Students

The program's and sponsoring institution's policies and procedures serve and protect the rights, health, and educational opportunities of all students.

Objectives:

In support of **Standard Seven**, the program:

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to not more than 40 hours per week.

Standard Eight: Radiation Safety

Program policies and procedures are in compliance with federal and state radiation protection laws.

Objectives:

In support of **Standard Eight**, the program:

- 8.1 Safeguards the health and safety of students associated with educational activities through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
 - 8.2 Has a pregnancy policy that is published and made known to accepted and enrolled female students that:
 - is consistent with applicable federal regulations and state laws;
 - includes notice of voluntary disclosure; and
 - provides options for student continuance in the program.
 - 8.3 Assures that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves, and others.
 - 8.4 Assures that all medical dosimetry procedures, other than fabrication of beam modifying and immobilization devices, are performed under the direct supervision of a qualified practitioner.
 - 8.5 Assures that fabrication of beam modifying and immobilization devices are performed under the direct supervision of a qualified practitioner until a student achieves competency.
 - 8.6 Assures that fabrication of beam modifying and immobilization devices are performed under the indirect supervision of a qualified practitioner after a student achieves competency.
 - 8.7 Maintains documentation that learning environments are in compliance with applicable state and federal radiation safety laws.
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Standard Nine: Fiscal Responsibility

The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.

Objectives:

In support of **Standard Nine**, the program:

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

Glossary

Affiliation Agreement - A formal written understanding between an institution sponsoring the program and an independent clinical practice setting.

Assessment - The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.

Assessment Plan - Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.

Clinical Practice Setting - A facility, which is recognized by the JRCERT and meets the standards of major cancer center as defined by the American College of Radiology (ACR), responsible for delivering clinical education and evaluation of clinical competency. A minimum of one clinical preceptor is designated at each site.

Clinical Preceptor(s) - One full-time equivalent clinical preceptor for every five (5) students involved in the competency achievement process.

Clinical Staff - The ratio of students to staff shall always be no more than 2:1.

Communities of Interest - Institutions, organizations, groups and/or individuals interested in educational activities in medical dosimetry.

Competency Based - Requires student attainment of a specified level of proficiency.

Credentialing Examination Pass Rate - The number of graduates who pass the Medical Dosimetrist Certification Board credentialing examination compared with the number of graduates who take the examination.

Direct Supervision - Student supervision by a qualified practitioner, who reviews the procedure in relation to the student's achievement and reviews and approves the procedure or final product prior to implementation with a patient. Any procedure directly performed on a patient requires the physical presence of a qualified practitioner.

Due Process - The formal procedure for resolution of a grievance or complaint that identifies timeframes for completion of each step and provides for a final appeal to a source external to the program.

Educational Coordinator - Required if the program director is not credentialed in medical dosimetry or has five or more clinical practice settings or more than 10 students enrolled in the clinical component.

Gatekeeper - An agency with responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Goals - Ends or results the program wants to achieve.

Indirect Supervision - That supervision provided by a qualified practitioner on the premises and available to assist the student. A qualified practitioner must be immediately available, in the department, when a medical dosimetry procedure is being performed on a patient.

Job Placement Rate - The number of graduates employed in medical dosimetry compared to the number of graduates actively seeking employment in medical dosimetry.

Learning Environment - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical practice settings.

Learning Resources - Media and reference materials utilized to support and enhance the educational program and scholarly activity. A variety of learning resources are available to programs and students; however, if a print library is a primary resource, the library must have a variety of materials published within the last five years. The JRCERT does not endorse any specific learning resource.

Master Plan of Education - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

Medical Dosimetrist Certification Board or Equivalent - Certification by the Medical Dosimetrist Certification Board (MDCB) as a dosimetrist or the American Board of Radiology (ABR) or the American Board of Medical Physicists as a medical physicist.

Medical Dosimetry Procedures - Treatment planning, dose calculations, brachytherapy planning and procedures, quality assurance procedures, and fabrication of beam modifying and immobilization devices.

Mission Statement - A means to communicate an educational vision and purpose.

Mixed Accreditor - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

Outcomes - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

Program Completion Rate - The number of students who complete the program compared to the number of students initially enrolled in the program.

Program Length - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.

Qualified Practitioner - A medical dosimetrist possessing Medical Dosimetrist Certification Board (MDCB) certification or equivalent.

Recognized and Accepted Curriculum - Professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Sponsoring Institution - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Title IV Financial Aid - Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs. Programs participating in Title IV financial aid must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources; have a monitoring process for student loan default rates; have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; inform students of responsibility for timely repayment of Title IV financial aid.