

Interim Report

Name of Program: _____

Program Number: _____

Sponsoring Institution: _____

Name of Program Director: _____

Telephone: _____

An interim report is required of programs accredited for eight (8) years. Based on a review of the program's interim report, the JRCERT will determine whether the program's current accreditation status will be **maintained** or **reduced**.

The attached materials are designed to assist the program in submitting a successful interim report.



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Instructions

Programs that receive an eight year accreditation award are required to submit an interim report. The attached materials provide information to assist the program in completing the report.

The program's interim report should consist of narrative and documentation for objectives identified. Both the narrative and supporting documentation should be clearly identified by the relevant standard and objective number.

Exhibits should be representative documents. All materials should be bound and submitted in an appropriate binder.

For each objective, suggested evidence is listed that 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.

Programs are encouraged to contact JRCERT executive staff if they have questions regarding completion and/or submission of the interim report.

Sponsoring Institution Accreditation

The sponsoring institution of the applicant program is accredited or otherwise recognized by the following national or regional agency (**Provide documentation.**):

Date awarded _____ Length of accreditation _____

Signatures

The signatures of sponsoring institution/program officials are required.

Program Director:

Signature _____ Date _____

Printed Name

Chief Executive Officer of Sponsoring Institution:

Signature _____ Date _____

Printed Name

Dean or Comparable Departmental Administrator:

Signature _____ Date _____

Printed Name

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.

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

1.1 Has a mission statement that defines its purpose and scope.

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.

Compliance May Be Demonstrated by:

Providing a copy of the program's mission statement from published program materials (e.g., college catalogue or student handbook).

1.2 Has 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.

Compliance May Be Demonstrated by:

Providing a copy of the program's goals from published program materials.

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 percent at first attempt**
 - **over the past five years, job placement rate of not less than 75 percent within six months of graduation**

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.

The example provided demonstrates an assessment plan for a single goal and incorporates an element (clinical competence) of 1.4 and an element of 1.5 (credentialing examination pass rate). A program's assessment plan must include all elements identified in 1.4 and 1.5 and any additional elements identified by the program.

When reporting actual outcomes, the program may incorporate annual results (or other program assessment cycle) into the plan document or provide a separate document that lists the actual outcomes for each measure.

Example:

| Goal: Graduates/students will be clinically competent. | | | | |
|---|---|--|---|---------------------------------|
| Outcomes | Measurement Tool | Benchmark | Time Frame | Person/Group Responsible |
| 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 |

Compliance for Objectives 1.4 and 1.5 May Be Demonstrated by:

- Providing a copy of the program's assessment plan.
- Providing a copy of the programs actual student learning outcomes results from each year (or other program assessment cycle) since the last site visit. The assessment period must be identified on each report.
- Providing representative samples of data to support outcome results.
- Providing representative samples of instruments used to collect data (e.g., completed graduate and/or employer surveys).

1.7 Analyzes and uses 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 their benchmarks 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.

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 materials that document analysis of outcome data and the relationship of this analysis to specific program improvements.

1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes 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.

Compliance May Be Demonstrated by:

- Describing how this review has occurred.
 - Providing meeting minutes and/or other relevant materials that document a review of the program's mission and goals and of the assessment process and related tools.
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Standard Eight: Program policies and procedures are in compliance with federal and state radiation protection laws.

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.

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. The program is advised that consistent with Standard Three, Objective 3.3, if exposure reports are publicly posted they must be free of confidential student information.

Compliance May Be Demonstrated by:

- Providing copies of radiation safety policies, including radiation monitoring, from published program materials.
- Describing how the policies are made known to enrolled students.
- Providing representative samples of materials that document student awareness of these policies.
- Providing representative samples of student radiation exposure reports.

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.

Explanation:

Students must understand basic radiation safety practices prior to assignment to the clinical education setting. As students progress in the program, they must become knowledgeable of practices to minimize radiation exposure.

Compliance May Be Demonstrated by:

- Describing the curriculum sequence and content as it relates to preparing students for appropriate radiation safety practices during clinical education.
 - Providing a curriculum outline and relevant course syllabi.
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8.4 Assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner. (*response required of only radiation therapy programs*)

Explanation:

Radiation therapy procedures requiring direct supervision include brachytherapy, simulation, and treatment. The JRCERT defines direct supervision as 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.

Compliance May Be Demonstrated by:

- Describing how students and clinical staff are made aware of the direct supervision requirement.
- Describing how the program's direct supervision requirement is monitored and enforced in the clinical education setting.
- Providing representative samples of instruments (e.g., clinical evaluations, student surveys) that document the monitoring and enforcement of direct supervision.
- Providing copies of memos to students, clinical staff, or clinical faculty; and/or meeting minutes that document discussion of direct supervision requirements.

8.5 Assures that all medical imaging procedures are performed under the direct supervision of a qualified practitioner until a radiography student achieves competency. (*response required of only radiography programs*)

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.

8.6 Assures that all medical imaging procedures are performed under the indirect supervision of a qualified practitioner after a radiography student achieves competency. (*response required of only radiography programs*)

Explanation:

For radiography, 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 radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

8.7 Assures that radiography students repeating unsatisfactory radiographs are under the direct supervision of a qualified practitioner. (response required of only radiography programs)

Explanation:

A qualified practitioner must be present during the conduct of a repeat radiograph.

Compliance for Objectives 8.5, 8.6, and 8.7 May Be Demonstrated by:

- Describing how students and clinical staff are made aware of the supervision requirements.
 - Describing how the program's supervision requirements are monitored and enforced in the clinical education setting.
 - Providing representative samples of instruments (e.g., clinical evaluations, student surveys) that document the monitoring and enforcement of supervision policies.
 - Providing copies of memos to students, clinical staff, or clinical faculty; and/or meeting minutes that document discussion of the supervision requirements.
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8.8 Maintains documentation that learning environments are in compliance with applicable state and federal radiation safety laws.

Explanation:

Records of compliance (JCAHO, state, or equivalent) must be maintained for clinical education settings and energized laboratories.

Compliance May Be Demonstrated by:

- Providing certificates and/or letters documenting JCAHO or equivalent accreditation for all recognized clinical education settings.
 - Indicating whether or not the program has an energized laboratory. If the program has an energized laboratory, submitting documentation of its compliance with state radiation safety regulations.
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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.**

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

9.1 Has 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.

Compliance May Be Demonstrated by:

- Describing the adequacy of financial resources.
 - Providing copies of the program's budget for the previous two fiscal years.
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