

Crosswalk Table

Comparing Draft 1 of Standards for an Accredited Educational Program in Magnetic Resonance – Certificate Level (2021) and Standards for an Accredited Educational Program in Magnetic Resonance (2014)



2021 Standards	Topic	2014 Standards	Key Changes*not reflective of every change
Standard One: Accountability, Fair Practices, and Public Information			
The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well defined, written, and readily available.			
1.1	Policies, procedures, and relevant information	1.1, 1.6, 1.8, 1.9, 1.10	Objective 1.1 deleted, content subsumed under Explanation. Added: Accreditation status (including length of award) must be published on program website – template provided in Appendix A (CHEA requirement)
1.2	Faculty recruitment and employment	1.14	Editorial changes
1.3	Student recruitment and admission practices	1.12, 1.13	Combined 1.12 and 1.13 and editorial changes
1.4	Confidentiality of student records	1.5	Defined <i>educational records</i> and deleted “security” in objective
1.5	JRCERT Standards awareness and pursuit of noncompliance	1.7	Added: “and faculty” to objective. Provided a reference to JRCERT policy
1.6	Program effectiveness data (PED)	5.3	PED data reflects most recent three-year average (See 6.2); Programs with less than three years of data must publish their one year or two years of PED data. Provided direct JRCERT hyperlink to be used on program’s webpage. Provided a template in Appendix B.
1.7	Achieve and maintain JRCERT accreditation	6.5	Editorial changes and provided hyperlinks to applicable JRCERT policies

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Standard Two: Institutional Commitment and Resources			
The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.			
2.1	Institutional support and financial commitment	2.1, 2.9	Combined 2.1 and 2.9; Editorial Changes;
2.2	Clerical services	2.4	Added: "clerical staffing pool(s)" to Explanation
2.3	Physical resources	2.6	Editorial changes; Added: statement about laboratory use for patient care
2.4	Academic and personal support services	2.7, 2.8	Combined 2.7 and 2.8 thus developed new definition to refer to learning resources and student support services.
2.5	Title IV Financial Aid	2.10	Editorial changes (USDE requirement)
Standard Three: Faculty and Staff (New Standard)			
The program assures adequate and qualified faculty that enable it to meet its mission and promote student learning.			
3.1	Adequate number of faculty	2.2	Replaced term <i>educational coordinator</i> with <i>clinical coordinator</i> to be consistent across all disciplines; Edit threshold for clinical coordinator - Require CC if program has more than 15 students enrolled in program.
3.2	Faculty academic and professional qualifications	6.2	Editorial changes; Reference to JRCERT policy; Requirement to maintain accurate Accreditation Management System (AMS) database at all time.
3.3	Faculty responsibilities	1.1, 3.8	Editorial changes; Clarified program director's responsibilities when a faculty member's appointment is less than 12 months. Added statement to Clinical Preceptor and Clinical Staff regarding monitoring and enforcing program policies (from 2014-Obj 1.1).
3.4	Faculty evaluation	3.9	Deleted: clinical preceptor from objective and allow optional evaluation of the volunteer clinical preceptors who are staff technologists.
3.5	Professional development	2.3	Defined <i>professional development</i> and expanded Explanation.
Standard Four: Curriculum and Academic Practices			
The program's curriculum and academic practices prepare students for professional practice.			
4.1	Mission, Goals, and SLOs	3.1, 5.1	Added: Goals and Student Learning Outcomes (SLOs) to objective. Added: language from 5.1 regarding goals -clinical competency, communication skills, critical thinking, and professionalism. Added: diversity, ethical principles (to replace professionalism), and interpersonal skills (to replace communication skills). Programs must develop at least three goals.
4.2	Well-structured curriculum	3.2	Added: requirements for course syllabi.

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4.3	Timely, equitable, educationally valid clinical experiences	1.2, 1.3, 1.4, 2.5, 3.3, 4.7	Combined many 2014 objectives that relate to clinical education. Deleted: <ul style="list-style-type: none"> • 25% evening and/or weekend total clinical hours • Definition of 'traditional' program (Monday-Friday, 5:00am-7:00pm) • Utilization of clinical assignments such as file room, reception area... Assignments to these areas must remain limited, supported by objectives, and will be reviewed at the time of the onsite evaluation • 40 hour per week total didactic and clinical hour involvement • Objective 2.5 – included <i>observation site</i> information to Explanation and reference to JRCERT policy • Objective 3.3 – didactic content in ASRT curriculum • Objective 4.7 – added statement that students must be cognizant of clinical policies and procedures specifically emergency preparedness and medical emergencies.
4.4	Program length and terminal award	3.4	No change (USDE requirement)
4.5	Course clock/credit hours	3.5	No change (USDE requirement)
4.6	Student advisement	3.7	Deleted: academic, behavioral, and clinical from objective
4.7	Integrity of distance education courses	1.15	Added: “and/or video monitoring” to Explanation. Defined DE courses. (USDE requirement)
Standard Five: Health and Safety			
The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of magnetic fields for students, patients, and the public.			
5.1	Magnetic field safety	4.1	Subsumed October 2014 Standards Interpretation
5.2	Pregnancy policy	4.2	Deleted: reference to ALARA; Added: statement about declared student who continues to work in MR environment
5.3	Students employ safe practices	4.3	Change: From “radiation safety” to “magnetic resonance safety” in objective; Added: statement about use of operational laboratories and scanning volunteers
5.4	Clinical Supervision	4.4, 4.5	Combined all supervision objectives to reduce redundancy; Require programs to develop and publish supervision policies
5.5	Health and safety safeguard policies	4.6	Added: Campus safety to Explanation

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Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement The extent of a program’s effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.			
6.1	Assessment plan	5.1	Defined minimum requirements for assessment plan; Developing assessment plan templates and assessment reporting templates
6.2	Program effectiveness data(PED)	5.2	Changed thresholds to three-year average of not less than 80 percent for credentialing examination pass rate, job placement rate, and program completion rate. Expanded criteria for program completion rate so not to consider nonacademic attritions in calculation.
6.3	SLO and PED data analysis	5.4	Defined minimum requirements for data analysis and use of results. Developing assessment plan templates and assessment reporting templates; Defined key concepts; Added expectations for use of results to Required Program Response.
6.4	Assessment process reevaluation	3.1, 5.5	Added mission statement.