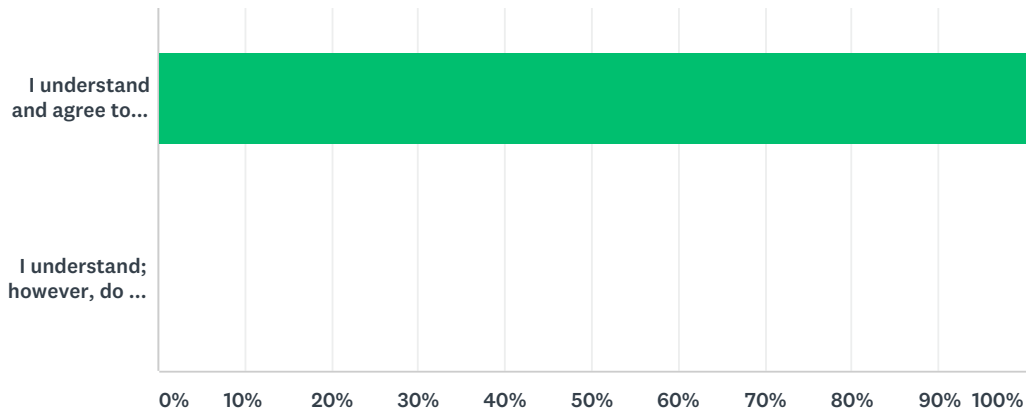


Q1 I understand that the results of this survey will be posted on the Standards Revision page of the main JRCERT Web site and choose to proceed. I also understand that if any identifying information is provided, the JRCERT will make every reasonable effort to redact such information. By continuing, I agree to the conditions of this survey.

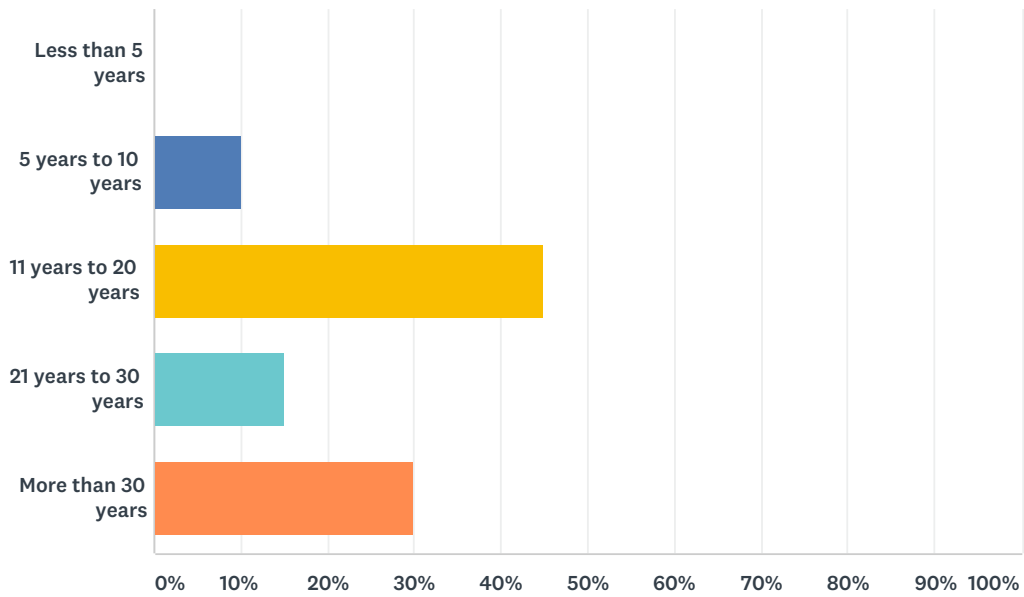
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
I understand and agree to proceed	100.00%	22
I understand; however, do not wish to continue.	0.00%	0
TOTAL		22

Q2 Please identify the range that most reflects your total number of years in the profession:

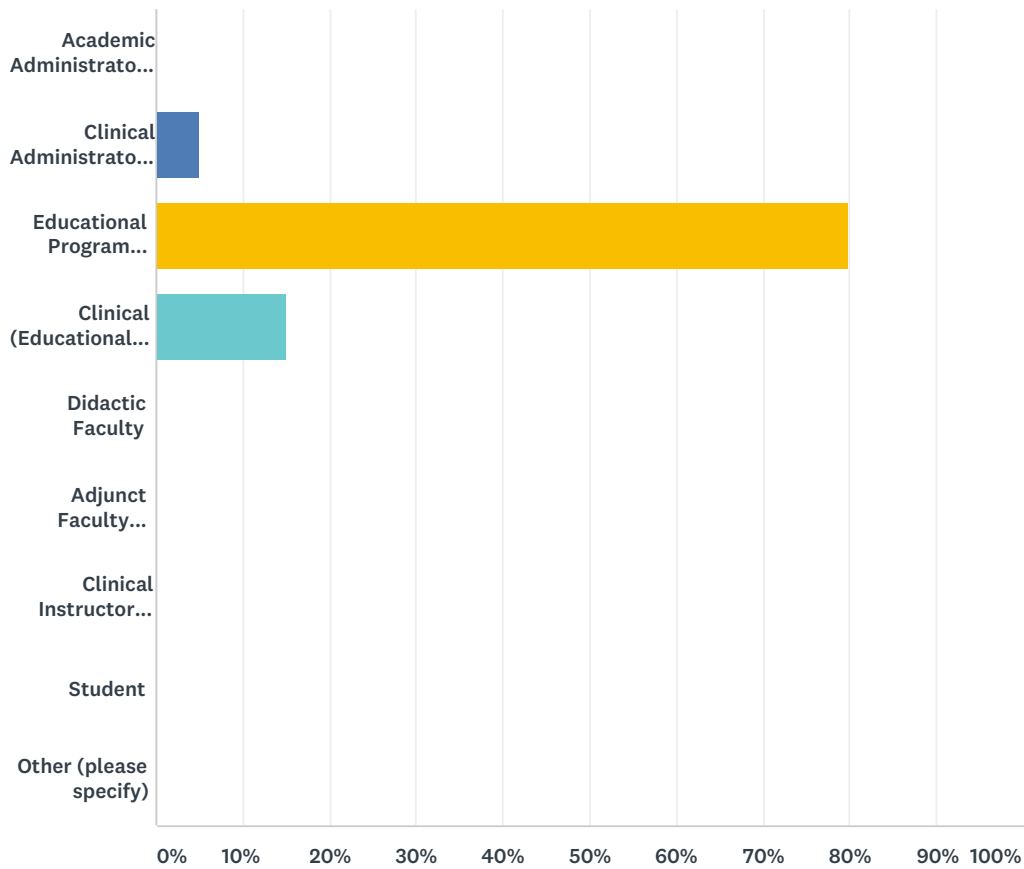
Answered: 20 Skipped: 2



ANSWER CHOICES	RESPONSES	
Less than 5 years	0.00%	0
5 years to 10 years	10.00%	2
11 years to 20 years	45.00%	9
21 years to 30 years	15.00%	3
More than 30 years	30.00%	6
TOTAL		20

Q3 Please select the most appropriate title to represent your current position:

Answered: 20 Skipped: 2

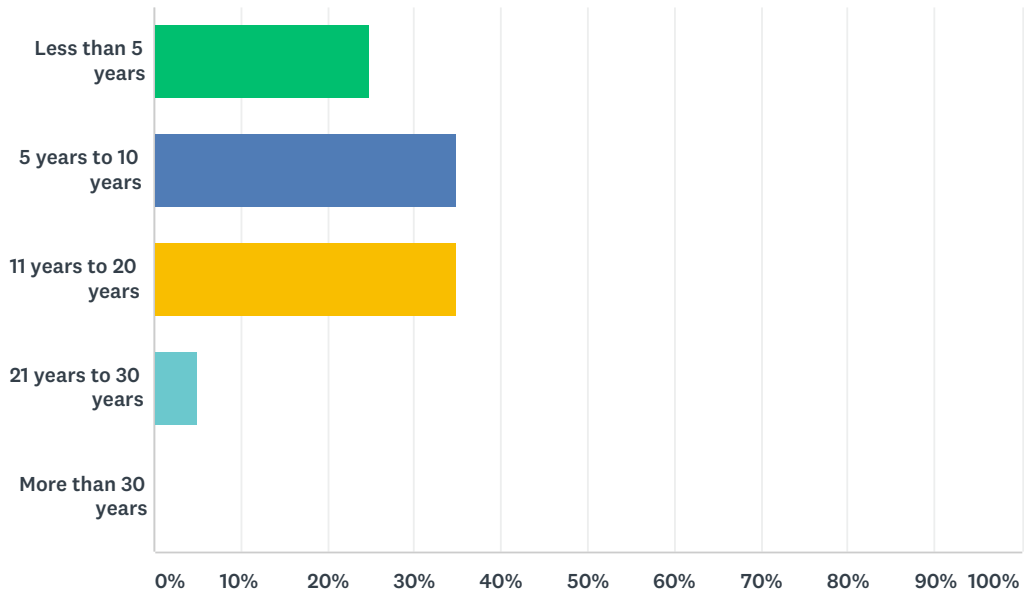


ANSWER CHOICES	RESPONSES
Academic Administrator (Dean, Associate/Assistant Dean, Dept./Division Chair, etc.)	0.00% 0
Clinical Administrator (Medical Imaging Director, Radiation Oncology Administrator, etc.)	5.00% 1
Educational Program Director	80.00% 16
Clinical (Educational) Coordinator	15.00% 3
Didactic Faculty	0.00% 0
Adjunct Faculty (Part-time)	0.00% 0
Clinical Instructor (Clinical Supervisor, Clinical Preceptor)	0.00% 0
Student	0.00% 0
Other (please specify)	0.00% 0
TOTAL	20

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q4 How many consecutive years have you been in your current position?

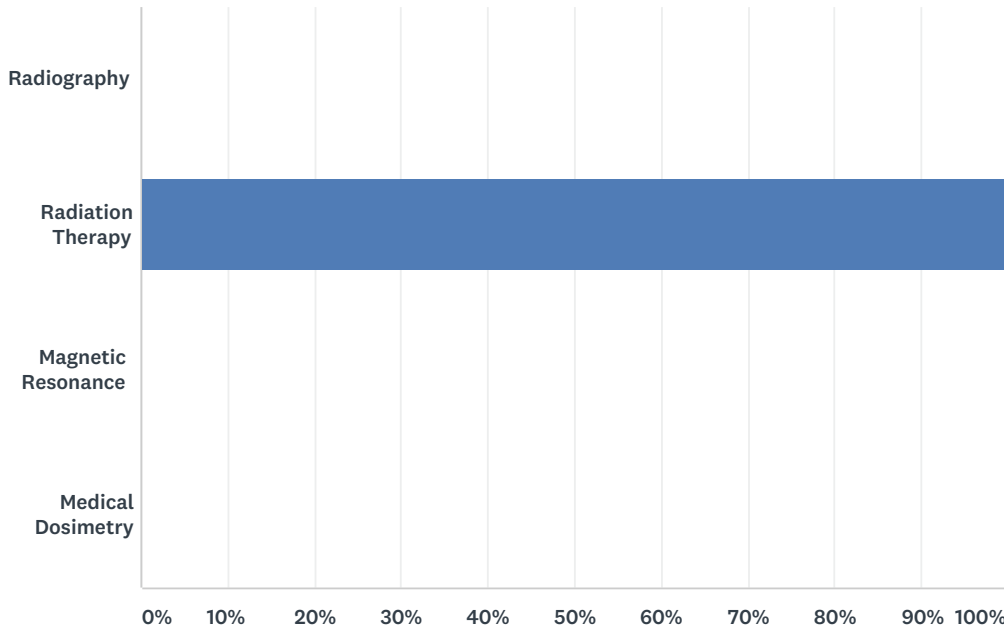
Answered: 20 Skipped: 2



ANSWER CHOICES	RESPONSES
Less than 5 years	25.00% 5
5 years to 10 years	35.00% 7
11 years to 20 years	35.00% 7
21 years to 30 years	5.00% 1
More than 30 years	0.00% 0
TOTAL	20

Q5 Please select the appropriate discipline for the program with which you are most closely affiliated:

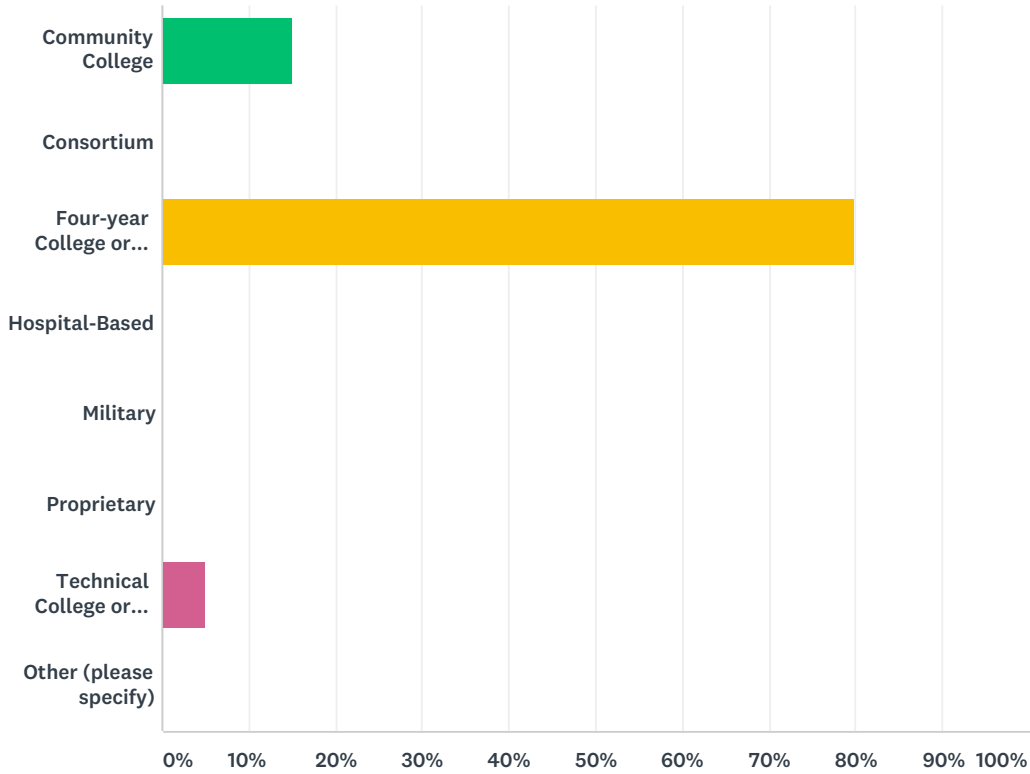
Answered: 20 Skipped: 2



ANSWER CHOICES	RESPONSES
Radiography	0.00% 0
Radiation Therapy	100.00% 20
Magnetic Resonance	0.00% 0
Medical Dosimetry	0.00% 0
TOTAL	20

Q6 The program sponsorship is:

Answered: 20 Skipped: 2

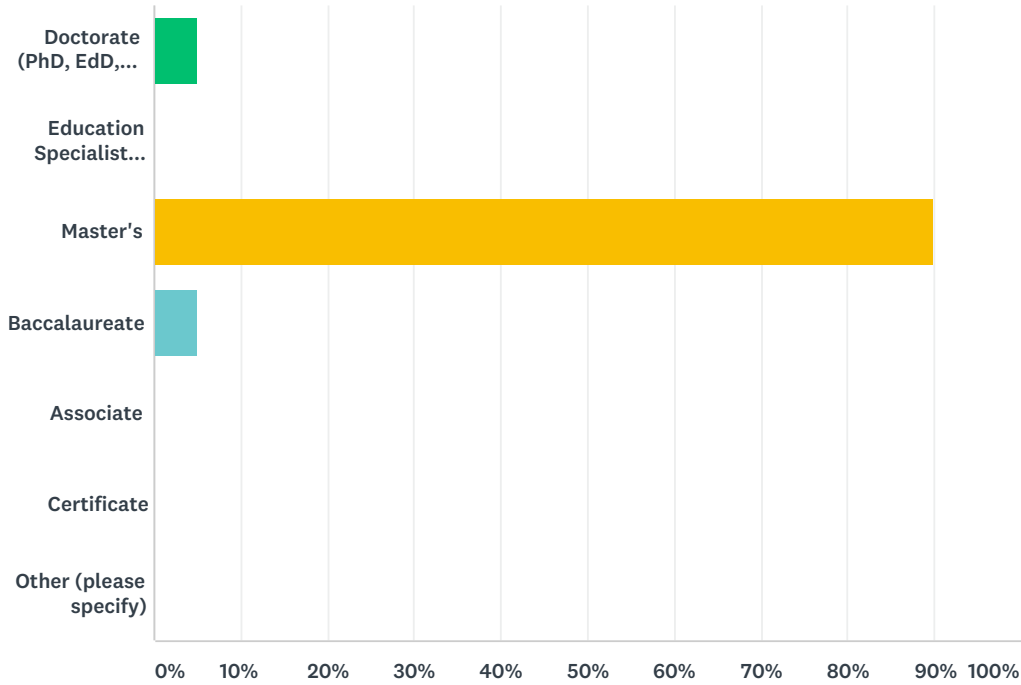


ANSWER CHOICES	RESPONSES	
Community College	15.00%	3
Consortium	0.00%	0
Four-year College or University	80.00%	16
Hospital-Based	0.00%	0
Military	0.00%	0
Proprietary	0.00%	0
Technical College or Institute	5.00%	1
Other (please specify)	0.00%	0
TOTAL		20

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q7 The highest academic credential I have earned is:

Answered: 20 Skipped: 2

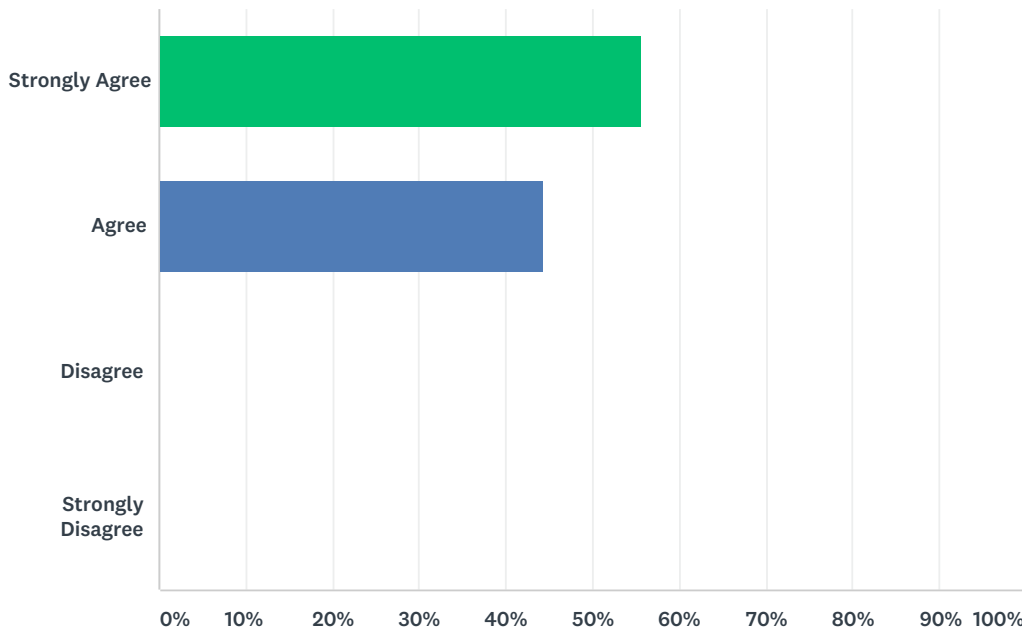


ANSWER CHOICES	RESPONSES	
Doctorate (PhD, EdD, DHEd, JD)	5.00%	1
Education Specialist (EdS)	0.00%	0
Master's	90.00%	18
Baccalaureate	5.00%	1
Associate	0.00%	0
Certificate	0.00%	0
Other (please specify)	0.00%	0
TOTAL		20

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q8 The objectives for Standard One are clear (the program understands the intent of the objectives).

Answered: 18 Skipped: 4

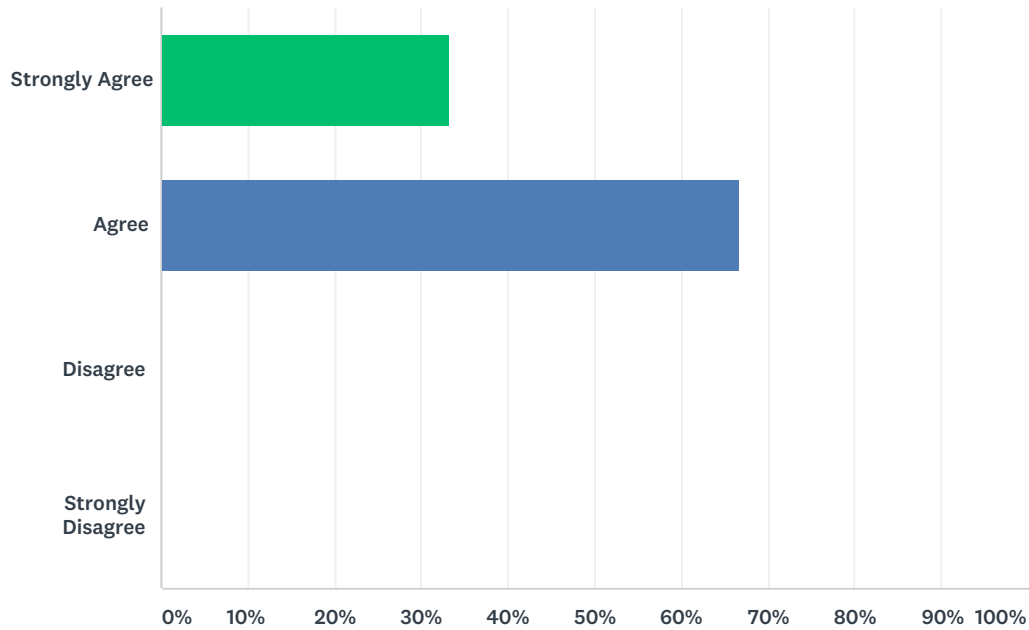


ANSWER CHOICES	RESPONSES
Strongly Agree	55.56% 10
Agree	44.44% 8
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	18

#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD ONE.	DATE
1	1.3: Question: How does an institution meet diversity requirements without using statistical information in the selection process? For example: How does a program include a range of ages, gender, national origin, etc. if that program only accept 6 students per year?	2/13/2018 2:49 PM
2	This comment is in regards to evidence during institutional evaluation: The question, describe the nature of any formal grievance that would jeopardize programs mission statement. This is a hypothetical question and I feel should not be part of a self study.	1/22/2018 4:15 PM

Q9 There are NO redundancies associated with Standard One.

Answered: 18 Skipped: 4

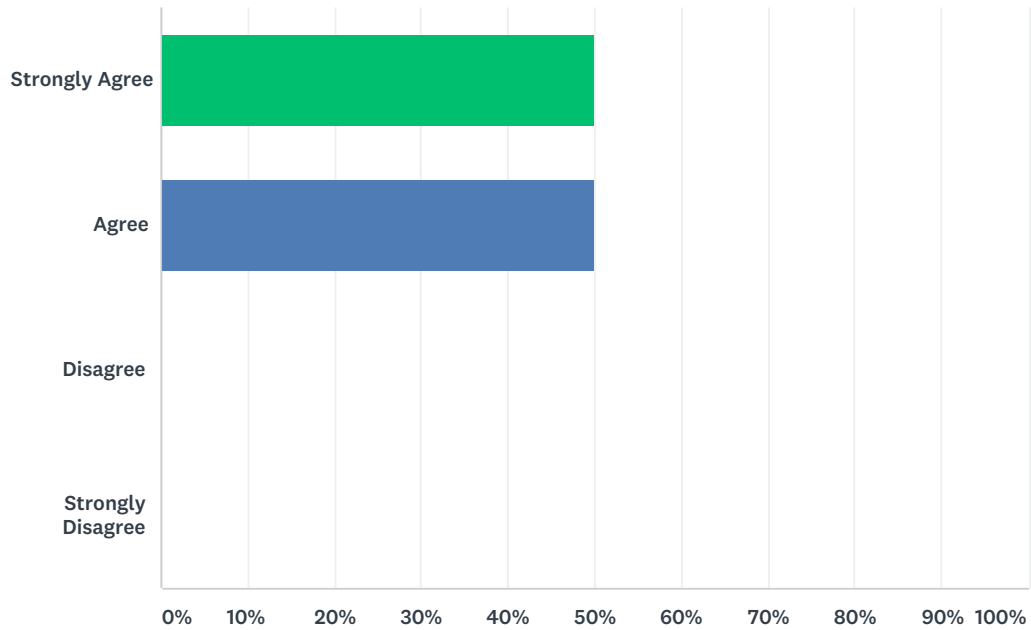


ANSWER CHOICES	RESPONSES
Strongly Agree	33.33% 6
Agree	66.67% 12
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	18

#	PLEASE PROVIDE ANY COMMENTS REGARDING REDUNDANCIES IN STANDARD ONE.	DATE
	There are no responses.	

Q10 The Objectives of Standard One are relevant.

Answered: 18 Skipped: 4



ANSWER CHOICES	RESPONSES
Strongly Agree	50.00% 9
Agree	50.00% 9
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	18

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY OF STANDARD ONE.	DATE
1	1.6 - 3 yr avg is a good idea	2/16/2018 12:05 AM

Q11 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard One?

Answered: 3 Skipped: 19

#	RESPONSES	DATE
1	No	2/12/2018 5:22 PM
2	None	2/6/2018 4:53 PM
3	No	1/7/2018 9:51 AM

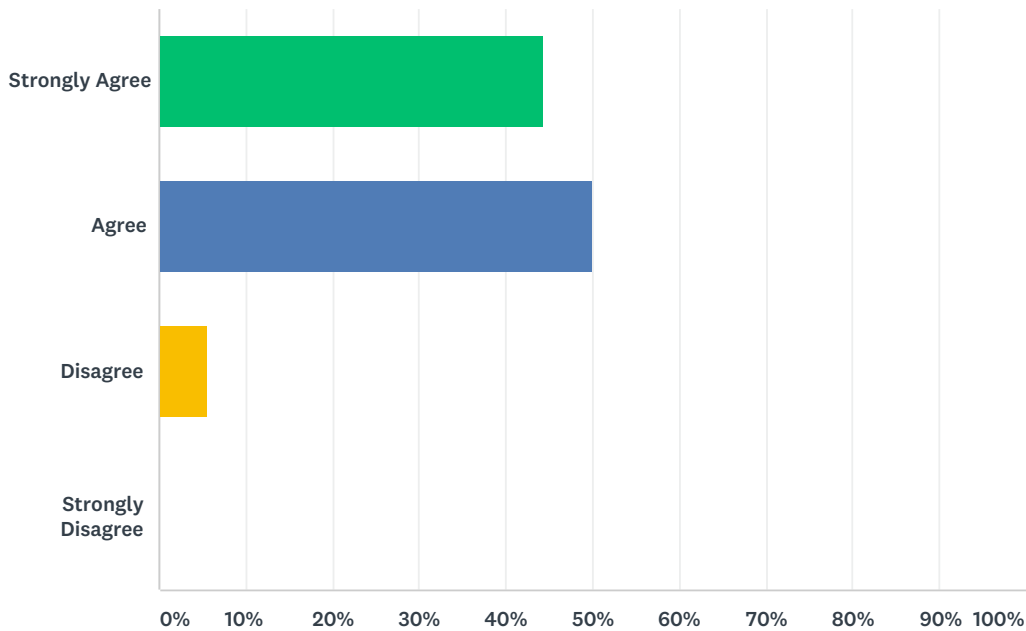
Q12 Are there additional content areas (objectives) that should be included under Standard One?

Answered: 3 Skipped: 19

#	RESPONSES	DATE
1	no	2/13/2018 11:16 AM
2	No	2/12/2018 5:22 PM
3	No	1/7/2018 9:51 AM

Q13 The objectives for Standard Two are clear (the program understands the intent of the objectives).

Answered: 18 Skipped: 4

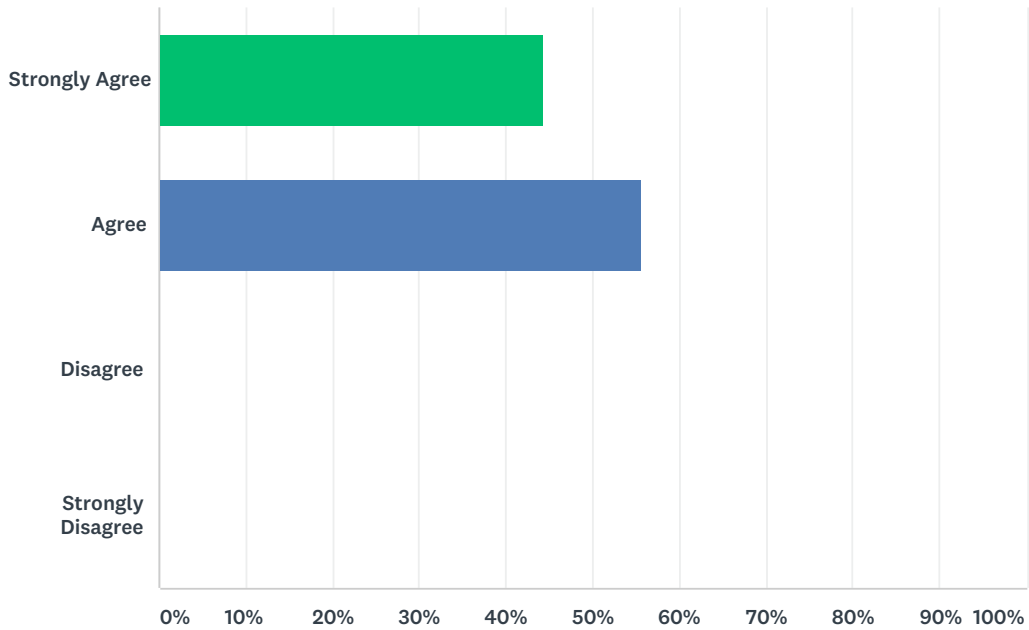


ANSWER CHOICES	RESPONSES
Strongly Agree	44.44% 8
Agree	50.00% 9
Disagree	5.56% 1
Strongly Disagree	0.00% 0
TOTAL	18

#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD TWO.	DATE
1	Objective 2.4 contains items not underlined or identified as updates: Example, bullet point #2 under Required Program Response: "Describe the integration of academic resources into the program's curriculum and/or course delivery methods."	2/15/2018 2:14 PM
2	Obj 2.3 is unclear. Paragraph two, second sentence should state "Although an energized laboratory is not required, the program "must have" (should be changed to "strongly recommend") scheduled accessibility..... This clarifies the statement for programs that do not have a dedicated lab and depend on clinics for lab time.	2/13/2018 12:55 PM

Q14 There are NO redundancies associated with Standard Two.

Answered: 18 Skipped: 4

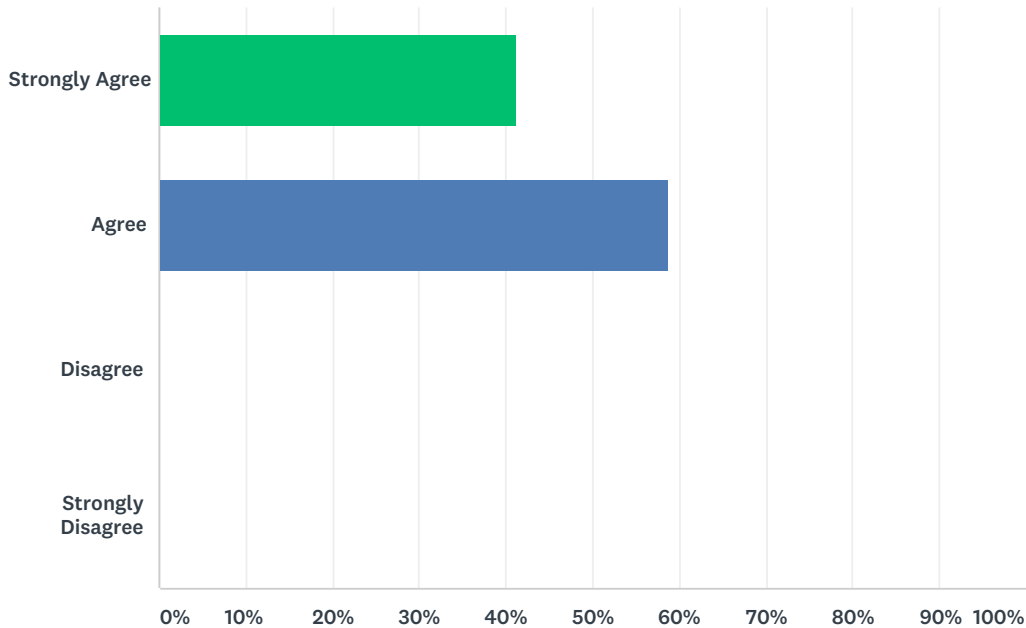


ANSWER CHOICES	RESPONSES
Strongly Agree	44.44% 8
Agree	55.56% 10
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	18

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES FOR STANDARD TWO.	DATE
	There are no responses.	

Q15 The Objectives of Standard Two are relevant.

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES
Strongly Agree	41.18% 7
Agree	58.82% 10
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	17

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY OF STANDARD TWO.	DATE
1	For a profession which still has numerous associate programs that haven't moved to a bachelor's degree, it is a high bar to expect a clinical coordinator of a BS program to hold a master's degree. there are few program directors who hold a doctorate degree, and I feel that we risk medical physicist's becoming directors for dosimetry programs if a PhD is required. The focus should be on the degree for radiation therapy, which I believe should be a minimum of a bachelor's. Physical therapy, occupational therapy and nursing (to name a few) have increase their minimum degree requirements, and radiation therapy should follow. After that has been done, degree requirements for faculty should follow.	2/15/2018 7:06 PM

Q16 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Two?

Answered: 6 Skipped: 16

#	RESPONSES	DATE
1	Funding for PhD and master's degree education for staff.	2/15/2018 7:06 PM
2	2.2 More and more of our exams are taken electronically via computer. We are having a difficult time scheduling exams with only one computer lab available in our health sciences building.	2/13/2018 2:54 PM
3	No	2/12/2018 5:24 PM
4	2.2 Programs "may" benefit from clerical services. This may be interpreted by administration that clerical services is not necessary. The old standard, 2.4 showed the importance of clerical support. If you are not wanting to say "must have than maybe strongly recommend 2.3 the program must have scheduled accessibility to facilities to hone laboratory skills... it might be better to say strongly recommend versus "must have"	2/12/2018 4:00 PM
5	no	2/6/2018 4:54 PM
6	No	1/7/2018 9:52 AM

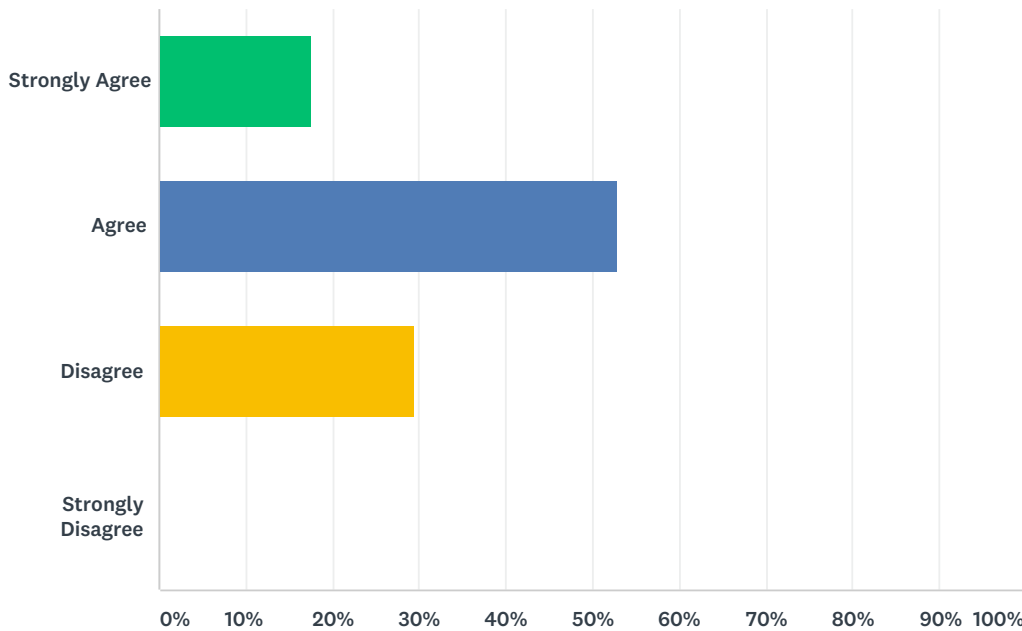
Q17 Are there additional content areas (objectives) that should be included under Standard Two?

Answered: 4 Skipped: 18

#	RESPONSES	DATE
1	no	2/13/2018 12:55 PM
2	No	2/12/2018 5:24 PM
3	none	2/6/2018 4:54 PM
4	No	1/7/2018 9:52 AM

Q18 The objectives for Standard Three are clear (the program understands the intent of the objectives).

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES
Strongly Agree	17.65% 3
Agree	52.94% 9
Disagree	29.41% 5
Strongly Disagree	0.00% 0
TOTAL	17

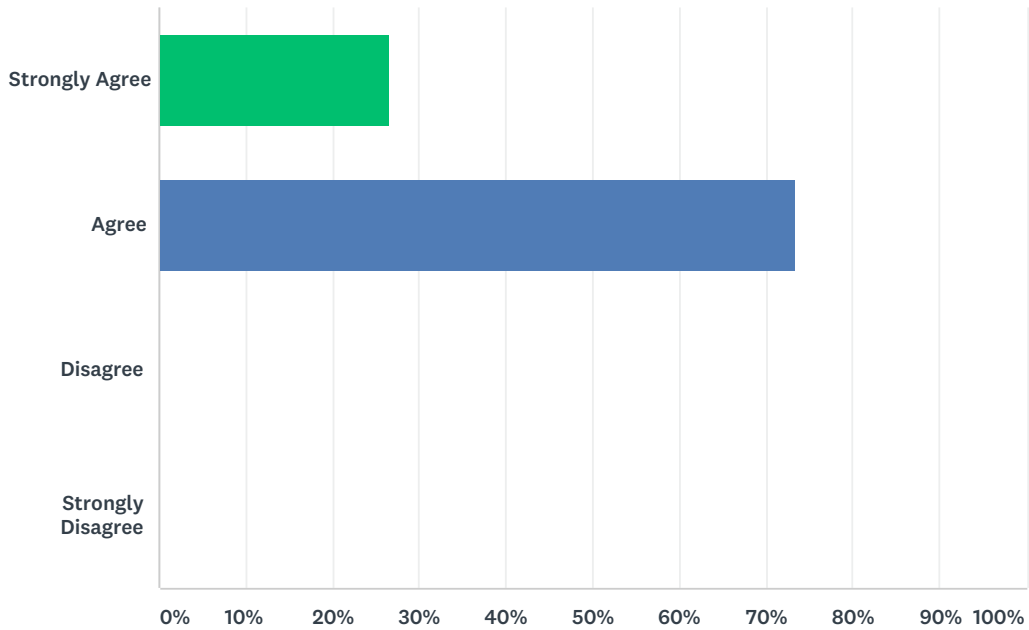
#	PLEASE PROVIDE ANY COMMENTS REGARDING THE CLARITY OF STANDARD THREE.	DATE
1	3.1 Changing the clinical coordinator requirement is very beneficial for programs where there are a number of clinical sites nearby, making it easy for a Program Director to provide adequate supervision and involvement with the clinical education component. As site visitor, I have visited a couple of excellent programs where the Program Director did an outstanding job in spite of lack of funding for a clinical coordinator. I have also visited programs where students and clinical sites were very unhappy with the lack of communication and involvement by their two clinical coordinators. So much of it depends upon how large the clinical sites are and how far they are located from your campus. I believe a cap of 15 for a single Program Director is a fair compromise. 3.5 I believe clarification is needed regarding professional development outside the sponsoring institution. It seems to be saying that institutions have to provide professional development opportunities outside the sponsoring institution. Perhaps wording should be, "If professional development activities are approved by the sponsoring institution, program faculty must not be expected to use personal leave time." I have visited schools that provided excellent professional development opportunities in the region or on campus, but did not sponsor national conferences, for example, unless the employee was a speaker.	2/15/2018 11:07 PM

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2	Standard 3.1: This change in full time clinical coordinator requirements may hurt small programs, who have based hiring/staffing based on previous recommendations. This update in standard lacks a justification. Standard 3.2: This is a significant change in programmatic staff requirements. Requiring a change in the educational status of currently compliant staff without a justification can present difficulties for many programs.	2/15/2018 2:14 PM
3	3.1 Does the rewording improve or lessen the need for a clinical coordinator?	2/13/2018 3:18 PM
4	3.1 states for more than 15 students a full-time Clinical Director is required. Does 15 students refer to total program number or per cohort?	2/12/2018 5:30 PM
5	3.2 The bubble says the CC holds, at a minimum, a master's degree, but the table provided says the CC holds at a minimum a bachelor's degree??	2/12/2018 4:10 PM
6	3.1 now states that a full-time clinical coordinator is required if the program has more than 15 students enrolled in the program. I am assuming "the program" refers to the total number of students and includes students in all cohorts, not just one cohort. If not, then clarification is needed. It also states that a full-time program coordinator is required. Is full-time status required in the summer for those programs that go year-round? Is it acceptable to have a full-time clinical coordinator and part-time program coordinator during the summer semester, with both positions being full-time in the fall and spring semesters?	2/6/2018 4:50 PM
7	Standard 3.2 states clinical coordinator should hold a Master's degree, on page 17 it's a bachelors. There is a discrepancy in language. Furthermore, I'm concern that requiring a Master's degree will soon then require program directors to have a PhD. I believe the need for educators in the field is already limiting and I feel raising these standards will make it even more challenging.	1/22/2018 4:20 PM

Q19 There are NO redundancies associated with Standard Three.

Answered: 15 Skipped: 7

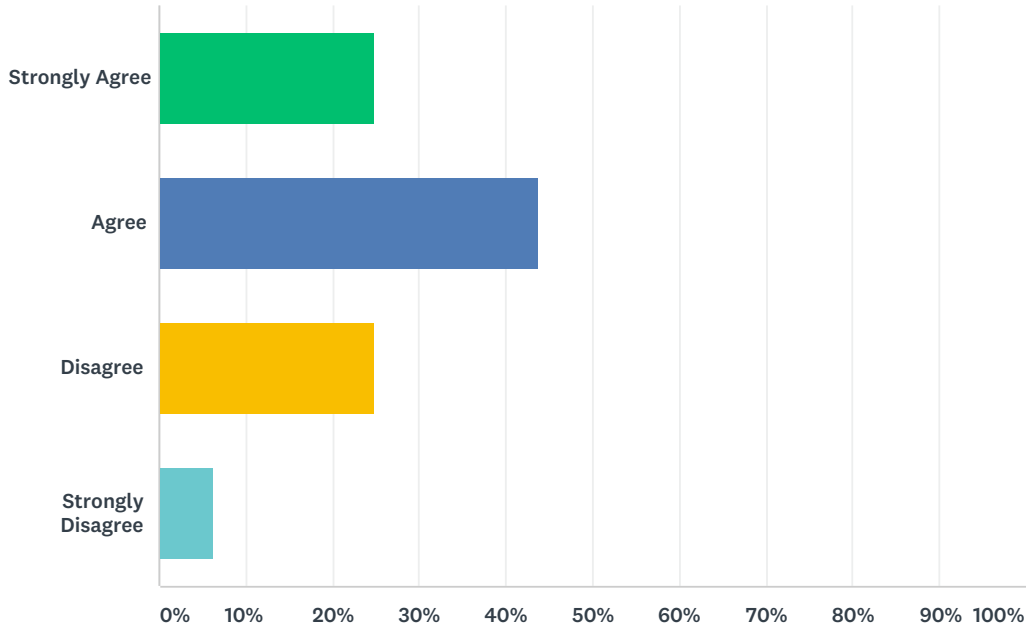


ANSWER CHOICES	RESPONSES	
Strongly Agree	26.67%	4
Agree	73.33%	11
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		15

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES IN STANDARD THREE.	DATE
	There are no responses.	

Q20 The Objectives of Standard Three are relevant.

Answered: 16 Skipped: 6



ANSWER CHOICES	RESPONSES
Strongly Agree	25.00% 4
Agree	43.75% 7
Disagree	25.00% 4
Strongly Disagree	6.25% 1
TOTAL	16

#	PLEASE PROVIDE COMMENTS REGARDING THE RELEVANCY OF STANDARD THREE.	DATE
1	3.1 - agree with FT CC for more than 15 students 3.2 - agree that CC should hold a master's degree regardless; disagree that program director should hold a PhD for master's programs	2/16/2018 12:21 AM
2	Standard 3.1: This change in full time clinical coordinator requirements may hurt small programs, who have based hiring/staffing based on previous recommendations. This update in standard lacks a justification. Standard 3.2: This is a significant change in programmatic staff requirements. Requiring a change in the educational status of currently compliant staff without a justification can present difficulties for many programs.	2/15/2018 2:14 PM
3	For programs offering a mater's degree, the number of educators in the Radiologic Sciences that hold a doctorate is extremely limited. I fee the requirement of the program should include a qualified faculty member holding a Ph.D. that is associated with the program and included in the instruction or advisement of the student.	2/15/2018 12:02 AM
4	Serious concerns that both Program Director & CC must have prior instructor experience in an accredited program. I would think most clinical coordinators (and some PDs) are clinical staff making the transition to education and rarely would have experience as instructors prior to taking on that role. Not many opportunities for adjunct faculty among most programs as that would be the only avenue to be an instructor prior to accepting a role as either PD or CC.	2/14/2018 10:54 AM

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5	<p>Although relevant, I have an objection with the content of 3.1. The need for a clinical coordinator should be required if the program has 10+ students and/ or more that 6 clinical sites. Understanding that most programs have an enrollment of 10-15 students, increasing the student limit to 15 students give the sponsoring institution the documentation they need to eliminate the clinical coordinator position if the enrollment is less than 15. Those of us who have multiple clinical sites and 12-14 students, with significant academic responsibilities would not be able to give the time and attention to teaching and clinical supervision required to maintain program quality if the need for a cc was eliminated at our institution. Most certainly program outcomes would suffer, and it would over work the already overloaded faculty. Our institution looks closely at accreditation requirements and makes adjustments accordingly, so if this was written into the Standard, we most certainly lose the CC position. Our cc is full time, and very busy with 12+ students and 12 clinical sites. I can't imagine what we would do without that position. Most certainly outcomes would suffer. I also believe that sponsoring institutions would most certainly use this criteria to cut cc and faculty to reduce cost. Obj 3.2 is unclear - the blue box states "Applicable to all programs with the following additions: Bachelors degree programs: Clinical coordinator holds, at a minimum, a master's degree." Shouldn't this state "Program Director holds, at a minimum, a master's degree." I do believe that if a program is a 12 month program, that the PD/CC should be on contract, and physically present for students during those 12 months. If an institution considers a 9 month appointment full time, that is their if their choice, however if the students are enrolled for 12 months, faculty should be physically present for the entire 12 months. It is not appropriate for student to be enrolled for 12 months, but faculty is only contracted for 9 months of that time, although faculty may be available, they do not have any responsibility to the institution, or students, while off contract. That should be addressed in the standards.</p>	2/13/2018 12:55 PM
6	<p>Standard 3 does not delineate any academic practices for faculty members that are teaching in 4 year institutions at the bachelor and graduate levels. Other health science professionals such as respiratory therapists, medical laboratory scientists, athletic trainers, for example, have guidelines which deal with scholarship, research, publications, etc. If medical imaging and radiation therapy programs in academia wish to stay abreast of the rest of health sciences in academic institutions, these issues need to be addressed in our standards.</p>	1/30/2018 2:45 PM
7	<p>The decision to require a Master level clinical coordinator for bachelor degree programs will present programs with undue hardships in relation to personnel. It is difficult to find radiation therapists that will accept a reduced pay rate to work at the college level currently. It will be nearly impossible to find an individual who will agree to make less than a radiation therapist wage and be required to incur increased expenses in order to obtain an advanced degree. I question the need for the master's degree for a role that is typically clinically based. This new requirement will put undue burden on program's and may ultimately result in programs either not seeking JRCERT accreditation or potentially closing if unable to staff to the level defined by the Standards. This requirement is unnecessary and does not add value to program's or increase educational quality. At some point the JRCERT should be sensitive to its program's viability of operation. Programs are consistently challenged with competing in a technologically advanced world. Radiation therapy programs are especially subject to challenges relating to upgrades in technology and the means for which to teach those changes to students. Programs constantly battle with administration for funds to be able to effectively teach new technology. The battle often becomes a choice between new technology or adequate pay for faculty. More often than not, the faculty do not win. To add to that burden an advanced degree is unnecessary and potentially destructive to radiation therapy programs.</p>	1/16/2018 12:14 PM

Q21 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Three?

Answered: 6 Skipped: 16

#	RESPONSES	DATE
1	The AMS is not user friendly at this time for updating clinical site database/staff. Would like to see that changed so we can make changes, which would put the database in a "pending review" status until JRCERT has reviewed and approved/denied.	2/15/2018 11:07 PM
2	-A justification for 3.1 -A justification for 3.2 including a timeline for compliance	2/15/2018 2:14 PM
3	No	2/12/2018 5:30 PM
4	3.1 The need for a clinical coordinator seems to be diminished. The old standards better showed the importance with the number of clinic sites. If the number of students is going to be used, consider lowering the number. Also, there is a substantial amount of administrative work that is involved for a clinical coordinator, release time should be allocated for this position as well. The length of full time should be consistent with the length of the program. If the program is 12 months, then the definition of full time for the faculty should be 12 months and not what the sponsoring institution defines it to be.	2/12/2018 4:10 PM
5	Funds to help pay for faculty.	1/16/2018 12:14 PM
6	No	1/7/2018 9:52 AM

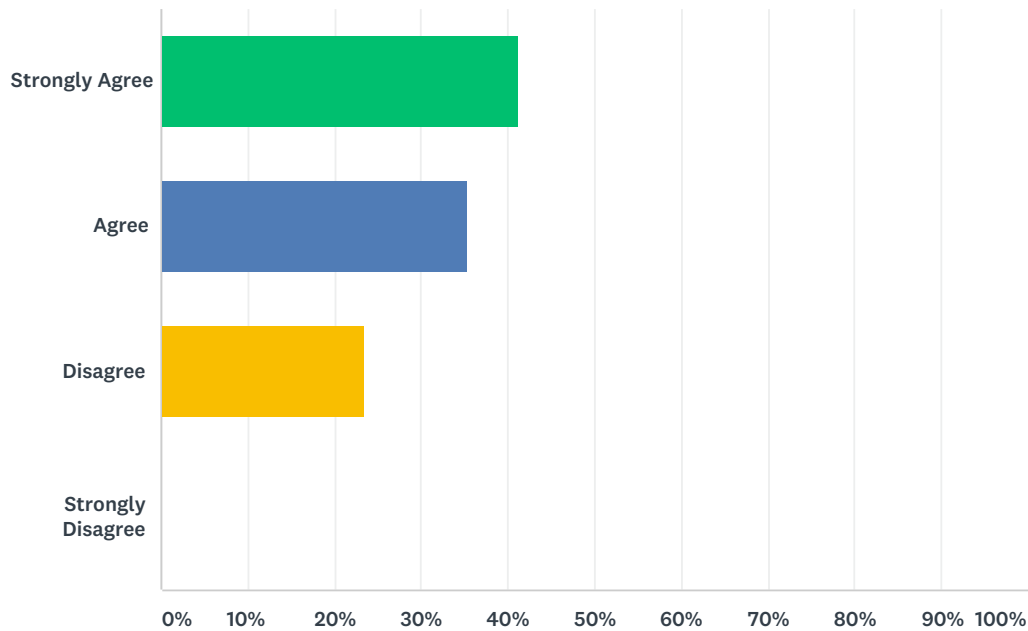
Q22 Are there additional content areas (objectives) that should be included under Standard Three?

Answered: 2 Skipped: 20

#	RESPONSES	DATE
1	No	2/12/2018 5:30 PM
2	No	1/7/2018 9:52 AM

Q23 The objectives for Standard Four are clear (the program understands the intent of the objectives).

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	41.18%	7
Agree	35.29%	6
Disagree	23.53%	4
Strongly Disagree	0.00%	0
TOTAL		17

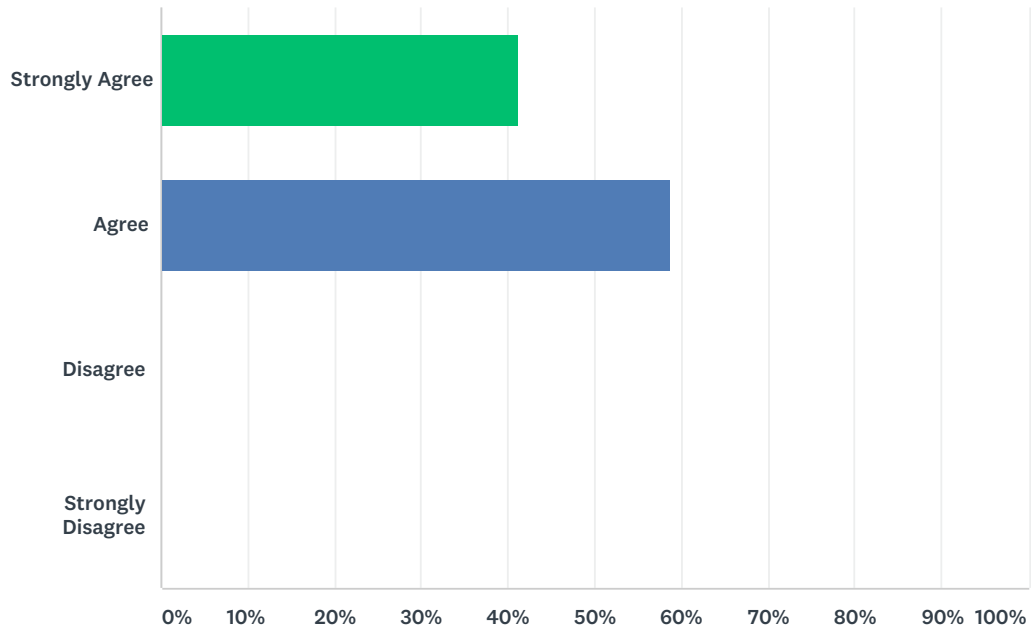
#	PLEASE PROVIDE COMMENTS REGARDING THE CLARITY OF STANDARD FOUR.	DATE
1	4.7 It seems distance education pieces are scattered in too many places. Again, have program directors complete the document with self study rather than complete on site during visit.	2/15/2018 11:12 PM
2	Currently the standards do not adequately differentiate between on-line courses and distance education. I feel the expectations of standard 4.7 may still be an area of confusion. On-line courses are often offered to students on campus, just in an asynchronous manner. Distance education is education taught to students at other locations, this can be synchronous or asynchronous. As long as what is written in the standard is enforced appropriately, then either type of education will be covered but if a program is asked to say if they offer distance education courses, make sure the correct meaning is applied.	2/15/2018 12:15 AM
3	Having reviewed the ASRT's BSRS core curriculum, I don't understand why we, as a radiation therapy program, would use that as our guide! There is no therapy content. If JRCERT wants "additional professional content" for BS programs...I have concerns that the vagueness of the terminology will result in non-compliance. For instance, if we add 2 courses will the JRCERT argue that we should have added 3?	2/14/2018 10:58 AM

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4	4.1 Do we develop our own three goals now in addition to outcomes? How will the JRCERT compare assessments if each institution has different goals? 4.7 In order to keep the cost of proctoring exams at a minimum for the program - we administer the exams in a computer lab on campus. However, there is only one computer lab available for our entire health sciences building. This new process has become a bit of a scheduling nightmare, especially during finals week.	2/13/2018 3:24 PM
5	Obj 4.6 requires clarification - in the explanation it does not state who does the advisement. This should be clarified to specifically stating that program faculty is involved with advisement.	2/13/2018 12:55 PM
6	Program's must follow both the ASRT Radiation Therapy Curriculum along with the ASRT BSRS curriculum? I do not believe it is possible to put both these curriculum's together in a BS degree. The RT curriculum is difficult enough to include in the bachelor's degree program, putting them both together will be impossible.	1/16/2018 12:18 PM

Q24 There are NO redundancies associated with Standard Four.

Answered: 17 Skipped: 5

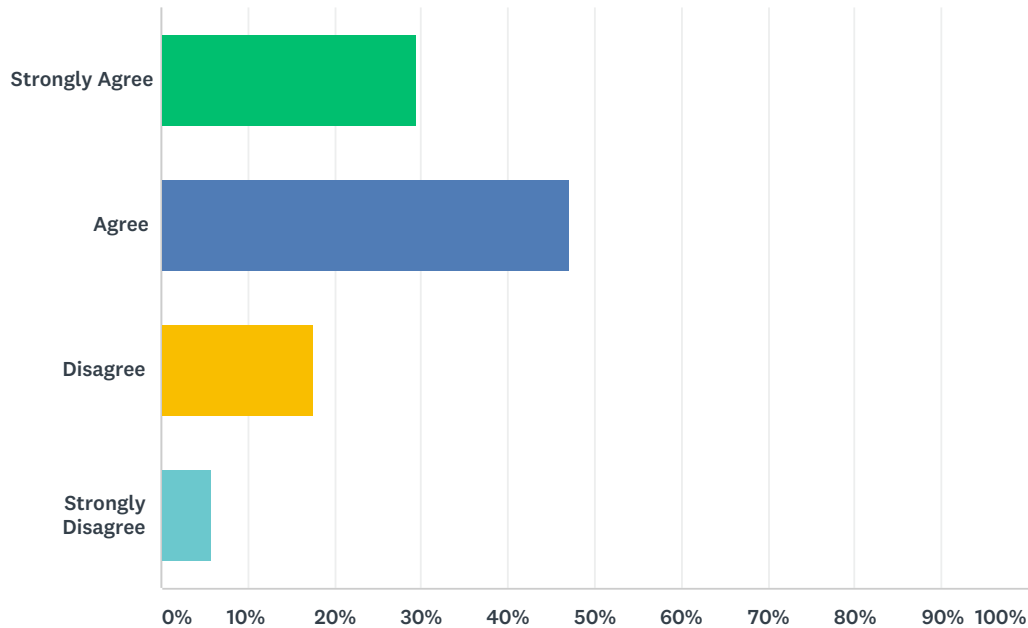


ANSWER CHOICES	RESPONSES
Strongly Agree	41.18% 7
Agree	58.82% 10
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	17

#	PLEASE PROVIDE COMMENTS ON ANY REDUNDANCIES IN STANDARD FOUR.	DATE
	There are no responses.	

Q25 The Objectives of Standard Four are relevant.

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES
Strongly Agree	29.41% 5
Agree	47.06% 8
Disagree	17.65% 3
Strongly Disagree	5.88% 1
TOTAL	17

#	PLEASE PROVIDE COMMENTS ON THE RELEVANCY OF STANDARD FOUR.	DATE
1	Programs offering a BS degree are required to follow the ASRT Core BS curriculum. Since this is a requirement and it is already written at the bachelor's level, programs should not be required to provide additional professional content. Requiring additional content is telling the ASRT that the curriculum is not written at the appropriate level. If that is the case then following the curriculum should not be a requirement.	2/15/2018 12:15 AM
2	Requiring the ASRT BSRS core curriculum could cause hardships for some programs by requiring additional courses.	2/7/2018 2:09 PM
3	4.2 requires that bachelor programs follow the ASRT BSRS Core curriculum which is ONLY meant for post credentialed radiographers who are now seeking a bachelor degree. This curriculum is not relevant for primary degree seeking students and programs. Also, the professional curriculum is already written and adding an additional curriculum with a SIGNIFICANT increase in courses (because program's would have to teach pt care then advanced patient care) would adversely affect institutions. Colleges and universities have a fiducial responsibility to not only students but also to their state higher education board, US Dept of Education and the institutional accreditor. By adding a significant amount of courses from the BSRS curriculum, the program would in most likely be in violation of institutional policy with regards to number of course hours, DOE guidelines with required degree hours, etc. I strongly suggest that the JRCERT review the ramifications of adding a significant number of courses and hours into these revised standards. I also do not know what the JRCERT defines as "advanced (expanded) clinical skills". I believe this phrase needs to be defined.	1/30/2018 2:45 PM

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4

Standard 4.2 is very concerning to me as a program director. The expectation of requiring BSRS core curriculum with no radiation therapist on the committee is not appropriate. If you are trying to give guidance to BS programs and considering them advanced degrees you could have the ASRT BSRS core curriculum as an option, most 4 year institutions require general education and liberal arts to be part of a 4 year degree. I'm not understanding the need to require BSRS curriculum.

1/22/2018 4:23 PM

Q26 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Four?

Answered: 2 Skipped: 20

#	RESPONSES	DATE
1	As a site visitor, it would be helpful to know a bit more about the clinical sites when we are going in. Perhaps a grid similar to the curriculum grid could be developed where programs check the clinical experiences available to students at each site. (e.g. protons, CyberKnife, brachytherapy, 2 linacs, 2 CT sims) This info could be submitted with self study or could be added to the clinical site database so that it could easily be edited.	2/15/2018 11:12 PM
2	No	2/12/2018 5:30 PM

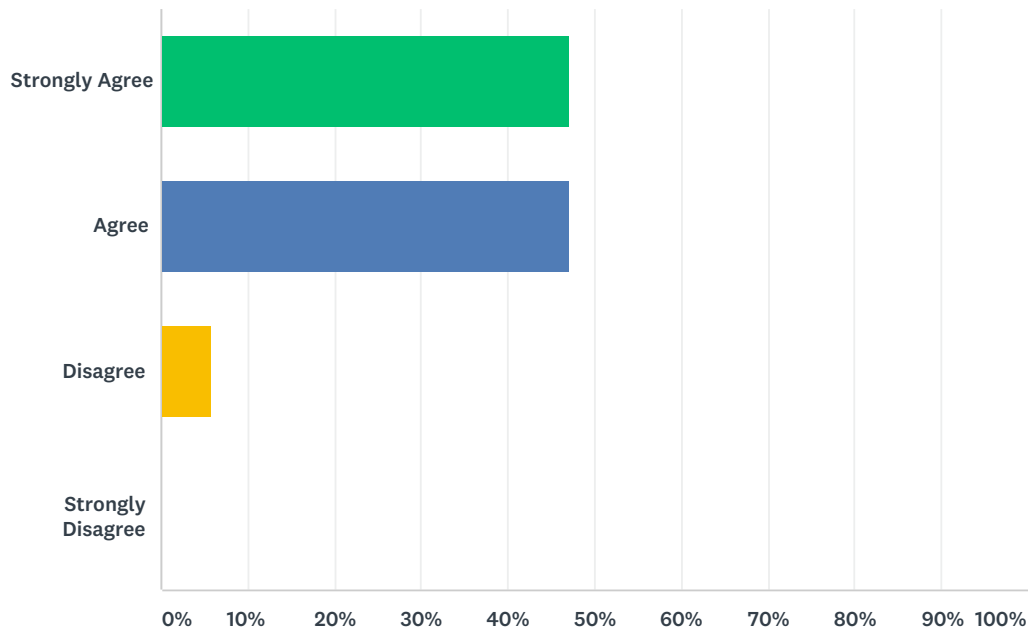
Q27 Are there additional content areas (objectives) that should be included under Standard Four?

Answered: 2 Skipped: 20

#	RESPONSES	DATE
1	No	2/12/2018 5:30 PM
2	None - there are too many already.	1/16/2018 12:18 PM

Q28 The objectives for Standard Five are clear (the program understands the intent of the objectives).

Answered: 17 Skipped: 5

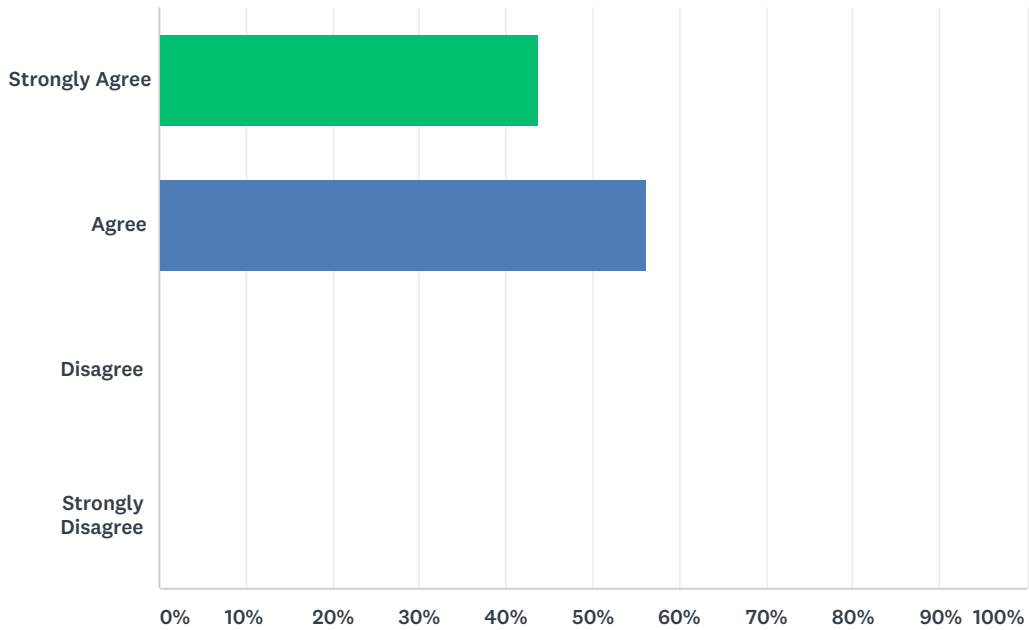


ANSWER CHOICES	RESPONSES
Strongly Agree	47.06% 8
Agree	47.06% 8
Disagree	5.88% 1
Strongly Disagree	0.00% 0
TOTAL	17

#	PLEASE PROVIDE COMMENTS ON THE CLARITY FOR STANDARD FIVE.	DATE
1	Standard 5.4: Some updates were not underline or identified as changes. Example: Bullet points 1 and 2 under Explanation. "reviews the procedure in relation to the student's achievement" "evaluates the condition of the patient in relation to the student's knowledge" These points are difficult to understand and do not tie into the defined program response.	2/15/2018 2:14 PM
2	Obj 5.1 Clarification on how the students are provided their radiation exposure report, what means of distribution of this report is acceptable?	2/13/2018 12:55 PM

Q29 There are NO redundancies associated with Standard Five.

Answered: 16 Skipped: 6

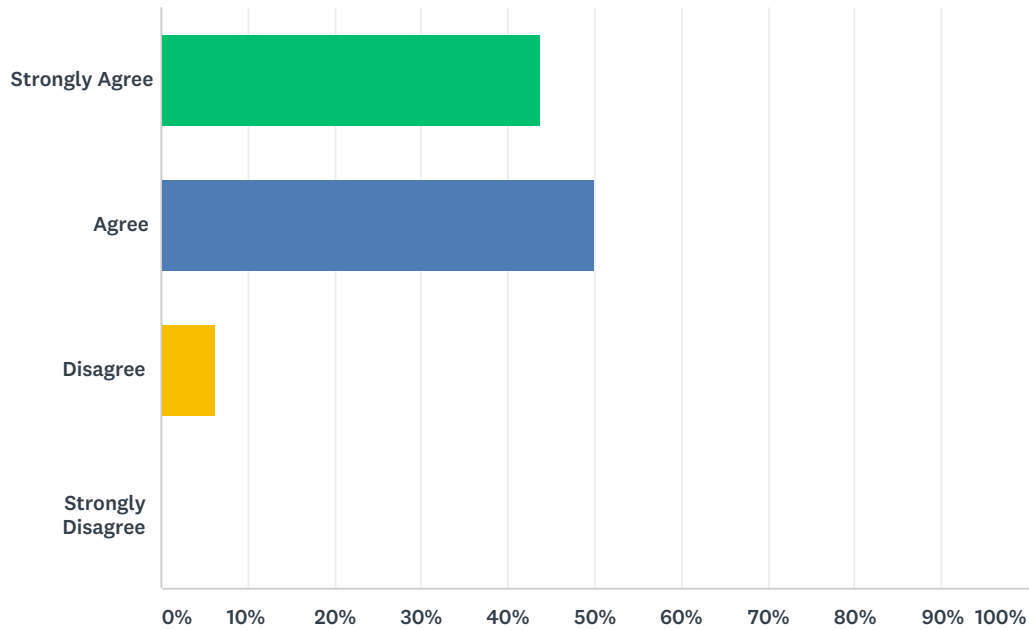


ANSWER CHOICES	RESPONSES
Strongly Agree	43.75% 7
Agree	56.25% 9
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	16

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES IN STANDARD FIVE.	DATE
	There are no responses.	

Q30 The Objectives of Standard Five are relevant.

Answered: 16 Skipped: 6



ANSWER CHOICES	RESPONSES	
Strongly Agree	43.75%	7
Agree	50.00%	8
Disagree	6.25%	1
Strongly Disagree	0.00%	0
TOTAL		16

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY FOR STANDARD FIVE.	DATE
1	Standard 5.4: Some updates were not underline or identified as changes. Example: Bullet points 1 and 2 under Explanation. "reviews the procedure in relation to the student's achievement" "evaluates the condition of the patient in relation to the student's knowledge" These points are difficult to understand and do not tie into the defined program response.	2/15/2018 2:14 PM

Q31 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Five?

Answered: 1 Skipped: 21

#	RESPONSES	DATE
1	No	2/12/2018 5:31 PM

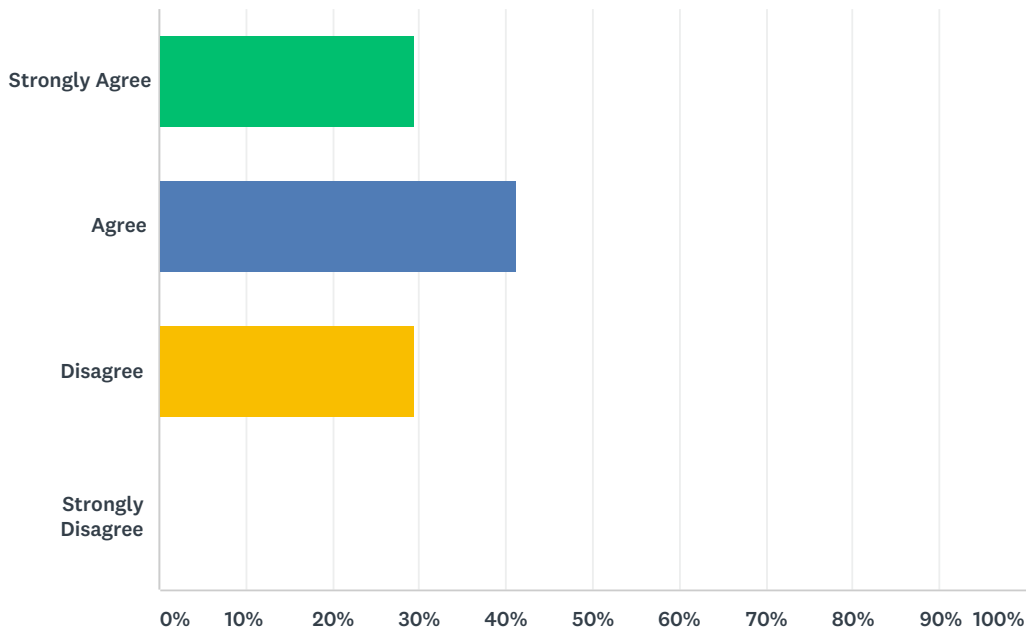
Q32 Are there additional content areas (objectives) that should be included under Standard Five?

Answered: 1 Skipped: 21

#	RESPONSES	DATE
1	No	2/12/2018 5:31 PM

Q33 The objectives for Standard Six are clear (the program understands the intent of the objectives).

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES	
Strongly Agree	29.41%	5
Agree	41.18%	7
Disagree	29.41%	5
Strongly Disagree	0.00%	0
TOTAL		17

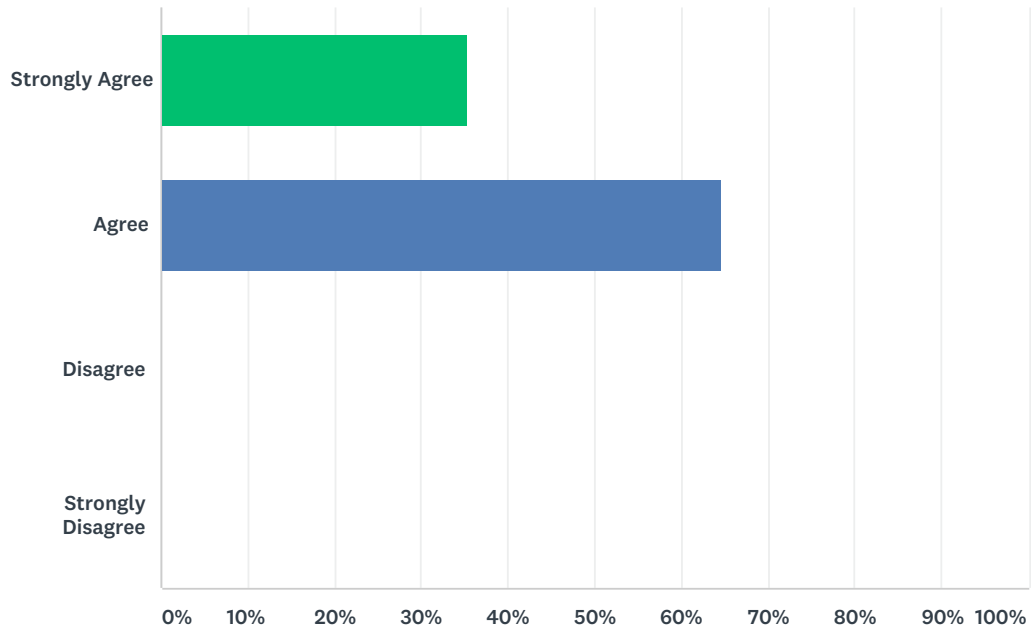
#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD SIX.	DATE
1	Standard 6.2: "three-year average credentialing examination pass rate of not less than 80 percent at first attempt within six months of graduation, three-year average job placement rate of not less than 80 percent within twelve months of graduation, three-year average program completion rate of not less than 80 percent within 150 percent of stated program length." These are significant changes that may negatively impact many small programs.	2/15/2018 2:14 PM
2	The Standard needs to provide more detailed information of the JRCERT's expectations.	2/14/2018 7:44 PM
3	On the crossover document provided there was a note for 6.2 "expand criteria for program completion rate so not to consider nonacademic attrition in calculation" Would like to see that same language in the standard rather than in the interpretation of the standard as was the case for MR safety for Obj 4.3	2/14/2018 11:00 AM
4	6.2 Increasing the benchmarks from 75 to 80% make create unreasonable standards especially for smaller programs. For example: If a program has 6 students and 1 student decides to withdraw for personal reasons then the completion rate drops to 83% (5/6). Is it possible to have exceptions in the case where a student decides to withdraw versus academic dismissal? It doesn't seem fair that a program is penalized if a student makes a personal decision to withdraw.	2/13/2018 3:32 PM

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5	<p>Specifically, obj 6.2 requires further clarification. While a increase of the benchmark to 80% is acceptable, the collection of data over a three year period is not. This time period should remain at 5 years. The reduction of the number of years for data collection from 5 to 3 years could negatively impact programs with lower enrollment. There should be a clarification defining the penalty to the program when these benchmarks have not been met. For example, an action plan should be submitted to the JRCERT addressing any non-compliance with the published benchmarks describing actions to correct not meeting the benchmarks, but punitive actions against the program, such as revoking accreditation, should be avoided. The JRCERT should work with the programs to meet benchmarks when necessary. Obj 6.4 should offer clarification of the terms, for those who are not familiar with meta-assessment, this may be difficult to understand and follow.</p>	2/13/2018 12:55 PM
6	<p>6.2 requires 3 year average 80% benchmarks for program effectiveness data. These new requirements would have the most impact on small programs. It might be beneficial to consider and evaluate past data from smaller programs to see how big of an impact this would be. After evaluating my program data over the past years, I do believe the expanded criteria for program completion rate will assist in making this doable for smaller programs however, it might be something to look into more before implementing these new benchmarks.</p>	2/12/2018 5:37 PM

Q34 There are NO redundancies associated with Standard Six.

Answered: 17 Skipped: 5

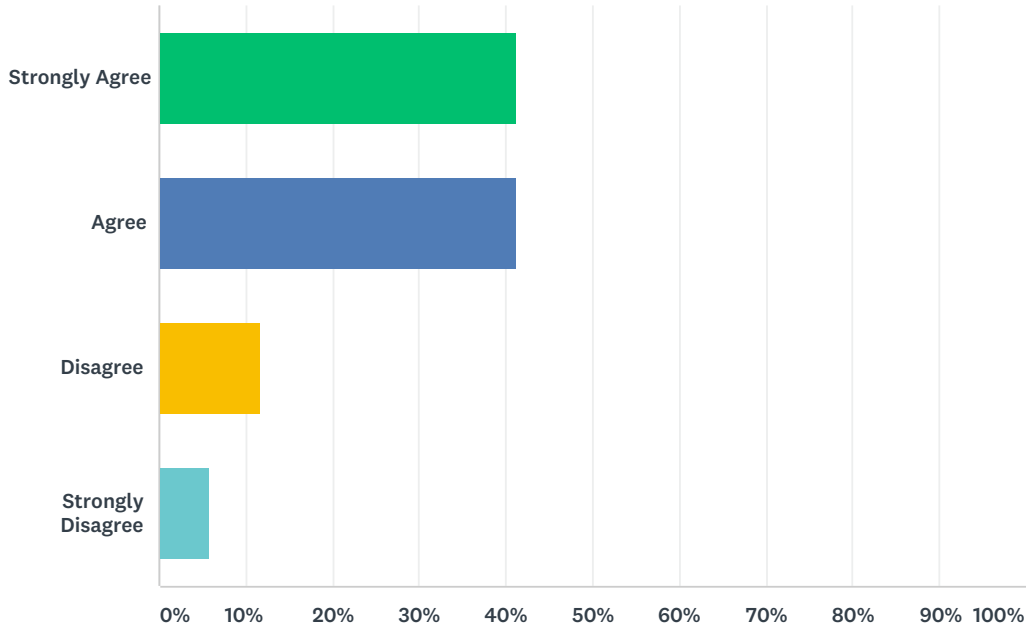


ANSWER CHOICES	RESPONSES
Strongly Agree	35.29% 6
Agree	64.71% 11
Disagree	0.00% 0
Strongly Disagree	0.00% 0
TOTAL	17

#	PLEASE PROVIDE COMMENTS ON ANY REDUNDANCIES IN STANDARD SIX.	DATE
	There are no responses.	

Q35 The Objectives of Standard Six are relevant.

Answered: 17 Skipped: 5



ANSWER CHOICES	RESPONSES
Strongly Agree	41.18% 7
Agree	41.18% 7
Disagree	11.76% 2
Strongly Disagree	5.88% 1
TOTAL	17

#	PLEASE PROVIDE ANY COMMENTS REGARDING THE RELEVANCY OF STANDARD SIX.	DATE
1	6.2 - 3 yr avg is a good idea	2/16/2018 12:23 AM
2	Program assessment is important but I feel analyzing the data annually does not allow for the development of trends. If data is collected annually and needs to be analyzed and shared with faculty on an annual basis, I feel this will lead to impulse changes. Collecting the data annually, analyzing it every two years and and evaluating the process every three years would take the pressure of needing to make unvalidated changes to SLO away from faculty and really allow them the time to put some time and effort into it and not just write something down to meet the standard.	2/15/2018 12:24 AM
3	Changing the time-frame to 3 years instead of 5--could be hard for programs with small cohorts to meet the requirements.	2/7/2018 2:11 PM
4	6.2 I think the reduction from 5 years to 3 years for aggregate data will make the statistics of small number for small programs difficult. The aggregate data should remain at 5 years, I think going from 75% to 80% might be OK, but again, will present problems for programs with small numbers.	1/30/2018 2:45 PM
5	The objectives are relevant, but when you have very small graduating classes, such as 6 students your percentage of completion rate, pass rate and job rate can be greatly effected by 1 student. In my opinion, decreasing the time period from 5 years to 3 will not provide accurate program effectiveness data.	1/7/2018 10:08 AM

Q36 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Six?

Answered: 3 Skipped: 19

#	RESPONSES	DATE
1	Provide a justification for changes in 6.2	2/15/2018 2:14 PM
2	No	2/12/2018 5:37 PM
3	What are the consequences if for example the three- year average job placement rate of not less than 80 percent within twelve months of graduation, is not met? The employment rate, as you know, is something that is very unpredictable.	2/12/2018 4:25 PM

Q37 Are there additional content areas (objectives) that should be included under Standard Six?

Answered: 1 Skipped: 21

#	RESPONSES	DATE
1	No	2/12/2018 5:37 PM

Q38 Additional Comments:

Answered: 5 Skipped: 17

#	RESPONSES	DATE
1	I like changed definition of "program completion rate" Please move strengths and weaknesses on the SVROF form at the END. That location is better for exit summation flow The pre-site visit phone calls with site visit team are very helpful. That was one of the best changes over my 12 years as site visitor.	2/15/2018 11:20 PM
2	The many significant changes proposed in Draft 1 lacked a justification attached to such changes. Understanding the background of the decision making process helps programs understand why new standards are implemented. There were also changes to the draft that were not highlighted, underlined, or otherwise identified. This made reviewing the document more difficult. There are also indications that the new required curriculum for a BS in Radiation Therapy includes revisions that support post credentialed radiographers over other types of students. This is not relevant as post credentialed radiographer are only a small portion of our applicant pool. This will make compliance in many areas more difficult as well as present significant challenges.	2/15/2018 2:22 PM
3	It would be extremely helpful if the JRCERT included examples of documentation or best practices when providing documentation to the JRCERT is required.	2/13/2018 3:34 PM
4	Most objectives are clear and understandable, however I would encourage the revision of Obj. 2.3, 3.1, 4.6, and 6.2, and 6.4 as documented in the survey.	2/13/2018 1:00 PM
5	Our standards need to be more up to date with academic practices with other professionals in the health sciences.	1/30/2018 2:46 PM