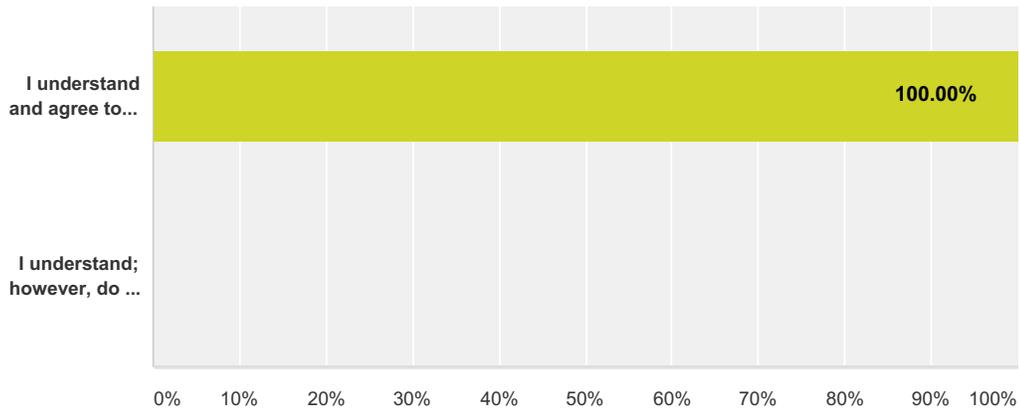


Q1 I understand that the results of this survey will be posted on the Standards Revision page of the main JRCERT Web site and choose to proceed. I also understand that if any identifying information is provided, the JRCERT will make every reasonable effort to redact such information. By continuing, I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

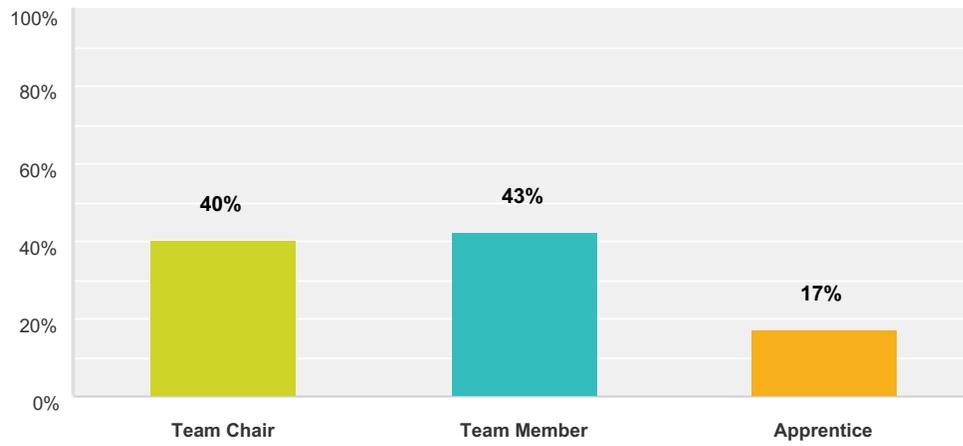
Answered: 98 Skipped: 0



Answer Choices	Responses	Count
I understand and agree to proceed	100.00%	98
I understand; however, do not wish to continue.	0.00%	0
Total		98

Q2 Please select your current site visitor status:

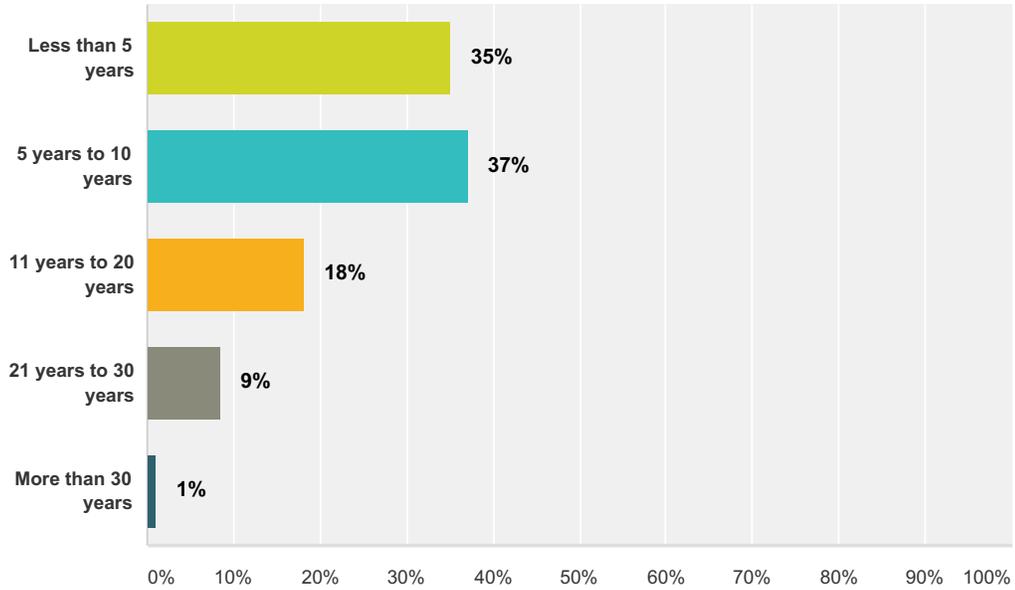
Answered: 94 Skipped: 4



Answer Choices	Responses	
Team Chair	40%	38
Team Member	43%	40
Apprentice	17%	16
Total		94

Q3 Please select the range that most accurately reflects your total number of years as a JRCERT site visitor:

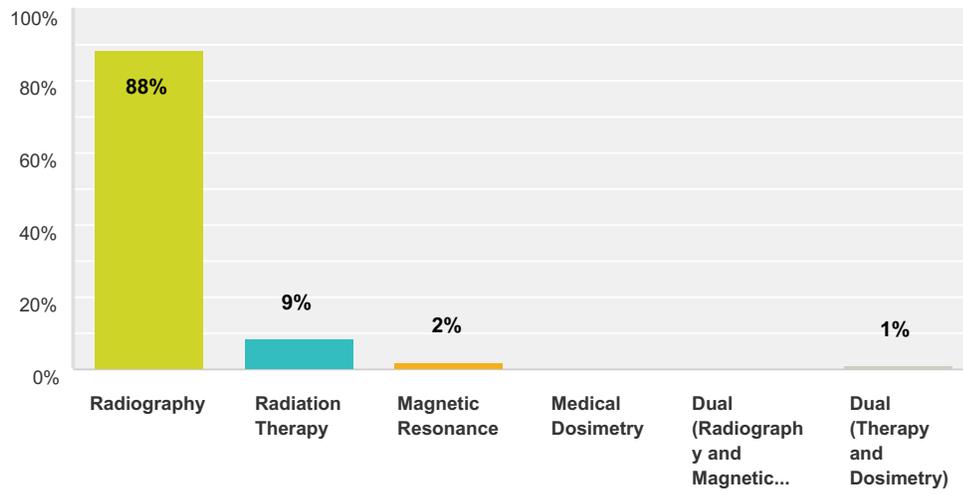
Answered: 94 Skipped: 4



Answer Choices	Responses	
Less than 5 years	35%	33
5 years to 10 years	37%	35
11 years to 20 years	18%	17
21 years to 30 years	9%	8
More than 30 years	1%	1
Total		94

Q4 Please select the most appropriate discipline for which you perform site visits:

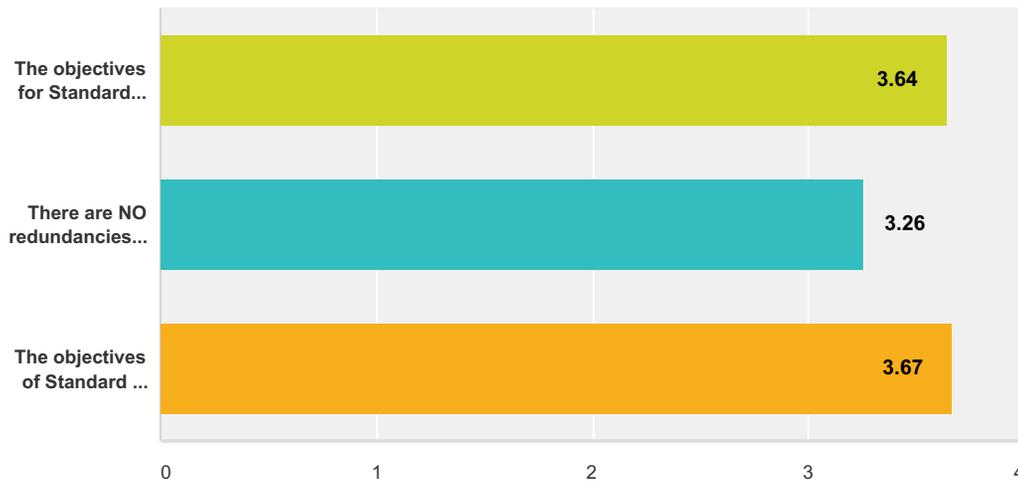
Answered: 94 Skipped: 4



Answer Choices	Responses	
Radiography	88%	83
Radiation Therapy	9%	8
Magnetic Resonance	2%	2
Medical Dosimetry	0%	0
Dual (Radiography and Magnetic Resonance)	0%	0
Dual (Therapy and Dosimetry)	1%	1
Total		94

Q5 Standard One - Integrity

Answered: 70 Skipped: 28



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard One are clear (As a site visitor, I understand the intent of the objectives).	64.29% 45	35.71% 25	0.00% 0	0.00% 0	70	3.64
There are NO redundancies associated with Standard One.	38.57% 27	50.00% 35	10.00% 7	1.43% 1	70	3.26
The objectives of Standard One are relevant.	67.14% 47	32.86% 23	0.00% 0	0.00% 0	70	3.67

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	1.1 is hard to define let alone make a judgement call on if a program is in compliance. Also, areas that make a program ethical are covered in other standards.	3/13/2017 5:32 PM
2		3/8/2017 2:40 PM
3	Whereas the Standard One is relevant and should not be eliminated, there are redundancies seen in 1.12-1.14. In my opinion, these could be re-written to continue to ensure non-discriminatory practices in hiring and prospective student recruitment without having three individual objectives.	3/8/2017 9:31 AM
4	I think that 1.11 should be in Standard 5 with the Assessment.	2/28/2017 3:43 PM
5	1.8 and 1.13 could be combined 1.12 and 1.14 could also be combined. Rather than separating into smaller sub standards, group them together. 1. To have publications reflect accuracy 2. Student/Faculty recruitment non-discriminatory.	2/27/2017 8:23 AM
6	1.8 and 1.9 could be combined. 1.12 and 1.13 could be combined.	2/23/2017 12:17 PM
7	There are several items in Std 1 which are virtually "auto-yes" for programs sponsored by regionally accredited higher education institutions.	2/22/2017 9:00 PM
8	1.1 is hard to define and if cited should have multiple other areas within the report that are cited.	2/22/2017 1:02 PM
9	1.1--I understand the statement of "Adheres to high ethical standards in relation to students, faculty, and staff" but believe this is difficult to document. If you are doing all of the other things required in Standard 1 then you would meet 1.1	2/22/2017 11:42 AM
10	I do think that Objective 1.2, 1.3, and 1.4 do contain some redundancies, if not in wording then definitely in interpretation and could possibly be combined.	2/22/2017 6:54 AM

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11	I am just wondering if 1.5 cannot fit under 1.1? If we are adhering to high ethical standards, wouldn't safeguarding the students privacy be a part of that? Maybe 1.8 as well? Maybe these could be subsets to look at under 1.1? I also look at 1.12 and 1.13. If the institution has a non-discriminatory policy, would it not follow that the program also is required to follow those same guidelines? Do these need to be separate objectives? 1.14 Could that also be incorporated under 1.1?	2/21/2017 5:52 PM
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Q6 Are there any objectives of Standard One that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 42 Skipped: 56

#	Responses	Date
1	1.3 It would be nice for clinical capacity documentation to be required in the response to aid in determining educationally valid clinical experiences. I understand that program directors are supposed to update clinical capacities as the need arises, however, I have experienced site visits in which this had not occurred and we had to calculate clinical capacity. With department growths and updates, forcing program directors to submit clinical capacity with the self study would save time for the site visitors when on site. It would also be nice to have the most up to date clinical capacity calculation sheet readily accessible for site visitors online.	3/17/2017 8:17 AM
2	no	3/15/2017 11:11 AM
3	No	3/15/2017 10:16 AM
4	1.2 Provides equitable learning opportunities for all students. It can be difficult to establish what is equitable because of different interpretations. Especially as it relates to an equitable number of rotations in a specific area.	3/14/2017 8:49 AM
5	no	3/14/2017 8:14 AM
6	1.1	3/13/2017 5:32 PM
7	no	3/13/2017 5:06 PM
8	1.11 Engagement of communities of interest for continuous program improvement - Perhaps clearly identifying the expectation for documentation of such for the accreditation cycle. Is one set of advisory board meeting minutes, or two in an 8 year cycle sufficient? Sometimes I feel the requirement is a bit vague for program directors, and I see that as a site visitor.	3/13/2017 4:08 PM
9	1.1 is somewhat difficult to assess. As a program director it was difficult to respond to. What exactly are we asking?	3/13/2017 11:45 AM
10	1.15 - some programs have college-wide policies which are sometimes difficult to relate to the program; or the program may not be aware of college policies	3/13/2017 11:37 AM
11	1.9 indicates that policies for admissions, tuition, grading, ect are made available to students, etc. I think that 1.13 should include that all of these policies are being followed and are consistent with published policies. At a recent site visit, they had grading policies that were distributed to students but they were inconsistent. Their grading policy was not formally published anywhere. It was difficult to determine where this citation was most appropriate.	3/13/2017 11:03 AM
12	1.1 Are there specific policies to consider for this objective?	3/13/2017 8:14 AM
13	1.2 Provides equitable learning experiences for all students. I sometimes find difficulties in terms of the types of equipment students have access too. Although most programs rotate students among clinical sites, students often don't get to rotate through EVERY site. This can become problematic if one students does not have access to digital and another does. Also, 1.8 accurately reflecting offerings and policies....I find many cases where these are not consistent among the various places (example: website displays different information than printed brochure, etc.). Sometimes this is cited and upheld and sometimes it is cited and overturned.	3/12/2017 11:12 AM
14	None	3/9/2017 1:47 PM
15	1.6 - "The procedure must assure timely resolution"; the phrasing is too ambiguous. I have been on site visits with two separate team chairs who had vastly differing opinions on what timely resolution means.	3/8/2017 2:40 PM
16	No	3/4/2017 6:47 PM
17	n/a	3/2/2017 2:28 PM
18	all objectives clear to me	3/1/2017 9:45 AM
19	no	3/1/2017 9:39 AM

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20	Some variance in the interpretation of student recruitment and admission policies. For example, determining the weightiness of an interview process in selections. Also, often selection data has not been retained from prior years making it difficult to examine patterns of equitability with regards to published policies.	3/1/2017 7:03 AM
21	1.6 requires both a grievance policy and a policy to address other complaints other than grievance--not clear in the objective.	2/28/2017 3:43 PM
22	no	2/23/2017 12:17 PM
23	No	2/23/2017 8:02 AM
24	no	2/23/2017 7:42 AM
25	1.3 "timely, appropriate and educationally valid experiences for all students" multiple things into one standard -- and combines didactic and clinical -- can reflect multiple tracks, which gets rather convoluted	2/22/2017 9:00 PM
26	It is my opinion that correctly answering bullet 3 regarding staff is somewhat difficult. We often don't get to interview staff automatically.	2/22/2017 2:47 PM
27	No	2/22/2017 1:02 PM
28	1.1 making a subjective call if a program is ethical is sometimes difficult. Other, more objective standards are in place that to determine what 1.1 is asking. 1.2 Too often equitable is defined as equal which it not. Often, time is spent adding student total hours in one area to make sure it's equal. Additionally, not all students will succeed if sent to every site to ensure equal opportunity. The program should ensure equitable opportunities but that should not include making each student spend equal time at a certain category of a hospital.	2/22/2017 1:02 PM
29	None	2/22/2017 12:37 PM
30	Program directors are often not clear about what constitutes "communities of interest".	2/22/2017 12:26 PM
31	1.1--duplication of information provided or anything and everything is provided as documentation since the statement is somewhat nebulous.	2/22/2017 11:42 AM
32	1.14 is difficult. Only proof is really equal opportunity statement.	2/22/2017 10:16 AM
33	no	2/22/2017 10:11 AM
34	N/A	2/22/2017 9:24 AM
35	I find 1.1 confusing. Having examples of this might be helpful in determining compliance. Could 1.11 be moved to Standard 5. I think this might be better placed in 5.	2/22/2017 8:49 AM
36	No	2/22/2017 7:55 AM
37	no	2/22/2017 7:48 AM
38	Standard 1 is assessed without any issues on site visits. All objectives have a valid way of documentation that allows for site visitors to review compliance.	2/22/2017 7:39 AM
39	No	2/22/2017 6:54 AM
40	1.6 - grievance procedure, I understand what the definition is as described in the explanation and sometimes it does not fit the definition of a grade appeal which may follow a slightly different process. Also, second paragraph in the explanation talks about having a procedure to address complaints, like cleanliness - I am not sure how many colleges have this type of process.	2/22/2017 6:36 AM
41	No	2/21/2017 5:52 PM
42	I know that as a site visitor, we have had instances of citation based on Integrity. I think it would be very helpful to compile a list of actual Integrity violations as exemplars for us as visitors. We need to know what the JRCERT considers a citation for integrity.	2/21/2017 5:48 PM

Q7 Are there any objectives of Standard One that you would delete? Which one(s) and rationale?

Answered: 33 Skipped: 65

#	Responses	Date
1	no	3/15/2017 11:11 AM
2	No	3/15/2017 10:16 AM
3	no	3/14/2017 8:14 AM
4	No	3/13/2017 5:32 PM
5	no	3/13/2017 5:06 PM
6	No.	3/13/2017 4:08 PM
7	If an institution can demonstrate recognition by one of the Regional accreditation agencies, this should cover 1.12, 1.13 and 1.14	3/13/2017 12:53 PM
8	Maybe reword 1.1	3/13/2017 11:45 AM
9	no	3/12/2017 11:12 AM
10	No	3/9/2017 1:47 PM
11	I would not delete, only combine.	3/8/2017 9:31 AM
12	Not sure if 1.11 needs to be here? Seems to be covered in Standard 5?	3/7/2017 9:45 AM
13	No	3/4/2017 6:47 PM
14	n/a	3/2/2017 2:28 PM
15	no deletions recommended	3/1/2017 9:45 AM
16	no, the objectives are fine	3/1/2017 9:39 AM
17	No. All objectives are meaningful and can be evaluated without bias. However, `1.2 could be evaluated as part of Standard 2, Resources, while 1.3 could be evaluated as a component of Standard Three as an academic practice.	3/1/2017 7:03 AM
18	no	2/23/2017 12:17 PM
19	1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement. This doesn't belong here under integrity; it comes up in standard 5 and is therefore redundant.	2/23/2017 11:07 AM
20	No	2/23/2017 8:02 AM
21	no	2/23/2017 7:42 AM
22	No	2/22/2017 1:02 PM
23	1.1 making a subjective call if a program is ethical is sometimes difficult. Other, more objective standards are in place that to determine what 1.1 is asking.	2/22/2017 1:02 PM
24	No	2/22/2017 12:37 PM
25	1.15 distance learning could be added to 1.5 which would demonstrate the equity as well as the integrity of any distance learning.	2/22/2017 12:26 PM
26	1.1--if you are doing everything else required in Standard 1 then you would meet the intent of 1.1. Difficult to pinpoint what documentation is appropriate for this objective.	2/22/2017 11:42 AM
27	no	2/22/2017 10:11 AM
28	N/A	2/22/2017 9:24 AM
29	No	2/22/2017 7:55 AM
30	no	2/22/2017 7:48 AM

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31	None	2/22/2017 7:39 AM
32	See comments above	2/22/2017 6:54 AM
33	just possibly combining a couple.	2/21/2017 5:52 PM

Q8 Are there any objectives (i.e., content areas) that you would add under Standard One? What and rationale?

Answered: 26 Skipped: 72

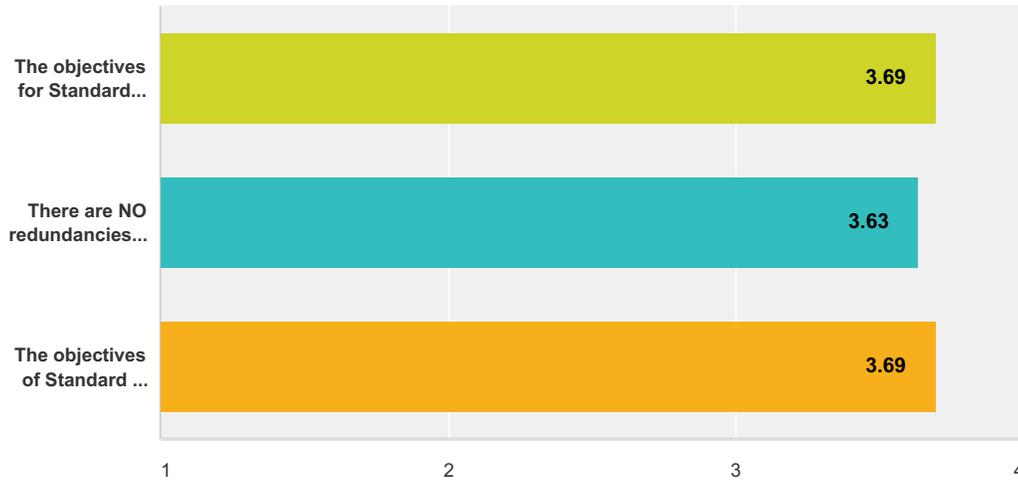
#	Responses	Date
1	no	3/15/2017 11:11 AM
2	No	3/15/2017 10:16 AM
3	no	3/14/2017 8:14 AM
4	1.15 - Have the program write the responses to the distant education verification and have the site visit team verify compliance. There isn't enough time to write all justifications which come from program faculty anyway.	3/13/2017 5:32 PM
5	no	3/13/2017 5:06 PM
6	No.	3/13/2017 4:08 PM
7	no	3/12/2017 11:12 AM
8	No	3/9/2017 1:47 PM
9	No	3/4/2017 6:47 PM
10	n/a	3/2/2017 2:28 PM
11	no additions needed	3/1/2017 9:45 AM
12	no additions needed	3/1/2017 9:39 AM
13	No.	3/1/2017 7:03 AM
14	No	2/23/2017 8:02 AM
15	Under "fair (and equitable) academic practices" I have often been troubled that several programs I have visited have an automatic clinical grade cut for missing a day . . . this was nothing to cite here, and of course we must promote good attendance; but I feel that by doing that it is actually encouraging students to come in sick or face academic consequences. Often clinical sites do not want those with fever or symptoms (employees or students) to attend for the good of the patients . . . and the irony is that the students may well have gotten sick by being at the clinical site . . . so automatically cutting their grade does not seem like a fair academic practice. Even if they allowed them 1 sick day per semester it would be better than none and penalizing them academically.	2/23/2017 7:42 AM
16	No	2/22/2017 1:02 PM
17	No	2/22/2017 12:37 PM
18	No.	2/22/2017 12:26 PM
19	Under "fair (and equitable) academic practices" I have often been troubled that several programs I have visited have an automatic clinical grade cut for missing a day . . . of course we must promote good attendance, but I feel that by doing that it is actually encouraging students to come in sick or face academic consequences. Often clinical sites do not want those with fever or symptoms (employees or students) to attend for the good of the patients . . . and the irony is that the students may well have gotten sick by being at the clinical site . . . so automatically cutting their grade does not seem like a fair academic practice. Even if they allowed them 1 sick day per semester it would be better than none and penalizing them academically.	2/22/2017 11:12 AM
20	no	2/22/2017 10:11 AM
21	N/A	2/22/2017 9:24 AM
22	No	2/22/2017 7:55 AM
23	no	2/22/2017 7:48 AM
24	No	2/22/2017 6:54 AM
25	No	2/21/2017 5:52 PM

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26	Miss the direct description of alignment of institutional and program mission/goals and initiatives	2/21/2017 5:43 PM
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Q9 Standard Two - Resources

Answered: 67 Skipped: 31



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard Two are clear (As a site visitor, I understand the intent of the objectives).	70.15% 47	28.36% 19	1.49% 1	0.00% 0	67	3.69
There are NO redundancies associated with Standard Two.	64.18% 43	34.33% 23	1.49% 1	0.00% 0	67	3.63
The objectives of Standard Two are relevant.	70.15% 47	28.36% 19	1.49% 1	0.00% 0	67	3.69

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	I think there is some confusion...Can a PD perform the duties of a CC or CI but not be named in the websites list of CIs? I think that shows a break down in rapport between the school and the site if the site will not have the "named" CI perform the duties. I had this happened PD was acting as the CI but had a different person named as the CI. The PD is too busy to fulfill all the duties of a CI. But according to the standard the PD can not be named, doesn't say they cant to the duties.	3/13/2017 10:45 AM
2	2.5 Could be messed together with 6.6	3/9/2017 1:52 PM
3	Sites routinely request clarification concerning faculty support. With the degree requirements implemented since 2015 by the ARRT, I think this would be an appropriate time to address this. We ask them to describe faculty teaching loads but we do not provide any baselines. We say "comparable to faculty in other health science programs in the same institution". Is that the same institution and defined as the physical building or the corporation? Some institutions don't have "other" allied health programs to compare, especially smaller or rural programs. We are very clear in describing clinical coordinator requirements but I think that we are a bit "wishy washy" on this one. It seems to me that it is time for an update.	3/8/2017 9:42 AM
4	2.5--JRCERT assures recognition of all clinical settings. On the surface, this appears to be a duplicate of standard 6 however, assuring that non-recognized clinical settings are being not utilized is what we are looking for.	2/27/2017 8:26 AM
5	2.3 Opportunities for continued professional development --- faculty often interpret this as "fully funded" -- even though it doesn't SAY fully funded 2.4 Adequate clerical support -- invites program officials to THINK dedicated clerical support should be an expectation; specify something to the effect -- at least in the description -- "current clerical support frequently results in faculty requests for assistance being denied"	2/22/2017 9:06 PM

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6	<p>There is an opportunity for the JRCERT to designate the program director of the MRI program to have the MRI credential. All other programs follow suite with Radiography, Medical Dosimetry and Radiation Therapy having specific program director within the modality. On the other side a MR credentialed tech without radiography would never hold the credential of a Radiography program director so why accept the reverse. I think this would strengthen most programs if the program director was MR credentialed along with the clinical coordinator. The reason why I stated this is opinion is that I find the designated MRI clinical coordinator is performing the workload of a program director and clinical coordinator . When the program director does not hold the MR credential, administrative, teaching and clinical duties fall on the assigned clinical coordinator most of the time. I know why this may be difficult to implement since smaller programs add MRI programs by just adding an MR credentialed clinical coordinator and keeping the Radiography program director but this process works against the MR clinical coordinator. On the program end, they just have to hire one person instead of two to get an MRI program started. On site visits it can be clearly seen the MR clinical coordinator is in a dual role but a citation in their favor at the appropriate time is never valid because there is a program director in title but not in application to the MR program. This would be a great opportunity for a move in a fair direction across all disciplines within the JRCERT.</p>	2/22/2017 8:04 AM
7	<p>Standard 2.2 - I do think that the description of when a clinical coordinator is needed needs to be carefully considered. When a program has more that five clinical sites but only has eight students ten maybe a separate clinical coordinator is not needed. There should possibly be another category that says "if clinical sites are located within a 2 mile radius then they can be counted as one clinical site for purpose of this definition. This then allows a small program to have more clinical sites to provide for the best opportunities for their students without going to administration and asking for another position without having the finance to support the position.</p>	2/22/2017 7:05 AM

Q10 Are there any objectives of Standard Two that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 33 Skipped: 65

#	Responses	Date
1	no	3/15/2017 11:13 AM
2	no	3/14/2017 8:16 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:10 PM
5	2.4 Provides clerical support services as needed ... What is adequate? Some programs have no support beyond help from a Dean's admin, some have full-time admins, some have a clerk for a few hours per week. At the end of the day, the Program Director must be sure all work is presented as required, and all documentation submitted. Some program directors have to do it all, without much support. It would be helpful to have some minimum requirement for a program for clerical support. I see this frustration all the time as a site visitor. Every program wants to have a perfect self-study and site visit, and the pressure is all on the program director and faculty if no clerical support is available. Is it sufficient to say that if they do a great job the JRCERT they must have sufficient support? I don't think that is fair. Perhaps a suggested minimum clerical support position would help program directors get needed support. As documentation requirements increase, as we become more evidence-based, it makes sense to help them with this!!!!	3/13/2017 4:14 PM
6	2.2 Sometimes it is difficult to determine what is appropriate to consider when evaluating if a program meets the 10:1 clinical ratio. More specifics on clinical instructors from the sites (working techs), adjuncts (hours, days) etc. would be helpful.	3/13/2017 11:08 AM
7	2.8: as a hospital-based program site visitor these student services are often not available. Can the program itself provide personal counseling? Many hospital-based programs do not offer financial aid	3/13/2017 10:53 AM
8	no	3/12/2017 11:13 AM
9	No	3/9/2017 1:52 PM
10	2.9 - programs have varying budgets and I don't know what "sufficient" entails. From my own experience as a PD, I've worked on a shoe string budget (which was sufficient from my perspective) to an overly generous budget. Again, I have heard very different opinions from team chairs.	3/8/2017 2:44 PM
11	2.2	3/8/2017 9:42 AM
12	no	3/4/2017 6:48 PM
13	2.5 as a site visitor, I dont know how I would determine noncompliance for this objective. I always assume the program is in compliance.	3/2/2017 2:32 PM
14	objectives are clearly stated	3/1/2017 9:45 AM
15	no,	3/1/2017 9:40 AM
16	2.1- I've never visited a program where the administrators seemed to oppose the program. Sometimes I think 2.9 Fiscal Support demonstrated 2.1 Administrative Support and they could be combined. 2.7- Reviewing learning resources is a little vague...are student surveys of the clinical environments/staff adequate? Do students/faculty need to survey book lists? Access to computers/internet? This one is subject to wide interpretation.	3/1/2017 7:03 AM
17	NO	2/23/2017 11:12 AM
18	No	2/23/2017 8:03 AM
19	no	2/23/2017 7:48 AM
20	The definition of resources can be vague. Human and/or financial. Site visitors should be clear that the term resource covers multiple entities.	2/22/2017 2:49 PM
21	No	2/22/2017 1:05 PM

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22	2.9 This is sometimes difficult to understand each college/programs full support. Asking the faculty and DC is a good indicator, but not necessarily provable.	2/22/2017 12:42 PM
23	Sufficient faculty can be problematic in assessing if the number of faculty members is based on program needs or the program makes do with faculty they have. Clerical services are usually ancillary support that can be equivocal.	2/22/2017 12:39 PM
24	2.2 and 2.4 Have to rely on info from faculty in both instances. If looking at workload usually only radiography workload is given in documents and frequently faculty are having to teach in other departments stretching workloads beyond what is reasonable.	2/22/2017 10:34 AM
25	no	2/22/2017 10:11 AM
26	I have found that some Programs seem to struggle with the wording of 2.1 and 2.4 whereas the statement "administrative support" is sometimes misconstrued as "clerical" support.	2/22/2017 9:31 AM
27	2.2 In my opinion, all programs should have a clinical coordinator or didactic faculty, whether they are full time or part time. I see too many programs where, due to the fact that they have less than 6 clinical sites, they only have a program director doing all of the teaching, clinical coordination, paperwork, etc. My concern is what would happen to the students if the PD had to take an extended amount of time off, whether for personal or medical reasons. I've posed that question to program and hospital officials and they are often surprised and had never thought about that possible problem. 2.7 I think that the requirement to have materials published in the last five years is good, but there are some texts that are older, out of publication, but still valid and excellent resources. So I think that it should say something like this: a variety of materials, the majority of which published within the last five years.	2/22/2017 9:15 AM
28	2.4: I am a hospital based site visitor. Most often, the programs cannot afford clerical help. One time the program asked me to cite them so that they can get clerical help. (I have never done this) It becomes a judgment call to determine if this should be cited or not. For what it is worth, I have never cited this. 2.5 I think this might be better placed in Standard 6. I think the observation site comment should be also included in standard 1.3. I sometimes find that students in observation sites are participating in patient care or even taking images. 2.7: Program learning resources in regards to hospital based programs are sometimes hard to evaluate, especially computers. Again, it becomes a judgment call on my part to determine if one, old and sometimes not working computer for 10 students qualifies as a citation. I have asked the students about this to determine if assignments they have received require a computer and how this is handled in the classroom.	2/22/2017 8:52 AM
29	Standard 2.2 - see previous comments.	2/22/2017 8:04 AM
30	no	2/22/2017 7:49 AM
31	no	2/22/2017 7:05 AM
32	2.2 - adequate is sometimes a hard word to define for the circumstances. I like the 'comparable faculty' explanation, but would suggest that procedure and exposure labs be better defined, e.g. 10:1 student/faculty ratio.	2/22/2017 6:43 AM
33	No	2/21/2017 5:54 PM

Q11 Are there any objectives of Standard Two that you would delete? Which one(s) and rationale?

Answered: 25 Skipped: 73

#	Responses	Date
1	no	3/15/2017 11:13 AM
2	no	3/14/2017 8:16 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:10 PM
5	No.	3/13/2017 4:14 PM
6	no	3/12/2017 11:13 AM
7	2.5. Reviewed in 6.6	3/9/2017 1:52 PM
8	No	3/4/2017 6:48 PM
9	2.5 this objective is taken care of in the JRCERT office.	3/2/2017 2:32 PM
10	no deletions recommended	3/1/2017 9:45 AM
11	no deletions	3/1/2017 9:40 AM
12	2.4 - Many programs operate successfully without clerical support and although it would be a nice amenity, many sponsoring institutions are cash-strapped, thus it seems a moot point.	3/1/2017 7:03 AM
13	NO	2/23/2017 11:12 AM
14	No	2/23/2017 8:03 AM
15	no	2/23/2017 7:48 AM
16	No	2/22/2017 1:05 PM
17	No	2/22/2017 12:42 PM
18	No.	2/22/2017 12:39 PM
19	2.4 most programs don't rely on external clerical support	2/22/2017 10:35 AM
20	2.7. I think it would be obvious in other things if resources were not being updated. Financial,etc. Also might be an item controlled by college committee or administration. I personally am not comfortable knowledge wise evaluating program's budgets. Would appreciate JRCERT doing that piece. Have also witnesses other site visitors asking ridiculous budget questions for no good reason (not recently!)	2/22/2017 10:34 AM
21	no	2/22/2017 10:11 AM
22	Maybe consider moving standard 2.5 to standard 6. IS closely relates to 6.4.	2/22/2017 9:31 AM
23	no	2/22/2017 7:49 AM
24	Modification, see above	2/22/2017 7:05 AM
25	No	2/21/2017 5:54 PM

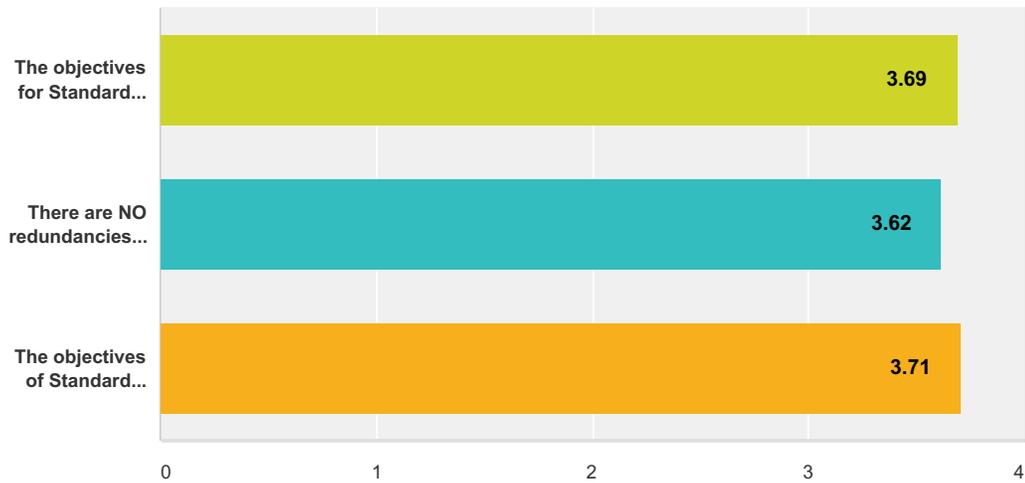
Q12 Are there any objectives (i.e., content areas) that you would add under Standard Two? What and rationale?

Answered: 25 Skipped: 73

#	Responses	Date
1	no	3/15/2017 11:13 AM
2	no	3/14/2017 8:16 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:10 PM
5	No.	3/13/2017 4:14 PM
6	no	3/12/2017 11:13 AM
7	No	3/9/2017 1:52 PM
8	No	3/4/2017 6:48 PM
9	n/a	3/2/2017 2:32 PM
10	no additions recommended	3/1/2017 9:45 AM
11	no additions	3/1/2017 9:40 AM
12	No	3/1/2017 7:03 AM
13	NO	2/23/2017 11:12 AM
14	No	2/23/2017 8:03 AM
15	Rather than in 2.8 that programs must provide access to information about ADA, I would like to consider in 2.6 that the classroom be ADA compliant. Although hospitals and public buildings follow this, there could be a temptation to just stick a classroom in some remote area of the building with promises that we will provide ADA access if it comes up needed. This thinking is supported that the fact that most students are young and healthy, but not always. I don't think this is something that can be quickly addressed by a knee-jerk reaction.	2/23/2017 7:48 AM
16	No	2/22/2017 1:05 PM
17	No	2/22/2017 12:42 PM
18	No.	2/22/2017 12:39 PM
19	On 2.8 rather than just providing information about requesting accommodations for disabilities I would like to see classrooms be required to be ADA accessible. Hospitals and public buildings follow this, but there is a temptation to stick a classroom just anywhere, accessible or not and just hope all the accepted students and faculty don't need more.	2/22/2017 11:20 AM
20	no	2/22/2017 10:11 AM
21	N/A	2/22/2017 9:31 AM
22	no	2/22/2017 7:49 AM
23	no	2/22/2017 7:05 AM
24	No	2/21/2017 5:54 PM
25	In the instructions to allow for inclusion / description of alternative funding sources - programs & institutions are getting more and more creative about grant writing - partnerships	2/21/2017 5:46 PM

Q13 Standard Three - Curriculum and Academic Practices

Answered: 65 Skipped: 33



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard Three are clear (As a site visitor, I understand the intent of the objectives).	69.23% 45	30.77% 20	0.00% 0	0.00% 0	65	3.69
There are NO redundancies associated with Standard Three.	61.54% 40	38.46% 25	0.00% 0	0.00% 0	65	3.62
The objectives of Standard Three are relevant.	70.77% 46	29.23% 19	0.00% 0	0.00% 0	65	3.71

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	3.1 talks about Mission statement; it is also mentioned in 1.10; it is redundant to be in both places; perhaps eliminate it from Standard one	2/23/2017 11:16 AM
2	3.5 If this means the contact to clinical hour ratio must be EXACTLY the same in ALL didactic courses and EXACTLY the same in ALL clinical courses -- across the program -- this should be specified. If this applies to the comparison of RAD program ratios with ratios in other similar programs w/in the institution, this should also be specified. 3.7 & 3.8 -- if there is an expectation there should be evidence of sharing of results (ie, signatures) -- this should be specified 3.2 Might suggest/stress, in Standards explanation -- programs indicate ALL courses in which various topics are covered - - program officials seems to think as long as I show every topic is covered in at least one course I'm good; whereas several topics warrant being threaded throughout the program's curriculum and emphasized repeatedly	2/22/2017 9:18 PM

Q14 Are there any objectives of Standard Three that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 28 Skipped: 70

#	Responses	Date
1	Participates in didactic and/or clinical instruction, I think this should read Participates in didactic and clinical instruction,	3/15/2017 11:19 AM
2	no	3/14/2017 8:21 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:12 PM
5	No.	3/13/2017 4:19 PM
6	3.8 & 3.9 are somewhat redundant. With wording adjustment, they may be able to be combined.	3/13/2017 11:11 AM
7	3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.- -Many programs do this but are not great at documenting it and that makes it difficult to determine compliance.	3/13/2017 8:17 AM
8	3.6 Master plan. In the explanation for the standard it states, "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, the master plan provides the information needed to understand the program and its operations." However the only two items required to be included in this plan are course syllabi and policies and procedures. I feel strongly that in order for programs to actually meet the explanation, a calendar of program events should also be required for the master plan. This would include items such as renewal of clinical affiliation contracts, review of system utilized for obtaining student background checks/drug screens, budget input, etc.	3/12/2017 11:18 AM
9	No	3/9/2017 1:53 PM
10	no	3/4/2017 6:51 PM
11	n/a	3/2/2017 2:33 PM
12	objectives are clear to me	3/1/2017 9:46 AM
13	No	3/1/2017 7:03 AM
14	No	2/23/2017 8:05 AM
15	no	2/23/2017 7:51 AM
16	3.9 Specifically evaluation of CIs and sharing of feedback; frequency can be influenced by sample size and attempts to protect anonymity; on the other hand, students should LEARN how to provide constructive feedback -- and own that feedback (just as radiographers own the feedback provided to the students)	2/22/2017 9:18 PM
17	3.4 Program length and subject matter taught for the terminal award offered. I think what is being asked here... Is the program length to short to deliver the subject matter. If this is kept in the revised standards, it would help to clarify what the site visitor actually needs to evaluate.	2/22/2017 1:11 PM
18	No.	2/22/2017 12:51 PM
19	No	2/22/2017 12:48 PM
20	3.9 Sharing of evaluation results. Very gray area of how the results are shared- verbal, email, telephone conversation, etc. Some techs may get results while other don't remember getting results. PD's need to document how and when the results are shared.	2/22/2017 10:50 AM
21	no	2/22/2017 10:11 AM
22	N/A	2/22/2017 9:35 AM
23	3.4 This is difficult to assess. The times when I have brought this up to program directors is when they program seems too long. I don't recall ever citing this one. 3.1 This may be better placed in Standard 5.	2/22/2017 8:52 AM

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24	At times determining clock vs. credit hours on site is a hassle. During the self study things are reviewed but what is in the self study may not be the correct formula used by the school. When on site this issue arises about program credit which can alter dramatically within the curriculum. A better review of objective 3.5 by the JRCERT prior to a site visit would be a great help.	2/22/2017 8:23 AM
25	no	2/22/2017 7:50 AM
26	no	2/22/2017 7:08 AM
27	3.3 - I seen where the learning opportunity is only a clinical rotation, and believe there should be required didactic instruction before the clinical rotation.	2/22/2017 6:50 AM
28	No	2/21/2017 5:55 PM

Q15 Are there any objectives of Standard Three that you would delete? Which one(s) and rationale?

Answered: 25 Skipped: 73

#	Responses	Date
1	no	3/15/2017 11:19 AM
2	no	3/14/2017 8:21 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:12 PM
5	No.	3/13/2017 4:19 PM
6	Perhaps 3.1 could be better evaluated in the "Assessment" portion. (current 5.1)	3/13/2017 11:52 AM
7	no	3/12/2017 11:18 AM
8	No	3/9/2017 1:53 PM
9	no	3/4/2017 6:51 PM
10	n/a	3/2/2017 2:33 PM
11	no deletions recommended	3/1/2017 9:46 AM
12	no deletions	3/1/2017 9:41 AM
13	The ARRT minimum Associate degree prerequisite typically ensures compliance with 3.4, thus it may be unnecessary. Additionally, this articulation requirement should also ensure that 3.5 is accomplished. Viewing the clock/credit hours for required courses could/should be accomplished when checking published program policies as a component of 1.8 and/or 1.9.	3/1/2017 7:03 AM
14	3.1 talks about Mission statement; it is also mentioned in 1.10; it is redundant to be in both places; perhaps eliminate it from Standard one	2/23/2017 11:16 AM
15	No	2/23/2017 8:05 AM
16	no	2/23/2017 7:51 AM
17	No	2/22/2017 1:11 PM
18	No.	2/22/2017 12:51 PM
19	Maybe- 3.3 refers to current and developing imaging-- I assume this refers to DR, CT, MRI, US, etc. I am not sure what is meant by this standard.	2/22/2017 12:48 PM
20	no	2/22/2017 10:11 AM
21	N/A	2/22/2017 9:35 AM
22	Perhaps 3.4 can be subsumed under another area? Maybe 3.3?	2/22/2017 8:52 AM
23	no	2/22/2017 7:50 AM
24	no	2/22/2017 7:08 AM
25	NO	2/21/2017 5:55 PM

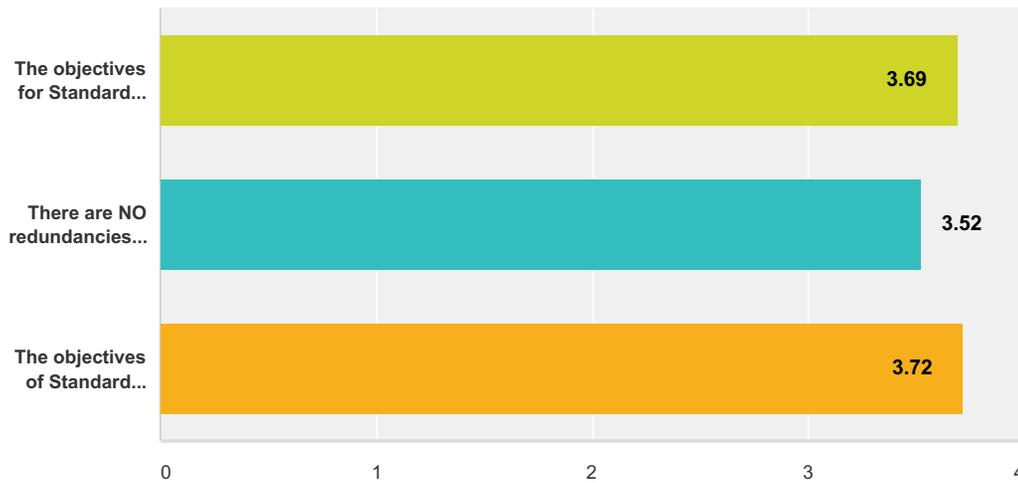
Q16 Are there any objectives (i.e., content areas) that you would add under Standard Three? What and rationale?

Answered: 22 Skipped: 76

#	Responses	Date
1	no	3/15/2017 11:19 AM
2	no	3/14/2017 8:21 AM
3	No	3/13/2017 5:32 PM
4	no	3/13/2017 5:12 PM
5	No.	3/13/2017 4:19 PM
6	no	3/12/2017 11:18 AM
7	No	3/9/2017 1:53 PM
8	There needs to be a clearer standard for communication of competency attainment to the clinical staff or CI's before a student is allowed to go to indirect.. A formal notification, or formal "list" versus just a student telling a CI that they achieved competency..	3/4/2017 6:51 PM
9	n/a	3/2/2017 2:33 PM
10	no additions needed	3/1/2017 9:46 AM
11	no added objectives needed	3/1/2017 9:41 AM
12	Instead of 3.3 saying current and developing technologies, what about knowledge of professional responsibilities related to the practice of general radiology?! Although it is taught in 2-3 areas of our curriculum, our seniors graduate and are still unclear of licensure v. certification, and a little intimidated about the CQR process. Interestingly, I'm not sure that we evaluate "teaching" these important skillsets.	3/1/2017 7:03 AM
13	No	2/23/2017 8:05 AM
14	no	2/23/2017 7:51 AM
15	No	2/22/2017 1:11 PM
16	No.	2/22/2017 12:51 PM
17	No	2/22/2017 12:48 PM
18	no	2/22/2017 10:11 AM
19	N/A	2/22/2017 9:35 AM
20	no	2/22/2017 7:50 AM
21	no	2/22/2017 7:08 AM
22	No	2/21/2017 5:55 PM

Q17 Standard Four - Health and Safety

Answered: 64 Skipped: 34



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard Four are clear (As a site visitor, I understand the intent of the objectives).	71.88% 46	25.00% 16	3.13% 2	0.00% 0	64	3.69
There are NO redundancies associated with Standard Four.	62.50% 40	28.13% 18	7.81% 5	1.56% 1	64	3.52
The objectives of Standard Four are relevant.	73.44% 47	25.00% 16	1.56% 1	0.00% 0	64	3.72

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	Combine the supervision objectives; 4.4, 4.5 and 4.6.	3/13/2017 11:53 AM
2	Could the programs have a checklist of required things they are suppose to have at a minimum? It would make it easier for us to identify if they are in compliance.	3/13/2017 10:47 AM
3	4.4 Medical Dosimetry Suggestion - Can you indicate that the plan should be approved by a medical dosimetrist or physicist before	3/3/2017 10:42 AM
4	There is redundancy is 4.4 and 4.5 and 4.6. These three objectives could be combined into one objective.	3/2/2017 2:39 PM
5	4.4, 4.5 and 4.6 should be formatted similarly to objective 4.2 with just a box to check for each. usually see the same exhibits and explanations for these.	2/28/2017 3:48 PM
6	Standards 4.4 and 4.5 could be combined into one standard. Assures all procedures are performed under direct or indirect supervision.	2/27/2017 8:29 AM
7	4.3 Assures that students employ proper radiation safety practices. For Radiation Therapy spell out that if students go into MRI they need training there. This did not come up in a site visit but it did come up on my Interim Report. My students don't go into MRI, but we still train them incase they go to that floor. I had all the information, just didn't know that this standard meant I needed to submit it. It would have saved some questions and resubmission. I would therefore think others wouldn't realize to send it if they have it either.	2/23/2017 11:25 AM
8	Objective 4.1 needs to explicitly state that all students working in an energized laboratory must wear dosimeters as noted in the interpretation issued by the Board. A program may be in compliance with NRC regulations and state laws even if its students do not wear dosimeters in an energized lab if historically, it can be shown that in that setting, they will not receive over a dose specified by the state. While this may be acceptable to the NRC and state, it is not acceptable to the JRCERT.	2/23/2017 8:13 AM

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9	4.1 and 4.3 could be combined regarding radiation safety. 4.4, 4.5 and 4.6 could be combined into one (Direct supervision, indirect supervision, repeats)	2/22/2017 11:49 AM
10	I often find 4.4, 4.5 and 4.6 to be a challenge resulting in 3 citations versus 1. I like 4.6 being separated out for repeat radiographs, but would like to see consideration into combining 4.4 and 4.5.	2/22/2017 10:04 AM
11	I know that some people think that 4.4 and 4.5 are redundant, but I don't agree. I think that it helps to ensure that no student is doing a procedure without the proper supervision when they have to document clearly, both direct and indirect supervision requirements and how they are monitoring it in the clinical setting.	2/22/2017 9:19 AM
12	I feel as though Objectives 4.4-4.6 could be combined into one objective. Many times if a program is cited for direct supervision, they are then double cited for indirect supervision. I feel as though you are double tagging them for a citation when 1 citation to address this area would be sufficient.	2/22/2017 9:10 AM
13	Objective 4.3 is not relevant to MRI as currently stated. There is no ionizing radiation in MRI and the explanation of the objective should also reflect that concept.	2/22/2017 8:59 AM

Q18 Are there any objectives of Standard Four that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 27 Skipped: 71

#	Responses	Date
1	no	3/15/2017 11:21 AM
2	no	3/14/2017 8:26 AM
3	No	3/13/2017 5:35 PM
4	4.2- Programs are often confused about how the form should read, and what options the program should make available to students that do not defer.	3/13/2017 5:17 PM
5	No.	3/13/2017 4:19 PM
6	4.7 Assures sponsoring institution's policies safeguard the health and safety of students.--Some programs default to their clinical sites for the communicable disease policy but this objective states it must come from the sponsoring institution. Perhaps something to bring up at the workshops.	3/13/2017 8:20 AM
7	4.4, 4.5, AND 4.6. I have witnessed many inconsistencies in the way these objectives have been verified and also in the way they are upheld in the office. Some programs seem required to provide a mountain of evidence while other just have word of mouth assurance. I feel there should be a more delineated measure or list of what constitutes assurance for these objectives listed in the explanations. At least program would be able to select and choose what methods work best for their situation.	3/12/2017 11:22 AM
8	No	3/9/2017 1:56 PM
9	4.5 There needs to be a clearer standard for communication of competency attainment to the clinical staff or CI's before a student is allowed to go to indirect.. A formal notification, or formal "list" versus just a student telling a CI that they achieved competency..	3/4/2017 6:59 PM
10	n/a	3/2/2017 2:39 PM
11	objectives are all clear to me	3/1/2017 9:46 AM
12	all objectives are very clear to me	3/1/2017 9:42 AM
13	No	3/1/2017 7:03 AM
14	no	2/23/2017 11:25 AM
15	No	2/23/2017 8:13 AM
16	no	2/23/2017 7:53 AM
17	ASSURANCE that supervision policies are enforced is difficulty and subject to interpretation; people can all SAY policies are adhered to ... many/most programs lack EVIDENCE of this supervision, tracking of frequency of repeat radiographic exposures by students -- and WHO specifically supervised the individual exposure 4.3 ASSURE students employ proper radiation safety practices (COULD be redundant -- if supervision policies are perceived as radiation safety relevant); could specify radiation safety practices in energized lab (if applicable) and clinical settings -- TEACHING radiation safety is easy to evidence; ASSURING the practice is much more difficult and subjective	2/22/2017 9:19 PM
18	No	2/22/2017 1:12 PM
19	No.	2/22/2017 12:52 PM
20	Sometimes--unless you get good or bad feedback from the students is important. If they don't speak up, you might not know the reality that is happening.	2/22/2017 12:51 PM
21	no	2/22/2017 10:11 AM
22	4.3 - "Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care" --- Using the word "should" is a grey area; consider revising	2/22/2017 10:04 AM

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23	Revision of standard 4.3 is needed for accurate reflection of an MRI program.	2/22/2017 8:59 AM
24	4.1: Needs inclusion of exposure to MRI to be sure programs are compliant with making this available to the general public. 4.3 Add MRI screening here. Also, a statement that if students are used as technical aides or as technologists during off-hours of the program, they must be wearing different personnel monitoring devices.	2/22/2017 8:52 AM
25	no	2/22/2017 7:52 AM
26	no	2/22/2017 7:10 AM
27	No	2/21/2017 5:59 PM

Q19 Are there any objectives of Standard Four that you would delete? Which one(s) and rationale?

Answered: 23 Skipped: 75

#	Responses	Date
1	no	3/15/2017 11:21 AM
2	no	3/14/2017 8:26 AM
3	4.7 - The institutional policies oversee the program. This area is unnecessary for programs maintaining regional accreditation	3/13/2017 5:35 PM
4	no	3/13/2017 5:17 PM
5	No.	3/13/2017 4:19 PM
6	no	3/12/2017 11:22 AM
7	No	3/9/2017 1:56 PM
8	Delete 4.5 and 4.6. These objectives could be combined into 4.4.	3/2/2017 2:39 PM
9	no deletions needed	3/1/2017 9:46 AM
10	no deletions	3/1/2017 9:42 AM
11	4.3 - may duplicate the "implementation" of published radiation safety policies/procedures as mentioned in 4.1 Often 4.4 and 4.5 are reviewed simultaneously as part of one policy. And 4.6 is sometimes incorporated, as well.	3/1/2017 7:03 AM
12	no	2/23/2017 11:25 AM
13	No	2/23/2017 8:13 AM
14	no	2/23/2017 7:53 AM
15	No	2/22/2017 1:12 PM
16	No.	2/22/2017 12:52 PM
17	No	2/22/2017 12:51 PM
18	Delete 4.3 and combine with 4.1; Delete 4.5 and 4.6 and combine with 4.4. Basically same documentation is provided for 4.1 and 4.3 and same documentation for 4.4, 4.5 and 4.6. Would streamline the self study to combine and require less duplicate documentation.	2/22/2017 11:49 AM
19	no	2/22/2017 10:11 AM
20	N/A	2/22/2017 10:04 AM
21	no	2/22/2017 7:52 AM
22	no	2/22/2017 7:10 AM
23	NO	2/21/2017 5:59 PM

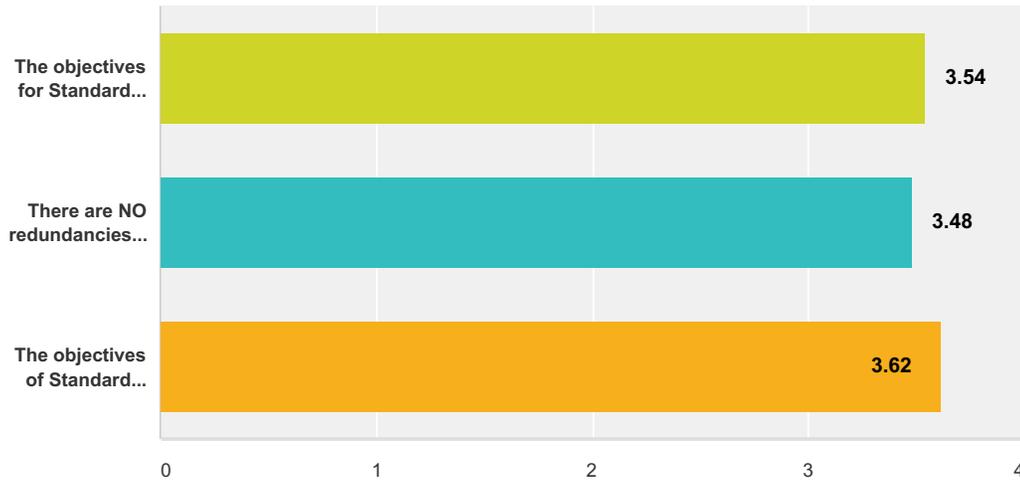
Q20 Are there any objectives (i.e., content areas) that you would add under Standard Four? What and rationale?

Answered: 23 Skipped: 75

#	Responses	Date
1	no	3/15/2017 11:21 AM
2	no	3/14/2017 8:26 AM
3	no	3/13/2017 5:17 PM
4	No.	3/13/2017 4:19 PM
5	no	3/12/2017 11:22 AM
6	No	3/9/2017 1:56 PM
7	4.7 or an additional standard subsection needs to address the health and safety of a student with respect to communicable disease exposure in the clinic.. many sites do not have the mechanism to get their students the appropriate treatment if they hhave a high risk exposure (needle stick, splash) This is far more dangerous to the long term health of a young person.. and we should be looking for these protections. Students are doing venipuncture, cath lab , angio etc....	3/4/2017 6:59 PM
8	Medical Dosimetry Suggestion - Although 4.4 indicates plans are approved by a credentialed practitioner prior to implementation I feel something needs to be added that the plan needs to be approved by the dosimetrist/physicist before presentation to the physician. The physician is considered a qualified practitioner so in reality a student could take a plan to the physician and he could approve before the dosimetrist has done so. Just a thought.	3/3/2017 10:42 AM
9	n/a	3/2/2017 2:39 PM
10	no additions necessary	3/1/2017 9:46 AM
11	no addition of objectives needed	3/1/2017 9:42 AM
12	Perhaps under 4.7 a specific comment about student safety related to rotations within MR.	3/1/2017 7:03 AM
13	no	2/23/2017 11:25 AM
14	No, unless it is determined that the dosimeter issue noted above should be a separate objective.	2/23/2017 8:13 AM
15	no	2/23/2017 7:53 AM
16	No	2/22/2017 1:12 PM
17	No.	2/22/2017 12:52 PM
18	No	2/22/2017 12:51 PM
19	no	2/22/2017 10:11 AM
20	N/A	2/22/2017 10:04 AM
21	4.1 addresses radiation safety, but many students rotate through MRI as a formal clinical rotation or for observation. Either way, MRI safety might be something to address.	2/22/2017 7:52 AM
22	no	2/22/2017 7:10 AM
23	NO	2/21/2017 5:59 PM

Q21 Standard Five - Assessment

Answered: 63 Skipped: 35



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard Five are clear (As a site visitor, I understand the intent of the objectives).	60.32% 38	33.33% 21	6.35% 4	0.00% 0	63	3.54
There are NO redundancies associated with Standard Five.	55.56% 35	36.51% 23	7.94% 5	0.00% 0	63	3.48
The objectives of Standard Five are relevant.	65.08% 41	31.75% 20	3.17% 2	0.00% 0	63	3.62

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	5.1 is good 5.2 is good 5.3 is good 5.4 and 5.5 analyzing and sharing and identifying for continuous improvement should all be separate should be divided into separate objectives and it should be more clear what is expected of each of those objectives.	3/14/2017 9:49 AM
2	5.1 - It is hard to determine what minimum compliance is. Most programs have talked with staff and has been cleared prior to the visit. Since the assessment plan can and should change determining if a plan at the time of the visit meets minimum criteria is tough	3/13/2017 5:38 PM
3	I am wondering if there is some reduncancy between 1.11 and 5.4. Sometimes it appears to be so.	3/13/2017 4:21 PM
4	Glad the office is evaluating the outcome assessment plan! It allows standardization..	3/4/2017 7:01 PM
5	This is where objective 1.11 should be (involving the communities of interest)	2/28/2017 3:49 PM
6	I think these need to be clarified more to Program Directors. Also these overlap and probably would be best to be put together. 5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement. The analysis must be reviewed with the program's communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program's advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented. 5.5 Periodically evaluates its assessment plan to assure continuous program improvement. Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes. **Perhaps right on the standard either show samples or link to samples of what needs to be documented. Many times when programs are highly effective they don't have as in depth discussions or make major changes.	2/23/2017 11:42 AM

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7	<p>Objective 5.4 states, "Analyzes and shares . . ."; Objective 5.5 states, "Periodically evaluates . . ." I believe there is some overlap here in the use of "analyzes" and "evaluates." I realize that 5.4 refers to student learning outcome and program effectiveness data and 5.5 refers to the assessment plan, but these are so closely intertwined that I sometimes find it difficult to separate the two. Because this area is the least prescriptive in the sense that the JRCERT does not mandate how programs organize this data (e.g. by cohort, year, student learning outcome, etc.) and where one is to document the analysis (e.g. in meeting minutes and/or on the master plan itself, or both) there is more room for subjectivity both on the part of the program and site visitors. The advantage of this is that each program can tailor its plan, but it does make it more challenging to evaluate compliance.</p>	2/23/2017 8:33 AM
8	<p>In all honesty, Standard 5.4 requiring the analysis and sharing of student learning outcome data, particularly with communities of interest is a good idea and looks like we are seeking transparency and suggestions from communities of interest in how to improve; but honestly we have continued to do it numerous ways and although we are following the objectives there is really little value that has come from this, especially from the communities of interest. Although they have an interest in education of radiographers, they are often totally clueless on what we even do within the program. Much time and energy goes into explaining what we normally do and then to link that to the assessment plan. . . . Helping them gain a weak understanding of everything is an accomplishment in and of itself, so expecting them to discuss and make suggestions often does not happen. In addition, asking programs to describe changes that have been made due to the assessment plan really just looks like we are being asked to justify this whole big process. Programs should be making changes and improvements whether they are directly linked to the Assessment plan or not, but appears that they will not get credit for that. This looks good on paper and perhaps is mandated, but really adds little value to the programs or students. Standard 5.5 appears to be an attempt to keep the Assessment Plan relevant and fresh, but requiring review and/or changes every 2 years is too often. This is not a large enough time frame to determine trends or to see if changes are even needed. One year of data is a snapshot in time; two years of data is better but does not tell the whole story; I feel that three years would be a better term to accurately reflect trends so improvements or changes can be made. Programs could still make changes sooner, if needed.</p>	2/23/2017 8:18 AM
9	<p>5.4 analysis and sharing has considerable overlap with periodic evaluation of the assessment plan Expectations for analysis seem to be significant enough to warrant an objective dedicated to analysis Somewhere -- let program officials know -- a benchmark met for multiple years in a row might need to be replaced; also that there is an expectation the plan will change/morph over time TRENDing data should be encouraged (at least in outcomes workshops) -- some sort of dashboard style review is insightful and informative Could at least one assessment plan objective include demonstration of growth throughout the course of the program? suggesting one or more benchmarks be measured at more than one point during the program and compared? whether it's communication skills -- or accuracy of technical skill application -- or even critical thinking -- programs should be able to demonstrate students nearing or at graduation do these things BETTER than incoming or first semester students</p>	2/22/2017 9:27 PM
10	<p>Under 5.2 the definition of each element of the program effectiveness data needs to more clearly defined and maybe even redefined. The completion rate is confusing when a student fails out after the first semester and then returns the following year to retry. Currently it is my understanding that the student is counted in both cohorts, one as a non-completion and then counted in the second cohort again? I think this definition needs to be looked at. Also, under the credentialing pass rate maybe we should consider taking out "ON FIRST ATTEMPT". Assessment is always a difficult component to determine compliance, I'm not sure how to address this section.</p>	2/22/2017 7:22 AM

Q22 Are there any objectives of Standard Five that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 34 Skipped: 64

#	Responses	Date
1	no	3/15/2017 11:31 AM
2	See above. 5-4- and 5-5 run together and sometimes programs are doing one thing but not the other. they should be separated and more clearly defined.	3/14/2017 9:49 AM
3	no	3/14/2017 8:28 AM
4	5.1	3/13/2017 5:38 PM
5	no	3/13/2017 5:19 PM
6	No, except for comment above.	3/13/2017 4:21 PM
7	5.1 - determining where to draw the line for minimally acceptable; determining if the measurement tools meet the the objectives; usually have to talk to someone in the office prior to or while on the visit	3/13/2017 11:49 AM
8	5.4 & 5.5 - I think that the analysis and actions subset should be more detailed in terms of data collected. Programs can be in compliance with 5.1 by simply writing the plan. I think it may be helpful if a portion of this standard that looks at programs demonstrating ongoing assessment of student learning data (ie-the program provides 3 years of evaluated data; the program provides planned and implemented changes based on previously collected data, etc.) This showing that the program is closing the loop in terms of meaningful data collection, analysis, planning of changes and implementation.	3/13/2017 11:19 AM
9	I have a concern....I am only an apprentice, however I have seen this two ways...As visitors are we suppose to review the assessments for their effectiveness or offer our opinion on how they need to change their assessments? So as visitors maybe more guidance.	3/13/2017 10:50 AM
10	Much work has been done to outline specifically what programs should do for all objectives in this standard. Furthermore, JRCERT has provided multiple resources to programs to meet these objectives. Although still frequently cited, I believe not having a strong enough Master Plan may impair program directors who inherit programs and are new to the position.	3/12/2017 11:25 AM
11	No	3/9/2017 1:57 PM
12	no	3/4/2017 7:01 PM
13	n/a	3/2/2017 2:41 PM
14	all objectives are clear to me	3/1/2017 9:47 AM
15	No	3/1/2017 7:03 AM
16	5.4 and 5.5 It seems like programs are forced to make changes whether they have any indication that a change would improve learning. "If it isn't broken, don't fix it".	2/23/2017 11:42 AM
17	Somewhat. 5.4 and 5.5 for reasons noted above.	2/23/2017 8:33 AM
18	no	2/23/2017 8:18 AM
19	No	2/22/2017 1:14 PM
20	5.1 - It is difficult to define "minimum compliance." While it is important to allow the program freedom to develop their own assessment plan there is no clear definition on what minimum compliance and a citation is. 5.4 - Determining how detailed a program's minutes must be to constitute adequate "sharing" is tough.	2/22/2017 1:12 PM
21	No.	2/22/2017 12:54 PM
22	No	2/22/2017 12:53 PM

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23	A huge disparity in how outcomes are recorded and comments from office staff review of outcomes. If staff want a specific format then just specify what the format should be.	2/22/2017 11:50 AM
24	Program completion rates are not clear. Program defined or 75% as listed in annual report. Rates calculated on 5 year average or annual rate.	2/22/2017 10:42 AM
25	5.4 and 5.5 It is my feeling that usually these items are being done but many programs do not keep thorough minutes documenting that they do.	2/22/2017 10:34 AM
26	5.2 - Consider adding a benchmark for Program Completion	2/22/2017 10:19 AM
27	no	2/22/2017 10:11 AM
28	5.1 - In my opinion, the review of the assessment plan really depends on who is reviewing it. Some things are acceptable and others are not. Also, when a program has an 8 year accreditation, and then does the interim report, many times the assessment plan that was acceptable at the main self-study and site visit, is no longer acceptable. That leaves some frustration for the PD's.	2/22/2017 9:22 AM
29	Standard 5.1 is difficult to evaluate. The standard states "at a minimum" which can be an issue on site visits. Program have an assessment plan on site but at minimum because it is documented and has verbiage to look like a plan. When further evaluated it is not appropriate to assess particular SLOs because of a poor tool or low benchmark. A citation is deferred due to "at a minimum" but the program will never be able to properly evaluate the program with what they currently have as an implemented assessment plan.	2/22/2017 9:06 AM
30	5.2 I believe that program completion rate should also be a 5 year average. If the past year was poor for completion and that is all that is shown, this can make a prospective student question whether or not they want to attend the program. A five year average would be more accurate. 5.4 and 5.5. I believe JRCERT could foster compliance in these two standards by have more training modules that are updated and give better examples. Also, the sample of the minutes of meetings needs to be updated to show compliance with what is expected in these standards.	2/22/2017 8:52 AM
31	no	2/22/2017 7:54 AM
32	yes, see above	2/22/2017 7:22 AM
33	No	2/21/2017 6:01 PM
34	This is likely the one that site visitors least likely understand. There is so much gray area. We know that the results of the assessment need to be presented to stakeholders, but how much? How much discussion about the outcomes? How much is too little?	2/21/2017 5:50 PM

Q23 Are there any objectives of Standard Five that you would delete? Which one(s) and rationale?

Answered: 23 Skipped: 75

#	Responses	Date
1	no	3/15/2017 11:31 AM
2	no	3/14/2017 8:28 AM
3	No	3/13/2017 5:38 PM
4	no	3/13/2017 5:19 PM
5	No.	3/13/2017 4:21 PM
6	no	3/12/2017 11:25 AM
7	No	3/9/2017 1:57 PM
8	5.4 could take in to account the information from standard 1.11.	3/7/2017 9:53 AM
9	no	3/4/2017 7:01 PM
10	n/a	3/2/2017 2:41 PM
11	no deletions recommended	3/1/2017 9:47 AM
12	No	3/1/2017 7:03 AM
13	no	2/23/2017 11:42 AM
14	No	2/23/2017 8:33 AM
15	no	2/23/2017 8:18 AM
16	No	2/22/2017 1:14 PM
17	No.	2/22/2017 12:54 PM
18	No	2/22/2017 12:53 PM
19	N/A	2/22/2017 10:19 AM
20	no	2/22/2017 10:11 AM
21	no	2/22/2017 7:54 AM
22	no	2/22/2017 7:22 AM
23	NO	2/21/2017 6:01 PM

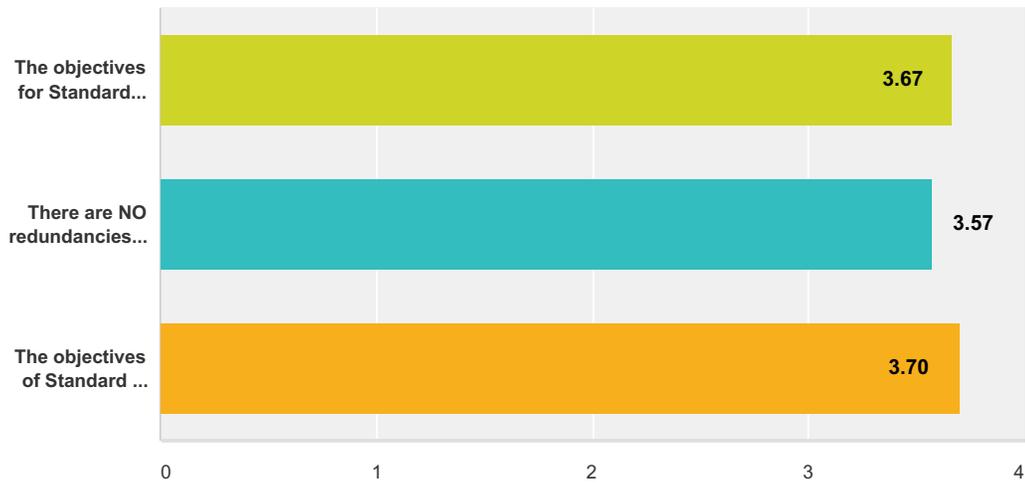
Q24 Are there any objectives (i.e., content areas) that you would add under Standard Five? What and rationale?

Answered: 22 Skipped: 76

#	Responses	Date
1	no	3/15/2017 11:31 AM
2	no	3/14/2017 8:28 AM
3	No	3/13/2017 5:38 PM
4	no	3/13/2017 5:19 PM
5	No.	3/13/2017 4:21 PM
6	no	3/12/2017 11:25 AM
7	No	3/9/2017 1:57 PM
8	no	3/4/2017 7:01 PM
9	n/a	3/2/2017 2:41 PM
10	no additions needed	3/1/2017 9:47 AM
11	No	3/1/2017 7:03 AM
12	no	2/23/2017 11:42 AM
13	No	2/23/2017 8:33 AM
14	no	2/23/2017 8:18 AM
15	No	2/22/2017 1:14 PM
16	No.	2/22/2017 12:54 PM
17	No	2/22/2017 12:53 PM
18	N/A	2/22/2017 10:19 AM
19	no	2/22/2017 10:11 AM
20	No. To me, this is the most important standard in assuring continued success and improvement of a program.	2/22/2017 7:54 AM
21	no	2/22/2017 7:22 AM
22	No	2/21/2017 6:01 PM

Q25 Standard Six - Institutional/Programmatic Data

Answered: 63 Skipped: 35



	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
The objectives for Standard Six are clear (As a site visitor, I understand the intent of the objectives).	69.84% 44	26.98% 17	3.17% 2	0.00% 0	63	3.67
There are NO redundancies associated with Standard Six.	63.49% 40	30.16% 19	6.35% 4	0.00% 0	63	3.57
The objectives of Standard Six are relevant.	69.84% 44	30.16% 19	0.00% 0	0.00% 0	63	3.70

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	The office staff reviews these standards most of the time.	3/7/2017 9:55 AM
2	no	3/4/2017 7:01 PM
3	The wording of 6.6 is confusing	2/23/2017 12:26 PM
4	6.6 The database is not very user friendly to add or edit information about clinical sites. You can't save information and go back to it. You can't change anything that was put there before we could add or edit to the database ourselves. You don't know if the information went through and whether the JRCERT is reviewing it.	2/23/2017 11:54 AM
5	While entirely relevant -- these objectives have become almost completely "professional staff review" dependent -- necessary for programs to respond to in the self-study process but not as relevant for SVT unless a specific problem has been identified	2/22/2017 9:27 PM
6	The individual objectives clearly define the intent of the Standard, however I believe the Standard is vague.	2/22/2017 2:56 PM
7	6.4--establishes and maintains affiliation agreements with clinical settings. You also have 2.5--Assures JRCERT recognition of all clinical settings. Could these be combined since documentation is the same? 6.5--documents that clinical settings are in compliance with applicable state and or federal radiation safety laws--very similar to 4.1. Any way to combine? 6.6--complies with requirements to achieve and maintain JRCERT accreditation. Seems like this objective isn't needed. If a program hasn't done something needed it has already been covered in another objective such as substantive change. Isn't the whole point of the site visit to see if the program complies with requirements to achieve and maintain JRCERT accreditation? if so then don't see the reason for this objective.	2/22/2017 11:58 AM

Q26 Are there any objectives of Standard Six that you often find difficult to determine compliance? Which one(s) and concern(s)?

Answered: 25 Skipped: 73

#	Responses	Date
1	no	3/15/2017 11:33 AM
2	no	3/14/2017 8:30 AM
3	6.3 - Eliminate proving they have a degree of a Bachelor or higher for CIs.	3/13/2017 5:40 PM
4	no	3/13/2017 5:21 PM
5	No.	3/13/2017 4:21 PM
6	As a site visitor I usually do not have to address these are they are determined (appropriately) by the JRC staff before hand. This should continue to be the case.	3/13/2017 1:10 PM
7	no	3/12/2017 11:25 AM
8	No	3/9/2017 1:58 PM
9	no	3/4/2017 7:01 PM
10	All of them. The site visitor cannot determine compliance with any objectives of this standard. Compliance is determined by the JRCERT office. I do feel they are all important, but they should not be listed as a responsibility of the site visitor.	3/2/2017 2:44 PM
11	all objectives are clear	3/1/2017 9:47 AM
12	Regarding 6.2, if programs utilize free-standing clinics, physician offices and/or urgent care facilities, sometimes it is difficult to "ensure compliance with state/fed radiation safety guidelines". Seems these environments are not always subject to regulation.	3/1/2017 7:03 AM
13	No	2/23/2017 8:33 AM
14	no	2/23/2017 8:21 AM
15	No	2/22/2017 1:15 PM
16	No.	2/22/2017 12:55 PM
17	No	2/22/2017 12:55 PM
18	6.6--not usually any pertinent documentation office doesn't already provide.	2/22/2017 11:58 AM
19	6.4 It would be nice if CES agreements were totally handled by the JRCERT administration.	2/22/2017 10:34 AM
20	no	2/22/2017 10:12 AM
21	I am not sure where this might be placed, but when evaluating clinical sites, I find it confusing to determine if a separate affiliation agreement is required if the clinical site is part of the institution that sponsors the program (hospital based) there might be a main hospital with satellite outpatient imaging sites that are owned by the hospital, but geographically dispersed. I am never sure if they need a separate agreement or not.	2/22/2017 8:52 AM
22	no	2/22/2017 7:54 AM
23	no	2/22/2017 7:23 AM
24	6.3 - I would encourage the explanation for part-time faculty and clinical instructor change to a minimum degree requirement, e.g. bachelors for faculty and associate for clinical instructors.	2/22/2017 7:00 AM
25	No	2/21/2017 6:02 PM

Q27 Are there any objectives of Standard Six that you would delete? Which one(s) and rationale?

Answered: 21 Skipped: 77

#	Responses	Date
1	no	3/15/2017 11:33 AM
2	no	3/14/2017 8:30 AM
3	no	3/13/2017 5:21 PM
4	No.	3/13/2017 4:21 PM
5	no	3/12/2017 11:25 AM
6	No.	3/9/2017 1:58 PM
7	no	3/4/2017 7:01 PM
8	Tn/a	3/2/2017 2:44 PM
9	no deletions recommended	3/1/2017 9:47 AM
10	No	3/1/2017 7:03 AM
11	6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws. Perhaps this belongs under Standard Four: Safety 6.1 and 6.5 is redundant for those with clinical sites owned by the sponsor. Maybe an explanation should be added to say not applicable if the sites are owned by the sponsor.	2/23/2017 11:54 AM
12	No	2/23/2017 8:33 AM
13	no	2/23/2017 8:21 AM
14	No	2/22/2017 1:15 PM
15	No.	2/22/2017 12:55 PM
16	No	2/22/2017 12:55 PM
17	6.4--establishes and maintains affiliation agreements with clinical settings. You also have 2.5--Assures JRCERT recognition of all clinical settings. Could these be combined since documentation is the same? 6.5--documents that clinical settings are in compliance with applicable state and or federal radiation safety laws--very similar to 4.1. Any way to combine? 6.6--complies with requirements to achieve and maintain JRCERT accreditation. Seems like this objective isn't needed. If a program hasn't done something needed it has already been covered in another objective such as substantive change. Isn't the whole point of the site visit to see if the program complies with requirements to achieve and maintain JRCERT accreditation? if so then don't see the reason for this objective.	2/22/2017 11:58 AM
18	no	2/22/2017 10:12 AM
19	no	2/22/2017 7:54 AM
20	no	2/22/2017 7:23 AM
21	NO	2/21/2017 6:02 PM

Q28 Are there any objectives (i.e., content areas) that you would add under Standard Six? What and rationale?

Answered: 19 Skipped: 79

#	Responses	Date
1	no	3/15/2017 11:33 AM
2	no	3/14/2017 8:30 AM
3	no	3/13/2017 5:21 PM
4	No.	3/13/2017 4:21 PM
5	no	3/12/2017 11:25 AM
6	2.5 and 6.6 should be reviewed to see if one of them could be deleted.	3/9/2017 1:58 PM
7	no	3/4/2017 7:01 PM
8	n/a	3/2/2017 2:44 PM
9	no additions recommended	3/1/2017 9:47 AM
10	No	3/1/2017 7:03 AM
11	No	2/23/2017 8:33 AM
12	no	2/23/2017 8:21 AM
13	No	2/22/2017 1:15 PM
14	No.	2/22/2017 12:55 PM
15	No	2/22/2017 12:55 PM
16	no	2/22/2017 10:12 AM
17	no	2/22/2017 7:54 AM
18	no	2/22/2017 7:23 AM
19	No	2/21/2017 6:02 PM

Q29 Additional Comments:

Answered: 20 Skipped: 78

#	Responses	Date
1	n/a	3/14/2017 8:30 AM
2	I so appreciate the streamlined Standards that we currently use, as compared to those before revision. We are in very good shape. Always good to brainstorm, though, for further improvement! You are doing a great job!	3/13/2017 4:22 PM
3	As a site visitor I really appreciate the pre-visit conference call. This helps with a lot of issues.	3/13/2017 11:51 AM
4	I appreciate that the JRCERT seeks input from their site visitors and others when making revisions to the standards. Teamwork is what makes it such a pleasure to be involved.	3/13/2017 11:21 AM
5	As a site visitor, it would be most convenient if the programs filled in their responses in a format that included the wording of the standards. That would prevent a lot of switching back and forth between the self study and the standards when reviewing. I would also like to request access to the electronic RSVTF after it has been submitted so that it can be used during the exit summation meeting. In addition, inclusion of the wording of each standard and the objectives identified as not being met would be helpful so that you can report from one document.	3/13/2017 8:22 AM
6	Thankful for the opportunity to provide input in the process!	3/12/2017 11:25 AM
7	n/a	3/2/2017 2:44 PM
8	i believe the 2014 standards are fine as is. I have never had any difficulty interpreting them or feeling like something was not addressed by the objectives.	3/1/2017 9:48 AM
9	the checklist for site visitors is extremely repetitive. Just have it be one sheet and we should only have to check off an item once--not for each objective.	2/28/2017 3:50 PM
10	A check list for both program directors and site visitors with details of what needs to be there would be helpful. I know there is one for site visitors but if program directors had it available to them at all times, it would be easier to remain compliant.	2/23/2017 11:56 AM
11	None at this time.	2/23/2017 8:34 AM
12	We accept the Standards and realize that in some cases there are items mandated by the USDE; but truthfully, Standard 5 for Assessment has created a ton of busy paperwork for program officials and detracts from the education of students. Responsible and conscientious programs have monitored student achievement & made changes for improvement for decades. Perhaps some have not, and perhaps it is because of those that all must neglect the interaction with and education of students to have our paperwork in order.	2/23/2017 8:28 AM
13	With more program using distant education, have the program complete the distant education report along with the self study. It is difficult for the site visitors to explain the details needed through brief examples shown on site.	2/22/2017 1:17 PM
14	None	2/22/2017 1:15 PM
15	None	2/22/2017 12:57 PM
16	I don't believe we should add any more objectives to the Standards unless there would be a mandate by DOE. We are very prescriptive as it is and the more we can simplify the better. for the checklist that is used, it needs to be condensed--there is a lot of duplication on that list. Consider if there is a need to actually meet with all the departments/officials at a college, i.e. is it necessary to meet with the Financial aid office. All colleges have them and that is probably a question to ask students for feedback. I think site visits could be condensed which would be less expensive for the programs and a good visit done without having to talk to the college librarian, financial aid officer, etc.	2/22/2017 12:02 PM
17	My comments are not regarding the Standards, but the ROF, and I figured this would be a good place to state my opinion. :) 1. There is a lot of redundancy on the ROF Checklist. 2. PLEASE move the page for the rationale, program strengths, and suggestions to the end of the Standard. It helps the flow of the report out because then the program knows which objective they have not met, and the comments are accepted much more readily. I always physically move the sheet to the end, and so does every other team chair I've ever worked with prior to becoming a chair myself.	2/22/2017 9:29 AM
18	Having one checklist for site visitors is much simpler than the checklist that used to exist at the end of each Standard. Much less time consuming and easier to make sure that all areas are checked off	2/22/2017 8:13 AM
19	none at this time	2/22/2017 7:23 AM
20	I think they are currently pretty streamilined, but maybe some consolidation in Standard 1 is possible.	2/21/2017 6:03 PM