

# Interim Report Checklist

## Magnetic Resonance

Congratulations! You have received the maximum accreditation award for your Magnetic Resonance program and it is four years later and time to submit your Interim Report. This checklist will provide guidelines and tips for development and submission of your Interim Report, but first we will illustrate the differences between an Interim Report and Self-Study Report.

### Contrast of Self-Study and Interim Reports Magnetic Resonance

#### Self-Study Report

- Program must respond to all Six (6) Standards (51 Objectives)
- Typical accreditation awards are three (3), five (5), or eight (8) Years
- Peer review done on-site
- Opportunity to respond to Report of Findings, if citations reported

#### Interim Report

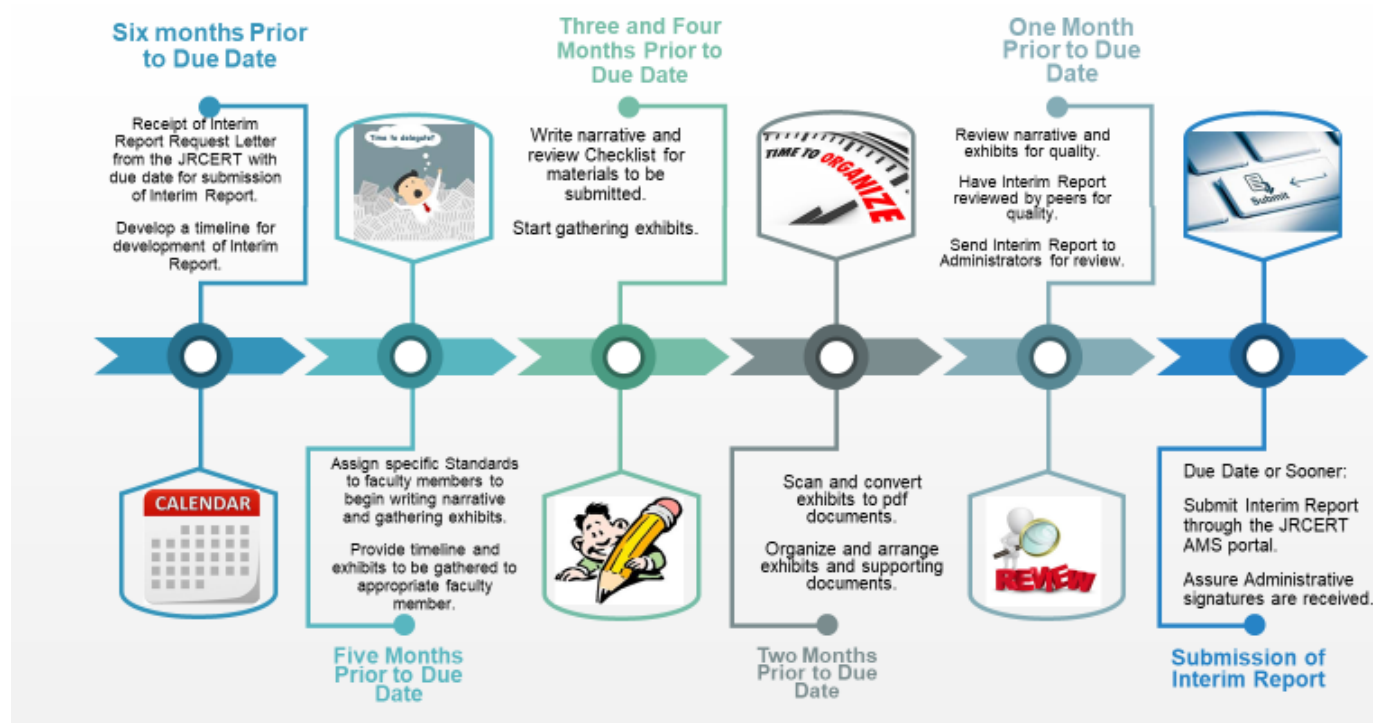
- Program must respond to only Five (5) Standards (11 Objectives)
- Accreditation awards are maintenance of award or reduction to five (5) Years
- Paper review by JRCERT Professional Staff
- Retrospective report so no opportunity for program to respond to any citations

#### **Before Beginning the Interim Report:**

- Review the Interim Report eLearning Module available under the *Programs & Faculty* tab on our Web site ([www.jrcert.org](http://www.jrcert.org)) or click [here](#).
- Contact JRCERT Staff (312-704-5300 or [mail@jrcert.org](mailto:mail@jrcert.org)) if you still have questions or concerns after reviewing supplemental materials.
- Review the Interim Report Checklist found at the end of this manual. **NOTE:** Completion of this checklist does not negate the need to have a thorough working knowledge of the Standards.
- **It should also be noted that the program's entire student handbook does not need to be submitted, just the applicable policies and/or procedures.**

Here is a sample timeline for beginning work on your Interim Report.

## Example of an Interim Report Submission Timeline



### Tips for Developing your JRCERT Interim Report

- Determine a realistic schedule calendar as soon as you receive your Interim Report (IR) request letter, including enough time to permit others to proof the document.
- Coordinate tasks and materials according to each Standard and Objective.
- Review what is required for each Objective and remember it is **NOT** necessary to submit your entire student handbook. **WARNING:** If you choose to submit an entire document, it is reviewed in its entirety. If there is an issue, a citation can be assessed to your Interim Report.
- Delegate data collection and other tasks to colleagues.
- Be clear and concise with your Interim Report. JRCERT staff reviews your Interim Report prior to Board review and accreditation award.
- If JRCERT staff requests additional information or clarification, respond to them within a week to make sure they can complete the review of the Interim Report.
- Determine a data collection schedule in your normal routine to avoid overload when future reports are due.

**Checklist of Requirements for an Interim Report in Magnetic Resonance:**

**Objective 1.10 - Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and general public.**

- Describe how the program makes its:
  - mission statement,
  - goals, and
  - student learning outcomes available to each of the following:
    - students,
    - faculty,
    - administrators, and
    - the general public
- Upload a copy of a publication that contains the program’s:
  - mission statement,
  - goals, and
  - student learning outcomes

**Objective 2.9 - Has sufficient ongoing financial resources to support the program’s mission.**

- Describe the adequacy of financial resources available to the program.
- Provide a copy of budget and/or expenditure records for the:
  - current year
  - previous year

**Objective 4.1- Makes available to students and the general public accurate information about workplace hazards associated with magnetic fields.**

- Describe how this information is made known to
  - students and the
  - general public.
- Describe how students are prepared for safe practices with magnetic resonance imaging.
- Upload a copy of published materials.
- Upload a copy of the magnetic resonance screening protocol.

**Objective 4.2 - Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:**

- **Written notice of voluntary declaration,**
- **Option for student continuance in the program without modification, and**
- **Option for written withdrawal of declaration.**

*Note: Although this Objective is not required for the interim report, it will be reviewed if the program submits it as a policy. Please note the entire program student handbook is not required to be uploaded, just the applicable policies and procedures. If the pregnancy policy is submitted, it will be reviewed for the following requirements:*

- Assure that the pregnancy policy clearly informs the student that:
  - declaration of pregnancy is voluntary
  - an option exists for the student to continue in the program without modification
  - an option exists for the student to withdraw the declaration at any time, in writing.

**Objective 4.3 - Assure that students employ program radiation safety practices.**

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how students are monitored both in the clinical setting and operational laboratory, if applicable.
- Upload the program’s curriculum sequence.
- Upload policies/procedures regarding radiation safety/protection
- Upload policies/procedures for appropriate use of the program’s operational laboratory (if applicable)

**Objective 4.4 - Assures that all magnetic resonance procedures are performed under the direct supervision of a qualified magnetic resonance technologist until the student achieves competency.**

- Describe how the direct supervision requirement is
  - enforced and
  - monitored in the clinical setting
- Upload documentation that the direct supervision requirements are made known to:
  - students,
  - clinical preceptors, and
  - clinical staff

**Objective 4.5 - Assures that magnetic resonance procedures are performed under the indirect supervision of a qualified magnetic resonance technologist after a student achieves competency.**

- Describe how the indirect supervision requirement is
  - enforced and
  - monitored in the clinical setting
- Upload documentation that the indirect supervision requirements are made known to:
  - students,
  - clinical preceptors, and
  - clinical staff

**Objective 5.1- Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.**

- Upload a copy of your most recent assessment plan. The plan includes the following:
  - separate goals in relation to:
    - clinical competency
    - communication
    - critical thinking
    - professionalism
  - student learning outcomes
  - measurement tools
  - benchmarks
  - timeframes
  - person responsible for data collection

**Objective 5.4 - Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.**

- Describe how the program analyzes student learning outcome data and program effectiveness data in order to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data.
  - Discuss how these changes have led to program improvement.
- Upload a copy of the program’s actual student learning outcome data and program effectiveness data since the last accreditation award (usually four cycles of assessment). This data may be documented on previous assessment plans or on a separate document.
- Upload documentation that both student learning outcome data and program effectiveness data has been shared with communities of interest.
- Upload copies of representative samples of the measurement tools identified in the assessment plan.

**Objective 5.5 - Periodically evaluates its assessment plan to assure continuous program improvement.**

- Describe how the evaluation of the assessment plan takes place.
- Upload documentation that the assessment plan has been evaluated at least once every two years.

**Objective 6.1 - Documents the continuing institutional accreditation of the sponsoring institution.**

- Provide documentation of current institutional accreditation for the sponsoring institution.

**Objective 6.4 - Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.**

- Upload documentation of currently valid institutional accreditation for each clinical setting.