Interim Report Checklist – Radiation Therapy

Differences between an interim report and a continuing accreditation self-study:

1. Only a select group of objectives is identified for response in order to determine whether a program has consistently remained in compliance with all Objectives since receiving its eight-year award.

2. During a continuing accreditation self-study, all objectives identified in the Standards must be responded to, and then an onsite evaluation team is used to validate the information that the program has provided. The interim report is only reviewed by professional staff prior to submission to the Board of Directors for review and award decision. Therefore, the narration and documentation must provide clear substantiation that the program has remained in continual compliance since the previous accreditation award four years prior.

3. If there are concerns identified at the time of site visit, they are detailed in the Report of Findings and the program has the opportunity to respond to the objective(s) cited and provide information to document compliance. This opportunity does not exist with the interim report. The interim report is a retrospective review of the four years since the last onsite visit and must document compliance with the select group of objectives identified in the interim report.

4. For a continuing accreditation self-study, the Board has several award options. If the Board believes a program has not documented compliance with one or more objectives, the Board may consider making an award of less than eight years, for example, a five-year award with a progress report due to document compliance with the Standards. Based on the progress report, the Board may extend the award to the maximum eight-year, maintain the current award or reduce the award. For an interim report, however, the Board has only two award options, maintain the eight-year award based on the program’s documentation of continued compliance or reduce the award from eight to five years if the program has not documented continued compliance with the Standards.

Before Beginning the Interim Report:

Review the Radiation Therapy Interim Report Module available under the Programs & Faculty tab on our main Web site (www.jrcert.org) or click here. The module provides a wealth of information that will be valuable as you begin the planning process. Additionally, to assist in completing the interim report, we encourage all programs to review the attached Interim Report Checklist prior to beginning work on the interim report. Completion of this checklist does not negate the need to have a thorough working knowledge of the Standards.

Requirements:
Objective 1.10 - Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the 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 - Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

☐ Describe how the policies are made known to enrolled students
☐ Describe how radiation exposure data is made available to students
☐ Upload a copy of appropriate radiation exposure policies
☐ Upload a copy of one radiation exposure report

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, the program must upload a student handbook. Also, many times the program will provide the pregnancy policy as a part of the radiation exposure policies. 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 for the student to continue in the program without modification
Objective 4.3 - Assure that students employ program radiation safety practices.

☐ Describe how the curriculum sequence and content prepares students for safe radiation practices
☐ Upload the program’s curriculum sequence.
☐ Upload policies/procedures regarding radiation safety/protection
☐ Upload policies/procedures for appropriate use of the program’s energized laboratory (if applicable)

Objective 4.4 - Assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

☐ 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 supervisors, 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 our 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 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 6.2 - Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.
☐ Upload current documentation for each energized laboratory at the sponsoring institution

Objective 6.5 - 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.

Note: California Programs - a copy of a currently valid Radiation Machine Tube Registration is required.