

## REPORT OF SITE VISIT TEAM FINDINGS MAGNETIC RESONANCE

Name of Program:	
City/State:	
Date(s) Visited:	
Clinical Education Setting(s) Visited	(City/State)
	(City/State)
	(City/State)
Name of Team Chair:	
Name of Team Member(s):	

The Report of Site Visit Team Findings is based on the Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Magnetic Resonance**, adopted April 2020; implemented January 1, 2021.

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# Introduction and Instructions

## I. Introduction

The *Report of Site Visit Team Findings* has been designed by the Joint Review Committee on Education in Radiologic Technology (JRCERT) to assure consistency in the evaluation of magnetic resonance programs. Utilize this instrument during the site visit. A separate narrative may be provided but is not required, unless the team believes exceptional findings necessitate additional explanation. An electronic copy of the *Site Visit Report* must be submitted to the JRCERT via the AMS.

The *Report of Site Visit Team Findings* is the required team report that is submitted electronically by the team chair to the JRCERT office. The team members meet privately prior to the exit summation to ascertain team agreement on all the findings. The team will provide its findings to the program director prior to the exit summation to review the findings and to eliminate any potential misunderstandings. The exit summation must reflect team findings and relate only to the **JRCERT Standards for an Accredited Educational Program in Magnetic Resonance** (the **Standards**). Please refer to page 2 for confidentiality, quality, and exit statements.

The program director has been provided with this instrument to promote familiarity with the evaluation procedure. It is recommended that the program provide a blank copy of the *Report of Site Visit Team Findings* to each attendee at the exit summation to aid in understanding the site visit team findings.

The primary functions of the site visit team are to verify information, to assess program outcomes, and to report findings. The JRCERT is responsible for determining the extent and degree of program compliance with the **JRCERT Standards**.

## II. Instructions for Completing the *Report of Site Visit Team Findings*

**Assessing Objectives.** A table is provided for each **Standard** to indicate the site visit team's assessment of whether the program meets each objective. Record "N/A" if the objective does not apply to the program. For any objective checked "No" (i.e., program has not met the objective), the team must provide an explanation of how the program does not meet the objective. It is critical that this narrative cover each of the objectives the program is evaluated to have not met, since this assessment represents a potential deficiency in program compliance with the **Standards**.

**Program Strengths.** This section should be used to outline how the program exceeds any of the objectives of the standard. Use this section to address as many of the **Standards** and objectives as applicable.

**Suggestions.** Site visitors may provide suggestions to the program that would help strengthen/improve it. Such suggestions should be sensitive to institutional prerogative, particularly as it relates to resource allocation. If suggestions are included in the report, sufficient supporting information must be provided.

This section can also be used to provide any other program information that may be taken into consideration relating to the standard.

**Additional information.** Space is provided at the end of this document for any additional information about the program that should be taken into consideration as part of the accreditation process.

## Confidentiality, Quality, and Exit Statements

Confidentiality Statement:

**“As participants in this accreditation site visit, we are aware that we have access to accreditation information which shall remain confidential. We agree to respect and protect the confidentiality of all accreditation materials, recommendations, suggestions and discussions prior to, during and following the site visit.”**

Quality Statement:

**“The JRCERT is committed to an accreditation process that is fair and unbiased and believes high ethical principles cannot be compromised. The JRCERT ensures the integrity of the accreditation process, values the diversity of programs, and safeguards the education of students through the peer review process. The JRCERT remains steadfast in assuring that its core values are reflected throughout the accreditation process.”**

Exit Statement:

**“During this exit summation, we will share with you the results of the team’s evaluation of the program and our findings regarding whether the program meets each of the objectives related to the Standards for an Accredited Educational Program in Radiologic Sciences. This represents only the findings of the site visitors and does not constitute the official report of the JRCERT which will come from the JRCERT office within approximately three months. Once you have received the official report from the JRCERT, you will be required to respond to the official report before the JRCERT will take any accreditation action relative to the program.”**

**No Issues identified by the institutional accreditor are not negatively impacting the program.**

**Yes Issues identified by the institutional accreditor appear to be negatively impacting the program as identified by the following citations.**

**N/A**

**Standard One:**  
***Accountability, Fair Practices, and Public Information***

**Please use the space below to clearly explain the team’s rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as “No”.**

**Please identify any program strengths related to Standard One.**

**Please provide background information for any team suggestions related to Standard One. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

**STANDARD ONE: Accountability, Fair Practices, and Public Information**

**The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public.**

Has Program Met Objective?		Objectives
Yes	No	
		<p>1.1 Do the sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information? Does it include the following:</p> <p>magnetic resonance safety protocol;                      admission and transfer of credit policies;                      tuition, fees, and refunds;                      graduate requirements;                      grading system;                      program mission statement, goals, and student learning outcomes; accreditation status;                      articulation agreement(s);                      clinical obligations;                      grievance policy and procedure.</p>
		<p>1.2 Do the sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory?</p>
		<p>1.3 Do the sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies?</p>
		<p>1.4 Does the program assure the confidentiality of student educational records?</p>
		<p>1.5 Does the program assure that students and faculty are made aware of the JRCERT <b>Standards for an Accredited Educational Program in Magnetic Resonance</b> and the avenue to pursue allegations of noncompliance with the <b>Standards</b>?</p>
		<p>1.6 Does the program publish program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis? Does the program publicly disclose the following:                      current and complete PED data (template).</p>
		<p>1.7 Do the sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation?</p>

**Standard Two:**  
***Institutional Commitment and Resources***



**Please use the space below to clearly explain the team's rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as "No".**

**Please identify any program strengths related to Standard Two.**

**Please provide background information for any team suggestions related to Standard Two. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

## STANDARD TWO: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Has Program Met Objective?		Objectives
Yes	No	
		<p>2.1 Does the sponsoring institution provide appropriate administrative support and demonstrate a sound financial commitment to the program?</p>
		<p>2.2 Does the sponsoring institution provide the program with the physical resources needed to support the achievement of the program's mission?</p> <p style="padding-left: 40px;">Do students have scheduled access to a magnetic resonance environment?</p>
		<p>2.3 Does the sponsoring institution provide student resources?</p> <p style="padding-left: 40px;">Access is provided to information on: personal counseling requesting accommodations for disabilities financial aid</p>
Check here if not applicable		<p>2.4 Do the sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper?</p> <p style="padding-left: 40px;">Are audit and budget processes for appropriate allocation and use of financial resources maintained?</p> <p style="padding-left: 40px;">Are student default rates monitored?</p> <p style="padding-left: 40px;">Are Title IV financial aid and expenditures appropriately managed?</p> <p style="padding-left: 40px;">Are students informed of timely repayment of Title IV financial aid?</p>

**Standard Three**  
***Faculty and Staff***

**Please use the space below to clearly explain the team's rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as "No".**

**Please identify any program strengths related to Standard Three.**

**Please provide background information for any team suggestions related to Standard Three. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

### STANDARD THREE: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Has Program Met Objective?		Objectives
Yes	No	
		3.1 Does the sponsoring institution provide an adequate number of faculty to meet all educational, accreditation, and administrative requirements?
		3.2 Do the sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments?
		3.3 Do the sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed?
		3.4 Do the sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed?
		3.5 Does the sponsoring institution and/or program provide faculty with opportunities for continued professional development?

**Standard Four**  
***Curriculum and Academic Practices***

**Please use the space below to clearly explain the team's rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as "No".**

**Please identify any program strengths related to Standard Four.**

**Please provide background information for any team suggestions related to Standard Four. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

## STANDARD FOUR: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Has Program Met Objective?		Objectives
Yes	No	
		4.1 Does the program have a mission statement that defines its purpose?
		4.2 Does the program provide a well-structured curriculum that prepares students to practice in the professional discipline?  approved curriculum; master plan of education; expansion of the curricular content for bachelor's degree or higher; innovation in the curriculum.
		4.3 Are all clinical settings recognized by the JRCERT?  Are there observational rotations? Are there ancillary facilities under one clinical setting recognition?
		4.4 Does the program provide timely, equitable, and educationally valid clinical experiences for all students?  clinical placement nondiscriminatory and determined by the program? equitable learning opportunities? access to a sufficient variety and volume of procedures for competency achievement? orientation to the clinical settings student to magnet ratio of 1:1 maintained? appropriate human and physical resources?
		4.5 Does the program provide learning opportunities in advanced imaging and/or therapeutic technologies?
		4.6 Does the program assure an appropriate relationship between program length and the subject matter taught for the terminal award offered?
		4.7 Does the program measure didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula?
		4.8 Does the program provide timely and supportive academic and clinical advisement to students enrolled in the program?



Check here if not applicable		<p>4.9 Does the program have procedures for maintaining the integrity of distance education courses?</p> <p>DE form completed and submitted?</p>
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**Standard Five**  
***Health and Safety***

**Please use the space below to clearly explain the team's rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as "No".**

**Please identify any program strengths related to Standard Five.**

**Please provide background information for any team suggestions related to Standard Five. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

## STANDARD FIVE: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Has Program Met Objective?		Objectives
Yes	No	
		<p>5.1 Does the program make available to students and the public accurate information about potential workplace hazards associated with magnetic fields?</p> <p><input type="checkbox"/> MRI safety screening protocol</p>
		<p>5.2 Does the program have a published pregnancy policy that is made known to accepted and enrolled female students?</p> <p>Policy includes:</p> <p><input type="checkbox"/> written notice of voluntary declaration,  <input type="checkbox"/> option for written withdrawal of declaration, and  <input type="checkbox"/> option for student continuance in the program without modification.</p>
		<p>5.3 Does the program assure that students employ proper magnetic resonance safety practices?</p> <p><input type="checkbox"/> Student utilization of operational laboratory under direct supervision of a qualified magnetic resonance technologist</p>
		<p>5.4 Does the program assure that magnetic resonance procedures are performed under the appropriate supervision of a qualified magnetic resonance technologist?</p> <p><input type="checkbox"/> Direct Supervision until competency achievement  <input type="checkbox"/> Indirect Supervision after competency achievement</p>
		<p>5.5 Does the sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students?</p>

**Standard Six**  
***Programmatic Effectiveness and Assessment:  
Using Data for Sustained Improvement***

**Please use the space below to clearly explain the team's rationale for indicating that a program does not meet an objective. An explanation must be provided for each objective indicated as "No".**

**Please identify any program strengths related to Standard Six.**

**Please provide background information for any team suggestions related to Standard Six. You can also use this space to provide any other background information about this Standard that should be taken into consideration as part of the accreditation process.**

**STANDARD SIX: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement**

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Has Program Met Objective?		Objectives
Yes	No	
		<p>6.1 Does the program document the following program effectiveness data:</p> <p>Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,                      Five-year average job placement rate of not less than 75 percent within twelve months of graduation,                      Program completion rates.</p>
		<p>6.2 Does the program analyze and share its program effectiveness data to facilitate ongoing program improvement?</p> <p>PED compared to expected achievement.                      Documentation of data analysis including trending of results. Action plan for unmet benchmarks?</p>
		<p>6.3 Does the program have a systematic assessment plan that facilitates ongoing program improvement?</p> <p>goals in relation to the following:                      clinical competence,                      communication, and                      critical thinking.                      a minimum of two (2) SLOs per goal,                      a minimum of two (2) assessment tools per SLO,                      benchmarks for each assessment tool, and                      timeframes for data collection.</p> <p>program assesses graduate satisfaction                      program assesses employer satisfaction</p>
		<p>6.4 Does the program analyze and share student learning outcome data to facilitate ongoing program improvement?</p> <p>SLO compared to expected achievement                      Documentation of data analysis including trending of results</p>
		<p>6.5 Does the program periodically reevaluate its assessment process to assure continuous program improvement?</p>

## Additional Information



Please use the space below to provide any additional information.

**Please email this document to [mail@jrcert.org](mailto:mail@jrcert.org)**

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