*Joint Review Committee on Education in Radiologic Technology*
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# Interim Report Checklist Radiography

Congratulations! You have received the maximum accreditation award for your Radiography program and it is four years later and time to submit your Interim Report. This checklist will provide guidelines 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 Radiography

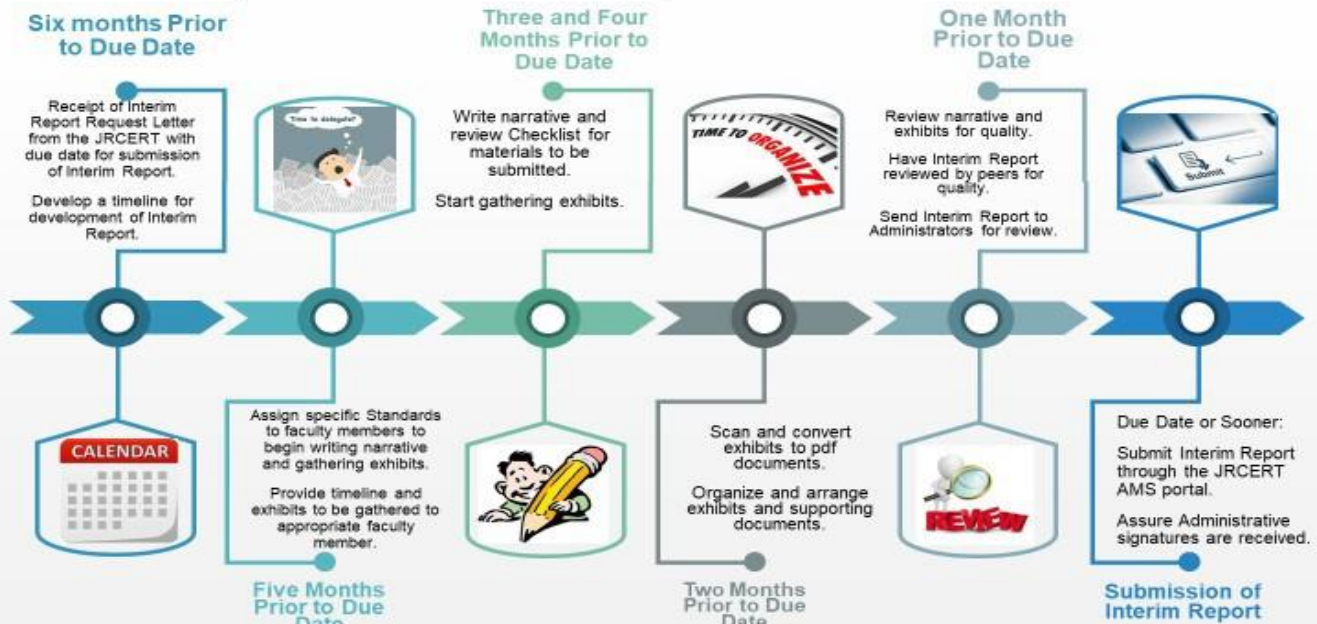| Self-Study Report | Interim Report |
| --- | --- |
| • Program must respond to all six (6) Standards (35 Objectives) | • Program must respond to only three (3) Standards (10 Objectives) |
| • Typical accreditation awards are three (3), five (5), or eight (8) years | • Accreditation awards are maintenance of award or reduction to five (5) years |
| • Peer review done on-site | • Paper review by JRCERT Professional Staff |
| • Opportunity to respond to Report of Findings, if citations reported | • Retrospective report so no opportunity for program to respond to any citations |

## Before Beginning the Interim Report:

- Review the Interim Report eLearning Module available in the LINK Learning Management System.

- Contact your assigned JRCERT Staff (312-704-5300 or mail@jrcert.org) after reviewing the 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.

- **Review the program's website to assure all relevant information is current, accurate, published, and made readily available to students, faculty, staff, and the public.**

- **It should also be noted that the program's entire student handbook does not need tobe submitted, just the applicable policies and/or procedures.**

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



## Tips for Developing your JRCERT Interim Report

- Review the Interim Report eLearning Module in the LINK LMS platform.
- 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 InterimReport prior to Board review and accreditation award.
- 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 Radiography:

**Objective 1.1 - The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.**

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

☐ admission and transfer of credit policies;
☐ tuition, fees, and refunds;
☐ graduation requirements;
☐ grading system;
☐ program mission statement, goals, and student learning outcomes;
☐ accreditation status;
☐ articulation agreement(s);
☐ academic calendar;
☐ clinical obligations;
☐ grievance policy and/or procedures.

**Please note:** No narrative response is required for Objective 1.1, but the program's website will be reviewed for compliance. Please submit a completed Website Compliance Checklist. This list can be located at the hyperlink then go to "Templates".

**Objective 1.6 - The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.**
The program must publish, at a minimum:

☐ Most recent five-year average credentialing examination pass rate data
☐ Most recent five-year average job placement rate data
☐ Most recent annual program completion rate data
☐ If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.
☐ The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).
☐ Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.
**Please note:** No narrative response is required for Objective1.6, but the program's website will be reviewed for compliance at the time of submission of the interim report. **The program must have its PED displayed on its website using the JRCERT template located HERE.**

**Objective 2.1 - The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.**

- ☐ Describe the sponsoring institution's level of commitment to the program.
- ☐ Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
- ☐ Describe the adequacy of financial resources.
- ☐ Describe the availability and functions of administrative/clerical services, if applicable.
- ☐ Upload copies of institutional and program organizational charts.

**Objective 2.2 - The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.**

- ☐ Describe how the program's physical resources such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

**Objective 5.1 - The program assures the radiation safety of students through the implementation of published policies and procedures.**

- ☐ Describe how the policies and procedures are made known to enrolled students.
- ☐ Describe how radiation exposure data is made available to students.
- ☐ Describe how students are monitored for radiation exposure, including but not limited to simulation procedures or quality assurance.
- ☐ Assure that the pregnancy policy clearly informs the student that:
    - ☐ written 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.
- ☐ Upload a copy of appropriate radiation exposure policies.
- ☐ Upload a copy of one radiation exposure report.

**Objective 5.2 - The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.**

- ☐ Upload current documentation for each energized laboratory at the sponsoring institution.

**Objective 5.3 - The program assures that students employ proper 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 energized laboratory, if applicable.

☐ Describe how students are prepared for safe practices with magnetic resonance imaging, prior to entering the clinical site.
☐ 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).
☐ Upload a copy of the magnetic resonance screening protocol and screening tool
**Please note:** If a signed form is utilized to demonstrate compliance, please include signed copies for documentation.

**Objective 5.4 - The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.**

☐ Describe how the direct, indirect, and repeat supervision requirements are
　☐ made known to:
　　☐ students,
　　☐ clinical preceptors, and
　　☐ clinical staff.
☐ Describe how supervision policies are:
　☐ enforced, and
　☐ monitored in the clinical setting.
☐ Upload policies/procedures related to supervision.
☐ Upload documentation that the direct, indirect, and repeat supervision requirements are made known to:
　☐ students,
　☐ clinical preceptors, and
　☐ clinical staff.
**Please note:** This documentation must be a representative sampling, **from each year since the program's last accreditation award,** that provides assurance that **students, clinical preceptors, and clinical staff** are apprised of the supervision policies. **If a signed form is utilized to demonstrate compliance, please include signed copies for documentation.**

**Objective 6.2 - The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.**

☐ Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data.
　☐ Discuss how these changes have maintained or improved program effectiveness outcomes.
☐ Upload a copy of the program's actual program effectiveness data since the last accreditation award.
☐ Upload documentation of an action plan for any unmet benchmarks.
☐ Upload documentation that program effectiveness data is shared in a timely manner.
**Please note: This documentation must include annual meeting notes/minutes since the last accreditation award.**

**Objective 6.3 - The program has a systematic assessment plan that facilitates ongoing program improvement.**

☐ Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.

☐ Describe the program's cycle of assessment.

☐ Describe how the program uses feedback from communities of interest in the development of its assessment plan.

☐ Upload a copy of your most recent assessment plan. The plan includes the following:

☐ separate goals in relation to:
- ☐ clinical competency,
- ☐ communication, and
- ☐ critical thinking;

☐ two student learning outcomes per goal;

☐ two measurement tools per student learning outcome;

☐ benchmarks; and

☐ timeframes.

**Objective 6.4 - The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.**

☐ Describe examples changes that have resulted from the analysis of student learning outcome data.
- ☐ Discuss how these changes have maintained or improved student learning outcomes.

☐ Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.

☐ Upload a copy of the program's actual student learning outcome data since the last accreditation award.

☐ Upload documentation of an action plan for any unmet benchmarks.

☐ Upload documentation that student learning outcome data is shared in a timely manner.

**Please note: This documentation must include annual meeting notes/minutes since the last accreditation award.**

**Objective 6.5 - The program periodically reevaluates its assessment process to assure continuous program improvement.**

☐ Describe how the evaluation of the assessment process has occurred.
- ☐ Discuss the changes to the assessment process that have occurred since the last accreditation award.

☐ Upload documentation that the assessment plan has been evaluated at least once every three years.