

# Radiography Program

Associate in Applied Science Degree

Program Audit

2017

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This report is presented to the Board of Trustees in lieu of the traditional Academic Audit report due to the accreditation status of this Allied Health program. The Radiography program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). This accreditation process requires extensive periodic program evaluation based on the standards established by the Committee. The program completed the most recent self-study process which was submitted to the JRCERT in July, 2015. A team of site visitors conducted a two-day, on-site review of the program in May 2016. A copy of the Program's Self-Study Report, the Site Visitor's Report of Findings (ROF), the response to the ROF and the accreditation letter is attached as Appendix A, B, C & D respectively. Highlights and excerpts are summarized in this report.

### **Historical Perspective and Program Purpose**

The Radiography Program graduated its first class in December of 1978. The two-year program awards an Associate in Applied Science degree and prepares graduates for immediate employment as proficient entry-level Radiographers. The Program has worked to maintain strong bonds between the College Faculty, Clinical Facilities and the Clinical Instructors through on-going collaboration relating to the integration of classroom and clinical experiences. This year's 40<sup>th</sup> graduating class continues the tradition of demonstrating compassion, professionalism, good problem solving/critical thinking abilities, and communication skills required of our graduates by the regional health facilities that employ them and the patient communities they serve.

The Radiography Program's mission statement highlights our department's mindset and purpose:

Our mission is to provide student radiographers with an innovative and educationally-sound program that will enable them to deliver quality patient-centered care, use radiation judiciously and display professionalism throughout their career.

The Program prides itself on a curricular design that supports the acquisition of theoretical knowledge and concurrent clinical education in state-of-the-art clinical facilities. This Program is offered exclusively on the main campus and is partnered with nine area hospitals.

### **Curriculum**

During this audit cycle the curriculum has undergone a few important changes. Feedback from graduates, faculty, clinical instructors, advisory committee, accreditation site visitors, and data generated through program assessments, resulted in incremental modifications to the program since the new director started in 2012.

Program curriculum changes driven by the accreditation site visit report of findings, addressed an inconsistency in how the program maintains the targeted clinical-hour to credit-hour ratio. This issue was addressed satisfactorily in the Program's response to the findings. Another finding that was addressed concerned student rotations to a second

clinical site. This change has been instituted with implementation in the Fall 2017 semester. A progress report will be submitted to the JRCERT in October to verify compliance. Other changes were instituted to ensure that advanced modality clinical rotations do not occur until students have received didactic instruction in those modalities.

Curriculum changes based on analysis of assessment data involved two courses RADT114 & RADT250. RADT114, Introduction to Radiographic Imaging, is a foundational course of the program and RADT250, Senior Review, is a capstone program review course which includes practice registry examinations.

The most recent changes implemented by the Program are not directly related to program requirements but rather to some new coursework offered resulting from a request by St. Luke's University Health Network, with other clinical facilities expressing a common interest. Effective January 2016, the American Registry of Radiologic Technologists (ARRT) implemented a structured educational requirement that Registered Technologists must complete in order to be eligible to take the Registry examination for advanced imaging modalities. St. Luke's requested that we offer a course so that their Technologists would be able to earn the Computed Tomography (CT) credential which the network requires for staffing the modality. The Radiography program designed a course to satisfy the ARRT requirements for CT certification and registration. The course is offered online in order to accommodate working Technologists. The Program is in the process of designing a course for Magnetic Resonance Imaging (MRI) as well as one for Mammography, two modalities that have seen an increase in demand for credentialed Technologists.

### **Executive Summary of the Accreditation Evaluation**

Following the submission of the Program's self-study documentation and a two-day site visit, a Report of Findings indicating the programs compliance with the accreditation standards was issued. The composite report is available for review in Appendix B (attached). Items needing correction are described in the program's response to the report of findings (Appendix C) and are described in the second paragraph of the Curriculum section above. The program was awarded accreditation for a period of five years. The JRCERT will maintain or extend accreditation to eight years following the submission of a progress report documenting that the program has instituted student rotations to a second clinical site. The following is a brief list of the program's strengths offered by the team:

### **Strengths**

- The program adheres to high ethical standards in relation to students, faculty, and staff. It is noted that Program faculty and students serve the community by providing assistance and support to the underserved and participating in community events.

- The Program benefits from strong, collaborative support from the sponsoring institution's administrators that meets the needs of the students and the program.
- Students, graduates, and clinical instructors respect Program faculty for their ability to excel in their responsibilities and affect successful outcomes for the students and the program.
- The Program faculty and students benefit from adequate classrooms and other resources.
- The Program provides learning resources that support student learning.
- The Program and sponsoring institution provide access to student services.
- The Program has a comprehensive, competency-based curriculum that prepares students to practice in the professional discipline.
- A well-organized master plan of education is in place.
- Students benefit from timely and supportive academic, behavioral, and clinical advisement throughout the Program.
- The Program offers a wide variety of clinical settings to offer the students a well-rounded education.

### **Program Costs**

The Radiography Program ranks 11 of 129 based on costs at NCC. The range has improved throughout the audit cycle from a 9 of 127 rank in FY2012.

Some anticipated funding requests for capital purchases were able to be avoided due to the generosity of the Lehigh Valley Health Network. The Advisory Committee's representative from LVHN arranged the donation of two pieces of equipment which the program uses to provide the students the opportunity to practice mobile and operating room procedures in the laboratory setting.

The Program's Radiography Expanded Degree Program serves to mitigate some of the overall program costs. This allows a few high school graduates to compete against the non-traditional applicants in the admissions process and, if accepted, puts them on a three year track toward program completion. In their first year they take the Program's general core courses and, provided they achieve the grade targets, start the program in their second year. In FY2016 this program had a cost ranking of 100 of 129.

The budget is deemed to be adequate to meet the needs of the Radiography Program and the students; however, due to the age of some equipment and the rapid advances in technology that have occurred, some capital expenditures are warranted. The program is approved for Act 46 funding as a high-priority occupation and high-cost program.

The Radiography Program's "Academic Audit Financial Data" sheets, as compiled by the Finance Department, are attached as Appendix E.

## **Outcomes, Placement and Employment Trends:**

Radiography Program graduates have outperformed the national average on the ARRT Registry examination for the last four years. Last year, 95% of the graduates passed the Registry examination on the first attempt. Passing the exam on a subsequent attempt does not affect the stated pass rate due to accreditation guidelines.

Program graduates have had a 100% job placement rate for the last four years after adjusting for those graduates who continued their education or opted to not work in Radiography. These positions may be full-time, part-time or per diem.

The Program completion rate dropped to 77% in 2016 from 89% the prior year despite focused effort during program information sessions to ensure that candidates were familiar with the demands of the Program. The class of 2017 & 2018 are on track for 93% completion rates. Enrollment has remained consistently strong with the numbers of applicants far exceeding the 28 seats available due to clinical placement limitations.

Employment of Radiologic Technologists is projected to grow 9 percent from 2014 to 2024 (Bureau of Labor Statistics), faster than the average for all occupations. As the population ages, there will be an increase in medical conditions that require imaging as a tool for making diagnoses. Locally, 20% of the Radiologic Technologists are age 55 or over (Economic Modeling Specialists International). They will likely retire within the next 10 years, creating a demand for new workers.

The graduate summary sheet is attached as Appendix F.

## **Conclusions**

Although the Radiography Program is not considered to be a transfer program, numerous graduates have successfully pursued additional education. In this audit period alone, graduates have been employed in the following areas which required additional training and/or education: radiation therapy, catheterization lab, computed tomography (CT), magnetic resonance imaging (MRI), interventional radiology, mammography, surgical imaging, and information technology focused on radiology imaging and electronic medical record systems.

The Program has established a mutually beneficial, long-term relationship with regional health care facilities. The excellent communication and goodwill between the College and the clinical sites ensures that the Radiography Program remains responsive to the local staffing needs of these sites as well as addressing a critical community need for Radiologic Technologists in other, non-affiliated, imaging facilities.

The Program's success is due to the coordinated, dedicated, participation of didactic and clinical faculty and staff, the Advisory Committee, and their commitment to student success, and a strong academic and clinical curriculum which is ultimately measured by

the success of the graduates on licensing examinations and their performance in the workforce.

**RECOMMENDATION:**

Continuation of the program.

# Standards for an Accredited Educational Program in Radiography

**EFFECTIVE JANUARY 1, 2014**

Adopted by:  
**The Joint Review Committee on Education  
in Radiologic Technology - October 2013**



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The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

## Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

**Explanation** - provides clarification on the intent and key details of the objective.

**Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

**Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

Major strengths related to the standard

Major concerns related to the standard

The program's plan for addressing each concern identified

Describe any progress already achieved in addressing each concern

Describe any constraints in implementing improvements

**The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program's compliance with the STANDARDS.**



# Standards for an Accredited Educational Program in Radiography

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**Standard One**  
*Integrity*

**Standard One: The program demonstrates integrity in the following:  
Representations to communities of interest and the public,  
Pursuit of fair and equitable academic practices, and  
Treatment of, and respect for, students, faculty, and staff.**

**Objectives:**

In support of **Standard One**, the program:

- 1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 1.2 Provides equitable learning opportunities for all students.
- 1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
- 1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
- 1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
- 1.7 Assures that students are made aware of the **JRCERT Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.
- 1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.
- 1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.
- 1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.
- 1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
- 1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.

## 1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

### ***Explanation:***

High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

### ***Required Program Response:***

Describe the procedure for making related policies and procedures known.

Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

### ***Possible Site Visitor Evaluation Methods:***

Review of student handbook

Review of employee/faculty handbook

Review of course catalog

Review of student records

Interviews with faculty

Interviews with students

Interviews with staff

The Radiography Program (the Program) has an extensive *Radiography Program Student Handbook* containing policies and procedures to help ensure equity in interactions and decision making regarding students' disciplinary and other issues. The students' due process policies and procedures are described in the [College Student Handbook](#), the [Radiography Program Student Handbook](#) and the [College Catalog](#) (website), [College Catalog](#) (hardcopy), where specific steps and time guidelines are communicated. The handbooks are evaluated for revision annually. Students are told how to access the *Radiography Program Student Handbook* upon entry into the Program. After they have had a period of time to review, students are required to sign a verification of understanding acknowledging they have read the handbook. The verification sheets are filed in each student's folder which are secured in the Program Director's office. In the event that changes are made to the Program handbook between revisions, an insert will be given to the students, faculty and Clinical Instructors. Students will verify receipt of the notification via a sign-off sheet. The *Radiography Program Student Handbook* is provided as a link from the [program's webpage](#) and as one of the documents available via Trajecsys, the online record management system. It is also available as a hardcopy by request.

Regular meetings with the Clinical Instructors provide an opportunity for issues related to possible policy revisions to be presented and discussed. For general information at the clinical sites, a copy of the *Radiography Program Student Handbook* is available for the staff radiographers. The Clinical Instructors give updates concerning policies/procedures at their respective radiology department meetings as needed.

Faculty at Northampton Community College (the College) are unionized under the American Federation of Teachers contract. Copies are available to administration, and faculty via the human resources webpage. The contracts are in effect for a three-year term. The current contract expires June 30, 2016.

The Program has one full-time faculty member serving as the Clinical Education Coordinator. There are currently five adjunct professors. We make every effort to include the adjuncts in our department (cluster) meetings and professional development. Once each semester, the College offers a Super Saturday for the adjunct faculty on teaching methodology.

**Exhibits:** [College Catalog](#) (website), [College Catalog](#) (hardcopy), [College Student Handbook](#), [College Policies document](#), [Employment Procedures Manual](#), [Faculty Contract](#), [Faculty Handbook](#), [Human Resources webpages](#), [Radiography Program Student Handbook](#)

## 1.2 Provides equitable learning opportunities for all students.

### ***Explanation:***

The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

### ***Required Program Response:***

Describe how the program assures equitable learning opportunities for all students.

### ***Possible Site Visitor Evaluation Methods:***

- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

Each student is assigned to the same clinical rotations and the same number of rotations through all areas of radiology excluding mammography. The Clinical Coordinator distributes rotation schedules to the Clinical Instructors prior to each semester. The schedule consists of daily “blocks” for the specific number of days in each rotation. The Clinical Instructor assigns the particular days according to staffing and patient volume availability at their site. The requirement that students make up any personal days also ensures an equitable amount of time in each rotation. We do not have a clinical site that will accept male students for the mammography rotation at this time. We are actively attempting to secure a clinical site to accept male students so we can offer mammography as a student choice rotation to the entire cohort. The students at all our clinical sites are able to complete their required competencies without the need to simulate exams.

Each summer the Program updates the *Radiography Program Student Handbook* to include updated college, clinical site, regulatory and program policy changes. Advice from students, faculties and Clinical Instructors also directs revisions of the handbook. The Program maintains an open door policy and encourages feedback on processes that are, or are not, effective. In 2014 the attendance policy was changed from a designated number of permitted personal days to a make-up day policy. This not only ensured consistency in the number of days a student was in rotations, it also afforded some flexibility based on health or family issues. The 2015 handbook will include attendance policy revisions based on feedback concerning banking days in advance of a planned clinical absence.

**Exhibits:** [Excerpts from Meeting Minutes](#), [Rotation Scheduling Forms](#), [Radiography Program Student Handbook](#): make up days page 12, rotation schedules pages 75, 76

### **1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.**

#### ***Explanation:***

Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

students' clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.

program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

#### ***Required Program Response:***

Describe the process for student clinical placement.

Provide current student assignment schedules in relation to student enrollment.

Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.

Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.

Submit evening and/or weekend rotation(s) calculations, if applicable.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable  
Review of clinical placement process  
Review of student clinical records  
Interviews with faculty  
Interviews with clinical instructors  
Interviews with students

The Program Director assigns students to their clinical site based upon an objective series of variables. A spreadsheet of the cohort is setup and sorted by the applicant score from highest to lowest. The student clinical site preference, determined during the admission interview session, is entered into the spreadsheet along with any hospital employment notation. Assignments are made based on student preference, employment, and by the mileage to the clinical site from their residence. Outpatient facilities are not considered a clinical site for purposes of clinical assignments.

The Clinical Coordinator reviews all student competencies, evaluations and makes clinical visits in order to validate that students are receiving an appropriate experience. In addition to the Clinical Coordinator's monitoring of variety and volume of procedures, the Clinical Instructors meetings provide an opportunity to discuss the procedures being performed at the clinical sites. The Program includes a week of middle shift (2.4% of clinical hours) during Clinical Practice III to broaden the student's clinical experience with a different patient population. Clinical competencies, evaluations and hours are tracked using Trajecsys clinical record keeping system. The students at all our clinical sites are able to complete their required competencies without the need to simulate exams.

The Program assures that there is always a staff technologist to student ratio of 1:1 by scheduling the first and second year students on separate days and keeping the number of students assigned to a clinical site lower than the site's authorized capacity. Clinical assignments such as file room, registration and transport are limited to the first semester when students are becoming acclimated to the workings of the hospital and the physical layout of the facility. Hospital staff verify that they are aware of the direct/indirect supervisory requirements by acknowledging via a sign off sheet that they have read the information sheet. A laminated supervision sheet (poster) is displayed at the clinical sites as a constant reminder. Students are also instructed that they need to keep staff informed if they have not demonstrated competency on an incoming exam so they remain under the appropriate level of supervision.

**Exhibits:** [Clinical Site Assignments](#), [Hospital Assignments by Score](#), [Supervision Acknowledgement Sheet](#), [Supervision Acknowledgement Sample](#), [Supervision Poster](#)

**1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.**

***Explanation:***

This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

***Required Program Response:***

Describe the process for assuring that time limitations are not exceeded.

Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

***Possible Site Visitor Evaluation Methods:***

Review of master plan of education

Review of published program materials

Review of student schedules

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with clinical staff

Interviews with students

A blank schedule specifying the amount of time required for each rotation is distributed to the Clinical Instructors by the Clinical Coordinator at the beginning of each semester. The Clinical Instructors complete the schedules based on the details of their site configuration, staffing etc. The standardized duration of a clinical shift is 8 hours plus a 30-minute lunch break. Clinical assignment hours are verified by the Clinical Coordinator by reviewing the time logs in Trajecsys. The Clinical Instructors know the hourly and weekly limits for clinical practice and only allow students to stay late if the student requests to finish an interesting case after the scheduled shift has ended. Even then the student is never allowed to stay longer than 10 hours and most Clinical Instructors allow the student to leave earlier the next day. The guidelines are listed on page 75 of the *Radiography Program Student Handbook*. First year students are at clinical two days a week (16 hours) and are on campus for didactic instruction three days a week for a total of 12 hours. Second year students are at clinical three days a week (24 hours) and are on campus for didactic instruction either four or six hours a week depending on the semester. The summer clinical schedule is 40 hours per week. No clinical assignments are permitted on holidays as described on page 56 of the *Radiography Program Student Handbook*.

**Exhibits:** [Radiography Program Student Handbook](#), [Rotation Scheduling Forms](#)



**1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.**

***Explanation:***

Appropriately maintaining the security and confidentiality of student records and other program materials protects the student's right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students' dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

***Required Program Response:***

Describe how the program maintains the security and confidentiality of student records and other program materials.

***Possible Site Visitor Evaluation Methods:***

Review of institution's/program's published policies/procedures  
Review of student academic and clinical records  
Tour of program offices  
Tour of clinical setting(s)  
Interviews with administrative personnel  
Interviews with faculty  
Interviews with clinical instructor(s)  
Interviews with clinical staff  
Interviews with students

The College and Program maintain student records in accordance with the Family Education Rights and Privacy Act (FERPA). The College website explains a student's rights in accordance with [FERPA](#). All confidential student records are secured in Program or College offices. Student information at the clinical sites is secured by the Clinical Instructor(s) until turned over to the Program. The online clinical competency system (Trajecsys) is a password protected system.

If a clinical site includes a student date of birth or other protected information on the dosimetry report, it is not posted in a common area, it is maintained with the student's file for periodic review.

Academic assessments at the college are either secured in locked offices or are located on access protected computers and networks.

**Exhibits:** [College Student Handbook](#), [Radiography Program Student Handbook](#) FERPA-page 31

## **1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.**

### ***Explanation:***

A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

### ***Required Program Response:***

Describe the nature of any formal grievance(s) that would jeopardize the program's ability to meet its mission.

Describe the nature of any complaint(s) that would jeopardize the program's ability to meet its mission.

Provide a copy of the grievance procedure.

Provide a copy of any formal grievance(s) resolution.

### ***Possible Site Visitor Evaluation Methods:***

Review of institutional catalog

Review of student handbook

Review of formal grievance(s) record(s), if applicable

Review of complaint(s) record(s), if applicable

Interviews with faculty

Interviews with students

We strive to be transparent in our policies and procedures and have not had to address a formal grievance. We have policies in place both at a Program and College level to address complaints and appeals regarding academic honesty, grades, discrimination, harassment, and other issues. We are committed to maintaining the highest standards. Our grievance and appeals procedures are published in the *College Catalog* and the *College Student Handbook*. The *Radiography Program Student Handbook* (page 10) also includes a generic policy "Appeals Not Covered Under Other Policies" to address grievances and appeals not stipulated in the College Catalog or *College Student Handbook*. The *Radiography Program Student Handbook* includes information on how to access the JRCERT to address allegations of non-compliance with the JRCERT standards (page 58).

We address complaints that do not reach the grievance level primarily by keeping the lines of communication open with the students. We maintain an open door policy and the student "lounge" is outside the Program Director's office so students pop in daily to say hello and tell him what's going on in their lives. The Clinical Education Coordinator has a "comfy chair" in her office that students frequent when they feel like talking about family news (good & bad), issues with school or classmates. A recent complaint, that will be addressed the first day of class next semester, had to do with a student's annoying tendency to eat breakfast in class. The complaining student found it distracting and we will address it appropriately. Mistreatment at a Clinical Site is unacceptable and students are informed, on page 64 of the *Radiography Program Student Handbook*, that there is an [Incident Report](#) form to document the behavior available on Trajecsys.

**Exhibits:** [College/Academic Policies](#) including [Academic appeals](#), Website: [Policies in College Student Handbook](#), Hardcopy of [College Student Handbook](#): Computer Systems and Facilities Usage Policy, page 36; Confidentiality, page 47; Student Code of Conduct, page 55; Sexual Assault Policy, page 61; Sexual Harrassment Policy, page 61; Smoking/Tobacco Policy, page 73; Alcohol and Other Drugs, page 73; [Radiography Program Student Handbook](#), [Incident Report-Staff](#)

**1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.**

***Explanation:***

The program must assure students are cognizant of the **STANDARDS** and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

***Required Program Response:***

Describe the procedure for making students aware of the **STANDARDS**.  
Describe how students are provided contact information for the JRCERT.

***Possible Site Visitor Evaluation Methods:***

Review of program publications  
Interviews with faculty  
Interviews with students

The *Radiography Program Student Handbook* provides information on how to access the JRCERT to address allegations of non-compliance with the JRCERT standards (page 58). Students are told how to access the handbook upon entry to the Program. After they have had time to review the handbook, students are required to sign a verification of understanding acknowledging they have read the information.

**Exhibits:** [\*Radiography Program Student Handbook\*](#)

**1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.**

***Explanation:***

Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

***Required Program Response:***

Provide program publications that reflect program policies, procedures and offerings.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review of student handbook

Interviews with faculty

Interviews with students

Program information is provided in a variety of print media but most effectively via the College website which includes links to much more information. A general program overview is provided at <http://northampton.edu/catalog-and-academics/programs-and-majors/allied-health/radiography.htm> . Selecting the “Learn More” link on the right side brings you to the Program’s main page <http://catalog.northampton.edu/programs-and-majors/radiography.htm> . This page provides access to the program narrative, admissions requirements and deadlines, course list, the Program’s [mission statement](#), [goals and student learning outcomes](#), [required textbooks](#), [essential functions](#), [virtual shadowing](#), [clinical information](#), [program effectiveness data](#), and the [Radiography Program Student Handbook](#). (Portions of the webpage have even been used by another college.) Links on the left provide access to tuition and fee information as well as college policies and accreditation information. Other brochures have been published by marketing to target specific markets such as one specializing in the College’s [Allied Health Programs](#) (Radiography-page 12).

Specific course descriptions can be accessed using the “[Search Courses](#)” tab on the “Catalog & Academics” drop down list on the Colleges main web page.

**Exhibits:** [Allied Health Brochure](#), [College Catalog](#) (website), [College Catalog](#) (hardcopy), [College Student Handbook](#), [Radiography Program Student Handbook](#)

**1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.**

***Explanation:***

The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution's/program's Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program's academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

***Required Program Response:***

Describe how institutional and/or program policies are made known to students, faculty, and the general public. Provide publications that include these policies.

***Possible Site Visitor Evaluation Methods:***

Review of institutional materials  
Review of published program materials  
Review of institutional and/or program Web site  
Interviews with faculty  
Interviews with Admissions personnel  
Interviews with Registrar  
Interviews with students

The College and Program website provides access to Program information and institutional policies as demonstrated by the attached links. The inclusion of the *Radiography Program Student Handbook* as a link in the publicly available information provides a look into the Program that is much more detailed than the average prospect probably expects.

Public information presentations given to general audiences and to the more motivated General Studies Radiography Intent (GSRT) students ([GSRT Information Session Presentation](#)) include slides and discussion not only related to admissions but also what is required of accepted students. Course schedules for the entire Program are presented as well as Program effectiveness data. Before a student applies for the Program, we want them to be aware of the requirements such as the criminal background check, drug screening, fees, and CPR. We also encourage prospects to complete an ARRT Pre-Application Review if they have any concerns about a background check issue. During public open house and other information sessions, the Program Director, Clinical Education Coordinator, admissions representative and student volunteers answer questions and give tours of the facility.

Accepted students attend an orientation session in May where they receive general Allied Health Division information and then more specific Program information ([Accepted Student Orientation Info Package](#) and [Accepted Student Orientation Slides](#)) related to drug screening, CPR, textbook options (individual or

bundled purchase), essential functions, confidentiality, clinical dress code, course registration and are welcomed to the program and get to meet each other. This is also the first time students are specifically told about the supervision policy (direct/indirect) and the pregnancy policy. Students are also given the due dates for the information which is required to get the clinical clearances for the program start in the Fall semester.

At the start of each semester we hold an opening meeting where students are given their clinical syllabus, review policies and meet with their Clinical Instructors. The fall meeting is followed by a picnic so that the Clinical Instructors and the second year students can become better acquainted with the new students assigned to their clinical site.

The Program faculty and Clinical Instructors are kept up to date with Program information via regular meetings. Faculty cluster (department) meetings are held monthly during the semester and Clinical Instructor meetings are held immediately preceding each semester's opening meeting. These meetings are where proposed program changes are discussed prior to implementation.

**Exhibits:** [Accepted Student Orientation Slides](#), [Accepted Student Orientation Info Package](#), [GSRT Information Session Presentation](#), [Interview Session Fee Slide](#), [Interview Info Session Notes](#), [Opening Meeting-Fall-First Years 2014](#), [Syllabus Sample](#) (grading scale and other policies)

College Website links:

[Admission policies](#)

[Tuition and fees](#)

[Refund policies](#)

[Academic calendars](#)

[Clinical obligations](#)

[Grading system](#)

[Graduation requirements](#)

[Special admissions policies](#)

[Transfer credits-In](#)

[Transfer credits-Out](#)

[Program website](#) and links:

[Clinical Overview](#)

*[Radiography Program Student Handbook](#):*

Clinical Obligations-pages 22, 23, 26, 31, 41, 67, 75

Grading system-page 54

Pregnancy information-pages 14, 45, 46, 69, 70

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

***Explanation:***

Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program's communities of interest on the institution's/program's Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

**Example:**

**Mission:**

The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

**Goal: Students will be clinically competent.**

Student Learning Outcomes: Students will apply positioning skills.  
Students will select technical factors.  
Students will utilize radiation protection.

**Goal: Students will demonstrate communication skills.**

Student Learning Outcomes: Students will demonstrate written communication skills.  
Students will demonstrate oral communication skills.

**Goal: Students will develop critical thinking skills.**

Student Learning Outcomes: Students will adapt standard procedures for non-routine patients.  
Students will critique images to determine diagnostic quality.

**Goal: Students will model professionalism.**

Student Learning Outcomes: Students will demonstrate work ethics.  
Students will summarize the value of life-long learning.

***Required Program Response:***

Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.

Provide copies of publications that contain the program's mission statement, goals, and student learning outcomes.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Review of institutional and/or program Web site  
Interviews with administrative personnel  
Interviews with faculty  
Interviews with students

The Program makes its mission statement, goals and student learning outcomes available to students, faculty, administrators and the general public in a variety of ways. They are published in the [College Catalog](#) (page 150) and on the [program page](#) of the college website. The mission statement is also included in the [Radiography Program Student Handbook](#) (page 3). The goals and outcomes are included in the syllabi for the Program's courses. During information sessions the power point presentation includes a screen shot of the Program's webpage and the links on the page are discussed. One of the links is the [Program Mission Statement](#), another is the [Program Goals and Student Learning Outcomes](#).



The Advisory Committee sees the Program goals every year when the Program assessment results are reviewed. The mission statement was presented for review at the October 2014 meeting and no changes to either the Program Mission Statement or Program Goals were suggested at the following April 2015 meeting.

**Exhibits:** [Advisory Minutes Oct 14 and April 15](#), [Assessment Plan Results 2014](#), [College Catalog Printed Program Page](#), [Information Session Slide-Links](#), [Radiography Program Student Handbook](#), [Syllabus Sample RADT208 Sp15](#)

## **1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.**

### ***Explanation:***

Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

### ***Required Program Response:***

Describe the process of obtaining feedback.

Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

### ***Possible Site Visitor Evaluation Methods:***

Review of meeting minutes

Review of evaluations

Review of surveys

Interviews with members of various communities of interest

The Program engages our communities of interest via advisory committee meetings, Clinical Instructor meetings, clinical site visits, and both graduate and employer surveys. Feedback on both College faculty and Clinical Instructors (hospital employees) are collected using anonymous student questionnaires. The results are given to the faculty and are available via Trajecsys for the Clinical Instructors to review.

The feedback the Program receives from the annual Graduate and Employer Surveys are part of the ongoing assessment plan. The Graduate Survey is distributed six months after graduation. The results go to the Career and Work/Life Service department for their placement report. When that is completed they distribute the Employer Survey. The results are processed in September, about 16 months post graduation. The Program Director, Clinical Coordinator, Advisory Board, Faculty and Clinical Instructors read all employer and graduate surveys. Comments are reviewed, discussed and if agreed upon, changes are made. The Program strives to maintain an atmosphere that is accepting, friendly and open in order to encourage everyone, especially students, to provide feedback so we can improve the educational process. As an example, we recently rearranged how studies were sequenced in the positioning labs. A student asked about moving fluoroscopy earlier in the semester, right after abdomens. It was discussed in cluster and proposed to the Clinical Instructors. The Clinical Instructors felt that the students wouldn't be ready for fluoroscopy that early in their training. The students forget how green they were in the first two months. They needed to learn extremities and spines before fluoroscopy. We did move fluoroscopy earlier in the sequence so that it is taught before headwork. We also moved some common trauma views earlier by adding them in with the standard views, e.g. when doing hips include the trauma views but also keep them in the designated trauma labs. We would save the trauma view practical evaluations for the trauma lab sessions. This way the students will have at least seen the view if they get a patient requiring trauma views before they have had the trauma lab lessons.

As an example of the positive engagement with our area hospitals, the Program recently added another hospital as a recognized clinical site. It is the third campus in the St. Luke's network to team with us. No program is perfect but we will continue to evaluate, listen to both positive and negative comments, and continue to work to improve the Program.

**Exhibits:** [Advisory meeting minutes](#), [Cluster meeting minutes](#), [Clinical Instructor meeting minutes](#), [graduate surveys](#), [employer surveys](#), [Faculty Evaluation \(Instructor Rating Questionnaire\)](#), [Clinical Instructor evaluations](#) (on Trajecsys)

**1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.**

***Explanation:***

Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

***Required Program Response:***

Describe how admission practices are non-discriminatory.  
Provide institutional and/or program admission policies.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Review of student records  
Interviews with faculty  
Interviews with Admissions personnel  
Interviews with students

The College has an open admissions policy with the Allied Health Programs set up as selective admissions. Admission to the Radiography Program is based on a point system with the following weightings: academics (65%), an interview (30%) and a [Career Assessment Form](#) (CAF) (5%). The Program's admissions representative reviews and scores all applicants' prior course work using the [Applicant Academic Evaluation](#) form. The CAF is scored via a [rubric](#). To ensure consistency, all the CAFs are scored by the Clinical Coordinator. The applicants with the highest combined scores from academics and the CAF are invited to an information and interview session. We typically invite 60-80 applicants to this session. The information/question/answer part of the session is scheduled for an hour. A panel made up of faculty, Clinical Instructors, and first and second year students provides various viewpoints in response to questions asked by the audience. The interviews are structured with two Clinical Instructors talking to each applicant and scoring is done utilizing a [rubric](#). All applicants are asked the same questions. The scores from the Clinical Instructor are then averaged. The Program Director calculates each applicant's total score and the 28 applicants with the highest scores receive an acceptance letter. The next highest applicants are put on a wait list. This process takes place in the Spring semester so there are some applicants currently enrolled in courses which would have resulted in a better score if they had completed their course work. If an accepted student declines program acceptance we wait until the end of the spring semester and rescore/update the wait listed applicant scores based on their final grades. Utilizing an objective program admissions process has enabled the Program to provide a diverse student body which better serves the medical organizations who hire our graduates and ultimately improves how they serve their communities. To continue our efforts to attract a diverse applicant pool, our information sessions are staffed with a diverse student panel to present a realistic and welcoming picture of our program and community.

**Exhibits:** [Title IX Information](#) (main page), [Title IX Statement of Non-Discrimination](#), [Discrimination, Harassment, and Sexual Misconduct Policy](#), [Admissions Policy](#), [College Catalog: Radiography Program Admissions](#), page 149 or [Program Webpage](#), [Selective Admissions Programs](#), [College Student Handbook](#) page 61, [Applicant Academic Evaluation](#), [Interview Rubric](#), [Career Assessment Form](#), [Career Assessment Form Rubric](#)

**1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.**

***Explanation:***

Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

***Required Program Response:***

Describe the implementation of institutional and program admission policies.  
Provide institutional and program admission policies.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Interviews with faculty  
Interviews with Admissions personnel  
Interviews with students

As described in Standard 1.12, published admissions policies are followed when students are evaluated for Program acceptance. Acceptance is based on a scored selection system.

The [Program Webpage](#) and associated links ([Overview of the Clinical Education Process](#), [Career Assessment Form](#), [Virtual Career Shadowing](#)) describe the admission requirements as well as the obligations to be met after acceptance. The [College Catalog-Admissions Policy](#) and [College Catalog-Special Admission Requirements](#) also provide admissions information. Overall the College Catalog accessed via the [website](#) is much more useful than a print version due to the vast number of available links to related information.

The information session presentations given to general audiences and to the more motivated GSRT students, include admissions information as well as addressing the requirements for the duration of the program such as scheduling, fees and clinical expectations. The GSRT students are traditional high school graduates starting at the College in the Fall semester. During the New Student Orientation days, held over the summer, the program does multiple information sessions for GSRT students. We meet with the students, and when the students are in other workshops, we meet with their parents. We also receive a [New Student \(GSRT\) Orientation Faculty Packet](#) from advising with information regarding student placement exam results so we can help them register for the appropriate course work.

The Program's Admissions Representative, Program Director and Clinical Coordinator regularly speak, or correspond via email, with interested applicants looking for both general and specific program information. The Program Director and Clinical Coordinator encourage interested students to have one of them assigned as the student's advisor in order to better assist them in selecting appropriate course work. Tours of the labs are a common occurrence and are usually led by admissions staff.

The applicant selection process, described in Standard 1.12, generates a letter from Admissions stating the application decision. The letters are mailed around April 1<sup>st</sup> of each year. Accepted students receive an [Acceptance Letter and Package](#) which includes an [Accepted Student Checklist](#) which guides the student through the background check process and provides information, save the date and due dates for a variety of requirements. In May there is an orientation session for the newly accepted students where academic advising and registration takes place for the Fall semester. During the summer the entering cohort receives their clinical assignments and the name of their "Big Brother/Big Sister", a second year student from the same clinical site, who will serve as a mentor to ease the transition to a clinical environment which is usually unfamiliar to them.

**Exhibits:** [Applicant Academic Evaluation Form](#), [Career Assessment Form](#), [Acceptance Letter and Package](#), [Accepted Student Checklist](#), [Program Webpage- Admissions Requirements](#), Program Webpage Links: [Overview of the Clinical Education Process -Career Assessment Form-Virtual Career Shadowing via the Internet](#), [College Catalog-Admissions Policy](#), [College Catalog-Special Admission Requirements](#), [GSRT Information Session Presentation](#), [Advising Sheet-GSRT](#), [Advising Check Sheet](#), [Admissions-main webpage](#), [Admissions-Registration & Orientation Schedule](#) (forms link on right side), [Clinical Assignments](#) [Big Brother-Sister Memo](#), [Big Brother-Sister List](#), [New Student \(GSRT\) Orientation Faculty Packet](#)

**1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.**

***Explanation:***

Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

***Required Program Response:***

Describe how non-discriminatory employment practices are assured.

Provide copies of employment policies and procedures that assure non-discriminatory practices.

***Possible Site Visitor Evaluation Methods:***

Review of employee/faculty handbook

Review of employee/faculty application form

Review of institutional catalog

Interviews with faculty

Northampton Community College does not discriminate on the basis of race, color, age, gender, sexual orientation, sexual identity, religion, national origin, ancestry, veteran status, disability, genetic information or based on an individual's actual or perceived disability, or on a person's association with a person with a disability or any other basis of prohibited discrimination in its programs and activities. This policy extends to employment, programs and admission to the College.

Helene M. Whitaker, Vice President for Administrative Affairs has been designated to handle inquiries regarding the College's non-discrimination policies, to accept discrimination/ harassment complaints from members of the college community, and to monitor the institution's compliance with state and federal non-discrimination laws and regulations.

**Exhibits:** [NCC Career Site-Home](#), [Mission, Vision, and Values](#), [Commitment to Diversity](#), [Statement on Nondiscrimination, Discrimination, Harassment, and Sexual Misconduct Policy](#), [Adjunct Pool Position Job Posting](#), [Employment Procedures Manual](#)-page 6, [Faculty Contract](#)- Fair Practices: page 29, [Faculty Handbook](#)-Equal Opportunity Policies-page 92

**1.15 Has procedures for maintaining the integrity of distance education courses.**

***Explanation:***

Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student's privacy. Student costs associated with distance education must be disclosed.

***Required Program Response:***

Describe the process for assuring the integrity of distance education courses.

Provide published program materials that outline procedures for maintaining integrity of distance education courses.

Provide published program materials that identify associated fees for students enrolled in distance education courses.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review the process of student identification

Review of student records

Interviews with faculty

Interviews with students

The program does not offer any distance education courses.



## Summary for Standard One

1. List the major strengths of **Standard One**, in order of importance.

High ethical standards

Student focused, fair, well-rounded educational and clinical experiences

Policies to protect students, faculty, and staff against discrimination

Policies and program-related information is readily available

2. List the major concerns of **Standard One**, in order of importance.

The Program is not able to offer a rotation through mammography to the students at this time because we do not have a clinical site willing to accept male students in this modality.

3. Provide the program's plan for addressing each concern identified.

The Program is actively attempting to secure a clinical site to accept male students so we can offer mammography as a student choice rotation to the entire cohort. The student choice rotation takes place in the last semester (Spring) of the program.

4. Describe any progress already achieved in addressing each concern.

As of July 6, 2015, one clinical site is evaluating accepting male students for observational mammography rotations following the same protocols as female students. They ask for the patient's permission first, explaining the student rotation and observation. They ask for a patient's permission whenever they have anyone other than Breast Health Services staff in the exam room, including nursing students coming to Breast Health services for observation.

5. Describe any constraints in implementing improvements.

Due to different hospital policies, the Program needs to coordinate with the Human Resources department of any possible mammography site in order to ensure that a student from another hospital network will be able to be on their campus. All our students have vaccinations, CPR, background checks, drug screens etc. but Human Resources might want orientation or other requirements met. Ultimately all students need the same clearances but different sites have different processes.

**Standard Two:**  
*Resources*

**Standard Two:**        **The program has sufficient resources to support the quality and effectiveness of the educational process.**

**Objectives:**

In support of **Standard Two**, the program:

**Administrative Structure**

- 2.1     Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.
- 2.2     Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 2.3     Provides faculty with opportunities for continued professional development.
- 2.4     Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

- 2.5     Assures JRCERT recognition of all clinical settings.
- 2.6     Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.
- 2.7     Reviews and maintains program learning resources to assure the achievement of student learning.
- 2.8     Provides access to student services in support of student learning.

**Fiscal Support**

- 2.9     Has sufficient ongoing financial resources to support the program's mission.
- 2.10    For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

**2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.**

***Explanation:***

The program's relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

***Required Program Response:***

Describe the program's relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program's mission.

Provide institutional and program organizational charts.

***Possible Site Visitor Evaluation Methods:***

Review of organizational charts of institution and program

Review of meeting minutes

Review of published program materials

Review of master plan of education

Interviews with faculty and institutional officials

Interviews with clinical instructor(s)

The Adjunct Faculty report to the Program Director, Steven Iacono. The Radiography Program Director receives input from the Radiography Advisory Committee. The Clinical Instructors report to the Clinical Education Coordinator, Lucy Keim, who is an Associate Professor on a 10-month contract with overload payment in order to cover the summer months of clinical education. The Clinical Education Coordinator reports to the Radiography Program Director. The Radiography Program Director reports directly to the (Interim) Dean of Allied Health and Sciences, Dr. Judith Rex. The Dean reports to the Vice President for Academic Affairs, Dr. Carolyn Bortz, who reports directly to the President, Dr. Mark Erickson.

The Program Director function is a 12-month administrative position with teaching responsibilities. This is beneficial to the Program because the Program Director participates in both faculty focused workshops as well as the administrative staff meetings which include all the College administrators. The Vice President of Academic Affairs is the former Dean of Allied Health and Sciences and as a former Director of Nursing has been very supportive of the Program and understands the healthcare system. Our Interim Dean of Allied Health and Sciences also has a nursing background and was the Director of Healthcare Education until asked to fill the Interim Dean position.

**Exhibits:** [Radiography Program Student Handbook](#): Organizational chart page 66, College organizational charts from the employee accessible Human Resources pages available on site, [Organizational Charts PDFs](#)

## **2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.**

### ***Explanation:***

An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

### ***Required Program Response:***

Provide, if available, institutional policies in relation to teaching loads and release time.

Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.

Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

### ***Possible Site Visitor Evaluation Methods:***

Review institutional policies in relation to teaching loads and release time

Review of master plan of education

Review of position descriptions

Review of clinical settings

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with students

The full-time faculty teaching load is 15 credits per semester. College policy related to teaching loads, release time, overload and related details are described in the [Faculty Contract](#) pages 12-22. The Clinical Education Coordinator is full-time faculty and receives 8 credits of release time per semester to manage the clinical responsibilities. The other Allied Health Programs at the College are also governed by the Faculty Contract and the Nursing Program, due to the large number of students, is the only program that has a Program Director who does not also teach courses.

Lecture and lab courses are taught by the Program Director, Clinical Education Coordinator and the Adjunct Professors. All instructors are, at a minimum, registered technologists and all the adjuncts are employed in the field. We feel that we have adequate faculty to fulfill the Program's needs. The faculty is dedicated, student-centered and is motivated to produce good technologists. Most of our faculty graduated from the Program so there is an additional sense of pride and ownership which plays a part in wanting to offer the best experience possible to the students.

The Program maintains a sufficient number of Clinical Instructors to ensure that there is a minimum of one clinical instructor for 10 students. Five of our nine hospital sites have two clinical instructors even though we do not approach 10 students per site. We operate below the clinical capacity of our sites. The student to clinical staff ratio is 1:1 and is monitored by both the clinical instructors and the clinical education coordinator.

**Exhibits:** [Faculty Contract](#) pages 12-22

### **2.3 Provides faculty with opportunities for continued professional development.**

***Explanation:***

Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

***Required Program Response:***

Describe how continued professional development opportunities are made available to faculty.

***Possible Site Visitor Evaluation Methods:***

Review of institutional and program policies

Review of program budget or other fiscal appropriations

Review of evidence of faculty participation in professional development activities

Interviews with administrative personnel

Interviews with faculty

Each year either the Program Director or the Clinical Education Coordinator attends one of the Student-Educator-Technologist Conferences held on the East Coast, usually accompanied by interested students. Adjunct faculty and Clinical Instructors sometimes attend also. Clinical Instructor attendance is dependent on available funding from their hospital's budgets. The Program has an adequate budget for in-service education.

The College has professional development workshops scheduled during the opening days meetings which are held each semester the week before classes start. Early each semester the College also offers a Super Saturday of in-services for the adjunct faculty on educational methodology and various classroom topics. Spring 2015 workshop and Super Saturday descriptions are included in the exhibits.

**Exhibits:** [Professional Development Workshops Spring 2015](#), [Super Saturday Professional Development Conference for Adjunct Faculty Spring 2015](#)

**2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.**

***Explanation:***

Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

***Required Program Response:***

Describe the availability and use of clerical support services.

***Possible Site Visitor Evaluation Methods:***

Review of program's staffing plan  
Interviews with administrative personnel  
Interviews with faculty  
Interviews with students

The Program shares a full-time secretary with the following programs: Automotive Technology, Dental Hygiene, Diagnostic Medical Sonography, and Funeral Services. The administrators and faculty do most of their course work themselves. There have been no issues with the support services provided via this arrangement.

We have an excellent Central Duplicating Facility for printing material. A request form is typically submitted via email with the relevant documents attached and the order is delivered the next day. Same day service is also available but is not guaranteed.

The help desk provides computer support and audio/visual support.

**Exhibits:** [E-mail Duplicating Request](#)

## **2.5 Assures JRCERT recognition of all clinical settings.**

### ***Explanation:***

JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

### ***Required Program Response:***

Assure all clinical settings are recognized by the JRCERT.

Describe how observation sites, if used, enhance student clinical education.

### ***Possible Site Visitor Evaluation Methods:***

Review of JRCERT database

Review of clinical records

Interviews with faculty

Interviews with clinical instructors

Interviews with clinical staff

Interviews with students

The JRCERT website lists our 12 recognized clinical sites. We do not have any observational sites. The outpatient areas that are associated with the hospitals have been recognized by the JRCERT and provide practice for the students but cannot stand alone as a clinical site.

**Exhibits:** [JRCERT webpage listing](#)



**2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.**

***Explanation:***

Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program's mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

***Required Program Response:***

Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program's mission.

***Possible Site Visitor Evaluation Methods:***

Tour of the classroom, laboratories, and administrative and faculty offices  
Interviews with faculty  
Interviews with students

The Program has a dedicated classroom and two energized radiographic rooms.

The classroom was updated in the spring of 2014 with two 70 inch monitors. This enables students to view x-ray images in the same manner as at clinical via a monitor instead of looking at images projected onto a screen. Subtle differences in density are now easier to visualize particularly in pathology lectures. The one-piece desk/chair units were replaced with longer tables and separate chairs. Students can now have a textbook open while taking notes on the same work surface and we can also use tablets during tests to take advantage of their better image display.

The older energized lab consists of a Picker x-ray system (floor mounted tube system, wall and table bucky units) coupled with a DirectView CR850 CR reader. The newer lab is a Shimadzu Digital x-ray unit (overhead gantry, wall and table bucky units). We recently acquired a 2006 Philips portable x-ray unit and a new transport stretcher to improve student's trauma imaging skills.

There is a common room for the students to use which includes a refrigerator, microwave and computers. The Program Director and Clinical Education Coordinator each have their own offices. The adjuncts share an office equipped with two desks and computers. Adjuncts are scheduled so that they are not typically in the office at the same time.

## **2.7 Reviews and maintains program learning resources to assure the achievement of student learning.**

### ***Explanation:***

The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

a print or electronic library with a variety of materials published within the last five years, computer access, and additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

### ***Required Program Response:***

Describe the available learning resources.

Describe the procedure for review and maintenance of learning resources.

### ***Possible Site Visitor Evaluation Methods:***

Tour of learning facilities

Review of learning resources

Review of surveys

Review of meeting minutes

Interviews with faculty

Interviews with students

NCC has a [Learning Center](#) on the third floor of College Center that students use for [tutoring](#) in Computer Science, Math, English and various other subjects. English is particularly useful when students are doing papers for their radiography courses. Course specific tutoring is available for courses throughout the College. For example the Biology department's Anatomy & Physiology tutors are utilized frequently. For Radiography courses we have 2<sup>nd</sup> year student volunteers attend [tutor training](#) so that they can assist both the 1<sup>st</sup> and 2<sup>nd</sup> year students in the program while earning some extra money. When students begin their second year the Program loans them a set of review books so that they can periodically assess and refresh their understanding of previous course material.

The [Mack Library](#) has a librarian who works with the Allied Health Program Directors and Faculties in reviewing the resources to be housed in the library. Since the students spend so much time in our building we house some library owned audio-visual resources in our area. Library resources and database are available online so students can access from anywhere. Periodicals available physically and electronically are listed in [Library Resources-Periodicals](#).

The lab areas have five computers for student use which can be used to access the internet and software that the Program has loaded to reinforce subject material. The Wogenrich lab area includes two energized labs, a portable unit, computed radiography unit, stretchers, wheelchairs whole body phantom, many phantom parts, positioning aids, shields, slider, venipuncture arm and other necessary supplies. The lab areas also have shelves of reference books.

The classroom has two 70" monitors, document camera, computer with internet access, view boxes, and white board.

In late May, after classes have ended for the semester, the Clinical Education Coordinator and Program Director evaluate supplies and equipment and place orders so that items are delivered over the summer in

preparation for the start of the Fall semester. This year we ordered a new leg support for cross table hip exams, multiple sandbags, surgical gloves for sterile donning practice, markers and had the portable x-ray machine serviced. We have adequate funding so that if we need something we buy it. Capital items over \$1000 go through an approval process. Each year instructors are asked if they want to change course resources for use in the following year. The publisher representative keeps us updated on new or revised editions.

**Exhibits:** [Library Resources-Periodicals](#)

## **2.8 Provides access to student services in support of student learning.**

### ***Explanation:***

The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

personal counseling,  
requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and  
financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

### ***Required Program Response:***

Describe the students' access to student services.

Provide published program materials that outline accessibility to student services.

### ***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Interviews with faculty

Interviews with students

The College is an open admissions institution serving more than 35,000 students a year from approximately 55 counties in Pennsylvania, 30 states and 30 countries. The diverse student population requires an array of services for over 100 academic programs in supporting areas such as English as a Second Language (ESL), Math and/or English placement, remediation, tutoring etc. Additional mentoring, monitoring and continued support is provided for students who are emotionally and/or physically challenged. Some students interested in Allied Health and other selective admission programs require guidance and support in order to meet the program's entrance requirements.

The College is committed to its vision, philosophy, mission statement, and its student-centeredness. The Radiography Program is committed to student success through the achievement of the department's student learning outcomes and goals.

The College provides service to the student population in the following ways:

[On-campus housing](#)

[Health and Wellness Center](#)

[Student Clubs](#)-approximately 60 clubs including the radiography club CHARTS

Student Center-multi-purpose space which includes monitors for television or game play, meeting area, wireless network access (campus wide), ping-pong, chess etc. The space is home to the Student Life and Residence Life Departments

[Bookstore](#)

[Cafeteria](#)

[Career Services](#) and [Resources](#)

[Counseling Services](#)

[Children's Center](#) (Child Care)

[Disability Services](#)

[Information Technology Services](#)

[Learning Center](#)

[New Choices](#)- a career decision-making program designed for displaced homemakers, single parents, dislocated workers, single pregnant women, people interested in a career that is not traditional for their gender

[Study Abroad](#)

Spartan Center-Gym-intercollegiate athletics-intramurals

[Advising](#)-either through faculty, counselors or advising specialists. Radiography academic advising is done within the department.

[Library](#)

[Service Learning](#)

[Veterans Benefits](#)- approved Institution of Higher Learning

[English as a Second Language](#)

[Financial Aid](#)

[Emergency Alert System](#)

The most complete and up-to-date resource information is accessed via the College website as demonstrated by the links in the preceding list. Program material that provides students with service support information is mainly the [Radiography Program Student Handbook](#). The handbook addresses academic support (page 5), academic advisor (page 8), alcohol and substance abuse (page 9), appeals (page 10), career placement services (page 16), CHARTS (page 17), counseling services (page 34), disabilities (page 34), radiography scholarships (page 40), financial aid (page 50), harassment and discrimination (page 54), housing (page 56), library (page 62), sexual assault (page 76) and transfer services (page 77). Some services are presented in the opening meeting PowerPoints (academic advisors, CHARTS student club, handbook reference for more detailed information, emergency alert system).

The Program does not only provide resource contact information to the students. The faculty work closely with the students in the Program and, since we are together for almost two years, grow to know and trust one another. If faculty sense a problem with a student or a student expresses concerns to us we talk with them and refer them to the professional and confidential counseling services that are available. Pre-emptive academic assistance is sometimes recommended to students since faculty often see issues before a student is aware of them.

**Exhibits:** links within the narrative, [Radiography Program Student Handbook](#), [Opening Meeting Slides](#)

**2.9 Has sufficient ongoing financial resources to support the program's mission.**

***Explanation:***

Adequate, ongoing funding is necessary to accomplish the program's mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

***Required Program Response:***

Describe the adequacy of financial resources.

Provide copies of the program's budget and/or expenditure records.

***Possible Site Visitor Evaluation Methods:***

Review of program budget and/or other fiscal appropriations

Interviews with administrative personnel

Interviews with faculty

The Program has an adequate budget and there have not been any budgetary issues. Each Fall the Program Director submits a budget request to the Dean of Allied Health and Sciences with justification for any requested increases. The information is packaged by the Dean as a Divisional request for approval by upper administrative levels. The current capital budget request for a film digitizer was approved and subsequently submitted for additional funding so we could purchase a new instead of a refurbished unit.

There has always been timely support from other College organizations e.g. Office of Planning and Institutional Research (graduate survey).

**Exhibits:** [Program Budget 2014-2015 and 2015-2016](#), [Capital and Expense Budget Requests 2015-2016](#)

**2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.**

***Explanation:***

A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

***Required Program Response:***

Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:

recent student loan default data and  
results of financial or compliance audits.

Describe how the program informs students of their responsibility for timely repayment of financial aid.

***Possible Site Visitor Evaluation Methods:***

Review of records  
Interviews with administrative personnel  
Interviews with faculty  
Interviews with students

The JRCERT is not our gatekeeper.

## Summary for Standard Two

1. List the major strengths of **Standard Two**, in order of importance.

The College has a comprehensive and effectively staffed array of student services

The Program enjoys good financial support

The administrative support is excellent

Dedicated faculty

2. List the major concerns of **Standard Two**, in order of importance.

n/a

3. Provide the program's plan for addressing each concern identified.

n/a

4. Describe any progress already achieved in addressing each concern.

n/a

5. Describe any constraints in implementing improvements.

n/a



**Standard Three**  
*Curriculum and Academic Practices*

**Standard Three: The program's curriculum and academic practices prepare students for professional practice.**

**Objectives:**

In support of **Standard Three**, the program:

- 3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
- 3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
- 3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
- 3.6 Maintains a master plan of education.
- 3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.
- 3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

**3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.**

***Explanation:***

The program's mission statement should be consistent with that of its sponsoring institution. The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. Periodic evaluation assures that the program's mission statement is effective.

***Required Program Response:***

Provide a copy of the program's mission statement.

Provide meeting minutes that document periodic reevaluation of the mission statement.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review of meeting minutes

Review of master plan of education

Interviews with faculty

The Program's mission statement is published in the [College Catalog](#) (page 150) and on the [Program page](#) of the college website. The mission statement is presented as a [specific link](#) on the Program's main webpage which also includes the Joint Mission Statement between the Program and the Clinical Education Settings. The mission statement is included in the [Radiography Program Student Handbook](#) (page 3). The mission statement was last revised in the Fall of 2011. It was presented for review at the October 2014 Advisory Committee meeting. No changes were suggested at that meeting or at the following meeting held in April 2015 in order to allow review time for members not in attendance in October.

The Program mission statement is consistent with NCC's [mission](#) "Recognizing that students are the primary reason that Northampton Community College exists, we seek to provide excellent, accessible and comprehensive learning experiences in partnership with the dynamic, diverse communities we serve." The Program has strong ties to the community and works constantly to provide highly skilled, competent, professional and ethical Radiographers to that community.

While the Program mission statement accurately reflects our philosophy, the current statement was first published in the 2012-2013 College Catalog and wasn't reviewed until October 2014. Going forward it will be reviewed more frequently.

**Exhibits:** [Radiography Program Student Handbook](#): NCC mission statement (page 2), program mission statement (page 3), [Webpage \(College Catalog\) program mission statement](#), [Advisory Minutes-Oct 14 & April 15](#), [Previous Catalog Editions](#), [Cluster Minutes-Dec 2015](#)

### **3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.**

#### ***Explanation:***

The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as: the latest American Society of Radiologic Technologists professional curriculum and/or another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at [www.jrcert.org](http://www.jrcert.org)).

#### ***Required Program Response:***

Describe how the program's curriculum is structured.

Describe the program's competency-based system.

Submit current curriculum analysis grid.

Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.

Identify which courses, if any, are offered via distance education.

Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

#### ***Possible Site Visitor Evaluation Methods:***

Review of master plan of education

Review of didactic and clinical curriculum sequence

Review of analysis of graduate and employer surveys

Interviews with faculty

Interviews with students

Observation of a portion of any course offered via distance delivery

Review of part-time, evening and/or weekend curricular track, if applicable

#### **Didactic Courses**

The didactic courses are sequential and each builds on the previous course. All the courses are taught on campus, there are no distance education or alternative schedules offered. Copies of course syllabi are located in the "Allied Health & SCI/Syllabi" directory on the networked "G" drive. The "G" drive also houses course outlines for the College. Syllabi are updated each time a course is offered and electronic storage is much more efficient and accessible than the physical storage previously utilized. The fourth

drawer of the beige filing cabinet in the Program Director's office houses course materials for less recent coursework. Starting in 2012 the Program Director started to store course resources on disc. Instead of filing paper for each semester, Faculty burn their PowerPoints, tests, quizzes, projects, handouts etc. to a disc for future reference providing easier access and more compact storage. We can archive much more information than previously possible and it functions as a backup in case an instructor's computer dies. The Master Plan of Education "Drop-Dead Guidance" is located in the Program Director's office bookshelf and can be easily identified by a red label on the binder in case of the unexpected departure of the Program Director.

Blackboard's learning management system is used by all instructors. It is a useful tool for providing students access to resources and tools they can use outside the classroom environment. It also allows them continuous access to their grades.

The Radiographic Procedures I & II have laboratory sessions in which radiographs are made on phantoms and the students do periodic lab practical exams to determine and grade their skill level and progress.

The radiography course progression is as follows:

RADT 102 Fundamentals of Radiologic Science  
RADT 107 Clinical Practice I  
RADT 111 Radiographic Procedures I  
RADT 114 Introduction to Radiographic Imaging  
RADT 117 Clinical Practice II  
RADT 125 Sectional Anatomy for Medical Imagers  
RADT 208 Imaging Equipment & Radiation Production  
RADT 210 Level II Radiographic Procedures  
RADT 147 Clinical Practice III  
RADT 205 Pathology for Radiographers  
RADT 207 Clinical Practice IV  
RADT 242 Digital Imaging & Analysis  
RADT 201 Advanced Imaging  
RADT 217 Clinical Practice V  
RADT 230 Radiation Biology/Protection  
RADT 250 Senior Review

Sequencing of Clinical Education Courses:

Each of the clinical education courses builds upon the previous course and requires a specific minimum number of competencies (85% grade criteria). The students are allowed to 'bank ahead' competency evaluations for the following semester(s). The second-year students are given three proficiency evaluations (90% grade criteria) in each of the two semesters to ensure continuing competency. Students perform increasingly more difficult radiologic procedures under direct supervision until competency has been achieved. Students are assessed based on a standardized competency evaluation sheet, staff and clinical instructor evaluations and measures described in each course syllabus.

First-year, Fall Semester:

Clinical Practice I:

Two (2) days (Tuesday and Thursday) of clinical education

First three weeks of clinical education:

During the first three-weeks of the first-fall semester, the first-year students remain on the College's campus to do a pre-clinical orientation program in:

- Radiation protection

- Emergency situations and responses
- Ethical behavior
- Interacting with patients
- Isolation procedures
- Use of universal precautions
- Lifting and moving techniques.

The assessment tools for the first, three-weeks are:

- Lifting and moving procedures—practical examination.
- Testing

Orientation topics on the first day of clinical education:

- Hazards (fire, electrical, chemical)
- Emergency preparedness
- Medical emergencies
- HIPAA
- Standard precautions

During the remainder of the semester, five (5) competency evaluations on the following:

- Equipment operation
- Patient handling
- Radiation protection
- Chest
- 1 extremity—either upper or lower

#### First-year, Spring Semester:

##### Clinical Practice II:

This course does not follow the College's academic calendar but instead begins following the New Year's Day holiday each year. This allows forty hours of practice for one week before the regular semester course work starts.

Once the semester officially begins, clinical education takes place on Tuesday and Thursday. Film critique sessions begin.

Competency evaluations:

KUB plus 4 competency evaluations (either mandatory or elective) are required.

#### First-Year, Summer Sessions:

##### Clinical Practice III:

The course begins with the opening of Summer Session I and ends with the conclusion of Summer Session II. The student is in the clinical education setting five days per week for a maximum of forty hours in any one week. There is one (1) week of 3:00 – 11:30 p.m. rotation.

There is a one-week intensive seminar during the first-week of the summer sessions with online testing on the Friday of the same week. The student returns to clinical education during the second-week of the (first) summer session.

15 competency (either mandatory or elective) evaluations are required.

There are one day rotations through:

- MRI
- Nuclear Medicine
- Sonography
- Radiation Therapy
- Interventional Radiology

The intent is to see if the student has an interest in future education in any of these specialty areas.

Note: Both didactic and clinical education will not exceed forty hours in any one week.

#### Second-year, Fall Semester:

##### Clinical Practice IV:

The student is in the clinical education setting on Monday, Wednesday, and Friday. When the first year students begin reporting to their clinical site, second year students will, on a rotational basis, exchange their assigned Friday for a half day Tuesday & Thursday afternoon. This allows the second year student easier access to exams needed for competencies as well as providing mentoring access to the first year students. This is only put into practice at clinical sites with adequate staff-to-student ratios (clinical capacity). This is only in effect for this clinical course which corresponds to the first year's initial clinical assignment.

13 competency (either mandatory or elective) evaluations are required.

##### CT rotations:

There is a three (3) day (1-week equivalency) rotation through CT.

#### Second-year, Spring Semester:

##### Clinical Practice V:

This course does not follow the College's academic calendar but instead begins following the New Year's Day holiday each year. This allows forty hours of practice for one week before the regular semester course work starts.

Once the semester officially begins, the student will be in the clinical education setting on Monday, Wednesday, and Friday.

12 competency (either mandatory or elective) evaluations are required or simply any remaining competency evaluations needed to complete the program.

##### Student choice:

There are three (3) days (1-week equivalency) of student choice which allows the students to go into any specialty area, except mammography, in which they have an interest. The students can also select a rotation where they feel they need more time to reinforce skills.

##### Note:

Both didactic and clinical education will not exceed forty hours in any one week.

At the conclusion of Clinical Practice V, if all Program requirements have been met, the student is eligible for May graduation.

##### Six-week extension:

The six week extension for Clinical Practice V is used in one of the following ways:

- For those students who could not complete all the Program requirements, the time can be used to complete competencies, proficiencies, or rotations in order to meet all program requirements.
- For students who need to make-up missed days/rotations from any clinical education course.

**Exhibits:** network access to syllabi available on site, [Curriculum Analysis Grid](#), [Curriculum Analysis Grid-Course Key](#), [Clinical Instructor Evaluation](#), [Competency Evaluation Form](#), [Equipment Operation Competency](#), [Film Critique Evaluation Grading Sheet](#), [General Patient Care-Care of Pt Medical Equip](#), [General Patient Care-Isolation Technique](#), [General Patient Care-Sterile and Aseptic Technique](#), [Patient Handling Competency](#), [Radiation Protection Competency](#), [Student Self Evaluation](#), [Technologist Evaluation of Clinical Performance First Semester](#), [Technologist Evaluation of Clinical Performance Semesters 2-5](#), [Trajecsys Clinical Summary Sheet](#) (test student), [Rotation Scheduling Forms](#), [Program Course Outlines and Syllabi-Network G Drive Directory Listing](#) (screen shots), *Radiography Program Student Handbook*: Remediation of failed competency (page 27), Competency and Proficiency requirements and policies (pages 25-30)

### **3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.**

#### ***Explanation:***

The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program's prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

#### ***Required Program Response:***

Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

#### ***Possible Site Visitor Evaluation Methods:***

Review of master plan of education  
Interviews with faculty  
Interviews with students

Didactic instruction in developing technologies is covered in a variety of courses. We include courses in Sectional Anatomy (RADT125), Advanced Imaging (RADT201), Pathology (RADT205) and Digital Imaging (RADT242). We have had guest speakers make presentations for the Advanced Imaging class. The MRI Internship Program Director from the Hospital of the University of Pennsylvania has spoken for the last few years. We also have a speaker involved in radiographic forensics. The program's Medical Advisor, Dr. Robert Rienzo gives a talk on PET/CT either in Advanced Imaging or Pathology as scheduling allows.

During clinical education rotations each student is exposed to other imaging modalities. In Clinical Practice III students spend one day in MRI, Nuclear Medicine, Sonography, Radiation Therapy and Interventional Radiology to broaden their perspective and see if there's an interest in any of these specialty areas. In Clinical Practice IV the students complete a three day rotation in CT and in Clinical Practice V the students are given a "student choice" rotation which allows each of them to spend three days in one of these modalities.

After graduation students can pursue a voluntary, six week, advanced skills internship offered through the College's Center for Business & Industry as a non-credit offering. This is an opportunity for students to evaluate if they want to pursue another modality and may help them gain employment.

**Exhibits:** [\*Radiography Program Student Handbook\*](#): Student rotations in other modalities are described in the clinical practice course sequencing descriptions (pages 24-25) and Student choice (page 76), Advanced Skills Internship (pages 6-8)



**3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.**

***Explanation:***

Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

***Required Program Response:***

Describe the relationship between the program length and the terminal award offered.

***Possible Site Visitor Evaluation Methods:***

Review of course catalog  
Review of published program materials  
Review of class schedules  
Interviews with faculty  
Interviews with students

The College operates under the state guidelines for the program length and terminal award degrees offered in all of its programs. The Academic Policy Committee and Curriculum Committee serve as “watch dogs” for the academic offerings, policies and procedures. The Vice President of Academic Affairs, the Dean of Student Affairs, the President, and the Board of Trustees meet once a month for the Trustees’ meeting.

The academic programs are audited by the College and the State of Pennsylvania through a report sent to Harrisburg. The audit is timed to coincide with a program’s accrediting agency self-study/site visit for the purpose of increasing efficiency.

Program completion results in the award of an Associate of Applied Science Degree and eligibility to take the American Registry of Radiologic Technologist’s examination in Radiography.

### **3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.**

#### ***Explanation:***

Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

#### ***Required Program Response:***

Describe the method used to award credit hours for lecture, laboratory and clinical courses.

Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policy has been applied to the program's coursework.

Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

#### ***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review of class schedules

Interviews with faculty

Interviews with students

The College and Program measures all courses in a consistent credit hour manner, as described on the College website: [Course Credit Policy](#). The Radiography and Diagnostic Medical Sonography Programs operate in a similar fashion and therefore performed a coordinated course audit in the Spring 2014 semester to assess the assignment of student credit for clinical practicum time. The review revealed that the five Radiography clinical courses had Clinical Hour to Credit Hour ratios which varied from 86:1 to 149:1. Other programs in the country were sampled and the two programs decided to standardize the clinical practicum hours at 120 hours per credit. Due to scheduling variables, the Radiography courses do not individually hit that ratio but as a group they do. The total number of credits allocated to clinical practice is 14 which represents 1680 clinical hours. As a result of the change students saw a two credit decrease in the cost of clinical education. Credit allocations are included with [course descriptions](#) in the College Catalog. They are displayed as the number of credits (Cr#) followed by the average weekly hour ratio using 15 weeks as the course duration. The first digit indicates the weekly lecture hours; the second digit indicates the weekly laboratory hours; the third digit indicates the number of weekly clinical hours.

**Exhibits:** [Course Credit Policy](#), [Program Course List](#), [Credit Hours-Lecture-Lab-Clinical Ratio](#)

### **3.6 Maintains a master plan of education.**

#### ***Explanation:***

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.

The plan should be evaluated annually, updated, and must include the following:  
course syllabi (didactic and clinical courses) and  
program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

#### ***Required Program Response:***

Identify the location of the component parts of the master plan of education.  
Provide a Table of Contents for the program's master plan.

#### ***Possible Site Visitor Evaluation Methods:***

Review of master plan of education  
Interview with program director  
Interviews with faculty

Due to the large volume of documentation, the Program's Master Plan is meant to serve as a guide to find the related documents in the various physical and virtual storage locations. The binder with the Master Plan of Education "Drop-Dead Guidance" is located on the program director's office bookshelf and can be easily identified by a red label on the binder. It is also on the "F" drive in the "Rad Program Files-Steve/Master Plan of Ed" directory. It will aid in the transition process in case the program director is incapacitated. Access to documentation on the "F" drive and access to the program director's email can be arranged via IT during the transition period. Faculty has access to the G drive.

**Exhibits:** [Master Plan of Education](#), [Program Timeline](#), [Clinical Sites-Student Requirement Summary Sheet](#), [Program Files on F Drive-Directory Listing](#), [Program Files on G Drive-Directory Listing](#), [Email Directory Listing](#)

### **3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.**

#### ***Explanation:***

Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

#### ***Required Program Response:***

Describe procedures for advisement.  
Provide sample records of student advisement.

#### ***Possible Site Visitor Evaluation Methods:***

Review of students' records  
Interviews with faculty  
Interviews with clinical instructor(s)  
Interviews with students

The Clinical Education Coordinator and Program Director are the designated academic advisors for the students accepted to or enrolled in the Program. We also advise students who intend on applying to the program to ensure they take the appropriate coursework. During the summer, the College schedules new student orientation for new high school graduates. As part of the orientation, students interested in the Program attend a focused program orientation. After the session they register for Fall courses with the program representative at their side to answer questions and guide them based on their placement scores. Advising provides a summary sheet with each student's placement information so that we can place them in the proper Math and English courses. Individual advising is done with continuing radiography intent students on an as-needed basis in person or via email. The Advising Department prepares Advising Check Sheets for every program at the college which are available to advisors electronically. We also serve as "counselors" for program issues/concerns and personal problems. If the issue is more serious we refer students to the professionals in the Counseling Office. Student performance is evaluated on a continuous basis using the forms available to the clinical staff and the assessments performed in the didactic classes. Advising sessions are held with students as needed to address concerns before they become problems.

Clinical practice issues are handled initially by the Clinical Instructor. Most issues are handled at this level after consultation with the Clinical Education Coordinator and/or the Program Director. Depending on the significance or sensitivity of the issue, the Clinical Education Coordinator and/or Program Director will conference with the student. For example since the Program Director is male, he has spoken to male students regarding hygiene at the clinical site while the female Clinical Education Coordinator addresses these issues with the women.

Behavioral issues, whether at clinical or on campus are addressed in a progressive manner. Initially there is a [conference](#) with the student which can involve the Clinical Instructor, Clinical Coordinator and/or the Program Director and an [Action Plan](#) for improvement may be requested from the student. A conference is utilized for very minor incidents. If the issue warrants, a [verbal warning \(step 1\)](#) is issued and documented by the Clinical Instructor. For more serious issues or repeated infractions a [written warning \(steps 2&3\)](#) is issued, documented and an Action Plan for improvement is written up by the student. A written warning level may involve a clinical course score reduction. An additional [written warning \(step 4\)](#), or an extreme step 1 event e.g. patient mistreatment, will result in recommendation for withdrawal from the Program. The issue is presented to the Dean of Allied Health and Sciences and the Vice President for Student Affairs. The student may appeal the decision, following the procedure described in the [Radiography Program Student Handbook](#) (page 10), by contacting the Dean of Allied Health and Sciences.

Student advising samples are available on site in student folders or as emails.

**Exhibits:** [New Student Orientation Advising Packet](#), [Radiography Intent Advising Sheet](#), [Advising Check Sheet](#), [Technologist Evaluation of Clinical Performance First Semester](#), [Technologist Evaluation of Clinical Performance Semesters 2-5](#), [Student Self-Evaluation of Clinical Performance](#), [Clinical Instructor's Evaluation of Student Performance](#), [Conferencing Form](#), [Action Plan](#), [Verbal Warning Form Step 1](#), [Written Warning Step 2&3](#), [Written Warning-Withdrawal Step 4](#), [Sample-Student Conference](#), [Radiography Program Student Handbook](#): behavioral (pages 31-33), withdrawal (page 78), appeals (page 10)

### **3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.**

Full-time Program Director:

Assures effective program operations,

Oversees ongoing program assessment,

Participates in budget planning,

Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

Assumes the leadership role in the continued development of the program.

Full-time Clinical Coordinator:

Correlates clinical education with didactic education,

Evaluates students,

Participates in didactic and/or clinical instruction,

Supports the program director to help assure effective program operation,

Coordinates clinical education and evaluates its effectiveness,

Participates in the assessment process,

Cooperates with the program director in periodic review and revision of clinical course materials,

Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

Maintains current knowledge of program policies, procedures, and student progress.

Full-time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process,

Supports the program director to help assure effective program operation,

Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

Part-time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,  
Cooperates with the program director in periodic review and revision of course materials, and  
Maintains appropriate expertise and competence through continuing professional development.

**Clinical Instructor(s):**

Is knowledgeable of program goals,  
Understands the clinical objectives and clinical evaluation system,  
Understands the sequencing of didactic instruction and clinical education,  
Provides students with clinical instruction and supervision,  
Evaluates students' clinical competence,  
Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and  
Maintains current knowledge of program policies, procedures, and student progress.

**Clinical Staff:**

Understand the clinical competency system,  
Understand requirements for student supervision,  
Support the educational process, and  
Maintain current knowledge of program policies, procedures, and student progress.

***Explanation:***

The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program's mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

***Required Program Response:***

Provide documentation that faculty and clinical staff positions are clearly delineated.

***Possible Site Visitor Evaluation Methods:***

Review of position descriptions  
Review of handbooks  
Interviews with faculty and clinical staff to assure responsibilities are being performed  
Interviews with students

The position descriptions for the Program Director, Faculty, Clinical Instructors and Staff can be found in the *Radiography Program Student Handbook*. We work together as a team to ensure that we support the

mission of the College and the Program. The Program operates in a very open, transparent and accessible manner. There is excellent communication between personnel and issues are addressed individually as they occur and shared with the affected group at the next clinical, department (cluster) or administrative meeting. Most of the Clinical Instructors have been doing the job long enough that they have an excellent foundation in the workings of the Program and many of the Clinical Staff are graduates of the Program so they know the policies and procedures as well. The Program recently added the ASRT Clinical Instructor Academy modules to the Clinical Instructor orientation documentation. All adjunct faculty are working technologists, are current in their continuing education, and their teaching resources and classroom discussions are based on current clinical practice. During the summer months when the students are in clinical practice 40 hours per week full-time program faculty are available. The Program Director is on a 12 month schedule and is always available via email, text and voice on his smart phone. The Clinical Education Coordinator (also always available) is on a 10 month Faculty contract with a separate 2 month overload contract for the summer months. Program Director budgetary responsibilities were included in Standard 2.9.

**Exhibits:** [Mentoring Students-ASRT Scanner](#), [ASRT Clinical Instructor Academy Modules](#), [Clinical Instructor Academy Module Instructions](#), [Clinical Instructor Manual](#), [Radiography Program Student Handbook](#) job descriptions pages: 22, 44, 70



### **3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.**

#### ***Explanation:***

The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

#### ***Required Program Response:***

Describe the evaluation process.

Describe how evaluation results are shared with program faculty and clinical instructor(s).

Provide samples of evaluations of program faculty.

Provide samples of evaluations of clinical instructor(s).

#### ***Possible Site Visitor Evaluation Methods:***

Review of program evaluation materials

Review of clinical instructor evaluation

Interviews with administrative personnel

Interviews with program faculty

Interviews with clinical instructor(s)

Interviews with students

Faculty at the College are unionized under the American Federation of Teachers. Evaluation of Faculty procedures are specified starting on page seven of the 2013-2016 contract. The program evaluates faculty through the use of annual classroom observations and the student evaluation process which utilizes the Instructor Rating Questionnaire (IRQ). The IRQ includes 14 questions scored on a scale of 1-5 and 9 questions requesting student comment. Every semester IRQs are filled out for each course an instructor teaches. The IRQ is filled out anonymously by the students. In addition to the formal observations and IRQs, the program informally evaluates instructors by observing the everyday interactions they have with students and via the department (cluster) meetings held monthly. We are a small program with seven instructors who are on good terms with one another and work collaboratively toward a common goal. Evaluations are processed and distributed to the instructors after the semester ends. They are reviewed by the Program Director and the Dean of Allied Health and Sciences.

Student evaluations of their Clinical Instructor are done on Trajecsys and are a requirement of each Clinical Practice course. The Clinical Instructor can view the evaluations on the Trajecsys system and we ask that they insert a "reviewed" comment and the date so that the program knows they looked at them. When they view the report the student name is not displayed. When the Program Director or Clinical Education Coordinator view the reports they can see what student filled out the evaluation. This is useful in case there's an issue that requires follow-up.

In order to maintain student anonymity the system does not allow the Clinical Instructor to view the evaluations if the clinical site has fewer than 3 students. The Clinical Education Coordinator or the Program Director can supply anonymized feedback to the Clinical Instructor.

**Exhibits:** RADT 210 Radiographic Procedures Level II: [Sample-Classroom Observation Form](#) and [Sample-Student Evaluation of Instructor Form \(Instructor Rating Questionnaire\)](#) for Lucy Keim (Clinical Education Coordinator and Associate Professor), [Sample-Annual Evaluation for Lucy Keim](#), [Faculty Contract 2013-2016](#): evaluation of faculty page 7, [Sample-Student Evaluation of Clinical Instructor](#)

## Summary for Standard Three

1. List the major strengths of **Standard Three**, in order of importance.

The Program has a well-structured competency-based curriculum that supports the Program's mission. The Program and College provide comprehensive academic support and advisement to students. The Master Plan of Education resides primarily in electronic format making it accessible and searchable.

2. List the major concerns of **Standard Three**, in order of importance.

n/a

3. Provide the program's plan for addressing each concern identified.

n/a

4. Describe any progress already achieved in addressing each concern.

n/a

5. Describe any constraints in implementing improvements.

n/a

**Standard Four**  
*Health and Safety*

**Standard Four: The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.**

**Objectives:**

In support of **Standard Four**, the program:

- 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.
- 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.
- 4.3 Assures that students employ proper radiation safety practices.
- 4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.
- 4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.
- 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.
- 4.7 Assures sponsoring institution's policies safeguard the health and safety of students.
- 4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

**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.**

***Explanation:***

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

***Required Program Response:***

Describe how the policies are made known to enrolled students.  
Describe how radiation exposure data is made available to students.  
Provide copies of appropriate policies.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Review of student records  
Review of student dosimetry reports  
Interviews with faculty  
Interviews with students

Each student is introduced to the *Radiography Program Student Handbook* at the initial opening meeting and is required to read it. A signed acknowledgement "Student Verification of Understanding" is required before each student is cleared to start clinical rotations and is kept with the student's file. The handbook details the radiation safety policies and procedures as listed in the exhibits portion of this standard. Every semester, radiation safety is included in the opening meeting when the pregnancy policy and student holding of patients and image receptors is covered. The opening meetings held in the Fall semester specify dosimetry limits. An exposure below the following limits in each individual category (shallow, deep, eye) will be considered reasonable. The limit is set as 10% of the NRC annual total effective dose equivalent (TEDE) for the whole body (5,000 mrem). This results in no more than 42 mrem/month or 125 mrem/quarter. If clinical exposures exceed the guideline, the student will be notified and counseled appropriately by the clinical site's Radiation Safety Officer (RSO). The student will provide the Program Director with a copy of any documentation provided to them by the RSO. The Program Director will discuss the radiation dosimetry report (RDR) with the student, the Clinical Instructor and/or the RSO to determine the possible contributing factors for the increased exposure to ionizing radiation. Ways to improve radiation safety will be discussed with the student. The Program provides dosimeters specifically for use in the College's labs. If the exposure reading on these badges exceeds the Program limit the Program Director and/or Clinical Education Coordinator will have a conference with the student. An investigation will be conducted as to what may have contributed to the reading. Guidelines for improvement in radiation safety practices will be discussed with the student.

In the first, three-weeks of RADT 107 Clinical Practice I, there is an orientation session that prepares the students to safely use ionizing radiation. Application of radiation safety is assessed through a pre-clinical practical evaluation and a mandatory radiation protection competency during clinical practice that has a benchmark of at least 85 percent. Also in the pre-clinical portion of RADT 107, the students are shown where the College RDRs are posted each month (next to the film badge holder board). In RADT102, Fundamentals of Radiologic Sciences, the students are given instructions on how to read a RDR. The RDR is reviewed each month by the Program Director. Dosimeters are maintained by each of the primary clinical sites for use on their site or in their outpatient center. The clinical RDRs are available for student review as soon as they are released by the RSO on the same cycle as the rest of the clinical staff. In RADT230

Radiation Biology and Protection the students are taught about designing for radiation protection and government regulations.

**Exhibits:** [Opening Meeting Rad Safety Slides](#): pregnancy, film badge reports, high reading guidelines, holding patients/image receptors, [Radiography Program Student Handbook](#): film badge service and dosimetry guidelines pages 44-47, holding patients page 56 & 72, MRI safety page 65, pregnancy policy pages 69-70, radiation safety policies pages 72-73, Student Verification of Understanding page 79

**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.**

***Explanation:***

Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

***Required Program Response:***

Describe how the pregnancy policy is made known to accepted and enrolled female students. Provide a copy of the program's pregnancy policy.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review of student records

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with students

At the May orientation meeting, months before the first day of classes, and at every semester's opening meeting, the students hear about the pregnancy policy/procedure. The written, voluntary and rescindable declaration is explained. The policy is detailed in the [Radiography Program Student Handbook](#) pages 69-70. The dosimetry guidelines for fetal exposure are on page 45 & 46 of the handbook. The [Pregnancy Information Sheet](#) and the [NRC Form](#) are available from the Program Director and are also available on Trajecsys. In the event that a student presents a written, voluntary disclosure, she would complete the forms included in the exhibits section which would be retained in her program file. She would talk to the RSO at her clinical site and a fetal dosimeter would be issued to be worn at waist level in addition to the dosimeter worn at her collar. A fetal dosimeter would also be supplied if she is enrolled in lab sessions at the College.

**Exhibits:** [NRC form letter for Declaring Pregnancy](#), [Pregnancy Information Sheet](#), [Pregnancy Policy](#), [Accepted Student-May Orientation-Pregnancy Slide](#), [Opening Meeting-August-Pregnancy Slide](#), [Radiation Safety Policies and Procedures](#), [Radiography Program Student Handbook](#) pages 45, 46, 69-70, 72

### 4.3 Assures that students employ proper radiation safety practices.

#### ***Explanation:***

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

#### ***Required Program Response:***

Describe how the curriculum sequence and content prepares students for safe radiation practices.

Provide the curriculum sequence.

Provide policies/procedures regarding radiation safety.

#### ***Possible Site Visitor Evaluation Methods:***

Review of program curriculum

Review of radiation safety policies/procedures

Review of student handbook

Review of student records

Review of student dosimetry reports

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with clinical staff

Interviews with students

The *Radiography Program Student Handbook* details the radiation safety policies and procedures as listed in the exhibits portion of this standard. The three x-ray tubes in the labs, including the portable, are all equipped with a keyed switch to disable the exposure mechanism. The switch enables students to practice without an instructor being present. Students are permitted to make exposures only when an instructor (a qualified radiographer) is in the room. The [Radiation Safety Policies and Procedures](#) are posted in the Wogenrich radiographic laboratory. Page 72 of the *Radiography Program Student Handbook* states "Misuse of the equipment and inappropriate behavior may result in the recommendation for withdrawal from the Radiography Program." The "no holding of patients or image receptors" policy is included in every semester's opening meeting. Before students can do a rotation in MRI they must first complete the MRI Safe Practices Form. In addition to providing information so that students are aware of the materials banned from the modality, it serves as a flag to hospital employees in case a student shouldn't be in that environment.

Radiography courses are sequenced so that student learning progresses from the appropriate performance of safe radiation practices to the understanding of the physics and the biological aspects of ionizing radiation.

The Radiography course sequence is:

#### First Semester

RADT 102 Fundamentals of Radiologic Sciences

RADT 107 Clinical Practice I

RADT 111 Radiographic Procedures I

RADT 114 Introduction to Radiographic Imaging

Second Semester

RADT 125 Sectional Anatomy for Medical Imagers  
RADT 117 Clinical Practice II  
RADT 208 Imaging Equipment and Radiation Production  
RADT 210 Level II Radiographic Procedures

Summer Session

RADT 147 Clinical Practice III

Third Semester

RADT 205 Pathology for Radiographers  
RADT 207 Clinical Practice IV  
RADT 242 Digital Imaging and Analysis

Fourth Semester

RADT 201 Advanced Imaging  
RADT 217 Clinical Practice V  
RADT 230 Radiation Biology/Protection  
RADT 250 Senior Review

During the first three weeks of the first semester, students are taught basic radiation protection in RADT 102 Fundamentals of Radiologic Sciences. They are simultaneously doing three weeks of on-campus didactic/laboratory introductory/orientation sessions that prepare students for entry into the clinical environment as part of the RADT 107 Clinical Practice I course. The [\*Introduction to Clinical Practice Manual\*](#) includes radiation protection information as well as other hazards encountered in the clinical environment. The students are required to pass a practical evaluation on radiation protection and a practical evaluation on equipment use prior to entering the clinical sites on the fourth week of Clinical Practice I. During the remainder of Clinical Practice I, the students are required to pass competency evaluations in radiation protection, equipment operation, and patient handling. Subsequent course work continues to build a working knowledge base. The Introduction to Radiographic Imaging course, also in the first semester, introduces radiation exposure, interactions with matter, and an analysis of the factors that influence radiographic quality. The Imaging Equipment and Radiation Production course in the second semester covers the x-ray circuit, permanent installation and mobile x-ray and fluoroscopic/image intensification units, automatic exposure control, conventional tomography, magnification and electronic imaging along with the application of quality standard and quality control principles. The principles of x-ray production, interactions of photons with matter, technique formation, and exposure calculations are covered. The content continues to build after the summer clinical course with the Digital Imaging Course which includes material on the various detector types and how they perform relative to exposure intensity. The final semester includes Advanced Imaging which covers other modalities and their associated capabilities and safety concerns. Radiation Biology/Protection is also offered in the final semester. It includes more comprehensive information on the biologic effects of ionizing radiation on human tissues, advanced radiation protection/safety, and federal/state regulations. Throughout the duration of their time in the program, safe radiation practices are being reinforced during the laboratory evaluations as well as the clinical practice portion of their education. Radiation protection is a graded component of the student's competency evaluations as well as the film critiques they are required to present. Students are continuously being evaluated on their performance related to technique selection, collimation and shielding at their clinical site whether they are doing a competency or not.



**Exhibits:** [Opening Meeting Rad Safety Slides](#): pregnancy, film badge reports, high reading guidelines, holding patients/image receptors, [MRI Safe Practices Form](#), [Radiation Protection Competency](#), [Pre-Clinical Radiation Protection Practical at NCC](#), [Equipment Operation Competency](#), [Patient Handling Competency](#), [Film Critique Evaluation Grading Sheet](#), [Competency Evaluation Form](#), [Lab Practical Evaluation Form](#), [Introduction to Clinical Practice Manual: Radiation Protection](#), [Radiation Safety Policies and Procedures](#), [Radiography Program Student Handbook](#): film badge service and dosimetry guidelines pages 44-47, holding patients page 56 & 72, MRI safety page 65, pregnancy policy pages 69-70, radiation safety policies pages 72-73

#### **4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.**

##### ***Explanation:***

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:  
reviews the procedure in relation to the student's achievement,  
evaluates the condition of the patient in relation to the student's knowledge,  
is physically present during the conduct of the procedure, and  
reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

##### ***Required Program Response:***

Describe how the direct supervision requirement is enforced and monitored in the clinical setting. Provide documentation that the program's direct supervision requirement is made known to students, clinical instructors, and clinical staff.

##### ***Possible Site Visitor Evaluation Methods:***

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Students must be directly supervised until competency is achieved. Students are made aware of direct supervisory requirements in the following manner. Before they have started the program, during May orientation, students are instructed in simple terms what is meant by direct supervision. Every semester there is an opening meeting with the students and Clinical Instructors where policies are reviewed. Direct supervision as well as directly supervised repeats and mobile policies are presented at each meeting. The supervision policy is described on page 30 of the *Radiography Program Student Handbook* which the students have acknowledged that they have read and understood. Hospital staff verifies that they are aware of the direct supervisory requirements by acknowledging via a sign off sheet that they have read the information sheet. A laminated supervision sheet (poster) is displayed at the clinical sites as a constant reminder. Clinical Instructors are expected to inform new staffers of this policy as needed. Students are also instructed that they need to keep staff informed if they have not demonstrated competency on an incoming exam so they remain under the appropriate level of supervision. In the event of a violation of this policy, the student will be issued a written warning and will need to respond with an action plan. A violation can result in a deduction of up to 5 points from the clinical grade. Repeated infractions would result in additional point deductions and possible withdrawal from the Program.

**Exhibits:** [Supervision Acknowledgement Sheet](#), [Supervision Poster](#), [Supervision-Opening Meeting Slides-Fall-Spring-Summer](#), [Supervision-May Orientation Prior to August Program Start Slide](#), [Written Warning Step 2&3](#), [Radiography Program Student Handbook](#) page 30

**4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.**

***Explanation:***

Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

***Required Program Response:***

Describe how the indirect supervision requirement is enforced and monitored in the clinical setting. Provide documentation that the program’s indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

***Possible Site Visitor Evaluation Methods:***

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Students may be indirectly supervised by an “immediately available” technologist if the student has achieved competency in a particular radiographic examination. Students are made aware of the indirect supervisory requirements in the same manner as the direct supervision policy. Before they have started the Program, during May orientation, students are instructed in simple terms what is meant by indirect supervision. Every semester there is an opening meeting with the students and Clinical Instructors where policies are reviewed. Indirect supervision as well as directly supervised repeats and mobile policies are presented at each meeting. The supervision policy is described on page 30 of the Radiography Program Student Handbook which the students have acknowledged that they have read and understood. Hospital staff verifies that they are aware of the indirect supervisory requirements by acknowledging via a sign off sheet that they have read the information sheet. A laminated supervision sheet (poster) is displayed at the clinical sites as a constant reminder. Clinical Instructors are expected to inform new staffers of this policy as needed. Students are also instructed that they need to keep staff informed if they have not demonstrated competency on an incoming exam so they remain under the appropriate level of supervision. In the event of a violation of this policy, the student will be issued a written warning and will need to respond with an action plan. A violation can result in a deduction of up to 5 points from the clinical grade. Repeated infractions would result in additional point deductions and possible withdrawal from the Program.

**Exhibits:** [Supervision Acknowledgement Sheet](#), [Supervision Poster](#), [Supervision-Opening Meeting Slides-Fall-Spring-Summer](#), [Supervision-May Orientation Prior to August Program Start Slide](#), [Written Warning Step 2&3](#), [Radiography Program Student Handbook](#) page 30

**4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.**

***Explanation:***

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

***Required Program Response:***

Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.

Provide documentation that the program's direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

***Possible Site Visitor Evaluation Methods:***

Review of published program materials

Review of student records

Review of meeting minutes

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with clinical staff

Interviews with students

As stated on page 30 of the *Radiography Program Student Handbook* "Repeats and mobile radiographic/fluoroscopic procedures must be done under the direct supervision of a qualified (ARRT certified and registered) radiographer who is physically present during the conduct of the procedure." The Program's direct supervision policy/procedure for repeat radiographs is monitored and enforced in the clinical setting by the certified radiographers. If it is determined that a student has repeated a radiograph without the direct supervision of a certified radiographer, the radiographer would report the incident to the Clinical Instructor. The Clinical Instructor would consult with the Clinical Education Coordinator and /or Program Director prior to issuing a 5 point deduction for the course grade. Repeated infractions would result in additional point deductions and possible withdrawal from the Program. Students, Clinical Instructors and staff are made aware of the supervision policies as previously described in Standard 4.4.

**Exhibits:** [Supervision Acknowledgement Sheet](#), [Supervision Poster](#), [Supervision-Opening Meeting Slides-Fall-Spring-Summer](#), [Supervision-May Orientation Prior to August Program Start Slide](#), [Written Warning Step 2&3](#), [Radiography Program Student Handbook](#) page 30

#### **4.7 Assures sponsoring institution's policies safeguard the health and safety of students.**

##### ***Explanation:***

Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

##### ***Required Program Response:***

Provide program policies that safeguard the health and safety of students.

##### ***Possible Site Visitor Evaluation Methods:***

Review of published program materials  
Review of student records  
Interviews with faculty  
Interviews with students

College and Program policies and procedures are in place to safeguard the health and safety of the students. Students are made aware of policies via the *Radiography Program Student Handbook* and/or the *College Student Handbook*. Since the students spend time off campus for their clinical practice rotations, the Program's inclement weather policy for clinical days follows more lenient criteria than the College's policy in order to compensate for unsafe localized weather conditions which commonly occur away from the College campus. The pre-clinical coursework prepares students for the hazards of the clinical environment. In addition to the Fundamentals of Radiologic Sciences course, the pre-clinical lectures and labs address blood borne pathogens, standard precautions including contact and airborne, as well as safe lifting/moving techniques, ethics, radiation protection, and extensive equipment operation. There is an extensive *Introduction to Clinical Practice Manual* to address these areas prior to the students beginning their clinical rotations.

##### **Exhibits: [Introduction to Clinical Practice Manual](#)**

##### **[Radiography Program Student Handbook:](#)**

Accidental Exposure to Infectious Materials page 5  
Accidents Occurring in Lab or at the Clinical Education Setting page 6  
Alcohol and Drug/Substance Abuse page 9  
Code of Conduct page 25  
Communicable Diseases page 26  
Counseling Services page 34  
Disabilities: Disclosure page 34  
Diversity, Discrimination and Harassment Position Statement pages 35, 54  
Emergencies at NCC: Medical, Fire, Police, etc. pages 36-40  
FERPA page 31  
Insurance: Personal Health and Liability page 57  
Mistreatment at the Clinical Education Site page 64  
Sexual Assault and Sexual Harassment page 76  
Weather policy pages 15, 16

##### **[College Student Handbook:](#)**

Alcohol and Drug/Substance Abuse page 73  
Code of Conduct page 55  
Counseling Services page 4

Disabilities page 16

Discrimination, Harassment, and Sexual Misconduct page 61

Emergencies at NCC: Medical, Fire, Police, etc. pages 8, 14, 20, 53

FERPA page 50

Insurance: Personal Health page 35

Sexual Assault, Harassment and Reporting pages 61-71

#### **4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.**

##### ***Explanation:***

Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

##### ***Required Program Response:***

Describe the process for orienting students to clinical settings.

Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

##### ***Possible Site Visitor Evaluation Methods:***

Review of orientation process

Review of student records

Interviews with faculty

Interviews with clinical instructor(s)

Interviews with students

The first three weeks of the first semester are focused on preparing the students for the clinical setting. In RADT102, Fundamentals of Radiologic Sciences, the initial course material includes: introduction to clinical education, basic radiation protection and transfer techniques. RADT107, Clinical Practice I, starts with 3 weeks on-campus for preliminary instruction and practical experience in: ethics, patient handling, HIPAA, communicable diseases/infection control, emergency situations and responses, basic equipment operation, and radiation protection. There is an extensive *Introduction to Clinical Practice Manual* to address these areas prior to the students beginning their clinical rotations. Student progress is assessed through quizzes and practical examinations.

In addition to the clinical environment orientations the students have at the College prior to reporting for their first clinical rotation, each clinical site has a facility-specific procedure. There is an online multi step/page orientation process for Grand View Hospital, [Lehigh Valley Health Network](#) and [St. Luke's University Health Network](#). Students go to the linked webpages, do the required modules and either submit their acknowledgement electronically or print out the documentation for the Program Director to review and submit with their other required verifications. In addition to these online activities, these sites still include orientation activities with the students on their first day of clinical. All the clinical sites orient the students to their particular facility's policies and procedures in different ways, but all include the information so the student, staff and patients are not at risk. Alarm codes, location of emergency equipment, departmental and hospital tours, parking etc. are just a few of the areas covered so that the student can perform in the environment in a safe manner. The program's "[Orientation-First Day of Clinical at Site](#)" form is filled out by the student and signed off by the Clinical Instructor to ensure certain basic information is covered their first day on site. It includes hazards (fire, electrical, chemical), emergency preparedness, HIPPA, standard precautions, layout of the department, where the radiation dosimetry reports are posted, where film badge holders are located and a variety of other "must know" information. The completed form is kept in the student file.

**Exhibits:** [Orientation-First Day of Clinical at Site form](#), [Introduction to Clinical Practice Manual](#), [Easton Hospital Orientation Agenda](#), [Grand View Hospital Code of Conduct Policy](#), [Grand View Hospital Code of Conduct Manual](#), [Grand View Hospital Core Competencies-Right To Know](#), [Grand View Hospital Domestic Violence Handout](#), [Grand View Hospital Emergency Paging](#), [Grand View Hospital Fire Safety Program](#), [Grand View Hospital HIPAA Handbook](#), [Grand View Hospital HR Overview](#), [Grand View Hospital Infection control](#), [Grand View Hospital Mission Values](#), [Grand View Hospital Orientation](#), [Grand](#)

[View Hospital Patient Safety](#), [Pocono Medical Center Non-Employee Orientation Workbook](#), [Pocono Medical Center Non-Employee Orientation Quiz](#), [Pocono Medical Center Non-Employee Orientation Acknowledgement](#), [Pocono Medical Center Confidentiality Statement](#), [Pocono Medical Center Dress Code Statement](#), [Sacred Heart Hospital Orientation Documents](#), [St Luke's Health Network-Essentials Newsletter-Orientation-Annual Training](#), [St Luke's Code Chart](#), [St Luke's Anderson Orientation Sign-off](#), [St Luke's Mid-Year Post Test](#), [St Luke's Back to Basics- Post Test](#), [St Luke's Restraints Training1](#), [St Luke's Ethics and Privacy Statement for Students & Shadowers](#), [St Luke's Hand Hygiene post-test](#), [Pennsylvania Wrist Band Standardization Project](#), [Lehigh Valley Health Network](#), [St. Luke's University Health Network](#)



## Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.

Good student radiation protection, health and safety protocols in place.

Good cooperation with the clinical sites regarding student supervision requirements.

2. List the major concerns of **Standard Four**, in order of importance.

n/a

3. Provide the program's plan for addressing each concern identified.

n/a

4. Describe any progress already achieved in addressing each concern.

n/a

5. Describe any constraints in implementing improvements.

n/a

## **Standard Five** *Assessment*

**Standard Five:**        **The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.**

### **Objectives:**

In support of **Standard Five**, the program:

### **Student Learning**

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.

### **Program Effectiveness**

5.2     Documents the following program effectiveness data:  
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 rate,  
Graduate satisfaction, and  
Employer satisfaction.

5.3     Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

### **Analysis and Actions**

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

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

**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.**

***Explanation:***

Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

***Required Program Response:***

Provide a copy of the program's current assessment plan.

***Possible Site Visitor Evaluation Methods:***

Review of assessment plan  
Review of assessment tools  
Interviews with faculty

The program's assessment plan measures student learning outcomes in relation to the following goals:

GOAL: To graduate students who are **clinically competent**.

The student will be able to:

Position accurately and in a timely manner in order to visualize the appropriate anatomical structures.  
Select technical factors that will produce an optimal image.  
Employ principles of radiation protection.

GOAL: To graduate students who **communicate** effectively through word choice, level of explanation, and method of delivery.

The student will be able to:

Write an accurate patient history.  
Communicate effectively in written and oral formats with patients, members of the health care team, and the community.  
Listen, understand, and evaluate what the speaker is saying  
Speak using effective word choice, appropriate terminology, level of explanation and method of delivery.

GOAL: To graduate students who analyze situations using **critical thinking** to foster better patient care.

The student will be able to:

Employ critical thinking skills to use appropriate alternative patient positioning and equipment configurations based on patient condition.  
Critique the image and evaluate radiographic quality.  
Manipulate exposure factors to compensate for patient and image variability while minimizing patient dose.

GOAL: To graduate students who employ the five components of being a true **professional** – character, attitude, excellence, competency and conduct.

The student will be able to:

Demonstrate professional attitude, ethics and sound judgment.

The student learning outcomes, measurement tools, benchmarks, timeframes and parties responsible are demonstrated in the Class of 2014 Assessment Plan Results exhibit.

**Exhibits:** [Assessment Plan Results 2014](#)

**5.2 Documents the following program effectiveness data:**

**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 rate,  
Graduate satisfaction, and  
Employer satisfaction.**

***Explanation:***

Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program's assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program's completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

***Required Program Response:***

Provide actual outcome data in relation to program effectiveness.

***Possible Site Visitor Evaluation Methods:***

Review of program effectiveness data  
Interviews with faculty

The employer survey for the class of 2014 is in process.

**Exhibits:** [Program Effectiveness Data Summary 2014](#), [Program Effectiveness Pages from Assessment Plan Results 2014](#), [Radiography Graduate Survey - May 2014 \(6 months out\)](#), [Employer Survey Class of 2013 - Radiography](#)

**5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.**

***Explanation:***

Program accountability is enhanced by making its effectiveness data available to the program's communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five -year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at [www.jrcert.org](http://www.jrcert.org). The program must publish the JRCERT URL ([www.jrcert.org](http://www.jrcert.org)) to allow the public access to this data.

***Required Program Response:***

Provide copies of publications that contain the program's program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).

Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution's/program's Web site.

***Possible Site Visitor Evaluation Methods:***

Review of program publications

Review of institutional and/or program Web site

Interviews with faculty

Interviews with students

The Radiography Program main [webpage](#) includes a link to the JRCERT website and email address in the Program Narrative section. On the top of the same main webpage are links to a variety of program related information including a dedicated link to the current [Program Effectiveness Data](#). The links on the webpage can be updated on an as-needed basis. When the program needs to post updated program effectiveness data, handbook revisions or changes to the linked textbook information the Program Director simply submits the new document via email to the Web Developer. The Program effectiveness data is updated before the annual report is submitted. The [textbook information](#) is updated late spring/early summer for the incoming class. The [Radiography Program Student Handbook](#) is updated in the summer.

**Exhibits:** Links included in the narrative

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

##### ***Explanation:***

Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program's prerogative to determine its communities of interest.

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.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

##### ***Required Program Response:***

Describe how the program analyzes student learning outcome data and program effectiveness data 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 and discuss how these changes have led to program improvement.

Provide a copy of the program's actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.

Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

##### ***Possible Site Visitor Evaluation Methods:***

Review of student learning outcome data and program effectiveness data to support the assessment plan

Review of representative samples of measurement tools used for data collection

Review of aggregate data

Review of meeting minutes related to the assessment process

Interviews with faculty

The Program analyzes, discusses and shares program effectiveness data on a regular basis. Four cycles of outcomes data "Assessment Plan Results" are included in the exhibits. The Advisory Committee reviews results every April (11 months post-graduation). The April review includes the final results of all data except the job placement and employer survey results. The October meeting updates this information as well as presenting the year-to-date data generated from the most recent May graduates (5 months post-graduation). The Committee is informed, as needed, of other effectiveness data factors e.g. withdrawals that may have occurred since the last meeting. The committee also reviews recommendations to revise goals, outcomes, measurement tools or benchmarks of the assessment plan. Included in the exhibits is a document consisting of Advisory Committee Minutes from April 2015 back to April 2012 with the passages related to Student Learning Outcomes and Program Effectiveness Data highlighted. The document is named "[Advisory Minutes 2015-2012 SLO-PED](#)". Advisory Committee meeting minutes since the interim report, including the handouts, are included in the [Advisory Meeting Minutes directory](#) on the flash drive.

At the end of every semester student performance data is collected and benchmark scores are calculated for the measurement tool linked with that semester. At this point the program has a chance to evaluate whether the outcome is in need of additional analysis. If the analysis indicates that the measurement tool or benchmark needs to be modified it is presented to the advisory committee for review. Modification of an assessment measurement/benchmark may be indicated for a variety of reasons. An instructor may have implemented something in their course which serves as a better benchmark. A benchmark may not be useful in determining program areas that are in need of improvement, such as benchmark scores that are routinely close to 100%. Unmet and Met benchmarks are evaluated. The Advisory Committee is presented with these changes at the next meeting ([Assessment Plan Changes-Oct 2015 Advisory](#)), the program does not wait until the entire year's assessment plan has been completed ([Advisory Minutes-Assmnt-April and October 2015](#)).

The employer and graduate surveys also serve as an important source of feedback for program improvement. The program introduces some trauma views earlier in the positioning labs and has acquired equipment to improve student learning as a result of these survey comments. While reviewing, and prompted by, these comments the Advisory Committee has been able to provide the Program with items to improve the student learning environment. Our most recent acquisition was a C-arm the graduate survey comments addressed ([Radiography Graduate Survey - May 2015](#)) and employer survey substantiated ([Employer Survey Class of 2014 - Radiography](#)). A follow up session with the current 2<sup>nd</sup> year students confirmed the validity of the comments. An Advisory Committee member arranged the donation of a C-arm ([Advisory Minutes-Assmnt-April and October 2015](#)) which the Program picked up in December ([Cluster Minutes-Post self-study Fall 2015](#)).

In 2012 the Program changed the Assessment Plan Results report from an August to August timeframe to a calendar year basis. With Program graduation occurring in May, a December year-end allows a timelier reporting of results. As a result of this change the [2012 Assessment Plan Results](#) report covers the period from August 2011 to December 2012.

In the spring of 2013, a Program level outcome review was performed and a [Program Outcomes Revision](#) was adopted ([Cluster Minutes March 20 2013](#)) for the 2013 outcomes report. As part of the analysis a [Program Learning Outcomes and Curriculum Matrix](#) was completed to ensure the outcomes were supported by the course content.

Goals and student learning outcomes are made known to the students via the [Radiography Program Student Handbook](#) page 53 and Faculty include the goals and outcomes in the Radiography course syllabi, [Syllabus Sample RADT208 Sp15](#). The Program effectiveness data are made known to the faculty via cluster meetings and daily interactions. Included in the exhibits is a document consisting of select Cluster Meeting Minutes from April 2015 back to January 2012 with the passages related to Student Learning Outcomes and Program Effectiveness Data highlighted. The document is named "[Cluster Minutes 2015-2012 SLO-PED](#)". Cluster meeting minutes since the interim report, including the handouts, are included in the [Cluster Meeting Minutes directory](#) on the flash drive.

Two Program course changes occurred since the 2012 interim report as a result of program assessment activities. The attached curriculum proposals ([Curricular Proposal Form Fall 2014 Introduction to Radiographic Imaging](#), [Curricular Proposal Form Fall 2014 Senior Review](#)) were submitted in the spring of 2013. They were approved by the Curriculum Committee and were updated in the Fall 2014 College Catalog. The course outlines ([Course Outline-Intro to Rad Imaging](#), [Course Outline-Senior Review](#)) are attached. The Senior Review course went from one to two credits. The Introduction to Radiographic Imaging course went from two to three credits. The total program credit load remained at 69 due to a two credit decrease in what the Clinical Practice courses required. The decrease was due to standardization of the clinical-hour-to-credit-hour ratio across the Radiography and Diagnostic Medical Sonography programs.



**Exhibits:** [Assessment Plan Results 2010-2011](#), [Assessment Plan Results 2011-2012](#), [Assessment Plan Results 2013](#), [Assessment Plan Results 2014](#), [Advisory Minutes 2015-2012 SLO-PED](#), [Program Outcomes Revision 2013](#), [Program Outcomes-Curriculum Matrix 2013](#), [Radiography Program Student Handbook](#), [Syllabus Sample RADT208 Sp15](#), [Cluster Minutes 2015-2012 SLO-PED](#), [Cluster Minutes March 20 2013](#), [Cluster Minutes-Post self-study Fall 2015](#), [Curricular Proposal Form Fall 2014 Intro to Rad Imaging](#), [Curricular Proposal Form Fall 2014 Senior Review](#), [Course Outline-Intro to Rad Imaging](#), [Course Outline-Senior Review](#), [Advisory Minutes-Assmnt-April and October 2015](#), [Employer Survey Class of 2014 – Radiography](#), [Radiography Graduate Survey - May 2015](#), [Assessment Plan Changes-Oct 2015 Advisory](#)

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

***Explanation:***

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.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

***Required Program Response:***

Describe how this evaluation has occurred.

Provide documentation that the plan is evaluated at least once every two years.

***Possible Site Visitor Evaluation Methods:***

Review of meeting minutes related to the assessment process

Review of assessment committee meeting minutes, if applicable

Interviews with faculty

The outcomes assessment plan is evaluated annually as a component of each review cycle. The 2014 assessment plan results included the following changes in measurement tools/benchmarks:

Outcome: Communicate effectively in written and oral formats with patients, members of the health care team, and the community. #12 Film Critique Evaluations, the new measurement is the presentation and Q&A scores which serve as a better measurement of oral communication skills. The former measurement was patient history.

Outcome: Speak using effective word choice, appropriate terminology, level of explanation and method of delivery. #16 The benchmark was increased from 85% to 90% because it's the student's final semester and they should be performing at a higher level.

Outcome: Employ critical thinking skills to use appropriate alternative patient positioning and equipment configurations based on patient condition. #18 Film Critique Evaluations, the positioning and image evaluation scores are more focused on these outcomes than the previous measurement which was the overall film critique score.

Outcome: Critique the image and evaluate radiographic quality. #21 Film Critique Evaluations, the new measurement made up of the exposure factors, anatomy, artifacts and image evaluation are more focused on radiographic quality than the overall film critique score used before.

Next year the outcome: Listen, understand, and evaluate what the speaker is saying. #14 will be changed to be more focused on auditory and verbal factors. Currently the scoring is based on evaluation of the exam requisition, patient assessment, age related considerations, history taking, communication and patient care.

The 2013 assessment plan results included revised program level goals and outcomes as demonstrated with the [Program Outcomes Revision 2013](#) and verified with a [Program Outcomes-Curriculum Matrix 2013](#).

The 2012 assessment plan results included the following revisions:

Outcome: Position accurately and in a timely manner in order to visualize the appropriate anatomical structures. #1 Competency Evaluation Sheets, since this outcome applies to all competencies the mandatory & elective scores were combined.

Outcome: Employ principles of radiation protection, #9 Research Paper in Radiation Biology/ Protection was discontinued. Duplication of the tool used in, and more closely correlated to, the writing effectively outcome (#17) which was also discontinued because the instructor no longer required a paper. The writing effectively outcome was replaced with the film critique clinical writing assignments.

The College has a Student Learning Outcomes Committee (SLOC) which provides guidance on and oversees the implementation of assessment projects at the institutional, programmatic or course level. In the spring of 2013 the Program initiated a radiation protection assessment project. The final report (Radiation Protection Assessment Project) indicated a lower measure of performance in the student's theoretical scores than their clinical and laboratory performance demonstrated. The ARRT Registry Examination radiation protection scores will continue to be assessed annually in light of the program changes described in Standard 5.4.

Various organizations request program assessment information for their own continuous improvement analysis. The Office of Planning and Institutional Research requested feedback on how the Program uses its graduate survey information. The Program responded with this recommendations/action plan ([Graduate Survey Action Plan FA12\\_FA13](#)). The Program assisted in the recent Middle States Commission on Higher Education (MSCHE) reaccreditation in various ways including providing [program assessment information](#) for the self-study.

Feedback from the departmental cluster, Clinical Instructors, Advisory Committee and the students serves to focus attention on areas that need improvement and allows us to fine tune the program year after year. The faculties are all Technologists so there is an excellent linkage between what they teach in class and what goes on in the clinical setting. Their ideas, [Cluster Minutes Suggestions](#), regarding how and when material can be presented in a more efficient manner are appreciated and welcome.

**Exhibits:** [Assessment Plan Results 2010-2011](#), [Assessment Plan Results 2011-2012](#), [Assessment Plan Results 2013](#), [Assessment Plan Results 2014](#), [Program Outcomes Revision 2013](#), [Program Outcomes-Curriculum Matrix 2013](#), [Radiation Protection Assessment Project](#), [Graduate Survey Action Plan FA12\\_FA13](#), [Middle States Assessment Info for Radiography](#), [Cluster Minutes Suggestions](#)

## Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.

Student centered

The Faculty and Clinical Instructors (not employed by the College) are committed to the program and the students.

A very supportive Advisory Committee.

2. List the major concerns of **Standard Five**, in order of importance.

n/a

3. Provide the program's plan for addressing each concern identified.

n/a

4. Describe any progress already achieved in addressing each concern.

n/a

5. Describe any constraints in implementing improvements.

n/a

## **Standard Six**

### ***Institutional/Programmatic Data***

**Standard Six:**        **The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.**

#### **Objectives:**

In support of **Standard Six**, the program:

#### **Sponsoring Institution**

- 6.1 Documents the continuing institutional accreditation of the sponsoring institution.
- 6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

#### **Personnel**

- 6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

#### **Clinical Settings**

- 6.4 Establishes and maintains affiliation agreements with clinical settings.
- 6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

#### **Program Sponsorship, Substantive Changes, and Notification of Program Officials**

- 6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

## **6.1 Documents the continuing institutional accreditation of the sponsoring institution.**

### ***Explanation:***

The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),

The Joint Commission (TJC), or  
equivalent standards.

### ***Required Program Response:***

Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor's Web page.

Northampton Community College is accredited by the Middle States Commission on Higher Education (MSCHE), 3624 Market Street, Philadelphia, PA 19104, 267.284.5000. The Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Commission on Recognition of Postsecondary Accreditation. The College was reaccredited in 2015.

**Exhibits:** [Statement of Accreditation Status](#), [MSCHE Directory Listing](#)

**6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.**

***Explanation:***

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

***Required Program Response:***

Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

Both of the energized laboratories are in compliance with applicable state and federal radiation safety laws. The Pennsylvania Department of Environmental Protection inspects the equipment on a 5-year cycle. The next inspection is expected in 2016. Registration is on an annual basis.

**Exhibits:** [Certificate of Registration-Radiation Producing Machines](#), [DEP Inspection Letters](#)

**6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.**

Full-time Program Director:

Holds, at a minimum, a master's degree,

Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

Documents three years clinical experience in the professional discipline,

Documents two years of experience as an instructor in a JRCERT-accredited program, and

Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

Full-time Clinical Coordinator:

Holds, at a minimum, a baccalaureate degree,

Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

Documents two years clinical experience in the professional discipline,

Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program,  
and

Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

Full-time Didactic Program Faculty:

Holds, at a minimum, a baccalaureate degree,

Is qualified to teach the subject,

Is knowledgeable of course development, instruction, evaluation, and academic advising,

Documents two years clinical experience in the professional discipline, and

Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).



## Part-time Didactic Program Faculty

Holds academic and/or professional credentials appropriate to the subject content area taught and

Is knowledgeable of course development, instruction, evaluation, and academic advising.

## Clinical Instructor(s):

Is proficient in supervision, instruction, and evaluation,

Documents two years clinical experience in the professional discipline, and

Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

## Clinical Staff:

Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

### ***Explanation:***

Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students' performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

### ***Required Program Response:***

For all program officials not previously identified on the program's database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists\* or equivalent.

For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists\* or equivalent.

\*These may be copies of current registration cards or "ARRT Identification" page available at [www.arrt.org](http://www.arrt.org).

All faculty and Clinical Instructors possess the academic and professional qualifications appropriate for their assignments. The full-time Program Director and Clinical Coordinator have previously been recognized by the JRCERT. The Clinical Coordinator, Lucy Keim, earned her master's degree in May 2012—a copy of her diploma is included with the credentials exhibit. Two of the part-time adjunct faculties who teach positioning labs have Associate Degrees. The rest of the adjunct faculty teaching didactic course

work or labs hold a Baccalaureate Degree. All faculty are currently registered with the ARRT. The Clinical Instructors are all registered with the ARRT and have a minimum of seven years of documented clinical experience. A state license is only required for limited scope and does not apply to anyone affiliated with the Program. All clinical staff who supervise students are currently registered, as required by the direct/indirect supervision requirements of the program.

**Director:**

Steven Iacono, R.T. (R)(ARRT)

**Clinical Coordinator:**

Lucy Keim, R.T. (R)(M)(ARRT)

**Part-time Faculty:**

Eric Becker, R.T. (R)(ARRT)

Alison Erdman, R.T. (R)(ARRT)

Patrick Henninger, R.T. (R)(VI)(ARRT)

Tracey Lenhart, R.T. (R)(ARRT)

Deborah Peters, R.P.A./R.A., R.T. (R)(CV)(ARRT)

Selena Strausser, R.T. (R)(ARRT)

**Clinical Instructors:**

Carol Abel, R.T. (R)(ARRT)

Lisa Frederickson, R.T. (R)(ARRT)

Hulya Hartley, R.T. (R)(ARRT)

Gail Hinkle, R.T. (R)(ARRT)

Keith Hnatow, R.T. (R)(ARRT)

Terese Hudson, R.T. (R)(ARRT)

Karl Kazanchy, R.T. (R)(ARRT)

Teresa Lienhard, R.T. (R)(ARRT)

Lori Marsh, R.T. (R)(CT)(ARRT)

Linda Restivo, R.T. (R)(ARRT)

Karen Saltmer, R.T. (R)(ARRT)

Melissa Schuch, R.T. (R)(ARRT)

Kelly Shupp, R.T. (R)(ARRT)

Joseph Tocci, R.T. (R)(ARRT)

Angela Valentine, R.T. (R)(ARRT)

Tara Wargo, R.T. (R)(ARRT)

**Exhibits:** [Program Officials-Credentials](#), [Adjunct Faculty-Credentials](#), [Clinical Instructors-Credentials](#)

#### 6.4 Establishes and maintains affiliation agreements with clinical settings.

***Explanation:***

Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

***Required Program Response:***

Provide copies of current, signed affiliation agreements with each clinical setting.

The Radiography Program maintains [affiliation agreements](#) with all the clinical settings. The Program has been working to revise the agreements so that they include both imaging programs offered at the College. Diagnostic Medical Sonography and Radiography work in a very similar fashion with respect to supervision of students and accreditation requirements. By coordinating the agreements, including the expiration dates, we eliminate the duplication of effort required by individual Program renewal activities. Some of the agreements cover multiple clinical sites. Easton Hospital's outpatient center, Northwood Medical Arts Center (Northwood Diagnostic Imaging), is at another site and is recognized separately due to the geographically separate location. This is the same situation at Grand View Hospital and the Grand View Hospital Outpatient Center. The agreement with Lehigh Valley Health Network covers two campuses the Program uses and the St. Luke's Hospital agreement includes three hospital campuses and an outpatient center.

**Exhibits:** [Easton Hospital-Northwood Affiliation Agreement](#), [Grandview Hospital-Outpatient Center Affiliation Agreement](#), [Lehigh Valley Health Network Affiliation Agreement](#), [Pocono Health System Affiliation Agreement](#), [Sacred Heart Hospital Affiliation Agreement](#), [St. Luke's University Hospital Affiliation Agreement](#)

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

***Explanation:***

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

***Required Program Response:***

Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.

All clinical education settings are in compliance with applicable state and/or federal radiation safety laws. The exhibits section includes The Joint Commission accreditation listing and the Certificate of Registration-Radiation Producing Machines from the Pennsylvania Department of Environmental Protection for each clinical site.

**Exhibits:** [Easton Hospital-Northwood TJC-DEP](#), [Grandview Hospital-Outpatient Center TJC-DEP](#), [Lehigh Valley Health Network TJC-DEP](#), [Pocono Health System TJC-DEP](#), [Sacred Heart Hospital TJC-DEP](#), [St. Luke's University Hospital TJC-DEP](#)

## **6.6 Complies with requirements to achieve and maintain JRCERT accreditation.**

### ***Explanation:***

Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

### ***Required Program Response:***

Report any database changes.

Report any substantive change not previously submitted.

The program has no substantive changes to report. The only database change would be to update the Clinical Coordinator listing to include Lucy Keim's Master's Degree.

**Exhibits:** [Program Officials-Credentials](#)

## Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.

The Program has dedicated Faculty and Clinical Instructors.

The Program's clinical education settings provide a valid and safe learning environment for students.

2. List the major concerns of **Standard Six**, in order of importance.

n/a

3. Provide the program's plan for addressing each concern identified.

n/a

4. Describe any progress already achieved in addressing each concern.

n/a

5. Describe any constraints in implementing improvements.

n/a

## **Awarding, Maintaining, and Administering Accreditation**

### **A. Program/Sponsoring Institution Responsibilities**

#### 1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182

#### 2. Administrative Requirements for Maintaining Accreditation

- a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
- b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).
- d. Paying JRCERT fees within a reasonable period of time.
- e. Returning, by the established deadline, a completed Annual Report.
- f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at [www.jrcert.org](http://www.jrcert.org).

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.





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(312) 704-5304 (fax)  
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[www.jrcert.org](http://www.jrcert.org)





October 24, 2016

Dr. Mark H. Erickson President  
Northampton Community College 3835  
Green Pond Road  
Bethlehem, PA 18020

**RE: Program #0253**

Dear Dr. Erickson:

The report of the site visitors who evaluated the radiography program sponsored by Northampton Community College, on May 12-13, 2016, has been reviewed. The program was evaluated using the JRCERT **Standards for an Accredited Educational Program in Radiography (2014)**. The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) to accredit educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

The following is a composite report developed from documentation submitted by the program, the report of site visit team findings submitted by the site visit team, and staff review of relevant materials. The sponsor must respond to this report of findings prior to JRCERT consideration. The program is scheduled for consideration at the next meeting of the Board of Directors following receipt of the program's required response.

The following clinical settings were visited:

Easton Hospital - Easton, PA  
Saint Luke's Hospital Anderson Campus - Easton, PA

**Standard One - Integrity**

**The program demonstrates integrity in the following: Representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.**

The site visit team reported the following findings:

The program adheres to high ethical standards in relation to students, faculty, and staff. It is noted that program faculty and students serve the community by providing assistance and support to the underserved and participating in community events. The program limits students' required clinical assignments to not more than 10 hours per day and the total clinical and academic involvement to not more than 40 hours per week. Students are assigned to one clinical setting to complete all of their clinical experience. This creates inequitable learning opportunities due to the program's recognized clinical settings varying from level one trauma centers to small community hospitals. In addition, the clinical settings vary in variety and volume of radiographic procedures

### **Standard One - Integrity (cont'd)**

including but not limited to surgical and trauma procedures, and condition of patients; therefore, students assigned to a level one trauma center receive different learning opportunities than students assigned to a small community hospital. Furthermore, data collected from graduate surveys along with feedback from clinical instructors have indicated that the equity in clinical experiences would be increased by providing the students rotation assignments to a variety of clinical settings (**Objective 1.2**). The student to radiography clinical staff ratio is maintained at 1:1. Student records, instructional materials, and other appropriate program materials are maintained in a secure and confidential manner. The grievance procedure is readily accessible, fair, and equitably applied for all students. All students are aware of the **STANDARDS** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.

There is a protocol in place to evaluate policies, procedures, and publications. The program makes available to students, faculty, and the general public information regarding transfer of credit, tuition and fees, admission policies, refund policies, clinical obligations, and various other program policies/information with the exception of the correct start dates for the Clinical Practice II (RADT 117) course and Clinical Practice V (RADT 217) course (**Objective 1.9**). The mission statement, goals, and student learning outcomes are published on the program's Web site for the general public and various other communities of interest to peruse. The program engages its communities of interest for the purpose of continuous program improvement. Student recruitment and admission practices are non-discriminatory and consistent with published policies of the sponsoring institution and the program. Additionally, the program participates in community outreach which provides opportunities to share information about the program; including admission information, with prospective students in a non-traditional setting. Faculty recruitment and employment practices are non-discriminatory. The program currently does not offer any distance education courses.

#### **Summary for Standard One:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 1.1, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11, 1.12, 1.13, and 1.14**. (**Objective 1.15** does not apply to this program.)

#### **The program is not in compliance with the following Objectives:**

**Objective 1.2** - Provides equitable learning opportunities for all students.

**Objective 1.9** - Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

## **Standard Two - Resources**

**The program has sufficient resources to support the quality and effectiveness of the educational process.**

The site visit team reported the following findings:

The program benefits from strong, collaborative support from the sponsoring institution's administrators that meets the needs of the students and the program. The program has an adequate number of faculty to meet all educational, administrative, and accreditation requirements. Students, graduates, and clinical instructors respect program faculty for their ability to excel in their responsibilities and affect successful outcomes for the students and the program. Faculty are provided with opportunities for continued professional development. The program benefits from clerical support services as needed. All clinical settings are currently recognized. The program faculty and students benefit from adequate classrooms and other resources. The program provides learning resources that support student learning. The program and sponsoring institution provide access to student services. The program has sufficient ongoing financial resources to support its mission. The program director participates in the budget planning process.

### **Summary for Standard Two:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Two**. (**Objective 2.10** does not apply to this program.)

## **Standard Three - Curriculum & Academic Practices**

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

The site visit team reported the following findings:

The program has a mission statement that defines its purpose and is periodically reevaluated. The program has a comprehensive, competency-based curriculum that prepares students to practice in the professional discipline. Additionally, students are provided rotations in interventional radiology, magnetic resonance (MR), nuclear medicine, and radiation therapy examinations during semester three (3), as well as receiving clearly defined objectives that require demonstration of entry level knowledge in these advanced modality rotations; however, didactic instruction is not provided for the advanced modality rotations until semester five (5). There is an appropriate relationship between program length and terminal award offered. The program measures the length of all didactic courses in credit hours through the usage of a consistent formula. Unfortunately, the program's formula used for the clinical courses of 1 credit: 120 hours is not consistently applied. For example Clinical Practice II (RADT 117) is a two (2) credit course but calculates to a 2.3 credit course, Clinical Practice III (RADT 147) is a four (4) credit course but calculates to a 3.4 credit course, and Clinical Practice V (RADT 217) is a three (3) credit course but calculates to a 3.3 credit course (**Objective 3.5**). A well-organized master plan of education is in place. Students benefit from timely and supportive academic, behavioral, and clinical advisement throughout the program. The responsibilities of the faculty and clinical staff are clearly delineated. Didactic and clinical faculty are regularly evaluated to assure instructional responsibilities are performed.

### **Standard Three - Curriculum & Academic Practices (cont'd)**

#### **Summary for Standard Three:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 3.1, 3.2, 3.3, 3.4, 3.6, 3.7, 3.8, and 3.9.**

#### **The program is not in compliance with the following Objective:**

**Objective 3.5** - Measures the length of all didactic and clinical courses in clock hours or credit hours.

The program may wish to consider the following **suggestion:**

Update objectives for the semester three (3) advanced modality rotations to ensure the rotations are used for student observation of the operation of equipment and/or procedures and that students do not assist in, or perform any aspects of patient care until they have received didactic instruction to the advanced modalities.

### **Standard Four - Health and Safety**

**The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.**

The site visit team reported the following findings:

The program's policies and procedures are in compliance with federal and state radiation protection laws. The program has established and published a protocol, including a threshold dose, for incidents in which student radiation dose limits are exceeded. The program's pregnancy policy is published and made known to accepted and enrolled female students. The program has established and published a safety screening protocol for students having potential access to the magnetic resonance environment. Students are appropriately instructed in the utilization of imaging equipment and accessories to minimize radiation exposure to patients, selves, and others. Students are appropriately supervised prior to and after achieving competency. Unsatisfactory radiographs are repeated under the direct supervision of a qualified radiographer. The sponsoring institution's policies safeguard the health and safety of students in regard to emergency preparedness, harassment, communicable diseases, and substance abuse. All students are oriented to the clinical settings and are cognizant of clinical policies and procedures, including but not limited to: workplace hazards, emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

#### **Summary for Standard Four:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Four.**

## **Standard Five - Assessment**

### **The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.**

The site visit team reported the following findings:

The program has developed an assessment plan that measures student learning in relation to clinical competence, communication skills, critical thinking, and professionalism. The program's assessment plan contains the required elements. Program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) is documented and made available to the general public on its Web site. Additionally, the program publishes the JRCERT URL to allow the general public another means of access to its program effectiveness data. Analysis of student learning outcomes and program effectiveness data to identify priorities for improvement is reflected in meeting minutes with communities of interest. The program's assessment plan is periodically reevaluated; however, the assessment plan could benefit with refinement.

#### **Summary for Standard Five:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Five**.

The program may wish to consider the following **suggestion**:

Continue the evaluation and refinement of the assessment plan. The program faculty is strongly encouraged to attend a JRCERT Outcomes Assessment Workshop. A complete listing of Outcomes Assessment Workshop dates may be found under the "Calendar" tab at [www.jrcert.org](http://www.jrcert.org). Additionally, the program is encouraged to review the various outcomes assessment resources under the Assessment Corner within the Programs & Faculty tab at [www.jrcert.org](http://www.jrcert.org).

## **Standard Six - Institutional/Programmatic Data**

### **The program complies with JRCERT policies, procedures, and Standards to achieve and maintain specialized accreditation.**

The site visit team reported the following findings:

Documentation regarding the continuing accreditation status of the sponsoring institution is available. Faculty and staff are appropriately qualified for their assignments. The program maintains current affiliation agreements with all its clinical settings. The program offers a wide variety of clinical settings to offer the students a well rounded education. Learning environments are in compliance with applicable federal and state radiation protection laws.

#### **Summary for Standard Six:**

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Six**.

## Responding to the Report of Findings

A copy of this report of findings is supplied to each member of the site visit team. Team members are requested to review this report and communicate any inaccuracies or inconsistencies in these findings to the JRCERT office prior to the deadline for program response.

A response to this report of findings, including the electronic signature of the Chief Executive Officer of the sponsoring institution, is required prior to Committee consideration. The response must be submitted via the JRCERT Accreditation Management System (AMS) by no later than **December 5, 2016**. Upon submission of the response, an electronic copy will be sent to you and the Chief Executive Officer. The communication to the Chief Executive Officer will include an electronic signature request. The JRCERT must receive this signature in order for the Board of Directors to take an accreditation action. The institution and program are encouraged to share this report of findings and the response with program faculty, as well as institutional and departmental officials at the program's clinical settings.

The response must include a concise rationale and documentation to support program compliance with each citation. The program must assure that it has developed and implemented appropriate practices that will demonstrate **STANDARDS** compliance. Assurance of development can be demonstrated by providing to the JRCERT necessary documents that support the program's compliance with the citation(s). When forms are provided as evidence, a representative sampling of completed forms must be submitted to assure that the practice or procedure is implemented. The response may also include comments on the site visit, site visitors, or the accreditation process.

The program is advised that based on a review of information submitted in support of the program's response to the report of findings, the Committee has the right to add citations not included in the original report of findings.

Thank you for recognizing the value of programmatic accreditation and for permitting the JRCERT to evaluate the radiography program. If I can provide additional information or clarification regarding this report, do not hesitate to contact me.

Sincerely,



Jacqueline Kralik, M.A.L., R.T.(R)(CT)(MR)  
Accreditation Specialist

JK/TL/jl

copy: Steven J. Iacono, M.B.A., R.T.(R)  
Judith Rex, Ph.D., R.N., B.C.  
Catherine A. Ford, M.Ed., R.T.(R) Suzieann Bass,  
M.B.A., M.A.Ed., R.T.(R)

*The JRCERT promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.*



## **Northampton Community College - Radiography - Continuing Application - 8/5/2015 Response to Report of Findings**

### **Objective 1.2**

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Provides equitable learning opportunities for all students. **Citation**

#### **01 - Objective 1.2**

Students are assigned to one clinical setting to complete all of their clinical experience. This creates inequitable learning opportunities due to the program's recognized clinical settings varying from level one trauma centers to small community hospitals. In addition, the clinical settings vary in variety and volume of radiographic procedures including but not limited to surgical and trauma procedures, and condition of patients; therefore, students assigned to a level one trauma center receive different learning opportunities than students assigned to a small community hospital. Furthermore, data collected from graduate surveys along with feedback from clinical instructors have indicated that the equity in clinical experiences would be increased by providing the students rotation assignments to a variety of clinical settings.

The program has instituted rotations to other clinical sites during the student's second Fall semester. Students assigned to larger hospitals trade places with students at smaller facilities. The information was communicated to the incoming cohort of students at the opening meeting in August 2016. The first clinical site rotations will occur in the Fall of 2017. The logistics of the change was discussed at a variety of meetings with the Radiography Cluster (Department), Clinical Instructors, Clinical Site Human Resources personnel and the Advisory Committee. The meeting minutes uploaded to the Accreditation Management System (AMS) have the appropriate sections highlighted to facilitate review. The Clinical Overview and Program Highlights document, that is located on the Program's website, has been updated so that the information is available to communities of interest. The student handbook is in the revision process.

Documents in support of program compliance with Standard 1, Objective 1.2:

Standard 1.2-Cluster Meeting Minutes 6-9-16

Standard 1.2-Clinical Instructors Meeting Minutes Aug 2016

Standard 1.2-Cluster Meeting Minutes 9-6-16

Standard 1.2-Clinical Overview and Program Highlights Sept2016

Standard 1.2-Advisory Meeting Minutes October 20 2016

[Standard 1.2-Advisory Meeting Minutes October 20 2016.pdf](#)

[Standard 1.2-Clinical Overview and Program Highlights Sept2016.pdf](#)

[Standard 1.2-Cluster Meeting Minutes 9-6-16.pdf](#)

[Standard 1.2-Clinical Instructors Meeting Minutes Aug 2016.pdf](#)

[Standard 1.2-Cluster Meeting Minutes 6-9-16.pdf](#)

### **Objective 1.9**

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Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.



## Citation 02 - Objective 1.9

The program makes available to students, faculty, and the general public information regarding transfer of credit, tuition and fees, admission policies, refund policies, clinical obligations, and various other program policies/information with the exception of the correct start dates for the Clinical Practice II (RADT 117) course and Clinical Practice V (RADT 217) course.

As a result of the changes necessary to bring the Program into compliance with Objective 3.5, the start dates for the two Spring semester Clinical Practice courses (RADT117 & RADT217) now correspond to the standard semester's start date and are reflected accurately in College publications. Previously the variation was noted during information sessions and in the Clinical Overview and Program Highlights document ("Standard 1-Previous Clinical Overview and Program Highlights") and has been updated in the current version ("Standard 1-Clinical Overview and Program Highlights Sept2016").

Documents in support of program compliance with Standard 1, Objective 1.9:

Standard 1.9-Clinical Instructors Meeting Minutes Aug 2016

Standard 1.9-Previous Clinical Overview and Program Highlights

Standard 1.9-Clinical Overview and Program Highlights Sept2016

Standard 1.9-Advisory Meeting Minutes October 20 2016

Standard Five - Assessment, Suggestion: "Continue the evaluation and refinement of the assessment plan. The program faculty is strongly encouraged to attend a JRCERT Outcomes Assessment Workshop. A complete listing of Outcomes Assessment Workshop dates may be found under the "Calendar" tab at [www.jrcert.org](http://www.jrcert.org). Additionally, the program is encouraged to review the various outcomes assessment resources under the Assessment Corner within the Programs & Faculty tab at [www.jrcert.org](http://www.jrcert.org)."

The program has been reviewing, revising, and replacing measuring tools and benchmarks in the assessment plan for the last few years. We have been refining the plan a little at a time, removing items that are not generating useful data e.g. consistently high scores and replacing those measurements with others. The assessment plan for the 2015 calendar year introduced two new measurement tools and eliminated one. The program plans to accelerate the review of the student learning outcomes, benchmarks and measuring tools. The Clinical Instructors, Faculty, and Advisory Committee will be surveyed so we can redefine what positive student attributes we want to measure and reinforce. Program faculty will review the resources available from the JRCERT and will continue to check the JRCERT calendar for an Outcomes Assessment Workshop that we can attend. Unfortunately, representatives from the program will not be attending the May 11th JRCERT Outcomes Assessment Workshop because it coincides with graduation preparatory activities and final exams. A new Academic Assessment Committee is being organized at the College which will be responsible for supporting the assessment agenda within academic affairs, reviewing project results and plans, reviewing academic audits, and providing guidance to follow up activities, resource allocation and planning. The Radiography Program Director has signed up to be a member of this committee.

Documents addressing the Standard 5 suggestion:

Standard 5-Suggestion-2015 Assessment Plan Results-tools-13, 15, 30

[Standard 1.9-Clinical Instructors Meeting Minutes Aug 2016.pdf](#)

[Standard 1.9-Previous Clinical Overview and Program Highlights.pdf](#)

[Standard 1.9-Clinical Overview and Program Highlights Sept2016.pdf](#)

[Standard 1.9-Advisory Meeting Minutes October 20 2016.pdf](#)

[Standard 5-Suggestion-2015 Assessment Plan Results-tools-13, 15, 30.pdf](#)

## Objective 3.5

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Measures the length of all didactic and clinical courses in clock hours or credit hours. Citation

### 03 - Objective 3.5

The program measures the length of all didactic courses in credit hours through the usage of a consistent formula. Unfortunately, the program's formula used for the clinical courses of 1 credit: 120 hours is not consistently applied. For example Clinical Practice II (RADT 117) is a two (2) credit course but calculates to a 2.3 credit course, Clinical Practice III (RADT 147) is a four (4) credit course but calculates to a 3.4 credit course, and Clinical Practice V (RADT 217) is a three (3) credit course but calculates to a 3.3 credit course.

Prior to the exit summation, the site visitors verified with the JRCERT office that the method the Program used to calculate/set the clinical hour to credit hour ratio was unacceptable. The Program used the cumulative totals to calculate the target ratio not the individual course's ratio. The Program had to wait for the Fall semester to submit the proposed changes to Committee for approval. The removal of the non-traditional (early) semester start for the Spring semester clinical courses, discussed in objective 1.9, brought RADT117 and RADT217 into compliance. The clinical hours allocated for RADT147 were reduced so the summer clinical course included 360 hours allocated to the (3) non lecture credits. The College labels clinical hours as "Other" on the course outlines. The "Other" number reflects how many hours per week (for a standardized 15 week semester) is included as a course component. In the case of RADT147, 24 hours for 15 weeks equals 360 clinical hours. The meaning of the "Other" field isn't obvious to communities of interest so clinical course descriptions include a sentence stating "This course includes "X" hours of clinical experience." Any changes to the course description requires approval before implementation. The change in the number of clinical hours specified in the course description for all three of these clinical courses were evaluated by the College's Curriculum Committee, approved, posted for institutional review/comment, and ultimately signed by the President. The changes were discussed at a variety of meetings with the Radiography Cluster (Department), Clinical Instructors, and the Advisory Committee. The Course Outline cover pages, the Governance Proposal and Action letters are attached. The documents uploaded to the Accreditation Management System (AMS) have the appropriate sections highlighted to facilitate review.

Documents in support of program compliance with Standard 3, Objective 3.5:

Standard 3-Clinical Instructors Meeting Minutes Aug 2016

Standard 3-Cluster Meeting Minutes 9-6-16

Standard 3-Advisory Meeting Minutes October 20 2016

Standard 3-RADT 117 Course Outline Cover Page

Standard 3-RADT 147 Course Outline Cover Page

Standard 3-RADT 217 Course Outline Cover Page

Standard 3-Governance Proposals - 10-4-16 curriculum

Standard 3-Governance Actions - 10-4-16 curriculum

Standard Three - Curriculum & Academic Practices, Suggestion: "Update objectives for the semester three (3) advanced modality rotations to ensure the rotations are used for student observation of the operation of equipment and/or procedures and that students do not assist in, or perform any aspects of patient care until they have received didactic instruction to the advanced modalities."

The Program considered the site visitor feedback related to rotation effectiveness and sequencing and made the following changes. The advanced modality rotations which were scheduled during the third clinical practice course (RADT147) have been moved to the last clinical practice course so that students have had didactic instruction in the modality prior to spending clinical time in the rotation. A two (2) day CT rotation is now included in RADT147 in place of the other advanced modalities.

Didactic instruction in CT continues to take place in the Imaging Equipment and Radiation Production (RADT208) course the semester before the clinical rotation. The highlighted sections of documents "Standard 3-Suggestion-Previous Clinical Overview and Program Highlights" and "Standard 3- Suggestion-Clinical Overview and Program Highlights Sept2016" show how the specialty rotations were rearranged. The balance of the documents named "Standard 3-Suggestion-." include the meeting minutes addressing this suggestion.

Documents addressing the adoption of the Standard 3 suggestion:  
Standard 3-Suggestion-Previous Clinical Overview and Program Highlights  
Standard 3-Suggestion-Clinical Overview and Program Highlights Sept2016  
Standard 3-Suggestion-Cluster Meeting Minutes 6-9-16  
Standard 3-Suggestion-Clinical Instructors Meeting Minutes Aug 2016  
Standard 3-Suggestion-Cluster Meeting Minutes 9-6-16  
Standard 3-Suggestion-Advisory Meeting Minutes October 20 2016

<a href="#">Standard 3-Advisory Meeting Minutes October 20 2016.pdf</a>
<a href="#">Standard 3-Clinical Instructors Meeting Minutes Aug 2016.pdf</a>
<a href="#">Standard 3-Cluster Meeting Minutes 9-6-16.pdf</a>
<a href="#">Standard 3-Governance Actions- 10-4-16 curriculum.pdf</a>
<a href="#">Standard 3-Governance Proposals - 10-4-16 curriculum.pdf</a>
<a href="#">Standard 3-RADT 117 Course Outline Cover Page.pdf</a>
<a href="#">Standard 3-RADT 147 Course Outline Cover Page.pdf</a>
<a href="#">Standard 3-RADT 217 Course Outline Cover Page.pdf</a>
<a href="#">Standard 3-Suggestion-Advisory Meeting Minutes October 20 2016.pdf</a>
<a href="#">Standard 3-Suggestion-Clinical Instructors Meeting Minutes Aug 2016.pdf</a>
<a href="#">Standard 3-Suggestion-Clinical Overview and Program Highlights Sept2016.pdf</a>
<a href="#">Standard 3-Suggestion-Cluster Meeting Minutes 6-9-16.pdf</a>
<a href="#">Standard 3-Suggestion-Cluster Meeting Minutes 9-6-16.pdf</a>
<a href="#">Standard 3-Suggestion-Previous Clinical Overview and Program Highlights.pdf</a>

Program Director Comments: November 18, 2016

Ms. Jacqueline Kralik, M.A.L., R.T.(R)(CT)(MR) JRCERT  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182

RE: Program #0253 Dear

Ms. Kralik:

We value specialized accreditation and want to thank the JRCERT for evaluating the Radiography Program at Northampton Community College.

The Program has implemented changes to address the compliance issues as well as the suggestions described in the Report of Findings. Comments regarding the Standard 3 suggestion is included in the Standard 3 citation upload to the Accreditation Management System. Comments regarding the Standard 5 suggestion is included in the Standard 1, Objective 1.9 upload. We believe that the modifications described in the following response will serve to improve the Program for the benefit of students as well as the community that they will ultimately serve.

Sincerely,

Steven Iacono M.B.A., B.E., R.T. (R) Director,  
Radiography Program

Copy: Mark H. Erickson, President, Ed.D.  
Carolyn M. Bortz, Vice President, Academic Affairs, Ed.D., M.S.N., R.N.  
Judith Rex, Dean, Allied Health and Science, Ph.D., R.N.-B.C.



January 24, 2017

Mark H. Erickson, Ed.D.  
President  
Northampton Community College  
3835 Green Pond Road  
Bethlehem, PA 18020

**RE: Program #0253**

**Previous Accreditation Status: 8 Years**

**Most Recent Site Visit: 05/16**

Dear Dr. Erickson:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the associate degree radiography program sponsored by Northampton Community College. The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the program was considered at the January 17, 2017 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiography (2014)**. The JRCERT awards:

**ACCREDITATION FOR A PERIOD OF FIVE YEARS.**

Consistent with JRCERT Policy 10.100, this action is not subject to appeal.

The maximum duration that may be awarded by the Joint Review Committee on Education in Radiologic Technology in this category is eight years.

The JRCERT, after reviewing the findings of the site visit team and the program's response to the report of findings, has determined that the program is in non-compliance with **Standard One:**

**Objective 1.2** - Provides equitable learning opportunities for all students. (Provide assurance that the students' rotation assignments to a variety of clinical settings has been implemented.)

Therefore, a progress report documenting compliance with this objective is required by **November 1, 2017**. The progress report must be submitted via the JRCERT Accreditation Management Systems (AMS). Consideration of the progress report is projected for the next scheduled meeting of the Board of Directors following receipt and review of the submitted progress report. Following receipt and evaluation of this progress report, the JRCERT will maintain or extend accreditation to eight years. An additional progress report may be required if any objectives are not adequately addressed.

Based upon the decision of non-compliance, the program must document compliance with all accreditation standards no later than **January 17, 2019**. As required by the United States Department of Education and consistent with the **maximum** compliance timeframes set forth in JRCERT Policy 11.400, when the JRCERT Board of Directors determines that a program has failed to document compliance with the **STANDARDS** and has not satisfactorily addressed the identified deficiencies, the existing accreditation status will be withdrawn. Such involuntary withdrawal of accreditation is considered an adverse accreditation action. The JRCERT defines an adverse action as involuntary withdrawal of accreditation. Involuntary withdrawal of accreditation will generally, but not necessarily, occur after a Probationary Accreditation status has been awarded. Probationary status, as well as an adverse accreditation action, requires written notification of the United States Secretary of Education, the appropriate State licensing or authorizing agency, appropriate regional and/or other accrediting agencies and the public.

In the spirit of continuous quality improvement, the program is advised to continue refinement of its assessment plan. Program officials are strongly advised to attend a JRCERT-sponsored Outcomes Assessment Conference. The JRCERT has scheduled a one-day Outcomes Assessment Conference for May 11, 2017 in Chicago, IL. Information on registering for the May 2017 Outcomes Assessment Conference and a complete listing of dates and locations for JRCERT-sponsored Outcomes Assessment Conferences are available at [www.jrcert.org/Calendar](http://www.jrcert.org/Calendar).

The program is also advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any on-site evaluation.

The Joint Review Committee on Education in Radiologic Technology Directors and staff encourage you and the program faculty to continue your efforts in developing a quality educational program. If we can be of further assistance, do not hesitate to contact the office.

Sincerely,



Laura S. Aaron, Ph.D., R.T.(R)(M)(QM), FASRT  
Chair

LSA/JK/jm

copy:	Program Director:	Steven J. Iacono, M.B.A., R.T.(R)
	Interim Dean:	Judith Rex, Ph.D., R.N., B.C.
	Site Visitors:	Catherine A. Ford, M.Ed., R.T.(R)
		Suzieann Bass, M.B.A., M.A.Ed., R.T.(R)

Appendix E

<b>NORTHAMPTON COMMUNITY COLLEGE</b>					
<b>ACADEMIC AUDIT FINANCIAL DATA</b>					
<b>2015-16</b>					
<b>Radiography</b>					
	<b>FY2016</b>	<b>FY2015</b>	<b>FY2014</b>	<b>FY2013</b>	<b>FY2012</b>
<b>Program Income</b>					
Tuition	198,149	189,974	183,951	174,869	165,473
Local Reimb	31,820	30,834	29,638	28,507	27,816
Operating Reimb	57,983	53,402	52,171	66,132	49,322
Stipend Reimb	47,472	46,892	35,281	-	33,948
<b>Total Income</b>	<b>335,424</b>	<b>321,102</b>	<b>301,041</b>	<b>269,508</b>	<b>276,559</b>
<b>Program Costs</b>					
Direct Costs	273,603	265,240	254,137	261,209	310,084
Indirect Costs	130,263	125,379	114,668	110,713	105,513
<b>Total Costs</b>	<b>403,866</b>	<b>390,619</b>	<b>368,805</b>	<b>371,922</b>	<b>415,597</b>
<b>FTE</b>	<b>42.50</b>	<b>42.47</b>	<b>42.83</b>	<b>44.47</b>	<b>44.43</b>
<b>Income per FTE</b>	<b>7,892</b>	<b>7,561</b>	<b>7,029</b>	<b>6,060</b>	<b>6,225</b>
<b>Cost per FTE</b>	<b>9,503</b>	<b>9,197</b>	<b>8,611</b>	<b>8,363</b>	<b>9,353</b>
<b>Inst Avg Cost per FTE</b>	<b>6,416</b>	<b>6,144</b>	<b>5,730</b>	<b>5,430</b>	<b>5,182</b>
<b>Rank</b>	<b>11 of 129</b>	<b>11 of 119</b>	<b>10 of 122</b>	<b>9 of 120</b>	<b>9 of 127</b>

NORTHAMPTON COMMUNITY COLLEGE					
ACADEMIC AUDIT FINANCIAL DATA					
2015-16					
Radiography Expanded Degree					
			n/a		n/a
	FY2016	FY2015	FY2014	FY2013	FY2012
<b>Program Income</b>					
Tuition	24,410	9,369	-	11,202	-
Local Reimb	3,920	1,521	-	1,826	-
Operating Reimb	7,143	2,634	-	4,236	-
Stipend Reimb	-	-	-	-	-
<b>Total Income</b>	<b>35,473</b>	<b>13,524</b>	<b>-</b>	<b>17,264</b>	<b>-</b>
<b>Program Costs</b>					
Direct Costs	14,646	5,501	-	7,508	-
Indirect Costs	16,047	6,183	-	7,092	-
<b>Total Costs</b>	<b>30,693</b>	<b>11,684</b>	<b>-</b>	<b>14,600</b>	<b>-</b>
<b>FTE</b>	<b>5.24</b>	<b>2.09</b>	<b>-</b>	<b>2.85</b>	<b>-</b>
<b>Income per FTE</b>	<b>6,770</b>	<b>6,471</b>	<b>-</b>	<b>6,058</b>	<b>-</b>
<b>Cost per FTE</b>	<b>5,863</b>	<b>5,579</b>	<b>-</b>	<b>5,125</b>	<b>-</b>
<b>Inst Avg Cost per FTE</b>	<b>6,416</b>	<b>6,144</b>	<b>-</b>	<b>5,430</b>	<b>-</b>
<b>Rank</b>	<b>100 of 129</b>	<b>97 of 119</b>		<b>81 of 120</b>	





Northampton Community College  
Radiography Program

**Summary: 2016 Program Effectiveness Data (PED)**

**Credentialing Examination Pass Rate  
ARRT Results from 2012 - 2016**

Examination Period	Number Taking	Number Passing	Percent Passing
2016	20	19	95
2015	24	22	92
2014	24	23	96
2013	23	23	100
2012	23	20	87
5 Year Average 2012 - 2016	114	107	93.9

(Pass rate is defined as % passing on the first attempt within 6 months of graduation)

**Program Completion Rates  
Graduation Dates 2012 - 2016**

Graduating Class of:	Number of Students Entering the Program	Number of Students Completing the Program	Completion Percentage
2016	26	20	76.9
2015	28	25	89.3
2014	28	24	85.7
2013	27	24	88.9
2012	28	24	85.7
5 Year Average 2012 - 2016	137	117	85.4

**Placement Information  
2012 - 2016**

Grad Class	# Grads	* Operative #	Employed		Employed Related Fields		Employed Unrelated Fields		Employed Unrelated by Choice		Job Hunting	* Cont. Ed.	* Not Seeking Employment	* No Report	
			(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)				(#)	(%)
2016	20	19	19	100%	19	100%	0	0%	0	0%	0	0	0	1	5%
2015	25	24	24	100%	24	100%	0	0%	0	0%	0	0	1	0	0%
2014	24	18	18	100%	18	100%	0	0%	0	0%	0	3	1	2	8%
2013	24	22	22	100%	22	100%	0	0%	0	0%	0	2	0	0	0%
2012	24	23	21	91%	18	78%	3	13%	0	0%	2	0	0	1	4%

\*Operative # does not include Continuing Education, Not Seeking Employment and No Report

### **5 Year Average Job Placement Rate in Radiography**

Graduating Classes:	Operative Total	Employed Related + Unrelated by Choice	Average Percentage
2012-2016	106	101	95.3