

HURLEY SCHOOL OF RADIOLOGIC TECHNOLOGY

JRCERT ACCREDITATION PROCESS

By

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ABSTRACT

The Hurley School of Radiologic Technology Program is a two year, hospital based radiology program located in Flint, Michigan. The curriculum and clinical experience on site at the medical center focuses on Diagnostic Imaging and its specialty modalities. Completion of the program and subsequent requirements enables the graduate to write the national registry examination. The school was due for reaccreditation by the Joint Review Committee on Education in Radiologic Technology (JRCERT) in 2014. The JRCERT is the gate keeper selected by the United States Department of Education (USDE); to ensure educational facilities provide excellence in education, high quality healthcare and patient care safety for radiologic sciences. This process was done through a Self-Study, Site Visit, Report of Findings and an Action Plan; based on JRCERT Standards and Objectives. The reaccreditation process took just over two years to complete for school administration. Program Officials have yet one final process in progress; in order for a final award decision from the JRCERT. Credentialing for postsecondary educational facilities is voluntary and of utmost importance for confirming quality in educational programs. The Hurley Medical Center School of Radiologic Technology is proud of its program and community reputation for educating and developing highly qualified and competent Radiographers. The following documentation is a compilation of the significance of accreditation and academic excellence.

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CHAPTER I

INTRODUCTION

For this graduate course, I am in the process of completing a major project for Hurley Medical Center's School of Radiologic Technology, a medical education certificate program in Diagnostic Imaging. The Radiology programs' eight year accreditation award from the Joint Review Committee on Education in Radiologic Technology (JRCERT) expired in May of 2014. As the Interim Director and instructor (10 courses per week) of the Radiology Program, it is my responsibility to implement and maintain the JRCERT's Gold Standards for an accredited Radiologic Technology Program. It is the expectations of the JRCERT for accredited educational institutions to uphold their high standards of excellence in both the didactic and clinical settings. Other expectations of critical importance include: radiation safety, high quality health care along with patient safety.

The School of Radiologic Technology is housed on-site at Hurley Medical Center (HMC); within the Diagnostic Imaging Department. HMC is located in Flint, Michigan. The original name of medical center was Hurley Hospital. The hospital opened in 1908 as a public hospital; to provide healthcare to residents of Genesee County. Today, HMC is a 443 bed, Level I Trauma Center, has a Level II Pediatric Emergency Department, with

a Pediatric Intensive Care Unit (ICU), along with an established Neo-Natal ICU (NICU), Bariatric Center and the only Burn Unit in the region. Flint, Michigan is in an economically depressed environment; with the loss of the General Motors Plants and employment over the past 30 years. While the city of Flint continues to be in an economic crisis; city residents still need healthcare; whether they have health insurance or not. HMC provides medical care to 20,000 in-patients and 80,000 Emergency patients annually. The hospital also dedicates millions of dollars in caring for the poor each year. Hurley is a leader in Teaching Hospitals; with affiliations with Michigan State University, University of Flint and Ann Arbor, Detroit Children's Hospital, Henry Ford Hospital and Mott Community College (Hurley Medical Center, n.d.).

Introduction to a Radiologic Technologist

Radiologic Technologists are the eyes of medicine for physicians around the world; via diagnostic (x-ray) imaging. Radiology provides the tools for physicians to diagnosis, establish treatment plans, and follow progress of established treatments plans. This diagnostic type of medicine follows progress and progression of diagnosed pathologies; in order to provide extra ordinary care for sick or injured individuals.

A Radiologic Technologist plays a vital role in today's health care team. He/she must provide diagnostic images for Radiologist interpretation. X-rays expose patients to radiation exposure. It is the responsibility of the technologist and the student to not only provide quality imaging for the patient; but also protect the patient from unnecessary ionizing radiation exposure. Hurley's Program concentrates on the Diagnostic Imaging Modality aspect of the profession; with an introduction to Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound (US), Interventional Radiology (IR),

Mammography, Morgue Imaging, Fluoroscopy, Mobile Imaging and the Operating Room (Hurley Medical Center School of Radiologic Technology Student Handbook, 2014, p.7).

Background of the Radiology Program

There are two types of Radiology Programs; hospital based and college based. Hurley's program is one of four hospital based programs left in the state of Michigan. I am the Interim Director for a small hospital based Radiology Program, the Hurley Medical Center School of Radiologic Technology. This two year, occupationally based educational program has been in existence at Hurley Medical Center since 1948 and is located in Flint, Michigan. The school is governed by the the Joint Review Committee of Education in Radiologic Technology (JRCERT), (JRCERT, n.d.).

All of the Hurley Medical Center School of Radiologic classes and clinical rotations are held on-site. Instructors are employees of the Imaging Department. The school is accredited to support up to 16 students per year, between the first and second year students. Acceptance to the program holds steep competition with up to 30 applicants annually. Over the years there have been a total of 652 graduate students. Students range from 19 to 50 years of age. Each class is comprised of a diverse ethnic background. Classes contain students with a few years of college credits, and/or existing associate's or bachelor's degrees. Many of the students are beginning a second career that is completely different from previous employment. Due to our low tuition rate of \$5,000.00, this professional medical program helps give local students in a depressed economic environment, the opportunity for a higher education in the medical field at an affordable rate (T. DePottey, personal communications, April 1, 2015).

Students applying to the program at Hurley Medical Center (HMC) must meet established program pre-requisites prior to the application process. This consists of 30 general education college based credits from Mott Community College (MCC); which include seven HMC program pre-requisite courses. Hurley's Radiology Program holds an Articulation Agreement with MCC since 2010. MCC is located in Flint, Michigan. Completion of the Radiology Track at MCC does not guarantee acceptance into the Radiology Program at HMC (Mott Community College, n.d.)

Students with a pre-existing Associate's or Bachelor's degree and have completed the HMC required pre-requisites are eligible to apply to the HMC program. Those students who do not hold an existing degree must enter and complete MCC's Applied Science Degree Program; with concentration in the Radiologic Sciences. A Grade Point Average of 2.5 or above must be achieved in the prerequisite courses with an overall Grade Point Average of 2.75. Upon completion of Hurley's Radiology Program; MCC honors Hurley's Certificate program with thirty-two credits and combines the thirty credits earned while attending MCC. Together a total of 62 credits are awarded from MCC to complete an Associate in Applied Science Radiologic Technology degree (Hurley Medical Center School of Radiologic Technology Student Handbook, 2014, p. 9)

Statement of Need

It is the responsibility of Hurley Medical Center's School of Radiologic Technology to provide students with the highest quality of education in the field of Diagnostic Imaging, both didactically and clinically. The two year, Radiology Program at HMC was due for re-accreditation in May of 2014. The national organization that accredits Hurley's Radiology program is the Joint Review Committee of Education in

Radiologic Technology (JRCERT). Accreditation through the JRCERT implies that the HMC Allied Health Program in Radiology meets and/or exceeds the rigorous standards set forth by the JRCERT.

Hurley School of Radiologic Technology Accreditation

The Radiology Program at HMC is accredited and governed by the Joint Review Committee of Education in Radiologic Technology (JRCERT, n.d.). The JRCERT organization is located at the following address and contact information.

JRCERT

20 N. Wacker Drive

Suite 2850

Chicago, IL 60606

<http://www.jrcert.org>

(312) 704-5304

mail@jrcert.org

History of the JRCERT

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only nationally recognized Accrediting Organization for Radiologic Educational Programs. They are recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). Radiography Programs that the JRCERT provides accreditation include: Diagnostic Radiology, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Radiation Therapy and Medical Dosimetry (JRCERT, n.d.).

The JRCERT

The JRCERT was organized in 1969, and currently 750 Imaging Education Programs are accredited by the JRCERT. Their headquarters are located in Chicago, IL. From the years of 1976-1992, the JRCERT jointly participated with the Committee on Allied Health and Educational Accreditation (CAHEA), to establish Allied Health Program Standards and Accreditation. In 1992 the USDE proposed the JRCERT become the only accrediting body for Radiology Programs in the United States. Beginning in 1994, the JRCERT became their own entity, recognized by the USDE. Today, they are also recognized by CHEA. The JRCERT Accreditation Standards are recognized in the Allied Health arena as the “Gold Standard in Radiologic Science Programs” (JRCERT, n.d.).

Mission Statement

The JRCERT Mission and Vision statement is taken directly from their website. “The Joint Review Committee on Education in Radiologic Technology (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” (<http://www.jrcert.org/mission/>).

Accreditation History of Hurley Medical Center School of Radiologic Technology

Accreditation requirements of the JRCERT are quite in-depth, as they have very high standards for providing Imaging students with academic excellence, radiation safety, medical ethics and the highest quality diagnostic clinical foundation in education to support patient care.

Hurley's School of Radiology joined the JRCERT in 1995. Prior to 1995, the HMC School of Radiologic Technology was accredited by the Committee on Allied Health and Educational Accreditation (CAHEA). For the first time ever in 2001, the program received a one year accreditation with probationary status from the JRCERT; due to non-compliance issues. A new management team for the Radiology Program and Administrative Director of the Radiology Department took over and began to rebuild the program. In 2002, the JRCERT awarded the maximum Accreditation Award of 5 years to the program. In 2006, the School of Radiologic Technology at HMC was granted the maximum Accreditation Award from the JRCERT of eight years. This status was due to the plans of action, and the diligent work of a new Program Director (D. Sturk, personal communication, April 12, 2015).

In June of 2012, as the newest Program Director, I began to prepare a Self-Study for re-accreditation in May of 2014. This task being such a vital project for the Radiology Program, I must say at first it was quite intimidating. Once the Self-Study was completed, submitted and reviewed by the JRCERT, a two day Site Visit transpired on June 22-23, 2014. Prior to the Site Visit, the Site Visitors requested more data and clarifications on a minimal number of items. Upon completion of the two day visit, an unofficial Report of Findings was presented by the Site Visit Team to the Program Director, Senior Management and the Radiologist Chair (Medical Advisor) for the School of Radiologic Technology. The unofficial Report of Finding had minor citations and when the official Report of Findings was received, there were even less citations. As soon as I received the unofficial report, I began to resolve the issues and by the time the official report was received in late November of 2014, the non-compliance issues were

either resolved or had an action plan already in place (T. DePottey, personal communications, April 1, 2015).

The JRCERT has a total of six Standards; with 10 to 15 objectives supporting each standard. The following Standards include:

- Standard One: Integrity
- Standard Two: Resources
- Standard Three: Curriculum and Academic Practices
- Standard Four: Health and Safety
- Standard Five: Assessment
- Standard Six: Institutional/Programmatic Data

(JRCERT, n.d.)

The following is a list of minor non-compliance citations that the Hurley Medical Center School of Radiologic Technology received from the JRCERT

- Standard One - Integrity 1.9
Add additional fees and expenses to the Radiology Student Handbook and Website.
- Standard Two - Resources (In compliance)
- Standard Three - Curriculum and Academic Practices
 - 3.1 - Program utilizes hospital Mission Statement, needs separate school Mission Statement.
 - 3.2 - Re-evaluate Specialty Modality Rotation schedules.
 - 3.9 - Facility needs to share student evaluations with staff on a yearly basis, to Include Documentation of the review in technologist's yearly evaluation.

- Standard Four - Health and Safety (In compliance)
- Standard Five - Assessment
 - 5.4 - Expand Communities of Interest for the program.
 - 5.5 - Outcome Assessment Plan; improve process documentation and verbiage adjustment.
- Standard Six - Institutional/Programmatic Data (In compliance)

(JRCERT, n.d.)

In December of 2014, the Program Director of the school, officially submitted a response to the JRCERT Report of Findings; substantiating the implementation of the recommendations offered by the Site Visitors and the JRCERT Accreditation Specialists. This Plan of Action is necessary to achieve the Standards for an Accredited Educational Program at a professional level; in Radiologic Technology.

In February of 2015, the JRCERT accepted our intentions for implementation of their recommendations; from the Report of Findings. The School of Radiologic Technology Program sponsored by Hurley Medical Center; is scheduled for re-accreditation consideration by the JRCERT Board of Directors on April 24, 2015 (T. DePottey, personal communications, April 1, 2015).

Benefits for Accreditation by the JRCERT

There are many benefits for JRCERT Accreditation for students, technologists', faculty along with the administrators within HMC's Radiology Program. The JRCERT sets high standards for a quality education, patient care and ethics. It also effects not only students, but the expectations of the staff technologists.

In order for graduates of the program to write the National Registry Exam from the American Registry of Radiologic Technologists (ARRT), they must have graduated from an Accredited Radiology Program. Technologists earn the right to add to their name the credentials of R.T. ®, A.R.R.T, once they successfully pass the ARRT Registry Examination. States that require licensure for Technologists to be employed in the field require graduation from an accredited program (ARRT, 2013).

Michigan is currently one of seven unlicensed states. Most hospitals and specialty clinics no longer hire non-registered technologists. This is due to legal liability issues and the fact that medical insurance companies are beginning to deny reimbursement for facilities that have non-registered technologists performing diagnostic procedures that utilize ionizing radiation. All graduates from HMC can apply to write the registry exam, the day after graduation.

Students at Hurley Medical Center can be confident that they are receiving the highest level of a quality education, in a JRCERT accredited program (T. DePottey, personal communication, March 27, 2015). Accreditation is a necessity for students to receive federal and state funding; including grants and loans. Federal government regulations require any students utilizing employer tuition reimbursement or employer tuition assistance to attend a nationally recognized accredited organization. This is a win-win situation for both the student, the employer and also brings more potential applicants to the HMC Radiology Program. JRCERT Accreditation also provides assurance to the student population that Hurley sponsors a legitimate educational school that is not part of any fraudulent degree mill (JRCERT, n.d.). Our Radiology Program supports traditional on-site learning, with one hybrid mixed on-line course with occasional face to face

classroom learning. This course structure is also promoted by the JRCERT.

Accreditation status from the JRCERT opens the opportunity for program support and assistance in building and growing the Radiologic Profession both today and in the future. The benefits for Administrative support are endless. Through JRCERT's leadership, Accreditation Specialists are very proactive in the success of each accredited program. They have hands-on experience and have been around the block a few times; therefore they understand the issues Program Directors and faculty experience and have a wealth of knowledge to share with individuals who are continuously building their programs.

Purpose of the Project

The purpose of the project is to implement the recommendations and develop an Action Plan for each of the non-compliance items resulting from the recent JRCERT process for the School of Radiologic Technology Certificate Program at Hurley Medical Center.

Statement of the Project Goals

In order to develop, evaluate and implement meaningful changes for non-compliance issues identified in the Report of Findings in the most recent Site Visit of the JRCERT. An action plan must be developed and implemented to achieve the high quality standards required by the JRCERT; for the re-accreditation of the Hurley Medical Center School of Radiologic Technology Certificate Program.

- Goal 1: For Selected recommendations and /or non-compliance items identified by the JRCERT process, develop a plan for correcting the issue.

- Goal 2: Submit the plan to the administrators of the program and the accrediting agency and begin implementing or correcting the issues.
- Goal 3: Report the results of the actions.

CHAPTER II

LITERATURE REVIEW

This section of the project will focus on the significance and importance of accreditation and the role it plays in guiding program improvement in both educational and medical establishments. Program review and evaluation from a reputable agency, peer groups and self-review helps to ensure educational programs meet, maintain and implement best practices into their organization. Accreditation implies that the facility meets and maintains academic curriculum and excellence has been achieved. It also represents accomplishment of high quality standards set forth and endorsed by a governing agency. Accreditation is voluntary, but in many instances it is mandatory for medical, professional certification and licensing.

Students Rights

Each student is responsible for doing his/her due diligence when selecting an establishment in which to obtain an education. The Accrediting Council for Independent Colleges and Schools (ACICS) has compiled a list of pertinent student guidelines when selecting a college, university or other professional educational organization. Important factors to protect students' rights are summarized and include:

- Accreditation and licensing status

- Facility specializations and credentials
- School programs
- Fees and expenses, financial aid payments and due dates
- Academic performance requirements that constitute eligibility for financial aid
- Refund policy
- Grievance policy, appeals process and formal complaints
- Transfer credits

(ACICS, n.d.).

The Role of Accreditation

According to the professional organization the Council for Higher Education Accreditation (CHEA); “Accreditation is review of quality of higher education institutions and programs. In the United States, accreditation is a major way that students, families, government officials and the press know that an institution or program provides a quality education” (<http://www.chea.org/info>).

An educational facilities’ accreditation status is of utmost importance in order to secure a legitimate degree. Accreditation indicates the institution is in compliance with required standards. It also introduces a public awareness to the schools credibility for meeting and exceeding benchmark standards in the industry.

Students must be conscientious that their future employers and place of employment may be at risk with degrees obtained from non-accredited colleges, universities or other professional or technical programs. Long distance learning has introduced the possibility of fraudulent programs; including phony non-reputable accreditation companies. One must keep in mind the fact that non-accredited college

courses will not transfer to accredited schools; especially if one considers perusing further degrees. Accreditation agencies are specific to learning institution types and fields of study. In the United States, the Secretary of Education oversees public accreditation bodies; while the USDE provides a public listing of schools recognized as reputable learning facilities (U.S. Department of Education, Office of Postsecondary Education, n.d.).

The Council for Higher Education (CHEA) is a non-governmental accrediting agency that is recognized as trustworthy experts for learning institutions nationwide. CHEA has 3000 members of educational institutions. This constitutes the largest accrediting body in the United States, serving colleges, universities and sixty educational programs (U.S. Department of Education, Office of Postsecondary Education, n.d.).

While accreditation organizations are specific to certain professions (physicians, nursing, radiology, lawyers, or cosmetologists), they all have the same general standards structure. They require a program-based mission statement that represents the schools purpose; along with how these goals will be accomplished. Voluntary accreditation involves self-study, financial resource disclosure, continuous monitoring and improvement, on-site evaluation and data submission on a regular, annual and or interim basis. The following is a list of a few accredited agencies for colleges and universities in the United States.

- Northwest Commission on Colleges and Universities (NWCCU)
- Western Association of Schools and Colleges (WASC)
- North Central Association (NCA)
- Southern Association of School and Colleges (SACS)

- Middle States Commission on Higher Learning (MSCHE)

Non-accredited programs should not necessarily be considered a negative learning environment. They do offer training that is valuable to enhancing ones knowledge in order to better support occupational excellence (U.S. Department of Education, Office of Postsecondary Education, n.d.).

Achievement Standards

Accrediting Council for Independent Colleges and Schools (ACICS) has developed guidelines to encourage program improvements. Public disclosure of student achievement categories include: retention rates, job placement rates, licensure exam pass/fail rates and employment rates. There are strict time frames for resolution of all non-compliance findings. Programs unable to meet compliance standards, risk the loss of accreditation (ACICS, n.d.).

History of Accreditation

The need to protect students in higher education prompted the need to develop accrediting agencies. State and federal governmental agencies along with peer evaluation; holds educational organizations accountable for quality learning programs. These expert agencies help “to protect the public health and safety and to serve the public interest”.

Beginning in the 1880’s the path for these agencies was to focus on education and admission procedures. National standards of high quality replaced inefficient regional standards across the United States. In 1912 the Accrediting Council for Independent Colleges and Schools (ACICS) was the first national accrediting organization to support private career schools. The period between, 1918-1930 brought standardized

accreditation to educational institutions. Between the years of 1952-1996, ACICS became the accreditor for degree granting institutions, they took on responsibility for regulating accreditation in the United States. This accrediting agency began to review its members via peer-review processes for quality improvement also CHEA was recognized by the USDE as one of two accrediting agencies for higher education. Government intervention transpired in the late 1980's through the early 1990's, due to the excessive demands for quality facilities. In 2008, *The Higher Education Act of 1965* was revised by congress to manage Title IV Funding. In the year 2015, ACICS became one of two higher learning accreditation bodies recognized by the U.S.D.E (ACIS, n.d.)

Role and History of Accreditation in Health Care Service

Accreditation in the Health Care contains many of the same features and requirements as educational universities or schools; as previously discussed. In order for Health Care Organizations to be competitive and earn the market share in specialty service fields; they must offer the highest quality in patient care services by expert employees. These facilities strive to become Centers of Excellence in specialty areas and to do so must possess accreditation status.

Health Care organizations gain specialized accreditation in many focus areas such as Laboratory, Radiology, and Emergency Medicine. Accreditation agencies comprised of industry experts oversee specific programs or services.

In the health care arena, accreditation focuses on the highest standards of Quality, via self-study and on-site surveys. Departments are evaluated on quality along with the structure of the organization. Other tools include: policies, procedures and current practice. Other focal subjects include: patient records, patient rights, financial resources,

infectious control, safety policies, quality control, leadership, along with process and performance improvements.

The Center for Medicaid and Medicare (CMS) has mandated facility accreditation requirements for any health care service facility that submits requests for patient care reimbursement. Medical facilities that lack this accreditation can provide patient care services, such as x-rays, lab or surgical procedures; but will not be eligible for reimbursement by Medicaid or Medicare (ACHC, n.d.).

Quality healthcare in the U.S. requires continuous assessment, quality improvement and dedicated team of management and employees. Professional facilities strive to provide high quality care; in order to capture the market as Centers of Excellence. The U.S. has recognized the necessity of providing distinctive care to patients by assessing, implementing and managing medicine with high credibility. Quality Assurance in the U.S. began back in 1847 when the American Medical Association (AMA) was established to improve the quality of medical schools education and address inadequate hospital conditions. In 1917, the American College of Surgeons developed the first group of standards called “Minimum Standards”; which brought attention to the quality of hospital care. Their main focus was to:

- ensure qualified and or licensed medical staffing and physicians
- implement staff meetings and clinical evaluations
- initiate appropriate documentation of patient history, physical exams and lab results in patient charts
- build reliable Radiology and Laboratory Departments which serve both diagnostic and treatment purposes

In 1951 many professional organizations joined together to form The Joint Commission of Accreditation. Professional membership consisted of the American College of Physicians, the American Medical Association and the Canadian Medical Association. These medical agencies representing specific professional health providers; merged together with the American College of Surgeons to then join the Joint Commission on Accreditation of Hospitals. Today this highly reputable organization is titled The Joint Commission (TJC). The Joint Commission is an independent organization comprised of high level advisors of specific occupational fields. They are a not-for-profit entity and provide voluntary accreditation to its members. Their mission is specific to healthcare safety and safe practices for the public (Luce, Bindman & Lee, 1994).

Over the years, TJC has had several name changes, but their philosophy and existence has remained the same; providing the highest quality healthcare to the public, at reasonable costs. The Joint Commission prides itself on its reputation among medical facilities both in the U.S. and internationally. Their Mission and Vision Statements reads:

- Mission: “To continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value”.
- Vision: “All people always experience the safest, highest quality, best value health care across all settings” (The Joint Commission, n.d.)

Congress implemented the Social Security Amendments of 1965; which enabled hospitals to participate in Medicare and Medicaid reimbursement. This mandatory Medicare compliance requires The Joint Commission accreditation status; by any facility billing Medicare and Medicaid insurances. The following are historical milestones related to the advancement of healthcare accreditation in the United States.

1966-1972 brought mandatory accreditation to long term care, psychiatric facilities; along with substance abuse and mental health programs.

1975-1986 witnessed the development of more specialized accreditation agencies including: The Accreditation Council for Ambulatory Health Care for Out Patient Facilities, Laboratory Accreditation (by the College of American Pathologists) and the American Dental Association.

1987-1990 The JCAH officially shortened its name to The Joint Commission (TJC). Additional accrediting agencies were developed to include accreditation for home health care, managed and ambulatory care.

1992-1993 TJC implemented a non-smoking policy to all hospital accredited by TJC. This was a phenomenal step towards implementing a healthy environment for patients, the public and medical personnel. Another major mandate implemented included public disclosure for substantive complaints and recommendations.

1994-2013 TJC implemented The Joint Commission International, to provide international education and consulting services. The federal government recognized TJC accreditations for lab, sentinel event policies, quality care hotline, international accreditation standards, national safety, universal protocols for “wrong-site, wrong procedure and wrong person”, gold seal of approval accreditation certification awards,

stroke and palliative care. It also introduced advanced care certification in nursing and rehabilitation (JRCERT, n.d.).

Accreditation Agencies specific to Diagnostic Imaging in Radiologic Education

The Joint Review Committee on Education in Radiologic Technology (JRCERT) plays a significant role in accreditation of Allied Health Programs in Radiology. The sole accrediting agency in the U.S. for programmatic schools in Radiologic Sciences was granted to the JRCERT by the United States Department of Education. The JRCERT has been in existence since 1969, but did not receive sole accreditation until 1996. Today there are 750 Radiology Programs accredited by the JRCERT. These facilities have earned the distinctive reputation for reaching “Gold Standards” in radiologic sciences. The JRCERT scope of coverage encompasses all educational programs for radiology, magnetic resonance imaging (MRI), radiation therapy and medical dosimetry.

This organization is responsible for evaluating and monitoring standards of compliance in integrity, resources, curriculum and academic practices, health and safety, assessment and institutional and programmatic data (<http://www.jrcert.org/history>).

Other Important Accrediting Agencies in Radiography

The American Registry of Radiologic Technologists (ARRT) provides primary certification in the form of a national registry exam, for board eligible graduates from accredited schools of allied health in radiology, nuclear medicine, ultrasound and radiation therapy. Those eligible to write the exam are required to have obtained a minimum of an Associate’s Degree. The ARRT is also the governing agency whom regulates and monitors mandatory continuing education in diagnostic imaging (ARRT, n.d.) The ARRT recognizes accrediting agencies in and outside the U.S.; as long as they

are accredited by the USDE or CHEA. Established standards focus on ethics, clinical and didactic faculty, clinical and didactic education and program outcome measurements (ARRT, 2013).

Next, the American Society of Radiologic Technologists (ASRT) is the largest organization in Medical Imaging since 1920. Today it has 153,000 members. The role of the ASRT is to provide tools for continuing education, faculty education and specialty modality training programs. The ASRT is very active in the professional aspect of regulatory standards of legislation at the state and federal levels. Radiologic Technologists are required to earn 24 Continuing Educational credits each biennium (ARRT, n.d.).

Finally, the Michigan Society of Radiologic Technologists (MSRT) is the professional organization in the state of Michigan for Radiologic Technologists. Established in 1956, the MSRT is the local version of the ASRT. This committee focuses on preserving and promoting the profession. It provides conferences for continuing education and has been actively involved in the CARE Bill for Licensure for Radiologic Technologists in the state of Michigan. A member of the MSRT board of directors also serves as a representative for the ASRT House of Delegates (Michigan Society of Radiologic Technologists, n.d.).

Values of Accreditation

There are 19,000 accredited programs in the United States and 7,000 higher education programs. Accreditation is responsible for the delivery of a higher quality education in universities, colleges and occupational schools. Accreditation brings value in the form of credibility to all aspects in both the clinical and didactic curriculum.

Accreditation is a voluntary method in which an institution can publically acknowledge the quality of their higher learning program. The process includes self-evaluation, site visits and peer review. Institutions establish credibility through accreditation. Students utilizing state and federal funding for their tuition are required by the government to attend an accredited learning facility. Radiology graduates must have earned an education from an accredited program, in order to write the registry exam and it also is a requirement for states that mandate licensure; in order to practice in the field of Radiologic Technology (JRCERT, n.d.).

Accreditation in itself encourages institutions to self-scrutinize their educational and professional practices. It aids in implementing and promoting everything from program acceptance to accountability for fair and equitable practices in academic environments. Students that receive their degree from an accredited institution have a better chance at gaining employment in today's economically competitive job markets. Accreditation brings to public knowledge that the specific institutions have successfully met high standards for providing a credible education in their respective industry.

CHAPTER III

METHODOLOGY

The project will be divided into four phases. It will focus on the Hurley Medical Center School of Radiologic Technology re-accreditation process that began in 2014.

- Phase I : Discuss and review the official JRCERT's Report of Findings for non-compliant standards; for the Hurley Medical Center School of Radiologic Technology
- Phase II: Presentation of JRCERT Report of Findings and Action Plan submitted to JRCERT
- Phase III: Presentation and review of the JRCERT Accreditation Award
- Phase IV: Documentation of improvement to reach JRCERT compliance of any out-standing non-compliance issues

Phase I: Discuss and review the official JRCERT's Report of Findings for non-compliant standards; for the Hurley Medical Center School of Radiologic Technology

It was a tedious and year-long process to compile the Self-Study Report for the JRCERT re-accreditation. It was compiled, then submitted through the JRCERT Web Portal in late December of 2013 by Tammy DePottey; the Radiology Programs Interim

Director. In this self-study the standards for an accredited educational radiography program are reviewed in depth.

Hurley Medical Center School of Radiologic Technology's JRCERT Site Visit transpired on June 23 and 24, 2014. The team of site visitors consisted of peer evaluators from hospital based Radiology Programs; where they also serve as Program Directors. These well experienced individuals came to us from The John Hopkins Hospital School of Medical Imaging in Baltimore, Maryland and Fortis Institute-Baltimore in Baltimore, Maryland.

In order to complete this phase of the project, I addressed the unofficial reviews of compliant and non-compliant standards presented to the Radiology Team consisting of the Program Director, Administrative Director of Radiology, and Vice President of the hospital and Radiologist Chair (Medical Advisor). Soon after this presentation, I met with the team responsible for developing an improvement plan of action and compile our next steps for quality improvement. Committee members consisted of the program director, administrative director of radiology, a supervisor who also serves as a clinical instructor and a member of our community of interest. The program director prepared a response to the unofficial Report of Findings from the site visit. New policies and procedures were drafted and implemented that could be corrected immediately. Action plans were developed for the non-compliance items and were ready for submission to the JRCERT as soon as the official report was received. The official Report of Findings were received from the JRCERT on December 10, 2014 and an answer to the Report of Findings was sent to the JRCERT on December 14, 2014.

Phase II: Presentation of the Report of Findings Action Plan submitted to the JRCERT for Hurley Medical Center School of Radiologic Technology

In this phase of the project, I will prepared a presentation discussing the unofficial Report of Findings from the Site Visitor Team, initial Report of Findings from the JRCERT and HMC's action plan response to the JRCERT's initial report. In this section of the project the Report of Findings non-compliant issues already identified by the JRCERT, were evaluated and an action plan developed. These findings were presented to the technologists in the departmental staff meeting held in January 2015 and also to the radiology students. Results were also presented to the radiology programs advisory committee in March of 2015.

Phase III: Presentation of JRCERT Re-accreditation Award

In order to complete phase III of the project, I focused on incorporating full compliance practices and documentation for non-sufficient standard compliance; therefor aiming to earn a maximum duration of JRCERT accreditation. Official notification of the Accreditation Award status was communicated to executive leadership, departmental leadership, program leadership, faculty, departmental staff, along with the Radiology students. Updates to each of these groups will occur as needed. In this phase of the project the actual Accreditation Award from the JRCERT was the topic of interest. Hurley Medical Center School of Radiologic Technology's accreditation review is scheduled to go in front of the JRCERT Board of Directors on April 24, 2015. Pending results will determine total years of accreditation granted. This section of the project will helped to initiate building the foundation for a solid, highly effective final action plan to meet the Gold Standards of the JRCERT.

Phase IV: Provide documentation of continuous improvement to reach JRCERT compliance of any outstanding non-compliance issues

In order to complete Phase IV of the project, I diligently documented each piece of program improvement, with continuous effort in developing a quality educational program. I also worked with mentors from the HMC School of Radiologic Technology Programs Advisory Committee, the Mid-Michigan Hospital Based Program Directors Advisory Committee, use the JRCERT's online assessment resource tools and utilize the knowledge of the JRCERT's Accreditation Specialists; in order to strengthen the verbiage in the Outcome Assessment Plan. I also incorporated new measurement tools and benchmarks to replace older tools and benchmarks successfully met in consecutive years previously. This section of the project will provide documentation of the process and outcomes of the provided action plan. The accreditation process is a continuous action of gathering statistical data, supplying program effectiveness data, monitoring outcome assessments and providing students with an exceptional education to be successful writing their national registry exam. As a result of the accreditation process, students will become more marketable in the professional working community.

Research

Resources utilized will mainly consist of mentoring from expert program directors on the Mid-Michigan Hospital Based Program Directors Advisory Committee. Two of these members are currently Site Visitors for the JRCERT. I engaged the knowledge of a retired Administrative Director of Radiology whom is also a former JRCERT Site Visitor. Another resource to utilize is the Accreditation Specialist at the JRCERT; whom is assigned to Hurley Medical Center. She was a great resource for consultation for

expanding the outcome assessment plan. Internet sites were utilized from the JRCERT, ASRT and ARRT. Finally, the JRCERT has a Program Director website that was a great tool as I prepared to address process improvement for the Imaging Program.

Upon receiving the JRCERT accreditation award, I immediately begin to initiate any changes necessary to meet the standards of compliance for the program, by designated timeframes determined by the JRCERT. A PowerPoint presentation was developed to provide an overview of the program, accreditation process and the Report of Findings. It also included a plan of action for the final Accreditation Award received for the Radiology Program at Hurley Medical Center.

Action Plan implementation result documentation will depend on the decision made by the JRCERT and the nature of severity of any outstanding non-compliant issues. Documentation occurred as the new processes are put into place and reported to staff, faculty and the Advisory Committee at regular meetings. Documentation to the JRCERT occurs at different points on an annual basis for annual reports and midway through the accreditation award for interim reports. In this case, the JRCERT determined a timeframe to report the status and proof of compliance, in-order to maintain program accreditation. This project was dear to my heart and I look forward to each accomplishment that is achieved; to help preserve the highly credible reputation that the Hurley Medical Center School of Radiologic Technology holds in the Flint, Michigan and surrounding communities.

CHAPTER IV

RESULTS

Phase I - JRCERT Initial Report of Findings for Non-compliant Objectives

Hurley Medical Center's President and Chief Executive Officer Melany Gavulic, M.B.A., R.N., received the initial Joint Review Committee on Education in Radiologic Technology reaccreditation Report of Findings for the Hurley Medical Center School of Radiologic Technology on November 14, 2014. The program was evaluated using the 2011 JRCERT Standards for Accredited Educational Programs in Radiography. This report prepared by the JRCERT took into consideration HMC's self-study documentation, Site Visit team's evaluation and review of relevant materials submitted and on-site by accreditation specialists. While the program was found to be in substantial compliance on most standards objectives, there were objectives that do not meet the JRCERT's expectations. The following is a list of the initial non-compliant objectives:

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

Program documentation and findings from the Site Visit team found HMC to be in substantial compliance with objectives 1.1 through 1.8 and 1.10 through 1.15. This standard includes: high ethical standards, equitable learning, timely & valid clinical experience, limit of 10 hours per day or 40 hours per week, confidentiality of records, instructional material and other appropriate materials. The program has fair and accessible grievance procedures, student awareness of standards and non-compliant objectives, accurate publications of policies, procedures and offerings, public knowledge admission policies, fee's and tuition, mission statement, goals availability to public, documentation of program engagement of communities of interest, recruitment and admission policies are non-discriminatory, recruitment and admission practices are consistent with published policies, faculty and employment practices are non-discriminatory, has procedures that ensure integrity of distance learning courses. Our facility was non-compliant with:

- Objective 1.9 - Makes available to students, faculty, and general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading systems, graduation requirements, and the criteria for transfer credit.
- Recommendation - School website needs student expenses, academic calendar, holiday and vacation dates.

Standard Two - Resources

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

Program documentation and findings from the site visit team found HMC to be in substantial compliance with objectives 2.1 through 2.10. This standard includes: organizational structure and administrative support, adequate faculty to meet educational, program, administrative and accreditation requirements, professional development for faculty, clerical support, JRCERT recognition for each clinical site, classroom, labs and faculty offices, reviews program learning resources, student access support for learning, financial resources, gatekeeper for Title IV financial aid (for programs that accept financial aid).

Although all nine objectives in this standard were deemed as being in substantial compliance; a suggestion was made to consider adding a statement to the program's student handbook regarding the access to free counseling services through the Employee Assistance Program (EAP).

Standard Three - Curriculum and Academic Practices

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

Program documentation and findings from the Site Visit team found HMC to be in substantial compliance with objectives 3.2 through 3.9. This standard includes: program mission statement that supports its purpose and scope, well structured & competency based curriculum, current in developing technologies, appropriate time frame between program length & courses taught, measurement of clock or credit hours for clinical & didactic courses, maintains master plan, timely advisement, behavior and clinical support, documents faculty & staff responsibilities, evaluates program, faculty,

clinical instructors performance on a regular basis and shares evaluations to confirm instructional responsibilities are achieved.

Of the nine objectives in standard three, the program was found non-compliant in the following objectives:

- Objective 3.1 - Has a program mission statement that defines its purpose and scope and is periodically re-evaluated.
- Recommendation - Program shares same mission statement with the Medical Center. Educational Program needs own mission statement to define the programs purpose and scope.
- Objective 3.2 - Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Although the Site Visit team acknowledged that the program supports a comprehensive competency based curriculum program, preparing students to practice in a professional discipline, they noted student's rotations in specialty modalities should not take place early on in their clinical rotations.

- Recommendation - Adjust rotation schedule to rotate students through specialty modalities later in the yearly rotations.
- Objective 3.9 - Evaluates program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed.
- The site visitors did not find sufficient documentation in the annual employee evaluation records of the Clinical Instructors to adequately support these objectives criteria.

- Recommendation - Review Student Evaluations of Monthly Technologist Clinical Evaluations with the technologists on an annual basis at a minimum.

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.

Program documentation and findings from the Site Visit team found HMC to be in substantial compliance with objectives 5.1 through 5.3. This standard includes: develops an assessment plan, measures student outcomes/goals in regards to clinical competence, critical thinking, professionalism, and communication skills. The program was found to be non-compliant on objectives 5.4 and 5.5.

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

Program documentation and findings from the Site Visit team found that HMC

Radiology Advisory Committee needs additional members.

- Recommendation - Program leadership needs to share data and outcomes with communities of interest. Needs additional members to Advisory Committee, extend communities of interest.
- Objective 5.5 - Periodically evaluates its assessment plan to assure continuous program improvement.

Program documentation and findings from the Site Visit team found that the Outcome Assessment Plan can use some updates to their new specifications.

- Recommendation - The program should seek additional assessment literature and assistance to evaluate its Assessment Plan.

A response to this initial Report of Findings was due to be submitted to the JRCERT by December 26, 2014. Response to standards that received citations needed to include “concise rationale and documentation to support program compliance”. Program leadership is responsible for developing and implementing an action plan that will demonstrate substantial compliance for all objectives.

PHASE II - Response to Report of Findings/Action

Immediately following our site visit in June, 2014, I began to compile and implement a plan of action to address the unofficial non-compliant objectives, indicated by the site visitors. Many simple items were implemented and resolved soon after the visit. After receiving the initial report in November, I compiled a response to the Report of Finding. As the Director of the HMC School of Radiologic Technology, I was responsible for preparing and submitting an Action Plan to the JRCERT. This plan was submitted December 12, 2014 and provides documentation substantiating our implementation of the recommendations offered by the site visitors and JRCERT Report of Findings, necessary to achieve the standards for an Accredited Educational Program in the Radiologic Sciences. It was our intent to comply fully with the Essentials and Guidelines of the JRCERT and we remain committed to providing a quality education to our student radiographers who will represent us in the future. HMC continues to offer its full support to the HMC School of Radiographic Technology and is committed to operating within the standards set by our accreditation body.

On December 12, 2014 a response and action plan was submitted to Jay Hicks M.S., R.S., R.T. (R); the Executive Associate Director of the JRCERT. The Report of Findings Action Plan states:

STANDARD ONE - INTEGRITY

1.9 - In addition to previously submitted documentation, at the suggestion of our site visitors, additional “FEES AND EXPENSES” were added to the Student Handbook (July 2014), Informational Meeting Packet, website and presented to the incoming students in an e-mail packet. This information was presented to both 1st year and second year students during Orientation’s Student Handbook review in September, 2014. This information can be found on page 12 and 13 of the Student Handbook. The \$80.00 fee for Corectec was also added under #5. This information can be viewed in APPENIX A and also under the following URL:

<http://education.hurleymc.com/allied-health-programs/hurley-school-radiologic-technology/fees-and-expenses/fees-and-expenses>

In addition to prior practice of posting Winter Break, Summer Vacation; specific dates were added to the new schedules in August 2014 for Winter Break and Summer Vacation, along with a listing of all hospital Observed Holidays. In addition, clinical hours and summer hours were added to this schedule. Please see appendix B “Schedules”. Schedules were distributed during 1st year Student Orientation. Second year students received their schedules in August 2014. Holiday Leave and Vacations can be found on page 26 of the Student Handbook. Please see appendix C “Holiday Vacation”. The ACADEMIC CALENDAR has been changed to read specific dates per semester and will be updated each summer when reviews and updates are made to the Student Handbook. Please see appendix D “Academic Calendar” on page 18 of the Student Handbook. These same updates can be found posted in the classroom, student showcase and on the webpage URL:

<http://education.hurleymc.com/allied/hurley-school-radiologic-technology/about-us>

Winter Break, Summer Vacation and hospital observed Holidays were also added to the existing Academic & Clinical Schedule. Please see appendix E “Academic & Clinical Schedule”.

STANDARD TWO - RESOURCES

At the suggestion of our Site Visit Team, in July, 2014 an update was made to our Student Handbook in reference to the Employee Assistance Program available to students. It can be found on page 11 & 12 of the Student Handbook under STUDENT SERVICES. It reads: “Tutoring and Counseling are available upon request. Any student on academic probation is required to make tutoring arrangement with the instructor(s) in the courses falling below the 75% didactically and 80% clinically. The Occupational Health Office provides immunizations and TB testing along with preventative inoculations/treatments. Occupational Health may send a student to the Emergency Room or to their family physician for care. “Students have access to EAP counseling at no cost to the student”. Please see appendix F “Student Services” and the URL: <http://education.hurleymc.com/allied/hurley-school-radiologic-technology/student-services.0>

STANDARD THREE - Curriculum & Academic Practices

3.1 Taking the suggestion of our site visitors our program has developed a Mission Statement to provide a true definition of our program; in addition to the hospital’s Mission Statement. Our newly implemented Program Mission Statement developed August 4, 2014 was approved at the Faculty Advisory Meeting August 12, 2014. It can be found on page four of the Student Handbook.

Our Program Mission Statement Reads

“Our mission is to motivate and prepare students to become mentors and leaders in the Radiologic profession through academic and clinical learning. Our high quality diagnostic imagery is accomplished through clinical competencies and critical thinking, all while providing excellent patient care in a hospital and Urgent Care Setting”.

This new mission statement was a joint project between the Program Director and the Class of 2015, it can be found in the Student Handbook on page four, posted in the classroom, student showcase in the QC area and website. This new statement was presented during Orientation August 2014.

The Hurley School of Radiologic Technology Mission Statement can be viewed on page 4 of the Student Handbook, see appendix G or on the website under “About Us”, under the URL

<http://education.hurleymc.com/allied/hurley-school-radiologic-technology/about-us>

3.2 - Our site visitors brought to our attention concerns over rationale for scheduling new students in specialty modalities early in their training. In the two years since I have been responsible as the Interim Program Director, this subject was brought to my attention by a technologist on one occasion. We engaged in a conversation about the rationale behind the rotation and I consulted the Administrative Director and Clinical Instructor and learned this practice was initiated to expose these students to patient care and other modalities; as many of these students do not have any patient care experience and were not familiar with the significance of these specialty areas. Considering the site visitors suggestions, I presented this concern at a Michigan Hospital Based Program Directors

Advisory Meeting and they too explained the JRCERT reasoning. As a program, we implemented changes in Advanced Imaging scheduling for the first year students that began on September 8, 2014 to include:

- US Rotation will begin in the latter part of the first year; rotations #8-15 begin February 16, 2015
- MRI rotations will begin in the latter part of the first year; rotations #10-16 begin March 30, 2015.
- NM has been changed as an elective that can be chosen as a rotation at the end of the students second year.
- 2nd Shift rotation was moved to their last rotation of the first year.
- Please see appendix B “Schedules Class 2015 and Class 2016.

Second Year schedule changes include:

- IR rotation was scheduled earlier; in order to allow IR as an option for their elective rotation.

Please see appendix B “Schedules Class of 2015 and Class of 2016.

3.9 Following our site visit, Dawn Sturk (Radiology Administrative Director) and Tammy DePottey (Interim Program Director) met with the President Local 2056 in August 2014; to discuss our current practice of verbal kudos for positive student comments on the Students’ Technologist Evaluations, along with verbal and written consultations for inappropriate circumstances. We also reviewed our current practice of an open-door policy for each technologist; that is rarely utilized by the staff. We received the union’s approval to allow the technologist to review each of their Students’ Technologist Evaluation forms from the prior year, with their supervisor. Current

evaluations will continue to be utilized if the technologist requests to view how they are doing as previously practiced and it does not affect student learning. These forms are filled out by the students anonymously; for each three week modality rotation. These evaluations will be included in the technologists' annual review and documented by the supervisor. Supervisors will provide more through documentation on annual job performances; to assure clinical instructional responsibilities are performed. Our previous practices will stand, in addition to these new changes.

STANDARD 5 - ASSESSMENT

5.4 Following our site visit in June 2014, we expanded our communities of interest by adding new members to our Faculty Advisory Committee held August 12, 2014. New members include Kristina Baxter RT (R), M, C.T. Kristina is the Business Manager for Associated Radiologists of Flint. They have outpatient offices that hire our graduates. In addition, we now rotate a staff technologist in these meetings. Our Summer Advisory Meeting included Brant Major R.T. (R); one of our Designated Clinical Instructors. Future selection from the staff will be on a volunteer basis, to include a Clinical Instructor or Designated Clinical Instructor. See appendix H.

An overview of the OAP Data, Learning Outcomes and Program Effectiveness Data was explained to the new committee members; with special attention to areas that met benchmark and those that fell below benchmark. Program Effectiveness Data continues to be posted in the Q.C. area, in the classroom; see appendix I. It can also be viewed on the website URL at:

<http://education.hurleymc.com/allied/hurley-school-radiologic-technology/about-us#effectiveness>

Current data is updated mid to late August each year.

5.5 In addition to the previously submitted data, the following Outcome Assessment Plan information will now be documented more thoroughly in meeting minutes for periodic re-evaluation of our Outcome Assessment Plan. Please see appendix G, Advisory Meeting Minutes; please keep in mind the following action plan to be implemented.

Action Plan

- Program Director will provide a more thorough documentation in the Summer Advisory Meeting Minutes in regards to the OAP.
- Spread Sheet documentation will list all work done on OAP, to include: the process, who is involved, what & when.
- Share Outcomes at staff meetings, where the Clinical Instructors can provide input.
- Consider new Outcome tools/benchmarks.
- Will continue to seek mentoring assistance from the experienced Program Directors from the Michigan Hospital Based Advisory Committee members.
- Random samples were implemented upon a prior JRCERT Accreditation Specialist's suggestions. These samples were acquired data from each student per specific class, from the same timeframe for consistency.
- No longer utilize random sampling, include specific timeframes for various outcome measurements. Data will be collected across the board.
- Investigating Electronic Data Collection.
- Have investigated implementing E-Value, presently waiting on final quote. Site

visit to be scheduled with St. John's Radiology Program in Detroit. Our hopes are to build the application beginning in May, with implementation in September 2015.

- Program Director is scheduled to attend JRCERT Accreditation Seminar in February, prior to the WCEC Conference.
- The director contacted JRCERT Accreditation Specialist, will visit Blooms Taxonomy to bring action verbs to a higher level.
- Revisit JRCERT Assessment Resources.
- Utilize the assistance of the Accreditation Specialist if necessary.

Phase III - Presentation and Review of JRCERT Accreditation Award

The JRCERT Board of Directors considered re-accreditation status for the HMC School of Radiologic Technology at their April 24, 2015 meeting, according to the Standards for an Accredited Educational Program in Radiography (2014). On May 1, 2015 Hurley received a five year re-accreditation award, with the possibility of gaining an additional three years to reach the maximum award of eight years. Final decision by the JRCERT Board of Directors found the following standards deemed, non-compliant: Standards Three and Five.

- Objective 3.9 - Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed. (Provide assurance that clinical instructor evaluation results are disseminated at least on an annual basis).
- Objective 5.4 - Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement. (Provide assurance

that student learning outcome data and program effectiveness data is continually analyzed and shared with communities of interest in efforts to promote programmatic improvement).

- Objective 5.5 - Periodically evaluates its assessment plan to assure continuous program improvement. (Provide assurance that the program's current assessment plan has been evaluated to assure that the assessment process promotes programmatic improvement and student learning).

Due to the existing citations a progress report documenting compliance is due to the JRCERT by January 11, 2016. Objective progress documentation will be evaluated at the next board meeting and a decision by the board to maintain or extend accreditation to eight years for the school. If the cited objectives are not adequately addressed and additional progress report will be required. The HMC School of Radiologic Technology Program leaders must be able to satisfactorily document full compliance to all standards; no later than April 24, 2017 per the United States Department of Education in order to maintain this accreditation awarded by the JRCERT. If the JRCERT board determines a facility has unsatisfactorily addressed citations that have been identified, they can withdraw the accreditation award.

Phase IV - Documentation for Continuous Improvement of Non-Compliance Standards

Leadership from the Radiology Program has already begun taking the proper steps in resolving the outstanding standard objectives. More precise and detailed documentation has already been implemented for all aspects of the program. This detailed documentation will better support future sample documentation provided to the

JRCERT on the non-compliant objectives.

- Objective 3.9 - Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed. (Provide assurance that clinical instructor evaluation results are disseminated at least on an annual basis).

Resolution to this objective began in February of 2014, with the annual technologist evaluations. A new practice implemented with supervision is to include review of the student's anonymous technologist rotation evaluations that occur on a monthly basis for the prior year. Documentation will be included in the additional comment field of the evaluation. Prior practice of random reviews with the technologist's will continue. Reminder emails will continue to be sent to technologists that they can review such evaluations prior to annual performance evaluations. Two years of sample documents will be available for the JRCERT by January of 2016.

- Objective 5.4 - Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement. (Provide assurance that student learning outcome data and program effectiveness data is continually analyzed and shared with communities of interest in efforts to promote programmatic improvement).

Following our Site Visit in June of 2014, we expanded our communities of interest immediately with our August, 2014 Advisory Committee Meeting. New members include a Business Manager/Radiologic Technologist from Associated Radiologists of Flint and a staff technologist who volunteers as a Designated Clinical Instructor and mentors the students in the clinical setting. Advisory meetings occur twice

per year and will be filled each meeting with a new volunteer from the technologist staff. Program Effectiveness Data will continue to be shared publically on our website and posted in the classroom, in Informational Meetings and QC area in the department. There will be two sets of detailed meeting minutes provided to the JRCERT by the January 11, 2016 deadline.

- Objective 5.5 - Periodically evaluates its assessment plan to assure continuous program improvement. (Provide assurance that the program's current assessment plan has been evaluated to assure that the assessment process promotes programmatic improvement and student learning).

The Outcome Assessment Plan (OAP) is a never ending compilation of goals, objectives, benchmarks and comments; that is a continuous work in progress. Last year I did a major overhaul on it and I am about to embark on yet another version of it. Statistics are calculated on an annual basis each summer. The site visitors could see that I had updated and added new objectives and outcomes in the past year. They found inadequate documentation in the Advisory Meeting Minutes. Their suggestions include:

- Who was involved in the process
- How the process was done
- No use of random sampling
- Need new tools and benchmarks and delete those that have been continuously reached

I am currently in the process of calculating year ends data for the Goals and Objectives of the Outcome Assessment Plan. I have reviewed the on-line educational tools provided by the JRCERT; downloaded Bloom's Taxonomy, reached out to the

experienced Program Directors on the Michigan Program Director's Advisory Committee for support and have scheduled a phone session with an Accreditation Specialist at the JRCERT. Beginning July 6, 2015, the school has a new faculty member/Clinical Instructor/Supervisor joining our leadership team. I plan on taking this opportunity to conduct administrative mentoring with this individual, with hands-on experience updating the OAP together as a good introduction to program dynamics. As a team we will revise and improve upon the current plan, in order to assure continuous program improvement. This new faculty member steps into her new role just at the right time for me to introduce her with hands on experience for statistical data, website updates and all the administrative work that needs to be done for the JRCERT and preparing for a new class of students to be admitted in the fall.

CHAPTER V

CONCLUSION

Educational Experience:

Never in my wildest dreams would I have imagined being responsible for the future accreditation status of a professional, medical, Radiologic Technology Program. As the Director of the program I was pretty much the sole responsible individual; in this comprehensive credentialing process. In addition to my regular employment responsibilities, I served as the sole person to compile the Self-Study in a yearlong process. I served as the champion for the two-day Site Visit and the respondent to both the initial and final Report of Findings to include an Action Plan. I am accountable for maintaining the five-year accreditation award; and have every intention to advancing to the maximum award of eight years.

In this two-year plus process, I have learned much about the program at HMC. I was already aware that the prior Director poured her heart and soul into rebuilding the school; that previously struggled with accreditation. I also have the same passion to make the program successful along with highly educated entry level technologists graduating and moving into the real world. As a new Director to the program, this process enabled me to educate myself with the in-depth guidelines and requirements of the JRCERT. It

also enabled me to evaluate the HMC program from the backbone forward.

I found a lot of strengths and weaknesses and began to improve on the areas of need, while using our strengths to continue to compliment the school clinically, didactically, professionally and ethically. I must admit it has been a challenge, quite exhausting at times, but in the end I am a well-informed leader from the process. I still believe I have a lot to learn as I go forward and have some great mentors outside our organization to do so. Since taking the role of Clinical Coordinator in 2010 and accepting the challenge as Director in 2012; I have initiated many changes to help restructure the program and initiate improvements. I have found that times change, rules and guidelines change from an accreditation perspective. People, even professionals often do not like change. I have found that common sense, thirty years of experience in the field, patience and high ethical standards have enable me to better align the program, clinical staff, faculty and students with the JRCERT Standards. In other instances, I have learned that change takes time and persistence eventually wins, even though it may be exhausting. It is not an easy process by any means.

Re-examining the process, I have learned that reaccreditation is a method to ensure students receive the highest quality of education in Radiologic Technology and quality in patient care safety; set forth by the JRCERT, USDE and CHEA. It also an opportunity that provides a reality check for program leadership. Gaining firsthand knowledge from the JRCERT has helped support accountability with the technologists and I can better support new practices within the department that affect the school with the new knowledge I have gained.

I was pretty confident that the HMC School of Radiologic Technology would

receive an eight year accreditation award; due to the fact that we had only few final citations, with actions plans already initiated and proof of compliance documentation that is time sensitive. I was somewhat disappointed with the five-year award after working so hard in the past 5 years to restructure the program. After acknowledging that we do have areas that need enhancement in our program, I am pretty confident that the steps already implemented will help to gain the additional three years for a total of the eight year maximum. This award actually helps my position as the Director, at an executive level. Upper Administration at HMC supports the school and holds accreditation at an important level; as Hurley is well known for its Level I Trauma Center, Level II Pediatric ED, and Burn Unit and as a teaching hospital. Hurley holds many accreditations from many prominent professional organizations.

Advice to Others

In hindsight, it is unrealistic for one individual to be solely responsible for a programs accreditation. The reality that exists is Hurley is one of four hospital based Radiology Programs left in the state of Michigan. These small programs are run by educators whom are passionate about their profession and its future. We have very limited access to staffing and must wear many hats to successfully operate the schools. Hospital based programs have more affordable tuition and book rates for the students; which serves a lot of local students whom otherwise would not be able to seek out this medical career. These programs offer a significantly higher amount of clock hours with hands-on experience in the clinical setting; from the initial start of the program. In my opinion it is imperative to preserve hospital based Radiology Programs locally and throughout the United States. They are not a profit making entity for the medical center

and therefor support staff is kept at a minimum. Program Directors and if you're lucky enough to have a part/full time Clinical Instructor/Faculty; must make do with the sources you are allotted. As a Program Director in a small hospital based program; I can attest to holding significant and demanding workloads. Our work is never done and we often take our work home to be completed.

For those individuals preparing for an Accreditation Award, I would suggest no matter what size the Radiology Program exists; this process must be supported by a group of three individuals. Team members should include the Program Director, Clinical Instructor/Faculty member and a secretary. If I would have had the privilege of a secretary to transcribe each response compiled to the objectives questions and up-load that information into the JRCERT's portal as I produced the work; this self-assessment procedure would have been much more manageable. I strongly believe there is a huge advantage and a great benefit utilizing two professionals educated in the Radiologic Science profession to compile data, compute statistics, scan support documents, refile paperwork, update the Master Plan, OAP and ensure that the Radiologists, Administrators, Technologists and Students are well prepared for the two-day Site Visit and continued practices beyond the accreditation process. Such a team approach would help educate leadership across the board in regards to expectations from the JRCERT for meeting and maintaining significant compliance within the Radiology Program and the Radiology Department. In the end, this team approach would certainly eliminate a lot of unnecessary stress levels and could cut this tedious process in half.

Another vision I have in mind is to move from our current paper process to an electronic records keeping system E*Value. E*Value is a computerized HealthCare

Education Solution that helps to manage administrative tasks; which in turn helps students focus more on their education. This application includes: electronic assessments, time tracking and many customized evaluation tools.

I cannot emphasize enough to program leadership, that the key to accreditation is detailed documentation. While I am pretty persistent with documentation; our Advisory Meeting Minutes lack detail in reference to OAP documentation. Also make sure that members of your Advisory Committee include professional representatives from outside your immediate program and department. Some suggestions for outside communities of interest include Program Directors from other schools within your facility such as: Nursing Program, Med Tech Program, or off-site commonalities. Another meeting that requires precise and detailed minute documentation is monthly Staff Meetings. Be sure the agenda keeps the technologists informed about the program status, and document, document, document.

Seek assistance annually from a JRCERT Accreditation Specialist when re-evaluating your programs Outcome Assessment Plan. It may be wise to speak to the same specialist each year for consistency. Update your Master Plan biannually or when major revisions occur. It is less stressful than once per year updating, especially if you are in the accreditation process.

Most importantly, engage those individuals whom support the program to help reach your desired goals. They are the ones who will help make the difference in not only your accreditation achievement, but also in your program success.

In conclusion, the JRCERT Educational Schools Accreditation cannot be taken lightly. It is an in-depth evaluation tool used to demonstrate a program of Radiologic

Sciences creditability. It is designed to protect students' right and ensure they receive a quality education, with fair and equitable treatment in all aspects of their education. The JRCERT Standards provide guidance to leadership of Radiologic Technology Programs. While a Self-Study, Site Visit and the entire accreditation process can be overwhelming and demanding for those undergoing the experience; it provides an extensive mechanism to take account at the essence of the quality of education your institution is providing to its current students and even takes into account alumni success as entry level technologist post-graduation. This process is a tool that acts as an intermediary device to ensure your Radiology program meets the educational expectations and gives you the ability to gain the confidence and endorsement from credentialing organizations such as the JRCERT, USDE and CHEA. Accreditation awarded by the JRCERT assures both students and the public along with program leadership; that the educational facility meets specific quality standards with a solid foundation to support an education in the Radiologic Science discipline.

Since completing this in-depth evaluation process, I feel I am better prepared as a Program Director. I believe we can move these three citations to substantial compliance status in order to meet the JRCERT's requirements by the given deadline in January of 2016. Taking into consideration this being my first accreditation appraisal, I have completed a major milestone for both the Hurley Medical Center School of Radiologic Technology and also a huge achievement for myself personally. Completing this process, will allow me to be better prepared when the time comes to submit our Interim Report due two and a half to four years from now; depending on the final decision made by the JRCERT.

In the past two and a half years preparing and completing the JRCERT Accreditation process, the most optimal educational experience that I take away from this participation is that the wealth of knowledge gained will serve me well now and in the future. I will implement and expand the support necessary to make the next accreditation process somewhat easier. I will gather what I've learned to promote academic and clinical excellence, promote our strengths and build upon our weaknesses. I also found the Site Visitors to be walking books of knowledge. They were very professional, understood the challenges we face running small programs and offered many helpful suggestions. Although they were onsite to evaluate the program; you could tell they too are passionate about our profession and want our school to be successful in what we do. Since moving into the educational aspect of my career; I have often thought that someday I would like to become as a Site Visitor for the JRCERT. This is a voluntary position to evaluate other educational facilities seeking new accreditation or those applying for reaccreditation for Radiologic Educational Programs. I now feel that I have a better sense of the JRCERT's standards and expectations. I am hoping to apply for a Site Visitor position; I feel I will be better prepared to do so in a few years. I am one that appreciates learning and enjoy mentoring others. Why not take it to the next level and become a Site Visitor. I would be able to mentor other Program Directors while giving back to the JRCERT and at the same time I could learn a lot from other programs practices. This could only be a win-win situation for my future in my role as the Program Director for the Hurley Medical Center School of Radiologic Technology.

Medicine is a great profession for young and old alike. People will always be ill and need medical care. Our Radiology students range in ages from 20 to 52 years of age.

Our economy has forced people to move into second professions and Radiology offers many expanded career choices. Maintaining program accreditation is pertinent and critical in order for survival of both hospital and college based Radiology Programs. There is a tremendous amount of work that educators at Hurley Medical Center put forth to maintain credentialing from the JRCERT and to ensure that the students excel both academically and clinically; in order to successfully pass their National Registry Exam, flourish clinically, remain patient oriented and prosperous in the profession.

APPENDIX A

FEES AND EXPENSES

FEES AND EXPENSES

1. Tuition: Currently the two year program is \$5000.00 (Subject to change with proper notification).
\$2500.00 per year
Method of payment: check or money order

Tuition payment schedule is as follows:

First Year: 1/6 of total tuition due October 1 - \$833.33
 1/6 of total tuition due February 1- \$833.33
 1/6 of total tuition due June 1- \$833.34

Second Year: 1/6 of total tuition due October 1- \$833.33
 1/6 of total tuition due February 1- \$833.33
 1/6 of total tuition due June 1- \$833.34

2. Books and Miscellaneous: Books are the responsibility of the student. A book list will be distributed once the student has been admitted to the program. Textbooks are discounted through Rittenhouse Publishers. Textbooks run \$800.00 and are utilized the full two years of the program.
3. Students will be provided mock board exams on a monthly basis at the beginning of the second year of the program.
4. Students are required to set up and purchase an on-line Radiation Protection and Radiation Biology Course. This fee is included in the book quote.
5. Students are responsible to set up and purchase a mandatory on-line Review Course (Corectec), in the latter part of their second year. Cost of this on-line review is \$80.00; with the HMC student discount through the publisher.
6. The following shall be the responsibility of the student: ceil blue uniforms (approximately \$100.00), student patches (\$4.00 each), white nursing or tennis shoes (approximately \$50.00), CPR certification (local Red Cross \$70.00), combination lock (\$6.00), reference books, transportation, housing and health insurance (the latter four are up to the digression of the student).
7. Each student is required to join the Michigan Society of Radiologic Technologists' (in their second year).

The dues are approximately \$10.00 per year. Each student is encouraged to submit either a scientific essay or project to be judged at the annual state meeting of this organization. The MSRT Annual Conference is Sept. 19-21, 2014. Conference Registration, overnight accommodations

Run approximately \$350.00 per student. Student can do fundraising to supplement fees incurred.

8. Students are required to pay a deposit for their Hurley I.D. card. This cost will be approximately \$10.00.
9. Students will be provided with one set of Lead Left and Right markers. It is the students' responsibility to maintain these markers throughout the 2 year program. All images performed by the students must include utilization of these provided markers. If lost it is the students' responsibility to notify faculty. The marker will be replaced at a fee of \$10.00 each. Markers must be purchased through the faculty office. Competencies will not be accepted without designated student lead markers on the image.

APPENDIX B

SCHEDULES

Class 2016												
Year One (2014 - 2015)												
09/14	GEN	FL	PORT	PORT 2	OR 2	ED	OR	CT	US	MRI	2 nd SHIFT	KEY
1 9/1 to 9/21	KC	KD	MG		LM	DS	MS	AW				KC
2 9/22 to 10/12	KD	MG	LM		DS	MS	AW	KC				KD
3 10/13 to 11/2	MG	LM	DS		MS	AW	KC	KD				MG
4 11/3 to 11/23	LM	DS	MS		AW	KC	KD	MG				LM
5 11/24 to 12/21	DS	MS	AW		KC	KD	MG	LM				DS
6 1/5 to 1/25	MS	AW	KC		KD	MG	LM	DS				MS
7 1/26 to 2/15	AW	KC	KD		MG	LM	DS	MS				AW
8 2/16 to 3/8	KC		MG		LM	DS	MS	KD	AW			
9 3/9 to 3/29		KD	DS		MS	AW	MG	LM	KC			Clinical Hrs. 7am – 5:30pm Mon and Wed

10 3/30 to 4/19	MG	DS		KC	MS	AW		KD	LM		
11 4/20 to 5/10		MS	LM	AW	KD			MG	DS	KC	Summer Hrs. (5/25 - 7/26) 7am – 3:30pm Mon, Tues, and Wed
12 5/11 to 5/31		KC	AW	DS	MG			LM	MS	KD	
13 6/1 to 6/14	**	V	A	C	A	T	I	O	N	**	Summer Hrs. (40hrs) (7/27 - 9/6) 7am – 3:30pm Monday - Friday
14 6/15 to 6/28	LM		KC	KD			MS	DS	AW	MG	
15 6/29 to 7/12	KD	AW				DS	MG	MS	KC	LM	
16 7/13 to 8/2	MS			MG	KC	LM	AW		KD	DS	
17 8/3 to 8/16	AW	LM	KD			KC	DS		MG	MS	
18 8/17 to 8/30	DS	MG	MS		LM	KD	KC			AW	

Winter Break 12/22/14 to 1/4/15 Return 1/5/15

Summer Vacation (Juniors) 6/1/15 to 6/14/15 Return 6/15/15

Observed Holidays:

New Years, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas

Juniors (M-F) Begin 7/20/2015

Class 2015										
Year Two (2014 - 2015)										
09/14	GEN	FL	PORT	ED	OR	CT	INT	2 nd SHIFT	ELECTIVE	KEY
1 9/1 to 9/21	MC	ME	SE	DL	KP	CS	CY	TM		MC
2 9/22 to 10/12	ME	SE	DL	KP	TM	CY	MC	CS		ME
3 10/13 to 11/2	SE	DL	KP	TM	CS	MC	ME	CY		SE
4 11/3 to 11/23	DL	KP	TM	CS	CY	ME	SE	MC		DL
5 11/24 to 12/21	KP	TM	CS	CY	MC	SE	DL	ME		TM
6 1/5 to 1/25	TM	CS	CY	MC	ME	DL	KP	SE		KP
7 1/26 to 2/15	CS	CY	MC	ME	SE	KP	TM	DL		CS
8	CY	MC	ME	SE	DL	TM	CS	KP		CY

2/16 to 3/8										
9 3/9 to 3/29	MC	ME	SE	DL	KP	CS		CY	TM	
10 3/30 to 4/19	ME	SE	DL	KP	TM	CY		MC	CS	Clinical Hrs. 7am – 3:30pm Tues, Thurs and Fri
11 4/20 to 5/10	SE	DL	KP	TM	CS	MC		ME	CY	
12 5/11 to 5/31	DL	KP	TM	CS	CY	ME		SE	MC	Summer Hrs. (5/25 - 7/26) 7am – 3:30pm Wed, Thurs and Fri
13 6/1 to 6/14	KP	TM	CS	CY	MC	SE		DL	ME	
14 6/15 to 6/28	TM	CS	CY	MC	ME	DL		KP	SE	Summer Hrs. (40hrs) (6/1 – 6/14) 7am – 3:30pm Monday - Friday
15 6/29 to 7/12	CS	CY	MC	ME	SE	KP		TM	DL	
16 7/13 to 7/31	CY	MC	ME	SE	DL	CY		CS	KP	

Winter Break 12/22/14 to 1/4/15 Return 1/5/15

Observed Holidays:

New Years, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas

APPENDIX C

VACATIONS

VACATIONS

First year students will be granted two weeks' vacation, between the first and second year. Vacation time is scheduled the first two weeks in June. June 1, 2015-June 14, 2015.

HOLIDAY LEAVE

Students will not be scheduled for any clinical or didactic rotation on major holidays.

Winter

break will be scheduled by the school and will occur 12/22/14 – 1/4/15.

APPENDIX D

ACADEMIC CALENDAR

ACADEMIC CALENDAR

Semester one: September 1 to January 16

Semester two: January 17 to May 22

Semester three: May 23 to September 4

APPENDIX E

ACADEMIC SCHEDULE

ACADEMIC SCHEDULE

**HURLEY SCHOOL OF
RADIOLOGIC TECHNOLOGY
ACADEMIC SCHEDULE & CLINICAL SCHEDULE
SCHOOL YEAR 2013-2014
CLASSES BEGIN MONDAY, SEPT. 8, 2014
FIRST YEAR STUDENTS**

TUESDAY

07:15-08:05 A.M. CLINICAL COMP A
08:15-09:20 A.M. POSITIONING I
9:30-10:20 A.M. PATIENT CARE
10:30-11:20 A.M. IMAGING I
11:30-12:00 P.M. ONLINE COURSE

(Radiation Biology & Protection)
(Review as needed)

THURSDAY

07:15-08:05 A.M. CLINICAL COMP
B
08:15-09:20 A.M. POSITIONING I
09:30-10:20 A.M. PATIENT CARE
10:30-11:20 A.M. IMAGING I
11:30-12:00 P.M. ONLINE
COURSE

(Radiation Biology &
Protection)
(Review as needed)

CLINICAL SCHEDULE

MONDAY

7:00AM – 5:30 PM
11:00AM – 9:30PM (OFFSHIFT)

WEDNESDAY

7:00AM – 5:30 PM
11:00AM – 9:30PM
(OFFSHIFT)

SUMMER HOURS

7:00AM – 3:30PM 6/15/2015-7/19/15 MONDAY, TUES & WED
7:00AM – 3:30PM 7/20/15-9/6/15 MONDAY – FRIDAY (40 HOUR
WEEK))

Winter Break 12/22/14 to 1/4/15 Return 1/5/15

**Observed Holidays: New Years, Memorial Day, July 4th, Labor Day, Thanksgiving, and
Christmas**

Summer Vacation (Juniors) 6/1/15 to 6/14/15 Return 6/15/15
Juniors (M-F) Begin 7/20/2015

INSTRUCTORS HOURS 1:00PM – 3:00PM

APPENDIX F

STUDENT SERVICES

STUDENT SERVICES

Tutoring and counseling are available upon request. Any student on academic probation is required to make tutoring arrangements with the instructor(s) in the courses falling below the 75% didactically and 80% clinically. The Occupational Health Office provides immunizations and TB testing along with preventative inoculations/treatments. Occupational Health may send a student to the Emergency Room or to their family physician for care. Students have access to EAP counseling services at no cost to the student.

APPENDIX G

MISSION STATEMENTS

MISSION STATEMENTS

HOSPITAL MISSION STATEMENT: Clinical Excellence, Service to People

SCHOOL OF RADIOLOGIC TECHNOLOGY MISSION STATEMENT:

Our mission is to motivate and prepare students to become mentors and leaders in the radiologic profession through academic and clinical learning. Our high quality diagnostic imagery is accomplished through clinical competencies and critical thinking, all while providing excellent patient care in a hospital setting.

APPENDIX H

FACULTY/ADVISORY COMMITTEE MEETING

**HURLEY SCHOOL OF
RADIOLOGIC TECHNOLOGY
FACULTY/ADVISORY COMMITTEE
MEETING**

Agenda
August 12, 2014

Present: Tamara DePottey, Yuwonia Speights, Dawn Sturk, Kristina Baxter & Brant Major

- A. Review Minutes of February 2014
- B. Hospital's Mission Statement remains the "Clinical Excellence, Service to People". New Topic: Program Mission Statement
 - Promoting hospital mission with the students.
 - Suggestion from JRCERT site visitors to incorporate our own mission statement for the Radiology Program.
 - Challenge to the first year class. Hospital mission, vision statement, goals and objectives presented to students along with ideas & resources. New mission statement completed and submitted 8-4-14.
To be presented to the Advisory Committee for review and approval.
- C. Program Website.
 - Worked with webmaster to meet JRCERT new Website requirements this past fall/winter.
 - Working on current updates to be posted in the next few weeks. Including: statistics, updates, JRCERT site visit suggestions and updates to Student Handbook.
- D. Informational Meeting attendance is beginning to pick up. Packets have been updated to include estimated costs for prospective students per the JRCERT's suggestion. Also, updated the fees in the Student Handbook for public availability.
- E. Outcome Assessment results
 - Assessment Plan updated
Tammy & Wanda gathered statistics
Tammy updated spreadsheet data & Analysis/Action Plans
Tammy reviewed with Dawn for input
 - Reviewed with the Advisory Committee
 - Improvements seen in 8 areas
 - Have 4 tools we do not meet benchmark on; due to DCI & tech training on Competency Evaluations & Monthly Rotation Evals. Staff is grading to performance.

Continue to promote training and staff mentoring.

- Results remained positive from Employer Survey (4/4 returned to date).
- Results dipped somewhat with Graduate Survey (5 returned to date). 4 of the 5 are employed. One was not actively looking actively due to an automobile accident/multiple surgeries. One has retained his pharmacy job that he had as a student. One graduate is in the process of relocating for the second time.

F. Updated OAP compiled. Special attention to the following objectives:

- Goal #1 Appropriate Level of Clinical Competency. Image Presentation/Evaluation/Critique and Review. Did not meet benchmark (12 or higher on a scale of 1-15); 11.37 or -0.63 below benchmark. Seen some positive changes with student engagement and also had a few disengaged second year students.
- Goal #1, Question #8 Radiation Protection/ALARA. Has met benchmark of 4.33. Students practicing radiation protection.
- Exception - cited on JRCERT site visit, students and staff not utilizing lead aprons during exposures on mobile imaging. Revised Occupational Exposure Policy to reiterate lead apron usage, presented to staff and students.
- Goal #3 Question #5 Students will find alternatives to resolve position and technical factors; due to patient conditions. Has fallen below benchmark at 3.95 on a scale of 4 out of 5. Need to look at scoring changes due to training of staff. Is this an attainable goal for first year Students?
- Goal #5 Professional Values/Lifelong Learning. Question on Graduate survey concerning furthering education. Our threshold is 25% and this year we fell under threshold at 20%. Economy must be considered. We have 3 graduates from 2012 that are currently extending their education (1 MRI & 2 Bachelor's degrees).

G. Course Evaluation Results were an overall 93% exceeding the 80% threshold. Pathology average scores continue to increase; now at 83% with an 80% threshold. Wanda continues to work with new textbook and presentations. Patient Care has moved to a 95% satisfaction rate; with a threshold of 80%.

H. First Year Comprehensive Exam Results:

- 6 students met the threshold of 75% or higher
- 2 students on Academic Probation due to comprehensive results.

New Business:

JRCERT Site Visit took place June 23 & 24, 2014

- Visit went well, minor infractions, lots of good suggestions.
- One major infraction: use of lead aprons with mobile exam exposures.
- Feedback to staff from student comments. Consulted union president Wayne Hemstreet. He approves presenting info to techs. Will continue current practices, verbal and offers to open office visits. What is the best method?
- Program Specific Mission Statement – Needs committee approval.
- Outcome data to community of interest –new additions to our Faculty Advisory Meeting

Kristina Baxter R.T. ®, (M),(C.T.)

Greater Flint Imaging, Business Manager

Technologist

6 graduates have taken their boards and successfully passed.

- 1 is waiting for ARRT approval/suspension violation
- 1 is completing remediation
- 1 graduate from 2009 successfully completed exam

Process improvement: Class/Faculty Advisory Meetings

Informal meetings with the students to continue, seems to work well. Wanda and Tammy are mentoring/reviewing Competency Evals with techs in order to make grading consistent across the board. Continuing with Image evaluation on all competencies.

Old Business: Goal #3

Actively looks for & suggests solutions to problems. Pathology course, question #2. Is this a realistic benchmark (3.5)? Would like to continue to monitor to see if the benchmark needs to be adjusted to 3.25 or higher.

Implementation of journal questions and case studies has improved critical thinking and problem solving. Benchmark reached at 3.50. Is this a realistic?

Result? 2012 3.62 2013 3.5

New Business:

- Phantom
- Evaluate - electronic record keeping for students
- 2 new instructor's coming on board
Jenny Cliff will be teaching first year Clinical Labs
Farrah Garno will be co-teaching Radiation Biology & Protection with Dawn Sturk

We are in the process of one additional instructor for Clinical Labs – Brant Major

- 8 students will attend MSRT Conference & Student Bee in Sept. Student's are required to submit a project of their choice, they will pair up in teams of two.
- 7 new students begin in September

Open Forum:

APPENDIX I

PROGRAM EFFECTIVENESS DATA

Program Effectiveness Data

It is the requirement of the Joint Review Commission in Radiologic Technology (JRCERT) to publish program effectiveness data. This information includes: Registry examination pass/fail rates, job placement rate and program completion rate; along with 5 year averages.

JOB PLACEMENT RATE			
GRADUATE AND EMPLOYER SURVEY'S			
YEAR	# GRADUATES ACTIVELY SEEKING EMPLOYMENT	# EMPLOYED	RESULTS
2013	4	4	100%
2012	5	5	100%
2011	5	5	100%
2010	5	5	100%
2009	5	5	100%
2008	3	3	100%

Job placement rate is defined by the JRCERT as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences.

Job placement rate within a year of graduation (5 year average, 2009-2013): 24/24
= 100%

PROGRAM COMPLETION RATE			
RETENTION			
YEAR	INCOMING STUDENTS	PROGRAM COMPLETION	RESULTS
2013	7	7	100%
2012	7	6	85.71%
2011	7	7	100%
2010	7	6	85.71%
2009	7	7	100%

Program completion rate is, as defined by the JRCERT, calculated by dividing the number of students who completed the program within a cohort by the number who enrolled in the cohort initially and subsequently. Students who leave or do not graduate on time for any reason, such as medical leave, personal choice, or course failure, are considered as not completing the program with the original cohort.

Program completion rate: (5 year average, 2009-2014): $33/35 = 94.28\%$

REGISTRY EXAM PASS RATE					
DATA REFLECTS JANUARY 1 THROUGH DECEMBER 31 EACH YEAR					
YEAR	INCOMING STUDENTS	PROGRAM COMPLETION	# STUDENTS APPLIED TO WRITE REGISTRY EXAM FOR THE FIRST TIME (numbers may reflect prior graduates)	# STUDENTS TO PASS EXAM ON FIRST ATTEMPT	PERCENTAGE OF STUDENTS PASSING (1 ST ATTEMPT)
2013	7	7	7	7	100%
2012	7	6	6	6	100%
2011	7	7	7	7	100%
2010	7	6	6	4	66.66%
2009	7	7	6	6	100%

Credentialing examination pass rate is defined by the JRCERT as the number of graduates who pass, on the first attempt, the American Registry of Radiologic Technologists certification examination compared to the number of graduates that take the examination.

Exam pass rate (5 year average, 2009-2013): $30/32 = 93.75\%$

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