

ACADEMIC AFFAIRS

Mission Statement, Program Outcomes, and Assessment For Associates Degree in Radiologic Technology

Mission Statement: The mission of Orangeburg-Calhoun Technical College Department of Radiologic Technology is to provide a comprehensive education in the science of radiography that will allow graduates to deliver efficient healthcare and contribute to the life of the communities of interest.

Program Outcomes:

The Orangeburg-Calhoun Technical College Associate Degree Radiologic Technology Program utilizes the following indicators as expected outcome criteria.

1. The graduate will possess problem solving and critical thinking abilities needed to function in the changing healthcare environment.
2. The graduate will demonstrate academic and technical competence as an entry level radiographer who meets the needs of the health care community.
3. The student will demonstrate professional attitudes, behavior and ethics.

RADIOLOGIC TECHNOLOGY

Graduates with a degree in Radiologic Technology should be able to demonstrate knowledge and skills in the following areas:

I. Practice Patient Protection

1. Question female patients of childbearing age about menstrual cycle and/or possible pregnancy to alert physician
RAD 101; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
2. Secure signature of childbearing female (pregnant or not)
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
3. Select equipment appropriate for the examination requested
RAD 101; RAD 110; RAD 115; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
4. Select film/screen and/or grid combination appropriate for the part to be radiographed
RAD 101; RAD 110; RAD 115; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
5. Place protective shield over radiosensitive organs prior to exposure when they are in or near the primary beam if not detrimental to the quality of the film
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
6. Restrict beam to limit exposure to area of interest and to improve image quality
RAD 101; RAD 115; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
7. Set kVp, mA and time or automated exposure system to achieve optimum image quality, safe operating conditions and minimize radiation exposure
RAD 101; RAD 115; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
8. Note fluoro time
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
9. Follow standard precautions
RAD 102; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278

II. Practice Personnel Protection

1. Remove all unnecessary persons from area prior to taking radiograph to reduce exposure to radiation
RAD 101; RAD 152; RAD 165; RAD 175; RAD 201; RAD 258; RAD 268; RAD 278
2. Minimize personnel radiation exposure by using lead barriers and increased distance from radiation source
RAD 101; RAD 152; RAD 165; RAD 175; RAD 201; RAD 258; RAD 268; RAD 278
3. Wear a personnel monitoring device while on duty to obtain a record of radiation exposure over a given period of time
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
4. Minimize radiation to self using assistance of family member, etc.
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
5. Follow standard precautions
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
6. Keep career dosimetry log
RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278

III. Operate Radiographic Equipment/Report Malfunctions

1. Warm-up X-ray tube to achieve proper operating conditions by following manufacturer's prescribed sequence of steps
RAD 101; RAD 110; RAD 115; RAD 152
RAD 165; RAD 175; RAD 201; RAD 210
RAD 278; BIO 210; BIO 211
2. Assist Radiologist in fluoroscopy by preparing the fluoroscopic unit and accessories for use and by adjusting controls as requested during the procedure
RAD 152; RAD 165; RAD 175; RAD 201;
RAD 210; RAD 278; BIO 210; BIO 211
3. Recognize and report malfunctions in radiographic unit (Including table, tube, and accessories). Noting difficulties that might assist in locating cause of malfunction
RAD 101; RAD 110; RAD 115; RAD 121;
RAD 152; RAD 165; RAD 175; RAD 201;
RAD 210; RAD 278; BIO 210; BIO 211
4. Use caution with equipment handling
RAD 101; RAD 110; RAD 115; RAD 121;
RAD 175; RAD 201; RAD 210; RAD 278;
BIO 210; BIO 211

IV. Produce and Evaluate Images

1. Select film/screen and/or grid combination appropriate for the part to be radiographed
RAD 101; RAD 110; RAD 115; RAD 152
RAD 165; RAD 175; RAD 258; RAD 268

- | | |
|--|--|
| 2. Determine appropriate exposure factors using calipers, technique charts, and tube rating charts for guidance | RAD 278
RAD 101; RAD 110; RAD 115; RAD 152
RAD 165; RAD 175; RAD 258; RAD 268
RAD 278 |
| 3. Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or patient's inability to cooperate | RAD 101; RAD 110; RAD 115; RAD 152
RAD 165; RAD 175; RAD 258; RAD 268;
RAD 278 |
| 4. Set kVp, mA and time or automated exposure system to achieve optimum image quality, safe operating conditions, and minimize radiation exposure | RAD 101; RAD 110; RAD 115; RAD 152;
RAD 165; RAD 175; RAD 258; RAD 268;
RAD 278 |
| 5. Inspect and clean screens and cassettes to identify and remove causes of artifacts | RAD 101; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278 |
| 6. Perform safety checks of radiographic equipment and accessories (e.g., lead aprons, gloves, collimator accuracy) | RAD 101; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |

V. Monitor Processed Film Quality

- | | |
|--|---|
| 1. Perform "start up" and/or "shut down" procedures on automatic processor (e.g., adjust water, removal and cleaning of "cross over" bars) | RAD 101; RAD 110; RAD 115; RAD 152;
RAD 165; RAD 175; RAD 258; RAD 268;
RAD 278 |
| 2. Recognize and report malfunctions in automatic processor, noting difficulties which might assist in locating cause of malfunction | RAD 101; RAD 110; RAD 115; RAD 152;
RAD 165; RAD 175; RAD 258; RAD 268;
RAD 278 |
| 3. Monitor performance of automatic processor using sensitometry | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 4. Store film/cassette in a manner which will reduce the possibility of accidentally exposing or re-exposing film | RAD 101; RAD 110; RAD 115; RAD 152;
RAD 165; RAD 175; RAD 258; RAD 268;
RAD 278 |

- | | |
|--|---|
| 5. Imprint proper identification onto film using either the radiographic, photographic or light imprinter method | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 6. Process exposed film by unloading cassette and feeding into automatic processor | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 7. Reload cassettes by selecting film of proper size and type | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 8. Use proper safe light for film type before processing | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 9. Practice proper handling techniques to eliminate artifacts | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 10. Follow dark room cleanliness procedures | RAD 110; RAD 115; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 11. Maintain processor QC | RAD 258; RAD 268; RAD 278 |

VI. Follow Procedures for Image Production and Evaluation

- | | |
|--|---|
| 1. Verify correctness of patient film identification (e.g. Flash Card or Lead Markers) indicating patient's name, file number, date or other pertinent information | RAD 130; RAD 136; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 2. Attach radiopaque markers to cassette to indicate body side, position, or other relevant information | RAD 130; RAD 136; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278 |
| 3. Determine corrective measures if radiograph is not of diagnostic quality | RAD 110; RAD 115; RAD 130; RAD 136;
RAD 152; RAD 165; RAD 175; RAD 210;
RAD 258; RAD 268; RAD 278 |

VII. Practice Correct Radiographic Procedures

1. Explain procedure to patient to relieve anxiety and gain patient's cooperation during procedures RAD 101; RAD 102
2. Give patient appropriate breathing instruction (e.g., inspiration, expiration) prior to making exposure RAD 130; RAD 136; RAD 152; RAD 165; RAD 175; RAD 230; RAD 258; RAD 268; RAD 278
3. Remove all radiopaque materials from patient and/or table that could interfere with the quality of the radiograph RAD 130; RAD 136; RAD 152; RAD 165; RAD 175; RAD 230; RAD 258; RAD 268; RAD 278
4. Position patient to demonstrate the desired anatomical part(s) using body landmarks and standard radiographic positions RAD 130; RAD 136; RAD 152; RAD 165; RAD 175; RAD 230; RAD 258; RAD 268; RAD 278
5. Use immobilization devices, when indicated, to prevent patient movement RAD 102; RAD 130; RAD 136; RAD 152; RAD 165; RAD 175; RAD 230; RAD 258; RAD 268; RAD 278
6. Adjust table, radiographic/fluoroscopic equipment, and image receptor to produce desired radiographic view RAD 130; RAD 136; RAD 152; RAD 165; RAD 175; RAD 230; RAD 258; RAD 268; RAD 278
7. Explain follow-up procedures and give post-study instructions RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
8. Follow age specific criteria RAD 102; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
9. Double check identification of patient RAD 101; RAD 102; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278
10. Verify physician's order with patient history before performing radiograph RAD 101; RAD 102; RAD 152; RAD 165; RAD 175; RAD 258; RAD 268; RAD 278

VIII. Follow Specific Imaging Procedures

1. Select equipment appropriate for the examination requested
RAD 101; RAD 152; RAD 165; RAD 175;
RAD 230; RAD 258; RAD 268; RAD 278
2. Position patient, X-ray tube, or fluoroscopic and image receptor to produce radiographs of the head, neck, thorax, extremities, spine and pelvis region, abdomen and gastrointestinal tract, urinary system, or reproductive system
RAD 110; RAD 115; RAD 130; RAD 136;
RAD 152; RAD 165; RAD 175; RAD 230;
RAD 258; RAD 268; RAD 278

IX. Record Maintenance and Administrative Procedures

1. Examine radiographic requisition to verify the accuracy and completeness of information on the form
RAD 152; RAD 165; RAD 175; RAD 258;
RAD 268; RAD 278
2. Obtain required physician's signature
RAD 152; RAD 165; RAD 175; RAD 258;
RAD 268; RAD 278
3. Retrieve patient's radiographic records (e.g., radiographs or reports) when requested by physician and assist in planning radiographic examination, using computerized or manual record keeping system
RAD 152; RAD 165; RAD 175; RAD 258;
RAD 268; RAD 278
4. Follow department procedures for loaning and receiving film
RAD 152; RAD 165; RAD 175; RAD 258;
RAD 268; RAD 278
5. Record information obtained from patient on request form using knowledge of medical terminology
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
6. Record required information on request form following performance of exam (May include technologist identification, patient data, billing codes, number and size of films, technique, or other information as required by department protocol)
RAD 101; RAD 152; RAD 165; RAD 175
RAD 258; RAD 268; RAD 278
7. Combine radiographic requisition and radiographs for interpretation and filing
RAD 152; RAD 165; RAD 175; RAD 258;
RAD 268; RAD 278

X. Provide Patient Safety and Comfort

1. Provide for patient comfort and modesty by supplying a pillow, sheet, gown, etc., and keeping patient properly covered at all times
RAD 102; RAD 130; RAD 136; RAD 152
RAD 165; RAD 175; RAD 230; RAD 258;
RAD 268; RAD 278
2. Assist patient onto or off table, stool, or bed. Use proper body mechanics and/or mechanical transfer devices to avoid patient or personal injury
RAD 102; RAD 130; RAD 136; RAD 152
RAD 165; RAD 175; RAD 230; RAD 258;
RAD 268; RAD 278
3. Follow transport guidelines, to include wheel chairs and stretchers locked at lowest level, side rails up, immobilization devices properly applied
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
4. Obtain patient history in privacy
RAD 101, RAD 102; RAD 130; RAD 136;
RAD 152; RAD 165; RAD 175; RAD 230;
RAD 258; RAD 268; RAD 278
5. Determine location of department and MSDS manuals
RAD 101; RAD 102; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278
6. Follow standard precautions
RAD 101; RAD 102; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278

XI. Practice Disinfection and Sterile Technique

1. Use sterile or aseptic technique as required to help prevent infection
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 158; RAD 268; RAD 278
2. Clean, wash, disinfect and/or sterilize facilities and equipment (e.g. cassettes, tabletops) and dispose of contaminated items in preparation for next examination
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 158; RAD 268; RAD 278
3. Follow standard precautions
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 158; RAD 268; RAD 278

XII. Practice Isolation Techniques

1. Follow appropriate protective techniques during and after radiographing a patient in isolation
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
2. Follow standard precautions
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278

XIII. Monitor Vital Signs/Medical Equipment

1. Assist physician in observing vital signs

RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278

XIV. Prepare Injectable and Non-Vascular Contrast Media

1. Prior to injection of an iodinated contrast medium, elicit such information about the patient which might indicate the risk of a reaction using patient's chart, radiograph with file jacket and/or by questioning patient
RAD 152; RAD 165; RAD 175; RAD 258
RAD 268; RAD 278
2. Inform patient of diet restrictions and/or self-administered preparatory medication prior to a contrast examination
RAD 152; RAD 165; RAD 175; RAD 258
RAD 268; RAD 278
3. Assist physician with administration of contrast media
RAD 152; RAD 165; RAD 175; RAD 258
RAD 268; RAD 278
4. Using knowledge of common reactions observe patient after injection of iodinated contrast medium to detect adverse reactions to the medium
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258, RAD 268; RAD 278
5. Perform radiographic examinations in a sequence which avoids or minimizes undesirable effects which may result from prior Procedures (e.g., Effects of residual contrast medium)
RAD 152; RAD 165; RAD 175; RAD 258
RAD 268; RAD 278
6. Follow departmental incident report procedures for patient, visitor or staff
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
7. Provide patient with post-exam instructions
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
8. Use proper needle procedures
RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258; RAD 268; RAD 278
9. Obtain patient consent form
RAD 101; RAD 102; RAD 152; RAD 165;
RAD 175; RAD 258; RAD 268; RAD 278

XV. Recognize and Treat Emergency Situations

- | | |
|---|--|
| 1. Recognize needs for medical attention and administer emergency care to patient during critical situation while waiting for help to arrive (e.g., bleeding, epileptic seizure, respiratory or cardiac distress, or adverse reaction to contrast medium) | RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258, RAD 268; RAD 278 |
| 2. Determine location of crash cart | RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258, RAD 268; RAD 278 |

XVI. Monitor Medical Equipment

RAD 102; RAD 152; RAD 165; RAD 175;
RAD 258, RAD 268; RAD 278

Professional Skills Outcomes:

This section should consist of the DACUM competencies regarding soft skills, general education, communication, problem solving or critical thinking and the course(s) where they are taught. We will complete the DACUM headings on the forms for each program, and faculty members can complete the courses where they are taught. This may require meeting with general education faculty.

XVII. Work Skills

- | | |
|------------------------|-----------------|
| 1. Goal Setting | All RAD classes |
| 2. Flexibility | All RAD classes |
| 3. Resource Management | All RAD classes |
| 4. Time Management | All RAD classes |
| 5. Confidentiality | All RAD classes |
| 6. Dependability | All RAD classes |
| 7. Attitude | All RAD classes |
| 8. Professionalism | All RAD classes |

XVIII. General Knowledge

- | | |
|---|--|
| 1. Specialized Procedures in Fluoroscopic Setting | RAD 101, RAD 220, RAD 230 |
| 2. Surgery with C-Arm and Portables | RAD 101, RAD 152, RAD 165, RAD 175,
RAD 258, RAD 268, RAD 278 |
| 3. Mammography | RAD 101, RAD 220 |
| 4. Special Procedures | RAD 101, RAD 220 |
| 5. Bone Densitometry | RAD 101, RAD 220 |
| 6. CT, MRI, US, VAS, NM, Radiation Therapy | RAD 101, RAD 220 |

Assessment Methods (Refer to program Analysis Summary 2004 below):

Direct Student Learning Outcomes

A direct student learning outcome is one that measures a specific competency attainment. Evidence of student learning must involve a direct assessment of student levels of attainment. Examples of such evidence are capstone performances, third-party examinations, faculty-designed examinations, professional performances, and licensure examinations. A student learning outcome must not be construed with a behavioral outcome (indirect assessment).

Direct student learning outcomes:

Completion of lab and clinical competencies

Completion of the Capstone course, RAD 278 – Advanced Radiography III includes terminal clinical competencies, mock registry exams, computer based testing in 5 Registry areas. (100% success)

Course competency exam results (the average of the success of the two exams administered was 96.65%)

ARRT Registry Exam results (2003 – 57%; 2004 83% success)

Indirect Student Learning Outcomes

A behavioral outcome involves an indirect assessment of some form. Examples of such indirect measures are portfolios and work samples, job placement, follow-up of graduates, student and employer satisfaction surveys, retention, graduation rates, etc.

The Radiologic Technology faculty reviews the following indirect measures of student and program success annually or as needed to ensure program viability: course completion rates; student evaluations; job placement results; employer satisfaction survey; retention rates, clinical evaluations, and graduation rates.

Retention

OCtech Benchmark #1 – The program will have retained in the following Fall semester not less than 60% of the new students who enrolled in the prior Fall semester.

- Over the last three years, program retention has been: 2002 (72%), 2003 (86%), and 2004 (60%).

Job Placement

OCtech benchmark #2 – Using the State Technical College System definitions for employment, not less than 80% of the graduates of the program will have secured employment in the field.

- Over the part three years, job placement has been: 2001 (100%), 2002 (100%), and 2003 (100%)

Graduation Rates

OCtech benchmark #3 – The number of graduates will average 25% of the average annual fall enrollment for the program.

- Over the past three years, graduation rates have been: 2001-2002 (42.1%), 2002-2003 (40%), and 2003-2004 (53.84%).

Orangeburg-Calhoun Technical College Radiography Program Program Analysis Summary 2004			
Goals/Outcomes	Expected Outcome Measure	Actual Outcome	Action Plan
1. The graduate will possess the knowledge, practical skills & problem solving	1a. 100% of the student evaluations will reflect no less than 85% accuracy of the	1a. 100%	1a. Will continue to monitor

abilities needed to function in the changing healthcare environment.	Affective, Cognitive & Psychomotor skills in the clinical education center.		
	1b. 85% of employers who respond to the survey will indicate that graduates demonstrate problem-solving and critical thinking skills in the clinical setting.	1b. 100%	1b. Will continue to monitor
	1c. 100% of the student evaluations will reflect no less than 85% Proficiency.	1c. 100%	Will continue to monitor
	1d. 85% of employers who respond to the survey will indicate that graduates demonstrate problem-solving and critical thinking skills in the clinical setting.	1d. 85%	1d. Will continue to monitor

**Orangeburg-Calhoun Technical College Radiography Program
Program Analysis Summary 2004**

Goals/Outcomes	Expected Outcome Measure	Actual Outcome	Action Plan
2. The graduate will demonstrate academic	2a. Students will maintain an average course	2a. 93.3%	2a

<p>& technical competence as an entry level radiographer who meets the needs of the healthcare community.</p>	<p>completion rate of not less than 80%.</p>		
	<p>2b. 90% of the graduates will possess a GPA of 2.5 or higher</p>	<p>2b. 100%</p>	<p>2b. Will continue to monitor</p>
	<p>2c. 50% of the students entering the program will earn a degree.</p>	<p>2c.</p>	<p>2c.</p>
	<p>2d. Graduates will complete continued proficiency exams with a score of 85% or higher.</p>	<p>2d. 100%</p>	<p>2d. Will continue to monitor</p>
	<p>2e. Average pass rate of not less than 75% on the ARRT credentialing exam.</p>	<p>2e. 57% for 2003</p>	<p>2e. Will change testing style to reflect Registry style test questions. Also incorporate more practice testing</p>
	<p>2f. 75% of the graduates seeking employment in the field will be employed within 6 months of graduation.</p>	<p>2f. 100%</p>	<p>2f. Will continue to monitor</p>
	<p>2g. . 90% of the returned surveys will rate the graduates as satisfactory or above</p>	<p>2g. 100%</p>	<p>2g. Will continue to monitor</p>

**Orangeburg-Calhoun Technical College Radiography Program
Program Analysis Summary 2004**

Goals/Outcomes	Expected Outcome Measure	Actual Outcome	Action Plan
3. The student will Demonstrate professional attitudes, behavior, and ethics.	3a. Students will score 85% or better on ethics test in RAD 102	3a. 94%	3a. Will continue to monitor
	3b. 85% of the students will be rated as Satisfactory or Exceeds by faculty and clinical staff in demonstrating professional attitudes, behavior & ethics.	3b. 95%	3b. Will continue to monitor
	3c. 90% of the returned surveys will rate the graduates at 3 or above on professional attitudes, behavior and ethics.	3c. 100%	3c. Will continue to monitor

Internal Measures of Success

Direct measures of program success:

90% of the graduate evaluations will reflect no less than 85% accuracy of the Affective, Cognitive & Psychomotor skills in the clinical education center.

90% of the graduate continued proficiency evaluations will reflect no less than 85% Proficiency.

Students will maintain an average course completion rate of not less than 80%.

90% of the graduates will possess a GPA of 2.5 or higher
Graduates will complete continued proficiency exams with a score of 85% or higher.
Average pass rate of not less than 75% on the ARRT credentialing exam.
Students will score 85% or better on ethics test in RAD 102

Indirect measures of program success:

85% of employers who respond to the survey will indicate that graduates demonstrate problem-solving and critical thinking skills in the clinical setting.

60% of the students entering the program will earn a degree

80% of the graduates seeking employment in the field will be employed within 6 months of graduation.

90% of the returned surveys will rate the graduates at 4 or above on academic and technical competence as an entry level radiographer. 90% of the returned surveys will rate the graduates at 4 or above on demonstrating professional attitudes, behavior and ethics.

85% of the students will be rated as Satisfactory or Exceeds by faculty and clinical staff in demonstrating professional attitudes, behavior & ethics.

Review Process and Use of Results:

Describe review process and deliverables.

Radiologic Technology is a competency-driven curriculum. Its competencies are determined through qualified DACUM panels and are validated by industry professionals and the curriculum's own advisory committee. DACUMS are conducted every four years to ensure currency. The last DACUM was held in 2000. The program is scheduled to have a DACUM in March 2005. The Radiologic Technology program also uses the American Society of Radiologic Technologists Radiography Curriculum Guide. The program was re-accredited by the Joint Review Committee on Education in Radiologic Technology in 1997. The program will be scheduled to have a re-accreditation site visit Summer 2005.

:

- Ensure that program outcomes are appropriate and current.
- Ensure that program outcomes are addressed in the exit competencies of at least one required course.
- Ensure that within those required courses that students demonstrate the desired program outcome either through written or performance-based tests and/or graded assignments.
- Ensure that equipment inventory, facilities, and budget support program outcomes and the strategic plan.

- Review grade distribution and failure rates; student evaluations; job placement results; employer satisfaction survey; enrollment statistics; retention rates, and graduation rates.
- Ensure that the College Library can assure access to appropriate and current research materials.
- Ensure general education courses contain required content to meet program needs by working with General Education faculty.
- Make a report to the advisory committee on assessment findings and solicit feedback.
- Work with program faculty to revise syllabi and/or course/department offerings as needed.
- Conduct program self study as required by accrediting agencies.

What action(s) did the Program take this past academic year that improved and expanded student-learning outcomes?

List Data Source that prompted change, describe program enhancement, and future measurement of success. See example below:

Faculty realized that with the increased retention of students additional clinical sites would be needed. Additional clinical sites would also provide students with a greater variety of procedures and department routines. This would also provide students additional possible places of employment. At this time two new sites have been approved and a third site is making necessary revisions.

Measures have been implemented to add more practice exam requirements, tests have been formatted to reflect Registry type questions. We will continue to update software available in the Health Sciences Media Center to offer review and practice exams. At this point the graduate pass rate has increased to 82% showing improvement from the previous year. The program will continue to seek sources to offer enhancement.