CTE Program Review – Annual Program Update for 2021-2022
PART A

SECTION 1: BASIC PROGRAM INFORMATION

Program Name: **Radiography**

Program Faculty Department Chair(s): Jennifer Bringhurst

Program SAC Chair(s): Abbie Berman

Program Dean: vacant - Janeen Hull serving

Pathway Dean: Janeen Hull

Please highlight where your classes are offered.

Classes/Services offered at: CA / RC / SE / <mark>SY</mark> / NB / HC / WCC / Metro / CLIMB / OMIC / Other:

1A. Program Structure

- Do you have a Competitive Entry or Admissions Process?

    _x__   Competitive, based on admission criteria

    ___   Competitive due to limited capacity, based on order of application

    ___   Open entry

    ___   Other _____

SECTION 2: REFLECTING ON DATA

All data cited below can be found here:

***Note the row of Tabs just below your Bookmarks Bar. Begin on the Home Tab. This is where you will choose your selection criteria for your data. Return to the Home Tab whenever you want to change your selection criteria. See the Help and Data Dictionary Tabs as well as the Data Directions Document included in the email with this template for more information.

Please include data from at least the last three years and up to the last five years. A 3-year review is recommended. SACs may have unique circumstances and reasons for looking more or less broadly.

2A. Enrollments (SFTE) per year; Location (where course is taught); Modality

SEE Student FTE Tab.

2A1. Does this data suggest any questions that the SAC would like to pursue?

- Since we are a closed program, and we have cohorts, once in the program, all students will enroll in all courses.

2A2. Do the data suggest adjustments be made in your program, such as schedule or course offerings, with regards to enrollment? If yes, what ideas/strategies do you have that you would like to implement or have help with?

- N/A - see comment above

2A3. Are there other data reports that you would find informative/useful with regards to enrollment? How would this information support decision-making for the program?

2B. Course Success Rates

Data Definition: Success rate represents the percentage of students who successfully complete a course. It is calculated as:

$$\% \, S = \frac{\textit{Number of students receiving a grade of A, B, C, P, PR, or CM}}{\textit{Number of students receiving a grade of A, B, C, D, F, P, NP, I, W, PR, CM, N, UP}}$$

PR, CM, N, and UP are non-credit grades used in the Adult Basic Education program.

Success rates for gender and race are not calculated when the enrollment is less than 5. For any success rate that is not calculated, the total for that column is also not calculated.

% Success By Course and Modality

SEE Modality Tab

2B1a. Are there any courses with lower or higher pass rates than others (over time, over many sections, or a notably higher or lower rate)? If so, which ones?

- Some 2020-2021 courses have a low success rate, likely due to the sudden changes we had to make last year due to the pandemic. Many clinic courses (such as RAD 220) were not able to finish on time due to students not being allowed to attend the clinic (Legacy did not allow students from November 2020 until February 2021), so many students ended up with incompletes.
- Some courses were not offered in the 2020-2021 academic year since we only had one cohort of students.

2B1b. Are there any modalities with lower or higher pass rates than others (over time, over many sections, or a notably higher or lower rate)? If so, which ones?

- Many of the courses that had to move to remote (Rad 122, RAD 132, RAD 203, RAD 216) had a slightly lower success rate (about 3%) as compared to previous years.
- RAD 103 actually had a slightly higher success rate as a remote class. Interestingly.

2B2. Strategy Insights

What strategies have you used to maintain high success rates? What can be learned that might be applied to courses with lower success rates? What are possible actions to be taken to understand/address lower success rates? Please clearly explain how your discipline intends to explore content/curriculum, pedagogy/teaching, course material selection, etc. using culturally responsive teaching approaches throughout the next year. Try to identify a realistic one year goal.

- Now that we are back to a fairly normal schedule, we should be able to observe more accurate success rates with this new cohort of students (entering Fall 22). At this point, it is hard to determine what, if any, changes we should make to achieve higher success rates. We usually have high success rates.

Enrollment and % Success By Course and Student Demographics

SEE Gender, Race, and Pell Tabs

2B3. The data may indicate a pattern of inequities (in gender, race, or Pell eligibility) in student enrollment or success. Please clearly explain how your program intends to explore content/curriculum, pedagogy/teaching, course material selection, etc. using culturally responsive teaching approaches throughout the next year. Try to identify a realistic one year goal.

- Our success rate by race seems fairly even.
- There is a slightly lower success rate among male students. Again, with this data being from our unusual pandemic year, it is difficult to draw any firm conclusions.
- It may be a good idea for us to explore some training in culturally responsive teaching to get ideas, and help us be aware of any areas where we could improve our content/curriculum to enhance student success.
- We would like to find approaches to help students with language barriers as it applies to their communication with others (especially patients).

2B4. What support does your SAC need to fully explore inequities in enrollment or student success? For example, are there any other data reports you would find useful to have related to student success?

- It would be helpful to have data on how many students in our program took prerequisite courses multiple times for a higher grade, to compare to our success rates.

2C. CTE Completions

2C1. Is the program independently tracking student completions? Feel free to share your data sets here. Are there any program practices that positively influence completions? Are there any program practices that could be revised in order to more positively influence completions? Please explain.

- Midterm Advising
- We track completion of degree, as well as ARRT registry exam pass rates/scores
- Changes being made to intro RAD 100 course to help students anticipate what to expect, and what will be expected of them in the program and at clinic

2C2. If different from your internal tracking (if you do it), what conclusions or observations are suggested by the graduation data provided in the Awards Tab?

- We historically have a high success rate

2C3. Is your program aware of any external influences that strongly affect program completion? For example, labor market impacts, business partnerships, or internship availability, etc. Please explain.

- 2020-2021 year was affected by clinic pauses.

2C4. Are you able to get information about graduate job placement/salaries for recent graduates? If so, please describe how you get that information, and what you have learned.

- Yes we collect graduate surveys, through the survey we are able to determine what size of hospital they are placed and if they are full time/ part time/ or PRN. We do not collect information regarding salary. Salary varies between set hours and hospital system.
- The job market is somewhat cyclical (even without a pandemic)

SECTION 3: REFLECTION ON ASSESSMENT OF STUDENT LEARNING

3A1. Learning Assessment Reports

      X Multi Year Plan current and complete

      X 2021 Summary Data Report submitted

      X 2021 CTE Learning Assessment Report submitted

      _____ 2021 TSA submitted (Please check if TSA submitted)

Program Notes: If any of the above forms above was not submitted, please explain why. Feel free to add additional notes/ context as appropriate.

> We have not submitted a TSA report for 2021 due to turnover of program director/faculty department chair and not being aware that this report was due. We would appreciate guidance from our dean regarding compiling and submitting this report.

3A2. Assessment Reflection

Please respond to the question below, which relates to your SAC's 2020-2021 Learning Assessment Report to the Learning Assessment Council (LAC).

Commendations: This is the SAC Chairs first time going through this process, big kudos for a job well done! The report is clear, concise & easy to understand. The attachments are detailed & present the data in a way that is meaningful. This assessment project is timely & important for the SAC to understand a vital aspect of patient & provider safety, & how well their students are learning in the lab vs. what happens in the live clinical setting as graduates.

Suggestions/Comments: The SAC could repeat this assessment using a quantitative structure with benchmarks set from the results this year. As already mentioned by the SAC, the use of lead aprons is another safety example and may also be an assessment project for the future with information gained from this PPE assessment.

Questions: Are there some ideas for possible changes to teaching that the SAC has thought of that could be presented to the new program positions as they come in? Rather than depending on them to suggest ideas? Has the SAC presented this assessment to the advisory committee yet? The advisory committee may also have ideas that would be helpful, based on this assessment information.

SAC Response:

This report was a learning opportunity for the new SAC chair, and was a good exercise involving a lot of faculty discussion and examining what was top of mind for our faculty and students over the past year. It was also completed during a time of department turmoil, as well as limited access to students due to the pandemic.

Our SAC is considering repeating this assessment about PPE protocols specific to Covid. We are aware that we may get mixed results from students, as their individual clinical sites have differing policies regarding student involvement in Covid-confirmed patient exams. Some sites have fit-tested students for N95 respirators and some have not, some are providing PAPR devices for students while other hospitals are not.

See part 5 below - currently we do not have an advisory board that meets the criteria set forth by PCC, but we do meet regularly with our CIIC (Clinical Instructors in Charge) group.

SECTION 4: ADDITIONAL ACHIEVEMENTS, CHALLENGES or OPPORTUNITIES

4A. Is there anything further you would like to share about your program's achievements at this time?

Our SAC is pleased to have a new PD/FDC in place who is working well with the team and brings a fresh modern perspective on our program design and policies. Additionally, our new FT faculty in the position of Clinical Coordinator is a fantastic addition to our small faculty group. The new personnel in combination with our move to our brand new suite in HT basement is achievement enough, as we try to emerge from this pandemic and continue supplying the community with highly qualified entry-level radiologic technologists. We are proud that we have been able to support our students in their studies both didactically and in clinics, where they feel safe and valued.

4B. Are there any challenges not described above that you would like to note here?

The only challenges facing us at the moment as a SAC are succession planning for retirement-age faculty in all 3 of our programs, and assessing/strategizing on how we can launch our approved VIR program with no coordinator or certified faculty in place.

4C. Do you see any opportunities in the near or long term that you would like to share?

Opportunities may include continued refinement and streamlining of our program/courses with fresh input from our new PD/FDC. Other opportunities include staying current with imaging technology and equipment. As the imaging world continues its advancements with digital and AI, we will need to be on the lookout to retire old equipment that is not in use in the community anymore and acquire newer equipment that reflects common usage in hospitals nationwide. Our new PD has arranged for us to obtain a used mobile fluoroscopy unit (C-arm) from a hospital looking to upgrade, and other similar opportunities may present themselves in the future as well.

SECTION 5: INDUSTRY AND EXTERNAL ACCREDITATION GUIDANCE

5A. Advisory Committee

Please check your Advisory Committee list at Spaces. If it is not up to date, submit the current list to academicaffairs@pcc.edu and we can update Spaces for you.

Advisory committee roster is current as of: July 2019

Please summarize feedback/input that you have received from your Advisory Committee over the past two years, and outline actions that resulted from this feedback.

Currently we do not have an Advisory Committee, we are working on getting one in the upcoming school term. This Advisory Committee will contain Radiology Department Managers from our clinic associates, one or two second year students, one or two first year students, the current Dean at PCC for medical imaging, as well as the Medical Imaging faculty.

Are there any examples of successes you have had working with your Advisory Committee that you would like to highlight?

None at the moment.

Does the SAC have any suggestions for ways that the Program and Pathway Deans could support the SAC and the Advisory Committee to work together effectively?

We will need to have time to meet on campus to ensure that everyone will be on the same page, this will most likely need to occur in the evenings when everyone is off work.

5B. Accreditation

- Do you have professional or programmatic accreditation? (This is a separate accreditation from PCC's institutional accreditation by NWCCU).

  <mark>YES</mark> / NO

- If yes:
    - What is the name of your accrediting body?

      Joint Review Committee on Education in Radiologic Technology

    - What is the typical accreditation cycle?

      We do an annual review and have another 7 years until our next site visit. JRCERT offers 5-8 cycles. We are on an 8 year cycle

    - When is your next self-study/visit scheduled to occur?

      In August we will do a self annual review, an interim report will be required. The projected date for submission of the interim report is the Second Quarter of 2023

Please summarize feedback/input that you have received from your accrediting body over the past two years, and/or any actions taken as a result of accreditation recommendation or guidance.

From what I have gathered from past JRCERT feedback, we needed to change our Phase 2 for the application process. Students would go to an interview/job shadow at specific hospitals and they would decide who they would take. In order to change this we are going to perform Panel interviews so that more clinic providers are able to see the students and as a group with the instructors decide who we think would fit in the program. After this the PCC faculty would determine which applicants would be in the program and at which clinical site.