Compliance Report – General Notes for Programs
JRCNMT August 2019

Form B: Resource Assessment
- Faculty perspective should be included in all areas, not just student input.
- Support staff are administrative assistants, admissions and advisement staff, etc. Faculty and affiliate technologists are not support staff.
- Indicate who the PD meets with to discuss budget, classroom and equipment maintenance issues and requests for new library resources.
- Adequacy of clinical affiliates – input from student evaluations is helpful but programs should also make their own assessment of the affiliates by utilizing student input and information obtained from affiliate visits and Advisory Committee meetings. The focus is on whether the affiliates met the needs of the program last year and will continue to do so. Are: cameras being removed and not replaced at an affiliate; staff being increased or decreased; therapy procedure volumes decreasing; volume or variety of procedures at a site changing?

After reviewing all compliance reports the JRCNMT will be evaluating the functionality of Form B. If revisions occur they will be announced to all programs.

Form J: Assessment of Program Student Learning Outcomes (SLOs)
- Review the program mission and the SLOs identified to ensure they correlate. For example, if a program's mission says students will demonstrate clear communication with patients, family members and other healthcare providers there should be an SLO that includes or focuses on student communication skills.
- Recognize the difference between SLOs (what students will learn in program) and program goals (what the program will accomplish). Job placement, graduation rate, and employer rating of the program are not SLOs.
- Ensure the program-level SLOs are each unique and that one goal hasn't been broken into multiple goals. Program SLOs should be broad and will break down into smaller subsets at the course level.
- Rather than utilizing every question on a hundred AES evaluations of students each semester, identify key questions that relate to the specific SLO and only use them for computations to demonstrate student attainment of the outcome.
- When presenting results on this form and Form L, it's not enough to say the result was 73%. The sample size is important to note so provide the result as 73% (8/11) to show that 8 of 11 students passed or whatever the parameters are for the specific data point.

Form J will be revised to include a place for programs to identify the benchmarks for each SLO. Many programs listed it in the results column but others did not identify benchmarks.

Form L: Program Effectiveness Data
- Results should be quantitative for all items but Advisory Committee Feedback and Affiliate Visits. It's not adequate to make generic statements such as "the majority of graduates were satisfied with the program."
- Advisory Committee Input - provide information on key issues raised by the AC during the year under review and the status of the program's efforts to address the issues.
- Affiliate Visits - summarize trends and major issues noted at visits during the year under review. Such items may include changes in staffing or equipment, imaging department remodeling, changes in procedure volume and/or variety, AES concerns with anything pertaining to students or the program.
- Be specific with benchmarks – don't just indicate 90%. Is the benchmark a one-year average of 90% measured at six-months post-graduation? Or is it a three-year average of 90% measured at one-year post-graduation?
- The return rate on graduate or employer surveys does not indicate program effectiveness. It's the responses on the surveys that matter. Benchmarks should relate to data obtained from the survey responses. If you also want to add a return rate benchmark that is fine but it cannot be the only benchmark for a survey.
- Setting benchmarks at 100% is not practical, though it is what programs strive for. Consider reviewing data from the most recent five years and setting a practical benchmark that includes room for improvement.