

**JOINT REVIEW COMMITTEE
ON EDUCATIONAL PROGRAMS
IN NUCLEAR MEDICINE TECHNOLOGY**

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November 6, 2023

Revised 11/16/23: Typo in the 2020-2022 pass rate corrected

Kyle Marrero, DMA
President
Georgia Southern University, Armstrong Campus
PO Box 8033
Statesboro, GA 30460

Distributed by email with receipt confirmation

Dear Dr. Marrero:

At its meeting on October 13-14, 2023, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) evaluated the Annual Report submitted by the nuclear medicine technology program at Georgia Southern University Armstrong Campus and the self-study and Letter of Site Visit Findings from the program's 2023 review for continued accreditation.

Review of the Annual Report demonstrated that the program continues to be deficient in meeting Standards D.3.1b and D.3.4, which were cited in 2022, and resulted in the program being placed on probation. The review for continued accreditation demonstrated that the program is not meeting Standards C6, D3.1j and E3.3. Accordingly, the board extended probation one additional year. Compliance issues resulting from the board's review are provided below. Feedback from the Annual Report reviewers is provided on the page attached to this letter.

Compliance Issues on Annual Report

D3.1b Assessment of program effectiveness must, at a minimum, document the regular collection and analysis of graduate performance on the national certification examinations.

Within the Annual Report, on Form L: Program Effectiveness, the JRCNMT sets a benchmark of 80% as a rolling three-year pass rate for first-time examinees on the national certification examinations. The program's pass rate for 2020-2022 is 75%. This is the fifth consecutive year it has been below the benchmark, though it trended upward in this year's report.

D3.4 The results of ongoing assessment must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically document the application of assessment results in the process of program improvement.

Form L in the Annual Report, and the program's previous Pass Rate Progress Reports, have provided general plans to address the program's low certification exam pass rate that do not appear to have been effective. Because the low pass rates have been an on-going problem, it is imperative that the program continue analyzing all aspects of the program, from admissions to curriculum; implement significant changes; monitor carefully for results; make modifications if indicated; and provide detailed reports to the JRCNMT. Effective and urgent program changes are necessary to ensure graduates can obtain certification and enter the workforce as soon as possible upon program completion.

To address the Annual Report issues, the program must undertake the following in the upcoming year:

- Submission of a satisfactory Pass Rate Progress Report, due no later than **March 1, 2024**. The report form is attached to the email that delivered this letter; and
- Submission of a satisfactory Annual Report, due no later than **August 1, 2024**.

Compliance Issues Noted During the Review for Continued Accreditation

- C6 Supervised, competency-based clinical education shall include the following:
(h) interaction with interpreting physicians to develop an understanding of the clinical correlation of **nuclear medicine procedures** with other diagnostic procedures.
and
(k) interaction with interpreting physicians to develop an understanding of the clinical correlation of **diagnostic computed tomography procedures** with other diagnostic procedures.

The program is not ensuring that all students have physician interaction associated with nuclear medicine and diagnostic CT imaging procedures.

- D3.1j Assessment of program effectiveness must include affiliate visit notes from the PD and/or CC; A minimum of two visits per year to each clinical affiliate in use is required. For programs with embedded diagnostic CT education, the PD and/or CC must perform and document two visits per year to each clinical affiliate providing clinical education in diagnostic CT.

There is no evidence documenting the minimum two visits per year were completed by a JRCNMT-recognized PD or CC.

- E3.3 Radiation exposure records shall be reviewed with each student at regular intervals (not less than quarterly). Documentation of these reviews, including a dated acknowledgement by the student, must be maintained.

The program was unable to provide evidence of students reviewing and dating dosimetry records at least quarterly.

An assessment of all clinical affiliates during the review process determined that the program can accommodate 8 students in the clinical education portion of the program. The recognized affiliates and their respective student capacities are identified on the page attached to this letter.

Since compliance deficiencies were noted during the review for continued accreditation, the JRCNMT requests a progress report be submitted no later than **August 1, 2024** documenting the manner in which each cited deficiency is being addressed or has been resolved.

At the JRCNMT meeting following submission of each report, the board will consider the information provided. At the fall 2024 meeting, after all reports have been evaluated, the board may take one of three actions:

- remove probation if substantial compliance has been achieved;
- withdraw accreditation, which is subject to appeal, if the program continues to be deficient in meeting these standards; or
- extend probation for one additional year if the program demonstrates good cause in its efforts to come into compliance with the cited standards.

Reconsideration of Probation

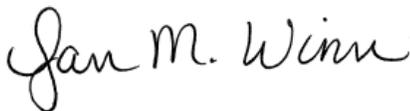
In accordance with JRCNMT policy 2.800 (email attachment), an institution may request reconsideration of probation if it believes the factual accuracy of a deficiency is in question. The request, due by **November 29, 2023**, must include evidence demonstrating that a deficiency was cited in error.

If reconsideration is not requested prior to the stated deadline, notification of this decision will be forwarded to the institution's accrediting agency. The information will also be made available to the public through the JRCNMT website and its publications.

A program on probation is required to advise current and prospective students of the probationary status on its website and in publications according to JRCNMT policy 2.150, page 16 (email attachment). In addition, a program on probation may not add clinical affiliates or expand its student capacity until the probationary status has been removed, except when addition of clinical affiliates is necessary to address a cited deficiency.

Please contact the JRCNMT office if there are questions regarding the content of this letter.

Sincerely,



Jan M. Winn, M.Ed., RT(N), CNMT
Executive Director

Att: Pass Rate Progress Report, JRCNMT Policy 2.800 and JRCMT Policy 2.150

cc: Rochelle Bornette Lee, EdD, RT(N)
Nuclear Medicine Program Director

Laurie Adams, EdD, RT(T)
Chair, Department of Clinical Sciences

JRCNMT Executive Officers

JRCNMT
Reviewer Feedback on Forms J and/or L

Program Sponsor: Georgia Southern University Armstrong Savannah, GA **Year of Submission:** 2023

The program has created a thorough assessment plan; there is evidence that results are analyzed and used to improve student learning and program effectiveness. The program has demonstrated best practices by systematically determining benchmarks and implementing plans to increase student performance on the national certification exams.

Clinical Affiliates and Capacities

A program’s student capacity is based on equipment, staffing levels and procedure volume at each clinical affiliate, as reported in the self-study or in newer documentation provided before or at the time of the site visit. An arranged clinical capacity, noted as “arr @”, means students are assigned to the facility for a special-focus rotation of limited duration. Arranged capacities are not included in the calculation of a program’s total clinical student capacity. Where clinical affiliates are shared with other educational programs, noted with an asterisk, it is the responsibility of the program directors to ensure clinical assignments do not exceed the approved capacity at these affiliates.

| Affiliate | Location | Recommended |
|---|-----------------|--------------------|
| Candler Hospital (nuclear medicine) | Savannah, GA | 1 |
| - diagnostic CT | | arr @ 1 |
| East Georgia Regional Medical Center | Statesboro, GA | Arr @ 1 |
| Memorial University Medical Center (NM & PET) | Savannah, GA | 2 / arr @ 1 |
| - diagnostic CT | | arr @ 2 |
| Phoebe Putney Memorial Hospital* | Albany, GA | 2 |
| Phoebe Putney Meredyth Imaging (PET/CT)* | Albany, GA | arr @ 1 |
| SouthCoast Health Savannah Campus (dx CT) | Savannah, GA | arr @ 1 |
| Southeast Georgia Health Brunswick | Brunswick, GA | 2 |
| St. Joseph’s Hospital (nuclear medicine) | Savannah, GA | 1 |
| - diagnostic CT | | arr @ 2 |
| Trident PET/CT of Savannah | Savannah, GA | arr @ 1 |
| Total clinical capacity | | 8 |