

October 23, 2009



John Schwenn, Ph.D.
President
Dalton State College
650 College Drive
Dalton, GA 30720

RE: Program #0460

Previous Accreditation Status: 8 Years
Most Recent Site Visit: 03/09
Agenda: R-C

Dear Dr. Schwenn:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the certificate and associate degree radiography program sponsored by Dalton State College. The JRCERT is the only agency recognized by the U.S. Department of Education for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the program was considered at the October 16, 2009 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiologic Sciences (2002)**. The JRCERT awards:

ACCREDITATION FOR A PERIOD OF EIGHT YEARS.

The maximum duration that may be awarded by the Joint Review Committee on Education in Radiologic Technology in this category is eight years.

An interim report will be required. The projected date for submission of the interim report is the First Quarter of 2013. The JRCERT will provide program officials adequate notice of the due date for submission of the interim report. Based on the interim report, the JRCERT will determine if the accreditation award of 8 years will be maintained or reduced and the continuing accreditation process expedited.

If the accreditation award is maintained, the next site visit is tentatively scheduled for the First Quarter of 2017.

The program is advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any on-site evaluation.

John Schwenn, Ph.D.
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The attachment to the program director's copy of this letter identifies the clinical total capacity, as provided by the program, for the institutions recognized as clinical education settings. It is the responsibility of the program to provide a copy of this letter to appropriate personnel at the clinical education settings.

The Joint Review Committee on Education in Radiologic Technology Directors and staff congratulate you and the program faculty for achieving the maximum award of accreditation from the JRCERT and wish you continuing success in your efforts to provide a quality educational program. If we can be of further assistance, do not hesitate to contact us.

Sincerely,



Denise E. Moore, M.S., R.T.(R)
Chair

DEM/JH/jm

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Dean: Charles D. Johnson, Ed.D.
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Donna L. Caldwell, Ed.S., R.T.(R)(CV)
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March 30, 2009

John Schwenn, Ph.D.
President
Dalton State College
650 College Drive
Dalton, GA 30720

RE: Program #0460

Dear Dr. Schwenn:

The report of the site visitors who evaluated the radiography program sponsored by Dalton State College on March 19-20, 2009 has been reviewed. The program is scheduled for consideration by the Joint Review Committee on Education in Radiologic Technology (JRCERT) at the Fall 2009 meeting.

The program was evaluated using the **Standards for an Accredited Educational Program in Radiologic Sciences (2002)**. The following is a composite report developed from documentation submitted by the program, the report of site visit team findings submitted by the site visit team, and staff review of relevant materials. The sponsor must respond to this report of findings prior to JRCERT consideration.

The following clinical education settings were visited:

Hamilton Diagnostic Center - Dalton, GA
Murray Medical Center - Chatsworth, GA

Standard One - Mission/Goals, Outcomes, and Effectiveness

The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

The site visit team reported the following findings:

The program has a mission statement that adequately defines the purpose and scope of the program. Program goals are measurable. The mission statement and goals are readily available to students, faculty, administrators, and the general public. The program has a formalized plan to assess student learning outcomes. Outcomes are consistent with the program's mission and goals. The program solicits feedback from communities of interest and uses the feedback to identify priorities for improvement and quality enhancement planning. The program periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary.



Standard One - Mission/Goals, Outcomes, and Effectiveness (cont'd)

Summary for Standard One:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard One**.

Standard Two - Program Integrity

The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.

The site visit team reported the following findings:

The program adheres to high ethical standards in relation to students, faculty, and staff. Faculty recruitment and employment practices are non-discriminatory. Publications accurately reflect the program's offerings. Due process procedures are readily accessible and fair. The program customarily evaluates policies, procedures, and publications to assure up-to-date and accurate information. Documentation regarding the continuing accreditation status of the sponsoring institution is available. It is evident that the program is utilizing two campuses of Associates of Orthopedics and Sports Medicine, P. C. as clinical education settings that are not recognized by the JRCERT(**Objective 2.9**).

Summary for Standard Two:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.10, and 2.11**. The program is not in compliance with **Objective 2.9**.

A recommendation is provided for **Standard Two**:

Objective 2.9 - Assure that the program maintains JRCERT recognition of all clinical education settings.

The program is advised that its college catalog identifies the incorrect address of the JRCERT. To be in compliance with the requirements of the United States Department of Education, if an institution or program elects to make public disclosure of its accreditation status, program publications must state that the program is accredited by:

The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
(312) 704-5300

Standard Three - Organization and Administration

Organizational and administrative structures support quality and effectiveness of the educational process.

The site visit team reported the following findings:

The program benefits from a supportive institutional administration that meets the needs of the students and the program. The program does not have an affiliation agreement that indicates usage of two additional Associates of Orthopedics and Sports Medicine, P.C. offices as clinical education settings (**Objective 3.2**). Some student examinations are kept in file folders in the radiography classroom thereby not assuring confidentiality and privacy of these records (**Objective 3.3**). There is an appropriate relationship between the length of the program and the subject matter taught.

Summary for Standard Three:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 3.1, 3.4, and 3.5**. The program is not in compliance with **Objectives 3.2 and 3.3**.

Recommendations are provided for **Standard Three**:

Objective 3.2 - Assure that the program establishes and maintains affiliation agreements with clinical education settings.

Objective 3.3 - Assure the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Standard Four - Curriculum and Academic Practices

The program's curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.

The site visit team reported the following findings:

A well-organized master plan of education is in place. The curriculum prepares the students to practice in the professional discipline. Professional values, life-long learning, and competency in critical thinking and problem solving skills are promoted throughout the curriculum. The program's clinical component needs to provide students with a more well-structured and correlated plan in relation to its didactic offerings. It is evident that, at times, first year students are assigned to trauma clinical rotations during nontraditional hours, even as a first clinical assignment prior to any didactic coursework on trauma radiography (**Objective 4.4**). The curriculum evaluates affective, cognitive, and psychomotor domains. Students are afforded learning opportunities in current and developing imaging technologies. Students that are employed in certain clinical education settings as *student technologists* are allowed to clock out and complete clinical competencies for evaluations to be used towards completing course/degree requirements (**Objective 4.7**). The program provides equitable opportunities in mammography for male and female students alike; however, some students interviewed appeared confused on the interpretation of this policy.

Standard Four - Curriculum and Academic Practices (cont'd)

Summary for Standard Four:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 4.1, 4.2, 4.3, 4.5, and 4.6**. The program is not in compliance with **Objectives 4.4 and 4.7**.

Recommendations are provided for **Standard Four:**

Objective 4.4 - Assure that the program provides a well-structured, competency based curriculum that supports the program's mission and goals.

Objective 4.7 - Assure that the program provides equitable learning opportunities.

The program may wish to consider the following **suggestion:**

Clarify the existing mammography rotation policy to all students.

Standard Five - Resources and Student Services

The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.

The site visit team reported the following findings:

The program provides learning resources that support its mission and goals and are conducive to student learning. The students benefit from individual computers at each station within the radiography classroom. The clinical education settings provide the students with a variety and volume of procedures for competency achievement. The students benefit from a wide variety of student services that enhance student learning outcomes.

Summary for Standard Five:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Five**. (**Objective 5.2** does not apply to this program.)

Standard Six - Human Resources

The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

The site visit team reported the following findings:

Faculty and staff are aptly qualified for their assignments. Clinical instructors for Battlefield Imaging, SkyRidge Medical Center, and SkyRidge Medical Center-East Campus were not available for interview by the site visit team (**Objective 6.2**). The program has an adequate number of faculty to meet the educational, administrative, and accreditation requirements. Faculty are dedicated and committed to the students, program, and profession.

Standard Six - Human Resources (cont'd)

Faculty are provided with opportunities for continuing professional development. Didactic and clinical faculty are regularly evaluated to assure instructional responsibilities are performed.

Summary for Standard Six:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Objectives 6.1, 6.3, 6.4, 6.5, and 6.6**. The program is not in compliance with **Objective 6.2**.

A recommendation is provided for **Standard Six**:

Objective 6.2 - Assure that the program documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

Standard Seven - Students

The program's and sponsoring institution's policies and procedures serve and protect the rights, health, and educational opportunities of all students.

The site visit team reported the following findings:

The program's admission policies are clearly defined and published. Student recruitment and admission practices are non-discriminatory. Prospective and enrolled students receive current and accurate information regarding transfer of credit, tuition and fees, academic policies, and program structure and content. Students are provided timely and supportive academic, behavioral, and clinical advisement throughout the program. Activities assigned to students are supervised by program faculty and are assured to be educationally valid and supportive of student learning outcomes. The program limits required clinical and academic involvement for students to no more than 40 hours per week.

Summary for Standard Seven:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Seven**.

Standard Eight - Radiation Safety

Program policies and procedures are in compliance with federal and state radiation protection laws.

The site visit team reported the following findings:

The program's policies and procedures are in compliance with federal and state radiation protection laws. The program's pregnancy policy is published and made known to accepted and enrolled female students. Radiation monitoring reports are reviewed and maintained by program faculty. Students are appropriately instructed in the utilization of imaging equipment and accessories and the employment of techniques and procedures to minimize radiation exposure to patients, selves, and others. Students are appropriately supervised prior to and after achieving competency. Unsatisfactory radiographs are repeated under the direct supervision of a qualified practitioner. Learning environments are in compliance with applicable federal and state radiation protection laws.

Standard Eight - Radiation Safety (cont'd)

Summary for Standard Eight:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Eight**. (**Objective 8.4** do not apply to this program.)

Standard Nine - Fiscal Responsibility

The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.

The site visit team reported the following findings:

The program has sufficient on-going financial resources to support its mission and goals. The program director participates in the budget planning process.

Summary for Standard Nine:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Nine**. (**Objective 9.3** does not apply to this program.)

Responding to the Report of Findings

A copy of this report of findings is supplied to each member of the site visit team. Team members are requested to review this report and communicate any inaccuracies or inconsistencies with these findings to the JRCERT office prior to the deadline for program response.

A response to this report of findings, including the signature of the Chief Executive Officer of the sponsoring institution, is required prior to Committee consideration. The response must be received by **May 11, 2009**. The institution and program are encouraged to share this report of findings and its response with program faculty and institutional and departmental officials of its clinical education settings.

The response must include a concise rationale and documentation to support program compliance with each recommendation. The program must assure that it has developed and implemented appropriate practices that will demonstrate **STANDARD-RS** compliance. Assurance of development can be demonstrated by providing to the JRCERT necessary documents that support the program's compliance with the recommendations. When forms are provided as evidence, a representative sampling of completed forms must be submitted to assure that the practice or procedure is implemented. The response may also include comments on the site visit, site visitors or the accreditation process.

The program is advised that based on a review of information submitted in support of the program's response to the report of findings, the Committee has the right to add citations not included in the original report of findings.

John Schwenn, Ph.D.
March 30, 2009
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Thank you for recognizing the value of specialized accreditation and for permitting the JRCERT to evaluate the radiography program. If I can provide additional information or clarification regarding this report, do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Jay Hicks".

Jay Hicks, M.S.R.S., R.T.(R)
Accreditation Specialist

JH/jl

copy: Susan D. West, M.Ed., R.T.(R)
Charles D. Johnson, Ed.D.
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