

**Self-Study**

**Thank you for seeking programmatic accreditation. This self-study instrument will guide you through the documentation required to be submitted with the self-study report and the supporting materials that must be available at the time of the site visit.**

**The JRCDMS self-study report must be completed to include the requested documentation. The self-study report must be organized in the sequence of this self-study with attachments named/titled as specified in this document. The self-study must be saved as a Word document to ensure all attachments that are placed within the box areas can be accessed.**

**E-mail completed self-study (in one e-mail) as a Word document to:** Mail@JRCDMS.org **AND Send a check payable to JRC-DMS to:** JRC-DMS, 6021 University Blvd. Suite 500, Ellicott City, MD 21043.

The schedule of JRC-DMS fees can be located on the JRC-DMS website at: <https://www.jrcdms.org/fee.htm>. **Note that the Self-Study Fee is non-refundable and must be received before the self-study can be assigned to an available reviewer.**

***Have questions?***

*Call (*443) 973-3251*, e-mail* mail@jrcdms.org*, or visit* [*www.jrcdms.org*](http://www.jrcdms.org)*.*

**Application for CAAHEP Accreditation through JRC-DMS**

**Program Information**

CAAHEP Request for Accreditation Services

<https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices>

|  |  |
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| After completing the request for Accreditation Services in the link above, you will receive an email containing a copy of your responses. Save the email to your local computer, and drag the file into the box to the right: |  |

**Demographics of Program**

|  |  |
| --- | --- |
| Program Name: |  |
| Program #: |  |
| City: |  |
| State: |  |
| Zip: |  |
| Program Director: |  |
| Concentration Coordinator (if applicable): |  |

Learning Concentrations seeking accreditation:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Initial | Initial to Continuing | Continuing |
| Abdominal sonography – Extended | [ ]  | [ ]  | [ ]  |
| Adult cardiac sonography | [ ]  | [ ]  | [ ]  |
| Breast sonography | [ ]  | [ ]  | [ ]  |
| Musculoskeletal sonography | [ ]  | [ ]  | [ ]  |
| Obstetrics and gynecology sonography | [ ]  | [ ]  | [ ]  |
| Pediatric cardiac sonography | [ ]  | [ ]  | [ ]  |
| Vascular sonography | [ ]  | [ ]  | [ ]  |

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| Number of cohorts\* admitted per year:  | Choose an item. |

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| --- | --- | --- | --- |
|  | Name | Start Date | End Date |
| Cohort 1: |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Cohort 2:(if applicable) |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Cohort 3:(if applicable) |  | Click or tap to enter a date. | Click or tap to enter a date. |
| Cohort 4:(if applicable) |  | Click or tap to enter a date. | Click or tap to enter a date. |

\*Refer to JRC-DMS Policies and Procedures for definition of cohort.

|  |  |
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| What is the maximum number of students enrolled for each cohort? |  |
| Does this program have a satellite or distant campus?  | Choose an item. |
| If yes, address(es) of other campus(es): |  |
| Is the program applying for consideration of ten-year accreditation award?  | Choose an item. |
| Is this program a distant education program as defined by CAAHEP Policy #209?  | Choose an item. |

**Attestation Statement and Signature Page**

|  |  |
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| TO: | Joint Review Committee on Education in Diagnostic Medical Sonography (JRC- DMS), a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). |
|  |  |
| FROM: |  |
|  | (Institution & Program Name and Address) |

“Self‐Study is a formal process during which an educational institution or program critically examines its structure and substance, judges the program’s overall effectiveness relative to its goals and learning domains, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements. The process should include an assessment of the extent to which the program is in compliance with established accreditation Standards, appropriateness of program goals and learning domains to the demonstrated needs and expectations of the various communities of interest served by the program, and the program’s effectiveness in meeting set thresholds for established outcomes.” (CAAHEP)

The Diagnostic Medical Sonography program, on behalf of the sponsoring institution, submits this program self-study for review and consideration by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS), a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Programs (CAAHEP).

This Self Study Report is submitted for the purpose of assisting in the review of the program’s initial or continuing accreditation request.

This Self Study Report is submitted to assist in reviewing the program’s initial or continuing accreditation request.

We certify that there was broad participation by the institution’s communities of interest, and we believe the Self Study Report accurately reflects the nature and substance of this institution.

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|  |  |  |  | Click or tap to enter a date. |
| Name, TitlePresident/CEO/Equivalent |  | Signature |  | Date |

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|  |  |  |  | Click or tap to enter a date. |
| Name, TitleProvost/Dean/Equivalent |  | Signature |  | Date |

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|  |  |  |  | Click or tap to enter a date. |
| Name, TitleProgram Director |  | Signature |  | Date |

**JRC-DMS Request for 10-Year Accreditation**

[***Refer to JRC-DMS policy #203 for eligibility to apply***](https://www.jrcdms.org/pdf/JRCDMS_Policies%20%283-1-2021%29.pdf)

This form is to be submitted with program’s self-study. For details, see the 10-year accreditation policy located online in the JRC-DMS Policies and Procedures at <https://www.jrcdms.org/policies.htm>.

|  |  |
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| [ ]  | Not applicable |

Check the concentration(s) for which you are requesting 10-year accreditation:

|  |  |
| --- | --- |
| [ ]  | Abdominal sonography – Extended |
| [ ]  | Adult cardiac sonography |
| [ ]  | Obstetrics and gynecology sonography |
| [ ]  | Pediatric cardiac sonography |
| [ ]  | Vascular sonography |

1. **Dates of initial and last accreditation cycle for each learning concentration:**

|  |  |  |
| --- | --- | --- |
| **Concentration** | **Date of initial accreditation** | **Date of last continuing accreditation** |
| **Abdominal and OB/GYN (formerly General concentration)** | Click or tap to enter a date.      | Click or tap to enter a date.      |
| **Adult cardiac sonography** | Click or tap to enter a date.       | Click or tap to enter a date.           |
| **Pediatric cardiac sonography** | Click or tap to enter a date.       | Click or tap to enter a date.           |
| **Vascular sonography** | Click or tap to enter a date.        | Click or tap to enter a date.           |

 (Newly added concentrations are not listed in the table since they would not be eligible for 10-year accreditation)

1. **Names of key personnel:**

|  |
| --- |
| **Abdominal and OB/GYN (formerly General concentration)** |
| **Key Personnel Position** | **Initial accreditation** | **Last continuing accreditation** | **Current accreditation** |
| **Program Director** |  |  |  |
| **Clinical Coordinator** |  |  |  |
| **Concentration Coordinator** |  |  |  |
| **Medical Advisor** |  |  |  |
| **Other** |  |  |  |

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| **Adult cardiac sonography** |
| **Key Personnel Position** | **Initial accreditation** | **Last continuing accreditation** | **Current accreditation** |
| **Program Director** |  |  |  |
| **Clinical Coordinator** |  |  |  |
| **Concentration Coordinator** |  |  |  |
| **Medical Advisor** |  |  |  |
| **Other** |  |  |  |

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| **Pediatric cardiac sonography** |
| **Key Personnel Position** | **Initial accreditation** | **Last continuing accreditation** | **Current accreditation** |
| **Program Director** |  |  |  |
| **Clinical Coordinator** |  |  |  |
| **Concentration Coordinator** |  |  |  |
| **Medical Advisor** |  |  |  |
| **Other** |  |  |  |

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| **Vascular sonography** |
| **Key Personnel Position** | **Initial accreditation** | **Last continuing accreditation** | **Current accreditation** |
| **Program Director** |  |  |  |
| **Clinical Coordinator** |  |  |  |
| **Concentration Coordinator** |  |  |  |
| **Medical Advisor** |  |  |  |
| **Other** |  |  |  |

1. **Has there been any change in program length since your last accreditation?** Choose an item.
2. **Has there been any change in clinical hours?** Choose an item.

|  |
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| **If there have been any changes in program length and/or clinical hours, please explain below:** |

1. **Please list your outcomes from the three most recent consecutive graduating classes in the table below. Outcomes should reflect the past three years; thus, if necessary, copy the table to accommodate multiple cohorts if your program graduates more than 1 cohort per year. Please specify cohort name and year. This information would be found in the program’s Annual Reports.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Cohort Name** | **Cohort Name** | **Cohort Name** |
|  |  |  |  |  |
|  |  | **Cohort Year (most recent)** | **Cohort Year (most recent)** | **Cohort Year (most recent)** |
| **Outcome** | **JRC-DMS****Threshold** |  |  |  |
| Student Retention | 70% |           % |           % |           % |
| Job placement rate | 75% |           % |           % |           % |
| Return rate graduates surveys  | 50% |           % |           % |           % |
| Return rate employer surveys | 50% |           % |           % |           % |
| Credentialing success:**Choose an item.** | 60% |           % |           % |           % |
| Credentialing success:**Choose an item.** | 60% |           % |           % |           % |
| Credentialing success:**Choose an item.** | 60% |           % |           % |           % |
| Credentialing success:**Choose an item.** | 60% |           % |           % |           % |

As Program Director, I attest the above information has been documented, reviewed, and calculated correctly.

Choose an item.

If unsure, please explain:

* **Attach most recent annual report**
* If initial accreditation, complete the Excel Annual Report form that is available in the Self-Study Documents page on the JRC-DMS website and label the document “2 Annual Report (year).”
* If continuing accreditation, obtain your most recent Annual Report and label the document “2 Annual Report (year).”

|  |  |
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| **Please drag and drop Excel document named “2 Annual Report (year)” in the box to the right:** |  |

* **Student Self-Study Questionnaires**
* JRC-DMS Self-Study Questionnaire must be completed by all currently enrolled students, completed anonymously, and the students must submit their questionnaire directly to the JRC-DMS office prior to submission of the self-study. The program must provide stamped, addressed envelopes to the students to mail directly to the office. Download the questionnaire at jrcdms.org/getstarted.htm.
* Submit a brief narrative describing how the surveys were distributed and the instructions provided to the students to ensure confidentiality and anonymity.

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| **Narrative:** |

**Standard I: Sponsorship**

**I. Sponsorship**

**A. Sponsoring Institution**

**A sponsoring institution must either award credit for the program or have an articulation agreement with an accredited post-secondary institution, and must be at least one of the following:**

1. **A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate/diploma at the completion of the program.**
2. **A hospital, clinic or medical center that is institutionally accredited and authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate/diploma at the completion of the program.**
3. **A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| Verification of Sponsoring Institution’s Accreditation certificate* URL link to organization’s website to locate verification.
 | Electronic or paper copy of verification of current Institutional Accreditation certificate. |
| **URL**:  |

B. Consortium Sponsor

**1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.**

**2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.**

[ ]  Not applicable

|  |  |
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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Legal agreement or Memorandum of Understanding
* Organizational table and narrative of responsibilities of each organization.
 | * Legal agreement or Memorandum of Understanding
* Organizational table and narrative of responsibilities of each organization.
 |
| **Please drag and drop PDF document named “3 Consortium Documents” in the box to the right:** |  |

C. Responsibilities of Sponsor

**The Sponsor must assure that the provisions of these Standards and Guidelines are met.**

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| --- | --- |
| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Programmatic organizational structure for reporting
 | * Programmatic organizational structure for reporting
* Overview of responsibilities for each and flow of communication to ensure effectiveness of the program.
 |

Please list in order of institutional hierarchy for reporting or supervision starting with the highest officer.

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| **Name** **(Inclusion of credentials is optional)** | **Title** |
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## **Standard II. Program Goals**

**A. Program Goals and Outcomes**

**There must be a written statement of the program’s goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.**

**Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.**

|  |  |
| --- | --- |
| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on the historical development of the program(s)
* For programs that are currently accredited, please provide any changes that have occurred since the last accreditation review process.
* Describe special considerations that impact your program characteristics (e.g., student population, financial constraints, availability of clinical experiences, national and/or state regulations for your college system, etc.).
* State the Mission of the sponsoring institution.
	+ A narrative sharing how the program mission or philosophy aligns with the institutional mission.
* Program goals and student learning outcomes (SLO) for each concentration or curricular track
 | * Sponsoring Institution’s mission
* Sponsoring Institution’s catalog
 |

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| **Narrative on Historical Development:** |
| **Narrative on Special Considerations:** |
| **Narrative for Mission:** |
| **Narrative for Program Goals and SLO:** |

 **B. Appropriateness of Goals and Learning Domains**

**The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.**

**An advisory committee, which is representative of at least each of the communities of interest named in these Standards*,* must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.**

***Advisory committee meetings may include participation by synchronous electronic means.***

|  |  |
| --- | --- |
| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative to describe the program's method to aggregate and report assessment data as per the institutional requirement.
* Advisory Board/Committee Members Table (Template provided)
* Advisory Committee meeting minutes from the most recent meeting (identify members present)
 | * Advisory Board/Committee Member Table
* Minutes from advisory meetings
* Institutional program review and/or assessment documentation
 |

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| **Assessment Process:** |

## **Advisory Board Member Roster**

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| --- | --- | --- |
| **Title/role** | **Member Name and Credentials** | **Employment** |
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Refer to JRC-DMS # 806 Advisory Committee Composition for members and definition of public member

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| **Please drag and drop PDF document named “4 Advisory C Minutes” in the box to the right:** |  |

C. Minimum Expectations

**The program must have the following goal defining minimum expectations: To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the following concentration(s) it offers:**

**Abdominal sonography - Extended**

**Adult cardiac sonography**

**Breast sonography**

**Musculoskeletal sonography**

**Obstetrics and gynecology sonography**

**Pediatric cardiac sonography**

**Vascular sonography.**

**Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.**

***Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.***

|  |  |
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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on where the goal statement for each concentration is published
 | * Program materials publishing the program’s goal statement and student learning outcomes.
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| **Narrative:**  |

**Standard III. Resources**

A. Type and Amount

**1. Program Resources**

**Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty, clerical and support staff; curriculum; finances; offices; classroom, laboratory, and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources, instructional reference materials, and faculty/staff continuing education.**

***Support staff should be available to provide counseling or referral for problems that may interfere with the student’s progress through the program. Guidance should be available to assist students in understanding course content and in observing program policies and practices.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on how the budget supports the program to provide the resources to offer an effective educational program.
 | * Transcripts of faculty continuing education
* List of instructional and reference materials
* Tour of classroom, lab equipment, and supplies
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| **Narrative:**  |

**2. Clinical Affiliates**

**Clinical affiliates must provide each student access to adequate numbers and a variety of types of diagnostic medical examinations to develop clinical competency in both normal and abnormal findings for the learning concentrations(s) being offered.**

***Programs should provide students with a variety of patient care settings in which sonographic procedures are performed on in-patients and outpatients. These settings may include the following: ambulatory care facilities, specialty centers, emergency/trauma, intensive/critical/coronary care, surgery, angiography/cardiac catheterization.***

***The number of students assigned to the clinical affiliate should be determined by a student/clinical staff ratio that ensures equitable experiences and outcomes are met.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Clinical affiliate form for each concentration\* (Clinical affiliate form by concentration template required – form available on JRC-DMS website Self Study documents)
* Record of clinical placement for each student (Clinical rotation matrix below)
* Documentation of the number of examinations participated in for each student (Student Clinical Log Participation table below)

\*Clinical affiliates must be listed using the names as titled in the clinical affiliate contracts with all campuses and departments to be identified on separate lines. Affiliate names must be used consistently in self-study documents. | * Updated Clinical affiliate form for each concentration
* Updated Clinical placement table for most recent graduating cohort(s) and enrolled cohort(s)
* Official class roster for each clinical course for each cohort
* Updated documentation on number of examinations participated in for each student.
* Access to Student Clinical Tracking/Management System if applicable
 |

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| **Please drag and drop Excel document named “5 Clinical Affiliates by Concentrations” in the box to the right:** |  |

**Clinical Rotation Matrix**

**INSTRUCTIONS**: Complete the following matrix for each cohort of enrolled students. All clinical rotations for each student must be listed. Each cohort must be listed separately in its own named matrix.

Examples: If your program starts a cohort 3 times per year, we should see 3 cohort matrices. If your program offers a day and night option, please complete 2 cohort matrices: one for each option. If your program offers a multi-campus education option, please complete individual matrix and title as main and multi-campus location.

Please use the initials **AB** (abdomen), **BR** (breast), **OB** (obstetrics), **GYN** (gynecology), **MSK** (musculoskeletal), **V** (vascular technology), **AE** (adult echocardiography) and **PE** (pediatric echocardiography) to denote the type of clinical exams and competencies the students will have opportunity to complete at each rotation. Please place these initials behind each rotation (see example).

Add or delete lines as necessary

Site Visit documentation: Clinical rotation matrix for the most recent graduated cohort is to be available at time of site visit. For the students listed below, an official class roster for the clinical course(s) is to be available at the time of the site visit.

If there is a deviation of the start/end date and days of the week from the main schedule, please indicate this within the text area for the student who has a different schedule.

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| --- |
| Cohort [#1] [cohort description/title]: |
| Student Name | Rotation 1 | Rotation 2 | Rotation 3 | Rotation 4 |
| Start Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| End Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| Days of the Week | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  |
| F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  |
| Start Time |  |  |  |  |
| End Time |  |  |  |  |
| Example: Jane Doe | Eastern Hospital(AB, GYN)M,W**Midwestern Maternal fetal Medicine** **(OB) F** | Midwestern Maternal Fetal Medicine(OB) M,WEastern Hospital(AB, GYN) **TH** | Mountain Hospital | Western Hospital |
| Example:John Doe | Western Hospital(AE, V) | Eastern Hospital(AE) | Midwestern Hospital | Western Hospital |
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| Cohort [#2] [cohort description/title]: |
| Student Name | Rotation 1 | Rotation 2 | Rotation 3 | Rotation 4 |
| Start Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| End Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| Days of the Week | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  |
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| Start Time |  |  |  |  |
| End Time |  |  |  |  |
| Example:Jane Doe | Eastern Hospital(AB, GYN)M,W**Midwestern Maternal fetal Medicine** **(OB) F** | Midwestern Maternal Fetal Medicine(OB) M,WEastern Hospital(AB, GYN) **TH** | Mountain Hospital | Western Hospital |
| Example:John Doe | Western Hospital(AE, V) | Eastern Hospital(AE) | Midwestern Hospital | Western Hospital |
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| Cohort [#3] [cohort description/title]: |
| Student Name | Rotation 1 | Rotation 2 | Rotation 3 | Rotation 4 |
| Start Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| End Date | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| Days of the Week | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  | M [ ]  | T [ ]  | W [ ]  | TH[ ]  |
| F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  | F [ ]  | SA [ ]  | SU [ ]  |
| Start Time |  |  |  |  |
| End Time |  |  |  |  |
| Example:Jane Doe | Eastern Hospital(AB, GYN)M,W**Midwestern Maternal fetal Medicine** **(OB) F** | Midwestern Maternal Fetal Medicine(OB) M,WEastern Hospital(AB, GYN) **TH** | Mountain Hospital | Western Hospital |
| Example:John Doe | Western Hospital(AE, V) | Eastern Hospital(AE) | Midwestern Hospital | Western Hospital |
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| **If you have more than three cohorts, please go to self-study area on the JRC-DMS website (jrcdms.org) to download and complete an additional “Clinical Rotation Matrix” document.****Please drag and drop the completed “Clinical Rotation Matrix” document in the box to the right:** |  |

**Student Clinical Log Participation**

INSTRUCTIONS: Please provide the total number of examinations each student has participated in the scanning of a diagnostic examination during their clinical education. Participation is defined as having the transducer on the patient to acquire some or all images of the examination. Do not include exams performed in the program’s scan lab and observation of exams in lab or clinical setting.

 Examinations to be calculated are:

* Abdomen
* Abdomen – extended
* Adult cardiac
* Breast (if applying for breast concentration)
* Gynecology
* Musculoskeletal (if applying for MSK concentration)
* Obstetrics
* Pediatric cardiac
* Vascular

Complete the following matrix for:

* Each enrolled cohort
* Most recent graduating cohort

Examples: If your program starts a cohort 3 times per year, we should see 3 cohort matrices. If your program offers a day and night option, please complete 2 cohort matrices: one for each option. If your program offers a multi-campus education option, please complete individual matrix, and title as main and the other matrix as the multi-campus location.

* Column titles can be changed to reflect program’s learning concentrations and exam volumes.
* Add or delete lines as necessary to include all enrolled students.
* Copy table as necessary to include required cohorts

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| Cohort 1 Name (Most recent graduated cohort):  |
| Start date: | Click or tap to enter a date. | End date: | Click or tap to enter a date. |

Scan lab exams and observation in lab or clinical are NOT to be included in the total number of exams.

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| Student Name | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Exams that the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Jane Doe(Example) | 250 | 75 | 150 | 100 | 100 |
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| Cohort 2 Name:  |
| Start date: | Click or tap to enter a date. | End date: | Click or tap to enter a date. |

Scan lab exams and observation in lab or clinical are NOT to be included in the total number of exams.

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| Student Name | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Exams that the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Jane Doe(Example) | 250 | 75 | 150 | 100 | 100 |
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| Cohort 3 Name:  |
| Start date: | Click or tap to enter a date. | End date: | Click or tap to enter a date. |

Scan lab exams and observation in lab or clinical are NOT to be included in the total number of exams.

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| Student Name | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Exams that the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education | Number of Patient Examsthat the student has scanned in their clinical education |
|  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Jane Doe(Example) | 250 | 75 | 150 | 100 | 100 |
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| **If you have more than three cohorts, please go to self-study area on the JRC-DMS website (jrcdms.org) to download and complete an additional “Student Clinical Log Participation” document.****Please drag and drop the completed “Student Clinical Log Participation” document in the box to the right:** |  |

B. Personnel

**The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.**

1. **Program Director**

**The program director must hold an academic degree and be an appointed faculty member or institutional equivalent with the sponsor.**

**a. Responsibilities**

**The program director must be responsible for:**

1. **the structure and daily operation of the program**
2. **the organization, administration, periodic review and evaluation, continued development, and effectiveness of program curricula**
3. **ensuring the effectiveness of all clinical affiliates is maintained**

***Ensuring the effectiveness of clinical affiliates may be demonstrated through overseeing, monitoring, and communicating with the Clinical Coordinator regarding student clinical rotations, the number of cases, and completion of required competencies by all students.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position description
 | * Job/Position description, which includes the responsibilities and qualifications.
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| **Please drag and drop the PDF named “6.1.a Program Director Job Description” in the box to the right:** |  |

**b. Qualifications**

**The program director must:**

1. **possess a minimum of a Baccalaureate degree**
2. **possess the appropriate credential(s) specific to one or more of the concentration(s) offered**
3. **have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques**
4. **have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field**

***A master’s degree is preferred.***

***Documentation of experience in educational theories and techniques may include completed college courses, seminars, or in-service sessions on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Summary Curriculum Vitae (CV)

*Required form is available on JRC-DMS Website Self-Study Documents* | * Verification of certification
* Verification of academic degree
* Documentation of faculty development participation
* Instructor and course evaluations results
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| **Please drag and drop the PDF named “6.1.a Program Director CV” in the box to the right:** |  |

1. **Clinical Coordinator(s)**

**Programs must have a faculty member or institutional equivalent designated as the Clinical Coordinator.**

**The Clinical Coordinator(s) must be an appointed faculty member or institutional equivalent with the sponsor.**

**a. Responsibilities**

**The clinical coordinator(s) must:**

1. **be responsible for coordinating clinical education with didactic education as assigned by the program director**
2. **evaluate and ensure the effectiveness of clinical experiences for the concentration(s) students are enrolled in**
3. **provide clinical instruction and document the evaluation and progression of clinical performance leading to clinical competence**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position description
* A narrative on the process to document the evaluation and progression of student clinical performance and verifying students achieved all required competencies.
 | * Student clinical evaluation documentation
* Clinical visit schedule and documentation
* Student Clinical Tracking/Management system or student records relating to clinical education
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| **Please drag and drop the PDF named “6.2.a Clinical Coordinator Job Description” in the box to the right:** |  |

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| **Narrative:** |

**b. Qualifications**

**The clinical coordinator(s) must:**

1. **possess an academic degree no lower than an Associate degree and at least equal to that for which the graduates are being prepared**
2. **possess the appropriate credential(s) specific to the concentration(s) that s/he coordinates**
3. **have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques; and**
4. **have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field.**

***Documentation of experience in educational theories and techniques may include completed college courses, seminars, or in-service sessions on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.***

***The Clinical Coordinator may also serve as the Concentration Coordinator for the concentration(s) for which the Program Director does not possess an appropriate credential.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Summary Curriculum Vitae (CV)

*Required form is available on JRC-DMS Website Self-Study Documents* | * Verification of certification
* Verification of academic degree
* Documentation of faculty development participation
* Instructor and course evaluation results
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| **Please drag and drop the PDF named “6.2.b Clinical Coordinator CV” in the box to the right:** |  |

**3. Concentration Coordinator(s)**

**The Concentration Coordinator(s) must be appointed faculty member or institutional equivalent with the sponsor.**

**a. Responsibilities**

**Concentration Coordinator(s) report(s) to the Program Director and must be designated and responsible for the coordination of concentration(s) for which the Program Director does not possess the appropriate credential.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position Description
 | * Job/Position Description
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| **Please drag and drop the PDF named “6.3.a Concentration Coordinator Job Description” in the box to the right:** |  |

**b. Qualifications**

**Concentration Coordinator(s) must:**

1. **possess an academic degree no lower than an Associate degree and at least equal to that for which the graduates are being prepared**
2. **possess the appropriate credential(s) specific to the concentration(s) that s/he is designated to coordinate**
3. **have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques**
4. **have a minimum two years of clinical experience as a registered sonographer in the professional sonography field**

***Documentation of experience in educational theories and techniques may include completed college courses, seminars, or in-service sessions on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.***

***The Concentration Coordinator may also serve as the Clinical Coordinator for the concentration(s) for which the Program Director does not possess an appropriate credential.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Summary Curriculum Vitae (CV)

*Required form is available on JRC-DMS Website Self-Study Documents* | * Verification of certification
* Verification of academic degree
* Documentation of faculty development participation
* Instructor and course evaluation results
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| **Please drag and drop the PDF named “6.3.b Concentration Coordinator CV” in the box to the right:** |  |

**4. Medical Advisor**

1. **Responsibilities**

**The medical advisor must provide guidance that the medical components of the didactic and clinical curriculum meet current acceptable performance standards.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position Description
 | * Job/Position Description
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| **Please drag and drop the PDF named “6.4.a Medical Advisor Job Description” in the box to the right:** |  |

1. **Qualifications**

**The medical advisor must be a licensed physician, certified by the American Board of Medical Specialties (ABMS), with relevant experience and knowledge in diagnostic medical sonography.**

**T*he medical advisor should participate in goal determination, curriculum development, and outcomes assessment.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Summary Curriculum Vitae (CV)

*Required form for Medical Advisor is available on JRC-DMS Website Self-Study Documents* | * Curriculum Vitae
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| **Please drag and drop the PDF named “6.4.b Medical Advisor CV” in the box to the right:** |  |

**5. Faculty/Instructional Staff**

**All faculty must be familiar with program goals and be able to demonstrate the ability to develop an organized plan of instruction and evaluation.**

1. **Responsibilities**

**Faculty/Instructional Staff must be responsible for providing instruction, evaluation of students, documentation of progress, and periodic review of course content.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position description(s) for a faculty member and instructional staff
 | * Instructor and course evaluations
* List of courses with assigned faculty with identification of primary faculty member if courses are team-taught.
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| **Please drag and drop the PDF named “6.5.a Faculty Staff Job Descriptions” in the box to the right:** |  |

1. **Qualifications**

**Faculty/Instructional Staff must:**

1. **be qualified by education and experience, and be effective in teaching the subjects assigned; and**
2. **possess appropriate credential(s) for the learning concentration s/he are providing instruction and performing student evaluations.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Summary Curriculum Vitae (CV) for each faculty member and instructional staff

*Required form is available on JRC-DMS Website Self-Study Documents* | * Verification of certification
* Policies/procedures for orientation and mentoring of faculty/Instructional staff
* Instructor and course evaluations results
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| **Please drag and drop the PDF named “6.5.b Faculty Staff CVs” in the box to the right:** |  |

**6. Clinical Instructor(s)**

**A clinical instructor must be identified for each clinical affiliate.**

1. **Responsibilities**

**A clinical instructor must be available to students whenever a student is assigned to a clinical setting, provide appropriate clinical supervision, and be responsible for student clinical evaluation.**

1. **Qualifications**

**Clinical instructors must have the appropriate credential in the concentration(s) for which they evaluate student performance and document required clinical competencies.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Job/Position Description for clinical instructor/preceptor
* Clinical affiliate form by concentration with designated Clinical Instructor(s) names, credentials with specialties, and credential number
 | * Verification of certification
* For each clinical affiliate, a list of sonographers who perform clinical competencies/evaluations and credential verification for each sonographer performing and documenting clinical competency evaluations.
* Student evaluation of the clinical experience
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| **Please drag and drop the PDF named “6.6.a Clinical Instructor Job Description” in the box to the right:** |  |

C. Curriculum

**The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of the classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include a course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.**

**The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competencies specified in Appendix B.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Curricular sequence and schedule of courses required by cohort(s) of students.
	+ Submit a document for each cohort if the schedule or instructor(s) differs between cohorts.
* Curriculum map (cross-reference document) for each concentration (Curriculum map required form(s) are available on JRC-DMS Website Self Study Documents)
* For each learning concentration, the program’s master list of clinical competencies required for completion or graduation
 | * Schedule of courses by cohort(s) of students
	+ Update as applicable since submission of the self-study
* Course materials
	+ Syllabus for each course
	+ Lecture materials
	+ Lab activity documents
	+ Exams
* Curriculum map (cross-reference document) for each concentration (highlight any updates since self-study submission)
* Clinical evaluation and competency process and documents
 |

**Curricular sequence and schedule of courses**

**Instructions:** Please complete the table beginning with the first course or first semester of courses students are required to enroll in and list remaining courses in sequence. If course sequence or instructors are different for different program tracks or cohorts, please complete a table for each.

**Cohort [1] name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Semester/Module/QuarterStart Date | Semester/Module/QuarterEnd Date | Course title(specify class/lab/clinical) | Faculty/Instructor | Faculty credentials | Credits and Clock hoursSpecify didactic/lab/clinical  |
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**Cohort [2] name:**

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| Semester/Module/QuarterStart Date | Semester/Module/QuarterEnd Date | Course title(specify class/lab/clinical) | Faculty/Instructor | Faculty credentials | Credits and Clock hoursSpecify didactic/lab/clinical  |
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**Cohort [3] name:**

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| Semester/Module/QuarterStart Date | Semester/Module/QuarterEnd Date | Course title(specify class/lab/clinical) | Faculty/Instructor | Faculty credentials | Credits and Clock hoursSpecify didactic/lab/clinical  |
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| **Please drag and drop bookmarked PDF document named “7 Curriculum map” in the box to the right:** |  |

**Master list of clinical competencies**

For each learning concentration, please list each of the required clinical competencies. Please list using the names/titles as they are in your published materials (handbook, course syllabi, etc.) or electronic clinical management system.

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|  **Learning Concentration:** | **Learning Concentration:** | **Learning Concentration:** | **Learning Concentration:** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
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D. Resource Assessment

**The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Narrative of program strengths and action plan(s) to address deficiencies
* Program Resource Matrix Compilation of Results
* Copies of most recently completed Program Personnel Resource Surveys
* Copies of most recently completed

 Student Resource Surveys*Required forms are available on JRC-DMS Website Self-Study Documents* | * Program personnel resource surveys
* Student resource surveys
* Compilation and analysis of results for each year
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| **Narrative:** |

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| **Please drag and drop one bookmarked PDF document named “8 Program Resource Survey” in the box to the right.**Document should include:* Copies of most recently completed Program Personnel Resource Surveys
* Copies of most recently completed Student Resource Surveys
 |  |
| **Please drag and drop one Excel document named “8 Program Resource Matrix” in the box to the right:** |  |

## **Standard IV: Student and Graduate (Outcomes) Evaluation/Assessment**

1. **Student Evaluation**
2. **Frequency and purpose**

**Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students’ progress toward and achievement of the competencies and learning domains stated in the curriculum.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on the program’s process and frequency on conducting and documenting each student’s academic and clinical progression to achieve all student learning outcomes and required clinical competencies
* Schedule of clinical evaluations conducted for the past six (6) months

*Program and Clinical Communication Log form is available on JRC-DMS Website Self-Study Documents* | * Clinical evaluation schedule
* Documentation of activity for each clinical evaluation by program faculty
* Student counseling record
* Student evaluation/advising documentation
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| **Narrative:**  |

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| **Please drag and drop one bookmarked PDF document named “9 Program and Clinical Communication Log” in the box to the right.** |  |

1. **Documentation**

**Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.**

**Records indicating the number and type of diagnostic medical examinations performed by the student, the examination findings, the extent of student supervision, and the level of involvement of the student in scanning/performance must be maintained.**

**Official records or electronic equivalent used to document the progression of learning and achievements must include name, credentials, and signature of the supervising sonographer.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on how the program tracks student records to document the number of examinations, level of participation, exam findings, and extent of student supervision
 | * Student records
* Student records of clinical examinations
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| **Narrative:**  |

**B. Outcomes**

**1. Outcomes Assessment**

**The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.**

**Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement and programmatic summative measures. The program must meet the outcomes assessment thresholds.**

*“Positive Placement” means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.*

*“National credentialing examinations” are those accredited by the National Commission for Certifying Agencies (NCCA) or American National Standards Institute (ANSI).  Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination(s), or alternative examination(s) offered by the same credentialing organization, is (are) available to be administered prior to graduation from the program.  Results from said alternative examination(s) may be accepted, if designated as equivalent by the organization whose credentialing examination(s) is (are) so accredited.*

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| **Documentation requested is for the cohort(s)****with graduates of 9-15 months prior to submission of self-study*** If the program has more than one cohort completing in the previous year, for each cohort, please submit documentation separating each cohort.
* Retention calculation and analysis of causes of attrition
* Graduate & Employer Feedback Compilation of results (Required form available on JRC-DMS Website Self-Study Documents)
* Copies of completed Graduate Surveys per cohort (Survey form available on JRC-DMS Website Self-Study Documents)
* Copies of completed Employer Surveys per cohort (Survey form available on JRC-DMS Website Self-Study Documents)
* Official (ARDMS, ARRT, CCI) national credentialing results for the past two graduating cohorts
 | Programs applying for continuing accreditation, documentation from the cohorts completing in the past three years is expected to be available. For initial accreditation, the cohort of students enrolled/completed in the past two years as applicable.* Class list/roster of first DMS course and last course for each cohort
* Graduate & Employer Feedback Compilation of results (template provided)
* Copies of completed Graduate Surveys per cohort (link to survey)
* Copies of completed Employer Surveys per cohort (link to survey)
* Official national credentialing reports
 |

**Retention Calculation, Analysis and Action Plan**

**Instructions:** Please include information on retention for the past three years of graduated cohorts.

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| **Cohort name** | **Date of entry** | **Date of grad.** | **Number of students admitted** | **Number of****re-entry students** | **Number of students completing****on-time** | **Please indicate the number of students per cohort for each Attrition Reason Codes** |
| **P** | **F** | **B** | **W** | **D** | **O** |
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| **P** = Personal, **F** = Financial, **B** = Behavioral, **W** = Academic Withdrawal, **D** = Academic Dismissal, **O** = Other |

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| **Analysis of cause(s) of attrition**  | **Action plan**  |
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| **Please drag and drop one PDF document named “10 Program Outcomes” in the box to the right:**Document should contain:* Copies of completed Graduate Surveys per cohort
* Copies of completed Employer Surveys per cohort
* Official (ARDMS, ARRT, CCI) national credentialing results for the past two graduating cohorts
 |  |
| **Please drag and drop one Excel document named “10 Grad and Employer Matrix” in the box to the right:** |  |

**2. Outcomes Reporting**

**The program must periodically submit to the JRC-DMS the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.**

**Programs not meeting the established thresholds must begin a dialogue with the JRC-DMS to develop an appropriate plan of action to respond to the identified shortcomings.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Narrative on analysis of outcomes to include strengths, areas of deficiencies and action plan(s) to address any deficiencies.
 | * Update(s) applicable to program’s action plan(s)
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| **Narrative:** |

**Standard V. Fair Practices**

1. **Publications and Disclosure**
2. **Announcements, catalogs, publications, and advertising must accurately reflect the program offered.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Copy of catalog or electronic link to document
 | * Copy of current catalog or electronic link to document
* Website information
 |
| **URL (or drag and drop file named “11 Catalog”):**  |

1. **At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Information provided to applicants that is not published in the Institutional catalog or available to public on program’s website.
 | * Technical standards/Essential functions
* For currently enrolled students, the transcripts from outside institutions illustrating credits earned and accepted at the institution.
* Student admission documents
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| **Document Title:** | **URL Link (or drag and drop document named “12 [Document Title]”):** |
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1. **At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, policies for student leave of absence, exposure to bloodborne pathogens, communicable diseases, and pregnancy, and policies and processes by which students may perform clinical work while enrolled in the program.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Document or electronic link to program handbook
 | * Document or electronic link to program handbook
 |
| **URL (or drag and drop document named “13 Program Handbook”):**  |

1. **The sponsor must maintain, and make available to the public: current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Electronic link to website documenting program outcomes
 | * Electronic link to website documenting program outcomes
 |
| **URL:**  |

1. **Lawful and Non-discriminatory Practices**

**All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.**

***A procedure should be established for determining that a student's health will permit him or her to meet the documented technical standards of the program*.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * A narrative on student and faculty recruitment processes
* A narrative on accommodating students who disclose disabilities
 | * College catalog
* Faculty handbook/policies
* Faculty grievance process
* Student program handbook
* Process for students who disclose disabilities
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| **Narrative (Student and Faculty Recruitment):** |
| **Narrative (Accommodation for students disclosing disabilities):** |

1. **Safeguards**

**The health and safety of patients, students, and faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.**

**All activities required in the program must be educational and students must not be substituted for staff.**

**Diagnostic medical sonography students must be readily identifiable to patients and clinical co-workers as diagnostic medical sonography students.**

**The program must ensure voluntary and prudent use of students or other human subjects for non-clinical scanning. Students’ grades and evaluations must not be affected by participation or non-participation.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Policy on the use of human subjects for educational purposes
* Scan consent form for student volunteers
* Scan consent form for volunteers other than students (if applicable)
 | * Signed student consent forms
* Infection control process
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| **Please drag and drop PDF document named “14 Use of Volunteers” in the box to the right.**Document should contain:* Policy on the use of human subjects for educational purposes
* Scan consent form for student volunteers
* Scan consent form for volunteers other than students (if applicable)
 |  |

1. **Student Records**

**Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Provide a narrative on location and security of student records for currently enrolled and graduates.
 | * Student records for past four years. If program is less than 4 years old, all student records are to be available.
* Official transcript of graduates
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| **Narrative:** |

1. **Substantive Change**

**The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/JRC-DMS in a timely manner. Other substantive change(s) to be reported to JRC-DMS within the time limits prescribed include:**

1. **Added or deleted learning concentrations**
2. **Change in award (certificate, diploma, degree) granted at the completion of the program**
3. **Change in clock or credit hours for completion of a program**
4. **Change in the length of a program**
5. **Change in location or method of delivery of curriculum (ex: satellite campus, distance education)**

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * None
 | * Letter from JRC-DMS approving a change, if the change occurred after the submission of self-study.
 |

1. **Agreements**

**There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.**

***The delineation of responsibilities should include student supervision, benefits, liability, and financial arrangements, if any. The agreement should include a clause to protect students and to ensure due process.***

***An affiliate is an institution having adequate resources to provide a broad range of appropriate clinical education opportunities for students.***

***A clinical education center is a department, division, or other designated part of a clinical affiliate having adequate resources to provide clinical education opportunities for students. Multiple clinical education centers may be identified within a clinical affiliate.***

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| **Required documentation to be submitted/uploaded with self-study** | **Documents to be available at time of site visit** |
| * Clinical affiliate list
 | * Updated Clinical affiliate list
* Contracts for each clinical affiliate
* Credential verification for each clinical instructor
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| **Please drag and drop one Excel document named “15 Clinical Affiliate list” in the box to the right.** |  |