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# St. Petersburg College - 2021 Radiography Interim Report - 7/6/2022

## 2021 Standard One: Accountability, Fair Practices, and Public Information

### 2021 Objective 1.1: The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well defined, written, and readily available.

Please review the attached document.

SPC Website Compliance Checklist.pdf

### 2021 Objective 1.6: The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Our website is prepped for review and can be found by clicking on the following link: https://www.spcollege.edu/future-students/degrees-training/health-sciences-and-veterinary-technology/radiography/radiography-as-degree

## 2021 Standard Two: Institutional Commitment and Resources

### 2021 Objective 2.1: The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

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For nearly 40 years, St. Petersburg College (SPC) has provided the administrative structure, learning resources, and fiscal support required for the Radiography Program to meet its mission, goals, and student learning outcomes. SPC has proven to be a valuable resource for students to improve their lives by achieving their career and academic goals. SPC's Mission can be reviewed by clicking on the following link:

https://www.spcollege.edu/friends-partners/about/mission-visionary-commitments-and-values

SPC has made a commitment to workforce education by developing partnerships with a myriad of businesses. This is evident by the relationships that have been fostered within the health care industry and in our case, the radiography community. SPC has made a commitment to produce radiographers that possess the skills required to secure gainful employment within the field. Part of that pledge is to meet the rigors and standards required to be accredited by the JRCERT.

The SPC Radiography Program's relative position in the college's organizational structure provides the ability to secure the learning resources and fiscal support required for the program to meet its mission. SPC is governed by a local board of trustees, which uphold rules set by the State Board of Education. These trustees are appointed by the governor of Florida for a staggered four-year term of service. The board approves initiatives such as campus projects and program budgets. Dr. Tonja Williams is the College President, and her team is responsible for all operational aspects of the college. Dr. Matthew Liao-Troth is the Vice President of Academic Affairs, and he oversees the development of academic programs. Deanna Stentiford is the Dean of the College of Health Sciences, and she is responsible for developing the strategic direction of each program that falls under her auspices. John Fleming is the Radiography Program Director, and he organizes, reviews, develops, and assures that program outcomes are met through ongoing program assessment and evaluation. Todd Van Auken is the Clinical Coordinator. He monitors student progress toward meeting course objectives and works to correlate clinical education with didactic education. The program's adjunct instructors and clinical preceptors work diligently to help students reach their course and clinical objectives.

The program uses an accounting method called, zero-based budgeting to secure operational funds. This model has proven to be a very effective means for the program to secure the funds necessary to not only maintain but in some instances, grow essential programmatic functions. All fiscal aspects of the program are accounted for by using this system.

Sharon Miles is the program's senior administrative services assistant, and her skillset is employed to assist in meeting the program's educational, programmatic, and administrative requirements.

Please review the following attachments: 2.1a, 2.1b, and 2.1c.

2.1a President Level Organizational Chart.pdf

2.1b COHS Organizational Chart.pdf

2.1c Program Level Organization Chart.pdf

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## 2021 Objective 2.2: The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

The St. Petersburg College (SPC) Radiography Program not only provides students and faculty with an environment conducive to learning but it also promotes the achievement of the program's mission. Didactic courses are taught in a dedicated classroom with the ability to accommodate up to thirty students. The classroom is equipped with a bunker that contains a computer and a variety of audio/visual equipment. There are three energized x-ray labs that have access to direct radiography equipment and computed radiography equipment. There is also an energized portable x-ray machine and a c-arm machine that are both used for additional hands-on training. There is a student breakroom located within the confines of the radiography program that is home to four computers dedicated for student use. The department has four offices reserved for program personnel. These offices are suitable for individual student advisement and counseling. The Health Education Center (HEC) has a dedicated computer lab that is used for course examinations, a full-service library, and a bookstore. The HEC has a student services department that is nearly equivalent to those located on SPC main campuses.

## 2021 Standard Five: Health and Safety

## 2021 Objective 5.1: The program assures the radiation safety of students through the implementation of published policies and procedures.

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Program policies that comply with NRCP regulations and the State of Florida Laws regarding radiation safety for students are described on page 28 in the St. Petersburg College (SPC) Radiography Program Policies and Procedures Handbook. This page (5.1a) has been attached for review. Students are given a copy of the handbook at the start of their first semester in the program and review the contents with a faculty member. Upon completion of the review, students sign a document acknowledging that all program academic and clinical policies have been received, reviewed, and understood. A sample signature page from each year (5.1b) has been attached for review.

During the second year of studies, the program's radiation safety protocols are reviewed with all students. Documentation of this training (5.1c) has been attached for review and titled, "Annual Student Update." Items 7 through 9 specifically address radiation protection.

Dosimeters, provided by the college, must be always worn by students during their clinical rotations and Imaging Lab classes. Dosimeters should be read monthly and at a minimum of once per quarter. Within 30 days of the end of each quarter, students will initial the dosimetry report to ensure compliance with the program's radiation safety policy. A sample radiation exposure summary report with student initials (5.1d) has been attached for review.

Students must notify the instructor immediately if accidentally exposed to radiation during an Imaging Lab. When performing simulations, students must demonstrate proper centering and collimation to ensure radiation protection has been met.

The program's pregnancy policy is located on page 30 of the SPC Radiography Program Policies and Procedures Handbook. The handbook outlines six options that include voluntary written declaration of pregnancy, an option for the student to continue in the program without modification, options for modification to class and clinic, and an option for the student to withdraw the declaration at any time. The pregnancy policy (5.1e) has been attached for review.

5.1a Radiation Safety Policies and Procedures.pdf

5.1b Student Handbook Signature Page .pdf

5.1c Annual Student Update.pdf

5.1d Sample Radiation Summary Report.pdf

5.1e Pregnancy Policy.pdf

## 2021 Objective 5.2: The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

The documentation for the St. Petersburg College Radiography Program's energized labs (5.2) has been attached for review.

5.2 SPC Rad Machine Registration.pdf

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## 2021 Objective 5.3: The program assures that students employ proper safety practices.

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SPC Radiography students are introduced to radiation safety and the principles of ALARA in each course taken during the first semester of the program as outlined below:

RTE 1000, Orientation to Radiography, students learn how proper communication and patient immobilization techniques can limit repeat exposures. Additionally, students review the program's Radiation Monitoring and Protection Policy, which is located on page 28 of the SPC Radiography Program Policies and Procedures Handbook. This page (5.3a) has been attached.

In RTE 1503C, Radiographic Procedures I, students learn to utilize topographic landmarks and central ray locations, proper patient positioning, and the use of shielding and collimation to minimize radiation exposure.

RTE 1418, Imaging I, provides students with an understanding of proper image quality, technical factors, and safety in the operation of radiographic equipment.

During the second semester of the program, students take RTE 1513, Radiographic Procedures II. Radiation protection when performing fluoroscopic examinations is taught and emphasized during this course.

Students take RTE 1458, Principles of Imaging II, during the third semester. Topics include advanced instruction in the control of exposure and quality using technical factors such as kVp, mA, time, and others.

RTE 2385, Radiobiology, is taken during the fourth semester and covers the fundamental principles of radiobiology. Topics include early and late effects of radiation exposure, basic interactions of ionizing radiation with biological systems, principles of radiation protection, and radiation monitoring.

The program's curriculum sequence (5.3b) has been attached.

Regarding radiation safety within the program's three energized labs, safety information is listed in the syllabus for both RTE 1418L, Principles of Imaging I Lab and RTE 1473L, Radiographic Quality Assurance Lab. Each energized lab has been disabled to ensure that an exposure cannot be made without the supervision of a qualified faculty member who is readily available for assistance. The radiation safety lab rules have been highlighted within the Imaging I Lab Syllabus (5.3c) and attached.

Students begin their clinical rotations during the 2nd semester in the program and must wear college-issued dosimeters. Lead aprons are to be worn during all portable radiography and fluoroscopy exams. Students are held to high radiation protection standards, which are assessed and documented on their midterm evaluation (5.3d) and all 5 of their final clinic evaluations. A sample clinical evaluation has been attached (5.3e).

Students are required to undergo Level 1 Basic MRI Safety training prior to their first clinic rotation. Training includes viewing MRI Safety for Non-MRI Personnel by Frank Shellock, reading the ACR Guidance Document on MR Safe Practices, and completing an MRI Student Safety Questionnaire. A sample Radiography Student MRI Safety Questionnaire (5.3f) has been attached.

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5.3a Radiation Safety Policies and Procedures.pdf

5.3b SPC Radiography Program Curriculum.pdf

5.3c RTE 1418L Imaging I Lab.pdf

5.3d Clinical Mid-Semester Evaluation.pdf

5.3e Clinical Experience I Final Evaluation.pdf

5.3f MRI Safety Questionnaire.pdf

### 2021 Objective 5.4: The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

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Program faculty, clinical preceptors, and staff radiographers are required to complete the St. Petersburg College (SPC) Clinical Best Practices Tutorial before they are allowed to work with and supervise students during their clinical rotations. This tutorial describes program and JRCERT guidelines for direct and indirect supervision as well as direct supervision when repeating unsatisfactory images. A copy of the tutorial (5.4a) has been attached for review and the program's direct supervision protocol is located on page 35.

At the end of the summer session, each clinical preceptor is required to review the Clinical Policies Update Form on an individual basis with each of their qualified staff. This practice has proven to be an excellent means to ensure compliance with the program's student supervision protocol. After the clinical preceptor reaffirms that the qualified radiographer understands the policies, the form is signed and returned to the program prior to the end of the fall semester. Sample Clinical Policies Update Forms with signatures from the past four years (5.4b) have been attached for review. Items 1, 2, and 4 specifically address the direct supervision policy.

During clinical rotations, only qualified radiographers who have completed the SPC Clinical Best Practices Tutorial may supervise students. Clinical preceptors and program faculty are tasked with oversight on this process.

Students are made aware of these and other policies while reviewing the program's student handbook. Information regarding the program's supervision policies can be found on pages 24 and 25 of the SPC Policies and Procedures Handbook (5.4c) which has been attached for review. Students sign a form acknowledging they have received, reviewed, and understand the policies and procedures contained within the handbook. A sample from each year (5.4d) has been attached for review.

During their second year of studies, the program's direct supervision policy is reviewed with all students. Documentation of this review titled, "Annual Student Update" (5.4e), has been attached for review. Items 1, 2, and 4 on this form specifically address the student supervision protocol.

If students are not in compliance with these policies, disciplinary action is to be taken as outlined in the SPC Policies and Procedures Handbook. This policy (5.4f) has been attached for review.

Students are assessed as to whether they followed the supervision policies on all practice check and competency exams as well on their midterm and final clinic evaluations. Copies of these forms (5.4g through 5.4j) have been attached for review. The reiteration of these policies in this manner serves as a constant reminder to all participants of the program's supervision guidelines.

The bulletin board at each of the program's clinical setting is required to post the program's Student Clinical Supervision Policy. This document (5.4k) has been attached for review.

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5.4a Clinical Best Practices Tutorial.pdf

5.4b Annual Qualified Radiographer Training.pdf

5.4c Program Supervision Policy.pdf

5.4d Student Handbook Signature Page .pdf

5.4e Annual Student Update.pdf

5.4f Policy for Noncompliance of Supervision Rules.pdf

5.4g Verification of Clinical Practice.pdf

5.4h Clinical Competency Form.pdf

5.4i Clinical Mid-Semester Evaluation.pdf

5.4j Sample Clinical Experience Final Evaluation.pdf

5.4k Student Clinical Supervision Policy.pdf

### 2021 Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

### 2021 Objective 6.2: The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

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The program's Subcommittee on Program Assessment (SPA) reviews program effectiveness (PE) data in November of each year. During their 2020 meeting, the SPA noted that the program's retention outcome had fallen below the 75% benchmark. Below is a summary of two action plans that were presented to the program's Advisory Committee (AC) in December of 2020:

Action Plan #1: This plan involves having a very clear protocol in place to combat the impact of the pandemic. This includes the use of distance education and modified lab courses. The premise is that having a solid plan in place to reduce the effects of the pandemic will instill a sense of confidence within the cohort that we are doing everything within our means to create a safe environment.

Action Plan #2: Program faculty will address academic honesty early and often with the new cohort. Policies relating to academic honesty will be emphasized by all program faculty and clinical preceptors throughout the curriculum.

The purpose behind these two action plans is to improve retention by developing an effective plan to combat the pandemic and to instill the importance of academic integrity within our students. The AC adopted both action plans and they were implemented in January, 2021. As we fast forward to today, the program's retention is once again above the benchmark.

Minutes for these two meetings (6.2a & 6.2b) have been attached for review and the pertinent information has been highlighted in yellow.

The PE data for 2017-2021 (6.2c to 6.2g) has been attached for review. Note that the program's assessment plan was designed to include both student learning outcomes (SLOs) and PE data all within one document. It was crafted in this manner to facilitate the distribution and evaluation of program outcomes by our communities of interest. Scroll to the bottom of each document to review the PE data.

Also note that our students graduate in December of each year and as a result, we are still collecting the PE data for the Class of 2021. This will be completed in December of 2022.

Attached you will find the program's Cycle of Assessment (6.2h). This document describes the process that we use to evaluate PE data.

Also attached are the 2021 SPA and AC meeting minutes (6.2i & 6.2j). A review of these minutes will document how the program analyzes and shares PE data with communities of interest and the pertinent information is highlighted in yellow.

PE is also shared with communities of interest via the follow website. Once you land on that page, select the Outcomes tab:

https://www.spcollege.edu/future-students/degrees-training/health-sciences-and-veterinary-technology/radiography/radiography-as-degree#tab=8

PE data is reviewed with students as they matriculate into the program. Page 37 of the program's Policies and Procedures Handbook contains links that students can use to access this information online. The pertinent section of the abbreviated handbook (6.2k) has been attached.

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6.2a SPA Minutes 11-02-20.pdf

## 2021 Objective 6.3: The program has a systematic assessment plan that facilitates ongoing program improvement.

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The program follows a very carefully prescribed series of steps to analyze program outcomes. Attached is a document entitled, Cycle of Assessment (6.3a). It describes actions that are taken during each calendar year to assess program outcomes. It also contains a timetable for their completion. In addition, this document describes the role that each committee plays during the Cycle of Assessment.

There are two committees involved in the overall program evaluation process and they are as follows:

1. Subcommittee on Program Assessment (SPA)
2. Advisory Committee (AC)

By design, the program's SPA convenes each November to conduct an initial review of the following:

1. Student Learning Outcomes (SLOs) and Program Effectiveness (PE) Data
2. Identify Areas for Program Improvement
3. Review the Mission Statement
4. Review the Assessment Plan
5. Review the PE Measures

Next, the SPA findings are reviewed during the December AC Meeting. Proposed action plans are examined and implemented when deemed necessary. Additionally, the AC grants final approval for any recommended changes.

Attached are the 2021 SPA and AC meeting minutes for review (6.3b & 6.3c). The data pertaining to program assessment has been highlighted in yellow.

Members of the SPA and AC consists of a combination of the following individuals:

1. First-year Student
2. Second-year Student
3. Clinical Preceptors
4. Dean of the College of Health Sciences
5. Workforce Representative
6. Student Services Representative
7. Health Education Center Program Director (Non-Radiography)
8. Radiography Program Director
9. Radiography Clinical Coordinator
10. Radiography Adjunct Faculty Members
11. Medical Director

These individuals work in concert to share their respective expertise within the committee to which they are assigned. They all have a common goal of producing an assessment plan that is representative of community needs.

The program's most recent assessment plan (6.3d) has been attached for review.

6.3a Cycle of Assessment.pdf

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## 2021 Objective 6.4: The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

One of the many benefits of self-assessment is the ability to track student learning outcomes (SLOs) over time. Effectively managed assessment can reveal deficiencies that may not necessarily be apparent at first glance. An example would be the program's SLO data for critical thinking in 2020. Refer to the highlighted area of attachment 6.4a to review this data. Below is an average of the responses to question A.3 from the final clinical evaluation for RTE 2844L. This data is collected just prior to their matriculation into the field:

2016: 91%
2017: 86%
2018: 98%
2019: 96%
2020: 85%

Even though the outcome was above the benchmark, student levels of critical thinking took a dramatic dip in 2020. This outcome was examined by the SPA and then later by the advisory committee (AC). It was determined that this outcome was clearly impacted by the pandemic. After careful consideration, a watch was placed on this outcome in lieu of developing an action plan. If the data follows this trend for the Class of 2021, an action plan will be developed by the SPA in November of 2022.

The program has been enjoying great success with SLOs over the past four years. However, the pandemic did impact several SLOs, and a watch has been placed on them for the Class of 2021. The new data indicates that some of these areas have improved while others have not. This will be reflected in the 2021 assessment results that will be published in December of 2022.

The program follows a carefully prescribed series of steps to analyze SLOs. Attached is a document entitled, Cycle of Assessment (6.4b). It describes steps that are taken during each calendar year to assess SLOs and a timetable for their completion.

The program's SPA convenes each November to conduct an initial review of the following:

1. SLOs and Program Effectiveness (PE) Data
2. Identify Areas for Program Improvement
3. Review the Mission Statement
4. Review the Assessment Plan
5. Review the PE Measures

The SPA findings are reviewed during the December AC Meeting. Proposed action plans are examined and implemented when deemed necessary. The AC grants final approval for any recommended changes.

The program's SLOs for 2017-2021 (6.4c - 6.4g) are attached. Our cohorts graduate in December. Therefore, the 2021 outcomes are still being collected.

Also attached are the 2021 SPA and AC meeting minutes (6.4h & 6.4i). These minutes will document how the program analyzes and shares SLOs with communities of interest.

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SLOs are also shared with communities of interest via the website below. Once there, select the Outcomes tab:

https://www.spcollege.edu/future-students/degrees-training/health-sciences-and-veterinary-technology/radiography/radiography-as-degree#tab=8

SLOs are reviewed with students as they enter the program. Page 37 of the program's Policies and Procedures Handbook contains links that students can use to access this information. The pertinent section of the handbook has been attached (6.4j).

6.4a 2020 Assessment Results.pdf

## 2021 Objective 6.5: The program periodically reevaluates its assessment process to assure continuous program improvement.

The program's assessment plan is evaluated on an annual basis by both the Subcommittee on Program Assessment (SPA) and the Advisory Committee (AC). Attached is a document entitled, Cycle of Assessment (6.5a). It describes the steps that are taken during each calendar year to assess the program and it also contains a timetable for their completion.

The program's SPA convenes each November to conduct an initial review of the following:

1. Student Learning Outcomes (SLOs) and Program Effectiveness (PE) Data
2. Identify Areas for Program Improvement
3. Review the Mission Statement
4. Review the Assessment Plan
5. Review the PE Measures

The SPA findings are reviewed during the December AC Meeting. Proposed changes to the assessment plan are examined and implemented when deemed necessary.

Pertinent SPA and AC meeting minutes over the past four years (6.5b to 6.5i) have been attached in chronological order for review. The areas of interest have been highlighted in yellow. These documents serve as evidence that the program's assessment plan is evaluated on an annual basis.

SPA and AC meeting minutes labeled 6.5h and 6.5i provide documentation of discussion that occurred, which led to a modification of the assessment plan. The modified assessment plan has been labeled 6.5j and the areas of interest have once again been highlighted in yellow.

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6.5a Cycle of Assessment.pdf

6.5b SPA Minutes 11-12-18.pdf

6.5c Radiography Adv Comm Min From 12-5-18.pdf

6.5d SPA Minutes 11-18-19.pdf

6.5e Radiography Adv Comm Min From 12-4-19.pdf

6.5f SPA Minutes 11-02-20.pdf

6.5g Radiography Adv Comm Min From 12-9-20.pdf

6.5h SPA Minutes 11-15-21.pdf

6.5i Radiography Adv Comm Min From 12-8-21.pdf

6.5j 2021 Assessment Plan.pdf