



2017-18 Academic Department Annual Report

Academic Department: Radiologic Technology
Document Prepared By: Julie Lackscheide

Annual Report Submission Instructions:

This Annual Report of your Academic Department is intended to serve as a summary of departmental activities over the past year and as an outline of plans for the upcoming year.

Please note that responses are limited to the space provided below for each prompt and do not need to be written in narrative form (you are welcome to use bullet points/lists, as appropriate).

Please submit your Academic Department 2017-18 Annual Report to your Dean via email by May 31st. When submitting your report, please also "CC" Sheila Jones, Dean of Instructional Support.

For your reference, prior year reports (2016-17) can be found on the Instructional Support [website](#). Course Transferability Charts and Course Review and Revision lists (see pages 16 and 17) can also be found [here](#). If you have any questions about prior year reports or wish to obtain a copy of a report, please contact Sheila Jones, Dean of Instructional Support, sheilajones@grcc.edu or x4289.

Part I: Report on 2017-18 Progress

Part I is intended to provide a "big picture" overview of your department's activities during this past academic year. When completing the sections below, please consider the main points/highlights of each category and limit your responses to the space provided in the text boxes below.

Current Year Goals & Outcomes

This section asks you to provide details about the status of your department's goals and outcomes for this past year.

1. Successfully complete the JRCERT accreditation self-study and maintain our eight-year accreditation status. The self-study is due on December 4, 2017 and the site visit will be scheduled for April/May of 2018.
Partially met. The self-study report was completed and submitted on December 4, 2017, and a response was received on January 9, 2018 requesting additional documentation. The additional documentation was for Standard Six –The program complies with JRCERT policies, procedures,



2017-18 Academic Department Annual Report

and STANDARDS to achieve and maintain specialized accreditation. Additional documentation was needed due to expiration of documentation during data collection times, clinical instructor changes, and clinical site accreditation documentation detailing sites of coverage. Documentation was sent, and approved, but an additional letter was received on February 1, 2018. This letter requested additional examples demonstrating continuous outcome assessment via meeting minutes. This material will be distributed to the site visitors once they initiate contact for the site visit. This visit is scheduled for September 24 and 25.

2. Transition Clinical Coordinator to the Program Director role. This will be completed over the course of the 201/18 academic year.
Met. All aspects of the Program Director role have been filled to the best of my ability. This includes maintaining GH course placement, MRI Program commitments, and launching the CT Program.
3. Transition new faculty into the Clinical Coordinator role. This will be completed over the course of the 2017/18 academic year.
Met.
4. Complete Portfolio for tenure. This will be completed in the fall of 2017.
Met. Portfolio was completed in January 2018 due to the accreditation self-study requirements in December 2017. Tenure was received.

Commented [A1]: Julie, you've done a great job in the transition and acdimating Heather!

Departmental Professional Development

In this section, please provide details about your department's emphasis for professional development during this year.

This year both full-time faculty participated in a conference hosted by the Joint Review Committee on Education in Radiologic Technology. The full day conference was composed of a half-day of outcomes assessment data, while the other half of the day reviewed the re-accreditation process. Outcomes assessment data is collected throughout the program, and covers a five-year time span of cohort data.

The outcomes assessment portion was helpful in reaffirming that our data collection thus far was consistent with the JRCERT standard. Our data is collected at the end of each semester, along with assessing any areas of improvement. This is also discussed in applicable advisory board and clinical instructor meetings.

The re-accreditation seminar was the most informative. Due to me not having prior knowledge of the re-accreditation process, this information was the most helpful. Many changes within the standards and objectives were reviewed, along with areas where many citations are noted



2017-18 Academic Department Annual Report

Departmental Advising Plan & Outcomes

In this section, please describe your department's advising plan and outcomes for this year.

Our departmental advising included four two hour advising days during the fall/winter semester and two during the summer semester. We also consistently meet with students on a scheduled or as needed basis. Additionally, advising occurs during the Community Science Day event in October, along with the college wide open houses in the fall and winter semesters. Each semester, we meet with all students individually for a Behavioral/Advising Evaluation, and students complete an exit interview at the completion of the program.

Commented [A2]: This is a very comprehensive advising plan, from beginning to end!

Program Accreditation Updates

In this section, please provide details regarding any program accreditation or re-accreditation that occurred this past year, if applicable.

As stated above:

The self-study report was completed and submitted on December 4, 2017, and a response was received on January 9, 2018 requesting additional documentation. The additional documentation was for Standard Six –The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation. Additional documentation was needed due to expiration of documentation during data collection times, clinical instructor changes, and clinical site accreditation documentation detailing sites of coverage. Documentation was sent, and approved, but an additional letter was received on February 1, 2018. This letter requested additional examples demonstrating continuous outcome assessment via meeting minutes. This material will be distributed to the site visitors once they initiate contact for the site visit. This visit is scheduled for September 24 and 25.

Commented [A3]: Looking forward to the site visit and the re-accreditation (which I have no doubt will be obtained)



2017-18 Academic Department Annual Report

Learning Outcomes Assessment Data & Findings on Past Year's Projects

In this section, please summarize your department's assessment work for this year, outlining the General Education Learning Outcomes (GELOs), Program Learning Outcomes (PLOs), or Institutional Learning Outcomes (ILOs) assessed, the assessment measure, the findings, and the improvements planned based on the findings. In doing so, please reflect on the work you've done with regards to assessment, outlining what your department believes needs to be done next and why it will help to improve student learning.

If you have any needs for professional development or additional support regarding learning outcomes assessment, please include that information as well. Instead of completing this section for Career & Professional Programs, you may also attach your Annual Assessment Tracking sheet as a separate document, if applicable.



2017-18 Academic Department Annual Report

Outcomes Assessment Plan

Radiologic Technology Program

Fall 2011-Winter 2017

The Radiologic Technology program at Grand Rapids Community College will provide a quality and diverse education that enables our graduates to become a valuable member of the health care team.

Goal 1: Student will demonstrate critical thinking abilities when solving clinical problems.					
Outcome #1	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Student adapts correctly to mobile/trauma radiographic exams.	RT 212 Test #2 Trauma/Mobile/Surgery (Radiographic Positioning)	Average \geq 80% out of 100%	5 th Semester	Didactic Instructor	2013-2014: 91.75% 2014-2015: 89.42% 2015-2016: 96.72% 2016-2017: 89.00% 2017-2018: 89.90%
	RT 232 Average of Mobile Comps (Clinical course specific to mobile/surgical competencies)	Average \geq 80% out of 100%	6 th Semester	Clinical Coordinator	2013-2014: 99.8%
	*New Tool for Cycle 2014-2015 will be: RT 232 Average of clinical competencies (Clinical course specific to mobile/surgical competencies)	Average \geq 80% out of 100%	6 th Semester	Clinical Coordinator	2014-2015: 99.57% 2015-2016: 98.08% 2016-2017: 98.60% 2017-2018:
Outcome #2	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Student modifies exam for non-routine patient (wheelchairs, stretcher, trauma, etc.)	RT 100 Test #3 (Orientation to Healthcare-Didactic course/Care and communication of patient)	Average \geq 80% out of 100%	1 st Semester	Didactic Instructor	2013-2014: 89.82% 2014-2015: 89.57% 2015-2016: 93.94% 2016-2017: 89.55% 2017-2018: 91.43%



2017-18 Academic Department Annual Report

	RT 131 Clinical Course Final Competency Evaluation (Average of 20-25 Competencies)	Average \geq 80% out of 100%	6 th semester	Clinical Coordinator	2013-2014: 98.27% 2014-2015: 98.28% 2015-2016: 94.28% 2016-2017: 97.68% 2017-2018:
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Action/Analysis Goal 1:

SLO 1 – Tool 1: There was a drop in the data within the last year, but the data remains above the benchmark of 80%. This is consistent with their board scores in radiographic positioning. In all positioning courses we have made some changes in the curriculum regarding review for each test. The students create notecards with five potential test questions from each assigned area within the chapter. These cards are reviewed multiple times prior to the test being taken. This has been implemented within the first semester of the program. It will be utilized in this course as well to help improve the RT 212 Test 2 scores. The responses from the students have been very positive.

SLO 1 – Tool 2: This is a new tool in the 2014-2015 cycle. The original measurement tool was cumbersome due to the fact that we had to pull individual competencies for each student. The new measurement tool collects an average of each student’s semester competencies. The core competencies in this semester focus on mobile/surgical exams. Over the three-year period, the average competencies of RT 232 have remained very high. While this score remains high, we still have students vocalize their lower levels of confidence in surgical exams. We continue to introduce the c-arm earlier within the program so that students can become comfortable with the unit prior to attending clinic. Additionally, we are hoping to improve student confidence with the addition of an energized mobile unit.

SLO 2 –Tool 1: The benchmark of 80% for this course has been consistently met over the six-year period with slight decrease in the last year. Patient care and communication has been a routinely high scoring board category. Years ago, we raised our benchmarks from 75% to 80%, and are considering raising the benchmark for future assessments.

SLO 2 –Tool 2: The data for RT 131 competencies remains consistently high over the six-year period. This data is in alignment with the students’ high board scores within patient care and radiographic positioning. In the summer, students spend 37.5 hours per week in clinic. This greatly improves their confidence and competency scores for the first summer semester.



GRAND RAPIDS COMMUNITY COLLEGE

2017-18 Academic Department Annual Report

Goal 2: Student will demonstrate appropriate communication skills.					
Outcome #1	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Student will be able to demonstrate effective oral communication skills	RT 210 3 rd Peer Positioning Test-Patient Communication	Average \geq 80% out of 100%	4 th semester	Didactic Instructor	2013-2014: 91.40% 2014-2015: 87.02% 2015-2016: 93.80% 2016-2017: 92.07% 2017-2018: 98.12%
	RT 232 Final Clinic Course) Final Student Progress Evaluation: Communication Skills 1	Average \geq 8 out of a 10 point scale	6 th semester	Clinical Coordinator	2012-2013: 9.69
	*New Tool for Cycle 2013-2014 RT 232 Affective Objectives #4	All students at "meet standards"	6 th semester	Didactic Instructor	2013-2014: 100% meets 2014-2015: 100% meets 2015-2016: 100% meets 2016-2017: 100% meets 2017-2018:
Outcome #2	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Students will be able to demonstrate effective written communication skills.	RT 213 Test #1 Leadership. Covers all forms of communication including verbal, nonverbal, and written.	Average \geq 80%	5 th semester	Didactic Instructor	2012-2013: 93.60%
	*New Tool for Cycle 2012-2013 will be: RT 111 Lab Response to Patient Inquiry Regarding Radiation Risk	Average \geq 80% out of 100%	1 st semester	Didactic Instructor	2013-2014: 88.00% 2014-2015: 98.40% 2015-2016: 97.40% 2016-2017: 99.13% 2017-2018: 94.40%



2017-18 Academic Department Annual Report

	RT 213 Cover Letter	Average \geq 80 % out of 100%	5 th Semester	Didactic Instructor	2013-2014: 94.35% 2014-2015: 91.18% 2015-2016: 94.91% 2016-2017: 93.06% 2017-2018: 90.00%
	RT 213 Resume	Average \geq 80 % out of 100%	5 th Semester	Didactic Instructor	2013-2014: 94.98% 2014-2015: 93.17% 2015-2016: 96.42% 2016-2017: 92.82% 2017-2018: 87.14%

Action/Analysis Goal 2:

SLO 1 – Tool 1: The benchmark for this SLO of communication has been met with 80% or higher. Patient communication is an area that students consistently score high on their board exam. There has been a slight decrease in the 2014-2015 year, but all are well above the 80% benchmark. We feel the reason for the high scores is due to communication being emphasized in every academic, laboratory, and clinical course throughout the program.

SLO 1 – Tool 2: There has been a new tool implemented for the 2013-2014 cycle. The new tool measures RT 232 Affective Objective Four. The previous measurement tool was difficult to collect, while the new tool provides the same information via one Trajecsys report. In addition, the tool is more effective. Students must meet standards, or complete an action plan and will be placed on probation the following semester. The data for this measurement tool has consistently maintained “meets standards”.

SLO 2 – Tool 1: There is a new measurement tool for this student learning objective as of the 2012-2013 cycle. The new measurement is a tool specific to patient inquiry regarding radiation risk. The RT 213 Leadership course was revised to the RT 213 Capstone/Registry Review course. The old tool is no longer effective and was changed to the current tool. The data has steadily increased since the change, and is well above the 80% benchmark.

SLO 2 – Tool 2: The scores for this tool are well above the benchmark of 80%. Students are required to write a cover letter specific to a job posting at a facility of interest. Several rough drafts are required before the final cover letter is approved.

SLO 2 – Tool 3: The scores for this tool are well above the benchmark of 80%. Students are required to write a resume specific to a job posting at a facility of interest. Several rough drafts are required before the final resume is approved.



2017-18 Academic Department Annual Report

Goal 3: Student/Graduate will be clinically competent.					
Outcome #1	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Student will apply radiation safety according to ALARA principles.	RT 207 (Radiation Protection) Final Grade	Average $\geq 80\%$ out of 100%	4 th Semester	Didactic Instructor	2013-2014: 93.3% 2014-2015: NA 2015-2016: 95.5% 2016-2017: 91.0% 2017-2018: 93.7%
	RT 232 Final Student Progress Evaluation: Safety Concepts #2	Average ≥ 8 out of a 10 point scale	6 th Semester	Clinical Coordinator	2012-2013: 9.75 2013-2014: 9.76 2014-2015: 9.77 2015-2016: 9.87 2016-2017: 9.84 2017-2018:
Outcome #2	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Students/Graduates will demonstrate positioning skills.	RT 112 Lab (Average of First Year Peer Positioning Tests)	Average ≥ 8 on a 10 point scale	2 nd Semester	Didactic Instructor	2013-2014: 8.66 2014-2015: 9.77 2015-2016: 9.39 2016-2017: 9.24 2017-2018: 8.93
	RT 232 Final Clinical Competency Evaluation (Positioning Skills #6)	Average ≥ 8 on a 10 point scale	6 th Semester	Clinical Coordinator	2013-2014: 9.70 2014-2015: 9.63 2015-2016: 9.87 2016-2017: 9.67 2017-2018:
Outcome #3	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Students/Graduates will select appropriate technical factors.	RT 212 Lab Technique Chart	Average $\geq 80\%$ out of 100%	5 th Semester	Didactic Instructor	2013-2014: 94.39% 2014-2015: 92.53% 2015-2016: 93.83% 2016-2017: 89.53% 2017-2018: 100.0%



2017-18 Academic Department Annual Report

	RT 232 Final Clinical Evaluation: Radiographic Quality and Technique #5. Student evaluated by clinical instructor and minimum of 3 technologists.	Average ≥ 8 on a 10 point scale	6 th Semester	Clinical Coordinator	2013-2014: 9.57 2014-2015: 9.55 2015-2016: 9.81 2016-2017: 9.67 2018-2019:
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Action/Analysis Goal 3:

SLO 1 -Tool 1: The benchmark for this measurement tool has been consistently met over the five-year period. There was one period, 2014-2015 cycle, where data could not be collected. There was upgrade to Blackboard, and when the class was restored to retrieve the grades, the gradebook irretrievable. The high scores in this area are likely due to extensive radiation protection coverage throughout the program.

SLO 1 -Tool 2: The data for this category has maintained well for a benchmark of eight out of a ten-point scale with a slight increase in the past two cycles. The scores are indicative to the preparedness of the student as they prepare to graduate.

SLO 2 -Tool 1: The data for this measurement tool is consistently high, with the exception of the dip in data in the 2013-2014 cohort. A potential reason for this dip could be due to preparations for moving and renovating the entire department to another floor. After this dip, we increased emphasis on student preparedness regarding positioning knowledge and testing. Image analysis was added to each laboratory class as a routine tool.

SLO 2 -Tool 2: The data for this category has maintained well for a benchmark of eight out of a ten-point scale. Again, we would expect students to be at this level prior to completing the program.

SLO 3 -Tool 1: The benchmark for this measurement tool has been consistently met. In the 2016-2017 cohort, there was a small dip in scores. This has been discussed with clinical instructors, along with advisory board members, for suggestions on improvement. Students are required to provide a technique for each competency completed and posted in Trajecsys.

SLO 3 -Tool 2: The data for this measurement tool is consistently high over the five-year period. This is the final clinical course where students are the most confident in their techniques.



2017-18 Academic Department Annual Report

Goal 4: Student will demonstrate professional growth and development.					
Outcome #1	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Student will exhibit professional attributes in the clinical setting.	RT 232 Final Clinical Evaluation Professional Conduct #7	Average ≥ 8 on a 10 point scale	6 th Semester	Clinical Coordinator	2013-2014: 9.77 2014-2015: 9.81 2015-2016: 9.87 2016-2017: 9.83 2017-2018:
	RT 232 Behavioral Assessment. Meets Standards or Needs Improvement with Action Plan	All students at "meet standards"	6 th Semester	Clinical Coordinator	2013-2014: 100% at meets standards
	New Tool for Cycle 2014-2015: RT 232 Affective Objective #8	All students at "meet standards"	6 th Semester	Clinical Coordinator	2014-2015: 100% at meets standards 2015-2016: 100% at meets standards 2016-2017: 100% at meets standards 2017-2018:
Outcome #2	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
Students will determine the importance of continued professional development.	RT 212 Additional Modalities Test #4	Average ≥ 8 on a 10 point scale	5 th Semester	Didactic Instructor	2013-2014: 8.98
	*New Tool 2012-13 Test Additional Modalities-Final Test	Average score $\geq 80\%$ out of 100%	5 th Semester	Didactic Instructor	2014-2015: 85.20% 2015-2016: 82.70% 2016-2017: 80.62% 2017-2018: 83.67%
	RT 100 Test# 1	Average score $\geq 80\%$ out of 100%	1 st Semester	Didactic Instructor	2013-2014: 83.00% 2014-2015: 83.32% 2015-2016: 90.20% 2016-2017: 94.42% 2017-2018: 88.57%



2017-18 Academic Department Annual Report

Action/Analysis Goal 4:

SLO 1 -Tool 1: The benchmark on this measurement exceeds the eight out of ten for the past five years. At this point within the program, students are regularly demonstrating professional conduct.

SLO – Tool 2: There has been a new measurement tool placed within the 2014-2015 cycle. The new tool measures the RT 232 Affective Objective Eight. This measurement tool continues to meet the benchmark of 100% meets standards. Behavioral assessments are no longer completed in RT 232.

SLO 2 – Tool 1: This measurement has a new tool as of the 2012-2013 cycle. The new tool measures the RT 212 Additional Modalities Final Test, with a new benchmark of $\geq 80\%$ out of 100%. The data has maintained the benchmark score above 80, with a small decrease in score the 2016-2017 year. We are changing this tool to more effectively assess professional development in the future (2017-2018 school year). The new tool will be from the RT 213 Capstone course regarding continuing professional education.

SLO 2 –Tool 2: We have maintained our average score above 80%, with an increase in the past two years. In the last two cycles, students were required to complete the review questions for each chapter. Answers were reviewed and improved in groups, then presented to the class. This additional activity could be responsible for the improved scores.

Commented [A4]: Looks like the change worked!

Program Effectiveness Measures

	Measurement Tool	Benchmark	Timeframe	Responsible Party	Results
#1 – Students will complete the program.	Graduation roster	≥ 75% out of 100%	End of program	Program Director	2012-2014: 86% 2013-2015: 83% 2014-2016: 79% 2015-2017: 91% 2016-2018:
#2 – Employers will be satisfied with the performance of newly hired technologists.	Employer Survey Question #10	≥ 2.5 out of a 4 point scale	6 months post-graduation (or upon completion by all)	Program Director	2012-2014: 3.50 2013-2015: NA 2014-2016: 3.25 2015-2017: NA 2016-2018:
#3 – Graduates will be satisfied with their results.	Graduate Survey Question #8, Section B	≥ 3.5 out of a 5 point scale	6 months post-graduation	Program Director	2012-2014: NA 2013-2015: NA
New Measurement Benchmark for 2014: Scale ≥ 2.8 out of a 4 point scale	Graduate Survey Question #8, Section B:	≥ 2.8 out of a 4 point scale	6 months post-graduation	Program Director	2014-2016: 3.55 2015-2017: NA 2016-2018:
#4 – Students seeking employment will be gainfully employed within 12 months post-graduation.	Graduate Survey Question #3	≥ 75% out of 100%	12 months post-graduation	Program Director	2014 Grads: 90% 2015 Grads: 89% 2016 Grads: 94% 2017 Grads: 100% 2018 Grads: 5 yr. Avg = 90.6%
#5 – Students will pass the national certification examination on the first attempt.	National Certification Exam 1 st time pass rate	≥ 85% out of 100%	6 months post-graduation (or upon completion by all)	Program Director	2012-2014: 96% 2013-2015: 100% 2014-2016: 100% 2015-2017: 90% 2016-2018: 5 yr. Avg = 95.8%

Action/Analysis Program Effectiveness Data:

PEO 1: Our benchmark for program completion has been met for five consecutive years, with a slight decrease in program graduates in the 2014-2016 cohort. This cohort lost five students due to personal and medical reasons. The data in the 2011-2013 cohort is 81% due to the loss of five students. Four of the five students left for personal reasons.

PEO 2: From data received back from employer surveys, they are consistently satisfied with newly hired technologists from the program. This is demonstrated by the high number of students hired by our clinical affiliates.

PEO 3: There is a new measurement benchmark that was implemented in the 2014 cycle. The benchmark was changed to make it consistent with other program effectiveness benchmarks. Completed graduate surveys have met or exceeded the measurement benchmark.

PEO 4: Our five-year average well exceeds the 75% benchmark. This is mostly likely due in part to the improved economy. In 2013, due to a reduction of one clinic site and in an effort to maintain our job placement rate, we reduced enrollment by five. For 2014, we reduced our enrolled students by one additional student. We have recently added one clinical placement, and will continue to match the needs of the economy.

PEO 5: We continue to maintain a very high passing rate. Although the last year's data dropped, we only had two out of 21 students that did not pass on their first attempt. Both have since passed the exam.

Commented [A5]: Great news!



2017-18 Academic Department Annual Report

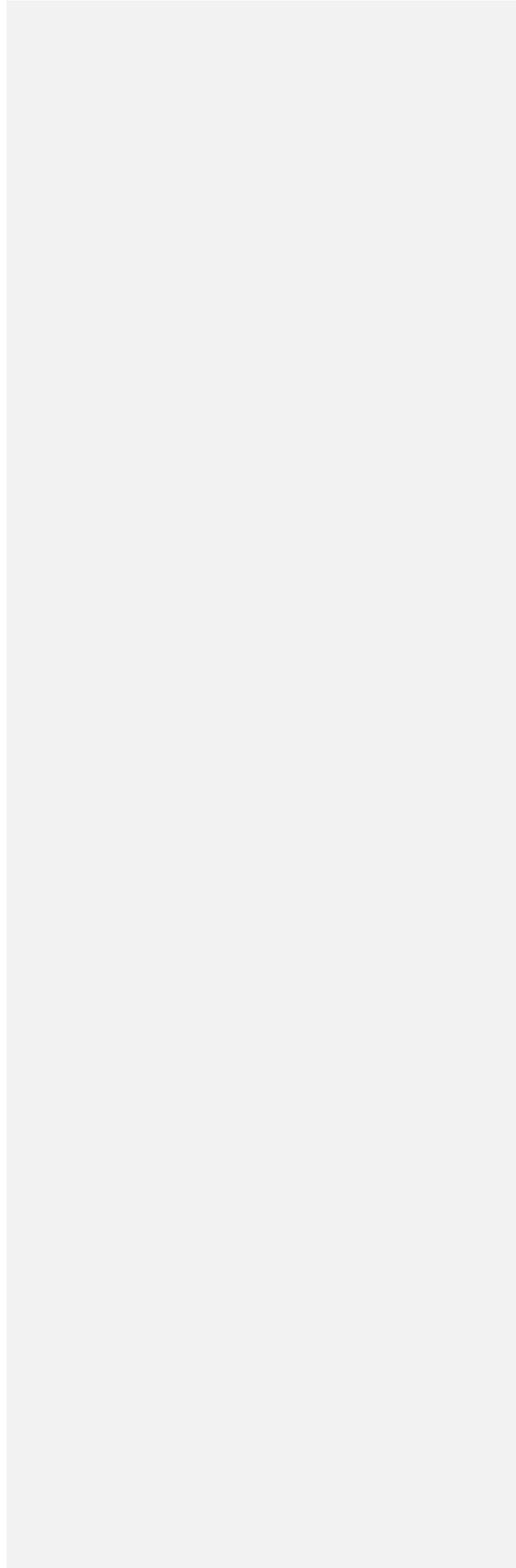
Part II: Plan for Upcoming Year

Part II is intended to provide a guide for your department's plans for the upcoming year with regards to the following: Operational Goals and/or Plans, Curriculum Goals and/or Plans, Learning Outcomes Assessment Plans, and Advising Plans. When answering the questions or completing the sections below, please consider the main points/highlights of each category.

A. Operational Goals and/or Plans

What are your departmental goals and plans for 2018-19? (Some examples may include, but are not limited to, student recruitment, marketing programs, and/or courses, improving course transferability, outlining a communications and/or advising plan for students in an Academic Pathway, etc.) Please include any external sources that have influenced your departmental goals and/or plans.

1. Successfully complete site visit in September 2018 to maintain our eight-year accreditation status.
2. Implement recording equipment in the laboratory setting. The recording will focus on patient positioning that will require viewing by the student prior to the scheduled class. This will open more class time for review and implementation of new material.
3. RT 213-Capstone Course-incorporate speakers from GRCC's job placement lab, along with industry supervisors. Mock interviews will continue to be utilized, but we will work on building a pool of volunteer supervisors and lead technologists to utilize in this role.
4. Incorporate trauma scenarios into RT 112 lab settings.





2017-18 Academic Department Annual Report

Are your goals targeting any Perkins or Key Performance Indicators? If yes, please explain

Our goals do not target any specific Key Performance indicators, however, they continue to be a large part of our accreditation report and site visit. The narratives throughout the outcomes assessment report describe the changes within this data, and was evaluated in the self-study and addressed within the site visit.

Commented [A6]: Julie, I'd like to follow up with you regarding how you report licensure rates to IRP.

What resources do you need to accomplish your departmental goals for the upcoming year?

The program continues to need assistance with completing the accreditation site visit. We will need additional coverage for the site visit dates. In addition to the RT adjunct that is already on staff, I have hired a new adjunct for GH that can also cover RT courses for the site visit duration.

Commented [A7]: We will definitely financially support this additional coverage!

Do you need support from other departments to accomplish these goals? If yes, please explain.

We will need assistance from the health library, campus library, administration, and support professionals to accomplish our goal of a successful site visit. I have reached out to all departments at this time to reserve this time.

We will also need assistance from media to get acquainted with the recording equipment in the laboratory, along with DLIT to incorporate the videos into Bb.

Do you need professional development in order to accomplish these goals? If yes, please explain.

The faculty attended the accreditation seminar in November 2017, but additional conferences were requested for continuing education.

For each of your departmental goals/plans/projects, please list the name of the lead faculty member(s) involved.

Each of the following will be led by Julie Lackscheide:

1. Successfully complete site visit in September 2018 to maintain our eight-year accreditation status.
2. Incorporate trauma scenarios into RT 112 lab settings.



Each of the following will be led by Heather Klare:

1. Implement recording equipment in the laboratory setting. The recording will focus on patient positioning that will require viewing by the student prior to the scheduled class. This will open more class time for review and implementation of new material.
2. RT 213-Capstone Course-incorporate speakers from GRCC's job placement lab, along with industry supervisors. Mock interviews will continue to be utilized, but we will work on building a pool of volunteer supervisors sand lead technologists to utilize in this role.

Commented [A8]: Very cool!

For each of your departmental goals/plans/projects, please provide a brief timeline for completion.

1. Successfully complete site visit in September 2018 to maintain our eight-year accreditation status.
 - a. Completion in September 2018.
2. Implement recording equipment in the laboratory setting. The recording will focus on patient positioning that will require viewing by the student prior to the scheduled class. This will open more class time for review and implementation of new material.
 - a. These recording will start the summer of 2018, and will be completed in the winter 2019 semester.
3. RT 213-Capstone Course-incorporate speakers from GRCC's job placement lab, along with industry supervisors. Mock interviews will continue to be utilized, but we will work on building a pool of volunteer supervisors sand lead technologists to utilize in this role.
 - a. The speakers will be compiled in the fall of 2018, and incorporated into the winter 2019 course.
4. Incorporate trauma scenarios into RT 112 lab settings.
 - a. The trauma scenarios will be developed in the fall 2018 semester, and implemented in the winter 2019 semester.

B. Curriculum Goals and/or Plans

What are your departmental curriculum development goals and plans for 2018-19? *You may reference the course review and revision list (found in the [Google Drive folder](#)) when answering this question and outlining your department's plan for revising courses, as appropriate. Please include plans with regards to online/hybrid course development, if applicable. Please also include any external sources that have influenced your departmental curriculum goals and/or plans.*

Due to the changes implemented in the 2017-2018 year (13 MRI courses were brought over from the CARP system, and all CT program courses were uploaded into Curriculog), all scheduled RT courses were pushed back a year. We are on schedule to complete the following courses:

1. RT 131



2017-18 Academic Department Annual Report

2. RT 207
3. RT 210
4. RT 230
5. RT 231
6. RT 232

Review of Department's Curriculum Transferability

Please note: this section should be completed by all SAS Departments, Business, and CIS.

Using transferability data provided by Instructional Support, please summarize your perceptions of how courses in your department transfer to our four-year university partners and how this understanding will impact your curriculum goals for the upcoming year.

NA

Are your curriculum development goals targeting any Perkins or Key Performance Indicators? If yes, please explain.

Our curriculum goals are only related to our Rad Tech review and revision schedule.

What resources do you need to accomplish these curriculum goals?

No resources are needed at this time.

Do you need support from other departments to accomplish these curriculum development goals? If yes, please explain.

No outside support is needed at this time.

For each of your departmental curriculum development goals/plans/projects, please list the name of the lead faculty member(s) involved.

For all goals/plans/projects, Julie Lackscheide will be the lead faculty member. Jeff Lloyd will assist on the revision of RT 207, and Heather Klare will assist on all other courses.

For each of your departmental curriculum development goals/plans/projects, please provide a brief timeline for completion.

Our plan is to split the listed courses between the fall and winter semesters. All will be complete by early winter semester.



C. Learning Outcomes Assessment Plan for 2018-19

In this section, please outline your department’s plan for learning outcomes assessment work for the upcoming academic year, outlining the General Education Learning Outcomes (GELOs), Program Learning Outcomes (PLOs), or Institutional Learning Outcomes (ILOs) that will be assessed as well as the assessment instruments/measure that will be used.

We will be measuring the following PLOs:

1. **Program Effectiveness Outcome #4** – Students seeking employment will be gainfully employed within 12 months post-graduation.
 - a. We will continue to use our exit interviews of the current graduating class to determine appropriate assessment projects. We will be completing the exit interviews in RT 213-Capstone course, and intend on making additional modifications to this process from the 2019 cohort. The 2018 cohort exercise already provided modifications.
2. **Goal 2:** Student will demonstrate appropriate communication skills. Outcome #2: Students will be able to demonstrate effective written communication skills
 - a. The resume and cover letters in RT 213 are used for this measurement. Last year’s cohort was considerably lower, and modifications have been made, data will be tracked.

Commented [A9]: I noticed this, glad you are making modifications.

D. Departmental Advising Plan for 2018-19

In this section, please outline your department’s advising plan for the upcoming academic year.

Our departmental advising plan includes four academic advising days in the fall and winter semesters, along with two in the summer. Each advising day consists of two hours of walk-in availability with a Rad Tech faculty member. In addition to this, all faculty have office hours for advising, and consistently participate in school sanctioned open houses, along with Raider Rally. Students can also make appointments as needed.

Part III: 2017-18 Faculty & Staff Accomplishments/Awards

Part III is intended to provide a space to share the accomplishments, awards, and/or accolades achieved by faculty and staff in your department during the course of this past year.



2017-18 Academic Department Annual Report

- This year's clinical instructor retreat included a scavenger hunt hosted by GR Scavenger through downtown Grand Rapids. Each scavenger group was randomly selected to strengthen clinical site relationships.
- The Consortium completed their recertification of the MRI Program, along with a successful completion of the site visit.
- The CT Certificate Program was added to the consortium.
- Julie Lackscheide completed the tenure portfolio and was awarded tenure.
- Heather Klare has completed New Faculty Institute.
- Heather Klare has completed the online certification course.
- The self-study report has been submitted and approved for program re-accreditation.

Thank you for completing this report. Please submit to your Dean via email, and CC the Dean of Instructional Support.

Commented [A10]: The two of you have had a very busy year! You've handled it with grace and a positive outlook. Thank you!