

Interim Report



Hostos Community College
of The City University of New York

Radiologic Technology Program

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No.	Documentation in Support of the Standards	Page
1	The program demonstrates integrity in the following: <ul style="list-style-type: none">• Representations to communities of interest and the public,• Pursuit of fair and equitable academic practices, and• Treatment of, and respect for, students, faculty, and staff	
1.10	Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.	3
2	The program has sufficient resources to support the quality and effectiveness of the educational process.	
2.9	Has sufficient ongoing financial resources to support the program’s mission.	11
4	The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.	
4.1	Assures the radiation safety of students through implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.	20
4.3	Assures that students employ proper radiation safety practices.	27
4.4	Assure that all medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.	46
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4.6	Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.	66
5	The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.	
5.1	Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.	67
5.4	Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.	74
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6	The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.	
6.1	Documents the continuing institutional accreditation of the sponsoring institution.	96
6.2	Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.	100
6.5	Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.	103

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the public.

Required Program Response:

- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the public.
- Upload a copy of a publication that contains the programs mission statement, goals and student learning outcomes.

The program makes its mission and goals and learning outcomes accessible to students, faculty, staff, administrators, and the public. The program’s mission and goals were last updated in 2017 and are available to the college community and the public through the college’s website and the college catalog on pages 82 and 83. Students and the general public are provided access to the online college catalog 24/7 on the college’s website. (**Figure 1.1.1 College Catalog or the College Website:** <https://www.hostos.cuny.edu/Hostos/media/Downloadable-Files/2020-22HostosCatalog.pdf>)

Each student receives a hard copy of the Student Handbook when they are accepted into the program. In addition, the Student Handbook is available online in the program section of the college website and contains the program’s mission and goals and learning outcomes on page 1.

(**Figure 1.1.2 Student Handbook or the College**

Website:<https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/Student-Handbook-Fall-2020.pdf>)

The program also makes its general policies and procedures accessible to students, faculty, administration, staff, and the public. The program’s Information Booklet answers the 50 most asked questions by students, faculty, staff, and the public. It also contains the *Program of Study for the A.A.S. Degree in Radiologic Technology*. The department distributes copies of the Information Booklet each semester to anyone who requests a copy in person, via email, or via a download from the program section of the college website. The Information Booklet and Student Handbook are both available in “hard-copy” form as well as digitally on the Radiologic Technology Program’s Website.

(**Figure 1.1.3 Info Booklet or the College Website:**

<https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/RT-Program-Info-Booklet-Complete-2018.pdf>)

Mission Statement – Where It Appears and Who Sees It

	Frequency	Public	Students	Faculty	Administrators	Staff
College Catalog	Annually	X	X	X	X	X
College Website	Annually	X	X	X	X	X
Student Handbook	Annually	X	X	X	X	X

Student Goals and Learning Outcomes – Where They Appear and Who Sees It

	Frequency	Communities of Interest	Students	Faculty	Staff
Student Handbook	Annually	X	X	X	X

General Policies and Procedures – Where They Appear and Who Sees It

	Public	Prospective Students	Students in the Program	Faculty	Staff
Information Booklet	X	X	X	X	X
Student Handbook	X	X	X	X	X
Program Website	X	X	X	X	X

Figure 1.1.1 College Catalog

Hostos Community College

Your safety is our priority. Hostos employees are working remotely. However, if you need access to the buildings during our regular business hours please contact Public Safety at campusvst@hostos.cuny.edu. For College-wide updates, please review the SAFE CAMPUS page to learn what reopening means for Hostos.

About Hostos | Library | Calendar | Technology Updates | Directory | Support Hostos | Middle States

Admissions Academics Financial Aid Campus Life Student Services Continuing Ed Community

Academics

- Degree Programs
- Degree Maps
- Academic Calendar
- College Catalog
- Departments
- Dual Degree Programs
- Faculty Support
- Office of Academic Affairs
- Schedule of Classes
- Student Support
- Advisement

Information For

- Prospective Students
- Current Students
- Faculty & Staff
- Alumni
- Community

College Catalog

Academic Bulletin 2020 - 2022

Did you KNOW? The Bronx was founded in 1636.

2020 - 2022 Hostos Catalog <pdf>
Updated Degree Programs

Family II.....	3
NUR 316.....Nursing Care of the Client with Mental Illness.....	3
NUR 317.....Nursing Care of the Adult I.....	6
NUR 320.....Issues & Trends in Nursing Practice.....	3
NUR 326.....Nursing Care of the Adult II.....	7
Total credits	71.5

RADIOLOGIC TECHNOLOGY

Radiologic Technology is the art and science of using ionizing radiation to provide images of the tissues, organs, bones, and vessels that comprise the human body. These images may be recorded using digital processes or displayed on a video monitor. Under the supervision of a licensed physician, the Radiologic Technologist is responsible for the production of these images and is an essential member of the health care team.

Hostos Community College's Radiologic Technology Program is designed to provide students with the vital skills needed to use ionizing radiation as a means of determining the nature of disease or injury. Students participate in classroom lectures, demonstrations, activities in the department's energized radiography laboratory and clinical practice experiences at affiliate hospitals in Manhattan and the Bronx. Additionally, learning adaptations using the college's Black-Board learning management system provide students with interactive online modules that support student learning.

Students will be required to adhere to all regulations and policies as outlined in the Radiologic Technology Student Handbook. Clinical education commences in the Spring semester of the freshman year and continues throughout the six-semester program. The Radiologic Technology Program is accredited by The New York State Department of Health, Bureau of Environmental Radiation Protection, and The Joint Review Committee on Education in Radiologic Technology.

Program Mission Statement

The mission of the Radiologic Technology Program at Hostos Community College is to provide an educational experience that culminates in the production of a competent, entry-level professional radiologic technologist who can function effectively as a member of the health care team. The Radiologic

Technology Program faculty believe that every student will be able to proficiently perform all routine radiographic procedures after completion of the program.

Program Goals and Student Outcomes:

The faculty and students of the Radiologic Technology Program consistently strive to achieve the following goals and student outcomes:

Graduate students with the knowledge and skills necessary to perform radiographic procedures competently:

- Students will be able to position patients properly.
- Students will be able to apply the principles of radiation protection to patients, self and others.
- Students will be able to formulate and compute appropriate technical exposure factors.
- Students will be able to assess the patient's needs and provide an optimal level of patient care.

Maintain a high level of program effectiveness by graduating entry-level radiographers who will fulfill the needs of the health care community:

- Graduates will be adequately prepared to pass the ARRT examination.
- Graduates will find employment as radiographers within six months of program completion.
- Graduates will report a high level of satisfaction with program.
- Employers will report a high level of satisfaction with graduates.
- The program will achieve a satisfactory student retention rate.

Graduate students who have the ability to demonstrate critical thinking and problem-solving skills to function effectively in the clinical setting:

- Students will be able to modify routine procedures to accommodate patient conditions.
- Students will be able to adapt exposure factors for various patient conditions. Students will be able to recognize emergency conditions and initiate appropriate actions.

Graduate students from a learning environment that encourages high ethical standards, professional development and growth:

- Students/Graduates will demonstrate a high level of professional work ethics in the clinical setting.
- Graduates will exhibit professional development and growth through participation in professional organizations.
- Graduates will demonstrate professional development and growth by seeking advanced degrees and/or certifications.

Graduate students who will be able to communicate effectively:

- Students will communicate effectively with supervisors, technologist and patients
- Students will communicate effectively through writing

Criteria for Progression into the Radiologic Technology Program

The Radiologic Technology Program accepts a limited number of students into the didactic phase of the program each year. This number is mandated by the Program's accrediting agency: The Joint Review Committee on Education in Radiologic Technology (J.R.C.E.R.T.). If more students qualify than the accepted limit, the students will be competitively evaluated.

The Selection Process

Each Fall semester, a new group of students advance into the initial didactic phase of the program. The program utilizes a "rolling admissions policy" whereby students are accepted for the Fall semester immediately after completing all their pre-requisite course work.

1. Students who have completed all the prerequisites by the end of the Fall semester will be admitted into the program (for September) during the Spring advisement period.
2. If additional spaces are available, students who have completed the prerequisites during the spring semester will be considered. Transcripts will be reviewed after spring grades have been received.
3. If additional spaces are still available, students who complete the prerequisites during the summer may be considered.
4. If at any time during the admissions process more students qualify than spaces are available, a

department committee will review transcripts. Progression into the initial didactic phase of the program will be competitively evaluated based upon (a) the GPA for the general education courses required for the degree, and (b) the number of general education courses required for the degree that were completed at Hostos.

Program Readmission and Withdrawal Policy

Students Withdrawal Policy

Students who withdraw from the program and are not in good academic standing will not be considered for readmission back into the program.

Leave of Absence Policy

Students who request an official leave of absence for legitimate reasons (i.e. maternity leave, documented medical issues) are not guaranteed re-admission into the program. All readmissions must be approved by the program coordinator and will not be considered after one year. Students readmitted into the program must adhere to the same entrance requirements as new applicants.

International Students

Any international student may apply for admission to a matriculated program at CUNY regardless of immigration status. However, the radiology program has five mandatory clinical semesters of hospital internships. The hospitals require that all medical staff and employees must be able to prove their legal presence and their legal eligibility to work in this country. Legal presence means that a person is either a U.S. citizen or is legally authorized to be in the United States. Legal presence can be proved using a U.S. birth certificate, U.S. passport, Certificate of Citizenship or Naturalization, Resident Alien Card or a valid foreign passport with a visa, I-94 or an I-94W with a participating country. The hospitals reserve the right to deny access to students who are unable to prove their legal presence in this country.

Furthermore, the hospital internship is an essential, legal requirement as specified in the Joint Review Committee on Education in Radiologic Technology Standards for an Accredited Educational Program in Radiologic Sciences.

Consequently, the radiology program only accepts students into the clinical phase of the program if they can prove their legal presence and their legal eligibility to work in the United States. Students are encouraged to reapply for admission into the program after they

RADIOLOGIC TECHNOLOGY PROGRAM



Student Handbook

Revised May, 2020



REGULATIONS & GUIDELINES

The guidelines and regulations in this handbook are presented to give the program stability and integrity. Also, the program is mandated to provide the student with skills and knowledge necessary to function in a health delivery service. As a result, the program must insure that students demonstrate the necessary proficiencies to employ ionizing radiation as a tool, and always guarantee patient safety. It is with this spirit of intent that guidelines and regulations are enforced and subject to continuous review and revision.

1. Mission Statement

The mission of the Radiologic Technology Program at Hostos Community College is to provide an educational experience for students culminating in the production of a competent, professional radiologic technologist who can function effectively as a member of the health care team. The Radiologic Technology Program faculty believes that every student, when provided with an optimum educational experience and opportunities, will be able to perform all routine radiographic procedures after completion of the program.

2. Program Goals and Student Learning Outcomes

The faculty and students of the Radiologic Technology Program consistently strive to achieve the following goals and student outcomes:

Graduate students with the knowledge and skills necessary to perform radiographic procedures competently:

Students will be able to:

- position patients properly.
- apply the principles of radiation protection to patients, self and others.
- formulate and compute appropriate technical factors.
- assess the patient's needs and provide an optimal level of patient care.

Maintain a high level of program effectiveness by graduating entry-level radiographers who will fulfill the needs of the health care community:

- Graduates will be adequately prepared to pass the ARRT examination.
- Graduates will find employment as radiographers within twelve months of program completion.
- Graduates will report a high level of satisfaction with program.
- Employers will report a high level of satisfaction with graduates.
- The program will achieve a satisfactory student retention rate.

Graduate students who have the ability to demonstrate critical thinking and problem solving skills to function effectively in the clinical setting.

Students will be able to:

- modify routine procedures to accommodate patient conditions.
- adapt exposure factors for various patient conditions.
- recognize emergency conditions and initiate appropriate treatment.

Graduate students from a learning environment that encourages high ethical standards, professional development and growth:

Graduates will:

- demonstrate a high level of professional work ethic in the clinical setting.
- exhibit professional development and growth through participation in professional organizations
- demonstrate professional development and growth by seeking advance degrees and/or certifications

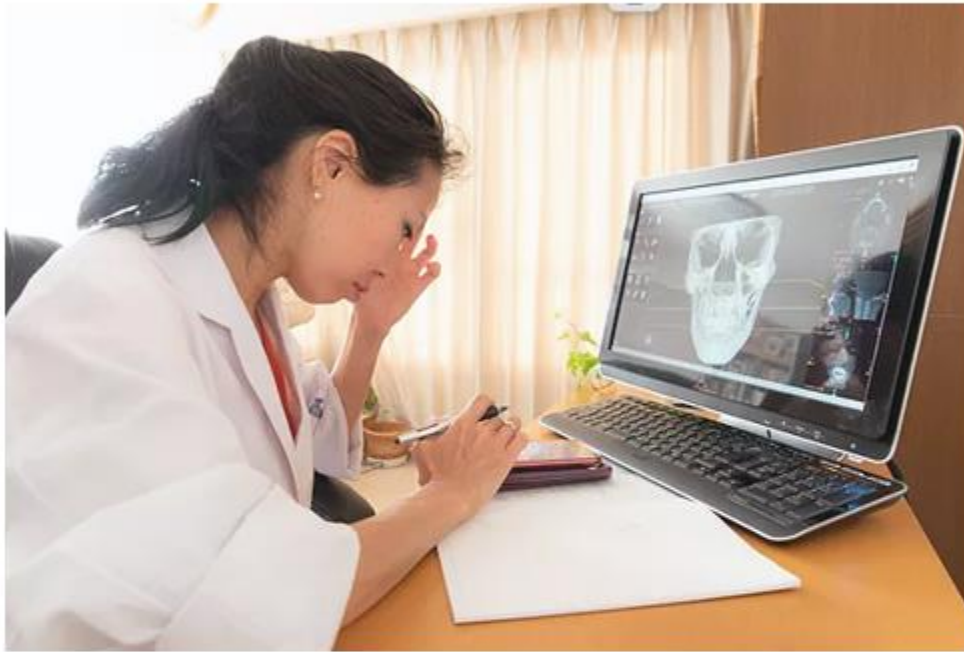
Graduate students who will be able to communicate effectively:

Student will be able to:

- communicate effectively with supervisors, technologists, and patients.
- communicate effectively through writing.

Figure 1.1.3 Program Info Booklet

**Eugenio María de Hostos Community College
of The City University of New York**



Working together to improve health care for all!

**Radiologic Technology Program
Information Booklet**

Revised July 2020

2.9 Has sufficient ongoing financial resources to support the program's mission.

Explanation:

Adequate, ongoing funding is necessary to accomplish the program's stated mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:

- Describe the adequacy of financial resources.
- Provide a copy of the program's budget and/or expenditure records for the past two (2) fiscal years.

The City University of New York (CUNY) consists of eleven senior colleges, seven community colleges, the William E. Macaulay Honors College at CUNY, the Graduate School and University Center, the CUNY Graduate School of Journalism, the CUNY School of Law, the CUNY School of Professional Studies, and the CUNY School of Public Health.

Hostos Community College is the sponsoring institution for the Radiologic Technology Program and currently receives 12% of the total City University of New York Community college annual budget allocation. (**Figure 2.9.1 and Website:** http://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/budget-and-finance/FY2020-Budget-Request_FINAL_OBF-Site-1.pdf provides a comparative analysis with other CUNY community college budget allocations. The seventh Community College, The New Community College at CUNY, was not included in the report)

CUNY dictates the budgeting processes for all its constituent campuses. Budgeting includes three process components:

1. CUNY advocacy for state and city funds
2. CUNY three-year weighted full-time equivalent (FTE) enrollment calculation
3. Hostos' operating budget planning

These factors are interconnected processes and are described below.

CUNY Advocacy for State and City Funds Operational Planning Activity:

Since New York State and New York City largely fund CUNY, it is subject to the state and city budget process and timetables. As a first step in annual budgeting, CUNY advocates for CUNY-wide funding from the city and state. This four-stage funding advocacy process is initiated by the Chancellor's Office every July.

Stage 1:

Between July and November, college presidents submit their institutions' priorities while at the same time, the university meets with faculty and student governance. The university then prepares a draft overview of all budget requests and consults with the Council of Presidents and the Board of Trustees Committee on Fiscal Affairs.

Stage 2:

In November and December, a draft budget is presented to the Board of Trustees Fiscal Affairs and Academic Affairs committees for review and consideration. Then, following a hearing on the draft request, the full Board of Trustees considers the budget request. Once approved, the budget request is then formally transmitted to city and state executive branches.

Stage 3:

From January through March, state executive budget recommendations and the city financial plans and preliminary budget are released. Testimony is then presented to the state senate's Finance and Assembly Ways and Means Committees on the impact of the state's proposed executive budget recommendations. Testimony on the impact of the city's financial plan and preliminary budget is presented before the city's Finance and Higher Education Committees and before the Borough Presidents.

Stage 4:

April through June is the final stage of the planning and budgeting process. April 1 is the deadline for the state to adopt a budget, and April 26 is the deadline for the release of the city's executive budget recommendations. Testimony on the impact of the city's executive budget is then presented before the New York City Council Finance and Higher Education Committees, and the budget is adopted.

[https://www.hostos.cuny.edu/getmedia/970b1adc-4b27-44c9-85d1-0ecdeeb39ad7/Institutional-Self-Study-Report-\(Feb-2012\).aspx](https://www.hostos.cuny.edu/getmedia/970b1adc-4b27-44c9-85d1-0ecdeeb39ad7/Institutional-Self-Study-Report-(Feb-2012).aspx)

CUNY Three-Year Weighted Average FTE Enrollment Calculation

Once the state and city have agreed on the CUNY-wide budget allocation, CUNY determines the next academic year allocation for each CUNY college by calculating a three-year weighted average full-time equivalent (FTE) enrollment based on rate data for the previous three years. This aggregated data is adapted into the college's annual budget. A report is generated each year and posted for the public to observe and discern the granulated data provided.

2017-2020 Report:

<https://cms.hostos.cuny.edu/Hostos/media/Division-of-Administration-and-Finance/Budget/Hostos-Budget-Process-Updated-September-2019.pdf>

2019 Report:

<https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/trustees/meetings-of-the-board/FY2020-State-and-City-Budgets-Initial-Allocation.pdf>

2018 Report:

<http://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/budget-and-finance/FY2018-Allocation-Book-June-26-2017-1.pdf>

Hostos Community College Prepares Operating Budget

Hostos follows the steps in the Figure 2.9.2 in developing its operating budget.

[https://www.hostos.cuny.edu/getmedia/970b1adc-4b27-44c9-85d1-0ecdeeb39ad7/Institutional-Self-Study-Report-\(Feb-2012\).aspx](https://www.hostos.cuny.edu/getmedia/970b1adc-4b27-44c9-85d1-0ecdeeb39ad7/Institutional-Self-Study-Report-(Feb-2012).aspx)

As previously stated in our self-study report of 2008, the Office of Academic Affairs provides an “Other Than Personnel Services” (OTPS) budget for each department within the college. After consultation with the Program Director, this OTPS budget is renewed each fiscal year by the Office of Academic Affairs. Over the last 5 fiscal years, OTPS expenditures by the Radiologic Technology Program have averaged \$30,000 per fiscal year. (**Figures 2.9. 5, 2.9.6, 2.9.7, 2.9.8 and Website:** <https://www.hostos.cuny.edu/Hostos/media/Office-of-the-President/2018-2019AnnualReport.pdf> and <https://www.hostos.cuny.edu/Hostos/media/Office-of-the-President/2018-2019AnnualReport.pdf>)

The college also provides the program with a high level of budgetary support for:

- Five full-time faculty members
- One clinical coordinator
- One full-time college laboratory technologist
- Adjunct faculty
- One administrative assistant

Figure 2.9.1 College Controllable Budget Allocation (Source: 2020 CUNY Budget Allocation)

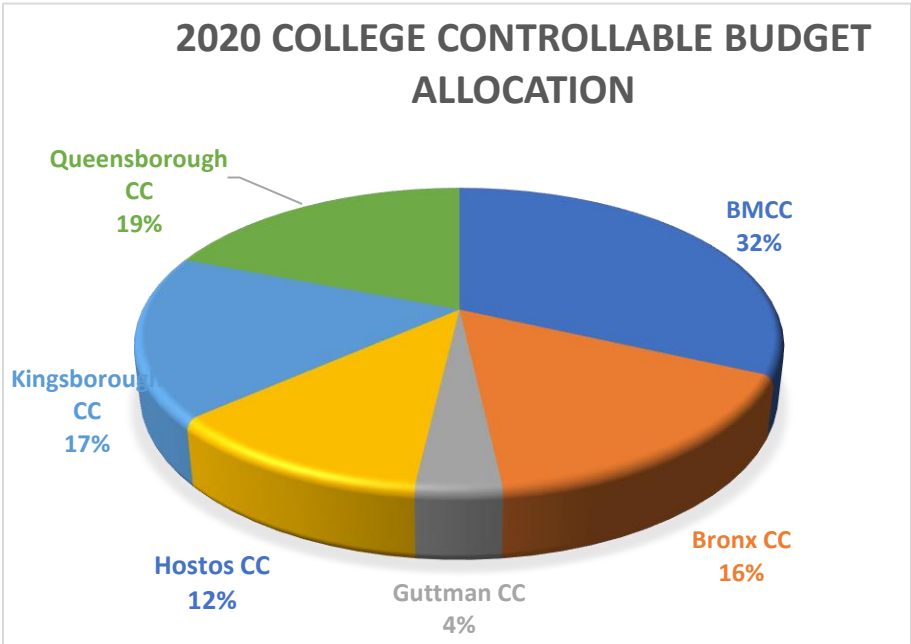
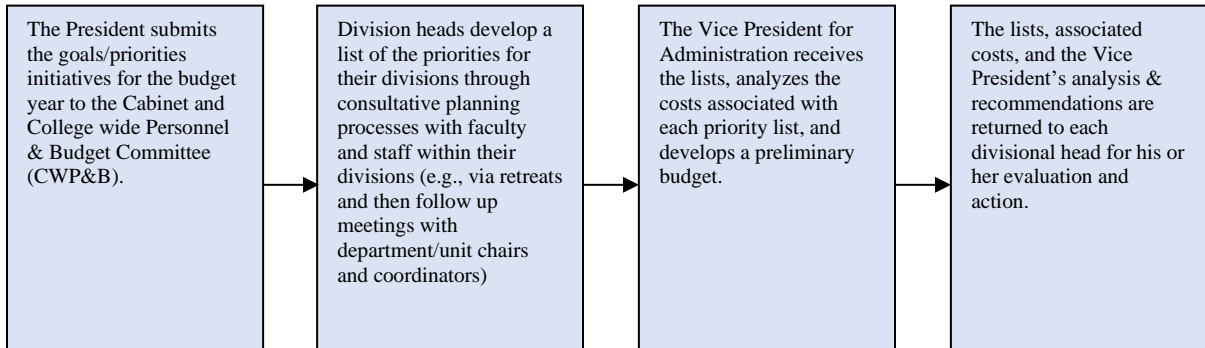
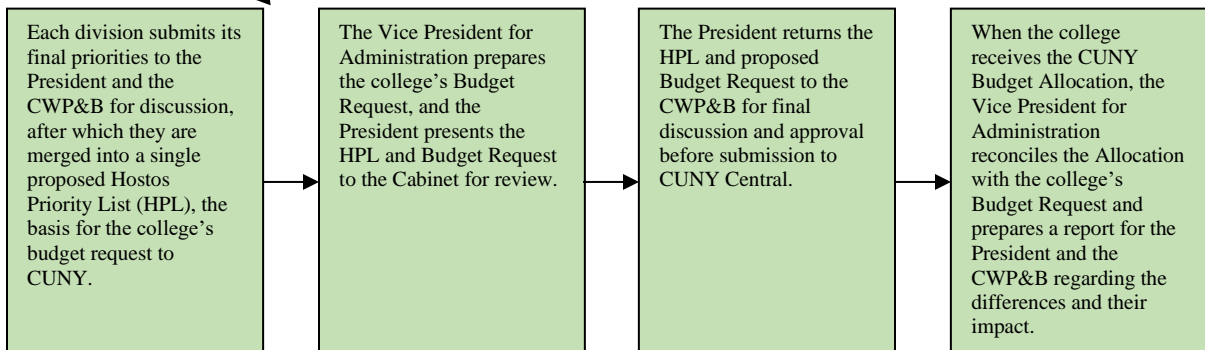


Figure 2.9.2 Hostos Operating Budget Planning Process

March-June



July-August



July-August

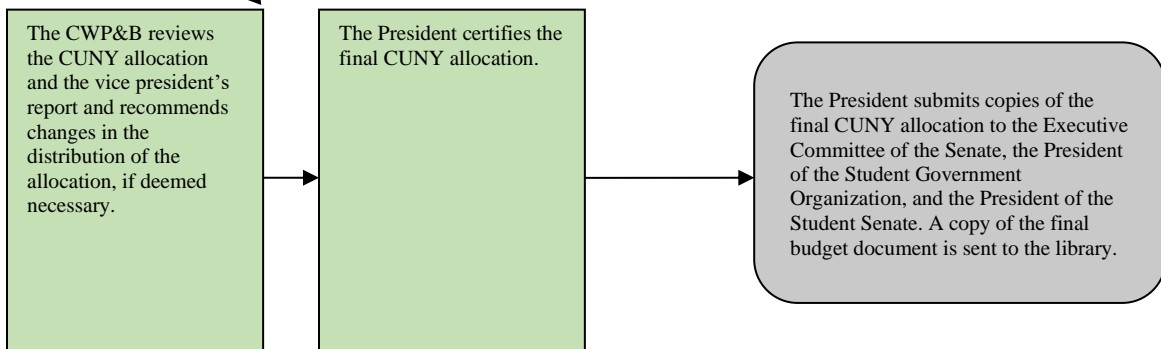


Figure 2.9.3 Hostos 2019 Budget Distribution by Major Purpose

HOSTOS COMMUNITY COLLEGE
FY 2019 College Budget Distribution by Major Purpose

Major Purpose	TOTAL	%
Instruction & Departmental Research and Academic Support Services *	40,260,585	58%
Student Services **	8,522,642	12%
General Administration	4,994,101	7%
General Institutional Services	7,498,663	11%
M & O Plant ***	6,939,809	10%
Sub-total	68,215,800	98%
Technology Fee	1,387,500	2%
Total Allocation	69,603,300	100%

*Includes Special Programs **
*Includes College Discovery ***
*Includes Building Rentals ****

FY 2018-2019
College Budget Distribution by Major Purpose

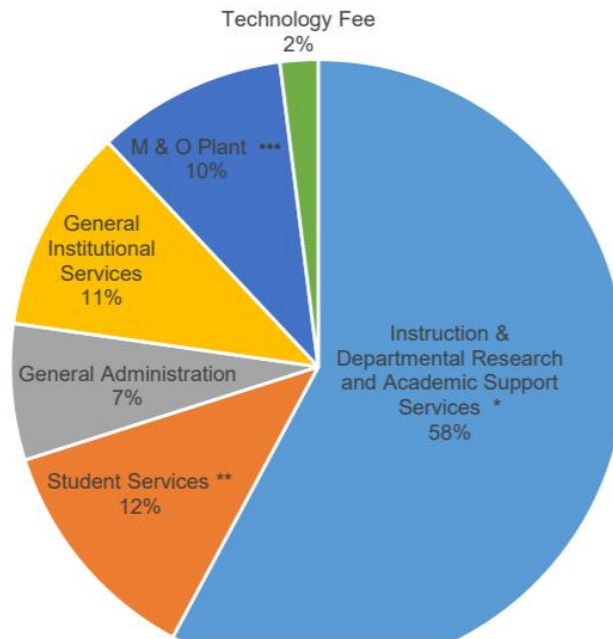


Figure 2.9.4 Hostos 2020 Budget Distribution by Major Purpose

HOSTOS COMMUNITY COLLEGE

FY 2020 College Budget Distribution by Major Purpose

Major Purpose	TOTAL	%
Instruction & Departmental Research and Academic Support Services *	42,095,882	57%
Student Services **	9,467,742	13%
General Administration	5,029,022	7%
General Institutional Services	8,405,248	11%
M & O Plant ***	7,047,818	10%
Sub-total	72,045,712	98%
Technology Fee	1,381,170	2%
Total Allocation	73,426,882	100%

Includes Special Programs •

Includes College Discovery **

Includes Building Rentals ***

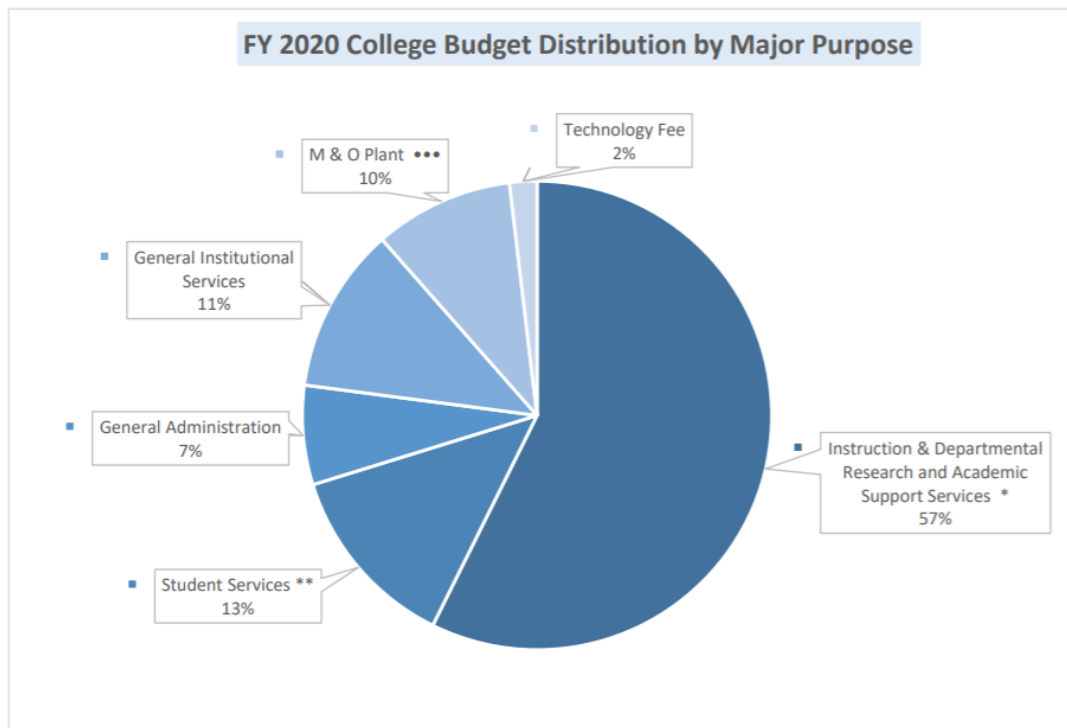


Figure 2.9.5 Hostos 2018 - 2019 OTPS Expenditures Radiologic Technology Program

OTPS Expenditures
Past FY 2018 - 2019
Radiologic Technology Program

<i>Vendor</i>	<i>Item Description</i>	<i>Cost</i>	<i>PO</i>
B&H Photo	Collimator bulbs	500.00	0000010211
Pocket Nurse	Venipuncture Supplies	224.00	000001010
Metropolitan Food service	Community of interests meeting	433.75	0000010300
Pocket Nurse		99.00	0000010506
Scantron Corp.	Scantron test scoring Sheets	304.91	0000010484
		1561.66	

Figure 2.9.6 Hostos Radiologic Technology Program 2018-2019 Membership Fees and Equipment Service Contracts.

Annual membership fees, equipment service contracts, and accreditation fees expenditures for the past FY 2018/2019

Radiologic Technology Program

	<i>Vendor/Agency</i>	<i>Purpose</i>	<i>Period Covered</i>	<i>Due Date</i>	<i>Amount</i>	<i>status</i>
1	Alpha Medical Equipment	Service contract for X-Ray related equipment within the x-ray lab.	One Fiscal year 7/1/18 to 6/30/19	During June before new fiscal year	\$86,988.00	PO Issued 0000008980 4/20/ 2018
2	Joint Review Committee on Education in Radiologic Technology (JRCERT)	Annual accreditation fee for Hostos and hospital affiliations.	One Fiscal year	During June before new fiscal year	\$2,100.00	PO Issued 0000010045 12/13/2018
3	Mirion Technologies	Open PO for monthly invoiced Dosimetry monitoring service	One Fiscal year 7/1/18 to 6/30/19	During June before new fiscal year	\$3,500.00	PO Issued 0000009531 8/15/2018
4	Mercer	Liability Insurance	One Fiscal year 7/1/18 to 6/30/19		905.00	PO Issued 0000010883 9/06/2018
				Total	93,493.00	

- This list does not include budgetary funds needed for departmental supplies

Figure 2.9.7 Hostos 2019 - 2020 Hostos Radiologic Technology Program Expenditure Report

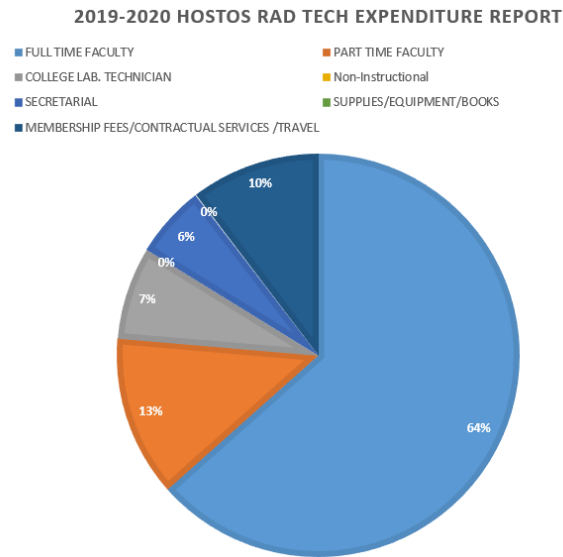


Figure 2.9.8 Hostos 2017 - 2020 Hostos Radiologic Technology Program Expenditure Report

**HOSTOS COMMUNITY COLLEGE
RAD. TECH. PROGRAM EXPENDITURES REPORT**

Category	2019-2020 *	2018-2019	2017-2018
BS			
FULL TIME FACULTY	611,634	538,102	413,876
PART TIME FACULTY	124,293	151,698	104,343
COLLEGE LAB. TECHNICIAN	71,665	71,665	71,665
Non-Instructional		12,885	77,818
SECRETARIAL	55,744	52,528	52,528
Part-time College Asst.			
Sub-total:	863,336	826,878	720,230
DIPS			
SUPPLIES/EQUIPMENT/BOOKS	1,091	1,102	20,294
MEMBERSHIP FEES/CONTRACTUAL SERVICES /TRAVEL	99,489	96,920	121,253
Sub-total:	100,580	98,022	141,547
DEPARTMENT TOTAL	963,916	924,900	861,777
COLLEGE EXPENDITURES **	\$98,667,000	\$99,807,000	\$96,304,000
PERCENTAGE	0.98	0.93	0.89

Projected
 * FY20 Projected Maintenance Services \$89,680
 ** Year-End Financial Report

4.1 Assures the radiation safety of students through implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within 30 school days following receipt of data. The program must have a published protocol for incidents in which dose limits are exceeded.

Required Program Response:

- Describe how the radiation exposure policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide a copy of appropriate radiation exposure policies.
- Provide a copy of one radiation exposure report.

Radiation safety is emphasized throughout the program beginning with a full day of orientation before classes are scheduled. It is an opportunity for new students to meet with faculty and staff and be introduced to all program regulations and guidelines. Each student receives a copy of our latest edition of the *Radiologic Technology Program Student Handbook*. A brief overview of the major topics included in the handbook is discussed at the orientation meeting. Students are then instructed to read the entire booklet at home. All students are required to take an online quiz at home about material contained in the handbook and pass it with a score of 90% or higher prior to the first day of classes. This also serves as proof that the students have read the student handbook.

(Student Handbook Online Quiz: <https://www.onlineexambuilder.com/student-handbook-examination/exam-343700>)

(Student Handbook: <https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/Student-Handbook-Fall-2020.pdf>)

Students are made aware of:

- **Dosimetry Policy** – Why monitoring dosimetry reports are important is stressed and students learn that they will be monitored at the college and at their assigned clinical affiliates. (**Figure 4.1.1 Instadose Dosimetry Report**)
- **Energized Laboratory Design** – Students are reassured that the labs were designed with radiation safety as our primary objective. Additional instruction, interactive exercises and simulations, as well as written information, is underscored in every laboratory class.

- **Pregnancy Policy** – Students are informed that our policy is in compliance with the NRC regulations as well as New York State Department of Health regulations. We want all incoming students to understand that if they become pregnant that several options are available. We believe this sets the tone for open communication in the first trimester of pregnancy so the students are comfortable declaring their pregnancy early.

Student Handbook Pages 8-12: <https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/Student-Handbook-Fall-2020.pdf>

Student Orientation is also a forum where students are encouraged to speak about some of the concerns they may have about the possible effects of radiation. In an environment that fosters the open exchange of ideas, we are able to address any fears or false impressions they may have about the short- and long-term effects of ionizing radiation. Students are also encouraged to watch the program’s videos on radiation safety:

How Dangerous Are X-rays:

<https://www.youtube.com/watch?v=vmdemMnkSKo&feature=youtu.be>

Radiation Safety Personnel Protection:

<https://www.youtube.com/watch?v=LSpREP8zLOk&feature=youtu.be>

Since the last JRC visit, we have developed a Quick Start Guide to the Radiography Lab for our energized laboratory facilities which includes a section for radiation safety (Section 2 titled “Radiation Safety” and Section 7, “Dosimetry”).

https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/Lab-guide-2_1.pdf

- In addition, students have to be screened before they can rotate through Magnetic Resonance Imaging facilities during their senior clinical year. (**Figure 4.1.2:** MRI Student Screening Form)

Figure 4.1.1 Instadose Dosimetry Report

HISTORY DETAIL REPORT

Accredited by the
 *National Institute of Standards and Technology
 through **NPLAP** for the specific scope of accreditation under
 lab code 100555-07

ACCOUNT NO: 81011 LOCATION NO: 00000DPT (HOSTOS COMMUNITY COLLEGE)

LOCATION ADDRESS:
 ATTN: RAYOLA CHELLADURAI
 475 GRAND CONCOURSE
 TECH DEPT ROOM A307
 BRONX, NY 104515307
 US

REPORTING PERIOD:	08/01/2020 - 11/02/2020
PAGE:	1 OF: 96

WEARER ID	NAME	ID	SERIAL #	BADGE TYPE	BODY REGION	MONITORING PERIOD		DOSE REPORTED IN UNITS OF MILLIREM				NOTES
						FIRST READ DATE/TIME	LAST READ DATE/TIME	Hp(10) DEEP	Hp(3) EYE	Hp(0.07) SHALLOW	NEUTRON	
1053			20211230	37	WB CL	07/31/2020 12:00:13 AM	08/03/2020 12:05:18 AM	0	0	0		
1053			20211230	37	WB CL	08/03/2020 12:05:18 AM	08/10/2020 12:05:28 AM	0	0	0		
1053			20211230	37	WB CL	08/10/2020 12:05:28 AM	08/17/2020 12:05:18 AM	0	0	0		
1053			20211230	37	WB CL	08/17/2020 12:05:18 AM	08/24/2020 12:05:28 AM	0	0	0		
1053			20211230	37	WB CL	08/24/2020 12:05:28 AM	08/29/2020 07:33:37 PM	0	0	0		
1053			20211230	37	WB CL	08/29/2020 07:33:37 PM	08/29/2020 08:06:03 PM	0	0	0		
1053			20211230	37	WB CL	08/29/2020 08:06:03 PM	08/31/2020 12:05:13 AM	0	0	0		
1053			20211230	37	WB CL	08/31/2020 12:05:13 AM	09/07/2020 12:05:03 AM	0	0	0		
1053			20211230	37	WB CL	09/07/2020 12:05:03 AM	09/07/2020 10:17:25 PM	0	0	0		
1053			20211230	37	WB CL	09/07/2020 10:17:25 PM	09/08/2020 10:19:25 PM	0	0	0		
1053			20211230	37	WB CL	09/08/2020 10:19:25 PM	09/08/2020 10:29:00 PM	0	0	0		
1053			20211230	37	WB CL	09/08/2020 10:29:00 PM	09/08/2020 10:29:44 PM	0	0	0		
1053			20211230	37	WB CL	09/08/2020 10:29:44 PM	09/09/2020 08:28:12 AM	0	0	0		
1053			20211230	37	WB CL	09/09/2020 08:28:12 AM	09/09/2020 08:29:04 AM	0	0	0		
1053			20211230	37	WB CL	09/09/2020 08:29:04 AM	09/12/2020 05:40:10 AM	0	0	0		
1053			20211230	37	WB CL	09/12/2020 05:40:10 AM	09/12/2020 05:40:33 AM	0	0	0		
1053			20211230	37	WB CL	09/12/2020 05:40:33 AM	09/14/2020 12:05:22 AM	0	0	0		
1053			20211230	37	WB CL	09/14/2020 12:05:22 AM	09/19/2020 05:42:28 PM	0	0	0		
1053			20211230	37	WB CL	09/19/2020 05:42:28 PM	09/21/2020 12:05:21 AM	0	0	0		
1053			20211230	37	WB CL	09/21/2020 12:05:21 AM	09/28/2020 12:05:06 AM	0	0	0		
1053			20211230	37	WB CL	09/28/2020 12:05:06 AM	10/02/2020 05:36:36 PM	0	0	0		
1053			20211230	37	WB CL	10/02/2020 05:36:36 PM	10/05/2020 12:05:12 AM	0	0	0		
1053			20211230	37	WB CL	10/05/2020 12:05:12 AM	10/12/2020 12:05:22 AM	0	0	0		
1053			20211230	37	WB CL	10/12/2020 12:05:22 AM	10/16/2020 05:16:18 PM	0	0	0		
1053			20211230	37	WB CL	10/16/2020 05:16:18 PM	10/19/2020 12:05:27 AM	0	0	0		
1053			20211230	37	WB CL	10/19/2020 12:05:27 AM	10/26/2020 12:05:07 AM	0	0	0		
1053			20211230	37	WB CL	10/26/2020 12:05:07 AM	10/26/2020 07:58:39 AM	0	0	0		

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

Report Approved By TPM



MIRION TECHNOLOGIES (2020), INC.
 P. O. Box 18725, Irvine, California 92613-8725
 Email Address: info@mirion.com Phone: 714-261-4444

Figure 4.1.2: MRI Student Screening Form



Magnetic Resonance (MR) Screening Form - Students

Before any student is allowed into the MR Environment, he/she must:

1. pass the MRI Safety test with the minimum grade of 75%
2. be screened by an MR-safety trained personnel

Proper Screening of student involves:

1. the use of printed form (Magnetic Resonance Screening Form - Students) to document the screening procedure
2. a verbal interview to verify the information provided by the student
3. discussion of any question or concern the student may have

Magnetic Resonance (MR) Screening Form – Students

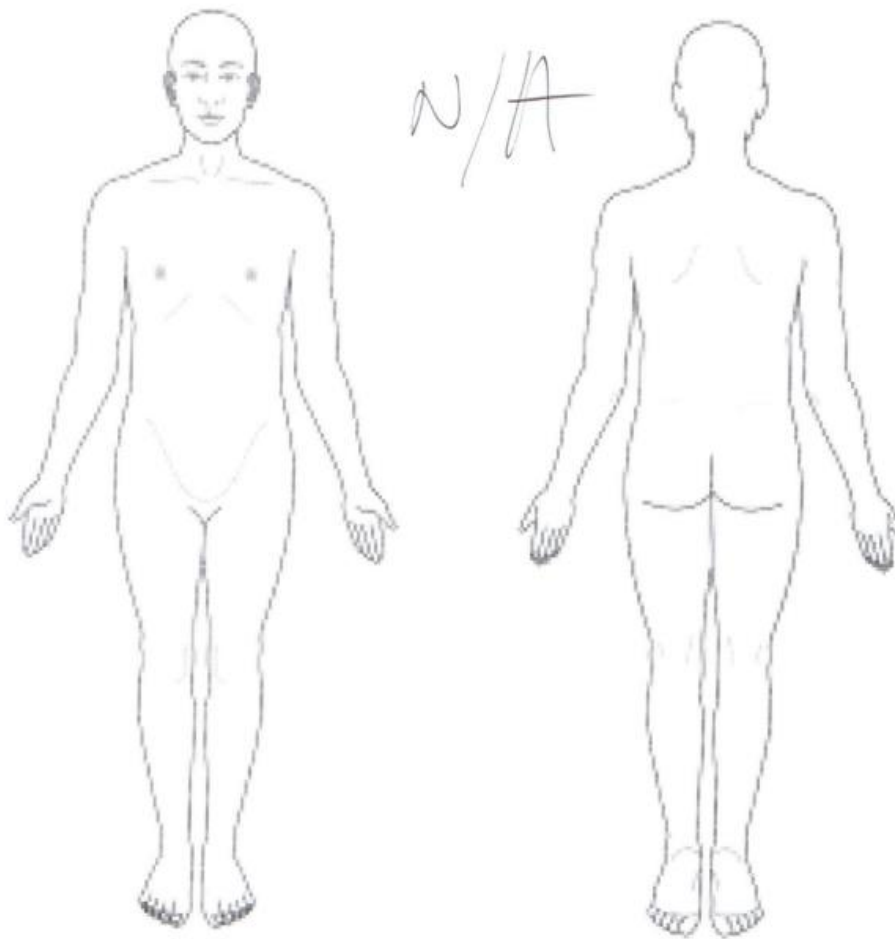
The information requested on the MR screening form is very important for your rotation through Magnetic Resonance Environment in Clinic Education Centers.

Please answer all questions as thoroughly as possible-check YES or NO for each item or condition. If you check YES, please provide location of the items and dates when these items were put in.

YES	NO	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac pacemaker or implanted cardioverter defibrillator/ICD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Aneurysm clip(s)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Eye injury from a metal object (metal shaving or slivers)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Neurostimulator, Biostimulator, bone growth stimulator
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spinal cord stimulator
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cochlear, otologic or other ear implant
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insulin or other infusion pump
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Implanted drug pump (chemotherapy, pain medicine)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Electronic implant or device
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetically-activated implant or device
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Internal electrodes or wires or filter (pacing wires, Inferior Vena Cava-IVC filter)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial heart valve, coil, filter and/or stent
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intravenous access port (PICC line, Swan-Ganz, Thermodilution)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication patch (Nicotine, Nitroglycerine, contraceptive, estrogen, testosterone)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Implanted post-surgical hardware (clips, pins, screws, plates, wires, nail)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial joint and/or limb
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Injury caused by a metal object (shrapnel, bullet, BB)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial eye and/or eyelid spring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial or prosthetic limb
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shunt (adjustable or programmable pressure valve)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Surgical clips, staples or surgical mesh
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Any type of prosthesis (eye or penile)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing aid(s)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tissue expander (breast)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intrauterine Device (IUD), pessary, diaphragm
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dentures (false teeth), partial plates, braces, retainers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Radiation seeds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Body piercing jewelry, tattoo or permanent makeup
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wig, hair implants

Magnetic Resonance (MR) Screening Form - Students

Please mark on the figure(s) below for any metal object or implant inside of your body



RIGHT

LEFT

LEFT

RIGHT

Magnetic Resonance (MR) Screening Form - Students

Before entering the MR environment or MR scan room, you must remove all metallic objects, including hearing aids, dentures, partial plates, keys, beepers, cell phone, eyeglasses, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, and clothing with metallic threads.
Please consult the MRI Technologist or Radiologist if you have any question or concern **BEFORE** you enter the MR system room.

I [redacted] att
est that the above information is correct to the best of my knowledge. I have read and understand the entire contents of the MR Screening form and I have had the opportunity to ask questions regarding the information on this form.

[redacted]
Student Signature

Date

Time

02/10/20 10:00 am

Form Information reviewed by:

JAREK STELMARK
[redacted]

MR-Safety Trained Personnel/Clinical Coordinator Date

Time

02/10/20 10:00 a.m.

4.3 Assures that students employ proper radiation safety practices.

Explanation:

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical education settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Student utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide copy of applicable syllabi.
- Provide policies/procedures regarding radiation safety.
- Provide policies/procedures for appropriate laboratory use, if the program has an energized laboratory.

Important components of the didactic courses are three fully energized radiographic labs that are used for “Educational, Non-Human Use Only.” No humans or animals are exposed to ionizing radiation in these labs. Only simulators, such as Pixie Phantoms from RSD Associates or physics-based instruments are exposed to ionizing radiation. Our curriculum is based on the radiation safety of faculty, staff, and students that utilize the labs. This is modeled to enable the students to enter the clinical affiliate sites with a strong foundation for correctly applying ionizing radiation to patients. All concepts of radiation safety and quality assurance practices pertaining to the application of ionizing radiation to humans are covered in our didactic courses by full-time faculty members well versed in radiation safety and quality assurance principles. Faculty and staff are American Registry of Radiologic Technologists (ARRT) certified and licensed by the State of New York Department of Health.

Essential elements of the Radiologic Technology Program’s radiation safety program are infused throughout our two-year program. Hostos students are not immediately placed at any clinical affiliate. They must first complete one semester of foundational courses in Radiologic Science, Radiographic Anatomy1, Professional Practice Issues in Diagnostic Imaging, Radiologic Physics, and Radiography 1. Upon successfully completing these courses, a two-day orientation is conducted by the faculty and Clinical Coordinator to reinforce the program’s policies and procedures to be followed at their assigned clinical affiliates. These include, but are not limited to, our policies to assure safe radiation practices.

All students must successfully complete a pre-clinical radiation protection examination to ensure their understanding of the basic principles of radiation protection.
(Figure 4.3.1 Pre-Clinical Radiation Protection Test)

A special PowerPoint presentation was developed in an effort to make this experience more visual while emphasizing the importance of adhering to our policies and procedures.
(Figure 4.3.2: Radiation Protection PowerPoint Presentation)

The radiation safety program has been carefully developed and all components are taught, applied, and integrated into the academic courses listed below:

- XRA 110 Radiography 1 and Lab
- XRA 111 Radiologic Science 1 and Lab
- XRA 112 Radiographic Physics
- XRA 114 Professional Practice Issues in Diagnostic Imaging
- XRA 120 Radiography 2 and Lab
- XRA 121 Radiologic Science 2 and Lab
- XRA 122 Radiation Protection
- XRA 124 Contrast Media
- XRA 210 Radiation Biology
- XRA 222 Applied Quality Assurance
- Clinical Radiography Rotations 1, 2, 3, 4, and 5

(Figure 4.3.3 10: 2011 Syllabus for XRA 122 Radiation Protection and Figure 4.3.4: 2011 Syllabus for XRA 210 Radiation Biology)

Figure 4.3.1 Pre-Clinical Radiation Protection Test

Name: [REDACTED] Class: _____ Date: 02/10/20 ID: A

100%

Radiation Protection Pre Clinical -I

Multiple Choice

Identify the choice that best completes the statement or answers the question.

<p>1. The biggest source of man-made ionizing radiation exposure to the public is _____.</p> <p>a. atomic fallout <input checked="" type="radio"/> b. diagnostic x-rays c. smoke detectors d. nuclear power plants</p>	<p>5. For diagnostic x-ray personnel, the highest occupational exposure occurs during _____ exams.</p> <p>I. fluoroscopy II. mobile radiography <input checked="" type="checkbox"/> III. spinal IV. dental</p> <p><input checked="" type="radio"/> a. I and II b. I and III c. I and IV d. III and IV</p>
<p>2. The cardinal principles of radiation protection include which of the following?</p> <p>1. Time 2. Distance 3. Shielding</p> <p>a. 1 only b. 2 only c. 3 only <input checked="" type="radio"/> d. 1, 2, and 3</p>	<p>6. The best way for technologists to reduce occupational exposure is to follow the principles of _____.</p> <p>I. ALARA II. time and distance III. shielding</p> <p>a. I only b. II and III c. III only <input checked="" type="radio"/> d. I, II, and III</p>
<p>3. The cumulative effective dose (CumEfD) limit does not include</p> <p>1. exposure acquired as a consequence of a radiation worker undergoing medical imaging procedures. 2. radiation exposure from natural background radiation. 3. radiation exposure received while radiographers perform imaging procedures on patients.</p> <p><input checked="" type="radio"/> a. 1 and 2 only b. 1 and 3 only c. 2 and 3 only d. 1, 2, and 3</p>	<p>7. Occupational radiation monitoring is required if the individual may get _____ of the recommended dose limit.</p> <p>a. 100% b. 50% c. 25% <input checked="" type="radio"/> d. 10%</p>
<p>4. Which of the following statements is true?</p> <p>a. Medical imaging personnel almost always receive equivalent doses that are close to the annual occupational effective dose limit. b. Medical imaging personnel always receive equivalent doses that are close to the annual occupational effective dose limit. <input checked="" type="radio"/> c. Medical imaging personnel hardly ever receive equivalent doses that are close to the annual occupational effective dose limit. d. Medical imaging personnel absolutely never receive equivalent doses that are close to the annual occupational effective dose limit.</p>	<p>8. The advantages of the BERT method are</p> <p>1. it does not imply radiation risk; it is simply a means for comparison. 2. it emphasizes that radiation is an innate part of our environment. 3. it provides an answer that is easy for the patient to comprehend.</p> <p>a. 1 and 2 only b. 1 and 3 only c. 2 and 3 only <input checked="" type="radio"/> d. 1, 2, and 3</p>

Name: _____

ID: A

9. Why should the selection of technical exposure factors for all medical imaging procedures always follow ALARA?
- So that referring physicians ordering imaging procedures do not have to accept responsibility for patient radiation safety.
 - So that radiographers and radiologists do not have to accept responsibility for patient radiation safety.
 - Because radiation-induced cancer does not appear to have a dose level below which individuals would have no chance of developing this disease.
 - Because radiation-induced cancer does have a dose level at which individuals would have a chance of developing this disease.
-
10. Which of the following provides the basis for determining whether an imaging procedure or practice is justified?
- ALARA concept
 - BERT method
 - Diagnostic efficacy
 - NEXT program
-
11. Which of the following statements below is true?
- It appears that no safe dose level exists for radiation-induced malignant disease.
 - The ALARA principle establishes a dose level for radiation-induced malignancy.
 - The BERT method establishes a dose level for radiation-induced malignancy.
 - The NEXT program and reference values establish a dose level for radiation-induced malignancy.
-
12. What is an Sv?
- A radiation unit in the SI system that is determined by measuring ionization of air
 - A device containing a crystal that absorbs radiation energy and discharges it in the form of light when heated
 - A radiation unit in the British system used to measure patient dose
 - A radiation unit in the SI system used to measure dose equivalents for occupational exposure
-
13. According to the Laws of Bergonié and Tribondeau, which of the following statements is true?
- Complex cells are more sensitive to radiation injury than simple cells.
 - Young cells are more sensitive to radiation injury than older cells.
 - Cells that multiply rapidly are less sensitive to radiation injury than those that do not.
 - Cells with a high metabolic rate are less sensitive than those with a low rate.
-
14. The ALARA principle states that occupational radiation exposure should be limited to:
- the least amount that is reasonably achievable, not to exceed ED limits.
 - 0.05 Sv per year.
 - 0.05 Sv for the 9 months of pregnancy.
 - that needed for the worker's healthcare.
-
15. Safety precautions for a pregnant radiographer should include:
- wearing a fetal radiation monitor badge.*
 - working assignments that permit her to stand behind a lead barrier during exposures.*
 - working in an area of the hospital where radiation is not used.*
- 1 only
 - 2 only
 - 1 and 2 only
 - 3 only

Figure 4.3.2 Pre-Clinical Power Point Presentation outline

Radiation Protection

Pre-Clinical

What Are X-rays?

- A form of ionizing radiation
- *Ionizing radiation* is radiation that produces positively and negatively charged particles (ions) when passing through matter.
- The production of these ions is the event that may cause injury in normal biologic tissue.
-

Goals of Radiation Protection

- Protect persons from both short-term and long-term effects of radiation.

Concept of Radiation Protection

- Ongoing responsibility of diagnostic imaging professionals to ensure radiation safety during all medical radiation procedures
- Obligation is fulfilled by adhering to an established radiation protection program.

Radiation Protection

- Effective measures employed by radiation workers to safeguard patients, personnel, and the general public from unnecessary exposure to ionizing radiation.
- Unnecessary radiation
 - Any radiation exposure that does *not* benefit a person in terms of diagnostic information obtained for the clinical management of medical needs.
 - Any radiation exposure that does *not* enhance the quality of the study.

Introduction to Radiation Quantities and Units of Measure

- *Exposure*: amount of radiation produced in air when ionizing radiation is present. Measured in coulomb per kilogram [C/kg], or milliroentgen [mR]
- *Absorbed dose*: the amount of energy that is deposited in a material per unit mass of the material. Measured in milligray [mGy].
- *Effective dose*: a quantity that is a measure of general harm in humans. Measured in millisievert [mSv].

Need to Safeguard Against Adverse Biologic Effects of Ionizing Radiation

- Based on evidence of harmful *biologic effects*
- Damage to living tissue of animals and humans exposed to radiation

Justification and Responsibility for Imaging Procedures

- Benefit versus risk
- Patient can elect to assume the relatively small risk of exposure to ionizing radiation.
 - To obtain essential diagnostic medical information when illness or injury occurs.
 - When a specific imaging procedure for health screening purposes is prudent.
 - *Example*: When women elect to undergo screening mammography to detect breast cancer in its early stages.

Diagnostic Efficacy

- The degree to which the diagnostic study accurately reveals the presence or absence of disease in the patient.
- Maximized when essential images are produced under recommended radiation protection guidelines
- Provides the basis for determining whether an imaging procedure or practice is justified

10 **ALARA Concept**

- The best way for radiologists and radiographers to do this is to conscientiously employ all appropriate radiation-control procedures, such as
 - Whenever applicable, applying the basic principles of time, distance, and shielding
 - Always adequately collimating the radiographic beam
 - Because continual use of such radiation protection awareness procedures ensures a high degree of safety from most radiation exposure, radiography is not considered a hazardous profession.

11 **As Low as Reasonably Achievable (ALARA) Principle**

- An acronym for *as low as reasonably achievable*
- Synonymous with the term *optimization for radiation protection (ORP)*
- Intention behind these concepts of radiologic practice is to keep radiation exposure and consequent dose to the lowest possible level.

12 **Cardinal Rules of Radiation Protection**

- The three basic principles of radiation protection
 - Time
 - Distance
 - Shielding
- These principles can be applied to the
 - Patient
 - Radiographer

13 **Responsibility for Maintaining ALARA in the Medical Industry**

14 **Patient Protection and Patient Education**

- Educating patients about imaging procedures helps to ensure the highest quality of service.
- Use appropriate and effective communication.
- Answer questions about the potential risk of radiation exposure honestly
- Inform patients of what needs to be done, if anything, as a follow-up to their examination

15 **Risk of Imaging Procedure Versus Potential Benefit**

- Risk (in general terms)
 - The probability of injury, ailment, or death resulting from an activity
- Risk (in the medical industry) with reference to the radiation sciences
 - The possibility of inducing a radiogenic cancer or genetic defect after irradiation
- Willingness to accept risk
 - Perception that the potential benefit to be obtained is greater than the risk involved.

Figure 4.3.3 Radiation Protection Syllabus

Eugenio María de Hostos Community College – Radiologic Technology Program

SPRING 2021 – XRA 122 RADIATION PROTECTION

Faculty Information:

Instructor: Rayola Chelladurai
Office: 307 J
Office Hours:
Phone: (718) 518 4104 or 4123 (secretary)
E-mail: rchelladurai@hostos.cuny.edu

Course Description:

This course is designed to familiarize the student with proper techniques to ensure **MAXIMUM safety of patients, personnel, and equipment**. Current and historical issues related to radiation will be discussed. Topics highlighted during the course include: Types and sources of radiation, interactions of x-ray with matter, radiation quantities and units, radiation monitoring, dose limits for exposure to ionizing radiation, equipment design for radiation protection, management of personnel radiation dose and radioisotopes and radiation protection.

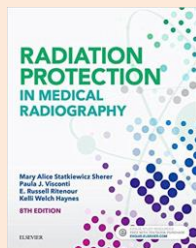
Prerequisites: XRA 111 Radiologic Sciences I XRA 112 Radiation Physics
Co-requisite: XRA 121 Radiologic Sciences II

This course is built on the foundation of course materials learned in the previous semester. Each student will be held responsible for the material presented in **XRA 111 Radiologic Sciences I** and **XRA 112 Radiologic Physics**

Course Meetings:

Lectures: Online-Synchronous (Wednesdays 2-4:30)

Required Textbooks:



Statkiewicz, S., Visconti, P., Ritenour, R. *Radiation Protection in Medical Radiography*. Latest Edition St. Louis: Elsevier Mosby, Inc

Grading Criteria:

Test 1	15 %	Exam 1
Test 2	30 %	Midterm Exam
Test 3	15 %	Exam 3
Test 4	40 %	Final Exam

A	=	93 – 100
A-	=	90 – 92
B+	=	87 – 89
B	=	83 – 86
B-	=	80 – 82
C+	=	77 – 79
C	=	70 – 76

D	=	60 – 69	=	Fail
F	=	00 – 59	=	Fail

***Passing grade for the program is 75**

Course Outline:

1. Introduction to Dosimetry (TLD Use)
2. Origin and Properties of X-rays, Electromagnetic Radiation, Particulate Radiation
3. X-ray Spectra
4. Effective Radiation Protection/Justification & Responsibility for Procedures
5. ALARA Concept
6. Patient Protection & Education
7. Radiation Dose Specification
8. Sources of Radiation
9. Interactions of X-rays with Matter
10. Radiation Units of Measurement
11. Limits for Exposure to Radiation
12. Regulatory Agencies
13. Principles of Safety
14. Protection of the Patient During Radiologic Procedures
15. Radiation Shielding, Optimum kVp Techniques
16. Methods to Minimize Operator Exposure
17. Radiation Monitoring
18. X-ray Room Shielding
19. Types of Monitoring Devices
20. Radiation Protection and Radioisotopes

FINAL EXAM Cumulative

Course Objectives:

Upon completion of the course, students will be able to:

1. Provide maximum safety to patients and personnel
2. Define ionizing radiation and identify the need for protective measures
3. Identifies the federal committees/agencies responsible for establishing recommended dose equivalents
4. Recall basic concepts of radiologic physics i.e. energy, units of measurement
5. Identifies protective barriers for diagnostic installations, rules and regulations pertaining to their safe operation
6. Understands the function of radiation detection instruments
7. Utilizes information technology methods in order to compare the effects of low levels of ionizing radiation to high levels of radiation
8. Identifies current and historical issues related to radiation protection
9. Identifies and compares dose as it applies to occupational exposure, the general public and pregnancy
10. Identifies basic principles of protection for the patient and radiographer during diagnostic procedures
11. Understands the methods used to evaluate the safe operation of x-ray equipment
12. Researches various approaches to shielding design

Teaching Methods:

1. Audiovisual presentations, digital radiographic images and handouts
2. Discussions and demonstration

Classroom Policies:

1. Cell phones and beepers must be turned off or placed on “vibrate” mode when in the classroom.
 2. Students who arrive after the class has begun should enter the classroom quietly without making any unnecessary noise.
 3. Unruly and/or disruptive behavior may be subject to disciplinary action.
 4. Students who create a material or substantial interruption of the educational process will be dismissed from the class and referred to the Disciplinary Committee to determine if additional sanctions - including suspension or dismissal from the program - are warranted.
-

Student Responsibilities:***Students are expected to:***

1. Come to class on time
2. Perform all lesson objectives, activities and reading assignments.
3. Complete assignments on or before their due date.
4. Demonstrate proficiency on all homework and written assignments.
5. Demonstrate knowledge and comprehension of the radiographic principles discussed in class as well as all assigned readings.
6. Demonstrate knowledge and comprehension of the radiographic anatomy and landmarks discussed in class as well as all assigned readings and PowerPoint presentations.
7. Complete all reading assignments and laboratory activities
8. Complete and electronically submit all Blackboard Directed Study Homework assignments by the due date as specified within Blackboard. Failure to do so will result in a grade of incomplete for the course.
9. Complete and hand in all written assignments on time.
10. Complete all scheduled examinations.
11. Have access to a fully updated computer with MS Office and internet access. For those students with no access to computers, use of the Hostos Community College computer lab will be required for the completion of on-line assignments.

Use of Electronic Devices:

Cell phone use is not permitted during class time. Cell phones must be placed on “vibrate” mode. Emergency calls must be taken outside the classroom. During examinations, cell phones must be placed in a central location away from the testing area. No personal headphones/iPods are permitted during class or exams.

A simple, non-programmable calculator is permitted during examinations; students may not use – or have in their possession – a programmable calculator, PDA, Blackberry, or one that has advanced memory or logarithm functions.

Attendance Policies:

1. All classes are mandatory
2. If a student is absent from more than 15% of the classes (2 classes) the instructor may lower the grade or fail the student for excess absences.
3. Absences in excess of two (2) require documentation to be excused.

Lateness:

1. Students are required to come to class on time.
 2. Three lateness's will be counted as one absence from class.
 3. Students who arrive more than 10 min late (after lab instructions have been explained) will NOT be permitted to join the lab groups in progress as they pose a significant risk to property, themselves and others
-

Academic Integrity:

Students are responsible for upholding the academic integrity of the program by not participating either directly or indirectly in acts of cheating and by discouraging others from doing so.

Students' responsibilities include, but are not limited to, the following:

1. No student shall give or receive any assistance or communicate in any way with another student while an examination is in progress.
2. No student shall use unauthorized notes, books or other materials during an examination.
3. No student shall attempt to obtain or disseminate the content of any examination prior to its distribution by the proctor.
4. No student shall procure or distribute answers to examinations in advance.

Written Assignment Policies:

1. Written assignments must be the product of the student's own research.
 2. No student shall submit work that has been written by someone else or copied from an outside source.
 3. No student shall submit work that has been previously submitted in either whole or part for academic credit. This is termed "self-plagiarism."
 4. Late assignments may not be accepted; if accepted, points will be deducted.
 5. Students who engage in academic dishonesty will receive a grade of zero for the assignment.
 6. All violations of the academic integrity policy shall be referred to the Disciplinary Committee to determine if additional sanctions - including suspension or dismissal from the program - are warranted.
-

Examination Policies:

1. No student may remove an exam from the classroom under any circumstances
 2. Exams are timed; they must be completed within the stated time frame
 3. Students who arrive late for an exam will not receive extra time to complete the exam.
 4. No credit will be given for questions left unanswered regardless of the reason.
 5. Students are responsible for correctly completing all test answer sheets
 6. When using a scantron answer sheet, a number “2” pencil must be used to fill in the bubbles.
 7. No credit will be given for incompletely erased answers or blanks on a scantron.
 8. Make-up exams will only be considered for major exams or quizzes in extraordinary circumstances that justify special consideration. ***Verifiable documentation is required.*** All requests for make-up exams will be determined by the instructor, based upon the merits of the request, on a case-by-case basis. ***Submitting a request for a make-up exam does not guarantee that permission will be granted.***
 9. If the instructor grants permission for a make-up exam, ***it will be scheduled during the week of final exams.***
 10. No student will be granted permission for more than one make-up exam for a course; ***a grade of zero will be given for any additional missed exams.***
 11. Classroom examinations will proceed as scheduled regardless of computer problems or Blackboard outages that limit a student’s access to PowerPoint presentations and or any other document posted in blackboard. It is the student’s responsibility to take notes during class and to read all pertinent chapters in the required textbook for this course.
-

Students with Disabilities:

As required by section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, reasonable accommodations are provided to ensure equal opportunity for students with verified disabilities.

It is important that all prospective and current students be aware of the essential functions necessary to complete the radiologic technology program requirements. These are the same as the technical and physical job requirements for all radiologic technologists working in the field today.¹

Students must be able to:

1. Assess and accurately understand requisitions, orders, charts, directions, and other job-related documents and communications.
2. Independently travel through the radiology department and to other departments and floors of the hospital.
3. Assist patients to transfer from beds, wheelchairs, and stretchers to the radiographic table and back.
4. Give clear verbal commands to a patient and communicate effectively with patients and professional staff; including with individuals wearing masks.
5. Independently access, adjust, and operate radiographic equipment.
6. Independently assess the ongoing functioning of the radiographic machine and other equipment.
7. Independently assess radiographic images, controls, labels, and observe patients.
8. Work in a sterile environment, prepare sterile fields, and fill sterile syringes.

If you have a disability that requires accommodations, contact:

Services for Students with Disabilities (SSWD)

Savoy (D) Building
120 Walton Ave, Room D101P
Bronx, NY 10451
Phone: (718) 518-4454 (Voice/TTY)

If you are already registered with SSWD and have a letter from them verifying that you are a qualified student with a disability, please present the letter to the instructor as soon as possible. The instructor will work with you and SSWD to plan and implement appropriate accommodations.

Please Note:

Students who do not register with the Services for Students with Disabilities office and have their disability verified are not eligible to receive any special accommodations.

Figure 4.3.4 Radiation Biology Syllabus

Eugenio María de Hostos Community College – Radiologic Technology Program

FALL 2020 – XRA 210 RADIATION BIOLOGY

Faculty Information:

Instructor: Professor Sanjay Arya MS, R.T. (R) (MR), MRSO
Office: A307- T
Office Hours: Thursdays 12:00 pm (noon) – 1:00 pm (online)
Phone: (718) 518-4105 (*direct*) or (718) 518-4123(*secretary*)
E-mail: sarya@hostos.cuny.edu

Course Description:

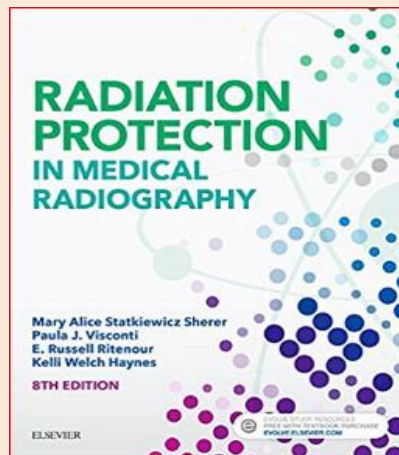
The student will identify the biological effects of ionizing radiation.
Pre-requisites: XRA 122
Co -requisites: BIO 230

Course Meeting Time:

Thursdays: 8:00 am – 9:15 am
[On Blackboard Collaborate Ultra/ Zoom](#)

Recommended Textbooks:

Radiation Protection in Medical Radiography
Statkiewicz- Sherer, M.A., Visconti, P.J., Ritenour, E.R.
(Latest Edition) St. Louis: Elsevier Mosby, Inc.
ISBN-13: 978-0323446662
ISBN-10:0323446663



**Grading
Criteria:**

Test 1	20 %	Exam
Test 2	20 %	Exam
Test 3	20 %	Exam
Test 4	40 %	Final

* Final Exam will be Cumulative

A	=	93 – 100	
A-	=	90 – 92	
B+	=	87 – 89	
B	=	83 – 86	
B-	=	80 – 82	
C+	=	77 – 79	
C	=	70 – 76	
D	=	60 – 69	= Fail
F	=	00 – 59	= Fail

* **Passing Grade is 75**

**Course
Outline:
(with PowerPoint
and textbook
chapter reference)**

1. Orientation
2. Introduction (PowerPoint 1 and Chapters 1, 2, 4)
3. General Radiation Protection (PowerPoint 1 and Chapters 1, 2, 4)
4. X-ray interactions with matter (PowerPoint 2 and Chapter 3)
Test 1
5. Cell Biology-Structure and Function (PowerPoint 3 and Chapter 6)
6. Cell Biology- Cell Division (PowerPoint 4 and Chapter 6)
7. Fundamental Principles of Radiobiology (PowerPoint 5 and Chapter 7)
8. Radiation response curves (PowerPoint 5 and Chapter 7)
Test 2
9. Molecular and Cellular Radiobiology (PowerPoint 6 and Chapter 7)
10. Effects of ionizing radiation on DNA (PowerPoint 6 and Chapter 7)
11. Survival Curves (PowerPoint 6 and Chapter 7)
12. Somatic and genetic effects of radiation (PowerPoint 7 and Chapter 8)
13. Early Effects of radiation (PowerPoint 7 and Chapter 8)
Test 3
14. Late Effects of radiation (PowerPoint 8 and Chapter 9)
Final Exam (Cumulative)

**Course
Objectives:**

Upon completion of the course, students will be able to:

1. Describe the molecular structure of deoxyribonucleic acid and explain the way it functions in the cell.
2. Distinguish between the two types of cell division, mitosis and meiosis, and describe each process.
3. Identify the effects of ionizing radiation on biologic systems.
4. List the factors that affect cell radio sensitivity.
5. State and describe the law of Bergonié and Tribondeau.
6. Draw diagrams demonstrating the various dose-response relationships.
7. Identify ionizing radiation–exposed human populations or groups that prove radiation induces cancer.
8. Differentiate between dominant and recessive gene mutations.

Teaching Methods:

1. Audiovisual (PowerPoint presentations) and handouts
 2. Classroom lectures, discussion forums, demonstrations and multimedia (video links)
 3. Homework/review assignments
-

Classroom Policies:

3. Cell phones must be turned off or placed on “vibrate” mode.
 4. Students who arrive after the class has begun should enter the classroom quietly without making any unnecessary noise.
 5. Unruly and/or disruptive behavior may be subject to disciplinary action.
 6. Students who create a material or substantial interruption of the educational process will be dismissed from the class and referred to the Disciplinary Committee to determine if additional sanctions - including suspension or dismissal from the program - are warranted.
-

Student Responsibilities:*Students are expected to:*

12. Come to class on time.
 13. Perform all lesson objectives, activities and reading assignments.
 14. Complete and hand in all written assignments on or before their due date.
 15. Demonstrate proficiency on all homework and written assignments.
 16. Demonstrate knowledge and comprehension of Radiation Biology discussed in class.
 17. Demonstrate knowledge and comprehension of the radiographic principles discussed in class as well as all assigned readings
-

Use of Electronic Devices:

Electronic devices include cell phones, smart phones, smart watches, smart pens, phablets, tablets, programmable calculators, camera-ready devices, and any other electronic device which can be used to record a lecture, photograph or duplicate tests materials, access the internet and/or communicate with others during lectures, labs, or exams. **Electronic devices may not be used for audio or visual recording of a lecture or lab without prior expressed consent of the instructor.** Basic, non-programmable calculators are not classified as electronic devices.

Sending or receiving cell phone calls or text messages in classrooms and labs is inappropriate, disruptive, and may be a violation of the exam security policies listed below. During lectures and labs, electronic devices may be used for immediate course-related purposes only; otherwise, they must be set to “off” or “vibrate”, removed from the desktop, and put away. If you receive an important call, quietly leave the room and answer the call in the hallway. Talking or texting on cell phones during lectures and labs is not permitted.

Attendance Policies:

4. All classes are mandatory, and participation is vital.
5. If a student is absent for more than 2 of the classes, the instructor may lower the grade or fail the student for excess absences
6. Absences in excess of two require documentation to be excused.

Lateness:

4. Students are required to come to class on time.
5. Three lateness's will be counted as one absence from class.
6. Students who arrive more than 10 min late (after lab instructions have been explained) will NOT be permitted to join the lab groups in progress as they pose a significant risk to property, themselves and others.

Academic Integrity:

- Students are responsible for upholding the academic integrity of the program by not participating either directly or indirectly in acts of cheating and by discouraging others from doing so.
- Students' responsibilities include, but are not limited to, the following:
5. No student shall give or receive any assistance or communicate in any way with another student while an examination is in progress.
 6. No student shall use unauthorized notes, books or other materials during an examination.
 7. No student shall attempt to obtain or disseminate the content of any examination prior to its distribution by the proctor.
 8. No student shall procure or distribute answers to examinations in advance.

Written Assignment Policies:

7. Written assignments must be the product of the student's own research.
 8. No student shall submit work that has been written by someone else or copied from an outside source.
 9. No student shall submit work that has been previously submitted in either whole or part for academic credit. This is termed "self-plagiarism."
 10. Late assignments may not be accepted; if accepted, points will be deducted.
 11. Students who engage in academic dishonesty will receive a grade of zero for the assignment.
 12. All violations of the academic integrity policy shall be referred to the Disciplinary Committee to determine if additional sanctions - including suspension or dismissal from the program - are warranted.
-

**Examination
Policies:**

12. No student may remove an exam from the classroom under any circumstances
 13. Exams are timed; they must be completed within the stated time frame
 14. Students who arrive late for an exam will not receive extra time to complete the exam.
 15. No credit will be given for questions left unanswered regardless of the reason.
 16. Students are responsible for correctly completing all test answer keys.
 17. Make-up exams will only be considered for major exams in extraordinary circumstances that justify special consideration. ***Verifiable documentation is required.***
 18. All requests for make-up exams will be determined by the instructor, based upon the merits of the request, on a case-by-case basis. *Submitting a request for a make-up exam does not guarantee that permission will be granted.*
 19. If the instructor grants permission for a make-up exam, *it will be scheduled during the week of final exams.*
 20. No student will be granted permission for more than one make-up exam for a course; ***a grade of zero will be given for any additional missed exams.***
-

Students with Disabilities:

As required by section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, reasonable accommodations are provided to ensure equal opportunity for students with verified disabilities.

It is important that all prospective and current students be aware of the essential functions necessary to complete the radiologic technology program requirements. These are the same as the technical and physical job requirements for all radiologic technologists working in the field today.¹

Students must be able to:

1. Assess and accurately understand requisitions, orders, charts, directions, and other job-related documents and communications.
2. Independently travel through the radiology department and to other departments and floors of the hospital.
3. Assist patients to transfer from beds, wheelchairs, and stretchers to the radiographic table and back.
4. Give clear verbal commands to a patient and communicate effectively with patients and professional staff; including with individuals wearing masks.
5. Independently access, adjust, and operate radiographic equipment.
6. Independently assess the ongoing functioning of the radiographic machine and other equipment.
7. Independently assess radiographic images, controls, labels, and observe patients.
8. Work in a sterile environment, prepare sterile fields, and fill sterile syringes.

If you have a disability that requires accommodations, contact:

Services for Students with Disabilities (SSWD)

Mr. Raymond Perez, Student Disabilities Services Manager

rmperez@hostos.cuny.edu

Services for Students with Disabilities (SSWD)

Savoy (D) Building

120 Walton Ave, Room D101P

Bronx, NY 10451

Phone: (718) 518-4454 (Voice/TTY)

If you are already registered with SSWD and have a letter from them verifying that you are a qualified student with a disability, please present the letter to the instructor as soon as possible. The instructor will work with you and SSWD to plan and implement appropriate accommodations.

Please Note:

Students who do not register with the Services for Students with Disabilities office and have their disability verified are not eligible to receive any special accommodations.

4.4 Assure that all medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student’s achievement,
- evaluates the condition of the patient in relation to the student’s knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image

Students must be directly supervised until competency is achieved.

Required Program Response:

- Describe how the program’s supervision requirements are enforced and monitored in the clinical education setting.
- Provide documentation that the program’s supervision requirements are made known to students, clinical instructors, and clinical staff.

Medical imaging procedures are performed under the direct supervision of a qualified radiographer until the student has demonstrated competency.

The program’s direct supervision requirement is monitored and enforced in the clinical education setting as follows:

Each semester clinical faculty discuss supervision levels with the clinical coordinator and confirm that they understand the clinical supervision policies in the clinical education centers.

Students are required to take a Clinical Handbook Online quiz and pass it with a score of 90% or higher, this will serve as proof that the students have read the Clinical handbook and are familiar with the direct supervision, indirect supervision, and image repeat policies.

(Student Clinical Handbook Online Quiz: <https://www.onlineexambuilder.com/hostos-community-college-clinical-handbook-test/exam-404505>)

Clinical instructors are required to complete the attestation form. This serves as proof that instructors are familiar with the direct supervision, indirect supervision, and image repeat policies.

(See Figure 4.4.1: Clinical Policies Attestation form: <https://www.tfaforms.com/rest/forms/view/4863548>)

Clinical supervision levels are indicated in the clinical handbook

(Clinical Supervision Clinical Handbook Sections 11C, 11D and 14B:
<https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/2019-Clin-Handbook.pdf>)

Clinical supervision levels are indicated in the clinical course syllabi.
(See Figure 4.4.2: XRA 219 Syllabus)

Students are required to maintain and carry a pocket-sized clinical competency record, so faculty can monitor progress through the competency program.

(Figure 4.4.3 Clinical Competency Record book)

Figure 4.4.1: Clinical Policies Attestation form

Direct, Indirect Supervision and Repeat Policies
Hostos Community College

Clinical Policies

Direct Supervision
Direct supervision is defined as student supervision by a qualified staff radiographer who reviews the procedure in relation to the student's level of competency, evaluates the condition of the patient in relation to the student's knowledge, determines the capability of the student to assist in performing the examination, is physically present during the conduct of the procedure, reviews and approves the procedure and/or image, and submits all digital examinations into PACS. All repeat images must be performed according to the Repeat Image Policy. (Must be done by the technologist).

Indirect Supervision
Indirect supervision is defined as student supervision by a licensed staff radiographer who reviews the procedure in relation to the student's level of competency, evaluates the condition of the patient in relation to the student's knowledge, determines the capability of the student to perform the examination with reasonable success, is immediately available to assist students regardless of the level of student achievement, reviews and approves the procedure and/or image, and submits all digital examinations into PACS.
"Immediately available" is interpreted as the physical presence of a licensed staff radiographer adjacent to the room or immediate vicinity where a radiographic procedure is being performed. All repeat images must be performed according to the Repeat Image Policy. (Must be done by the technologist).

Repeat Policy
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified staff radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure. When the student is working with indirect supervision, all repeat images must be performed under the direct supervision of a licensed staff radiographer. When the student is working with direct supervision, all repeat images must be performed by a licensed staff radiographer.

Attestation Indirect Supervision Policy
I attest that I underwent pre-clinical training and I understand clinical Indirect Supervision policy in the clinical education centers.
Name print (first and last name)
Date
08/31/20

Attestation Direct Supervision Policy
I attest that I underwent pre-clinical training and I understand clinical indirect supervision policy at the clinical education centers.
Name print (first and last name)
Date
08/31/20

Attestation Repeat Policy
I attest that I underwent pre-clinical training and I understand clinical repeat policy at the clinical education centers.
Name print (first and last name)
Date
08/31/20

Figure 4.4.2: XRA 219 Clinical Radiography III Syllabus

COURSE:	XRA 219 Clinical Radiography III, Section 100A
PREREQUISITES:	Successful Completion of XRA 139 Clinical Radiography II
CREDITS:	2.5 credits
SEMESTER:	Second Year, Fall Semester
INSTRUCTOR:	Clinical Supervisor, Clinical Instructor and Clinical Coordinator
OBJECTIVES:	<p>The student will be assigned to several radiographic rooms during the semester. The student will assist the radiographer and/or perform the radiographic procedures assigned to that room. For each examination, the student will:</p> <ol style="list-style-type: none">1. Evaluate the requisition:<ol style="list-style-type: none">a. identify the exam to be performedb. utilize the hospital's patient identifiersc. identify the mode of transportation to the room2. Demonstrate proper physical readiness:<ol style="list-style-type: none">a. provide a clean room and radiographic tableb. have the appropriately sized image receptors availablec. have any other necessary materials available; such as sheets, pillows, tape, sponges, drugs, syringes, and emesis basinsd. have the necessary equipment prepared for the procedure3. Demonstrate the proper positioning skills:<ol style="list-style-type: none">a. position the patient correctlyb. correctly position the part to be imagedc. correctly align the tube, part and image receptord. direct the x-ray tube in the correct mannere. utilize appropriate radiographic markers4. Manipulate the equipment properly:<ol style="list-style-type: none">a. select the proper image receptor sizeb. demonstrate the proper utilization of the x-ray tube, locks, bucky, control panel, etc.

5. Demonstrate evidence of radiation protection:
 - a. collimate to the part
 - b. use gonadal shields, if appropriate
 - c. demonstrate the proper utilization of lead aprons and gloves, if appropriate
 - d. use dosimetry as required

6. Provide proper patient care:
 - a. assist patients to the radiographic room
 - b. assist patients to the radiographic table
 - c. keep patients gowned and draped in the appropriate manner
 - d. speak to the patient in a professional manner
 - e. provide sheets, pillows, and sponges, as required
 - f. give proper instructions for breathing and movement of the patient

7. Indicate appropriate technical factors:
 - a. correctly measure the anatomical areas
 - b. identify the correct technical factors
 - c. utilize the proper source image receptor distance
 - d. utilize the correct image receptor, grid, bucky, etc

8. Once the images are processed:
 - a. review each digital and/or radiographic image
 - b. recognize the difference between diagnostically acceptable and unacceptable digital and/or radiographic images
 - c. identify the methods that may be used to improve each radiograph
 - d. verify the exposure index information

DESCRIPTION:

The student will apply the basic radiographic procedures under the direct supervision of a qualified radiologic technologist

SUPERVISION LEVELS:

Restricted Areas

The student is not permitted to observe or perform examinations in the following areas:

NONE

Observation Only Areas

The student may only observe examinations in the following areas:

Special Procedures, C, MRI and Mammography

Direct Supervision

The student may perform examinations in the following areas with direct supervision:

Category E – Contrast Studies

Category F – Portables

Skull

Indirect Supervision

Category A – Upper Extremities

Category B – Lower Extremities

Category C – Spine and Pelvis

Category D – Chest Abdomen

After testing competent, the student may perform examinations in the following areas with indirect supervision:

Category E – Contrast Studies

UGI Series and BE (single/double contrast)

Categories A, B, C, D and E

Students will move from direct to indirect supervision when they complete a particular exam.

Category F

Students will remain at the direct supervision level even after they have tested competent for the examination.

METHOD OF EVALUATION:

Determining the Clinical Grade

The clinical grade is calculated by adding the average grade awarded by the clinical supervisor, clinical instructor, and clinical coordinator for each of the ten categories listed below. Each category is awarded a maximum of ten points.

1. ***Overall Impression***
The clinical evaluator's impression of the student's progress throughout the semester
2. ***Professionalism***
The student's conduct in dealing with supervisors, technologists and patients
3. ***Following Instructions***
The student's ability to take and follow direction
4. ***Communication Skills***
The student's ability to verbally communicate with supervisors, technologists and patients
5. ***Positioning Skills***
The student's ability to position patients correctly
6. ***Computing Technique***
The student's ability to measure patients and compute appropriate exposure factors
7. ***Radiation Protection***
The student's adherence to radiation protection procedures and protocol
8. ***Knowledge of Equipment***
The student's knowledge of equipment and their proper utilization
9. ***Patient Care***
The student's ability to assess the patient's needs in order to complete the exam
10. ***Image Analysis and Clinical Assignments***
The student's performance in image analysis classes and other clinical assignments

Deductions to the Clinical Grade

Students will have points automatically deducted from their grade for the following infractions:

1. Tardiness at the clinical affiliate
Arriving after the start of the assigned clinical rotation on three occasions is equivalent to one absence. See “excess absences” below for possible point deductions.
2. Excess Absences
Students who exceed the allowable number of absences for the semester will receive a 5 point grade deduction for each additional absence.
3. Insufficient Number of Competencies Completed
Students who fail to complete the required number of competencies for the semester will receive a grade deduction consistent with the table below:

Percent Completed	Grade Point Deduction
75%	-5 points
50%	-10 points

4. Unsigned Dosimetry Reports
Students who fail to sign their monthly dosimetry report within the appropriate time will receive a one-point deduction for each month the dosimetry report remains unsigned.
5. Lost Film Badges
 - a. Students who fail to return their film badge by the 15th of the month will receive a two-point deduction.
 - b. Students who lose their film badge due to their own negligence will receive a five-point deduction.
6. Clinical Misconduct
Based upon the severity of the infraction, students who violate a stated policy or procedure will receive a suspension and grade deduction consistent with the table below:

Length of Suspension	Grade Point Deduction
None	-1 point
1 day	-3 points
2-5 days	-5 points
6-10 days	-10 points
More than 10 days	-25 points

7. Failure to Follow the Correct Patient Identification Procedure
(No radiographic exposures have been taken):

- a. Students who bring the right patient into the examination room, but have not followed the correct patient identification procedure for the hospital, will receive a one-point deduction.
- b. Students who bring the wrong patient into the examination room will receive a five-point deduction.

8. Failure to Correctly Perform or Label an Examination

Students who perform the wrong procedure or incorrectly label an examination will receive a grade deduction as outlined below:

Infraction	Grade Point Deduction
a. No markers visible on radiograph/image receptor	-1 point
b. Incorrect placement of L/R makers on the radiograph/image receptor	-3 points
c. Performed the wrong view or routine on the patient	-5 points
d. Performed the wrong examination on the patient	-10 points
e. Digitally linked the wrong patient data with the exam	-25 points

A second offense for category D or E will result in an additional 15-point deduction.

All infractions will be reviewed by the Clinical Coordinator. Appropriate penalties will be assessed based upon the circumstances of each event.

SUCCESS CRITERIA:

A clinical grade of C and successful completion of all clinical requirements

CLINICAL COMPETENCY REQUIREMENTS:

The student must complete the following clinical competency requirements before a clinical grade will be given.

Hospital Competency

The student must perform eight additional exams for a total of 20 competencies completed by the end of the semester. The student may perform additional examinations; however, the grade is only based on completing the twenty required exams.

Laboratory Competency

Category 3 – Thorax and Vertebral Column

ATTENDANCE:

Students are permitted only **two** absences during the semester without penalty. Any additional absences automatically result in points being deducted from the grade.

IMAGE ANALYSIS:

Students are required to attend image analysis classes. Other assignments may be given and used in the calculation of the clinical grade.

TEXTBOOK: Merrill's pocket guide to radiography 6th ed.

DEFINITIONS

RESTRICTED AREAS:

These are radiographic areas and/or examinations that the student radiographer has not covered in their didactic courses. Students should not be assigned to these areas until they have completed this material at the college.

OBSERVATION:

The student may only act as a radiographic assistant. They cannot perform the examination or make any radiographic exposures.

DIRECT SUPERVISION:

A staff technologist must review the request to determine the capabilities of the student to assist the technologist in performing the examination. The technologist must be in the radiographic room observing and/or assisting as the student performs the examination. The supervising technologist must check and approve all student radiographs before dismissing the patient.

All repeat radiographs should be performed by the supervising technologist.

INDIRECT SUPERVISION:

A staff technologist should review the request to determine the capability of the student to perform the examination with reasonable success. As the student performs the examination, the technologist shall remain in close proximity to the radiologic room. The supervising technologist must check and approve all student radiographs before dismissing the patient.

All repeat radiographs must be performed with direct supervision.

Figure 4.4.3: Clinical Competency Record Book

Upper Extremities		Lower Extremities		Spine/Pelvis	
Finger/Thumb	Completed <input checked="" type="checkbox"/>	Foot	Completed <input checked="" type="checkbox"/>	Cervical Spine (non-trauma)	Completed <input checked="" type="checkbox"/>
Hand	<input checked="" type="checkbox"/>	Ankle	<input checked="" type="checkbox"/>	Cervical Spine (trauma)	<input checked="" type="checkbox"/>
Wrist	<input checked="" type="checkbox"/>	Knee	<input checked="" type="checkbox"/>	Thoracic Spine	<input checked="" type="checkbox"/>
Forearm	<input checked="" type="checkbox"/>	Tibia/Fibula	<input checked="" type="checkbox"/>	Lumbosacral Spine	<input checked="" type="checkbox"/>
Elbow	<input checked="" type="checkbox"/>	Femur	<input checked="" type="checkbox"/>	Pelvis	<input checked="" type="checkbox"/>
Humerus	<input type="checkbox"/>	Lower Extremity (trauma)	<input type="checkbox"/>	Hip	<input checked="" type="checkbox"/>
Shoulder (non-trauma)	<input checked="" type="checkbox"/>				
Shoulder (trauma)	<input checked="" type="checkbox"/>				
Upper Extremity (trauma-nonshoulder)	<input checked="" type="checkbox"/>				
Chest/Abdomen		Contrast Media		Portables	
Routine Chest	Completed <input checked="" type="checkbox"/>	U.G.I. Series or Barium Enema	Completed <input checked="" type="checkbox"/>	Chest	Completed <input checked="" type="checkbox"/>
AP Chest (Wheelchair or Stretcher)	<input checked="" type="checkbox"/>	C-Arm (Ortho)	<input type="checkbox"/>	Abdomen	<input checked="" type="checkbox"/>
Routine supine abdomen	<input checked="" type="checkbox"/>			Extremity	<input checked="" type="checkbox"/>
Abdomen (erect)	<input checked="" type="checkbox"/>				
Laboratory Tested Competencies		Other Competencies			
Upper & Lower Extremities	<input checked="" type="checkbox"/>	Equipment Manipulation	Completed <input checked="" type="checkbox"/>		
Thorax & Vertebral Column	<input checked="" type="checkbox"/>	Basic Medical Procedures	<input checked="" type="checkbox"/>		
Skull	<input checked="" type="checkbox"/>				

4.5 Assure that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:

Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Required Program Response:

- Describe how the program’s supervision requirements are enforced and monitored in the clinical education setting.
- Provide documentation that the program’s supervision requirements are made known to students, clinical instructors, and clinical staff.

Medical imaging procedures are performed under the indirect supervision of a qualified radiographer after the student has demonstrated competency.

The program’s indirect supervision requirement is monitored and enforced in the clinical education setting as follows:

Each semester clinical faculty discuss supervision levels with the clinical coordinator and confirm that they understand the clinical supervision policies in the clinical education sites.

(See Figure 4.4.1: Clinical Policies Attestation form:

<https://www.tfaforms.com/rest/forms/view/4863548>)

Students are required to take a Clinical Handbook Online quiz and pass it with a score of 90% or higher, this will serve as proof that the students have read the Clinical handbook and are familiar with the direct supervision, indirect supervision, and image repeat policies.

(Student Clinical Handbook Online Quiz: <https://www.onlineexambuilder.com/hostos-community-college-clinical-handbook-test/exam-404505>)

Clinical supervision levels are reviewed at all clinical affiliate-faculty meetings.

(See Figure 4.4.2: Minutes for the Program’s Communities of Interest)

Clinical supervision levels are indicated in the clinical course syllabi

(See Figure 4.4.3: XRA 219 Syllabus)

Students are required to maintain and carry a pocket-sized clinical competency record, so faculty can monitor their progress through the competency program.

(Figure 4.4.4 Clinical Competency Record book)

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

Required Program Response:

- Describe how the program's supervision requirements are enforced and monitored in the clinical education setting.
- Provide documentation that the program's supervision requirements are made known to students, clinical instructors, and clinical staff.

If a radiograph has been deemed unsatisfactory while the student is at the level of direct supervision, the repeat radiograph must be performed by the supervising technologist.

If a radiograph must be repeated while the student is at the level of indirect supervision, the radiograph must be performed under direct supervision.

The program's repeat radiograph policy is monitored and enforced in the clinical education setting as follows:

The repeat image policy is indicated in the clinical handbook and posted at all clinical education centers (CECs).

(Clinical Handbook Section 11E: <https://www.hostos.cuny.edu/Hostos/media/Office-of-Academic-Affairs/2019-Clin-Handbook.pdf>)

Students are required to take a Clinical Handbook Online quiz and pass it with a 90% or higher, this will serve as proof that the students have read the Clinical handbook and are familiar with the direct supervision, indirect supervision, and repeat policies.

(Student Clinical Handbook Online Quiz: <https://www.onlineexambuilder.com/hostos-community-college-clinical-handbook-test/exam-404505>)

The repeat image policy is reviewed at all clinical affiliate-faculty meetings.
(See Figure 4.4.2: Minutes for the Program's Communities of Interest)

Each semester, clinical faculty discuss repeat policy with the clinical coordinator and confirm that they understand the repeat policy in the clinical education centers.

(See Figure 4.4.1: Clinical Policies Attestation form: <https://www.tfaforms.com/rest/forms/view/4863548>)

5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:

Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, timeframes, and parties responsible for data collection.

Additional information regarding assessment may be found at www.jrcert.org.

Required Program Response:

- Provide a copy of the program's current assessment plan.

The program's assessment plan is designed to measure program goals that are supported by the following student learning outcomes:

Goal 1 Graduate students with the knowledge and skills necessary to perform radiographic procedures competently.

- A. Students will be able to position patients properly.
- B. Students will be able to apply the principles of radiation protection to patients, self, and others.
- C. Students will be able to formulate and compute appropriate technical factors.
- D. Students will be able to assess the patient's needs and provide an optimal level of patient care.

Goal 2 Maintain a high level of program effectiveness by graduating entry-level radiographers who will fulfill the needs of the health care community

- A. Graduates will be adequately prepared to pass the ARRT examination.
- B. Graduates will find employment as radiographers within twelve months of program completion.
- C. Graduates will report a high level of satisfaction with the program.
- D. Employers will report a high level of satisfaction with graduates.
- E. The program will achieve a satisfactory student retention rate.

- Goal 3** Graduate students who have the ability to demonstrate critical thinking and problem-solving skills to function effectively in the clinical setting.
- A. Students will be able to modify routine procedures to accommodate patient conditions.
 - B. Students will be able to adapt exposure factors for various patient conditions.
 - C. Students will be able to recognize emergency conditions and initiate appropriate treatment.

- Goal 4** Graduate students from a learning environment that encourages high ethical standards, professional development and growth.
- A. Students/graduates will demonstrate a high level of professional work ethic in the clinical setting.
 - B. Graduates will exhibit professional development and growth through participation in professional organizations.
 - C. Graduates will demonstrate professional development and growth by seeking advanced degrees and/or certifications.

- Goal 5** Graduate students who will be able to communicate effectively.
- A. Students will communicate effectively with supervisors, technologists, and patients.
 - B. Students will communicate effectively through writing.

Student learning outcomes have been established to measure program completion rates (retention rates), credentialing examination pass rates, job placement rates, problem solving skills, critical thinking skills, communication skills, professional development and growth, graduate and employer satisfaction, and clinical performance and competency.

Benchmarks provide a standard by which all student learning outcomes can be analyzed.
(See **Figure 5.1.1: 2019-20 Outcome Assessment/Action Plan**)

Figure 5.1.1: 2019-20 Outcome Assessment/Action Plan

**OUTCOME ASSESSMENT RESULTS
RADIOLOGIC TECHNOLOGY PROGRAM AT HOSTOS COMMUNITY COLLEGE
September 2019 – August 2020**

Mission Statement: The mission of the Radiologic Technology Program at Hostos Community College is to provide an educational experience for students culminating in the production of a competent, professional radiologic technologist who can function effectively as a member of the health care team. The Radiologic Technology Program faculty believes that every student, when provided with an optimum educational experience and opportunities, will be able to perform all routine radiographic procedures after completion of the program.

Goal 1: Graduate students with the knowledge and skills necessary to perform radiographic procedures competently.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1A Students will be able to position patients properly.	1A.1a Radiography I Lab final practical assessment exam: criterion 4: Proficiency in simulated positioning: Shoulder	1A.1a <u>The</u> class will score 10 points or higher on category 4 of Radiography I laboratory final assessment exam	1A.1a First year, fall 2019 semester in Radiography I	Laboratory Instructor	1A.1a 52 students scored a median grade of 20 points on final lab assessment exam
	1A.1b Radiography II Lab final practical assessment exam: criterion 4: Proficiency in simulated positioning: Trauma Shoulder	1A.1b <u>The</u> class will score a minimum of 15 points or higher on category 4 of Radiography II laboratory final assessment exam	1A.1b First year, spring 2020 semester in Radiography II		1A.1b No data available due to Covid-19
	1A.2 Clinical Competency Evaluation Form: category 5, positioning skills	1A.2a 80% of the competencies will indicate that the students used the correct positioning skills 1A.2b 85% of the competencies will indicate that the students used the correct positioning skills	1A.2a First year, summer 2020 semester in Clinical Radiography II 1A.2b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	1A.2a No data available due to Covid-19 1A.2b 23 out of 23 (100%) of competencies indicated that the students used the corrected positioning skills

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1A (Cont.) Students will be able to position patients properly.	1A.3 Final Clinical Evaluation Form: category 4, positioning skills	1A.3a <u>On</u> a scale of one to four, the first-year class will score 2.5 or higher on positioning skills 1A.3b <u>On</u> a scale of one to four, the second-year class will score 3.0 or higher on positioning skills	1A.3a First year, summer 2020 semester in Clinical Radiography II 1A.3b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	1A.3a No data available due to Covid-19 1A.3b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1B Students will be able to apply the principles of radiation protection to patients, self and others.	1B.1 Pre-clinical Radiation Protection exam (Q 1-5)	1B.1 The class will score 80% or higher: (Q 1-5)	1B.1 First year, spring 2020 semester in Radiation Protection	Course Instructor	1B.1 The class scored 86% or higher on pre-clinical radiation exam (Q 1-5)
	1B.2a Final Clinical Evaluation Form: category six, radiation protection	1B.2a <u>On</u> a scale of one to four, the first-year class will score 2.5 or higher on radiation protection	1B.2a First year, summer 2020 semester in Clinical Radiography II junior students	Clinical Coordinator	1B.2a No data available due to Covid-19
	1B.2b Final Clinical Evaluations: category six, radiation protection	1B.2b <u>On</u> a scale of one to four, the second-year class will score 3.0 or higher on radiation protection	1B.2b Second year, spring 2020 semester in Clinical Radiography IV senior students		1B.2b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1C Students will be able to formulate and compute appropriate technical factors.	1C.1a Rad Science 1 Exam #2 (Q1-Q5)	1C.1a The class will score 75% or higher on exam #2 (Q1-5) in Radiologic Science I	1C.1a First year, fall 2019 semester in Radiologic Science I	Course Instructor	1C.1a The class scored 85% on Q 1-5 in Rad Science I, exam #2
	1C.1b Radiologic Science II Exam #2 (Q1-Q5)	1C.1b The class will score 80% or higher on exam #2 (Q1-5) in Radiologic Science II	1C.1b First year, spring 2020 semester in Radiologic Science II		1C.1b The class scored 88.5% on Q 1-5 in Rad Science II, exam #2
	1C.2a Final Clinical Evaluation Form: category five, computing technique	1C.2a On a scale of one to four, the first-year class will score 2.5 or higher on computing technique	1C.2a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	1C.2a No data available due to Covid-19
	1C.2b Final Clinical Evaluations category five, computing technical factors	1C.2b On a scale of one to four, the second-year class will score 3.0 or higher on computing technique	1C.2b Second year, spring 2020 semester in Clinical Radiography IV		1C.2b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1D Students will be able to assess the patient's needs and provide an optimal level of patient care.	1D.1 Final Clinical Evaluation Form: category eight, patient care	1D.1a On a scale of one to four, the first-year class will score 2.5 or higher on patient care	1D.1a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	1D.1a No data available due to Covid-19
		1D.1b On a scale of one to four, the second-year class will score 3.0 or higher on patient care	1D.1b Second year, spring 2020 semester in Clinical Radiography IV		1D.1b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
1D (Cont.) Students will be able to assess the patient's needs and provide an optimal level of patient care.	1D.2 Graduate Survey Form: item four	1D.2 On a scale of one to five, graduates will score 4 or higher on their ability to assess the patient's needs and provide an optimal level of patient care	1D.2 Summer semester (2019 graduates)	Program Director	1D.2 26 out of 36 graduates (72%) responded. The average score of the respondents was 4.85

Goal 2: Maintain a high level of program effectiveness by graduating entry-level radiographers who will fulfill the needs of the health care community.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
2A Graduates will be adequately prepared to pass the ARRT examination.	2A.1 Seminar exam #4: Exam on the four major content categories of the ARRT registry exam <ul style="list-style-type: none"> • Patient Care (Q 1-33) • Safety (Q 34-86) • Image Production (Q 87-136) • Procedures (Q 137-200) 	2A.1 The class will average 75% or higher in each category on simulated registry exam	2A.1 Second year, summer 2020 semester in Seminar	Instructor	2A.1 The class average on each category is: Patient care 86.5% Safety 86.5% Image production 87.8% Procedures 89.0%
	2A.2 ARRT Summary Report	2A.2 90% of graduates will pass the ARRT exam on the first attempt	2A.2 Annually, in January 2020		Program Director

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
2B Graduates will find employment as radiographers within twelve months of program completion.	2B.1 Graduate Survey Form, section II, Current Employment Status	2B.1 75% of the graduates who are seeking employment will be employed twelve months after graduation	2B.1 Summer semester (2019 graduates)	Program Director	2B.1 26 out of 36 graduates responded (72%) 26 out of 26 (100%) are employed

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
2C Graduates will report a high level of satisfaction with the program.	2C.1 Graduate Survey Form, item ten	2C.1 On a scale of one to five, graduates will score 4 or higher on their ability to report a high level of satisfaction with the program	2C.1 Summer semester (2019 graduates)	Program Director	2C.1 26 out of 36 graduates responded (72%). The average score of the respondents is 4.57

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
2D Employers will report a high level of satisfaction with graduates.	2D.1 Employer Survey Form: item ten	2D.1 On a scale of one to five, employers will report a score of 4 or higher on their level of satisfaction with graduates	2D.1 Every two years, during the summer semester 2019 semester was last time	Program Director	2D.1 6 employers responded. The average score is 4.33 Done every 2 years. Will be done in 2021.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
2E The program will achieve a satisfactory student retention rate.	2E.1 Enrollment Report	2E.1 60% of the students enrolled will complete the program	2E.1 Second year, Summer 2020 semester	Program Director	2E.1 72.0% of the students enrolled completed the program from the September 2017 class

Goal 3: Graduate students who have the ability to demonstrate critical thinking and problem-solving skills to function effectively in the clinical setting.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
3A Students will be able to modify routine procedures to accommodate patient conditions.	3A.1 Clinical Competency Evaluation Form: wheelchair and/or stretcher studies only	3A.1a 80% of the wheelchair and/or stretcher competencies will be successfully completed 3A.1b 85% of the wheelchair and/or stretcher competencies will be successfully completed	3A.1a First year, summer 2020 semester in Clinical Radiography II 3A.1b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	3A.1a No data available due to Covid-19 3A.1b No data available due to Covid-19
	3A.2 Clinical Competency Evaluation Form: trauma studies only	3A.2 85% of the trauma competencies will be successfully completed	3A.2 Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	3A.2 No data available due to Covid-19
	3A.3 Employer Survey Form: item five	3A.3 On a scale of one to five, employers will report a score of 4 or higher on graduates' ability to modify routine procedures to accommodate patient conditions.	3A.3 Summer semester, (2019 graduates) (done every 2 years)	Program Director	3A.3 6 employers responded. The average score is 4.16. Next collection 2021

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
3B Students will be able to adapt exposure factors for various patient conditions.	3B.1 Final Exam (Q1-Q5) Radiologic Science II	3B.1 The class will score 80% or higher on Q1-Q5 from the Final Exam - Radiologic Science II	3B.1 First year, spring 2020 semester in Radiologic Science II	Course Instructor	3B.1 The class scored 91% on Q 1-5 of final Rad Science II exam
	3B.2 Clinical Competency Evaluation Form: category three, technical factors	3B.2a 85% of the competencies will indicate that the students used the correct technical factors	3B.2a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	3B.2a No data available due to Covid-19
		3B.2b 90% of the competencies will indicate that the students used the correct technical factors	3B.2b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	3B.2b 95% of the competencies indicated that the students used the correct technical factors
3B.3 Final Clinical Evaluation Form category five: computing technique	3B.3a	3B.3a On a scale of one to four, the first-year class will score 2.5 or higher on computing technique	3B.3a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	3B.3a No data available due to Covid-19
	3B.3b	3B.3b On a scale of one to four, the second-year class will score 3.0 or higher on computing technique	3B.3b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	3B.3b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
3C Students will be able to recognize emergency conditions and take appropriate treatment.	3C.1 Professional Practice Issues final exam (Q 91-100)	3C.1 Students will score 80% or higher on Q 91-100 on Professional Practice Issues final exam	3C.1 First year, fall 2019 semester, Professional Practice Issues course	Course Instructor	3C.1 The class scored 84% on the PPI final exam (Q91-100)
	3C.2 Contrast Media Administration and Patient Reaction Test #1 (Q 6-10)	3C.2 Students will score 80% or higher on Contrast Media Test #1 (Q 6-10)	3C.2 First year, spring 2020 semester, Contrast Media course	Course Instructor	3C.2 The class scored 84% on the Contrast Media test I, Q 6-10
	3C.3 Medical Emergency Competency Exam (Q1-7)	3C.3 Students will score 80% or higher on Q 1-7 on the Medical Emergency Competency Exam	3C.3 Second year, summer 2020 semester, in Clinical Radiography V	College Nurse Practitioner	3C.3 The class scored 90% or higher on Q 1-7 on the Medical Emergency exam

Goal 4: Graduate students from a learning environment that encourages high ethical standards, professional development and growth.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
4A Students/ graduates will demonstrate a high level of professional work ethic in the clinical setting.	4A.1 Final Clinical Evaluation Form Category one: Professionalism	4A.1a On a scale of one to four, the first-year class will score 2.5 or higher on professionalism	4A.1a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	4A.1a No data available due to Covid-19
		4A.1b On a scale of one to four, the second-year class will score 3.0 or higher on professionalism	4A.1b Second year, spring 2020 semester in Clinical Radiography IV		4A.1b No data available due to Covid-19
	4A.2 Biweekly clinical attendance sheets	4A.2 80% of the students will not exceed three unexcused absences for the semester.	4A.2a First year, summer 2020 semester in Clinical Radiography II 4A.2b Second year, spring 2020 semester in Clinical Radiography IV	Clinical Coordinator	4A.2a No data available due to Covid-19 4A.2b 100% did not exceed 3 unexcused absences for the semester
4A.3 Employer Survey Form Item 8.	4A.3 On a scale of one to five, employers will report a score of 4 or higher on their ability to demonstrate a high level of professional work ethic.	4A.3 Done every two years. 2019 semester was last time	Program Director	4A.3 6 employers responded. The average score is 5.0 Next: 2021	

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
4B Graduates will exhibit professional development and growth through participation in professional organizations.	4B.1 Graduate Survey Form: section V, Continuing Education / Professional Development	4B.1 20% of graduates will indicate that they are exhibiting professional development and growth through participation in professional organizations	4B.1 Summer semester (2019 graduates)	Program Director	4B.1 26 out of 36 graduates responded (72%). 6 out of 26 (23.07%) of the respondents are participating in professional organizations

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
4C Graduates will demonstrate professional development and growth by seeking advanced degrees and/or certifications.	4C.1 Graduate Survey Form: section V, Continuing Education / Professional Development	4C.1 20% of graduates will indicate that they are seeking an advanced degree and/or certification within one year of graduation.	4C.1 Summer semester, (2019 graduates)	Program Director	4C.1 26 out of 36 graduates responded (72%). 8 out of 26 (30.8%) of the respondents are seeking an advanced degree and/or certification within 1 year of graduation

4 B 1 change to 40%

Goal 5: Graduate students who will be able to communicate effectively.

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
5A Students will communicate effectively with supervisors, technologists, and patients.	5A.1 Professional Practice Issues Final Exam Communication: Q 86-90	5A.1 The first-year class will score 80% or higher on Communication Exam (Q 86-90)	5A.1a First year, fall 2019 semester in Professional Practice Issues	Course Instructor	5A.1a The class scored 72% on the PPI final exam (Q86 - 90)
	5A.2 Clinical Competency Evaluation Form: category 1C.: student-patient interaction	5A.2a On a scale of one to four, the first-year class will score 2.5 or higher in category 1C: student-patient interaction	5A.2a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	5A.2a No data available due to Covid-19
		5A.2b On a scale of one to four, the class will score 3.0 or higher in category 1C: student-patient interaction	5A.2b Second year, spring 2020 semester in Clinical Radiography IV		5A.2b The class scored 4.0 on student-patient interaction
	5A.3 Final Clinical Evaluation Form: category three, communication skills	5A.3a On a scale of one to four, the first-year class will score 2.5 or higher on communication skills	5A.3a First year, summer 2020 semester in Clinical Radiography II	Clinical Coordinator	5A.3a No data available due to Covid-19
		5A.3b On a scale of one to four, the class will score 3.0 or higher on communication skills	5A.3b Second year, spring 2020 semester in Clinical Radiography IV		5A.3b No data available due to Covid-19

OUTCOME	ASSESSMENT TOOL	BENCHMARK	ASSESSMENT SCHEDULE	PERSON RESPONSIBLE	DATA RESULTS
5B Students will communicate effectively through writing	5B.1 Radiologic Science Final: Essay section	5B.1 On scale of 1 to 4, the students will score a 2.5 or higher on the critical analysis portion of the rubric	5B.1 First year, spring 2020 semester in Radiologic Science II	Course Instructor	5B.1 The class scored 3.25 on the critical analysis portion of the rubric
	5B.2 Seminar Capstone Paper	5B.2 On a scale of 1-20 on Part B of the grading Rubric, the students will score an average of 14 points.	5B.2 Second year, summer 2020 semester in Capstone Course XRA 230	Course Instructor	5B.2 The class scored an average of 17.5 on part B of the grading rubric for capstone paper.

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:

Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program's prerogative to determine its communities of interest.

Analysis of outcome data must be reviewed with the program's communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program's advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. The input of this committee should occur at least annually and must be formally documented.

Additional information regarding assessment may be found at to www.jrcert.org.

Required Program Response:

- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program's actual student learning outcome data since the last accreditation award (usually four cycles of assessment). This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.
- Provide representative sample of measurement tools used or data collection.

Over time, the assessment activities within the radiography program have evolved to become an integral part of the operational planning of the program to include assessment of student learning outcomes, policy development, curriculum development, enhanced use of technology in the classroom, retention strategies, student satisfaction as well as employer satisfaction surveys. (See **Figure 5.1.1: 2019-20 Outcome Assessment/Action Plan**)

Program review meetings are held each year to evaluate the program's overall effectiveness. The Program Director, with input from faculty and students, prepares an agenda of issues to be discussed. Topics include a review of admission procedures, curriculum, and outcomes assessment of didactic and clinical courses, grading criteria, and an evaluation of affiliate operations. Our program reviews have proven to be a valuable tool in highlighting the strengths and weaknesses of the program.

(See **Figure 5.5.2: Minutes from Faculty Meetings**)

Hostos is a college that is passionate about its mission. Our faculty willingly accepts the challenge to work in the South Bronx in a community where access to higher education has traditionally been excluded. While we are proud of the successes achieved during our forty years of existence, we continue to improve the career access for students with serious economic and educational challenges.

(See Figure 5.4.1: 2018-2019 Outcome Assessment/Action Plan)

A review of the student learning outcomes data for the last four assessment cycles demonstrates our successful continuous improvement strategies as well as those areas in need of improvement.

(See Figure 5.4.1: 2018-2019 Outcome Assessment/Action Plan)

We have selected the following areas to highlight our work for the past four-year assessment period using a series of graphs and charts which include:

- 1. Applied Principles of Radiation Protection for First-Year and Second-Year Students**
- 2. Retention**
- 3. Adequate Preparation for the ARRT Examination**
- 4. Employment within twelve Months of Graduation**
- 5. Student Satisfaction with the Program**
- 6. Employer Satisfaction with Graduates**
- 7. Proper Patient Interaction in Clinical Radiography II and IV**

Our assessment plan consists of five goals. We have repeatedly met the benchmark set for most of these assessment tools. However, we have been unsuccessful at consistently meeting all the benchmarks. In this interim report, we will emphasize samples of our strengths and weaknesses.

The program analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement. The 2018-2019 action plan in figure 5.4.1 and program effectiveness presented in Figure 5.4.3 will be shared with the members of the community at the Communities of Interest Meeting that will take place on December 21, 2020. Originally, this meeting was planned to take place in the Spring of 2020 but was postponed due to the COVID-19 pandemic.

Figure 5.4.1: 2018-2019 Outcome Assessment/Action Plan

Outcome Assessment Analysis/Action Plan
 Radiologic Technology Program Hostos Community College
September 2018-August 2019

All concerns identified in this assessment will be addressed at the communities of interest meeting this coming Spring 2020

Goal 1 Graduate students with the knowledge and skills necessary to perform radiographic procedures competently.

ANALYSIS/ACTION

<p>1A.1a Students will be able to position patients properly</p> <p>1A.1b Students will be able to position patients properly</p>	<p>Data was collected starting fall 2018 using a new assessment tool. The benchmark was marginally achieved. The committee will assess the validity and reliability of the new assessment tool over the next three-year period.</p> <p>Assessment Tool – Positioning laboratory simulation assignment; criterion 4 – proficiency of positioning of a routine shoulder.</p> <p>Data was collected starting fall 2018 using a new assessment tool. The benchmark was marginally achieved. The committee will assess the validity and reliability of the new assessment tool over the next three-year period.</p> <p>Assessment Tool – Positioning laboratory simulation assignment; criterion 4 – proficiency of positioning of a trauma shoulder.</p>
<p>1A.2a Students will be able to position patients properly</p> <p>1A.2b Students will be able to position patients properly</p>	<p>The program faculty will continue to evaluate student performance using the positioning criteria <u>for 1st year</u> students on the clinical competency evaluation form.</p> <p>Students met the benchmark. However, students’ performance exceeded faculty expectations; therefore, the faculty revised the rubrics that were in use since 2015. The revised rubrics will clearly spell out scoring criteria and help generate more realistic clinical grading.</p> <p>The program faculty will continue to evaluate student performance using the positioning criteria <u>for 2nd year</u> students on the clinical competency evaluation form.</p> <p>Students met the benchmark. However, students’ performance exceeded faculty expectations; therefore, the faculty revised the rubrics that were in use since 2015. The revised rubrics will clearly spell out scoring criteria and help generate more realistic clinical grading.</p>

<p>1A.3a Students will be able to position patients properly</p> <p>1A.3b Students will be able to position patients properly</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance using the positioning criteria <u>for 1st year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p> <p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance using the positioning criteria <u>for 2nd year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p>
<p>1B.1 Students will be able to apply the principles of radiation protection to patients, self, and others</p>	<p>Students met the benchmark. However, students' performance exceeded faculty expectations; therefore, the assessment tool was changed. The new assessment tool consists of Questions 1-5 on the Pre-clinical Radiation Protection exam.</p> <p>The faculty adopted a more granular approach in the formulation of the new assessment tool where specific questions are utilized as an assessment tool.</p>
<p>1B.2a Students will be able to apply the principles of radiation protection to patients, self, and others</p> <p>1B.2b Students will be able to apply the principles of radiation protection to patients, self, and others</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance using the radiation protection criteria <u>for 1st year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p> <p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance using the radiation protection criteria <u>for 2nd year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p>
<p>1C.1a Students will be able to formulate and compute appropriate technical factors</p> <p>1C.1b Students will be able to formulate and compute appropriate technical factors</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance <u>for 1st year</u> students using Radiologic Science 1, exam 2, questions 1-5. <i>No revision or action required.</i></p> <p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance <u>for 2nd year</u> students using Radiologic Science 2, exam 2, questions 1-5. <i>No revision or action required.</i></p>

<p>1C.2a Students will be able to formulate and compute appropriate technical factors</p> <p>1C.2b Students will be able to formulate and compute appropriate technical factors</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance for <u>1st year</u> students using the computing technique criteria on the final clinical competency evaluation form. <i>No revision or action required.</i></p> <p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance for <u>2nd year</u> students using the computing technique criteria on the final clinical competency evaluation form. <i>No revision or action required.</i></p>
<p>1D.1a Students will be able to assess the patients' needs and provide an optimal level of patient care</p> <p>1D.1b Students will be able to assess the patients' needs and provide an optimal level of patient care</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance for <u>1st year</u> students using the patient care criteria on the final clinical evaluation form. <i>No revision or action required.</i></p> <p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance for <u>2nd year</u> students using the patient care criteria on the final clinical evaluation form. <i>No revision or action required.</i></p>
<p>1D.2 Students will be able to assess the patients' needs and provide an optimal level of patient care</p>	<p>Benchmark was achieved. Nevertheless, the 50% response rate was lower than expected.</p> <p>Action Required: Faculty will generate digital survey forms and distribute them via email or social media platforms to improve ease of access and improve the response rate.</p>

Goal 2 Maintain a high level of program effectiveness by graduating entry-level radiographers who will fulfill the needs of the health care community.

OUTCOME	ANALYSIS/ACTION
<p>2A.1 Graduates will be adequately prepared to pass the ARRT examination</p> <p>2A.2 ARRT Summary Report</p>	<p>The benchmark was achieved; the students averaged 75% or higher on each category of all three individual simulated registry exams. The faculty will evaluate this new assessment strategy over a three-year period to determine the validity and reliability of this new tool.</p> <p>The benchmark was achieved; 96% of the graduates passed the ARRT exam on the first attempt.</p>
<p>2B.1 Graduates will find employment as radiographers within twelve months of program completion</p>	<p>Benchmark was achieved. Nevertheless, the 50% response rate was lower than expected.</p> <p>Action Required: Faculty will generate digital survey forms and distribute them via email or social media platforms to improve ease of access and improve the response rate.</p>
<p>2C.1 Graduates will report a high level of satisfaction with the program</p>	<p>Benchmark was achieved. Nevertheless, the 50% response rate was lower than expected.</p> <p>Action Required: Faculty will generate digital survey forms and distribute them via email or social media platforms to improve ease of access and improve the response rate.</p>
<p>2D.1 Employers will report a high level of satisfaction with graduates</p>	<p>Employer survey forms will be sent out November 2019 to gather data.</p> <p>Action Required: Faculty will generate digital survey forms and distribute them via email or social media platforms to improve ease of access and improve the response rate.</p>
<p>2E.1 The program will achieve a satisfactory retention rate</p>	<p>Our retention rate was raised to 60% in 2017. This year we achieved a retention rate of 74.36%.</p> <p>The faculty will continue to explore and implement actions to improve the program's retention rate.</p>

Goal 3 Graduate students will have the ability to demonstrate critical thinking and problem-solving skills to function effectively in the clinical setting.

OUTCOME	ANALYSIS/ACTION
<p>3A.1a Students will be able to modify routine procedures to accommodate patient conditions</p>	<p>The benchmark of 80% was not met and the results were far below the assessment criteria. This was due to a policy change in the clinical handbook. The faculty will re-evaluate the benchmark and assessment tool to ensure that they are congruent.</p>
<p>3A.1b Students will be able to modify routine procedures to accommodate patient conditions (wheelchair or stretcher)</p>	<p>The program faculty will continue to evaluate student performance using the wheelchair and/or stretcher criteria <u>for 2nd year</u> students on the clinical competency evaluation form.</p> <p>Students met the benchmark. However, students' performance exceeded faculty expectations; therefore, the faculty revised the rubrics that were in use since 2015. The revised rubrics will clearly spell out scoring criteria and help generate more realistic clinical grading.</p>
<p>3A.2 Students will be able to modify routine procedures to accommodate patient conditions (Trauma)</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance <u>for 2nd year</u> students using the trauma criteria on the clinical competency evaluation form.</p>
<p>3A.3 Students will be able to modify routine procedures to accommodate patient conditions</p>	<p>Employer survey forms will be sent out November 2019 to gather data.</p> <p>Action Required: Faculty will generate digital survey forms and distribute them via email or social media platforms to improve ease of access and improve the response rate.</p>
<p>3B.1 Students will be able to adapt exposure factors for various patient conditions</p>	<p>The benchmark was achieved; therefore, the program faculty will continue to evaluate student performance <u>for 2nd year</u> students using the Radiologic Science 2 final exam questions 1-5. <i>No revision or action required.</i></p>

<p>3B.2a Students will be able to adapt exposure factors for various patient conditions</p>	<p>The program faculty will continue to evaluate student performance using the technical factors criteria <u>for 1st year</u> students on the clinical competency evaluation form.</p> <p>Students met the benchmark. However, students' performance exceeded faculty expectations; therefore, the faculty revised the rubrics that were in use since 2015. The revised rubrics will clearly spell out scoring criteria and help generate more realistic clinical grading.</p>
<p>3B.2b Students will be able to adapt exposure factors for various patient conditions</p>	<p>The program faculty will continue to evaluate student performance using the technical factors criteria <u>for 2nd year</u> students on the clinical competency evaluation form.</p> <p>Students met the benchmark. However, students' performance exceeded faculty expectations; therefore, the faculty revised the rubrics that were in use since 2015. The revised rubrics will clearly spell out scoring criteria and help generate more realistic clinical grading.</p>
<p>3B.3a Students will be able to adapt exposure factors for various patient conditions</p>	<p>The program faculty will continue to evaluate student performance using the computing technique criteria <u>for 1st year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p>
<p>3B.3b Students will be able to adapt exposure factors for various patient conditions</p>	<p>The program faculty will continue to evaluate student performance using the computing technique criteria <u>for 2nd year</u> students on the final clinical evaluation form. <i>No revision or action required.</i></p>
<p>3C.1 Students will be able to recognize emergency conditions and initiate appropriate treatment</p>	<p>New assessment tool, first time collection of data. Benchmark was NOT achieved. Action taken</p> <ol style="list-style-type: none"> 1- Instructor will re-evaluate the validity of the questions 2- Instructor will look at the SLO and outcomes for those questions. <p>We will continue to the results over three years and then evaluate the effectiveness of the new assessment tool.</p>

3C.2

Students will be able to recognize emergency conditions and initiate appropriate treatment

New assessment tool, first time collection of data.

Benchmark was achieved.

We will continue to analyze the results over three years and then evaluate the validity and reliability of the new assessment tool.

3C.3

New assessment tool, first time collection of data.

Benchmark was achieved.

We will continue to analyze the results over three years and then evaluate the validity and reliability of the new assessment tool.

Goal 4 Graduate students from a learning environment that encourages high ethical standards, professional development and growth.

OUTCOME	ANALYSIS/ACTION
<p>4A.1a Students/graduates will demonstrate a high level of professional work ethic in the clinical setting</p>	<p>The data results for the assessment period are above the benchmark. No changes or revisions.</p>
<p>4A.1b Students/graduates will demonstrate a high level of professional work ethic in the clinical setting</p>	<p>The data results for the assessment period are above the benchmark. No changes or revisions.</p>
<p>4A.2a Students/graduates will demonstrate a high level of professional work ethic in the clinical setting</p>	<p>Since we changed attendance policies to reflect lowering of grades due to excessive absence, there has been a marked improvement. For the first time over the last several assessment cycles, the benchmark was achieved. No further action.</p>
<p>4A.2b Students/graduates will demonstrate a high level of professional work ethic in the clinical setting</p>	<p>Since we changed attendance policies to reflect lowering of grades due to excessive absence, there has been a marked improvement. For the first time over the last several assessment cycles, the benchmark was achieved. No further action.</p>
<p>4A.3 Students/graduates will demonstrate a high level of professional work ethic in the clinical setting</p>	<p>Forms were not sent out this year. Employer survey forms will be sent out November 2019 to gather results.</p>
<p>4B.1 Graduates will exhibit professional development and growth through participation in professional organizations</p>	<p>Benchmark met. The 50% return rate was lower than last year. More attempts will be made to achieve a higher return rate. The faculty will investigate social media platforms. It was agreed that 20% is a low benchmark and the assessment committee agreed to raise the benchmark to 40%. Benchmark will be changed to 40% beginning in 2020 assessment cycle.</p>
<p>4C.1 Graduates will demonstrate professional development and growth by seeking advanced degrees and/or certifications.</p>	<p>The benchmark was achieved. We raised the benchmark to 20% last year. This year we had 36% seeking advanced degree/ certification. This was based on a 50% return rate of graduate survey forms. No further action required.</p>

Goal 5 Graduate students who will be able to communicate effectively

OUTCOME	ANALYSIS/ACTION
<p>5A.1 Students will communicate effectively with supervisors, technologists and patients</p>	<p>Benchmark was marginally met. Action taken 1- Instructor will reevaluate the validity of the questions on the PPI final Q 86-90 2- Instructor will look at the SLO and outcomes for those questions.</p> <p>New assessment tool, first time collection of data. Benchmark was achieved. We will continue to analyze the results over three years and then evaluate the effectiveness of the new assessment tool.</p>
<p>5A.1b Students will communicate effectively with supervisors, technologists and patients</p>	<p>New rubrics were developed in 2015 to address data results. Results over the last few assessment cycles have been high. Action: 1- An adjusted clinical rubric will be sent to all clinical faculty. 2- This will be an agenda item in the upcoming spring 2020 communities of interest meeting.</p>
<p>5A.2a Students will communicate effectively with supervisors, technologists and patients</p>	<p>Data showed good results; no action required.</p>
<p>5A.2b Students will communicate effectively with supervisors, technologists and patients</p>	<p>Data showed good results; no action required.</p>
<p>5A.3a Students will communicate effectively with supervisors, technologists and patients</p>	<p>New assessment tool implemented this year (Final Clinical Evaluation Form: category three, communication skills). Benchmark met. No action required. We will continue to analyze the results over three years and then evaluate the reliability and validity of the new assessment tool.</p>

<p>5A.3b Students will communicate effectively with supervisors, technologists and patients</p>	<p>New assessment tool implemented this year (Final Clinical Evaluation Form: category three, communication skills). Benchmark met. No action required. We will continue to analyze the results over three years and then evaluate the reliability and validity of the new assessment tool.</p>
<p>5B.1 Students will communicate effectively through writing (Essay)</p>	<p>New assessment tool, first time collection of data. Benchmark was achieved. We will continue to analyze the results over three years and then evaluate the validity and reliability of the new assessment tool</p>
<p>5B.2 Students will communicate effectively through writing (Capstone)</p>	<p>New assessment tool, first time collection of data. Benchmark was achieved. We will continue to analyze the results over three years and then evaluate the validity and reliability of the new assessment tool</p>

Figure 5.4.2: 2019 Communities of Interest Meeting

Start: 1:00 pm March 27, 2019 Communities of Interest Meeting
FDR

Present	<p>Charles Drago- Program Director Sesar Alicea-CI Northwell Health and administrator Lincoln Felix Cardona-Dean Academic Affairs Jarek Stelmark-Faculty Sucre Del Rio-CI MSKCC Rhonda Best- Manager MSKCC Manny Livingston-Faculty Ramon Tejeda- CLT Hostos Lab Sanjay Arya- Faculty Maria Parreno-CI Bronx Lebanon Yahannan Baby-Manager St. Barnabas Frances Dietz- CI- St. Barnabas and CI Montefiore- CI Montefiore Timothy Tambe- CI Madison Radiology Gifty Adjei- Northwell Health Judah Anderson- Senior student</p>
Open Announcement	Introduction of all attendees
Annual in service-Clinical Education forms	Dr. Drago handed out clinical handbooks to all CI's and reviewed direct, indirect, pediatric, pregnancy policies.
Review of Minutes	Minutes approved from last meeting, everyone was given a set of minutes prior to the meeting minutes Accepted without changes by Professor Stelmark, second by Frances Dietz
Program Updates	<ol style="list-style-type: none"> 1- Grade change from 70-75 Student Handbook-page 19 2- Uniform color change 3- Policy change for student absences implemented for the class of 2021. A five-point deduction for each additional absence will be instituted. (page 7 Clinical handbook) 4- Background and drug tests were implemented with a 130-dollar cost for all students entering the program. Committee was informed changes were made to all materials pertaining to the program. 5- A new clinical site will be added effective January 2020-Bronx VA. 6- A new Clinical Coordinator was hired and will start in April 2019.

	<p>7- New policy: If a CEC dismisses a student, the program is under no obligation to place a student in another CEC (page 7 # 22 clinical handbook).</p> <p>All changes were well received with minimal discussion.</p> <p>Faculty Updates-</p> <ul style="list-style-type: none"> • Professor Chelladurai on maternity leave • Administrative Assistant out on medical leave. • New Clinical Coordinator position has been filled. <p>Program Effectiveness Data was handed out. The entire committee was pleased at the registry results and job placement rates. Questions were raised on completion rates and the reason was explained. The committee suggested more tutoring to help students who are struggling. Dr. Drago will investigate increasing the hours, but this is contingent with the budget of the City University of New York.</p>
<p>Clinical Site updates</p>	<p>Memorial-Ms. Best and Mr. Del Rio were pleased with the junior students and the group they currently have. A concern was raised with the seniors regarding being able to “pick up” cases and take charge. The faculty will investigate this and try to include more critical thinking skills into some more lessons and try to build confidence with the students. Both were open to suggestions of the committee and will rethink how the students should progress at their clinical site.</p> <p>Lincoln-They thought the students were motivated, but confidence levels were lacking in 1 or 2 students. The site is excellent and has plenty of cases.</p> <p>Montefiore- Juniors are excellent, seniors are just wonderful and excelling!</p> <p>St. Barnabas- Mr. Baby felt that the students are good. He enjoys watching them excel and is very happy with the program. Mr. Baby had a raised concern on cell phone use in the clinic. There is a policy for “electronic use” Dr. Drago will speak to the students and reinforce the policy.</p> <p>Northwell- The CI was very happy with the progression of the junior and senior students.</p> <p>Bronx Lebanon- no comments</p> <p>Madison Radiology- The Ci was present and said the students learn quite a bit at this center. His students are motivated not present.</p>

	<p><u>Suggestions</u></p> <ol style="list-style-type: none"> 1. It was suggested again this year by Dr. Drago to rotate through a third site over the 2 years. Everyone felt that would be a good idea and over the summer of 2019 the faculty will make this a priority. The year prior we discussed this but with faculty issues it was not possible. 2. It was recommended that the Equipment Manipulation test in the first semester of clinic XRA 129 will be done by clinical instructors at each site rather than the faculty. 3. It was suggested by the senior student to move Pathology to the fall senior semester instead of the spring semester. Due to financial aid and the placement of the class this may not be plausible. 4. Dr. Drago asked everyone to be very cognizant of OR rotations.
<p>CI and clinical Affiliate Evaluations</p>	<p>Evaluation in a folder for each CI was handed out to review student's comments and all CI's were instructed to see the Program Director or Clinical Coordinator for discussion after the meeting.</p> <p>There was no discussion after the meeting regarding comments.</p> <p>Evaluations for all the clinical education centers from students were shared with the supervisors of each clinical so they can address concerns at their institutions.</p> <p>Comments:</p> <ul style="list-style-type: none"> • MSKCC took the comments and mentioned it was interesting to see what students had to say.
<p>Curriculum Updates Reminders</p>	<p>Program Director informed the communities of interest of the following changes to the program:</p> <p>Reminded committee that:</p> <ol style="list-style-type: none"> 1- Topographic Anatomy 1 and 2 changed name of course to Radiographic Anatomy 1 and 2 was implemented 2- Intro to CT and Cross-Sectional anatomy will be taught in Radiographic Anatomy 1 and 2 implemented. 3- MRI screening policy of the college was discussed again. It was nice to see all in attendance also had a screening policy in place.
<p>Assessment Review</p>	<p>The assessment plan was handed out to each member of the committee. Everyone was given time to look through the assessment plan.</p> <p>Materials</p> <ol style="list-style-type: none"> 1-2017-2018 assessment plan 2- Changes to the 2017-2018 assessment plan <p>(See handouts)</p> <p>Many new assessment tools implemented 2018-2019 do not have data results.</p>

It was suggested the grids for assessment of clinical competency be more granular last meeting. This was not done due to being short one faculty and not having a full-time clinical instructor. Faculty pitched in to fill the gaps. It will be a priority for the summer 2019 semester with hopes of implementation in Spring 2020.

Goal 1- To graduate students with the knowledge and skills necessary to perform radiographic procedures.

Positioning 1A.2A and B

A discussion on 99% outcome was high and a discussion as to why such high results. It was agreed that more granular rubrics may solve the high data results.

1b.1 Radiation Protection test is not a good indicator and will be replaced with specific questions for 2018. This was done with specific questions. Data collection 86% on Q 1-5 benchmark was met.

Goal2- Maintain a high level of program effectiveness by graduating entry level radiographers to fulfill the needs of the health care community.

2A.2- 100% of the s 2018 students passing the ARRT registry.

2E-Retention rates- Enrollment report was discussed, and an explanation of the low retention rates was once again discussed and an ongoing issue. The benchmark was raised to 60% a few years back and we have been achieving that. Once again. It was explained that many students leave the program due to "life happens" and "open enrollment." We are going to try to increase our tutoring hours.

Program Director keeps records as to why students leave the program. The Program Director indicated that students leave because of home situations, economic reasons, cultural issues and just not liking the major, this was the same issue as last year.

Goal 3- Graduate students to critically think and problem solve in the clinical setting

In this area Data results are high, and all benchmarks were looked at and a progression from year 1 to year 2 was implemented. Again, new rubrics may solve the issue of high data results.

3B.2 and 3B.3- Once again this year, due to digital computing techniques was 100%. CI's were asked to be more cognizant when coping students.

	<p>3C- New tool waiting data results. Instead of an entire test we will focus on specific questions.</p> <p><i>Goal 4- Ethical standards, professional development and growth</i></p> <p>4A.2- Data collection still pending. New policy in place with point deductions. The committee agreed this will be effective and reinforce professionalism.</p> <p>4B- This is a recurring issue. The committee discussed once again this year that technology has taken away the need to go to conferences and join organizations where meeting participation is required.</p> <p><i>Goal 5-Graduate students who will communicate effectively</i></p> <p>5A.2b-New rubrics to correct the inflation of data results will be priority for 2019/2020.</p> <p>5B.1- The class was slightly above the benchmark in this area on critical thinking. The committee agreed that this area will need some improvement. The Patient Care instructor was instructed to enhance the lesson plan in this area and the competency sheets will revisited at again under "critical thinking."</p>
<p>Mission Statement</p>	<p>Last assessment meeting minutes on the mission statement is below.</p> <ul style="list-style-type: none"> <i>The mission statement was handed out and a long discussion on the word "Hispanic" took place. The program director explained that the mission MUST reflect the college's mission. The college was built on the Hispanic culture and removing this would be a slap in the face to the institution. The trustee explained the importance and informed the meeting members her sister was one of the founders of the college and explained the background. After that all agreed to keep the mission statement the way it is.</i> <p>The faculty had a meeting in June 2019 and voted to change the mission statement and removed the line the "first and second generations Hispanics, Blacks, and other residents of New York City who have encountered significant barriers to higher education."</p> <p>It was presented to the community of interest and accepted.</p>
<p>Employer survey forms</p>	<p>Employer survey forms are scheduled to go out again. Dr. Drago was concerned about the low response rate. He encouraged the committee about the importance of feedback.</p>

Graduate survey forms	These forms were reviewed last year with no changes.
Old Business	Program Director informed the committee that a updated articulation with New York City College of Technology was executed October 2018. Fifty-eight to sixty credits will be transferred to a 4-year program allowing our students an affordable pathway.
New Business	<p>There will be new standards by the JRCERT implemented in 2020 and a conference in Chicago, November 2019.</p> <p>The committee was also informed of:</p> <ol style="list-style-type: none"> 1. The upcoming AERTSNY conference in April in Lake George, New York 2. The upcoming NYSSRS conference in October in Corning New York <p>No other business. Dr. Drago thanked everyone for coming and meeting was adjourned.</p>

Adjournment	Meeting adjourned 3:15 pm
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Submitted by Dr. Charles I. Drago 4/1/2019

Figure 5.4.3: 2015-2019 Program Effectiveness Data

Radiologic Technology

- » Faculty & Staff
- » FAQs
- » Degree Map
- » Courses
- » Accreditation
- » **Program Effectiveness**
- » Laboratory/Clinical Education

Information For

- » Prospective Students
- » Current Students
- » Faculty & Staff
- » Alumni
- » Community

Home > Administrative Offices > OAA > Academic Departments > Allied Health > Radiologic Technology > [Program Effectiveness](#)

Program Effectiveness

Program Effectiveness Data

In addition to the goals and student learning outcomes listed elsewhere on this site, the performance of the program is reflected through program effectiveness data as defined by the Joint Review Committee on Education in Radiologic Technology (JRCERT) (20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182. 312-704-5300, www.jrcert.org). Program effectiveness data includes the program completion rate, credentialing examination pass rate and job placement rate. Explanations of these measures and program data that correspond with the annual report most recently submitted to the JRCERT are noted below. This information can also be obtained at www.jrcert.org/resources/program-effectiveness-data. Questions about program effectiveness data should be directed to the Program Coordinator.

Note- Graduate follow up surveys are sent to graduates 12 months after graduation.

The following is the most current program effectiveness data for the associate degree in Applied Science in Radiologic Technology at Hostos Community College

Outcome Measure	Year	Results	
Credentialing Examination: The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduating.	Year 2019	36/36 <u>100%</u>	
	Year 2018	27/28 <u>96%</u>	
	Year 2017	24/24 <u>100%</u>	
	Year 2016	22/23 <u>96%</u>	
	Year 2015	21/21 <u>100%</u>	
	Current 5-Year Average	Program Results	
	JRCERT Benchmark 75%	98.4% (131/133)	
Job Placement: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences, within twelve months of graduating.	Year 2019	26/26 <u>100%</u>	
	Year 2018	14/14 <u>100%</u>	
	Year 2017	13/13 <u>100%</u>	
	Year 2016	17/17 <u>100%</u>	
	Year 2015	15/15 <u>100%</u>	
	Current 5-Year Average	Program Results	
	JRCERT Benchmark 75%	100% (85/85)	
Program Completion: The number of students who complete the program within the stated program length.	Year 2019	36/50	
	Most Recent Program Completion Rate	Program Results	
	Program Benchmark 60%	72% (36/50)	

Announcements
No Announcements.

Did you KNOW?
The Bronx was founded in 1636.

For more information regarding program effectiveness data visit the JRCERT website at www.jrcert.org

Figure 5.4.3: 2020 Communities of interest Meeting.

Prof. Jarek Stelmark is inviting you to a scheduled Zoom meeting.

Topic: Hostos Community College Communities of Interest Meeting Zoom Meeting

Time: Dec 21, 2020 01:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87868043529?pwd=VUtQekZxT1pkZFd6YWdMNENsdWRtdz09>

Meeting ID: 878 6804 3529

Passcode: 023582

One tap mobile

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Dial by your location

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+1 646 558 8656 US (New York)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 9128 US (San Jose)

Meeting ID: 878 6804 3529

Passcode: 023582

Find your local number: <https://us02web.zoom.us/j/kbnEWOKJC3>

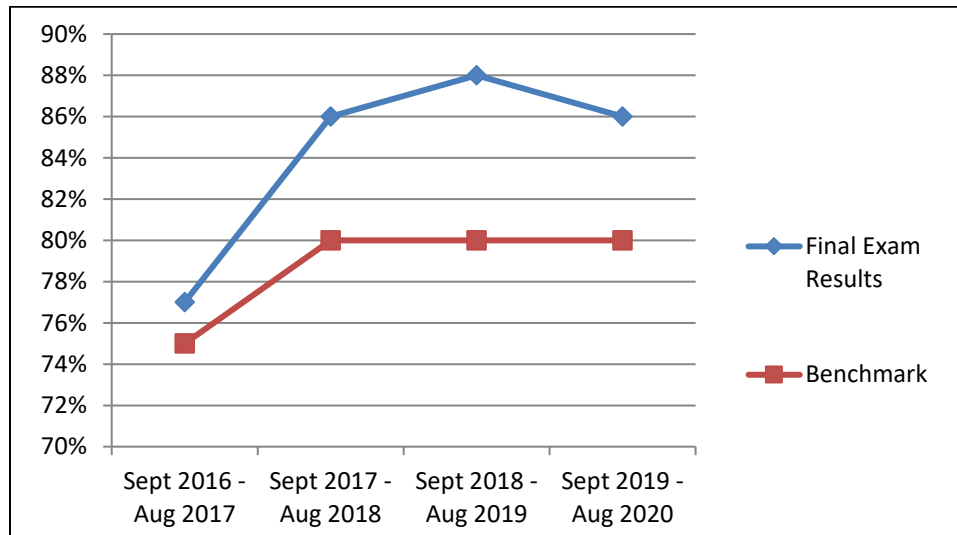
1. Applied Principles of Radiation Protection for First-Year and Second-Year Students

Benchmark 1B.1: Final examination for senior students in radiation protection in Clinical Radiography IV. The class will score 75% or higher on the final examination for the 2016-2017 assessment cycle with the benchmark set at 75%. For the assessment cycles from 2017 to 2020 the benchmark was set at 80%.

Assessment Tool: XRA 229 Clinical Radiography IV – *Final examination.*

Table 5.4.1: illustrates the program’s successful achievement of these benchmarks for the last four assessment cycles.

Table 5.4.1
2016 – 2020 Senior Final Radiation Protection Examination in Clinical Radiography IV

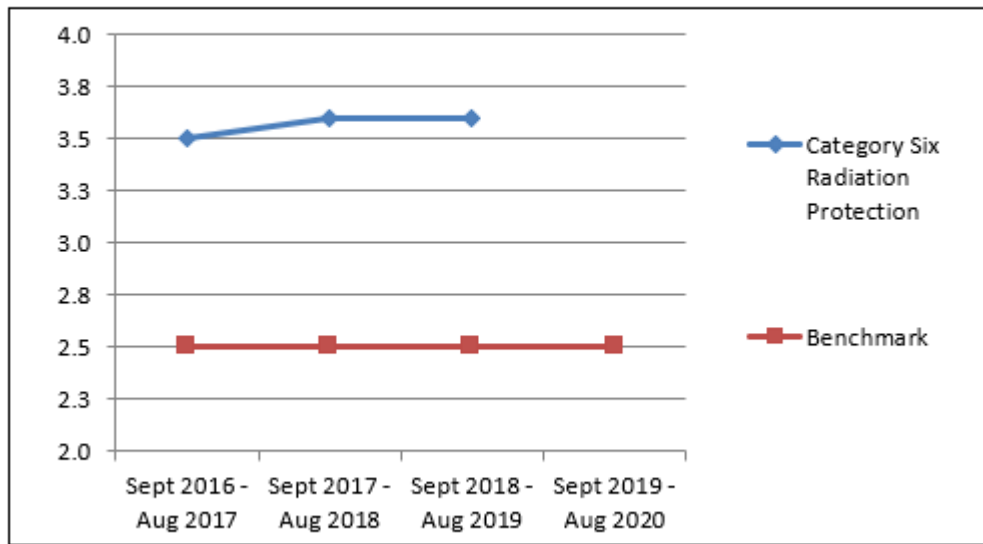


Benchmark 1B.2a: On a scale of one to four, the first-year class will score 2.5 or higher on radiation protection on the Final Clinical Evaluation form.

Assessment Tool: Final Clinical Evaluation form – Item 6 – *Radiation Protection: Student’s adherence to radiation protection procedures and protocol.*

Table 5.4.2: illustrates the program’s successful achievement of this benchmark for the last four assessment cycles. **For the last 2019-2020 assessment cycle no data was available due to COVID-19 because students couldn’t attend the clinical education center.**

Table 5.4.2
2016– 2020 First-Year Radiation Protection Score on the Final Clinical Evaluation Form



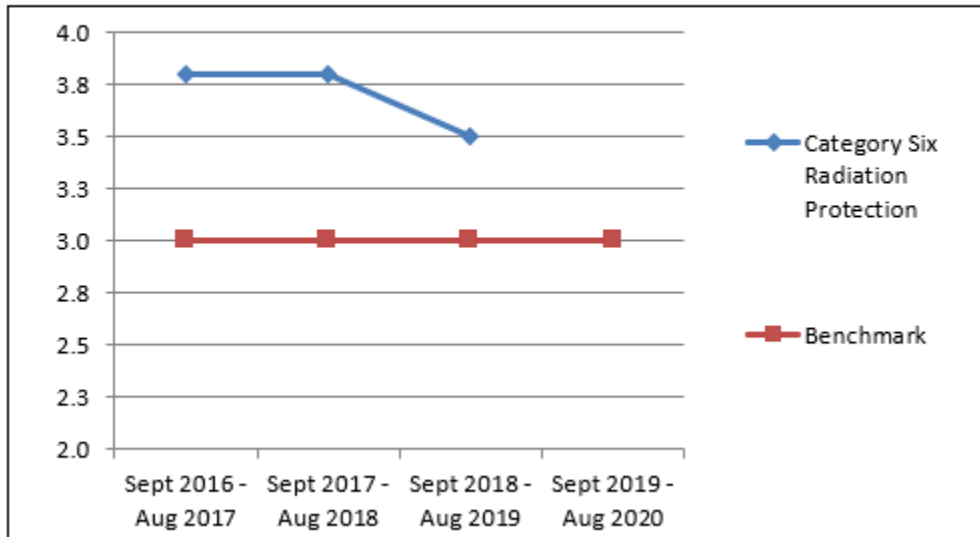
Since the benchmark has been achieved so successfully during the prior three assessment cycles, the program is considering raising the benchmark for future assessments

Benchmark 1B.2b: On a scale of one to four, the second-year class will score 3.0 or higher on radiation protection on the Final Clinical Evaluation form.

Assessment Tool: Final Clinical Evaluation form – Item 6 – *Radiation Protection: Student’s adherence to radiation protection procedures and protocol.*

Table 5.4.3: illustrates the program’s achievement of this benchmark for the last three assessment cycles. **For the last 2019-2020 assessment cycle no data was available due to COVID-19 because students couldn’t attend the clinical education centers.**

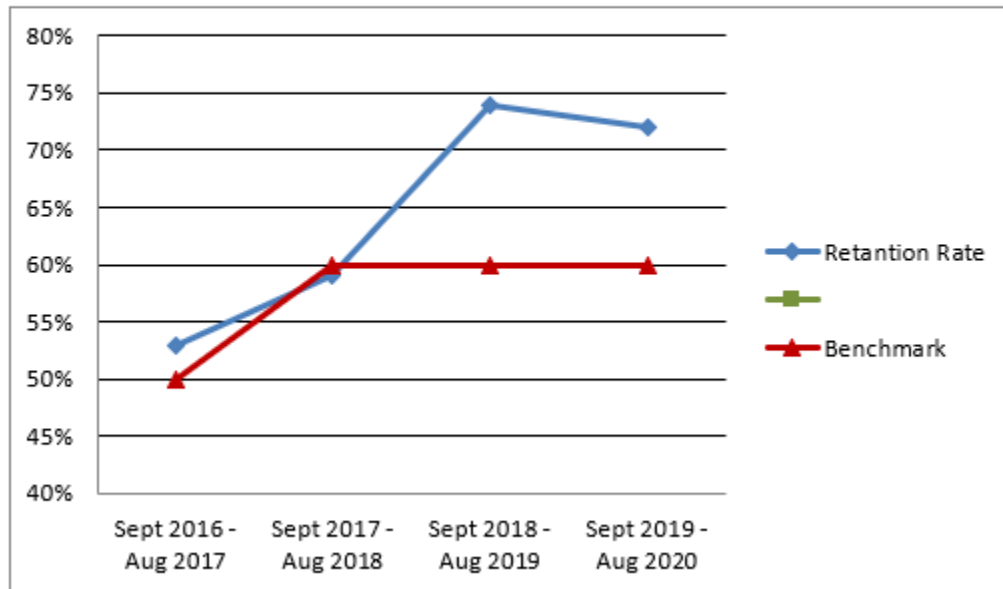
Table 5.4.3
2016– 2020 Second-Year Radiation Protection Score on the Final Clinical Evaluation Form



2. Retention

Benchmark 2E.1: Sixty percent of the students enrolled will complete the program.

Table 5.4.4
2016 – 2020 Retention Rates



Our action plan strategies for the last four years have enabled us to meet our established benchmarks. These strategies included, but were not limited to:

In 2008 the radiologic technology faculty collaborated with the Mathematics Department to develop a new course in mathematics, MAT 105: Math for Allied Health Sciences, to teach the students the necessary skills needed to be better prepared to pass XRA 112: Radiologic Physics and XRA 110: Radiologic Sciences I and Lab. MAT 105 serves as a gateway that students must successfully pass before entering the radiologic technology program. These efforts didn't help to improve the low retention rates until 2015 when MAT 105 course was redesigned and was specifically designated for the radiologic technology students. Previously, material covered in the course was also for nursing students. This change catalyzed significant improvement for the assessment cycles 2017-2020 in the retention rates in the program. The faculty works continuously with the math department in an effort to improve the math skills of our students.

Peer tutoring was increased to two tutors rather than one and the hours were expanded to include Saturdays and Sundays. Two cycles of assessment were analyzed according to the attendance logs and it was determined that the students that need tutoring the most were not taking advantage of the resources available. Unfortunately, due to COVID-19, the program did not offer face-to-face tutoring for the spring 2020 semester. However, senior students offer online tutoring sessions for the junior students for the Fall 2020 semester.

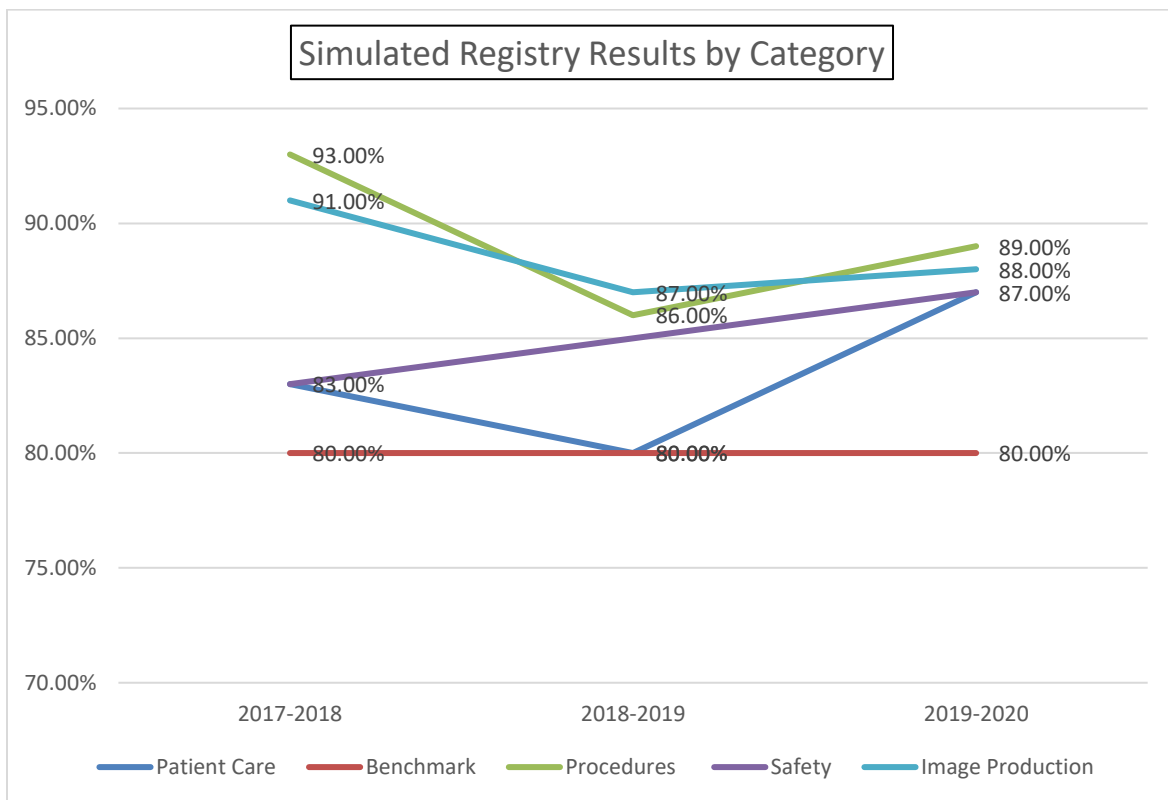
3. Adequate Preparation for the ARRT Examination

Benchmark 2A.1: For the 2016-2017 assessment cycle, the class will achieve an overall average of 80% or higher on the three simulated registry exams. For the 2017-2020 assessment cycles the benchmark was redefined. The class will average 75% or higher on each category of all three individual simulated registry exams.

Assessment Tool: XRA 230 Seminar – *Three simulated registry exams.*

Table 5.4.5 Program didn't meet the benchmark for 2016-2017 assessment cycles. However, it exceeded it for the 2017-2020 assessment cycles.

**Table 5.4.5
2016 – 2020 Adequate Preparation for the ARRT Examination**



The student success in the preparation for the ARRT examination can be attributed to the program adopting a pedagogical style (student-based learning model) during the Summer seminar. Students are presented with several of the most up to date Registry preparation material prepared by the faculty. They perform the prescribed material according to their learning style, which allows them to pace and develop their test taking skills and perform better on their exams.

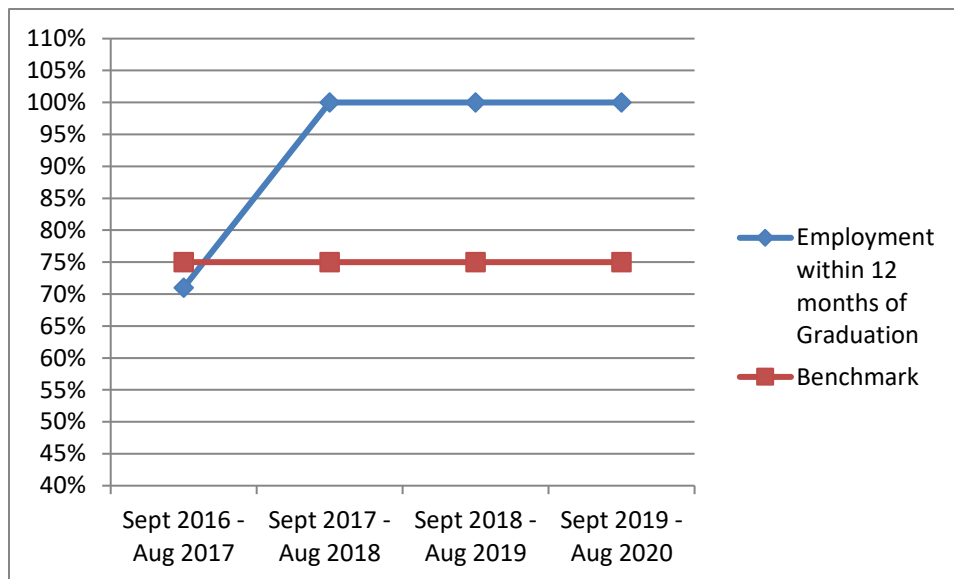
4. Employment within Twelve Months of Graduation

Benchmark 2B.1: Seventy-five percent of the graduates who are seeking employment will be employed six months after graduation.

Assessment Tool: Graduate Survey form – Section III – *Were you able to find employment as a radiographer within twelve months of completing the program?*

Table 5.4.6 illustrates the program’s achievement of this benchmark for the last three assessment cycles.

Table 5.4.6
2016 – 2020 Employment within twelve Months of Graduation



For the 2016-2017 assessment cycle, the benchmark of 75% employment after 12 months was not achieved. Only 71% of the respondents found employment. However, for the next three consecutive assessment cycles 100% of students found employment in radiography within 12 months of graduation. One of the factors this can be attributed to is the change in the job market; therefore, the program is considering raising the benchmark for future assessments.

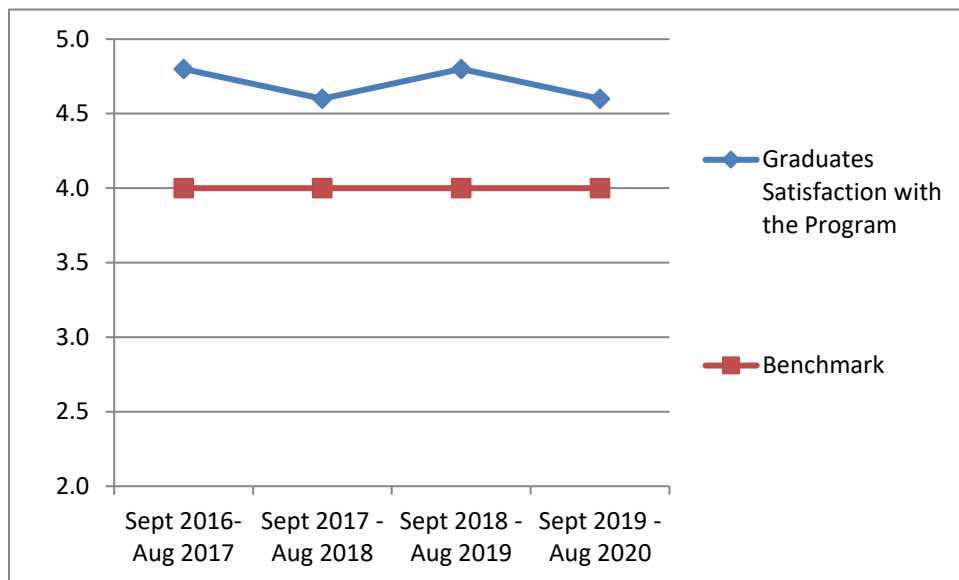
5. Student Satisfaction with the Program

Benchmark 2C.1: On a scale of one to five, graduates will score 4.0 or higher on their ability to report a high level of satisfaction with the program

Assessment Tool: Graduate Survey form – Section III, Item 10 – *How would you rate your overall satisfaction with the program?*

Table 5.4.7 illustrates the program’s successful achievement of this benchmark for the last four assessment cycles.

Table 5.4.7
2016 – 2020 Student Satisfaction with the Program



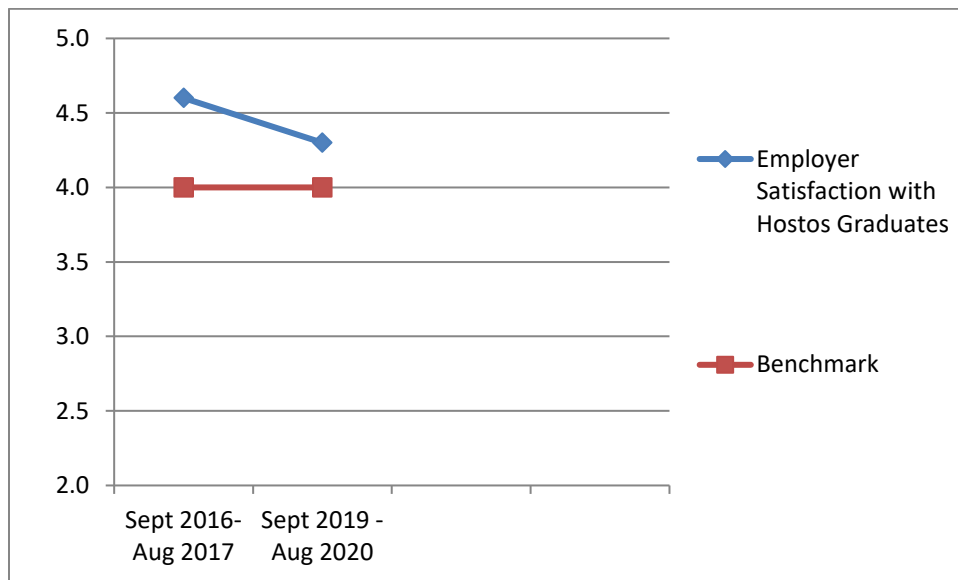
6. Employer Satisfaction with Graduates

Benchmark 2D.1: On a scale of one to five, employers will report a score 4.0 or higher on their level of satisfaction with graduates.

Assessment Tool: Employer Survey form – Item 10 – *How would you rate your overall satisfaction with Hostos graduates?*

Table 5.4.8 illustrates the program’s successful achievement of this benchmark for the last two assessment cycles. This assessment is done every two years. Nevertheless, the satisfaction with the graduates decreased. The trend and solution to reverse it will be addressed at the next Communities of Interest Meeting in December 2020. It must be noted that the response rate to the Employer Survey was very low for the past assessment cycles. As a result, the faculty decided to use electronic surveys and deploy them using social media platforms for future assessments.

Table 5.4.8
2016– 2020 Employer Satisfaction with Hostos Graduates



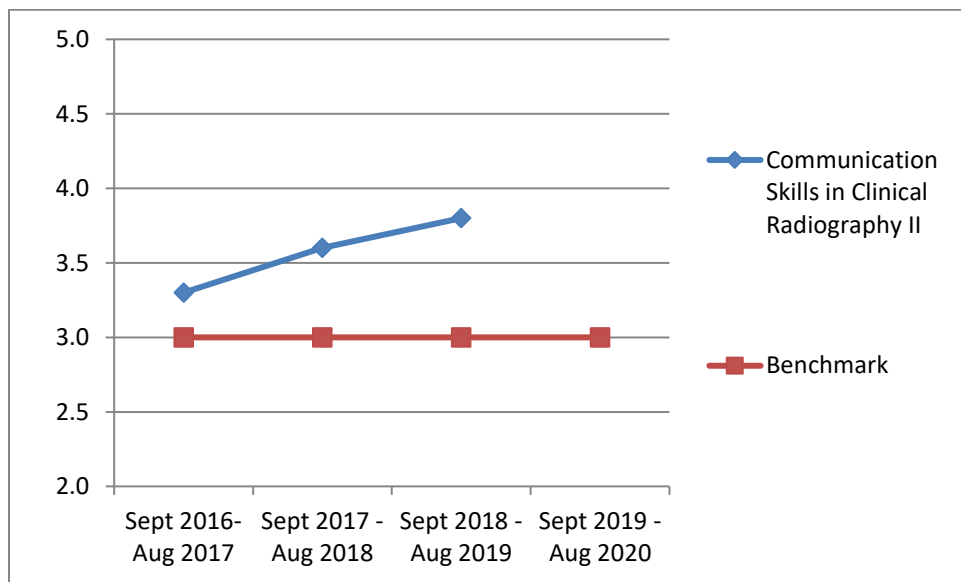
7. Proper Patient Interaction in Clinical Radiography II and IV

Benchmark 5A.2a: On a scale of one to four, the junior students enrolled in Radiography II will score 3.0 or higher on communication skills.

Assessment Tool: Final Clinical Competency Evaluation form – Category 2C – *Student Patient Interaction*.

Table 5.4.9 illustrates the program’s successful achievement of this benchmark for the last three assessment cycles. **For the last 2019-2020 assessment cycle no data was available due to COVID-19 because students couldn’t attend the clinical education centers.**

Table 5.4.9
2016– 2020 Communication Skills in Clinical Radiography II

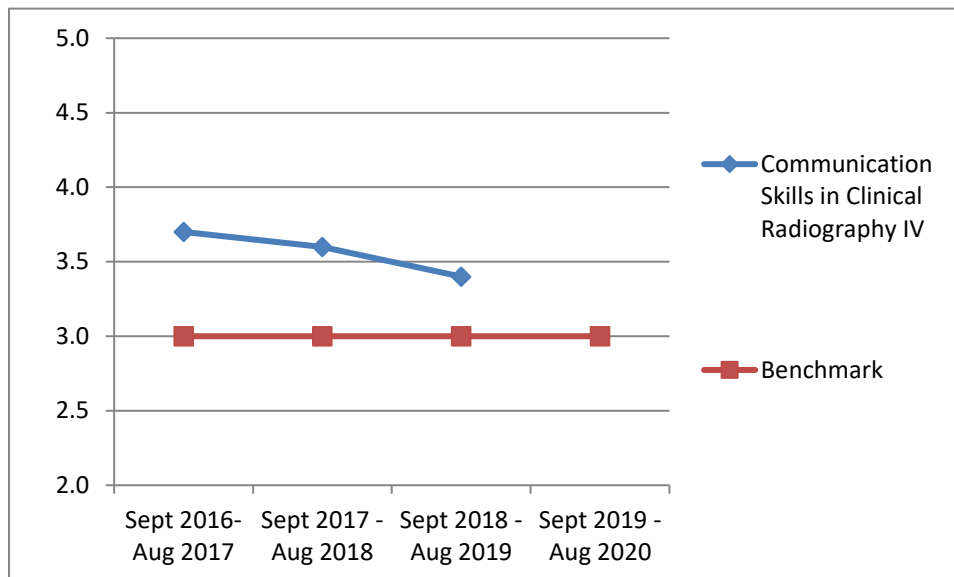


Benchmark 5A.2b: On a scale of one to four, the senior students enrolled in Radiography IV will score 3.0 or higher on communication skills.

Assessment Tool: Final Clinical Competency Evaluation form – Category 2C – *Student Patient Interaction.*

Table 5.4.10 illustrates the program’s successful achievement of this benchmark for the last three assessment cycles. Despite the fact that the program met its benchmark, the communication skills in the clinical setting continued to decline. The trend and solution to reverse will be addressed at the next Communities of Interest Meeting. **For the last 2019-2020 assessment cycle no data was available due to COVID-19 because students couldn’t attend the clinical education centers.**

Table 5.4.10
2016– 2020 Communication Skills in Clinical Radiography IV



5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:

Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate, and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two (2) years and be documented in meeting minutes.

Additional information regarding assessment may be found at www.jrcert.org.

Required Program Response:

- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two (2) years.

The Program Director, together with the faculty, reviews and revises the *Assessment Plan* on an ongoing basis. Every semester the program director collects information using the “Program Assessment Schedule” chart and keeps track of all collected information. The collected information and entire assessment plan are reviewed and evaluated yearly to assure that assessment measures are adequate and the assessment process is effective in measuring program goals and stated learning outcomes.

(See Figure 5.5.1: Program Assessment Schedule)

Over the last several years, the program has made changes in the course sequence and has implemented new, revised and updated policies. The program has changed assessment tools and adjusted benchmarks as a result of our annual assessment reviews. Some benchmarks were adjusted using the granular approach using a specific set of questions in the assessment tool to evaluate the students’ performance. Minutes are readily available for reference or as needed for assessment review.

(Figure 5.5.2: Minutes from Faculty Meetings)

Figure 5.5.1: Program Assessment Schedule

			Hostos Community College Radiologic Technology Program Program Assessment Schedule			September		
						August		
Spring Semester			Summer Semester			Fall Semester		
Assessment tool	Responsible	Verified	Assessment tool	Responsible	Verified	Assessment tool	Responsible	Verified
1A.1b Lab Final Practical Assessment Exam Radiography II Criteria 4 : Trauma	Prof. Livingston	<input type="checkbox"/>	1A.2a Clinical Comp. Eval. Radiography II Cat 5: Positioning Skills	Ms. Adjei	<input type="checkbox"/>	1A.1a Lab Final Practical Assessment Radiography I	Prof. Livingston	<input type="checkbox"/>
1A.2b Clinical Comp. Radiography IV Cat 5: Positioning Skills	Ms. Adjei	<input type="checkbox"/>	1A.3a Final Clinical Eval. Radiography II Cat 4: Positioning Skills	Ms. Adjei	<input type="checkbox"/>	1C.1a Rad. Science I (XRA 111) Exam. # 2: (Q1-5)	Prof. Stelmark	<input type="checkbox"/>
1A.3b Final Clinical Eval. Radiography IV Cat. 4: Positioning Skills	Ms. Adjei	<input type="checkbox"/>	1B.2a Final Clinical Eval. Radiography II Cat 6: Radiation Protection	Ms. Adjei	<input type="checkbox"/>	3C.1 PPI Final Exam (XRA 114): (Q91-100)	Prof. Chelladurai	<input type="checkbox"/>
1B.1 Pre-clinical Rad. Protection Exam. (XRA 122): (Q1-5)	Prof. Chelladurai	<input type="checkbox"/>	1C.2a Final Clinical Eval. Radiography II Cat 5: Computing Technique	Ms. Adjei	<input type="checkbox"/>	5A.1a PPI Final Exam (XRA114): Communication (Q86-90)	Prof. Chelladurai	<input type="checkbox"/>
1B.2b Final Clinical Eval. Radiography IV Cat 6: Rad. Protection	Ms. Adjei	<input type="checkbox"/>	1D.1a Final Clinical Eval. Radiography II Cat 8: Patient Care	Ms. Adjei	<input type="checkbox"/>			
1C.1b Rad. Science II (XRA 121) Exam. # 2: (Q1-5)	Prof. Stelmark	<input type="checkbox"/>	1D.2 Graduate Survey form Item 4	Prof. Stelmark	<input type="checkbox"/>			
1C.2b Final Clinical Eval. Radiography IV Cat 5: Computing Technical factors	Ms. Adjei	<input type="checkbox"/>	2A.1 Seminar Exam. 4 based on ARRT categories (Q1-200)	Prof. Stelmark	<input type="checkbox"/>			
1D.1b Final Clinical Eval. Radiography IV Cat 8: Patient Care	Ms. Adjei	<input type="checkbox"/>	2B.1 Graduate Survey form Sec II Employment Status	Prof. Stelmark	<input type="checkbox"/>			
2A.2 ARRT Summary Report	Prof. Stelmark	<input type="checkbox"/>	2C.1 Graduate Survey form Item 10	Prof. Stelmark	<input type="checkbox"/>			
3A.1b Clinical Comp. Eval. Radiography IV: Wheelchair and/or Stretcher studies	Ms. Adjei	<input type="checkbox"/>	2D.1 Employer Survey form Item 10 (every 2 years)	Prof. Stelmark	<input type="checkbox"/>			
3A.2 Clinical Comp. Eval. Radiography IV: Trauma studies	Ms. Adjei	<input type="checkbox"/>	2E.1 Enrollment Report	Prof. Stelmark	<input type="checkbox"/>			
3B.1 Rad. Science II (XRA 121) Final Exam: (Q1-5)	Prof. Stelmark	<input type="checkbox"/>	3A.1a Clinical Comp. Eval. Radiography II: Wheelchair/stretcher studies	Ms. Adjei	<input type="checkbox"/>			
3B.2b Clinical Comp. Eval. Radiography IV Cat 3: Technical factors	Ms. Adjei	<input type="checkbox"/>	3A.3 Employer Survey form Item 5 (every 2 years)	Prof. Stelmark	<input type="checkbox"/>			
3B.3b Final Clinical Eval. Radiography IV Cat 5: Computing Techniques	Ms. Adjei	<input type="checkbox"/>	3B.2a Clinical Comp. Eval. Radiography II Cat 3: Technical factors	Ms. Adjei	<input type="checkbox"/>			
3C.2 Contrast Media (XRA124): Test 1 (Q6-10)	Prof. Arja	<input type="checkbox"/>	3B.3a Final Clinical Eval. Radiography II Cat 5: Computing Technique	Ms. Adjei	<input type="checkbox"/>			
4A.1b Final Clinical Eval. Radiography IV Cat 1: Professionalism	Ms. Adjei	<input type="checkbox"/>	3C.3 Medical Emergency Comp. Radiography V (Q1-7)	Nurse	<input type="checkbox"/>			
4A.2b Biweekly Clinical Attendance Radiography IV	Ms. Adjei	<input type="checkbox"/>	4A.1a Final Clinical Eval. Radiography II Cat 1: Professionalism	Ms. Adjei	<input type="checkbox"/>			
4A.3 Employer Survey form Item 8 (Every 2 years)	Prof. Stelmark	<input type="checkbox"/>	4A.2a Biweekly Clinical Attendance Radiography II	Ms. Adjei	<input type="checkbox"/>			
5A. 2b Clinical Comp. Eval. Radiography IV Cat 1C: Student-patient interaction	Ms. Adjei	<input type="checkbox"/>	4A.3 Employer Survey Form Item 8	Prof. Stelmark	<input type="checkbox"/>			
5A.3b Final Clinical Eval. Radiography IV Cat 3: Communication Skills	Ms. Adjei	<input type="checkbox"/>	4B.1 Graduate Survey form Sec.V CE/PO through participation in professional organizations	Prof. Stelmark	<input type="checkbox"/>			
5B.1 Rad. Science Final Essay	Prof. Stelmark	<input type="checkbox"/>	4C.1 Graduate Survey form Sec. V CE/PO by seeking advanced certifications	Prof. Stelmark	<input type="checkbox"/>			
			5A.2a Clinical Eval. Comp. Radiography II Cat 1C: Student-patient interaction	Ms. Adjei	<input type="checkbox"/>			
			5A.3a Final Clinical Eval. Radiography II Cat 3: Communication Skills	Ms. Adjei	<input type="checkbox"/>			
			5B.2 Seminar Capstone Paper	Prof. Stelmark	<input type="checkbox"/>			

Previous Minutes

The minutes from the last meeting were:

- Unavailable
- Not approved
- Approved “*as is*”
- Approved “*as corrected*”

➤ **Item 1: Student Registration (new)**

Discussion:

Dr. Drago updated the number of new students registered.

Decision/Action:

All faculty are required to verify the roster.

Person/s responsible:

All faculty

➤ **Item 2: Registry update**

Discussion:

Dr. Drago initiated the discussion on passing rate for ARRT registry examination.

Decision/Action:

Dr. Drago updated faculty of results; 26 out 31 students appeared and passed in the first attempt.

Person/s responsible:

Dr. Drago

➤ **Item 3: Dosimeter distribution (senior students)**

Discussion:

Dr. Drago asked for film badge distribution for senior students.

Decision/Action:

Mr. Tejeda will distribute the film badges to all senior students before their first day of clinic.

Person/s responsible:

Mr. Tejeda

➤ **Item 4: Assessment Plan**

Discussion:

Dr. Drago handed out the assessment schedule to the faculty. Faculty reviewed the schedule and noted that the assessment of the student clinical performance was very time consuming in the past when the hard copy system was utilized. Faculty hopes that the implementation of the Trajecsys computer report system will simplify this process and make it less time consuming. Prof. Stelmark noted that the response rate of the employer survey is very low. Dr. Drago shared the 2018/2019 Outcome Assessment Analysis/Action plan with the faculty. Faculty analyzed the plan and highlighted the important areas.

Decision/Action:

Faculty will collect data using 24 assessment tools for the summer. All faculty must provide their respective data to Prof. Arya. Faculty will research alternative ways of deploying employer survey to increase the response rate. The 2018/2019 Outcome Assessment Analysis/Action plan will also be shared with the members of the community at the next Communities of Interest Meeting planned for Spring 2020.

Person/s responsible:

All faculty

➤ **Item 5: Student Issues**

Discussion:

Junior student [REDACTED] could not attend 2 days of classes due to getting stuck in home country for her son got sick and could not travel.

Senior student [REDACTED] got stuck in her home country due to hurricane.

Decision/Action:

Dr. Drago will keep in touch with students and provide the update.

Person/s responsible:

Dr. Drago

➤ **Item 6: Syllabi and Multiple position form**

Discussion:

Dr. Drago asked all faculty members to submit their syllabi and multiple position forms.

Decision/Action:

All faculty members to submit their syllabi and multiple position form to Ms. Elizabeth Vargas.

Person/s responsible:

All faculty

➤ **Item 7: Trajecsys training**

Discussion:

Dr. Drago asked for update on new software Trajecsys training.

Decision/Action:

Ms. Adjei will coordinate with the company for 2 days training: 1 hour each. She updated the faculty that registration is complete.

Person/s responsible:

Ms. Adjei

➤ **Item 8: Super Senior students' registry practice**

Discussion:

Dr. Drago initiated the discussion for registry practice test for super senior students who have been staying an extra semester in clinic.

Decision/Action:

Prof. Stelmark and Dr. Drago will coordinate.

Person/s responsible:

Prof. Stelmark

➤ **Item 9: Tutoring**

Discussion:

Dr. Drago asked for the list of potential tutors.

Decision/Action:

Faculty members discussed and gave the list of potential tutors to Dr. Drago.

Person/s responsible:

Dr. Drago

➤ **Item 10: Next meeting schedule**

Discussion:

Dr. Drago suggested to have next meeting on September 12, 2018 at 12:30 pm in the Faculty conference Room.

Decision/Action:

Faculty members were advised to make themselves available.

Previous Minutes

The minutes from the last meeting were:

- Unavailable
- Not approved
- Approved “*as is*”
- Approved “*as corrected*”

➤ **Item 1: Students’ Issues**

Discussion:

Dr. Drago asked about any students’ issues.

Junior student C. Ali has some family issue which is causing her some depression.

Senior student J. Polanco has missed 3 days at the clinic.

Decision/Action:

Issues were discussed and following decision was made for students.

For C. Ali, she should be referred to single stop center in D-building.

Ms. Adjei will work with J. Polanco.

Person/s responsible:

All faculty

➤ **Item 2: Verification of Enrollment (VOE)**

Discussion:

Dr. Drago updated the number of new students registered and asked faculty to verify the roster on CUNYfirst.

Decision/Action:

All faculty member confirmed that roaster has been verified on the CUNYfirst.

Person/s responsible:

Dr. Drago

➤ **Item 3: Registry update**

Discussion:

Dr. Drago initiated the discussion on passing rate for ARRT registry examination.

Decision/Action:

Dr. Drago updated faculty of results; 29 out of 31 students appeared and passed in the first attempt.

Person/s responsible:

Dr. Drago

➤ **Item 4: Assessment Plan**

Discussion:

Prof. Arya collected the data for the assessment and input it in the plan. Faculty reviewed the assessment plan. Faculty noted that students consistently score very high in communication skills during their junior year. However, the assessment of their communication skills in their senior year shows a steady decline. Senior students are held to a higher standard than junior students. In addition, faculty noticed that for the two consecutive assessment cycles from 2017-2019 100% of students found employment within 12 months of graduation in the radiography. This was a very big improvement from 2016-2017 when slightly more than 70% of students found employment in radiography.

Decision/Action:

Dr. Drago questioned the reliability and validity of the assessment tool for communication skills. Faculty suggested that the program could use different assessment tools in addition to the one already deployed. Faculty also suggested that clinical faculty can implement role playing activities with the students when visiting clinical education centers. Further discussion will ensue to continue discussion on the action plan.

Person/s responsible:

Dr. Drago

➤ **Item 5: Trajecsys training**

Discussion:

Dr. Drago asked for updates on new software Trajecsys training.

Decision/Action:

Ms. Adjei advised that 2 training sessions have been confirmed for September 19 and September 26, 2019. All faculty should try to attend these sessions.

Person/s responsible:

Ms. Adjei

➤ **Item 6: Tutoring**

Discussion:

Dr. Drago asked for the list of potential tutors.

Decision/Action:

Dr. Drago will meet potential tutors and forward their names to the concerned department for approval.

Person/s responsible:

Dr. Drago

➤ **Item 7: VA hospital update**

Discussion:

Dr. Drago initiated the VA Bronx as a clinical education center starting from Spring 2020.

Decision/Action:

Dr. Drago updated the faculty that application has been filed with JRC. He will follow up with JRC for final approval.

Person/s responsible:

Dr. Drago

➤ **Item 8: X-ray club update**

Discussion:

Dr. Drago asked for x-ray club update.

Decision/Action:

Prof. Chelladurai informed that club officer has been elected, registered with all formalities. Once approved, will have first activity of junior-senior meet-greet.

Person/s responsible:

Prof. Chelladurai and Prof. Arya

➤ **Item 9: Bulletin board**

Discussion:

Dr. Drago requested to update the bulletin board in the department to reflect the program details.

Decision/Action:

Prof. Chelladurai volunteered to do the project.

Person/s responsible:

Prof. Chelladurai

➤ **Item 10: Mental Health Training**

Discussion:

Dr. Drago requested to have any open discussion.

Decision/Action:

Prof. Chelladurai and Ms. Adjei provided the information to attend the mental health training which will help us to deal and manage students with any such issue. Dr. Drago will send the group email to all units of allied health to see the interest so training can be done on-site.

Person/s responsible:

Prof. Chelladurai, Ms. Adjei and Dr. Drago

➤ **Item 11: Next meeting schedule**

Discussion:

Dr. Drago suggested to have next meeting on September 26, 2019 at 12:30 pm in the Faculty conference Room.

Decision/Action:

Faculty members were advised to make themselves available.

Person/s responsible:

All faculty members confirmed.

-Respectfully submitted by Sanjay Arya

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:

The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:

- Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor's Web page.

Hostos Community College is accredited by the Middle States Commission on Higher Education (MSCHE) and looks forward to renewing the accreditation in 2022.

The last site visit was in 2012 and the college received a ten-year accreditation. Between 2012 and 2019 college submitted pertinent midpoint periodic reports to Middle States.

For the past year the college has had eight working groups consisting of over 100 senior and junior faculty and staff working diligently under the guidance of a Steering Committee to prepare the necessary documentation in preparation for our upcoming 2022 site visit by the Middle States Association of Colleges and Schools.

The final draft of the 2022 Middle States Self Study report will be completed in the Spring of 2021. The Hostos Middle States area was created to provide the college community with a single place to go to obtain information about the Middle States Self Study. In this area you will find various documents relating to the self-study, including the Self-Study design (SSD), the timeline and updates on the current status of the self-study process at Hostos, members of the Steering Committee, working group members, and history page with the 2012 Self-Study report.

The site visit team is scheduled to be at Hostos in the spring of 2022.

(Figure 6.1.1 2012 Middle States Self Study Report or the College Website:

<https://www.hostos.cuny.edu/Administrative-Offices/Office-of-the-President/Middle-States-Accreditation>

The college is also accredited by the Board of Regents of the University of the State of New York. In addition, the college is a member of the American Association of Community and Junior Colleges, the American Council on Education, the Hispanic Association of Colleges and Universities, the American Education Research Association, the National Association for Bilingual Education, and other professional and learned organizations devoted to the advancement of education.

(Figure 6.1.2 Accreditations and Affiliation or the College Website:

<https://www.hostos.cuny.edu/About-Hostos/The-History-of-Hostos#:~:text=Hostos%20Community%20College%20is%20accredited,the%20State%20of%20New%20York>

Your safety is our priority. Hostos employees are working remotely. However, if you need access to the buildings during our regular business hours please contact Public Safety at campusvisit@hostos.cuny.edu. For College-wide updates, please review the [SAFE CAMPUS](#) page to learn what reopening means for Hostos.

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Middle States Accreditation

Welcome to the Hostos Middle States Self-Study Site!

The Hostos Middle States Self-Study Co-Chairs Professors Kate Wolfe and Nelson Nuñez Rodríguez welcome you to Hostos three-year Middle States Accreditation journey. This website has been created to provide a single place to the whole college community in order to remain engaged with the college Middle States Self-Study. Currently, Hostos Community College is accredited by the Middle States Commission on Higher Education (MSCHE) and looks forward to renewing the accreditation in 2022.

This site contains documents relating to the Self-Study, including the [Self-Study Design \(SSD\)](#), the current status of the Self-Study process ([timeline](#)) at Hostos, [members of the Steering Committee](#) and all standards-based [working group members](#), Self-Study updates, recorded college-wide forums and any other presentations. After each college-wide open forum, there will be an opportunity to submit questions which will be replied to in aggregate form by the Steering Committee Co-Chairs.

The site also contains a [history page](#) with previous 2012 Self-Study report and other pertinent midpoint periodic reports submitted to Middle States between 2012 and 2019. Furthermore, the site provides a link to the Middle States Commission on Higher Education.

Finally, there is an area in which you can provide feedback to the Steering Committee about the website, the Self-Study process, and your opinions about uploaded materials. We look forward to having a participatory, transparent and thoughtful Self-Study journey including all college voices. It is our hope to bring the institution to a better place with this exercise.

Welcome again and we look forward to hearing your opinions. All voices matter! Stay engaged.

Professors Kate Wolfe and Nelson Nuñez Rodríguez



Announcements

Sep 01, 2017 - Strategic Plan 2017-2022
[more](#)

Did you KNOW?

Hostos is named after Eugenio María de Hostos.



Eugenio María de Hostos Community College
500 Grand Concourse, Bronx, New York 10451
Phone 718-518-4444

[Campus Map](#) | [Virtual Tour](#)
[Contact Us](#)

[Give to Hostos](#)



[« Directory Listing](#)

[Print SAS](#)

HOSTOS COMMUNITY COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

CEO: Dr. Daisy Cocco DeFilippis, Interim President

Accreditation Liaison Officer: Dean Babette Audant

Commission Staff Liaison: Dr. Paul Starkey, Vice President

Carnegie Classification: Associate's Colleges: High Transfer-High Traditional » Two-year, large

Control: Public

Former Name(s): CUNY - Hostos Community College (7/26/2010)

Phase: Accredited

Status: Accreditation Reaffirmed

Accreditation Granted: 1974

Last Reaffirmation: 2017

Next Self-Study Evaluation: 2021-2022

Next Mid-Point Peer Review: 2026

Contact Information

475 Grand Concourse
Bronx, NY 10451

[\(718\) 518-4300](tel:(718)518-4300)

www.hostos.cuny.edu

Figure 6.1.2: Accreditations and Affiliations



[Home](#) > [About Hostos](#) > [The History of Hostos](#)

History of Hostos Community College

Hostos Community College was created by an act of the Board of Higher Education on April 22, 1968, in response to the demands of Puerto Rican and other Hispanic leaders who urged the establishment of a college to meet the needs of the South Bronx. In September 1970, Hostos admitted a charter class of 623 students at the site of a former tire factory at 475 Grand Concourse. Enrollment grew rapidly to more than 2,000 students by June of 1974. In addition, the State Legislature acted to ease an increasing space shortage by passing a special bill to acquire the "500 Building" across the Grand Concourse from the original site. In the same year, Hostos was granted full and unconditional accreditation following a highly favorable evaluation by the Middle States Association.

The fiscal crisis of the mid-1970's resulted in an effort to merge Hostos with another institution as a cost-saving measure. This effort was rebuffed by strong college and community opposition, which led the State Legislature to include a guarantee of Hostos' existence in the Landes Higher Education Act, passed on June 9, 1976. To meet growing interest in the College, the campus now has six buildings, three of which have been specially designed to meet the institution's need. Hostos takes pride in its well-equipped science, math, writing, and computer labs; its excellent physical education facilities; and its state-of-the-art theatres.

Faculty and Students

As of the Fall 2002, 50.3 percent of the full-time faculty hold doctorates and 45.5 percent have master's degrees. The student population is diverse with nearly all cultures represented, the majority identifying themselves as being of Dominican, Puerto Rican, or of Central or South American descent. Financial assistance is provided to all eligible students, and nearly 90 percent receive some form of Federal or State aid.

Accreditation and Affiliations

Hostos Community College is accredited by the Middle States Association of Colleges and Schools and the Board of Regents of the University of the State of New York.

The College offers career programs accredited by the New York State Education Department, the Joint Review Committee on Education in Radiologic Technology, and the American Dental Association. The Allied Health programs are accredited by the appropriate agencies, including the American Dental Association and the New York Department of Health.

In addition, Hostos Community College is a member of the American Association of Community and Junior Colleges, the American Council on Education, the Hispanic Association of Colleges and Universities, the American Education Research Association, the National Association for Bilingual Education, and other professional and learned organizations devoted to the advancement of education.

Did you KNOW?

Sonia Sotomayor's mother is a Hostos grad

6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.


Required Program Response:

- Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

The energized labs of the Radiologic Technology Program of Hostos Community College are inspected every two years by The City of New York Department of Health and Mental Hygiene.

The permit for certificate of qualification for a radiation installation is issued after compliance with provisions of the health code and regulations thereunder.

Figure 6.2.1: Certificate of Registration for a Radiation Installation

 **The City of New York**
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOSTOS COMMUNITY COLLEGE
475 GRAND CONCOURSE RADIOLOGIC TECHNOLOGY
PROGRAM
BRONX, NY 10451

PERMIT/LICENSE TYPE:
RADIATION PRODUCING EQUIPMENT - FEE EXEMPT - LICENSE

RECORD NUMBER: 40507185 **CODE:** RADIATION PRODUCING EQUIPMENT
CLASS/SUBCLASS: FEE EXEMPT

ISSUE DATE: 09/14/2018


EXPIRATION DATE: 11/30/2020

PERMITTEE/LICENSEE NAME: HOSTOS COMMUNITY COLLEGE

ADDRESS OF PERMITTED ENTITY/LICENSED INDIVIDUAL:
475 GRAND CONCOURSE GRAND CONCOURSE RADIOLOGIC
BRONX, NY 10451

EQUIPMENT(S) TYPES

This permit/license is issued to the individual person or other entity named above to conduct a business or other activity regulated by this Department. It is granted in accordance with provisions of the New York City Health Code or other law regulating this activity. This permit/license is not transferable to any other individual or entity or for use at any other premises and is subject to suspension or revocation for failing to comply with the Health Code or other applicable law.


OXIRIS BARBOT, MD
ACTING COMMISSIONER OF HEALTH AND MENTAL HYGIENE

POST CONSPICUOUSLY

COMPLAINTS MAY BE MADE BY PHONE TO 311 OR ONLINE AT NYC.GOV/311

Figure 6.2.2: 2019 Inspection Report

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 OFFICE OF RADIOLOGICAL HEALTH, 25-01 JACKSON AVENUE, 14TH FLOOR, QUEENS, NY 11101
 MAILING ADDRESS: 42-09 28TH STREET, CN60, QUEENS, NY 11101

Page 1 of 1 Pages

INSPECTION REPORT

background

OWNER, TYPE OF PRACTICE <i>Hostos Community College</i>	DB/A	DATE <i>06/14/19</i>
ADDRESS <i>475 Grand Concourse Bronx, NY 10451</i>	BORO, ZIP CODE, PHONE NUMBER	REGISTRATION #

CAMIS # *45507185*

Cycle inspection of Comd.

Re A *Sanitation Officer 115 - 121 Kip & 650nd*

Re B *Sanitation 150K p & 320nd*

Re C *Sanitation 135 Kip & 630nd*

Re D *Sanitation 135 Kip & 520nd*

1 Portable → Disassembled, unable to make exposures, document & internally. Only used for practicing positioning.

- There is no violation noted at the time of inspection.

- Facility is in compliance with Article 175 of New York City Health Code.

(NCA)

- School instructions use only not a small or large facility.

- Radiation Protection Program is implemented.

INSPECTION RESULTS AT18 <input type="checkbox"/> OOB <input type="checkbox"/> VRR <input type="checkbox"/> SEAL <input type="checkbox"/> VRRPS <input type="checkbox"/> VCW <input type="checkbox"/> NCA <input checked="" type="checkbox"/> NO ACCESS <input type="checkbox"/>	CONTACT INFORMATION: Renewal of x-ray permit - (212) 487-4060, 65, 80 Application for a new permit - 311 Inspection of x-ray equipment - (718) 310-2840 Article 175 of NYC Health Code: Publisher - (800) 541-2681 Fax number - (718) 310-2888 E-mail address: ORH@health.nyc.gov
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RECEIVED BY <i>X Teyala</i>	SIGNATURE & BADGE <i>[Signature]</i>	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DATE
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PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine of not more than \$1000 or not more than 90 days imprisonment or both - NYC ADMINISTRATIVE CODE, SECTION 1151-9.0.

RC 45 (Rev. 10/17)

INSPECTION REPORT - NOTICE OF VIOLATION - SMALL FACILITY

OWNER, TYPE OF PRACTICE <i>Hofstra Community College</i>		DATE <i>06/04/19</i>	
ADDRESS <i>475 Grand Concourse Bronx, NY</i>		BORO, ZIP CODE <i>10451</i>	CAMIS NO. <i>40507185</i>
		PERMIT NO. _____	

The items circled below are in violation of Article 175 of the New York City Health Code and shall be corrected within 0 days

- ~~305~~ - *Radiation Protection Program is available.*
Quality Control Manual is not available.
- ~~306~~ - Equipment records for each x-ray room not provided / missing the following: (radiographic/fluoroscopic)
a - current tests; *b* - prior year's tests; *c* - machine repair/history
- ~~307~~ - Biennial output measurements for common exams for each x-ray *missing* / not posted/incorrect
- ~~308~~ - Calibration reports for Quality Control test equipment not provided/incomplete/missing data.
- ~~309~~ - Radiation safety policy and procedure guide available (*Policy & procedure for students are available*)
- ~~311~~ - Annual radiographic tests not performed / incomplete / missing data
a - light alignment; *b* - PBL; *c* - image alignment; *d* - exposure switch; *e* - interlocks
- ~~312~~ - Biennial radiographic tests not performed / incomplete / missing data:
a - timer reproducibility; *b* - HVL; *c* - kVp accuracy; *d* - mA linearity mR/mAs.
- ~~313~~ - Annual fluoroscopic tests not performed / incomplete / missing data *a* - fluoro alignment; *b* - spot film alignment; *c* - high contrast; *d* - low contrast; *e* - exposure switch; *f* - interlocks; *g* - 5 minute timer; *h* - HVL; *i* - Avg. fluoro rate; *j* - Max. fluoro rate; *k* - tracking; *l* - spot film reproducibility
- ~~314~~ - Radiation protection survey not provided / is incomplete.
- ~~315~~ - Annual calibration report not provided / is complete for: *a* - therapy *b* - fluoroscopy
- ~~316~~ - Patient log book not maintained / incomplete for the following items:
a - name; *b* - date; *c* - type of x-ray; *d* - number of x-rays; *e* - patient holding
- ~~317~~ - Yearly reject analysis not performed / incomplete.
- ~~318~~ - Semi-annual repeat analysis not performed / incomplete.
- ~~319~~ - Technique charts not posted / incorrect (*for teaching purpose only*)
- ~~320~~ - Cassette integrity and screen maintenance checks not performed.
- ~~321~~ - Annual safelight checks (fog test) not performed / not valid.
- ~~322~~ - Annual check of lead aprons, gloves and drapes not performed.
- ~~323~~ - Biennial check of film/screen contact (screens over 4 yrs. old) not done.
- ~~324~~ - X-ray tech's licenses not posted / x-ray tech's pocket ID not carried.
- ~~325~~ - Film badge reports were incomplete in that the following were missing: *a* - monthly reports; *b* - badges not supplied, where necessary.
- ~~326~~ - Annual viewbox check not performed.
- ~~327~~ - Annual training of radiation workers not performed/documented

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine OF NOT MORE THAN \$1000 or not more than 60 days imprisonment or both. - NYC ADMINISTRATIVE CODE, SEC 1151-9.0

RECEIVED BY <i>*Tejeda</i>	SIGNATURE & BADGE # <i>M. U. R1620</i>	SUPERVISOR'S SIGNATURE	DATE
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6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical education setting. Clinical education settings may be recognized by The Joint Commission (TJC) or an equivalent agency, or may hold a state-issued license.

Required Program Response:


- Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical education setting.

Our clinical affiliates are all certified by The Joint Commission or the American College of Radiology.

Copies of the certification status forms for each of our clinical affiliates are included in the Figure below. These printouts are from The Joint Commission or American College of Radiology official websites.

Figure 6.5.1: The Joint Commission Accreditation Certification for ST. Barnabas Hospital

The screenshot displays the accreditation page for St. Barnabas Hospital Inc. at the top, followed by a 'Quality Report' header. The main content area includes the hospital's name, contact information, and a 'Summary of Quality Information' section. This section features a table with accreditation details and a 'Sites' section listing 'SBH Health System Behavioral Health' and 'St. Barnabas Hospital' with their respective addresses.

Summary of Quality Information				
Accreditation Programs				
View Accreditation History				
	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Hospital Accredited	2/2/2019	2/1/2019	2/1/2019

Sites

SBH Health System Behavioral Health
260 E. 188 St.
Bronx, NY, 10457


Available Services

- Behavioral Health (Non 24 Hour Care - Adult)
- Behavioral Health (Non 24 Hour Care - Child/Youth)

St. Barnabas Hospital
DBA: SBH Health System
4487 Third Avenue
Bronx, NY, 10457

Figure 6.5.2: The Joint Commission Accreditation Certification for BronxCare Health System

Quality Report





BronxCare Health System

HCO ID: 2112
1650 Grand Concourse
Bronx, NY, 10457
(718) 590-1800
www.bronxcare.org/

Summary of Quality Information

Accreditation Programs


View Accreditation History

	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Behavioral Health Care	Accredited Accredited	5/3/2017	5/2/2017	5/2/2017
 Hospital	Accredited Accredited	5/6/2017	5/5/2017	6/15/2017

Sites

BronxCare Health & Wellness Center
199 Mt. Eden Parkway
Bronx, NY, 10457

Figure 6.5.3 The Joint Commission Accreditation Certification for Montefiore Health System



Montefiore Health System

HCO ID: 2514
111 East 210th Street
Bronx, NY, 10467
(718) 920-5171
www.montefiore.org

Summary of Quality Information

Accreditation Programs

View Accreditation History





	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Behavioral Health Care	Accredited Accredited	8/24/2018	6/5/2018	6/5/2018
 Home Care	Accredited Accredited	6/7/2018	6/6/2018	6/6/2018
 Hospital	Accredited Accredited	9/7/2018	6/8/2018	2/8/2019

Figure 6.5.4: The Joint Commission Accreditation Certification for Lenox Hill Hospital




Lenox Hill Hospital

HCO ID: 5823
 100 East 77th Street
 New York, NY, 10075
 (212) 434-2000
<https://www.northwell.edu/find-care/locations/lenox-hill-hos>

Summary of Quality Information


Accreditation Programs

[View Accreditation History](#)


	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Hospital Accredited	2/17/2017	12/6/2019	12/6/2019

Advanced Certification Programs

[View Certification History](#)




[Advanced Palliative Care Certification Decision](#)
Effective Date
 3/27/2019
Last Full Survey Date
 3/26/2019
Last On-Site Survey Date
 3/26/2019



[Advanced Total Hip and Total Knee Replacement Certification Decision](#)
Effective Date
 11/8/2018
Last Full Survey Date
 11/7/2018
Last On-Site Survey Date
 11/7/2018

Figure 6.5.5: The Joint Commission Accreditation Certification for Lincoln Medical and Mental Health Center

Lincoln Medical and Mental Health Center



DBA: Hospital
HCO ID: 5824
234 E 149th Street
Bronx, NY, 10451
(718) 579-5700

Summary of Quality Information

Accreditation Programs

[View Accreditation History](#)


	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Hospital Accredited	5/12/2018	5/11/2018	5/28/2019

Figure 6.5.6: The Joint Commission Accreditation Certification for Memorial Hospital for Cancer and Allied Diseases

Memorial Hospital for Cancer and Allied Diseases



HCO ID: 5826
1275 York Avenue
New York, NY, 10065
(212) 639-2000
www.mskcc.org

Summary of Quality Information

Accreditation Programs


[View Accreditation History](#)

	Hospital Accredited	Effective Date 6/29/2019	Last Full Survey Date 6/28/2019	Last On-Site Survey Date 9/6/2019
	Laboratory Accredited	Effective Date 6/29/2019	Last Full Survey Date 6/28/2019	Last On-Site Survey Date 6/28/2019

Sites

Breast Examination Center of Harlem
163 West 125 Street, Fourth Floor
New York, NY, 10027

Figure 6.5.7: The Joint Commission Accreditation Certification for James J. Peters Bronx VA Medical Center



James J Peters Bronx VA Medical Center

HCO ID: 4706
130 West Kingsbridge Road
Bronx, NY, 10468
(718) 584-9000
www.va.gov

Summary of Quality Information

Accreditation Programs

View Accreditation History




		Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Behavioral Health Care	Accredited	4/13/2018	4/12/2018	4/12/2018
	Home Care	Accredited	4/13/2018	4/12/2018	4/12/2018
	Hospital	Accredited	4/14/2018	4/13/2018	1/4/2019

Figure 6.5.8: The ACR Accreditation Certification for Madison Avenue Radiology Centers

25584	MRAP	Pinnacle Diagnostic Radiology	848 49th Street			Brooklyn NY	11220	718-436-2888	Accredited	03/15/2021	Body Head MRA/MSK Spine	02/05/2020	1922052059
25585	BUAP	Pinnacle Diagnostic Radiology	848 49th Street			Brooklyn NY	11220		Accredited	01/31/2023			
25586	UAP	Pinnacle Diagnostic Radiology	848 49th Street			Brooklyn NY	11220	718-436-2888	Accredited	03/21/2021	General Gynecological Vascula	02/05/2020	1922052059
25587	UAP	HEART HEALTH OF THE SOUTH SHORE	12631 MERRICK ROAD	SUITE 400		BELLMOR NY	11710	516-218-2510	Accredited	06/18/2021	Vascular-Cerebrovascular	02/05/2020	
25588	MRAP	Albany Open MRI	199 Wolf Rd.			Albany NY	12205	518-435-1234	Accredited	08/16/2021	Head MSK Spine	02/05/2020	1730334749
25589	CTAP	Madison Avenue Radiology Center	1820 Madison Avenue			New York NY	10035	212-860-3500	Accredited	12/14/2021	Abdomen Chest Head/Neck	02/05/2020	1184852741
25590	UAP	Madison Avenue Radiology Center	1820 Madison Avenue			New York NY	10035	212-860-3500	Accredited	11/18/2021	General Gynecological Vascula	02/05/2020	1184852741
25591	MRAP	Madison Avenue Radiology Center	1820 Madison Avenue			New York NY	10035	212-860-3500(220)	Accredited	01/08/2021	Body Head MSK Spine	02/05/2020	1184852741
25592	EMRAP	Madison Avenue Radiology Center	1820 Madison Avenue			New York NY	10035	212-860-3500	Accredited	12/08/2021		02/05/2020	1184852741
25593	MRAP	Orthopaedics, Spine and Sports Medicine	DBA Total Orthopaedic	5500 Merrick Road		Massepec NY	11758	516-795-3033	Accredited	01/06/2021	MSK Spine	02/05/2020	1548490063
25594	UAP	Fulton Medical Center	510 South Fourth Street			Fulton NY	13069	315-592-3555	Accredited	04/24/2021	General Gynecological Obstetric	02/05/2020	1871678458
25595	CTAP	Fulton Medical Center	510 South Fourth Street			Fulton NY	13069	315-592-3555	Accredited	08/22/2021	Abdomen Chest Head/Neck	02/05/2020	1871678458
25596	UAP	NYU Langone Joan H. Tisch Center for Women	207 East 84th Street			New York NY	10028	646-754-3300	Accredited	04/03/2021	Vascular-Cerebrovascular Vasc	02/05/2020	
25597	NMAP	Newark Wayne Community Hospital	P.O. Box 111, Driving Park Ave			Newark NY	14513	315-332-2366	Accredited	10/03/2021	Nuclear-Cardiology Planar SPE	02/05/2020	1770671182
25598	EMRAP	BRMI at Boro Park	3802 - 14th Avenue			Brooklyn NY	11218	718-854-5400	Accredited	04/09/2021		02/05/2020	1134152705