Program Review
Form for External Review Committee
Instructional

Form ID
109
Division
Allied Health
Department
Radiation Therapy
Program
Radiation Therapy
Review Year
2007-2008
Member Names
Ellen Green
Division Overview
Program/Department Purpose
State the purpose of the program/department. How is this purpose within the mission of Amarillo College?

The Purpose Statement (program mission statement) is documented in the Radiation Therapy Student Handbook that is distributed and reviewed with students at the very beginning of the curriculum. The purpose statement is as follows: **"To provide a comprehensive curriculum that will enable each graduate to perform the duties and responsibilities of an entry level radiation therapist."**

The purpose statement supports the college mission in that the radiation therapy program is the only such program within a 300 mile radius. Given that radiation therapy consists of using high-energy radiation to treat diseases, predominantly cancer, the program provides a meaningful community service by providing highly trained technologists to deliver the valuable cancer treatments that enhance, possibly even lengthen, the quality of life for the diverse population in the service area.

Does the answer include a purpose statement for the program/department? Does the answer indicate how this program/department is within the mission of Amarillo College?

Acceptable

Recommendation

Yes, the answer includes a purpose statement for the program; however, it would be helpful to have AC's mission statement included here or at least linked to this answer so that the reader will understand how the program's purpose fits within the College's mission.

When was the last time the program's/department's purpose statement was reviewed/revised by faculty and staff in the program/department?

The program mission statement is reviewed during each academic year during the program Advisory Committee meeting, and is documented in the Advisory Committee minutes iea/userfiles/File/RADT/Advisory_RADT_11.29.06.htm as well as in the program PET form (found in sample form section #5) iea/userfiles/File/RADT/yes-PET_JRCERT_06-07_AC.htm

Does the answer indicate the last time the program's/department's purpose statement was reviewed/revised by faculty and staff in the program/department? Does the answer indicate how this program/department is within the mission of Amarillo College? within the mission of

Amarillo College?

Acceptable

Yes

If the program/department offers continuing education credits, how are these courses consistent with the mission of Amarillo College?

The program does not offer continuing education credits at this time.

Does the program/department offer continuing education credits? Does the answer indicate how these courses are consistent with the mission of Amarillo College?

Acceptable

No

Does the program have admissions policies?
yes
Where are the policies published?

The program has limited enrollment, due to programmatic accreditation standards. As a result, as is the case with many of the allied health fields, acceptance into the program is competitive entry.

Admission criteria are published in the program

application packet that is distributed through the college, as well as in pdf format on the program website.
http://www.actx.edu/radiation/files/uplink/Radiation_Therapy_Packet_0108.pdf

Are all the locations where the policies are published included in the answer?

Acceptable

Yes

Explain how these policies are consistent with the mission of Amarillo College.

The limited enrollment is due to limited physical resources (multimillion dollar treatment machines) found at the clinical sites, and programmatic accreditation rules regarding numbers of students at each site. Admissions policies allow every student the opportunity to be excepted into the program. As is described in the admission policies, students are given about the admissions policies and acceptance procedures in the application packet itself, and in the orientation process with the program director.

Does the explanation of how the policies are consistent with the mission of Amarillo College appear to be accurate?

Acceptable

Recommendation

Might add: "Although enrollment is limited, AC is dedicated to serving the area's diverse population and is an equal opportunity community college; therefore, every student is given an equal opportunity to be acccepted into the program.

Is the program/department accredited?

yes

Which agencies or organizations accredit the department/program?

Joint Review Committee on Education and Radiologic Technology (hereafter referred to as JRCERT).

http://www.jrcert.org/

Are the complete names of the agencies or organizations which accredit the department/program cited?

Acceptable

Yes

How many years are in the accreditation cycle?
8

How many years are in the accreditation cycle?

Acceptable

| When were the accreditations affirmed or granted?

Accreditation was granted in 2003. The program interim report was accepted in 2007, allowing for continued accreditation throughout the remaining four years of the accreditation cycle. |
| --- |
| **When were the accreditations affirmed or granted?** |
| Acceptable |
| What is the current status of the accreditation? Accredited |
| **Are the current statuses of the accreditations identified (e.g. accredited, in process of renewal, in process of candidacy, other)?** |
| Acceptable |
| **If not required, is the program eligible for accreditation?** |
| Acceptable

This question is N/A |
| **Has this program/department sought accreditation even though it is not required (e.g. yes; If no, explain)?** |

Acceptable

This question is N/A

Is this program/discipline required to receive approval from an external agency or organization (other than the Texas Higher Education Coordinating Board) in order to offer courses?

no

Identify the external approver(s) for the department/program.

IF the program/discipline is required to receive approval from an external agency or organization (other than the Texas Higher Education Coordinating Board) in order to offer courses, was (were) the external approver(s) for the department/program identified?

Acceptable

What approval schedule is required by the external approver(s)?

Was the approval schedule required by the external approver(s) identified?

Acceptable

N/A

When did the program/department last receive

approval?

When did the program/department last receive approval?

Acceptable

N/A

Is the reason why the program/department is required to receive this approval clear?

Acceptable

N/A

Improvements

Identify at least one example of an improvement/revision which resulted from the annual PET forms for the last five years

From the last Advisory Committee Meeting
iea/userfiles/File/RADT/Advisory_RADT_11.29.06.htm

"VI.   Other Business
1.   Barker asked about the length of the dosimetry rotation. He said that students have mentioned to him that the 3 week rotation was not long enough. Tackitt said that he could work it out where the students could do dosimetry rotations at both clinical sites."
As a result of this suggestion for improvement, students now have two 3-week long dosimetry rotations to enhance the students dosimetry skills.

After reviewing at least one example of improvements/revisions that resulted from the annual PET forms for the last five years, determine the extent that this program/department has used the PET

forms to make improvements/revisions. Does this meet the minimum expectations for using PET forms to make improvements/revisions to the program/department?

Unacceptable

Concern

An improvement is listed here but I believe the suggestion was made by an advirosy committee member during an advisory committee meeting and not from an annual PET form.

Identify at least one example of improvements/revisions which resulted from the last Program Review.

The radiation therapy program has begun to utilize more instructional technology (WebCT-- online courses, hybrid courses)

After reviewing at least one example of improvements/revisions that resulted from the last Program Review, determine the extent to which this program/department values the Program Review process to make improvements/revisions.

Unacceptable

Concern

The program lists a new shift toward more IT offerings; however, this does not address how

and why they made that decision.

Identify all the delivery approaches used for courses within this program/department: (Select all that apply.)
traditional classroom, web, video,

After reviewing all delivery approaches for courses within this program/department, is this program positioned for growth? Does the committee have recommendations for delivery options which will provide additional growth?

Traditional classroom,Video,Web

After reviewing at least one example of improvements/revisions that is a response to accomplish a strategy or tactical objective within the Strategic Plan 2010-2015, determine the extent to which this program/department has contributed to the implementation success of the Strategic Plan? Does this department/program understand how it relates to the institution's future based on the Strategic Plan?

Acceptable

Recommendation

The program should also look at hybrid courses where students spend at least 50% of their time online and the rest of the time on campus.

Identify at least one example of an improvement/revision that is a response to accomplish a strategy or tactical objective within the Strategic Plan 2010-2015.

Program offered its first online course in the fall semester 2007. The program will begin to offer more and more courses in an incremental fashion. The program hopes to offer the entire curriculum online within the next few years.

This improvement/revision is in accordance with the Strategic Plan to "Deliver instruction and services using technology. . ."

After reviewing at least one example of improvements/revisions that is a response to accomplish a strategy or tactical objective within the Strategic Plan 2010-2015, determine the extent to which this program/department has contributed to the implementation success of the Strategic Plan? Does this department/program understand how it relates to the institution's future based on the Strategic Plan?

Acceptable
Recommendation

Does this Committee have recommendations as to how this

program/department may contribute to the implementation of the Strategic Plan?

Acceptable

Recommendation

The program does not give a timeline for improved online course offerings and/or an online degree. Perhaps this program needs the help of AC's E Learning Center to create a realistic timeline and the know-how to accomplish the task.

Provide names and titles of those who determined the process used to assess outcomes of the program and/or courses in the department.

Tony Tackitt, M.Ed., RT(T), Program Director-Radiation Therapy. In accordance and in close communication with the JRCERT (in order to maintain accreditation via the 2007 Interim Report.

The PET form was developed and revised entirely on JRCERT accreditation outcomes standards.

Has the program/department had a broad base of involvement from a majority of faculty and staff with the program/department regarding implementation of student learning outcomes of the program(s) (or

department) and courses? What recommendations does the committee have for increasing involvement?

Acceptable

Concern

The program director is the only person in the department involved in the preparation of this PET form. He says it is necessary to meet accrediation requirements. Therefore, I'm concerned, there is no "broad based involvement from faculty and staff."

Explain the primary reasons behind the competencies that were selected.

JRCERT accreditation standards, as developed through extensive research (surveys, etc.) of radiation therapy program faculty, students, hospital staff.

Do the selected competencies appear to be valid?

Acceptable

Identify the primary reasons for the assessment tool(s) selected.

JRCERT accreditation standards, as developed through extensive research (surveys, etc.) of radiation therapy program faculty, students,

hospital staff.

Will the assessment tool(s) selected provide valid and reliable results?

Acceptable

Evaluate the assessment approaches to date.

The assessment approaches mandated by the JRCERT far exceed the essential PET outcomes described by the College.

Will the assessment approaches(s) selected provide valid and reliable results?

For student or program/course outcome assessments, review the program's/department's five-year graph(s) of quantitative results or provide a brief narrative summary of qualitative results.

Narrative Summary of Qualitative Results: As evidenced by the program PET form (link to sample form elaborating on these results to follow), the program has always met or exceeded program benchmarks, generally set by the programmatic accrediting agency JRCERT.
The program has met or exceeded benchmarks with respect to: maintaining accreditation, successfully completing program capstone course and exit examination, graduate success in national certification examination, preparing students for clinical responsibilities of a working radiation therapist (as described through various clinical competencies), reviewing program mission and goals, graduate and employer satisfaction, retention, providing an educational environment that promotes the skills necessary for performing the tasks of a radiation therapist, providing a curriculum that promotes cognitive, affect of, and psychomotor competency in the field.
Sample PET form:
iea/userfiles/File/RADT/PET%20SAMPLE.htm

Review the program's/department's five-

year graph(s) of quantitative results for student or program/course outcome assessments, or provide a brief narrative summary of qualitative results.

Acceptable

What changes have been made in the curricula of the program/department because of the analysis of these results?

None

Have any changes been made in the curricula because of the analysis of these results?

Acceptable

Review the five-year graph(s) of course completions for the program/department. Explain any increase or decrease that is more than a one-year anomaly.

Course completion rate graphs illustrate a steady decrease in attrition, such that there is virtually no attrition (there has been no attrition for well over a year in the program)

Here is a link to the information just in case the graph below is not legible: iea/userfiles/File/RADT/course%20completion.ht

m

DT_DEPT ▾	TermType ▾	AcaYrs ▾
RADT	Fall	All

	GradeCatg ▾				
	A-C	AU-W	D-F	Other	Grand Total
	+ −	+ −	+ −	+ −	+ −
AcaYr ▾	PercentOfTotal	PercentOfTotal	PercentOfTotal	PercentOfTotal	PercentOfTotal
2003 + −	82	8	12	3	105
2004 + −	55		4	5	64
2005 + −	70			2	72
2006 + −	61		1	1	63
2007 + −	66				66
Grand Total + −	334	8	17	11	370

DT_DEPT ▾	TermType ▾	AcaYrs ▾
RADT	All	All

Allied Health - Course Completion
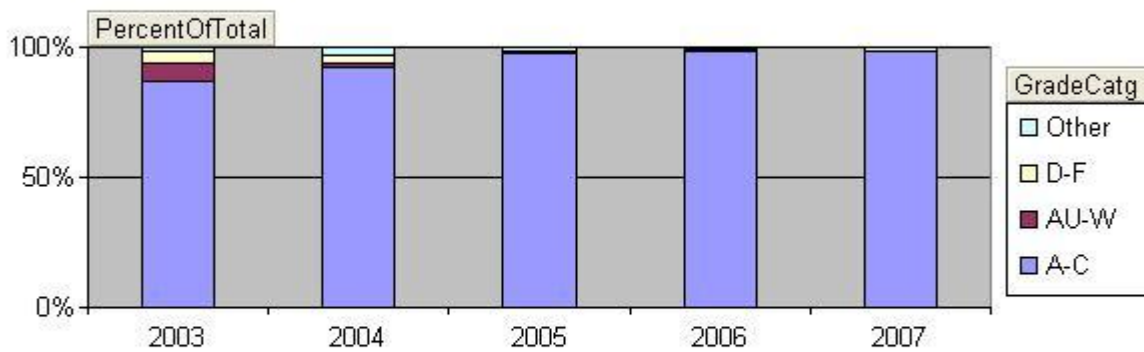
Does the review of the five-year graph(s) of course completions demonstrate the use of analysis to implement a plan of action for retention? Is the analysis of any increase or decrease that is more than a one-year anomaly accurate?

Acceptable

Commendation

According to the course completion graph, program retention rates have steadily increased for three consecutive years.

Provide the program's/department's plan of action for improving any identified problem or results from the implementation of the plan of action.

The program PET form data is reviewed annually at the program Advisory Committee meeting. (see sample Advisory Committee meeting minutes).
iea/userfiles/File/RADT/Advisory_RADT_11.29.06.htm

Advisory Committee members may discuss problems or actions resulting from any of the outcomes assessments.

Will the plan of action likely improve the number of course completers?

Acceptable

Yes

Does the program/department provide for alternative methods of awarding credit?
Advanced Placement

Has the program/department provided for alternative methods of awarding credit? If not, which alternative methods would be recommended?

Advanced Placement

What approaches are used to assure outcomes are comparable to those expected of students who enrolled and completed the course?

Acceptable

For general education and/or core curriculum required by this program/department, identify the relevant competencies approved by the Academic Affairs Committee (see Catalog section entitled Degrees and Certificates: General Education Competencies).

Page 6 of the Program Admissions/Application document describes the program degree plan/curriculum pattern as well as the general education requirements for the radiation therapy

degree. http://www.actx.edu/radiation/

As an AAS degree. The program meets the general education catalog requirements for the AAS degree.

Have all relevant competencies for general education and/or core curriculum been identified for this program/department? If not, which are obviously a part of this program/department's general education competencies?

Acceptable

Explain how outcomes for the competencies have been assessed and achieved and provide links to the documentation.

The program utilizes the general education requirements and competencies required of the AAS degree.

Additionally, the program utilizes "related courses" such as the Introductory Physics, two semesters of Anatomy and Physiology, and Medical Terminology and the general education competencies inherent in these courses.

The program assesses general education competencies in a variety of ways, including

numerous minor assignments and projects, throughout the curriculum. To sample assessment forms for the Practicum V course are attached for referral. Students in the practicum courses (Hospital clinical courses) are evaluated using these (and numerous other) forms on a monthly basis.

Note: there are two files linked in two separate links. "Dosimetry" is the mathematical calculation of radiation dose for cancer treatment. It is inherenlty high in the use (and precision) of mathematics.

iea/userfiles/File/RADT/Eval%20reform-2nd%20yr%20final%20semester.htm

iea/userfiles/File/RADT/dosimetry%20monthly%20eval%20sheet.htm

Is the explanation of assessment approach(es) for general education competencies (outcomes) thorough? Is the analysis of the results accurate? Have links to documentation which verify the assessment results been included?

Acceptable

Outline a plan for correcting any weaknesses.

In addition to the typical grading system described in the Practicum syllabus, the following rules apply with respect to clinical grading (and are taken from the Practicum Syllabus):

If the overall score for the rotation is failing from at least 2 of the therapists on the rotation (1 if there is only one therapist on the rotation) then the student will have failed the rotation and will be required to repeat the entire rotation. This repeat will likely have to occur between semesters, resulting in the student having to have a grade of "I" (Incomplete) until the rotation is successfully completed. The grade for the repeat rotation, as well as the grade for the failed rotation, will be calculated into the students overall semester grade. If entirety the rotation is failed a 2nd time the student will receive a failing grade for that semester of clinic. A student may not fail more than 2 rotations in a given semester. If this occurs, the overall semester grade will be an "F".

*If the average of any of the scored items in part II, the technical part, is **1.0 or lower**--thus, a failing grade for that specific item--the student will be assigned an extra full day of remediation for each item failed. At the end of that scheduled day(s), the student will be re-evaluated on that item(s). If the re-evaluation is still not graded as higher **than 1.0 average,** the student will be assigned another full day, and so on, until the item is scored as passing.*
If a student receives a failing score for two items in part II, they will be assigned two full days of remediation and will be re-evaluated at the end of the second day, and so on. However, this re-evaluation cannot go on indefinitely. If the student is not able to achieve passing status by the end of the 5th evaluation, the student will have to repeat the entire rotation (the time spent up to that point will count towards that rotation)

*In addition, if the student receives a score of **1 or less** by at least two therapists on **three or more** of the scored items in part II (from each of at least two therapists), the student will keep the overall grade given by the normal grade calculation process, but will be scheduled to repeat <u>all</u> of the time of the rotation. The Clinical Supervisor will also have the option of restructuring the clinic rotation schedule so that the student might immediately return to the rotation of concern. This re-scheduling might be preferable if feasible, but would likely not be feasible for "sim" and Dosimetry rotations. If re-scheduling is possible, this would then serve as the re-evaluation period. The student would then have to make up their missed rotation, whatever was skipped in the re-scheduling, at another time such as the end of the semester, during breaks, etc.*
*Note: Unlike the previous section that described failing one or two specific scored items, the 3 scored items receiving ratings of **1 or less** in this case do <u>not</u> have to be the same items from one therapist to another. That is, one therapist might give failing ratings for items a., b., and c., while the other therapist might give failing ratings for items d., e., and f. , the result will be a repeat of that clinical rotation.*
If the student is assigned an extra rotation, they will be re-evaluated using part II of the end of rotation evaluation form at the end of the extra rotation. The student must receive an averaged passing grade for each item. The result of not receiving an average of a passing grade for each item will result in:

<u>Fall semester:</u> another rotation assigned to be completed followed by another evaluation. If that evaluation is not graded as passing, an "F" will be given for the course.
<u>Spring semester:</u> the student receiving an "F" for that clinical course.

As is traditional, grades of "I", for Incomplete, will be given if the extra scheduled time is not completed before the end of the semester.
All scheduling of extra assigned time and make-up time must be done through contract with the Clinical Supervisor.
In addition to all of that, at the end of Spring and Summer semesters, the Clinical coordinator will average all of the technical ratings for the semester.<u> The student must have an average of at least 1.0 in order to pass that clinical course. An average of 1.0 or lower will result in a failing grade for the semester!!!!!</u>

If assessment results and analysis are included, is there a plan for correcting any weaknesses included?

Acceptable

Commendation

The rules for success or failure for students are well defined.

Do students/graduates in this program/department have to be certified or licensed?

yes

Review the results for certification/licensure results of the program/department and/or job placement for the past five years. Explain any increase or decrease that is more than one-year anomaly.

First time ARRT Exam pass results:

Class of:

2007: 10/12= 83%

2006: 8/8= 100%

2005: 10/10= 100%

2004: 9/9= 100%

2003: 11/11=100%

5 year total: 48/50= 96%

Note: national average for 5 years= 81% pass rate; Texas average 82%

Because of the circumstances surrounding the two students that did not pass in 2007 (one waited seven months after graduation before taking a national exam while most students take the exam within one week of graduation, while the information is fresh on their minds, and the other student was also planning a wedding at the time of the national exam and was, by her own admission, "distracted"), the program director feels that no action is needed at this time, given the outstanding academic history of the program. For statistics and circumstances will likely be brought up at the next program Advisory Committee meeting.

Provide a plan of action for the identified problem.

No specific problem has been identified.

IF students/graduates in this program/department have to be certified or licensed, do the results over the past five-years indicate that certification/licensure have been equal to or greater than the average of the past five-years AND/OR

equal to the statewide or national benchmark for this certification/licensure? IF NOT, does the analysis and plan of action appear that the program/department has thoroughly reviewed the problem?

Acceptable
Commendation
Program exceeds both state and national averages.

Is the program's/department's plan of action for improving any identified problem or results likely to improve the certification/licensure results? Did program/department explain any increase or decrease that is more than a one-year anomaly? Does the plan correct any weaknesses included? If not, what is missing?

Acceptable

No problems are identified

IF the department or program offers one or more technical programs (Associate in Applied Science or Certificates), has the program/department included an explanation of the job placement success during the past five years AND are these results at least equal to the statewide annual benchmark (90%)?

Is the analysis of any increase or decrease that is more than a one-year anomaly accurate?

Data provided by the college show full employment of graduates from the radiation therapy program through 2004. iea/userfiles/File/RADT/200702132006AnnualDataProfileAC-adj-PerkinsJobPlacements.xls

Unofficial program data for:

2005: 11/11= 100%

2006: 8/8= 100%

2007: 11/12= 92%

Is the program's/department's plan of action for improving any identified problem or results likely to improve the job placement rate for graduates of the technical program(s)? If not, what is missing?

No specific problem is identified (the one student that has not achieved employment from 2007 did not start looking until four months months after graduation. She may have found employment, but her contact information is no longer valid and I do not have a way to contact her at this time)

IF the department or program offers one or more technical programs (Associate in

Applied Science or Certificates), has the program/department included an explanation of the job placement success during the past five years?
Is the analysis of any increase or decrease that is more than a one-year anomaly accurate?

Acceptable

Is the program's/department's plan of action for improving any identified problem or results likely to improve the job placement rate for graduates of the technical program(s)?

Acceptable

No problems were identified

Curricula

Does the program/department have affiliation(s)/agreement(s)/contract(s) with any other entity for the purpose of delivering instructional content?

yes

Review the affiliation(s)/agreement(s)/contract(s), consider Amarillo College's mission, and then make a recommendation to:

Provide an analysis of the review.

Contracts are reviewed and renewed on a regular basis. Two of the four clinical facilities have had contracts updated in the last six months.

One somewhat disturbing recent trend is that hospitals are more inclined to not accept our contract template and to provide their own contract. This results in increased scrutiny and negotiation in order to obtain a contract that is acceptable to the hospital, college, and program accrediting agency. The program director recently attended a national conference wherein this trend was brought up amongst many other program directors in the health-care fields.

If the program/department has affiliation(s)/agreement(s) with any other entity for the purpose of delivering instructional content, do these affiliations/agreements make it clear that Amarillo College maintains the responsibility for controlling all aspects of the educational program? Has the College ensured the quality of the program with these affiliations/agreements? If so, how? What is the schedule for reviewing the quality of these programs? Has the College ensured that programs remain with Amarillo College's mission?

Acceptable

Concern

Program Director is stating valid concerns here and is taking necessary steps to address his concerns.

How many curricula changes were approved by the Academic Affairs Committee during the past five years?
1

Which steps in the curricula change process had faculty involvement prior to submitting the curricula proposal(s) to the Academic Affairs Committee?

Program has only one full-time faculty member. Therefore all steps in the curricular change process required faculty involvement prior to submitting the curricula proposal to the Academic Affairs Committee.

Was the departmental faculty involvement documented and broad in representation? If not, what steps within curricula change process should have had more proof of greater departmental faculty involvement? Is the primary responsibility for curricula changes under the control of faculty? Does the program have a qualified faculty member in charge of the program's

coordination and curriculum development?

Acceptable

The program's only full time faculty member was involved in the change in curriculum.

Is any program within the department a technical program (e.g. AAS or certificate)?
yes

When was the last Advisory Committee meeting?

Nov. 29, 2006.

The next meeting is planned for the spring semester (a meeting was scheduled for fall 2007, but had to be canceled due to conflicts amongst too many key committee members)

Provide a link to the minutes of the last Advisory Committee(s) minutes in the Electronic Archives.

iea/userfiles/File/RADT/Advisory_RADT_11.29.06.htm

Provide a link to the appropriate committee membership of the Advisory Committee(s) in the Electronic Archives.

http://www.actx.edu/archives/files/uplink/Allied_Health_Advisory_Committees_Membership_2007_2008.pdf

If the department offers an AAS and/or certificate, do the minutes of the Advisory Committee prove that the curricula for each program is appropriate to the degree and/or certificate? Has the Advisory Committee been consulted in designing each degree and certificate? Has the Advisory Committee met at least once a year and been provided ample opportunity to guide the faculty in curricula changes?

Unacceptable

Concern

The advisory committee did not meet for at least 1.5 years (this reviewer doesn't know if the committee met in the Spring of 2008)....advisory committee needs to meet on a more consistent basis.

Is the membership of the Advisory Committee broad enough to provide the scope of advice necessary for input on curricula? If not, what changes are recommended to the program/department?

Acceptable

Enrollment Data

After receiving the data indicating the number of students enrolled in the program/department, by total students, number of full-time equivalents,

and number of completers, determine if there is more than a one-year anomaly.
If so, provide the faculty and staff analysis of their assessment of the problem.

Data provided by the College contains serious flaws. The data states that enrollment in each of the last five years was between 161 and 232 students per year. Enrollment is typically capped at 10 new students per year. Actual enrollments for the past five years are as follows:

(2002-)2003: 22

2004: 20

2005: 20

2006: 22

2007: 22

Enrollment is limited by accreditation standards with respect to equipment availability. Since the machines cost in excess of $2 million per machine, the hospitals do not obtain more equipment than they need. For brief periods, there are times when a clinic might have an old machine and a new machine running at the same time. During these times, the program has been able to increase enrollment until such time that

the old machine is removed from clinical duty.

Does the analysis by the faculty and staff of this data address any obvious problems/declining statistics?

Acceptable

Concern

College data and program data need to be consistent. Because of accrditation standard program caps, I would think that the data listed here is correct and the college data is flawed.

Create an action plan for needed improvement and commendation for any dramatic improvement.

While clinical equipment availability is limited in the Panhandle area, and students travel to Lubbock and Clovis in order to obtain extra clinical time, accreditation standards state that in order to make a significant increase in clinical sites (plus, student enrollment) additional full-time faculty is required. The program has been actively pursuing transition towards offering the entire curriculum online. This would open up opportunities for enrollment to increase via distance learning through distant clinical sites that are under the direct guidance of the program.

The program hopes to be able to provide the

curriculum online no later than fall 2010.

Does the action plan or commendation address the problem addressed within the analysis? Does it appear that implementation of the action plan will resolve the problem and correct the decline?

Acceptable

Concern

Problem is that program needs online access to clinicals for students. The description about how the progam wil provide that by deadline (Fall 2010) is vague -- stating only that the program has been "actively pursuing transition."

Does the External Review Committee have any other analysis or recommendations for increasing enrollments based on the program/department's data?

Acceptable

Recommendation

The program coordinator acknowledges the need for more online instruction but never details steps toward making that a reality. I think he needs to create an action plan with the help of AC's E Learning Center.

For programs/departments with majors, review the graphs of program majors and the number of new majors by year.

Provide an analysis of the program's/department's faculty and staff assessment of the problem and an action plan for needed improvement and commendation for any dramatic improvement.

The headcount data is flawed with respect to actual numbers of students enrolled as a "major". The numbers appear to include all students that have listed RADT as their major, including all applicants to the program. However, as has been previously stated, the program can typically only accept 10 new students each year, for a total of 20 in the headcount. The program accepts a full complement of 10 new students each academic year.

Below are the stats provided by the college

PivotTable1			
DT_DEPT ▼	TermType ▼	AcaYrs ▼	PROGRAM ▼
RADT	Fall	All	RADT.AAS.RT

Drop Column Fields Here

AcaYr ▼	Sum of Headcount
2003	52
2004	58
2005	63
2006	66
2007	64
Grand Total	303

Does the analysis by the faculty and staff of this data address any obvious problems/declining statistics regarding students enrolled as majors within the program/department? Does the action plan or commendation address the problem addressed within the analysis? Does it appear that implementation of the action plan will resolve the problem and correct the decline? Does the External Review Committee have any other analysis or recommendations for increasing the number of students majoring in this program/department based on this program's/department's data?

Acceptable

<u>Resources</u>

Review the five-year graph(s) of the student-to-faculty ratio in the program/department. Explain any increase or decrease that is more than a one-year anomaly.

As the program is typically capped at 10 new students each academic year, student/faculty ratios are typically about 10:1, depending on attrition. See table below.

PivotTable1

DT_DEPT ▾	TermType ▾	AcaYrs ▾
RADT	All	All

Drop Column Fields Here

AcaYr ▾	StudentsPerFacultyMember
2003	8.923076923
2004	8.1
2005	9.7
2006	10.25
2007	10.0625
Grand Total	9.316326531

DT_DEPT ▼	TermType ▼	AcaYrs ▼
RADT	All	All

Allied Health - Average Students per Faculty Member per Section
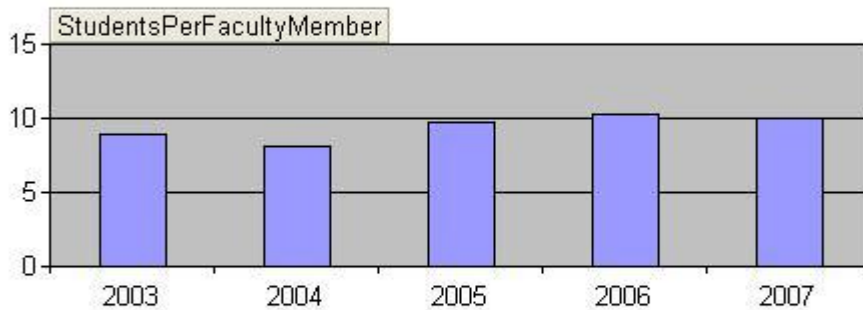
StudentsPerFacultyMember

	2003	2004	2005	2006	2007

Does the analysis by the faculty and staff of this data address any obvious problems/declining statistics regarding student-to-faculty ratio within this program/department?

Acceptable

Provide an action plan for improvement of any identified problem.

No identifiable problem is noted.

Does the action plan or commendation address the problem addressed within the analysis? Does it appear that implementation of the action plan will

resolve the problem and correct the decline? Does the External Review Committee have any other analysis or recommendations regarding student-to-faculty ratio within this program/department?

Acceptable

In the database for [Roster of Instructional Staff](#) (also known as Roster of Faculty), review the credentials of each full-time and part-time faculty member within the program/department. If any faculty member does not meet the SACS and THECB requirements, evaluate whether additional documentation is significant to grant an exemption.

All faculty (the one full-time and one part-time) meet the SACS and THECB requirements.

Identify any faculty teaching a transfer course which, according to the information within the database for [Roster of Instructional Staff](#) (also known as Roster of Faculty) do not meet the requirements of faculty teaching a transfer course and explain the credential problem. Identify any faculty teaching a technical course which, according to the information within the

database for **Roster of Instructional Staff** (also known as Roster of Faculty) do not meet the requirements of faculty teaching a technical course and explain the credential problem based on SACS requirements and/or THECB requirements. Identify any faculty teaching a developmental course which, according to the information within the database for **Roster of Instructional Staff** (also known as Roster of Faculty) do not meet the requirements of faculty teaching a developmental course and explain the credential problem.

Acceptable

List the names and the last date for all full-time faculty evaluations based on the schedule indicated in the Faculty Performance Review (FPRP).

Tony Tackitt, M.Ed., RT(T)-Program Director

Last evaluation: Spring semester 2007.

If any full-time faculty member (or Board-appointed faculty member) has not been completed the Faculty Performance Review (FPRP) within the past two years and is listed in the aforementioned Roster of Instructional Staff (also known as Roster of

Faculty), identify the faculty member's name and the date of the last FPRP.

Acceptable

List the names of each part-time faculty and the last date of evaluation by students and supervisor for each course taught.

C. Dale Barker, Lab Instructor

Last student evaluation: Fall 2007

Last supervisor evaluation: N/A. Faculty has been teaching for less than a year. Scheduled for evaluation Spring semester 2008

If any part-time faculty member has not been evaluated by both students and supervisor for each course taught within the past year and is listed in the aforementioned Roster of Instructional Staff (also known as Roster of Faculty), identify the faculty member's name and state the specific problem.

Acceptable

Amarillo College's Board Policy Manual defines each faculty member's academic freedom as "full freedom in the classroom in discussing the subject being taught and to pursue research and

publications. However, a faculty member must not attempt to force on students a personal viewpoint and must at all times allow for diversity of opinion." Has anyone in the program/department filed a grievance for violation of the aforementioned academic freedom?
no

If anyone within the department has filed a grievance for violation of academic freedom based on the definition stated in Amarillo College's Board Policy Manual, briefly describe the violation (excluding personal identifiers) and the total number of violations.

Acceptable

Which of the following library collections/resources/services have been used by faculty, staff and/or students within the past five years? (Select all that apply.)
Circulating collection Classroom instuction Electronic journals Interlibrary loan Meeting services Personalized instuction Reference collection Tutorials/guides

Does it appear that the library collections/resources/services used by the faculty, staff, and/or students within the

past five years are accurate and thorough?

Acceptable

Which two or three collection/resources/services should be improved to support Amarillo College's mission regarding teaching and service?

None.

Has the program/department identified which two or three collections/resources/services should be improved to support Amarillo College's mission regarding teaching and service?

Acceptable

Does your program/department have discipline accreditation?
yes
How has the library participated in this discipline's accreditation?

The library has assisted in acquiring student resources (texts, etc.) required by accreditation. Library personnel has assisted the program director in acquiring an understanding accreditation documentation.

Does the program/department have a discipline accreditation? IF SO, has the

library participated in completing the approver's evaluation?

Acceptable

After assessing the strengths and weaknesses of the program's/department's access to technology, what improvements would ensure that students have access and training in the use of technology?

A much more widely ranging support system (technological/fiscal and staffing) for online course technologies (on behalf of students and faculty) is needed.

Does the program's/department's assessment of strengths and weaknesses include ways to improve both students' access to & training in the use of technology?

Acceptable

Concern

The department acknowledges its weakness in creating and staffing online class offerings here. The department needs to reach out to other college departments (IT and E Learning) that are dedicated to providing that help.

What improvements would ensure that students use technology?

Technological and personnel support for students-- especially for online course work.

Does the program's /department's answer include improvements that would ensure that students use technology? Are the recommendation(s) of this program/department feasible?

Unacceptable

Concern

We need more specifics here: What personnel? What help is needed?

Review program/department operations. Does any operation present the possibility for violations of security, confidentiality, or integrity of student records?

no

What changes need to be made to prevent violations of this nature?

After a review of this program's /department's operations based on this Self-Study and any other information available to this Committee, does any operation present the possibility for violations of security, confidentiality, or integrity of student records? If so, describe those operations and identify the violation possibility in detail.

Acceptable

What changes need to be made to prevent violations of this nature?

Acceptable

Which support services need to be strengthened to better serve students in this program/department?

Counseling services should provide not only academic counseling, but also personal counseling as many of our students are experiencing personal difficulties that can have dramatic repercussions with respect to their academic performances. Currently, as I have been told, is a student needs personal counseling, they are referred to an outside agency (resulting in additional costs to the already budget-strapped students)

Explain what aspects of the services need to be strengthened.

See above.

Do the Self-Study recommendations of this program/department for support services that need to be improved appear to be valid?

Unacceptable

AC counseling and advising offices is equipped to provide academic counseling only. The personnel in that office are not trained to provide "personal" counseling and can only recommend that students see a qualified therapist without putting the college at risk.

Describe any indicators or problems that prevent a healthy, safe and secure environment for the students, faculty and staff of this program/department.

See above concerns with respect to students personal needs.

More accessible information with respect to students rights and responsibilities surrounding healthcare concerns (accident insurance, medical insurance, etc) would be helpful.

Contracting with a health care clinic to provide basic minor medical needs, as was the case when I went to university, would also be very helpful.

Are recommendations to assure a healthy, safe and secure environment for staff and students of this program/department valid? Are any of these recommendation(s) more

significant and/or urgent?

Unacceptable

Concern

The college now has an online catalog that is extremely user friendly and provides up-to-date information for students about their rights and responsibilities as well as course of study information. AC does not have the funding to provide a full service health care clinic.

Describe any indicators or problems that hamper adequate physical facilities, both on and off campus, to meet the needs of the program/department.

Truncated, limited, phone lines leading into West Campus at times limit phone availability and diminish the audio quality of phone conversations with students.

Heating/air conditioning systems for classrooms and offices are frequently not conducive to a healthy learning environment (especially cold classrooms), though this has been less of a problem this academic year.

Do any of the problems or concerns regarding adequate physical facilities appear to be significant and/or urgent? Are there any other needs which this Self-Study didn't cite but are critical based on other

information? Which of these needs are most significant and/or urgent?

Acceptable

Perhaps the passage of the $68 million bond election will help with HVAC and other facility problems listed here.

Budget

Which program/department outcomes have resulted in budget requests to date?

The only capital budget request by the program in the last 10 years has been a request to upgrade office computer hardware, which was 10 years old, to enable faculty to run online coursework and supplementary software.

Have any of this program's/department's outcomes resulted in budget requests to date? If not, why not?

Acceptable

Only one computer upgrade in ten years? This department needs help from technical support services on campus.

Project the program's/department's strategic initiatives for the next five years based on the program's/department's outcomes.

The program will continue to move in a direction of upgrading computer hardware and software as needed and appropriate, with an eye towards making the entire curriculum available online within the next few years.

The program will also begin to pursue additional full-time faculty/facilities (office, etc.), as required by accreditation standards, once a program becomes available online and is able to enroll more students.

Has this program/department been able to project strategic initiatives for the next five years based on the program's/department's outcomes? If not, what appears to be blocking this program/department from accomplishing this?

Unacceptable

Concern

I would like to see more concrete plans -- including details and timeline about how to create and maintain a comprehensive online curriculum. This program needs help from other college departments to make that happen.

Publications

If the program/department publishes any advertising or recruitment documents (electronic or paper), do the documents accurately

represent Amarillo College and the program/department?

yes

If no, explain what is inaccurate.

IF the program/department has published any advertising or recruitment documents (electronic or paper), check at least one copy of each document and determine whether it accurately represents Amarillo College and the office/department?

Acceptable

IF anything appears to be inaccurate, identify the apparent violation.

Acceptable

Does the program/department publish any documents (electronic or paper) with references to SACS accreditation?

no

Are the references in compliance with SACS approved statement?

Which reference is not in compliance? Describe how you will assure compliance for all references in the future.

IF the program/department has published any document(s) with a reference to SACS accreditation, are all references consistent

with the approved statement? (Approved reference: Amarillo College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Amarillo College.) IF any references are inconsistent, identify all documents with the inconsistent reference(s).

Acceptable

IF the Self-Study did identify the inconsistencies, does the plan for assuring future compliance appear to correct the problem? IF the Self-Study did NOT identify all inconsistencies, what plan does this Committee recommend?

Acceptable

Other

State any additional comments/concerns which may impact this program/department during the next five years.

As has been stated in various parts of this

document, the program is moving towards making the entire curriculum available online in the coming years.

As has been discussed and described in the program Advisory Committee in recent years, the national and state job markets for radiation therapy have been tightening dramatically in recent years. This tightening job market is due to the influx of two relatively new "distance education" radiation therapy programs that have begun to flood the market with graduates. Indeed, in 2007, 20% of all the graduates across the entire United States were from these two online programs.

These two online programs are NOT programmatically accredited. The Amarillo College radiation therapy program believes that, in order to compete and maintain a viable radiation therapy program that meets the local and state needs in an effective manner, it must provide a high-quality alternative to the non-accredited distance education programs currently available. (note: these two distance programs are currently using their regional accreditation, such as through SACS, in lieu of programmatic accreditation-- which is currently acceptable to the national certification/licensing agency)

The Amarillo College program will maintain its programmatic accreditation, which would make the program the first and only programmatically accredited radiation therapy distance education program in the nation. This will give the program a distinct competitive edge with respect to attracting students, as well as assuring through the rigorous accreditation process the much-needed high quality, well-trained, and well educated graduates.

In order to continue to comply with accreditation standards, with the increased numbers of students and clinical sites, the program will be required to hire an additional baccalaureate educated faculty. Recruitment of qualified faculty may present a challenge, as there is not a university radiation therapy program within a 400 mile radius. Recruitment of qualified faculty may involve a modestly extensive search process.

IF additional comments/concerns were included in the Self-Study regarding items which may impact this program/department during the next five years, what recommendations and/or concerns are warranted? IF NO such items were included in the Self-Study but this Committee feels such comments or concerns are valid, cite them and include any relevant recommendations.

Acceptable

Recommendation

This program needs to enlist the services provided by the college to create and maintain the necessary tools for online course offerings and an online degree plan. The program coordinator should perhaps begin with AC's E Learning Center. Faculty members and program directors cannot make these changes happen on their own and should not feel solely responsible.