Lawrence Memorial / Regis College
Radiography Program
2017 Assessment Plan
Program Outcomes Quality Assurance Report Summary

Goals, Student Learning Outcomes, and Action Plans:

Goal 1: Graduates will be clinically competent.

Outcomes:
Class of 2017 met benchmarks in all SLOs and tools for Goal 1 with one exception.
1. SLO2 tool 1A measures students' ability to apply proper positioning skills during their clinical internships. In the first clinical semester the class of 2017 measured 2.76 on a 1-4 point scale. The class was below the benchmark set at 3.0, but met the benchmark in the following semester and exceeded the benchmark for the last three semesters of their clinical internships.

Action Plan:
1. Maintain current lab strategies of positioning demonstration, peer positioning, and lab competencies.
2. Implement additional remedial/practice lab time for all students.

Goal 2: Graduates will be effective communicators (written and oral).

Outcomes:
Class of 2017 met all benchmarks in all SLOs and tools utilized for this goal.

Action Plan:
1. The faculty will continue to monitor and use the SLOs and tools for this goal.
2. The faculty will implement peer evaluations for case studies and provide sample papers for research work.

Goal 3: Graduates will use critical thinking and problem solving skills.

Outcomes:
Class of 2017 met all benchmarks in all SLOs and tools utilized for this goal. A new tool has been established by the Assessment Committee for SLO tool 1B. The tool is a class average of 80% or better for the critical thinking lab "Automatic Rescaling and Dose Creep in DR". This new lab will require students to apply critical thinking skills to eliminate dose creep.

Action Plan:
1. The program will implement practice trauma labs in an effort to increase the students' ability to critically think in the execution of their practice.
Goal 4: Students will demonstrate professionalism.

Outcomes:
Class of 2017 met all benchmarks in all SLOs and tools utilized for this goal. The faculty will continue to utilize all SLOs and tools for this goal and monitor for trending data.

Action Plan:
1. The faculty will maintain the following strategies:
   a. Lab procedure demonstration, peer positioning and lab competency evaluations.
   b. Continue to create a collaborative learning environment between clinical affiliates and the program.
   c. Practice ethical scenario simulations in MR140 to ensure students learn how to be honest and practice with integrity.

Lawrence Memorial/Regis College Radiography Program
Program Effectiveness Data 2016

The major program goals are:
- Annual Program Completion Rate of 80% of students will graduate within 150% of the length of the Program.
- Maintain a five year average of 75% of graduates passing the certification exam (American Registry of Radiologic Technologists exam in Radiography), on their first attempt within six months of graduation.
- Maintain a five year average of 75% of graduates securing a position in radiography within twelve months of graduation.

*Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.
- 80% of graduates report satisfaction with the Program.
- 80% of employers of graduates report satisfaction with the Program.

<table>
<thead>
<tr>
<th>Program Effectiveness Data 2016</th>
<th>Sample size</th>
<th>Time</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialing exam not less than 75% at first attempt within six months of graduation. Job Placement at twelve months for graduates actively seeking employment in Radiography. Annual Program Completion Rate of 80% within 150% of length of the program Graduate Survey 80% report satisfaction Employer Survey 80% report satisfaction</td>
<td>62 attempted/52 pass</td>
<td>5 year average</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td>44 responses/40 employed</td>
<td>2016</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>17 start/15 graduated</td>
<td>2016</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>8 responses/7 satisfied</td>
<td>2016</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>7 responses/7 satisfied</td>
<td>2016</td>
<td>100%</td>
</tr>
</tbody>
</table>
GOAL I: Students/Graduates will be clinically competent.

Responsibility: Course Instructor

Time Frame: Annually at the completion of the Radiographic Procedure Course Series

Student Learning Outcome (SLO) 1: Students will demonstrate knowledge and application of knowledge for all radiographic procedures.

Tool/Benchmark 1A: 80% or better class average on the comprehensive didactic final exam for all three Radiographic Procedure courses

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 101 (Fall Year 1)</th>
<th>MR 102 (Spring Year 1)</th>
<th>MR 201 (Fall Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>87.1%</td>
<td>87.8%</td>
<td>86.0%</td>
</tr>
<tr>
<td>2015</td>
<td>88.2%</td>
<td>88.8%</td>
<td>84.0%</td>
</tr>
<tr>
<td>2016</td>
<td>86.5%</td>
<td>84.4%</td>
<td>82.0%</td>
</tr>
<tr>
<td>2017</td>
<td>83.3%</td>
<td>87.6%</td>
<td>86.2%</td>
</tr>
</tbody>
</table>

Analysis:
The radiographic procedures courses are theory courses with a lab component. The students will simulate all mandatory and elective competencies as stipulated by the ARRT clinical competencies. Students will be tested on unit tests and a comprehensive final exam. As the curriculum advances, the procedures increase in the number covered and the difficulty; the previous years’ scores have demonstrated a decrease from the first to the last course. The class of 2017 established a new pattern; the MR101 score was the lowest score, an increase is score for MR102, and slight drop for the MR201 test score. The MR201 final exam is all-encompassing. These are all factors that have been approved by the LM/RC Joint Executive Committee, the Executive Advisory Committee and Administrative Committee of LM/RC. These are strengths identified within the program ensuring that the students are able to demonstrate knowledge and application of knowledge for all radiographic procedures.

The 80% benchmark has been reviewed by the Radiography Program Assessment Committee in August of 2017 and the faculty will continue to use this benchmark.

Action Plan:
The Radiography Faculty will continue to maintain the current strategies:
1. Lab radiographic procedural positioning demonstration, peer positioning practice and lab competency evaluations.
2. Frequent MR 101, 102 and 201 objective class quizzes and unit testing.

In an effort to maintain continual achievement of demonstration of knowledge for all radiographic procedures, the faculty has divided the lab groups into very small cohorts and utilizes two faculty members per lab session. This decrease in student-to-teacher ratio ensures that all students will have an increase in procedural performance time while simulating radiographic procedures. The Faculty will continue to monitor this tool and benchmark.
GOAL I: Students/Graduates will be clinically competent.

Responsibility: Course Instructor

Time Frame: Annually at the completion of the Radiographic Procedure Course Series

Student Learning Outcome (SLO) 1: Students will demonstrate knowledge and application of knowledge for all radiographic procedures.

Tool/Benchmark 1B: 80% or better class average on the Imaging/Positioning critique portfolio project for all three Radiographic Procedure courses.

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 101 (Fall Year 1)</th>
<th>MR 102 (Spring Year 1)</th>
<th>MR 201 (Fall Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>N/A</td>
<td>N/A</td>
<td>88.7%</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>92.1%</td>
<td>85.8%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>88.3%</td>
<td>91.2%</td>
<td>91.9%</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>84.8%</td>
<td>90.6%</td>
<td>86.8%</td>
</tr>
</tbody>
</table>

Analysis:
The radiographic procedures imaging/positioning portfolio requires all students to utilize critical thinking skills when viewing radiographic images and the related positioning parameters. Successful completion of this project is an indicator of clinical competence. This project allows the students to make decisions and demonstrate the correlation between the radiographic image and the required position of the patient/part. This skill is mandatory in order to be clinically competent. The program requires a registered technologist approve all images in the clinical area for patient safety. This portfolio allows the students to utilize the skills necessary to recognize potential errors and identify possible solutions for correction without jeopardizing patient safety.

The results show that students are meeting the benchmark of 80%. In 2016 and 2017 the scores demonstrate that the students increase in their demonstration of knowledge and application of knowledge as the curriculum progresses.

Action Plan:
The faculty will maintain the use of the Image Analysis Positioning Critique Portfolio. This portfolio ensures that students use critical thinking skills to apply knowledge of procedures in order to be clinically competent. The faculty will assign the portfolio in all three of the procedures courses and continue to monitor progress.
GOAL I: Students/Graduates will be clinically competent.

RESPONSIBILITY: ClinicalCoordinator

TIME FRAME:
Each Clinical Course —
MR 120 Radiologic Clinical Experience I
MR 121 Radiologic Clinical Experience II
MR 220 Radiologic Clinical Experience III
MR 221 Radiologic Clinical Experience IV
MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 2: Students will properly apply positioning skills during their clinical internships.

Tool/Benchmark 1A: Average score of 3.0 or better on a 1 to 4 point scale on Item #6 (Efficiently, safely and accurately positions patients for exams) of the overall clinical performance evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>3.35</td>
<td>3.56</td>
<td>3.67</td>
<td>3.87</td>
<td>3.73</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.50</td>
<td>3.42</td>
<td>3.00</td>
<td>3.64</td>
<td>3.73</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>3.00</td>
<td>3.07</td>
<td>3.00</td>
<td>3.40</td>
<td>3.93</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>2.76</td>
<td>3.00</td>
<td>3.29</td>
<td>3.31</td>
<td>3.77</td>
</tr>
</tbody>
</table>

Analysis:
The clinical performance evaluation is completed by the clinical instructor for each student during each clinical course. Item number six measures the student’s ability to efficiently, safely and accurately position patients for radiologic exams. This item represents a component of clinical competence. The scores have demonstrated an increase in competence as the student progresses through the program. The 1st semester the students’ scores were slightly below the benchmark. The 2nd semester scores met the benchmark but are lower than the 3rd, 4th and 5th semester scores.

Strengths of the program include excellent partnerships with clinical affiliates. Demonstration, practice and simulation of all ARRT-stipulated procedures are performed in lab with all radiography students.

ACTION:
The Radiography Faculty will maintain the following strategies:
1. Lab radiographic procedural positioning demonstration, peer positioning practice and lab competency evaluations.
2. Provide the clinical affiliate with clinical syllabi and procedural course progression to foster a collaborative learning environment between the faculty, clinical affiliate, and the student.

The Radiography Faculty will implement the follow strategy in order to increase the first semester score and meet the benchmark:
1. The faculty will offer remedial/additional lab time for all students.
GOAL I: Students/Graduates will be clinically competent.

RESPONSIBILITY: Clinical Coordinator

TIME FRAME: Each Clinical Course –
MR 120 Radiologic Clinical Experience I
MR 121 Radiologic Clinical Experience II
MR 220 Radiologic Clinical Experience III
MR 221 Radiologic Clinical Experience IV
MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 2: Students will properly apply positioning skills during their clinical internships.

Tool/Benchmark 1B: Average score of 3.0 or better on a 1 to 4 point scale on Item #8 (Uses, manipulates all equipment and accessories with care and efficiency pertaining to procedural protocols) of the overall clinical performance evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>3.47</td>
<td>3.75</td>
<td>3.87</td>
<td>3.93</td>
<td>3.87</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.83</td>
<td>3.17</td>
<td>3.36</td>
<td>3.73</td>
<td>3.82</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>3.18</td>
<td>3.40</td>
<td>3.60</td>
<td>3.67</td>
<td>3.93</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.24</td>
<td>3.14</td>
<td>3.61</td>
<td>3.69</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Analysis:
The clinical performance evaluation is completed by the clinical instructor for each student during each clinical course. Item number eight measures the student’s ability to use and manipulate all equipment and accessories with care and efficiency pertaining to procedural protocols. The scores have met the established benchmark demonstrating a component of clinical competence. The score generally increase from one semester to the next. Strengths of the program include excellent partnerships with clinical affiliates. Demonstration, practice, and simulation of all ARRT-stipulated procedures are completed in lab with all radiography students. Key card entry into the radiography lab is available for students to practice using radiography equipment; student safety is maintained by disabling the equipment’s ability to take exposures.

ACTION:
The Radiography Faculty will continue to maintain the current strategies:
1. Lab radiographic procedural positioning demonstration, peer positioning practice, and lab competency evaluations.
2. Continue to provide students access to the non-energized radiology lab and encourage equipment manipulation practice.

The Radiography Faculty will implement the following strategy:
1. The MR100 course will utilize additional equipment usage and procedural simulation in an effort to raise the MR120 scores.
GOAL I: Students/Graduates will be clinically competent.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Each Clinical Course –
    MR 120 Radiologic Clinical Experience I
    MR 121 Radiologic Clinical Experience II
    MR 220 Radiologic Clinical Experience III
    MR 221 Radiologic Clinical Experience IV
    MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 3: Students will practice safety in the clinical environment.

Tool/Benchmark 1A: Average score of 3.0 or better on a 1 to 4 point scale on Item #3 (Recognizes and attends to any/all patient’s safety and comfort needs) on the overall clinical performance assessment for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>4.00</td>
<td>3.50</td>
<td>3.60</td>
<td>4.00</td>
<td>3.87</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.93</td>
<td>3.58</td>
<td>3.55</td>
<td>3.82</td>
<td>3.82</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>3.24</td>
<td>3.80</td>
<td>3.60</td>
<td>3.67</td>
<td>3.87</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.29</td>
<td>3.29</td>
<td>3.50</td>
<td>3.85</td>
<td>3.77</td>
</tr>
</tbody>
</table>

Analysis:
The clinical performance evaluation is completed by the clinical instructor for each student during each clinical course. Item number three measures the student’s ability to recognize and attend to any/all patient’s safety and comfort needs. This item represents a component of clinical competence. This tool measures the ability of a student to practice safety in the clinical environment. The 2017 scores have demonstrated the student’s ability to practice safety in the clinical environment. Strengths of the program include excellent partnerships with our clinical affiliates. Demonstration, practice, and simulation of all ARRT-stipulated procedures are completed in lab with the radiography students. There is didactic coverage of medical emergencies and patient safety needs along with simulation in the lab.

ACTION:
The Radiography Faculty will continue to maintain the current strategies:
1. Didactic, lab demonstration, and peer practice of medical emergencies and patient safety needs.

The Radiography Faculty will implement the following strategy in an effort to raise the MR120 and MR121 scores:
1. Addition of the MR140 Patient Care in Radiography Course. The course curriculum has a safety in the health care environment concentration.
GOAL I: Students/Graduates will be clinically competent.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Each Clinical Course –
MR 120 Radiologic Clinical Experience I
MR 121 Radiologic Clinical Experience II
MR 220 Radiologic Clinical Experience III
MR 221 Radiologic Clinical Experience IV
MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 3: Students will practice safety in the clinical environment.

Tool/Benchmark 1B: Average score of 3.0 or better on a 1 to 4 point scale on Item #10 (Consistently and appropriately utilizes radiation safety/protection principals) on the overall clinical performance assessment for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>4.00</td>
<td>4.00</td>
<td>3.87</td>
<td>4.00</td>
<td>3.87</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.93</td>
<td>4.00</td>
<td>3.55</td>
<td>3.82</td>
<td>3.82</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>3.24</td>
<td>3.47</td>
<td>3.80</td>
<td>3.67</td>
<td>3.93</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.47</td>
<td>3.43</td>
<td>3.57</td>
<td>3.77</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Analysis:
The clinical performance evaluation is completed by the clinical instructor for each student during each clinical course. Item number ten measures the student’s ability to consistently and appropriately utilize radiation safety/protection principles. This item represents a component of clinical competence. This tool measures the ability of a student to practice safety in the clinical environment, which the 2017 scores have demonstrated. Strengths include a strong radiation safety community in the program and with all clinic affiliates. Radiation safety is embedded in all aspect of the radiography curriculum. The students demonstrate radiation safety knowledge and apply this knowledge through safe clinical practice.

ACTION:
The Radiography Faculty will continue to maintain the current strategies:
1. Lab demonstration, discussion, and simulation utilizing radiation safety/protection principles.
2. Continue to provide students early access to radiation safety principles in the Intro to Radiography MR100 course and lab.

The Radiography Faculty will implement the following strategies:
1. The sequence of course has been shifted to have MR231 Radiation Biology and Protection one semester earlier.
2. The MR111 and MR211 imaging courses will highlight the dose reduction ability of digital imaging systems.
GOAL I: Students/Graduates will be clinically competent.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Year Two Clinical Courses –
              MR 220 Radiologic Clinical Experience III
              MR 221 Radiologic Clinical Experience IV
              MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 4: Students will demonstrate ethical and compassionate care to their patients.

Tool/Benchmark 1A: Average score of 3.0 or better on a 1 to 4 point scale on Item #10 (Is compassionate and ethically minded in the execution of their practice) on the Affective Domain clinical evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>3.00</td>
<td>3.47</td>
<td>3.87</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.91</td>
<td>3.91</td>
<td>3.91</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>3.87</td>
<td>3.87</td>
<td>3.93</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.79</td>
<td>3.85</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Analysis:
MR120, MR121, MR220, MR221, and MR222, require all students to be evaluated by their clinical instructor. In order to evaluate each student equitably, a standard clinical performance evaluation is in place. Item number ten on this evaluation measures that each student is compassionate and ethically minded in the execution of their practice. The 2017 scores above represent steady and progressive growth and development throughout the semesters for each of the graduating classes. The Program’s strengths include affiliations with world-renowned teaching hospitals. Demonstration, practice, and simulation on all of the ARRT clinical competency exams are done in a controlled lab setting under an instructor’s guidance with all radiography students. All radiography students are required to successfully complete a course in Ethics as well as Patient Care.

ACTION:
The Radiography Faculty will continue to require our clinical instructors to complete performance evaluations on all students each semester as well as practicing strategies amongst peers in lab. Patient Care and Ethics will remain a requirement for successful completion of the program.

The Radiography Faculty will implement the following strategy:
1. Addition of the MR140 Patient Care course. This course has a focus on ethical care, compassionate care, and professional behavior in radiography.
GOAL II: Students/Graduates will be effective communicators.

RESPONSIBILITY: Course Instructor

TIME FRAME: MR 250 Radiographic Pathology

Student Learning Outcome (SLO) 5: Students will demonstrate effective oral communication skills.

Tool/Benchmark 1A: Class average of 80% or better on their MR 250 (Radiographic Pathophysiology) case study oral presentations.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 250 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>91.33</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>90.45</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>93.60</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>98.51</td>
</tr>
</tbody>
</table>

Analysis:
The students perform two oral case studies during the MR 250 Radiologic Pathophysiology course. In the radiologic curriculum this course is offered during the spring semester of year two. The students must use and apply knowledge to effectively communicate about the pathologic condition presented in their case study. They must define the disease process, identifying the etiology, pathogenesis, structural/physical manifestations, and the prevalence in society. The students are also graded on the vocabulary used during their explanation of the nature of the course of the disease. The students must identify the anatomy affected, the alterations caused by the disease process, the treatments options, and the possible outcomes. Additional critique is provided on the visual images used in the presentations. The data highlights that the class of 2017 has the ability to show effective oral communication skills. They are able to use gained knowledge and synthesize an effective oral presentation of a pathologic case study.

Action:
The benchmark has been met. The program believes effective oral communication is a mandatory skillset of the Radiologic Technologist. The MR 250 case study grade will remain one of the tools used by the faculty to measure the effective oral communication skills of the students. The students begin using oral communication skills in MR100. They practice communication scenarios in the health care environment.

The Faculty will implement the following strategy:
1. The students will peer evaluate a case study presentations.
GOAL II: Students/Graduates will be effective communicators.

RESPONSIBILITY: Course Instructor

TIME FRAME: MR 201 Radiographic Procedures III

Student Learning Outcome (SLO) 5: Students will demonstrate effective oral communication skills.

Tool/Benchmark 1B: Class average of 80% or better on their MR 201 (Radiographic Procedures III) oral presentations.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>100.00</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>91.80</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>93.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>81.25</td>
</tr>
</tbody>
</table>

Analysis:
MR201 requires that each student complete an oral presentation. This presentation is typically completed with information pertaining to the organs of the inner ear. The rubric set forth for successful completion contains the following items for grading: each student must orally exhibit knowledge of the topic covered, degree of information, as well as demonstrate proper physical characteristics that are to be expected during an oral presentation. During the oral presentation students must exhibit the following: eye contact, professional body language, poise, enthusiasm, elocution, and organization. This presentation strengthens the students’ ability to effectively communicate with patients and their family members, as well as other members of the medical staff. A drop in score was demonstrated for the Class of 2017. This decline is attributed to an increase in the assignment objectives. Although a decline is represented, the student’s average score met the benchmark set forth.

ACTION:
The Radiography Faculty will continue to maintain the current strategies:
1. The faculty will continue to require an oral presentation in MR 201 and monitor student achievement.
2. The faculty has strengthened the effective communication unit in MR100. This is in an effort ensure effective oral communication skills with the graduates of the program.
GOAL II: Students/Graduates will be effective communicators.

RESPONSIBILITY: Course Instructor

TIME FRAME: MR 131 Radiologic Physics

Student Learning Outcome (SLO) 6: Students will demonstrate effective written communication skills.

Tool/Benchmark 1A: Class average of 80% or better on their assigned MR 131 (Radiologic Physics) term paper.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 131 (Spring Year 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>89.81</td>
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<tr>
<td>Class of 2015</td>
<td>88.54</td>
</tr>
<tr>
<td>Class of 2016</td>
<td>83.25</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>87.60</td>
</tr>
</tbody>
</table>

Analysis:
The term paper permits the students to utilize effective written communication skills while writing about a topic relevant to their MR 131 Physics course. Effective communication is crucial in the healthcare environment. One of the strengths of the program is promoting the effective communication skillset. The students must convey the scientific information to the reader in a clear, understandable, and concise narrative. The student must follow the APA guidelines, and the paper must be organized and focus on the topic, with accurate supporting facts. Proper sentence structure, grammar, and spelling must also be present throughout the paper. The class of 2016 had an average of 83.25. A drop in the average was noted. This was due to students having difficulty following the APA format. The class of 2017 had an increase in average after the implementation of the APA format review.

ACTION:
The faculty values the importance of effective communication. Students must be able to communicate effectively. The faculty will continue to assign and use the physics term paper as a tool in measuring the student learning outcome of demonstrating effective written communication.

The Radiography Faculty will implement the following strategy:
1. The faculty will provide the students with sample papers demonstrating effective and non-effective communication skills. The tool will continue to utilized and monitored for trends.
GOAL II: Students/Graduates will be effective communicators.

RESPONSIBILITY: Course Instructor

TIME FRAME: MR 211 Radiologic Imaging II & Lab

Student Learning Outcome (SLO) 6: Students will demonstrate effective written communication skills.

Tool/Benchmark 1B: Class average of 80% or better on their assigned MR 211 (Radiologic Imaging III & Lab) digital imaging term paper.

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 211 (Fall Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>93.16</td>
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<tr>
<td>Class of 2015</td>
<td>88.55</td>
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<td>Class of 2016</td>
<td>90.50</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>92.33</td>
</tr>
</tbody>
</table>

Analysis:
The students research a topic related to imaging and write a term paper during the MR 211 Radiologic Imaging II course. In the radiologic curriculum, this course is offered in the fall semester of year two. With the use of research materials such as peer-reviewed articles from scientific publications and knowledge gained throughout the semester, students write a comprehensive paper detailing the various forms of radiographic image acquisition. Students must demonstrate a working knowledge of APA-style writing to formulate a paper that exhibits an engaging and thoughtful review of the topic assigned. Students are required to employ logical organizational structure and idea development throughout the paper. Emphasis on paragraph structure and grammatical accuracy helps students gain additional experience in effective written communication skills.

The 2017 scores demonstrate students have effective written communication skills.

ACTION:
The benchmark has been met. Effective written communication is a mandatory skillset of the Radiologic Technologist. The MR 211 term paper grade will remain one of the tools used by the faculty to measure the effective written communication skills of the students.
GOAL III: Students/Graduates will utilize critical thinking and problem solving skills.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Trauma Competency prior to graduation for each student

Student Learning Outcome (SLO) 7: Students will adapt positioning skills for non-routine exams.

Tool/Benchmark 1A: Class average of 2.4 on a 1 to 3 point scale on Item #12 (Positioning of the part) of the competency evaluation of trauma exams.

### Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>Item #12 (Trauma Competency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2014</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2015</td>
<td>3.00</td>
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<tr>
<td>Class of 2016</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>2.95</td>
</tr>
</tbody>
</table>

Analysis:

Adapting positioning skills for non-routine exams requires the use of critical thinking skills. Students must use the knowledge base they have learned in school and combine that with the evaluation criteria of the exam being performed. The student will apply critical thinking skills to facilitate the non-routine exam completed. Criteria are evaluated on the trauma competency evaluation. To qualify for a trauma competency the patient must have sustained a traumatic injury. The positioning skills required will be different than a routine exam of the same body part. One strength of the program is exhibited during simulation of radiographic procedures; students simulate many different scenarios. The students practice their critical thinking skills under the supervision of the instructor without jeopardizing patient care. When the students attempt a competency on the non-routine trauma exam, they are able to use their critical thinking skills to position the part accurately and safely. The benchmark for this item on the trauma competency form is a class average of 2.4 on a 1 to 3 point scale. Each student completes a trauma competency prior to graduation. The benchmark has been met with a score of 2.95 for the class of 2017.

ACTION:

The faculty will continue to have students practice medical emergencies in the lab, and during exam simulations continue to practice critical thinking skills while performing the non-routine exam. The faculty will monitor this tool and continue to implement the current simulations in the lab area.

The Radiography Faculty will implement the following strategy:

The faculty will add practice time in the lab simulating non-routine procedures. Course instructor will facilitate a critical thinking lab in which students come up with trauma scenarios in which they need to perform under instructor supervision in a lab setting.
GOAL III: Students/Graduates will utilize critical thinking and problem solving skills.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Trauma Competency prior to graduation for each student

Student Learning Outcome (SLO) 7: Students will adapt positioning skills for non-routine exams.

Tool/Benchmark 1B: Average score of 2.4 on a 1 to 3 point scale on Item #13 (The proper central ray-to-image receptor angulation was employed) of the competency evaluation of trauma exams.

<table>
<thead>
<tr>
<th>Class of</th>
<th>Item #13 (Trauma Competency)</th>
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<tbody>
<tr>
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<td>3.00</td>
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<td>Class of 2016</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Analysis:
Application of proper central ray-to-image receptor angulation for non-routine exams requires the use of critical thinking and problem-solving skills. Students must apply the basic knowledge they have learned in school and combine that with the overall assessment of the patient during the exam being performed. The student must apply critical thinking and problem-solving skills in order to successfully complete a trauma competency exam. The criterion is set forth on the trauma competency evaluation competency form. In order to be considered for a trauma competency, the patient must have endured a traumatic injury. The central-ray-to-image receptor angulation may need to be manipulated based on MR 101, MR 102, and MR 201 theory courses. Students are to demonstrate simulation of non-routine radiographic procedures covered in each course. All students must demonstrate proper manipulation of central-ray-to-image receptor angulation for different types of trauma scenarios. The students practice their critical thinking and problem-solving skills amongst one another, in a controlled setting, in order to ensure the safety of the patient. The class of 2017 score is 3.00 and meets the 2.4 benchmark.

ACTION:
The faculty will continue to teach and practice medical emergencies in the lab, during all three of the procedural courses. The Radiography Faculty will continue to use this tool. The faculty will also require all students to attend trauma lab sessions. Students must critically think and apply their knowledge on routine exams pertaining to on central ray-to-image receptor angulation and how they apply to trauma exams.
Assessment Plan Organization

GOAL III: Students/Graduates will utilize critical thinking and problem-solving skills.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Trauma Competency prior to graduation for each student

Student Learning Outcome (SLO) 8: Students will manipulate technical factors for non-routine exams.

Tool/Benchmark 1A: Average score of 2.4 on a 1 to 3 point scale on Item #14 (The proper control panel settings were employed) of the competency evaluation of trauma exams.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>Item #14 (Trauma Competency)</th>
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</thead>
<tbody>
<tr>
<td>Class of 2014</td>
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<tr>
<td>Class of 2015</td>
<td>3.00</td>
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<tr>
<td>Class of 2016</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Analysis:

Employing the use of proper control panel settings during trauma cases requires the utilization of critical thinking and problem-solving skills. Students must combine the base of knowledge they have gained in school along with their assessment of the exam being performed. The student will apply critical thinking and problem-solving skills in order to employ and deliver quality radiographs, all while maintaining patient safety. Pertaining to trauma exams, proper control panel setting may differ from that of a routine exam. The programmatic strengths are the students are taught, first in a classroom setting during MR 101, MR 102, and MR 201, and then in a controlled lab environment, how to properly select control panel settings. The students are then ready to apply their knowledge in a simulated and controlled environment. Each student is to set the control panel for the exam in which they simulate. This is done by evaluating the simulated exam and modifying the panel, as needed, from a routine exam to a non-routine exam. This requires the student to utilize critical thinking and problem-solving skills while not jeopardizing the safety of the patient. The benchmark for this item on the trauma competency form is a class average of 2.4 on a 1 to 3 point scale. Each student completes a trauma competency prior to graduation. The benchmark has been met with a score of 3.0 by the class of

ACTION:

The faculty will continue to teach and practice medical emergencies in the lab, during all three of the procedure courses. During exam simulations, instructors and students will practice selecting proper control panel settings for the non-routine exam. The faculty will monitor this tool and continue to implement the required simulations in the lab area. During critical thinking labs for non-routine exams, instructors will continue to monitor students as they practice selecting proper control panel settings.
GOAL III: Students/Graduates will utilize critical thinking and problem-solving skills.

RESPONSIBILITY: Program Faculty

TIME FRAME: MR 211 Radiologic Imaging II & Lab

Student Learning Outcome (SLO) 8: Students will manipulate technical factors for non-routine exams.

Tool/Benchmark 1B: Class average of 80% or better for the critical-thinking lab “Automatic Rescaling and Dose Creep in DR”.

Results:

<table>
<thead>
<tr>
<th>Class of 2017 (Fall Year 2)</th>
<th>MR 211</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of 2017</td>
<td>90.77</td>
</tr>
</tbody>
</table>

Analysis:
The Assessment Committee established a new SLO8 Tool 1B for the 2017 assessment plan. The committee established the benchmark of class average of 80% for this tool. The students perform a lab activity in which they manipulate technical factors to show the effects of automatic rescaling and potential dose creep in digital radiography. This lab assignment is completed during the MR 211 Radiologic Imaging II course. In the radiologic curriculum, this course is offered in the fall semester of year two. Students manually manipulate technical factors by steadily increasing the mAs, and take a series of exposures of a phantom. The exposure indicator and dose for each exposure is recorded. The lab focuses on how automatic rescaling will adjust the contrast and brightness of an image, and how this could potentially lead to increased patient dose if technical factors are not manipulated correctly. A focus on non-routine exams, where AEC cannot be utilized, is discussed as a potential scenario for dose creep. Students are required to complete a lab report that provides a thorough analysis of the results. This lab assignment provides students with experience adjusting technical factors to maintain radiographic exposure and appropriate patient dose, which may then be applied in a clinical setting. The class of 2017 met the benchmark with a score of 90.77.

ACTION:
The faculty will continue the following strategies:

1. Critical thinking and effective manipulation of technical factors to maintain radiographic exposure and appropriate patient dose are mandatory skillsets of the Radiologic Technologist.
2. The MR 211 critical-thinking lab will remain one of the tools used by the faculty to measure students’ ability to perform effective manipulation of technical factors.
3. The faculty will continue to monitor this tool and evaluate for trends.
Lawrence Memorial/Regis College  
Radiography Program  
2017 Assessment Plan

GOAL III: Students/Graduates will utilize critical thinking and problem solving skills.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Sampling of three (3) exit competencies from terminal clinical course MR 222 for each student

**Student Learning Outcome (SLO) 9:** Students will critique images to determine diagnostic quality.

**Tool/Benchmark 1A:** Average score of a 2.4 or better on a 1 to 3 point scale on item #24 (The student correctly assesses the accuracy of representation of pertinent body structures) on exit competencies.

**Results:**

<table>
<thead>
<tr>
<th>Class of</th>
<th>Item #24</th>
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<tbody>
<tr>
<td>(MR 222 Spring Year 2)</td>
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<tr>
<td>Class of 2015</td>
<td>3.00</td>
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<tr>
<td>Class of 2016</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.00</td>
</tr>
</tbody>
</table>

**Analysis:**
Each student is required to complete 10 exit competencies during their terminal radiography clinical course of MR 222. Item number 24 on the exit competency form measures students' ability to correctly assess the accuracy of representation of pertinent body structures. During the didactic courses of MR 100, MR 101, MR 102, and MR 201, students are given homework assignments following lectures on pertinent body structures. Students are then quizzed and tested on these structures. Image analysis review is also completed post-lecture. These structures are also reviewed in lab during simulation of elective and mandatory procedures. Students are required to complete image analysis portfolios each semester, helping to measure their ability to accurately assess pertinent body structures. Consistent scoring of 3.0 has been demonstrated through the class of 2017.

**ACTION:**
The faculty will continue the following strategies;
1. Include comprehension of body structures in the classroom setting.
2. Application of student knowledge in a clinical setting while assessing students' completion of exit competencies.
GOAL III: Students/Graduates will utilize critical thinking and problem solving skills.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: Sampling of three (3) exit competencies from terminal clinical course MR 222 for each student

Student Learning Outcome (SLO) 9: Students will critique images to determine diagnostic quality.

Tool/Benchmark 1B: Average score of a 2.4 or better on a 1 to 3 point scale on item #23 (The student correctly assesses the completeness of representation of pertinent body structures) on exit competencies.

Results:

<table>
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<tr>
<th>Class of</th>
<th>Item #23 (MR 222 Spring Year 2)</th>
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<tbody>
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<tr>
<td>Class of 2015</td>
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<tr>
<td>Class of 2016</td>
<td>3.00</td>
</tr>
<tr>
<td>Class of 2017</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Analysis:
Each student is required to complete ten exit competencies during their terminal radiography clinical course of MR222. Item number 23 on the exit competency form measures students’ ability to correctly assess the completeness of representation of pertinent body structures. During the didactic courses of MR 100, MR 101, MR 102, and MR 201, students are given homework assignments following lecture, and are then quizzed and tested on pertinent structures. These structures are also reviewed in lab during simulation of elective and mandatory procedures. Students are required to complete image analysis portfolios each semester, which help to measure the students’ accurate assessment of body structures. The score of 3.0 has been maintained by the class of 2017.

ACTION:
The faculty will continue the following strategies:
1. Students will continue to be required to submit imagine analysis assignments each semester.
2. Students will successfully pass their required exit competencies during MR222.
GOAL IV: Students will demonstrate professionalism.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: All Clinical Courses –
- MR 120 Radiologic Clinical Experience I
- MR 121 Radiologic Clinical Experience II
- MR 220 Radiologic Clinical Experience III
- MR 221 Radiologic Clinical Experience IV
- MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 10: Students will demonstrate honesty and integrity in their clinical performance.

Tool/Benchmark 1A: Average score of 3.0 or better on a 1 to 4 point scale on Item #15 (Exhibits honesty and integrity in all aspects of his/her performance) of the affective domain evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th></th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of</td>
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<tr>
<td>of 2014</td>
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<td>of 2016</td>
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<td>of 2017</td>
<td>3.41</td>
<td>3.43</td>
<td>3.71</td>
<td>3.69</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Analysis:
The affective domain evaluation, item number fifteen measures how our students must exhibit honesty and integrity in all aspect of his/her performance. The data collected above shows not only a steady result, but also fluctuating scores with growth in the last semester. Each student must exhibit and practice with honesty and integrity during our simulated lab sessions. The class of 2017 has demonstrated a gradual change throughout their two years; however, the final semester shows the highest score of a 3.85 which represents a benchmark that has been met for all clinical courses.

ACTION:
The Radiography Faculty will continue to maintain the current strategies:
1. Lab radiographic procedural positioning demonstration, peer positioning practice, and lab competency evaluations.
2. Provide the clinical affiliate with clinical syllabi and procedural course progression, fostering a clear understanding of expectations and requirements between the faculty, clinical affiliate, and the student.
3. In the MR140 Patient Care in Radiography course, professional behaviors are covered and ethical scenarios simulated. These ensure students learn how to be honest and practice with integrity.
GOAL IV: Students will demonstrate professionalism.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: All Clinical Courses –
MR 120 Radiologic Clinical Experience I
MR 121 Radiologic Clinical Experience II
MR 220 Radiologic Clinical Experience III
MR 221 Radiologic Clinical Experience IV
MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 11: Students will demonstrate continual and appropriate performance improvement.

Tool/Benchmark 1A: Average score of 3.0 or better on a 1 to 4 point scale on Item #14 (Continually strives to improve his/her performance) of the affective domain evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
<th>MR 221 (Fall Year 2)</th>
<th>MR 222 (Spring Year 2)</th>
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<tbody>
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<td>Class of 2014</td>
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<td>3.45</td>
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<tr>
<td>Class of 2016</td>
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<td>Class of 2017</td>
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<td>3.50</td>
<td>3.69</td>
<td>3.69</td>
<td>3.77</td>
</tr>
</tbody>
</table>

Analysis:

For each clinical course, all students receive an affective domain evaluation. Item number fourteen measures how each student should strive to improve his/her performance. The results of this specific evaluation item reveal that the students are in fact demonstrating continual and appropriate performance improvement. One strength of the program is that each student is evaluated by experienced clinical professionals who use the evaluations set forth by the faculty. These evaluations measure the students’ performance at the level of expectation. Over time and as the student advances, class, lab, and clinical internships provide opportunities for growth and improvement. Also, student must demonstrate continued competency during their clinical rotations by completing initial and continued competency exams. The class of 2017 met the benchmark for each clinical course. The class also demonstrated an increase in score for each clinical course as the curriculum progressed.

ACTION:

The faculty will continue to have students practice and simulate with routine and non-routine exams in the lab. During exam simulations, students will continue to demonstrate performance improvement. After the first semester, the faculty will continue to require successful completion of continued competency for every remaining semester. The faculty will monitor this tool and continue to evaluate the students.
GOAL IV: Students will demonstrate professionalism.

RESPONSIBILITY: Program Director/Clinical Coordinator

TIME FRAME: All Clinical Courses –
MR 120 Radiologic Clinical Experience I
MR 121 Radiologic Clinical Experience II
MR 220 Radiologic Clinical Experience III
MR 221 Radiologic Clinical Experience IV
MR 222 Radiologic Clinical Experience V

Student Learning Outcome (SLO) 11: Students will demonstrate continual and appropriate performance improvement.

Tool/Benchmark 1B: Average score of 3.0 or better on a 1 to 4 point scale on Item #19 ( Appropriately responds to constructive criticism and/or performance correction) of the overall clinical performance evaluation for each clinical course.

Results:

<table>
<thead>
<tr>
<th>Class of</th>
<th>MR 120 (Fall Year 1)</th>
<th>MR 121 (Spring Year 1)</th>
<th>MR 220 (Sum Year 2)</th>
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<th>MR 222 (Spring Year 2)</th>
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<td>3.69</td>
<td>3.85</td>
<td>3.85</td>
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</tbody>
</table>

Analysis:
During all five of the clinical courses, each student is evaluated on his/her response to constructive criticism and/or performance correction as identified as number nineteen on the overall clinical performance. The data above shows improvement in the students' response to constructive criticism from the start of their clinical education to the time of graduation. One of the program’s strengths is the simulations practiced in lab; they provide students the opportunity to openly communicate and constructively criticize one another in order to improve their performance. It also allows the students to practice how to respond to the constructive criticism given by their peers and instructors. This benchmark has been met by the class of 2017. The data demonstrates no particular pattern; however represents graduates have met the benchmark score for each clinical course.

ACTION:
The faculty will continue the following strategy:
1. Students will also be evaluated by faculty, in the clinical setting, and coached on how to accept constructive criticism.