JOINT REVIEW COMMITTEE ON EDUCATION IN
JRC·DMS
DIAGNOSTIC MEDICAL SONOGRAPHY

Ensuring Quality Education For a *Sound* Future

Policies & Procedures

(Updated Through May 1, 2025)

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Section 100: General Principles and Policies

101 Policies and Procedures

The Board of Directors of the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) is responsible for adopting policies and procedures.

The policies and procedures remain consistent with those established by the Commission on Accreditation of Allied Health Education Programs, though additional policies specific to the JRC-DMS are included in this manual.

Both the JRC-DMS and CAAHEP policies and procedures are available to the public.

102 Geographic Scope

JRC-DMS provides reviews only for programs located within the United States.

103 Fair Business Practices

The JRC-DMS complies with principles of fair business practices.

104 Ethical Standards of Practice

JRC-DMS Board of Directors, staff and volunteers, adhere to ethical standards of practice in all JRC-DMS-related activities.

A. JRC-DMS has adopted policies related to conflicts of interest for its volunteers.

B. Conflict of Interest Policy for JRC-DMS Volunteers, Employees and Contractors

Conflict of interest refers to any situation in which a volunteer, employee or contractor of JRC-DMS stands to gain materially from his or her association with JRC-DMS.

A conflict of interest also exists when any member of the Board or other volunteer (or immediate family) is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the Board. Similarly, members of the Board are not to enter into employment relationships with persons or activities directly or indirectly detrimental to JRC-DMS.

The situations listed below constitute examples of potential conflicts of interest. These are intended to be illustrative and not necessarily inclusive of all possible scenarios. When a member of the Board or other volunteer has violated this conflict-of-interest policy, he or she will be subject to disciplinary action.

1. Acceptance of gifts, entertainment or other favors from an outside concern that does or is seeking to do business with JRC-DMS. (This does not include normal business luncheons.)

2. Having a financial interest in an outside concern from which JRC-DMS purchases goods or services.

3. Accepting personal compensation for Board-related speaking engagements, consulting services or other activities.

4. Representing JRC-DMS in any transaction in which the member of the Board (or immediate family) has a substantial interest.

5. Volunteers and contractors are prohibited from reviewing a program within their own state, within 50 miles of their employer, and if the site visitor and program contract same clinical affiliations.

If any voting member of the JRC-DMS Board of Directors has a conflict of interest in any matter brought before the body for a vote, that member shall declare such conflict before any discussion of the matter. Further, any other voting members may share their concern regarding a potential conflict of interest of other voting members prior to the beginning of any discussion of the matter in question.

When considering accreditation recommendations at face-to-face meetings of the Board, members of the Board of Directors shall absent themselves from the room for any discussion and/or vote on programs located within their own state or within 50 miles of their employer or was a member of the site visit team. When considering accreditation actions during conference call meetings of the Board, members shall refrain from participating in the discussion or vote on programs located within their own state or within 50 miles of their employer or have participated as a site visit team chair or team member for the discussed program(s). During in-person or virtual meetings, members shall recuse and be excused from the meeting for the period of the discussion.

Each member of the Board and other volunteers will annually sign a Conflict of Interest and Disclosure Statement. Members of the Board will also sign a Fiduciary Responsibility statement. In addition, volunteer site visitors and reviewers will sign an Agreement.

C. Compensation

1. Board members and other volunteers will be reimbursed for expenses incurred in the course of their activities on behalf of JRC-DMS.

2. At the discretion of the board, there may be individuals assisting in accreditation activities who may receive an honorarium.

D. Confidentiality

1. To maintain compliance with CAAHEP policies and procedures, the JRC-DMS will hold as confidential the following documents and the information contained therein:

    a. self-study document;
    b. site visit report;
    c. all progress and annual reports; and

d. all correspondence between CAAHEP, the CoAs and the programs which relates to the accreditation process (including the appeals process, if any). *(See CAAHEP Policy 106D)*

105 Institutional Autonomy

JRC-DMS conducts its business with respect for the sponsoring institution's autonomy, self-governance and self-management in accordance with *CAAHEP Policy 107*.

106 Requirements for Institutions Sponsoring Accredited Programs

For complete details, see CAAHEP Policy 115.

Section 200: Accreditation Policies and Procedures

Section 200: Accreditation Policies and Procedures

201 Authority for Accreditation

CAAHEP is the accrediting agency. CAAHEP delegates to its Board of Directors the final decision-making authority as well as the responsibility for assuring that accreditation recommendations from the JRC-DMS follow due process and comply with the accreditation Standards.

202 Procedure for Notification of Accreditation Actions

JRC-DMS is not the accrediting agency. Accreditation is granted by CAAHEP thus CAAHEP is responsible for all written communication with the sponsoring institution and its program(s) regarding their accreditation status. *For complete details, see CAAHEP Policy 202.*

203 Interval Between Comprehensive Program Evaluations

Initial accreditation granted by CAAHEP will last for a period of five years. Recommendation for continuing accreditation may be for five or 10 years.

A. 10-Year Accreditation

The JRC-DMS Board of Directors may make recommendation for continuing accreditation, not to exceed 10 years, to CAAHEP. A program that may be considered for eligibility must have:

1. **been awarded a minimum of two five-year accreditation awards consecutively;**

2. **stability of key program personnel;**

    a. key personnel include Program Director, Concentration Coordinator and/or Clinical Coordinator
    b. guideline - *three or less key personnel changes during the two most recent accreditation cycles*

3. **if applicable, JRC-DMS approved curricular changes decreasing clinical hours or program length have been implemented with at least one program effectiveness cycle;**

4. **consistency in achieving annual outcome benchmarks and averages for 3- and 7-year trends;**

5. **compliance with all JRC-DMS/CAAHEP Policies and Procedures throughout the 10-year review cycle;**

    a. Programs who were on inactive status during the past five years are not eligible to apply.
    b. Programs placed on administrative or CAAHEP probation are not eligible to apply for a 10-year review cycle.

6. **consistency in achieving all outcome benchmarks;**

7. **compliance with JRC-DMS/CAAHEP Policies and Procedures.**

Programs meeting the above qualifications may submit a request for consideration for a 10-year accreditation cycle with the self-study. A recommendation for 10-year accreditation is not guaranteed. Determination for length of a 5- or 10-year award is based on but not limited to, the above criteria, program organization throughout the comprehensive review, program resources, compliance to Appendix B, and the program's ability to address and implement action plans to address all areas of non-compliance to the Standards.

The JRC-DMS reserves the right to request DMS programs to complete and submit a self-study at any time during its accreditation cycle.

204 Statuses of Accreditation

For complete details, see CAAHEP Policy 204.

205 Concentrations and Add-on Tracks

The JRC-DMS reviews and makes accreditation recommendations for the following diagnostic medical sonography concentrations:

A. Abdominal sonography-extended

B. Adult cardiac sonography

C. Breast sonography

D. Musculoskeletal sonography

E. Obstetrics and gynecology sonography

F. Pediatric cardiac sonography

G. Vascular sonography

For complete details, see CAAHEP Policy 205.

206 Process for Determining Accreditation Recommendations

In order to ensure consistency in decision-making and quality in the educational programs, there are certain core elements that must be utilized by every CoA (JRC-DMS) in reviewing programs and formulating their recommendations to the CAAHEP Board.

For complete details, see CAAHEP Policy 206.

A. Core Elements of CAAHEP/JRC-DMS Process

1. Program Initiates Accreditation Process through CoA

a. Upon receipt of the Request for Accreditation Service (located on the CAAHEP website), via e-mail, JRC-DMS provides instructions for the program's next steps.

Note: If Continuing Accreditation, the JRC-DMS will notify the program in writing providing the self-study submission date.

2. **Submission of Self-Study Document**

3. **Review of Self-Study by JRC-DMS**

   Feedback to program is provided as needed and additional information may be requested.

4. **Site Visit** – The purpose of the site visit is to allow JRC-DMS site visitors to assess the DMS program's compliance with accreditation standards and its own stated goals and objectives. During the site visit, information provided in the self-study is verified, documentation is reviewed, interviews are conducted, and facilities are observed. Information obtained during the site visit is considered confidential.

   An on-site visit is required to be part of the evaluation process to determine compliance with Standards. A virtual site visit may be substituted for an on-site visit. Please refer to Policy 1007 for details. Site visitors represent both the JRC-DMS and CAAHEP. During the site visit, JRC-DMS site visitors shall have access to all relevant records, systems, and facilities associated with the DMS program.

   If applicable, access to the Clinical Management System (CMS) and the Learning Management System (LMS) must be granted to site visitors no later than two weeks before the visit.

   The JRC-DMS is committed to ensuring the privacy of site visitors and other volunteers. Accordingly, programs shall not request, collect, or maintain any Personally Identifiable Information (PII) or other non-public information. If a site visit team is denied access to records, systems, or facilities, the team chair should immediately notify the Executive Director or the designated staff member overseeing the review.

   a. A narrative report of findings from the site visit shall be provided to each program following a site visit. The Site Visit Report, in addition to stating the areas not meeting the Standards, shall also include a listing of the program strengths and deficiencies or areas of non-compliance. Programs shall be given an opportunity to respond to the report of findings.
   b. The program's response to the report of findings shall be taken into consideration when determining an accreditation action recommendation.

5. **JRC-DMS Review of Program's Compliance with Standards**

   a. Review the program's response to site visit findings letter including additional materials, if submitted.
   b. Request additional materials as appropriate.

6. **Accreditation Recommendation Determined by CoA**

   a. After careful review of all documents, the JRC-DMS Board of Directors collectively determines a recommendation for each program. The recommendation options are located in *CAAHEP Policy 204*. The JRC-DMS recommendation for each program will be forwarded to CAAHEP where the final accreditation decision is made.

7. **Notification of Accreditation Decision**

    a. The program will be notified by CAAHEP of the accreditation decision.
    b. Special Procedures for Adverse Recommendations

        - If JRC-DMS is making an adverse recommendation, the program is notified in writing. The letter must inform the program of its right to request reconsideration or voluntarily withdraw or is provided with a reasonable timeline for requesting reconsideration and responding to the accreditation recommendation and deficiencies, as well as for submitting additional materials if they so choose.
        - Reconsideration: If a program requests reconsideration, then the adverse recommendation is not forwarded to CAAHEP until the JRC-DMS has reviewed all additional materials (including evidence of corrected deficiencies) and it has been determined that the program is still not in substantial compliance with the Standards.
        - When the JRC-DMS recommends Probationary Accreditation or, withhold a member of the staff or Board of Directors must be on standby during the CAAHEP Board meeting in the event there are questions or clarification needed regarding the recommendation.

8. **Continuous Quality Review (Annual Reports)**

    a. The JRC-DMS monitors programs for effective compliance with published criteria through the use of annual reports.

207 Transfer of Sponsorship

For complete details, see CAAHEP Policy 207.
Accreditation cannot be transferred from one program to another. However, sponsorship of an accredited program may be transferred from one educational institution to another, and such transfer may or may not affect the accreditation status of the program.

208 Actions Not Requiring Board Approval

For complete details, see CAAHEP Policy 208.

209 Instructional Modalities

The following CAAHEP recognized instructional modalities pertain to didactic and laboratory instruction:

1. Full Onsite (In Person) Delivery
2. Full Distance Education Delivery
3. Blended (or Hybrid) Distance Education Delivery

For complete instructional modalities definitions, see CAAHEP Policy 209.

DMS clinical activities are considered supervised practice and separate from didactic and laboratory activities. Clinical activities for DMS programs must be located at affiliated sites, as approved for the given curriculum.

DMS programs that have a change in the modality of instruction from Full Onsite or Blended/Hybrid delivery to Full Distance Education delivery, is considered a substantive change and must be reported to the JRC-DMS for approval.

A. Distance Education Programs

For complete details, see CAAHEP Policy 209A.

B. CAAHEP Directory of Full Distance Education Programs

For complete details, see CAAHEP Policy 209B.

C. Satellites

Diagnostic Medical Sonography (DMS) programs that offer educational experiences at multiple campuses may be a multi-campus/satellite model as defined by CAAHEP Policy 209.B. For the purpose of clarifying terminology, a satellite campus is defined as an off-campus location(s) that is advertised or otherwise made known to individuals outside the sponsor. In this satellite model, the accredited DMS program, is offered by a single sponsoring institution, provides sequenced delivery of the curriculum to all students by program faculty who meet the CAAHEP Standards and Guidelines for DMS programs (Standard III, Resources), and offers identical educational experiences and ensures adequate resources and services across multiple campuses.

A main campus is identified and holds the CAAHEP accreditation for the educational program.

1. Satellites are not limited geographically; however, they must be located within the United States. Satellites must comply with all main campus policies, procedures, regulations, and state requirements of higher education institutions/ programs. Satellite program distinctions are any locations in addition to the main accredited program.

2. The number of satellites in addition to the main campus shall be limited to two.

3. The degree, diploma or certificate is granted by the main campus.

4. The curriculum must be the same on the main campus and each satellite including but not limited to the same course content, sequence, and evaluation standards for all competencies.

5. The same admission requirements are employed across the main campus and all satellites.

6. The same student resources and services must be available across the main campus and all satellites.

7. A single, appropriately credentialed program director manages educational experiences at all campuses. If the program has multiple concentrations and the

program director does not possess the appropriate credentials, a concentration coordinator must manage educational experiences at all campuses.

8. The program director reports to a single immediate supervisor (i.e., Dean, Associate Dean, CEO, CFO, etc.).

9. The program director visits each satellite at least 2 times per academic year.

10. An appropriately qualified and credentialed clinical coordinator and/or concentration coordinator must be identified at each satellite location.

11. A single advisory committee should be comprised of communities of interest from the main campus and all satellites, and the program director is responsible for coordinating meetings and facilitating mechanisms for all members to participate.

12. An annual report shall be submitted each year to include any/all applicable main and satellite campus data (i.e., personnel changes, clinical affiliate sites). Program directors will report outcomes for each satellite campus and are responsible for monitoring educational outcomes at the main campus and each satellite. Action plans will be written specifically for the program and based on performance at the main campus and each satellite.

Programs seeking recognition and approval of new satellite locations must follow the following application procedure:

Application Procedure

1. Programs will need to complete a Satellite Application Form, a Request for Recognition of Substantive Change Form, Satellite Checklist and an Annual Report for each satellite campus.

2. Completion of the Satellite Program Application Checklist.

3. $500 fee per recognition of each satellite location.

Submission of Documentation

1. For CAAHEP accredited DMS Programs, all documentation must be submitted to the JRC DMS office at least 60 days prior to the commencement of the satellite location start date for review and recognition.

2. For programs applying for one or more satellite locations with the initial accreditation application the documentation will be required within the self-study instrument.

Section 300: Notification of Accreditation Status

Section 300: Notification of Accreditation Status

301 Public Notification of a Program's Status

JRC-DMS only releases the status of accreditation after the final decision is rendered by the CAAHEP Board of Directors. CAAHEP maintains a list of accredited programs on its website at www.caahep.org/Students/Find-a-Program.aspx.

A. If an inquiry is made into the details of a Program's accreditation, the JRC-DMS will only release an accreditation status rendered by CAAHEP.

B. Programs intending to apply for accreditation or those in the self-study process may not communicate (by verbal, written or electronic means) accreditation status or speculation of the date of accreditation granted. Accreditation is not guaranteed upon submission of a self-study.

302 Length of Accreditation Process

The JRC-DMS works to provide accreditation services in a timely manner; however, there are no guaranteed timeframes for completion of the self-study review, site visit process and CAAHEP notification of accreditation decision.

Section 400: Standards Adoption and Revision

401 JRC-DMS Review of the CAAHEP Standards and Guidelines for the Accreditation of Education Programs in Diagnostic Medical Sonography

402 Approval of Proposed Changes

Section 400: Standards Adoption and Revision

401 JRC-DMS Review of the CAAHEP Standards and Guidelines for the Accreditation of Education Programs in Diagnostic Medical Sonography

A. The JRC-DMS will review the CAAHEP Standards and Guidelines for Diagnostic Medical Sonography at least once every 10 years.

B. Upon review the proposed changes to the standards are sent to the JRC-DMS Sponsoring Organizations for comment.

402 Approval of Proposed Changes

The JRC-DMS follows the CAAHEP policy for Standards Adoption and Revision. *For complete details, see CAAHEP Policy 401.B*.

Section 500: JRC-DMS Structure, Governance and Management

501 Board of Directors

502 Sponsoring Organizations

503 CAAHEP Commissioner

504 Management

Section 500: JRC-DMS Structure Governance and Management

501 Board of Directors

A. The JRC-DMS Board shall be comprised of physicians and sonographers from a variety of backgrounds appointed by the sponsoring organizations.

B. Terms and responsibilities are defined in the organization's bylaws.

C. Directors are appointed by the sponsoring organization.

1. The sponsoring organization of any director may be requested to replace their representative for the following reasons:

a. absence from two consecutive Board of Directors meetings;
b. breach of confidentiality;
c. ethical violations;
d. excessive tardiness completing program reviews.

D. The management services office will not provide contact information for JRC-DMS directors. Office staff will obtain contact information from the inquiring party, and if appropriate, the director will make contact with the individual or instruct staff as to follow through.

502 Sponsoring Organizations

The JRC-DMS sponsoring organizations consist of professional organizations that represent the Diagnostic Medical Sonography communities of interest. A list of the directors and the associated sponsoring organization are located on the JRC-DMS website at jrcdms.org/boardofdirectors.htm.

A. Responsibilities of Sponsoring Organization

1. appoint Board Directors;

2. financially support director attendance at JRC-DMS board meeting;

3. maintain CAAHEP membership; and

4. review proposed changes to the CAAHEP Standards.

503 CAAHEP Commissioner

The CAAHEP commissioner shall be the JRC-DMS chair, or another board member elected by the Board. Commissioner terms are three years and there is no limit on the number of terms a person can serve, unless the individual serving as commissioner is elected to a CAAHEP board position.

A. Commissioner Sponsorship

Commissioners will be sponsored by JRC-DMS to attend CAAHEP meetings and will provide the board with a report of CAAHEP proceedings at each JRC-DMS Board meeting.

B. Running for CAAHEP Board of Directors

1. The commissioner will obtain chair approval at a regular board meeting before agreeing to run for CAAHEP Board of Directors. The commissioner can only run for CAAHEP office while they are currently on the JRC-DMS Board.

2. If a commissioner is elected to such an office, which term extends beyond the regular JRC-DMS sponsored term, JRC-DMS will continue to sponsor the commissioner for as long as the CAAHEP term runs, and that person will continue to function as the JRC-DMS commissioner to CAAHEP. Staff will continue to provide the commissioner with JRC-DMS meeting minutes and newsletters, the commissioner will continue to provide the board with a report of CAAHEP proceedings at each JRC-DMS Board meeting through the representation of the alternate.

504 Management

JRC-DMS will maintain a management agreement/contract to provide administrative management services.

A. Review of Agreement/Contract

The management agreement/contract will be reviewed and accepted by JRC-DMS in accordance with the timetable stated in the contract.

B. Evaluation of Management Services

An evaluation of the Management Services will be performed annually during executive session at the summer board meeting.

C. Record Retention

Management Service will maintain records in accordance with the established JRC-DMS Record Retention Policy.

Section 600: Appeals and Complaints

Section 600: Appeals and Complaints

601 Appeals of Adverse Accreditation Actions

For complete details, see CAAHEP Policy 601.

602 Complaints Regarding Accredited Programs

For complete details, see CAAHEP Policy 602.

Section 700: Financials and Accrediting Fees

701 Financials

702 Sponsorship Fees

703 Accreditation/Program Fees

Section 700: Financials and Accrediting Fees

701 Financials

A. JRC-DMS will review and approve a budget proposed by the management services annually.

B. JRC-DMS will have an independent review of all accounting on an annual basis.

702 Sponsorship Fees

A. The sponsoring organizations of the JRC-DMS shall pay an annual fee per Board representative as determined by the JRC-DMS Board of Directors.

703 Accreditation/Program Fees

The JRC-DMS sets a fee schedule for accreditation services (self-study submission and annual fees), failure to report substantive changes and failure to submit requested documentation in a timely manner. Current fees are published on the JRC-DMS website at jrcdms.org/fee.htm.

A. Fees must be received prior to the review of the self-study. Once the self-study review is in progress and regardless of the final recommendation or accreditation outcome fees are non-refundable.

B. Costs associated with site visits performed as part of the accreditation recommendation are the responsibility of the program. Attempts are made to keep costs as low as reasonably possible. Travel policies are published on the JRC-DMS website at jrcdms.org/standards.htm.

Section 800: Program Details

801 Program Sponsorship and Self Study Submission

802 Program Documentation

803 Definition of a Scanning Lab

804 Clinical Affiliates

805 Clinical Instructors

806 Advisory Committee Composition

807 Notifying the JRC-DMS on Key Personnel Vacancies

Section 800: Program Details

801 Program Sponsorship and Self Study Submission

Separate programs conducted by a single sponsor are considered individual programs and require individual accreditation.

802 Program Documentation

Accredited programs must periodically submit a self-study document and participate in an on-site or virtual site visit, to obtain and maintain accreditation.

A. If information, including but not limited to the self-study, annual report, request for clarification, is requested, programs must respond to the request for information within 30 days of the date of the correspondence.

B. JRC-DMS requires that programs seeking accreditation must submit all correspondence and the self-study in English. All correspondence including, but not limited to, the self-study and annual report must be completed electronically and emailed to the JRC-DMS or submitted through the JRC-DMS accreditation portal (when available). Handwritten information will only be accepted on completed survey forms.

1. Incomplete or unclear information may be returned to the program without review.

2. If while undergoing comprehensive review requested information is not received in a timely manner, the program's self-study may be returned without further review. Once the self-study is returned by JRC-DMS, the program must begin the initial or continuing accreditation process again, including resubmission of all required documents and fees.

C. Programs are required to use the appropriate current JRC-DMS forms located on the website at www.jrcdms.org (go to JRC-DMS Review > Maintaining Accreditation).

803 Definition of a Scanning Lab

A. Scan laboratories are defined as:

1. scheduled and required experiences;

2. scan laboratories are student scanning exercises in a controlled laboratory setting;

3. scan laboratories must be under personal supervision by appropriately credentialed faculty at all times;

4. scan laboratories may be conducted in a classroom setting or in a clinical setting if the program's equipment or space are insufficient;

5. scan laboratories may be conducted on volunteer models, such as other students;

6. scan lab waiver forms must be signed by all volunteer models;

7. policies must be in place that ensure that models understand the purpose is educational, not diagnostic;

8. policies must be in place addressing the use of volunteers and procedures in the event of incidental findings and safety measures for infection control

9. Scan laboratories cannot take the place of clinical education in a hospital or office setting on real patients; however, they can be used to enhance scanning experience in certain limited settings.

804 Clinical Affiliates

Programs must have adequate clinical affiliates to ensure equitable clinical experiences for all students.

A. A list of clinical affiliates from accredited programs may only be submitted with the annual report, self-study, or findings response and must include the current JRC-DMS clinical affiliate spreadsheet, signed affiliation agreement, and verification of clinical instructor credentials.

805 Clinical Instructor

CAAHEP Standards require that all clinical instructors providing student training possess the appropriate credential applicable to the exams they are instructing.

A. Any of the following credentials from ARDMS, ARRT and CCI, are accepted for clinical instructors in the following areas:

1. Abdomen: RDMS (AB), R.T.(S) (ARRT);

2. OB/GYN: RDMS (OB), R.T.(S) (ARRT);

3. Breast: RDMS (BR); R.T.(BS) (ARRT)

4. Musculoskeletal: RDMS (RMSKS, RMSK);

5. Adult Echocardiography: RDCS (AE), RCS;

6. Pediatric Echocardiography: RDCS (PE), RCCS;

7. Vascular: RVT, RVS, R.T.(VS) (ARRT)

a. Upper/lower venous duplex and venous insufficiency: RPhS, RVT, RVS, R.T. (VS) (ARRT)

806 Advisory Committee Composition

CAAHEP Standards require an advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

A. Public Member

In addition to the communities of interest in the Standards, the committee must include a Public Member. The Public Member shall serve with the purpose that program actions shall be in the best interests of the public. The individual must be familiar with but not currently or previously employed in the field of sonography or an industry relevant to or related to the profession. They cannot be a spouse/parent/partner/dependent of any member of the committee and cannot be currently or previously employed by the institution.

807 Notifying the JRC-DMS on Administration and Key Personnel Vacancies

This policy outlines the process when there is a temporary or permanent change (vacancy) in the Program's administration and/or key personnel. Any leave of absence (maternity, paternity, medical, professional) expected to be 30 or more calendar days, and any termination or separation of position (including resignation, retirement, lay off, death) requires notification under this policy.

A. Administration

The program must notify the JRC-DMS office of administrative position changes, including the chief administrative officer (i.e., chief executive officer, president, Chancellor, executive director, owner) and the academic officer/supervisor (dean or department head).

- The program is to provide the name and contact information of at least an interim or acting Chief Administrative Officer and/or Academic Officer within 30 days of the vacancy/change.
- Notifications must be sent via email to the JRC-DMS Executive Director on the official program letterhead and include the name(s), credentials, work telephone number and email address.
- If the position is temporarily filled at the time of the initial notification, the program must provide an updated notification within 90 days of the vacancy occurring.

B. Key Personnel

For any Key Personnel positions (Program Director, Concentration Coordinator, Clinical Coordinator, or Medical Advisor) the program must notify the JRC-DMS office and adhere to the following:

- Within 30 days of the vacancy of key personnel, notify the JRC-DMS of the vacancy via email sent to the JRC-DMS Executive Director on the official program letterhead.
    - The program must provide the name(s) and contact information (email address and telephone number) of the permanent replacement(s) or interim personnel who are qualified for the position and will be responsible for the functions performed by the individual who (temporarily or permanently) vacated the position.
    - For Program Director, Clinical Coordinator and Concentration Coordinator positions, a completed Summary CV Form and Curriculum Development and Education Experience worksheet must accompany the notification of appointment.

      Note: The Program Director may not act in the role of a Clinical Coordinator and vice versa.

    - For changes in Medical Advisors, provide the official notification and complete the Summary CV Form for Medical Advisors.
- For any key personnel positions temporarily filled with an interim Program Director, Clinical or Concentration Coordinator or Medical Advisor, the program has up to 6 months after a termination/separation occurred to permanently fill the position.
- If, after 6 months from the date of the vacancy of key personnel the position is not permanently filled, the program must provide a progress report to the JRC-DMS on the status of the personnel change and permanently filling the position, with follow-up notifications every 3 months to JRC-DMS staff.
    - Progress report notifications must include the posting of job position(s), any updates and estimated time to permanently fill the job position(s).

A permanent replacement is required to be in place within 1 year from the date the vacancy occ urred. Failure to comply will result in a change in accreditation status.

For interim and permanent key personnel changes, upon review of the summary CV and Curriculum Development & Education Experience form (as applicable to the position), the JRC-DMS will notify the program of meeting the qualifications as per the CAAHEP Standards.

The program may be subjected to a $500.00 administrative fine and/or administrative probation or change in accreditation status for failing to report a substantive change, provide progress reports, or not filling the vacant position with an appropriate candidate within the outlined timeframe.

900: Annual Reports and Outcomes

901 Annual Reports

902 Outcomes

903 Failure to Meet Established Thresholds (Corrective Action Plan)

900: Annual Reports and Outcomes

901 Annual Reports

Annual reports must be submitted annually by the 15th day of the month in which the program has been assigned (March, June, September and December). The report must be submitted electronically on the current JRC-DMS forms with the applicable annual dues.

A. The month prior to the annual report due date, the JRC-DMS will notify the Program Director via e-mail.

B. Programs that have previously submitted an annual report will be required to update their annual report on the JRC-DMS accreditation portal. New programs will be required to complete a full annual report on the JRC-DMS accreditation portal.

902 Outcomes

JRC-DMS uses a number of criteria for outcome measures, which include, but are not limited to, student retention, placement rate, and graduate and employer surveys. JRC-DMS also evaluates the number of graduates taking and passing national credentialing exams. The current accepted credentialing exams include:

- For the abdominal-extended concentration:
  - ARDMS: RDMS(AB)
  - ARRT: R.T.(S)
- For the obstetrics and gynecology concentration:
  - ARDMS: RDMS(OB)
  - ARRT: R.T.(S)
- For the vascular concentration:
  - ARDMS: RVT
  - CCI: RVS
  - ARRT: R.T. (VS)
- For the adult cardiac concentration:
  - ARDMS: RDCS (AE)
  - CCI: RCS
- For the pediatric cardiac concentration:
  - ARDMS: RDCS (PE)
  - CCI: RCCS
- For the musculoskeletal concentration:
  - ARDMS: RMSKS
  - ARDMS: RMSK
- For the breast concentration:
  - ARDMS: RDMS(BR)
  - ARRT: R.T. (BS)

A. Public Reporting of Outcomes

In accordance with CAAHEP standard V.A.4. Fair Practices, Publications and Disclosures, "The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards."

1. Outcomes Data to be Published

The JRC-DMS requires the following outcomes to be publicly published and updated at the time of the program's scheduled Annual Report.

- Student Retention;
- Job Placement;
- Test Taker Rate (as of December 2023);
- Credential Success Rate

2. Outcomes Publication Requirements

Prior to the completion of the required Annual Report, the JRC-DMS will provide a worksheet template with instructions. The Annual Report must include the completed template and the active link (URL) to the posted outcomes on the program's website or DMS-specific web page.

- The template will be designed to identify all required data for each cohort and each learning concentration for which the program is accredited.
- The three most recent years of graduate cohorts will be displayed with the applicable 3-year averages. For programs with cohorts graduating less frequently than annually (i.e., every other year), the most recent five or six years of cohorts are acceptable.
- The link, header, category, or page name on the program's website will be referred to as Program Effectiveness Data or DMS Program Effectiveness Data.

<u>Partial Template Example for Public Reporting of Outcomes</u>:

Student Retention:	**Total # of Graduates/Total # of Students Enrolled**												
Cohort Number and/or Track Name	**2022**			**2021**			**2020**			**3-Year Average Retention Rate**
Cohort 1- AB and OB/GYN, Certificate	# grads:	5 / 6	:# Enrolled	# grads:	7 / 7	:# Enrolled	# grads:	5 / 5	:# Enrolled	
		83 %			100 %			100 %		94 %
Cohort 2- AE and Vasc, Degree	# grads:	10 / 10	:# Enrolled	# grads:	7 / 9	:# Enrolled	# grads:	4 / 5	:# Enrolled	
		100 %			80 %			80 %		87 %
Job Placement:	**Total # of graduates employed in 6 months/Total # of Graduates**												
Cohort Number and/or Track Name	**2022**			**2021**			**2020**			**3-Year Average Job Placement Rate**
Cohort 1- AB and OB/GYN, Certificate	employed grads #:	5 / 5	:# grads	employed grads #:	7 / 7	:# grads	employed grads #:	4 / 5	:# grads	
		100 %			100 %			80 %		93 %
Cohort 2- AE and Vasc, Degree	employed grads #:	8 / 10	:# grads	employed grads #:	6 / 7	:# grads	employed grads #:	4 / 4	:# grads	
		80 %			86 %			100 %		89 %

Test Takers Rate:		Total # of Test Takers/Total # of Graduates			
Cohort #	Concentration		2022		
1	Abdomen-Extended		# Test Takers: 5 / 5 = 100 %	:# grads	
1	Obstetrics & Gynecology		# Test Takers: 2 / 5 = 40 %	:# grads	
2	Adult Cardiac		# Test Takers: 8 / 10 = 80 %	:# grads	
2	Vascular		# Test Takers: 6 / 10 = 60 %	:# grads	

Credential Success Rate:		Total # of Graduates successfully earning credential/Total # of Test Takers									
Cohort #, Concentration & Credentialing Exam(s)		2022			2021			2020			3-Year Average Success Rate
1 AB	RDMS(AB)+RT(S)	# earners:	5 / 6 = 83 %	:# Test Takers	# earners:	4 / 5 = 80 %	:# Test Takers	# earners:	5 / 5 = 100 %	:# Test Takers	88 %
1 OB/GYN	RDMS(OB/GYN)+RT(S)	# earners:	2 / 2 = 100 %	:# Test Takers	# earners:	5 / 5 = 100 %	:# Test Takers	# earners:	4 / 5 = 80 %	:# Test Takers	93 %
2 AE	RDCS(AE) or RCS	# earners:	7 / 8 = 88 %	:# Test Takers	# earners:	6 / 7 = 86 %	:# Test Takers	# earners:	1 / 1 = 100 %	:# Test Takers	91 %
2 Vasc	RVT(VT) or RVS	# earners:	6 / 6 = 100 %	:# Test Takers	# earners:	6 / 6 = 100 %	:# Test Takers	# earners:	3 / 4 = 75 %	:# Test Takers	92 %

B. Definition of a Cohort

Cohort is defined as a group of students who begin on the same date, follow a similar education plan, and share a designated completion date. Cohort is further defined based on designated groupings, such as, but not limited to, program track or concentration(s), satellite, and/or award at completion.

Examples of designated cohorts: satellite, day cohort, evening cohort, Certificate, AS degree, BS degree or by selected concentration areas (i.e., Abdomen/OB-GYN, Adult Cardiac/Vascular, etc.).

1. Re-Entry Students

Students who withdraw from a cohort are counted as part of the retention/attrition for the cohort in which the student started. Upon re-entry into the program, the student is counted in the cohort the student joined.

Re-entry Example: Cohort X begins with 12 students who are enrolled in 2023 and will graduate in 2024. Students A and B both drop from cohort X, but in 2025 student A joins the 13 enrolled students in Cohort Y that graduates in 2025.
In 2024, the retention outcomes for cohort X are calculated as 10 graduates/12 enrolled = 83% retention.

In 2025, for cohort Y the retention outcomes are calculated as 14 graduates/ (13 enrolled + 1 reentry =14) =100% retention

C. Outcomes Thresholds

JRC-DMS has established the following outcomes thresholds that programs must meet/maintain for accreditation:

1. Surveys

The administration of surveys can be web-based or hard copy. Telephone interviews are not able to be verified and, thus, will not be accepted. The timing of the surveys must be no sooner than three months and no later than six months post-graduation.

Surveys must be completed no earlier than 3 months post-graduation per cohort and no later than one year post graduation per cohort.

a. Graduate Surveys:
   - must have a 50% return rate; and
   - composite score of three or greater on a five-point rating scale.

   Example: 10 total graduates

   Must have a minimum of five returned surveys (50%) for each graduating cohort. EACH QUESTION should have an average composite score of three or greater on the five-point Likert scale.

b. Employer Surveys:
   - must have at least a 50% return rate; and
   - composite score of three or greater on a five-point rating scale.

   Example: 10 total graduates

   Must have a minimum of five returned surveys (50%) for each graduating cohort. EACH QUESTION should have an average composite score of three or greater on the five-point Likert scale.

2. Student Retention

a. Total enrollment per cohort:

   - Not to fall below 70% of total enrollment (including attrition due to personal, financial, behavioral, academic withdrawal, academic dismissal, and other).
   - For programs with low student enrollment per year ≤ 9 the table below can be used to adjust the number of students required to meet the criteria resulting in an adjusted retention rate:

Total Number of Students Enrolled	2	3	4	5	6	7	8	9
Minimum Number of Students Retained	**1**	**2**	**3**	**3**	**4**	**5**	**6**	**6**
Adjusted Retention Percentage	**50%**	**67%**	**75%**	**60%**	**67%**	**71%**	**75%**	**67%**

3. Job Placement

a. At least 75% of graduates must be employed as sonographers in one of the program's accredited specialties, continuing their education, or actively serving in the military within six months of graduation.

4. Test Taker

a. **Test Taker Percentage** (test taker percentage only incorporates data related to the number of individual graduates who sit for a related credentialing exam)

- Definition of "Test Taker Percentage": Number of graduates attempting to earn their credential in a specific concentration.
- Formula used to determine test taker percentage: Number of graduates attempting to earn credential divided by total number of graduates.

b. **Required JRC-DMS Test Taker Percentage Threshold**

Programs must demonstrate that over a three-year timeframe, an average percentage of graduates are attempting a national credentialing examination for each concentration the program holds CAAHEP accreditation:

- Programs who have 15 or fewer graduates over a three-year timeframe are required to demonstrate at least 50% of graduates attempt a national credentialing examination.
- Programs who have 16 or more graduates over a three-year timeframe are required to demonstrate at least 60% of graduates attempt a national credentialing examination.

Programs must count all graduates within a three-year timeframe, even if they have more than one cohort per year.

Test Taker Percentage Example #1

(3-year trend for a CAAHEP accredited program with one cohort per year.)

Cohort	Concentration	2022	2021	2020	3 Year Total	Threshold Met?
Cohort 1	Abdominal-Extended	7 test takers/ 8 graduates	5 test takers/ 9 graduates	6 test takers/10 graduates	In the abdominal-E concentration, there were a total of 18 test takers from the 27 graduates over 3 years: **18/27= 67% test taker percentage**	**Met.** At least 60% of the graduates attempted a national credentialing examination over a 3-year time period.
Cohort 1	OB/GYN	3 test takers/ 8 graduates	8 test takers/ 9 graduates	4 test takers/10 graduates	In the OB/GYN concentration, there were a total of 15 test takers from the 27 graduates over 3 years: **15/27= 56% test taker percentage**	**Did not meet.** Less than 60% of the graduates attempted a national credentialing examination over a 3-year time period.
Cohort 1	Vascular	8 test takers/ 8 graduates	9 test takers/ 9 graduates	6 test takers/10 graduates	In the vascular concentration, there were 23 test takers from the 27 graduates over 3 years: **23/27= 85% test taker percentage**	**Met.** At least 60% of the graduates attempted a national credentialing examination over a 3-year time period.

Programs who have **16 or more graduates over a three-year timeframe are required to demonstrate at least 60% of graduates attempt a national credentialing examination.*

Test Taker Percentage Example #2

(3-year trend for a CAAHEP accredited program with two cohorts per year)

Cohort	Concentration	2022	2021	2020	Total	Threshold Met?
Cohort 1	Vascular	2 test takers/ 4 graduates	1 test takers/3 graduates	2 test takers/2 graduates	In the vascular concentration, there were a total of 10 test takers from the 15 graduates over 3 years between the 2 cohorts. **10/15= 67% test taker percentage**	**Met.** At least 50% of the graduates attempted a national credentialing examination over a 3-year time period.
Cohort 2	Vascular	2 test takers/ 2 graduates	2 test takers/3 graduates	1 test takers/ 1 graduate		
Cohort 1	Cardiac	2 test takers/ 4 graduates	1 test takers/ 3 graduates	0 test takers/2 graduates	In the cardiac concentration, there were a total of 5 test takers from the 15 graduates over 3 years between the 2 cohorts. **5/15= 33% test taker percentage**	**Did not meet.** Less than 50% of the graduates attempted a national credentialing examination over a 3-year time period.
Cohort 2	Cardiac	1 test takers/ 2 graduates	1 test takers/3 graduates	0 test taker/ 1 graduate		

** Programs with **15 or fewer graduates** over a three-year timeframe must demonstrate that at least 50% of graduates attempt a national credentialing examination.*

5. Credentialing Success

a. Success Rate Percentage (success rate percentage only incorporates data related to the number of graduates passing a credentialing exam)

- Definition of "Success Rate Percentage": Number of graduates attempting and successfully obtaining the credential in a concentration.
- Formula used to determine success rate percentage: Number of graduates successfully earning credentials divided by total number of graduates attempting exam.

b. Required JRC-DMS Success Rate Percentage Threshold

- 60% overall pass rate within one year of graduation per concentration that holds CAAHEP accreditation.

Example for Success Rate Percentage:

Program has 12 graduates

- *10 graduates attempted the ARDMS registry in the abdomen concentration*
- *8 graduates successfully earned their ARDMS credential in the abdomen concentration*
- *Number of graduates passing exam/ total number of graduates attempting exam= 8/10*
- *Success rate percentage: 80%*

903 Failure to Meet Established Thresholds (Corrective Action Plan)

Failure to meet the cut-points during a program review, including the annual report, will require an action plan. An action plan should explain and provide documentation regarding the root cause of the problem and how deficiencies will be corrected. The inability to correct deficiencies over three years of reporting data may trigger an unscheduled comprehensive review (self-study and site visit), progress report, or a change in the program's accreditation status. A change in accreditation status may include a recommendation of probationary accreditation or withdrawal of accreditation.

Section 1000: Site Visitors and Site Visits

Section 1000: Site Visitors and Site Visits

1001 Site Visitor Qualifications

Site visitors will be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation. All current site visitors are required to complete site-visitor training, which is sponsored by JRC-DMS. Current and past JRC-DMS Directors may be site visitors. JRC-DMS site visitors must be knowledgeable of the accreditation process and objective in program evaluation, including knowledge of the Standards and Guidelines and Policies and Procedures.

The JRC-DMS & CAAHEP have the exclusive authority to determine qualifications for site visit team members. DMS programs cannot require the successful completion of a background check as a qualification for serving on a site visit, unless there is a perceived and potential conflict of interest. DMS programs are prohibited from objecting to the appointment of JRC-DMS site visitors due to the sole basis of lack of security clearance. JRC-DMS site visitor access is required to verify DMS program's compliance with accreditation standards.

A. JRC-DMS site visitors are required to:

1. regularly update knowledge and improve skills through participation in site visitor retraining workshop/session(s); and

2. hold a JRC-DMS recognized credential.

B. Site visitors may become a team chair after the following:

1. satisfactory completion of three or more JRC-DMS site visits as a team member (Note: satisfactory completion is defined as receiving no unfavorable evaluations from either the team chair or the program being visited);

2. current with JRC-DMS training and retraining; and

3. currently holds at least one JRC-DMS recognized credential.

**JRC-DMS may use CAAHEP trained Generalist Site Visitors who do not possess JRC-DMS accepted sonography credentials. These individuals cannot be the team chair.*

1002 Site Visitor Appointment and Withdrawal

Site visitors serve at the discretion of the Board of Directors, for terms lasting two years, and may be retired by the JRC-DMS Board at any time.

A. JRC-DMS requires site visitors to:

1. Sign a Confidentiality and Conflict of Interest Agreement

a. Disclosure of any information obtained during the accreditation process is a breach of confidence. Team members are also privy to a number of opinions expressed by individuals during interviews; these too are confidential. Site visitors should refrain from discussing any aspect of an institution, even positively, with anyone other than representatives of the institution, or individuals involved in the accreditation process.
b. Demonstrate continued knowledge of current CAAHEP Standards and Guidelines and JRC-DMS Policies & Procedures.
c. Justify program non-compliance using the Standards and Guidelines during program evaluations.
d. Act in a professional manner as a representative of JRC-DMS.
e. Limit interaction and involvement to the observation and substantiation of information.
f. Demonstrate effective communication (written and verbal), apply sound reasoning and problem-solving skills.
g. Participate in JRC-DMS training as required.

B. Site visitors will be reviewed at least bi-annually or as necessary. Evaluation of site visitors is based upon the following:

1. items listed above in policy 1002A;

2. peer review evaluations;

3. program personnel evaluations;

4. adherence to JRC-DMS Travel Policies;

5. completeness and timeliness of reports (as applicable).

C. Site visitors may be removed from the site visitor roster for reasons including but not limited to the following:

1. voluntary resignation;

2. inactive for a period of three years;

3. failure to participate in required training or sign appropriate paperwork;

4. failure to correct deficiencies revealed in the evaluation process;

5. inappropriate/unprofessional conduct.

1003 Site Visitor Conduct

A. Site visitors are present to observe, question and record impressions, not to counsel, guide, teach or otherwise help the program to make on-site changes or improvements. Site visitors must maintain objectivity with respect to personal values, philosophies or educational methods.

B. Site visitors must avoid undue influence, or its appearance. Site visitors cannot accept gifts, favors, or services that might prejudice, or appear to prejudice, their professional judgment or that may lead the program to expect leniency in the interpretation of compliance.

C. Site visitors may not engage in either personal recruitment or job-hunting activities/behavior during a site visit or until the accreditation process is complete, whichever is longer. Site visitors cannot advertise or suggest their availability for accreditation consultation or for employment.

D. The extent a program meets the Standards and Guidelines is the only criterion for which it may be evaluated.

E. Behavior such as sexual comments, inappropriate jokes and intolerance of any kind (gender, race, ethnicity, sexual orientation) will not be tolerated.

F. Site visitors' attire should be conservative and businesslike.

G. The site visit team may not indicate their personal opinions of probable JRC-DMS Board recommendations to CAAHEP.

H. Site visitors must maintain confidentiality at all times during and following the site visit.

I. Site visitors must not allow notoriety or reputations (real or perceived) within the profession, to influence judgments and evaluations.

1004 Grievance Against a Site Visitor

A complaint or grievance of an approved site visitor's conduct during a site visit may be submitted by any student, faculty and/or fellow site visitor. The following procedures will be used in the investigation of a grievance or complaint concerning a site visit.

A. **Procedure**: All written grievances shall be forwarded to the Chair of the JRC-DMS for action within 10 working days. The JRC-DMS Board of Directors will not intervene on behalf of individuals, or act as a court of appeal for individuals. It will intervene only when it believes that the practices or conditions indicate that the site visitor's conduct during the site visit may not have been in compliance with established JRC-DMS Policies & Procedures.

1. To receive formal consideration, all complaints must be submitted in writing and signed. Submission of signed program site visit questionnaires or peer site visit evaluations will also be accepted but must clearly request formal consideration by the board to evaluate potential site visitor misconduct related to the Standards and Guidelines or established JRC-DMS Policies & Procedures.

2. If the chair determines the complaint does not relate to the established policies and procedures, the person initiating the grievance shall be notified accordingly.

3. If the complaint does relate to the established policies and procedures, the chair shall acknowledge receipt of the complaint and share with the filing party a description of the

process and policies that pertain to handling such complaints. If JRC-DMS does not hear from the complainant within 10 working days, they will continue with this action:

a. The chair shall forward the complaint to the JRC-DMS Grievance Subcommittee. Attached to the complaint will be the program's findings letter, response (if received) and any other pertinent notes from the site visit.
b. JRC-DMS shall notify the site visitor of the substance of the complaint and will conduct a preliminary investigation of the alleged misconduct. JRC-DMS will file a report of the investigation findings within 30 days of the site visitor's receipt of the letter of notice.
    - During the course of investigation, the site visitor shall be suspended from any site visits activities. If the site visitor was scheduled for a site visit, arrangements shall be made for a replacement.
    - The subcommittee may request further information or material related to the complaint from the complaining party, the institution or other relevant sources.

c. The identity of the complaining party shall be kept confidential, unless the complainant authorizes disclosure of his/her identity, or unless such disclosure is required by legal process in a subsequent proceeding.

4. On receipt of the responses, the subcommittee shall consider the complaint, and all relevant information obtained in the course of investigation and formulate an appropriate action according to the following guidelines:

a. If the complaint is determined to be unsubstantiated or unrelated to the established accreditation policies, the complaining party and site visitor will be so notified of the completion of the investigation.
b. If the investigation reveals the site visitor is not in substantial compliance with the established site visitor policies, the subcommittee will forward its recommendation to the JRC-DMS Board for inclusion on the next available JRC-DMS Board Agenda. Possible recommendations may include, but are not limited to:

    - issue of a warning of misconduct to the site visitor and required re-training regardless of previous date of training (multiple receipts of warning will result in removal from the JRC-DMS approved Site Visitor roster);
    - demotion to team member (for team chairs only) and required re-training regardless of previous date of training;
    - suspension of the site visitor from the JRC-DMS approved site visitor list for a period as determined by the JRC-DMS Board of Directors.

5. Upon approval of the recommendation by the full JRC-DMS Board of Directors, the chair shall notify the complainant of the result of the investigation.

B. Should JRC-DMS determine that the misconduct of the site visitor jeopardizes the review of the program, a second, abbreviated site visit may be held, at no additional charge to the program, at the program's request.

1005 Site Visit Team Responsibilities

The site visit team consists of a team chair and team member.

A. The primary responsibilities of the site visit team include:

1. validating the application/self-study;

2. establishing/distributing the site visit agenda, in collaboration with the Program Director;

3. assure adequate time in the agenda for program evaluation activities;

4. gathering information;

5. reporting program strengths and deficiencies during the exit summation;

6. reporting impressions and substantiation of compliance with CAAHEP/JRC-DMS Standards to the JRC-DMS Board;

7. evaluating the performance of the fellow team member.

B. The team chair is to read the following confidentiality statement at the initial meeting with the sponsor and at the exit summation:

"As participants in this accreditation site visit, we are aware that we have access to accreditation information, which shall remain confidential. We agree to respect and protect the confidentiality of all accreditation materials, recommendations, suggestions and discussions prior to, during, and following the site visit."

C. The site visit team is required to complete the site visit report to assure consistent and objective evaluation procedures based on the relevant accreditation standards. JRC-DMS requires the completed site visit report to be signed by both team members and forwarded to JRC-DMS within 14 days of the completion of the site visit.

1006 Exit Summation

The purpose of the exit summation is to provide a forum for the Site Visitors to provide the program with the findings from the site visit review to the JRC-DMS. The Site Visitors are not presenting an accreditation recommendation. The recommendation is determined by the JRC-DMS Board of Directors' complete evaluation of all information.

A. Individuals to be included in the exit summation include but are not limited to:

1. site visit team;

2. program director and key faculty (as designated by the Program Director);

3. representative of school administration;

B. Prior to the exit summation the site visit team will meet privately to draft the exit summation. If applicable the team may meet with the Program Director and other program personnel to discuss final questions regarding the site visit.

1007 Virtual Site Visit

The JRC-DMS virtual site visit is strictly a voluntary process!

A virtual site visit uses web-based multi-media technology to facilitate a face-to-face interaction with institutional administration, program faculty, medical advisor, and students. The JRC-DMS uses a CAAHEP-provided Zoom communications platform to facilitate the virtual site visit. The CAAHEP-provided virtual site visit link is HIPAA and FERPA compliant.
A successful virtual site visit requires substantial preliminary planning and preparation by site visitors and program officials. Specifically, virtual site visits require the use of technology, the coordination of essential virtual site visit elements, and continuous communication between participants to ensure a successful virtual site visit.

If your program is interested in pursuing a Virtual Site Visit, the program is required to submit a selection consideration request. If selected, a representative from the JRC-DMS will set up a conference call to discuss the possible virtual site visit with the program director.

A. How is a program selected for a Virtual Site Visit?

1. For DMS Programs seeking continuing accreditation, it must be in good standing.

a. meets outcome thresholds
b. is not on probation
c. is not on reactivation
d. does not have a formal complaint submitted through CAAHEP

2. For DMS Programs seeking initial accreditation or initial to continuing accreditation.

a. The program may be subjected to an on-site focused site visit by one or both site visitors within a timeframe jointly determined and managed based on numerous considerations. Focused on-site visits may be but are not limited to citations identified in the JRC-DMS findings letter.
b. The program is responsible for all site visitor(s) travel costs associated with the on-site focused site visit.

Additional requirements for the virtual site visit:

- Program currently uses the full functionality of an electronic clinical management system to include, at a minimum, the recording of student clinical logs and clinical competency evaluations. Programs must upload site visit documentation on the JRC-DMS file sharing portal (OneDrive).
- Program currently uses a Learning Management System (LMS) to include all the didactic portions of the curriculum.
- Access to the Clinical Management System (CMS) and the Learning Management System (LMS) must be granted to the site visitors two weeks before the virtual site

visit is to take place. If access is not provided to the site visitors at least two weeks prior to the scheduled virtual site visit, the JRC-DMS reserves the right to postpone the virtual site visit and reschedule at a later date based on site visitor availability.

- Program faculty are technology savvy and have the support of their on-site IT department the day of the virtual site visit.
- Confidential student interviews are to be conducted either:
  - In the school's computer lab per cohort and each student is to be properly identified with name badges, or;
  - Individually by providing each student with the virtual site visit link and logging in either from their computer or smartphone at their own location. Students must ensure their legal proper names are displayed on their device when logging in.
- Program must be willing to do a "practice session" via the CAAHEP provided web conferencing system to make sure they are comfortable with the operation of the conference platform and that the web connection will be fast enough to ensure a smooth virtual gathering.
- A virtual site visit team is available to conduct a virtual site visit during the specified timeframe.

B. The virtual site visit will be conducted in the same manner, with respect to all of the required components, as an on-site visit.

1. The agenda will be constructed by the program, with input from the virtual site team.

2. Site Visitors will determine if any of the program documents need to be viewed by a "shared screen" approach.

3. The ability to view the scan lab can be accomplished by either a live video approach or by a pre-recorded tour of the lab that can be uploaded to the JRC-DMS OneDrive.

4. A phone call to the pre-selected clinical affiliates will be made by the virtual site visit team, along with a conference call with the medical advisor.

5. Student interviews (per cohort) will be conducted either in a computer lab or by students individually logging in to the virtual site visit Zoom link. The program will supply the virtual team with a list of all currently enrolled students by cohort. No one, other than the students being interviewed, is allowed to be present during this session.

6. The following personnel must be available for an interview by the virtual site visitor team: administration, program faculty, admissions, and library.

C. DMS Programs must guarantee the privacy of all interviews with virtual site visitors.

1. Listening in on meetings or interviews without site visitor knowledge is prohibited.

2. Video and audio recordings, in whole or in part, of the virtual site visit by the site visitors and/or DMS Program, are prohibited.

3. Upon completion of the site visit, DMS Programs will be invoiced for a virtual site visit administrative fee. The fee schedule is located at www.jrcdms.org/fee.htm.

D. What to expect before the virtual practice session?

1. Establish a day and time that will be convenient for all parties for the practice session.

2. The JRC-DMS staff will send in advance all necessary information, including clear participation instructions.

E. What to expect during the virtual practice session?

1. Key DMS Personnel (Program Director, Concentration Coordinator(s) (if applicable, and Clinical Coordinator(s) will be available to discuss what will take place during the virtual site visit. Each person will test every web conferencing feature that will be used during the virtual site visit to make sure they are comfortable with the operation of the CAAHEP-provided Zoom platform.

F. What to expect during the virtual site visit?

1. All required documents that are reviewed at an on-site visit will also be reviewed during a virtual site visit.

2. The virtual team will adhere to the agenda as much as possible.

3. A backup conference call number that participants can access with cell phones or regular landlines will be shared should the CAAHEP-provided Zoom connection be lost.

G. What to expect from the virtual site visit team?

1. The site visitors will:

    a. protect all program documents obtained as part of the virtual site visit. This will include files obtained via a download link, email attachment, share screen or the JRC-DMS OneDrive.
    b. take reasonable precautions to ensure their computers have the most up-to-date operating software to limit the possibility of unauthorized access to confidential information stored on the computer.
    c. take reasonable precautions to ensure their computers have the most up-to-date antivirus/malware protection installed.
    d. take reasonable precautions to ensure their passwords remain secure.
    e. only use password protected Wi-Fi hotspots while accessing confidential program records.
    f. delete any confidential information obtained during the virtual site visit upon completion of the site visit process.

Section 1100: Self-Study Reviewers

Section 1100: Self-Study Reviewers

1101 Reviewer Qualifications

Reviewers will be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation. All reviewers are required to complete training sponsored by JRC-DMS. Current and past JRC-DMS directors may be reviewers. JRC-DMS Reviewers must be knowledgeable of the accreditation process and objective in program evaluation, including knowledge of the CAAHEP Standards and Guidelines and JRC-DMS Policies & Procedures.

1102 Reviewer Appointment & Withdrawal

Reviewers serve at the discretion of the Board of Directors, for terms lasting two years, and may be retired per the JRC-DMS Board at any time.

A. JRC-DMS reviewers are required to:

1. to regularly update knowledge and improve skills through participation in retraining workshop/session(s);

2. hold a JRC-DMS recognized credential.

B. Reviewers will be evaluated regularly. Evaluation is based upon the following:

1. self-study reviewer completion in an accurate and timely manner;

2. adherence to the JRC-DMS Policies & Procedures.

C. Reviewers may be removed from the Reviewer roster for reasons including but not limited to the following:

1. voluntary resignation;

2. inactive for a period of two years;

3. failure to participate in required training or sign appropriate paperwork;

4. failure to correct deficiencies revealed in the evaluation process.

1103 Reviewer Conduct

A. The extent a program meets the Standards and Guidelines is the only criterion for which it may be evaluated.

B. All self-study information is strictly confidential and must be handled in accordance with JRC-DMS instructions.

1104 Reviewer Responsibilities

A. Complete the self-study review within the specified time frame as determined by the JRC-DMS office.

B. Provide a thorough review of all documents submitted within the self-study, complete the reviewer's analysis form and email the form to the JRC-DMS office.

C. Complete reviewer final recommendation form and participate in JRC-DMS Board Conference Calls/Face-to-Face Meetings to discuss program recommendation.