



Joint Review Committee
on Education in Diagnostic Medical Sonography
A Committee on Accreditation for Sonography Programs

JRC-DMS

Policies & Procedures

Updated February 2009

SUBJECT 1.00 Structure, Organization, and Policy and Procedure Development

POLICY JRC-DMS functions as a Committee on Accreditation (CoA) within the Commission on Accreditation of Allied Health Education Programs (CAAHEP) system, and adheres to the CAAHEP policies and procedures. JRC-DMS will assure its policies and procedures are consistent with the CAAHEP policies and procedures.

The organization and responsibilities of JRC-DMS are defined within the JRC-DMS Bylaws. (s07)

SUBJECT 1.01 Mission of JRC-DMS

POLICY The mission of JRC-DMS is, "to establish, maintain, and promote appropriate standards of quality for educational programs in diagnostic medical sonography and to provide recognition for educational programs that meet or exceed the standards outlined in the Standards and Guidelines." (w06, w07)

SUBJECT 1.03 Revision of Policies and Procedures

POLICY The policies of JRC-DMS shall be reviewed annually. Each policy will undergo full committee review every five years at the appropriate summer meeting. (f00, w05, w06)

SUBJECT 1.04 Board Composition

POLICY The JRC-DMS Board shall be a mix of physicians and sonographers from a variety of backgrounds. The majority of board membership should consist of credentialed sonographers. (w04, w06)

SUBJECT 2.00 Management Agreement and Responsibilities

POLICY JRC-DMS will maintain a management agreement to provide administrative management services. (f00)

SUBJECT 2.01 Review of Management Contract

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

SUBJECT 2.02 Evaluation of Management Services

POLICY An evaluation of the Management Services will be performed annually. (w06)

SUBJECT 2.03 Maintenance of JRC-DMS Records and Files

POLICY The Management Service of JRC-DMS will keep all records and files.

SUBJECT 2.04 Record Retention

POLICY The following schedule is to be used for the retention of all JRC-DMS files:

<u>Administrative</u>	<u>Retention Period</u>
Contracts and leases (expired) _____	7 years
Contracts and leases (still in effect) _____	Permanently
Correspondence (legal and important matters only) _____	7 years
Expenses analyses and expense distribution schedules _____	7 years
Financial statements (end-of-year, other months optional) _____	Permanently
Insurance policies (expired) _____	Permanently
Minutes of directors and committees, including bylaws and charter _____	Permanently
Trademark registrations _____	Permanently
Transcripts of disciplinary hearings _____	Permanently
<u>Bookkeeping</u>	<u>Retention Period</u>
Accounts payable ledgers and schedules _____	7 years
Accounts receivable ledgers and schedules _____	7 years
Audit reports of accountants _____	Permanently
Bank reconciliations _____	2 years
Cash books _____	Permanently
Charts of accounts _____	Permanently
Checks (cancelled, but see exception below) _____	7 years
Checks (cancelled for important payments, i.e., taxes, property purchases, special contracts, etc. These checks should be filed with papers pertaining to the underlying transaction). _____	Permanently
Duplicate deposit slips _____	2 years
General and private ledges (and end-of-year trial balances) _____	Permanently
Internal audit reports _____	Permanently
Internal reports (miscellaneous) _____	3 years
Inventories of products, materials, and supplies _____	7 years
Invoices from vendors _____	7 years
Journals _____	Permanently
Notes receivable ledgers and schedules _____	7 years
Payroll records and summaries, including payments to pensioners _____	7 years
Petty cash vouchers _____	3 years
Physical inventory tags _____	3 years
Purchase orders (except purchasing department copy) _____	2 years
Receiving sheets _____	2 years
Requisitions _____	2 years
Sales records _____	7 years
Stock and bond certificates (cancelled) _____	7 years
Subsidiary ledgers _____	7 years
Tax returns and worksheets, revenue agents' reports, and other documents relating to determination of income tax liability _____	Permanently
Time books _____	7 years
Voucher registers and schedules _____	7 years
Vouchers for payments to vendors, employees, etc. (includes allowances and reimbursement of employees, officers, etc. for travel and entertainment expenses) _____	7 years
<u>Accreditation / Reaccreditation</u>	<u>Retention Record</u>
Application forms – accreditation / reaccreditation _____	Permanently
Self-study documents (keep current only) _____	5-10 years
Program's response to the findings letter (keep current only) _____	5-10 years
Invoices to programs _____	7 years
Program permanent files _____	Permanently
Correspondence (routine) with programs and vendors _____	1 year
Correspondence (general) _____	5 years
Complaints _____	Permanently
Probationary / Withdrawal actions _____	Permanently

Accreditation actions _____	Permanently
Affiliate requests _____	Affiliate Approved
Affiliate spreadsheets (current only) _____	Permanently
Findings letter _____	Permanently
Annual Report _____	5 years
Program temporary files _____	Varies
Correspondence (routine) with programs _____	Accreditation granted
Correspondence (general) _____	Accreditation granted
Site visit report _____	Accreditation granted
Reviewer's analysis _____	Accreditation granted

Any and all documents responsive or relevant to any investigation or legal proceeding should be permanently retained. (f04, s08)

SUBJECT 2.05 Accreditation Presentation Requests

POLICY All requests for accreditation presentations at professional organizations, trade associations, or educational meetings should be directed to JRC-DMS staff. The Chair and Vice Chair will evaluate the request and financial implications to make a decision and appoint an appropriate representative(s) to represent JRC-DMS and make a presentation. The presentation must be approved and/or reviewed by JRC-DMS Chair, Vice Chair, and staff. (s08)

SUBJECT 3.00 Ethical Standards of Practice

POLICY All representatives of JRC-DMS, including officers, directors, site visitors, committees, and staff, will adhere to ethical standards of practice. (s07)

SUBJECT 3.01 Conflict of Interest Statement

POLICY JRC-DMS directors will absent themselves from discussion and vote for any program in which a real or perceived conflict of interest could be implied. All discussions and deliberations of JRC-DMS regarding individual program accreditation actions are confidential.

The first item after approval of the Minutes on the agenda of every meeting will be the following statement, which is to be read by the Chair, "When considering accreditation recommendations, directors of the Board shall absent themselves from the room for any discussion and/or vote on programs within that director's state, or programs within any institution with which the director has a business relationship or for which the director has served in an advisory capacity in the preceding three years, or for which the director has a real or perceived bias." (f00, s07)

Each director will sign a conflict of interest statement. (f94, s97, s02, w06)

SUBJECT 3.01a Confidentiality

POLICY Board members shall hold in confidence all matters and information pertaining to JRC-DMS, unless disclosure is authorized by the board. All directors will be asked to sign a "Confidentiality and Conflict of Interest" waiver, which will be held in their file.

All information made available to reviewers is to be considered confidential. Disclosure of any information obtained during the accreditation process is a breach of confidence. Board members are also privy to a number of opinions these too are confidential. Board members should refrain from discussing any aspect of an institution, or individuals involved in the accreditation process. (s07)

SUBJECT 3.03 Director Dismissal

POLICY The sponsoring organization of any Director may be requested to replace their representative for the following reasons:

- Absence from two consecutive Board of Directors meetings
- Breach of confidentiality
- Ethical violations
- Excessive tardiness completing program reviews

Prior to being replaced, due process will be followed and the Director will be given the opportunity to respond or resign. (s02, w06, w07)

SUBJECT 3.04 Term of office for JRC-DMS Directors

POLICY The Board of Directors' term of office coincides with the JRC-DMS fiscal year, October 1 - September 30. New Board members will attend the summer face-to-face meeting as an orientation, but will not be voting participants until the next meeting. (s04, w06)

SUBJECT 4.00 Budget review

POLICY JRC-DMS will review and approve a budget proposed by the management services annually. (f00, w06, s07)

SUBJECT 4.01 Financial Review

POLICY JRC-DMS will have an annual review of all accounting. (w06, s07, w08)

SUBJECT 4.02 Financial Reports

POLICY JRC-DMS financial reports will be provided monthly to the Secretary-Treasurer by the management services. (f00)

SUBJECT 4.03 Issuing Checks

POLICY JRC-DMS checks in excess of \$10,000.00 require two signatures. The appropriate signatures are identified in the JRC-DMS Bylaws. (f94, s06)

SUBJECT 4.04 Sponsorship Fees

POLICY The sponsoring organizations of the JRC-DMS shall pay an annual fee per Board representative as determined by the JRC-DMS Board of Directors. (f95, w06)

SUBJECT 4.06 Automobile Reimbursement

POLICY Automobile reimbursement for personal car use while performing JRC-DMS business will be according to the current Internal Revenue Service Rate. (s91,f00, w06)

SUBJECT 4.07 Director Attendance at Biannual Meetings

POLICY Staff will make accommodations for the biannual meetings. If a director cannot attend after reservations have been made, the director's sponsoring organization will be responsible for payment of the unused room nights if a penalty is incurred. (s00, w06, s07)

SUBJECT 4.08 Reimbursement for Expenses for Board Members

POLICY All expenses incurred in the course of conducting JRC-DMS business are the responsibility of the sponsoring organization. These expenses include all meals, lodging, travel, and other appropriate incidental expenses. JRC-DMS is responsible for the cost of meeting room space and audio-visual equipment.

Reimbursement for alcoholic beverages is the prerogative of each sponsoring organization, but will not be allowed by JRC-DMS

All planned meals that are scheduled during designated meeting times will be charged directly to JRC-DMS. If a board member chooses not to participate in the planned meals, he or she must pay for the meal, which may be expensed to JRC-DMS, who will in turn, invoice the sponsoring organization. All other meals (e.g. dinner upon arrival the night before the meeting begins, or breakfast the morning of departure) are to be paid by the board member and may be expensed to JRC-DMS, who will in turn, invoice the sponsoring organization.

All housing costs will be charged directly to JRC-DMS. Other expenses, such as cab fare, should be paid by the board member and expensed to JRC-DMS. JRC-DMS will then invoice the sponsoring organization.

When flying, JRC-DMS will pay for the cost to check one bag. Checked bags must meet airline weight restrictions. JRC-DMS will not reimburse for over-limit bag charges.

Any additional expenses will be reviewed on an individual basis.

Board members are encouraged to make travel arrangements through JRC-DMS designated travel agency. JRC-DMS will be billed by the agency and will then invoice the sponsoring organization. (w06, w07)

Attendance at National Meetings – If a JRC-DMS meeting is scheduled in conjunction with another meeting of a sponsoring organization or other stakeholder group, JRC-DMS will not pay airfare, ground transportation, registration fees, or other meeting expenses for the attendance at the sponsoring organization's/stakeholder's meeting. JRC-DMS, however, may pay for hotel and meals for the time period of the JRC-DMS meeting. (S04, w06)

SUBJECT 4.09 Investments

POLICY INVESTMENT:

- Provide stable and predictable growth in investment income from year to year.
- Preserve the capital value of the fund balance and protect the fund balance from wide variations in market value.
- Accrue financial reserves equivalent to one year's operating budget.

ASSET ALLOCATION GUIDELINES

A. Operating Funds Investment Plan

The purpose of the operating fund is to provide sufficient cash to meet the budgeted financial obligations of JRC-DMS in a timely manner. The primary goal of investing operating fund assets is to ensure that working capital is invested as fully as possible.

1. Investment Objectives
 - a. Preservation of principal
 - b. Provide liquidity
 - c. Maximize investment income within the constraints of “a” and “b” above
2. Investment Guidelines
Acceptable investments shall include:
 - a. Federal insured certificates of deposit
 - b. Money market funds
 - c. U.S. Treasury bonds

Maturity: Investments in the operating fund will be limited to one year or less.
3. Performance Measurement
Maximizing investment income is a secondary consideration to providing liquidity and maintaining safety of principal. Performance will be reported quarterly and compared to a short-term treasury bill index.

B. Reserve Funds Investment Plan

JRC-DMS' reserve fund exists for general investment purposes. Preservation of capital is the primary investment goal for these funds, with growth of capital as the secondary objective. The time frame for investment of these funds is at least three to five years or an average market cycle. The Board of Directors is authorized to select an investment manager, who is insured and bonded, to provide services necessary for it to perform its obligations as set forth in the policy statement. The investment manager shall be guided by JRC-DMS' investment guidelines and objectives that the Board shall review.

1. Investment Objectives
 - a. Preservation of principal
 - b. Provide liquidity
 - c. Maximize investment income within the constraints of “a” and “b” above
2. Investment Guidelines
Acceptable investments shall include:
 - a. Federal insured certificates of deposit
 - b. Money market funds
 - c. U.S. Treasury bonds
 - d. Mutual funds
 - e. Stocks

Maturity: Investments in the reserve fund will be limited to six months to a year.

3. Performance Measurement
Maximizing investment income is a secondary consideration to providing liquidity and maintaining safety of principal. Performance will be reported quarterly and compared to a short-term treasury bill index.

Reserve Fund Spending Policy

A defined percentage of the reserve fund's return (from market appreciation) can be used to support program expenses. The purpose of the reserve funding spending policy is to:

- a. Provide a fixed amount of revenues for JRC-DMS' access to meet special projects and emergency operating expenses.
- b. Provide a process to allocate the returns from the reserve fund to support operations.
- c. Provide safeguards to ensure that inflation cannot erode the purchase power of funds' assets. (s08)

SUBJECT 5.00 Definition of Accreditation Actions

POLICY JRC-DMS adheres to the CAAHEP policies pertaining to accreditation actions. The most current may be found at www.caahep.org. (w06)

SUBJECT 5.01 Program Documentation

POLICY JRC-DMS requires that programs seeking accreditation provide evidence, in the form of a written report, that a self-study has been conducted. Accredited programs must periodically submit a self-study report, and participate in an on-site visit, to obtain and maintain accreditation.

If requested information, including but not limited to the self-study, annual report, request for clarification, etc., is not received within 3 days of the given due date, a program will be placed on administrative probation. If a specific due date is not given, programs must respond to the request of information within 30 days.

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, annual report, etc., must be typed. Handwritten information will only be accepted on completed survey forms. Programs are required to use the appropriate current JRC-DMS forms. Forms can be found at www.jrcdms.org.

If requested information is not received in a timely manner, when a program is undergoing comprehensive review, the program's application may be returned without further review. Once the application is returned by JRC-DMS, the program must begin the initial or continuing accreditation process again, including resubmitting all appropriate fees.

JRC-DMS will not accept vague, inconsistent, or confusing information. (f00, w05, w06, s07)

SUBJECT 5.02 Program Sponsorship

POLICY Separate programs conducted by a single sponsor are considered individual programs and require individual accreditation. (f00, s07)

SUBJECT 5.05 Adding a New Learning Concentration

POLICY An accredited program wishing to add a new learning concentration can submit a new self-study and be site visited, in which case the new learning concentrations will be treated as an Initial Accreditation. (s97,s02, w06)

SUBJECT 5.08 Contacting JRC-DMS Directors

POLICY The management services office will not give out contact information for JRC-DMS directors. Office staff should take the individual's contact information, and if appropriate, the director will make contact with the individual or instruct staff to follow through. (w06, s07)

SUBJECT 5.16 Grievance/Third Party Complaint

POLICY CAAPHEP and JRC-DMS follow due process procedures when written complaints are received by CAAHEP or JRC-DMS alleging that an accredited program is not following established accreditation Standards or policies. Complaints to JRC-DMS about CAAHEP accredited programs may come from current students, institutional graduates, current faculty, former faculty, or the public. JRC-DMS procedures for formal complaints are as follows:

1. Complaints must be in writing, signed by the complainant(s), and addressed to JRC-DMS or CAAHEP. Anonymous submissions will not be investigated. Complaints must allege noncompliance with the Standards and Guidelines. No other complaints

will be considered by JRC-DMS. Complaints must be brought within sixty (60) days of the breach that is being alleged. Acknowledgement of the complaint is provided to the complainant(s) by the mailing of the complaint policy.

CAAHEP and JRC-DMS emphasize that they will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, appointment, calculation of grades, promotion, or dismissal. CAAHEP and JRC-DMS will act only when they believe practices or conditions indicate the program may not be in substantial compliance with the Standards or with established accreditation policies.

2. Names of those issuing the complaints will be held in strictest confidence by JRC-DMS, unless written permission is granted to reveal identities to the institution in question. This requisite shall be waived in the event JRC-DMS is required to turn over any documentation as determined by a bona fide judicial or governmental process. Failure to grant permission to reveal the complainant's name to the institution in question may result in the dismissal of the complaint. Without the release of actual records that apply to the complaint, JRC-DMS may not be able to determine if Standards or policies were violated.
3. All published institution grievance policies must be exhausted before a complaint can be considered by JRC-DMS. A copy of the institution's grievance policy must be made available to JRC-DMS by the complainant(s), with documentation verifying the complainant's efforts to resolve the complaint via the institutional grievance policy(ies).

Upon exhaustion of all institutional channels to resolve the grievance, the complaint will be forwarded to a committee established by JRC-DMS to determine if the complaint alleges noncompliance with the Standards and Guidelines and/or established accreditation policies. JRC-DMS may request documents including student records in order to investigate the complaint. If it is determined that the program is in compliance with the Standards and Guidelines and or established accreditation policies, the complainant will be notified that no action can be taken by JRC-DMS.

4. If JRC-DMS determines that the complaint is valid, as set forth above, JRC-DMS will send a copy of the complaint to the sponsoring institution. The complaint will be accompanied by correspondence delineating potential noncompliance with the Standards and Guidelines and requesting a response within 30 days.
5. JRC-DMS, upon review of all submitted documentation, may determine that additional information is required. JRC-DMS may use any reasonable means of obtaining additional information relevant to the complaint, including but not limited to personal interviews (by telephone or otherwise), requests for responses to written questions or independent research. The investigation may be accompanied by a focused site visit, the fees and expenses of which shall be borne by JRC-DMS. The focused site visit may be arranged as soon as reasonably feasible, but not more than 30 days following the investigation. The purpose of the focused site visit shall be limited to an investigation of the complaint and the manner in which it affects compliance with the Standards or accreditation policies. If the program is in the process of a comprehensive review, these two review processes may be combined.
6. JRC-DMS will determine, after review of all relevant information, whether the program is compliant with the Standards and Guidelines raised in the complaint, as well as any other such potential citation(s) that became known as a result of the investigation into the complaint.

- a. If JRC-DMS determines that the program is in substantial compliance with the Standards and Guidelines, a No Action letter will be sent to the complainant and the sponsoring institution describing the basis for this finding.
- b. If JRC-DMS determines that the program is not in substantial compliance with the Standards and Guidelines, a letter will be sent to the sponsoring institution setting forth the factual basis for the finding(s) and identifying appropriate corrective action that must be taken. Examples of corrective action include, but are not limited to:
 - i. Required submission of an action plan/progress report identifying the steps to be taken to correct the citations and the timetable for doing so;
 - ii. Specific actions deemed appropriate and necessary by JRC-DMS to address and correct the breach.
- c. If the program's response to the determination of JRC-DMS is considered unsatisfactory, or if the program has not complied with the corrective action issued by JRC-DMS, the sponsoring institution may be subject to further action for the program, including but not limited to:
 - i. A recommendation for probationary accreditation may be forwarded to CAAHEP.
 - ii. A recommendation to withdraw programmatic accreditation may be forwarded to CAAHEP.
 - iii. Other appropriate actions. (s00, s06, w07, f08)

SUBJECT 5.17 Accepted Credentials for Clinical Instruction

POLICY Any of the following credentials from ARDMS, ARRT, and CCI, are accepted for clinical instructors in the following areas:
Abdomen: RDMS (AB), RT(S)
OB/Gyn: RDMS (OB), RT(S)
Breast: RDMS (AB), RDMS (BR), RT(S)
Neurosonology: RDMS (AB), RT(S), RDMS (NE)
Adult Echocardiography: RDCS (AE), RCS
Pediatric Echocardiography: RDCS (AE), RDCS (PE), RCS
Fetal Echocardiography: RDMS (OB), RT(S), RDCS (PE), RDCS (FE), RCS
Vascular: RVT, RVS (f08)

SUBJECT 5.18 Outcomes Reporting

POLICY JRC-DMS uses a number of criteria for outcome measures, which includes, but is not limited to, employer surveys, graduate surveys, student surveys, and student attrition. JRC-DMS also evaluates the number of graduates taking and passing national credentialing exams. The current accepted credentials include: RDMS (AB, OB), RVT, RDCS (AE, PE), RT(S), RCS, RVS. Validation of credentialing examinations must include analysis by psychometricians using current psychometric guidelines.

Programs must use the forms provided by JRC-DMS to report outcomes. (s06, w06, s08)

SUBJECT 5.18a Definition of Class

POLICY The following definition of class must be used by programs when reporting outcomes:
A unique group of students per year, per learning concentration, with eligibility for the same credentialing examination(s). (f08)

SUBJECT 5.19 Outcomes Thresholds

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

SURVEYS

Graduate Surveys

- Within one year post-graduation
 - Must have at least a 50% return rate
 - Composite score of three or greater on a five point rating scale
 - Example:
 - 10 Total graduates
 - Must have a minimum of 5 returned surveys (50%) for each graduating class
 - EACH QUESTION should have an average composite score of 3 on the 5 point Lickert scale

Employer Surveys

- Within one year post-graduation
 - Must have at least a 50% return rate
 - Composite score of three or greater on a five point rating scale
 - Example:
 - 10 Total graduates
 - Must have a minimum of 5 returned surveys (50%) for each graduating class
 - EACH QUESTION should have an average composite score of 3 on the 5 point Lickert scale

ATTRITION

Total enrollment per class:

- Not to exceed 20% of total enrollment.
Including attrition due to Academic Dismissal, Clinical Dismissal, Student Withdrawal

NUMBER OF GRADUATES EMPLOYED IN A RELEVANT SETTING

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

CREDENTIALING SUCCESS

General Concentration Only Program

- 60% overall take and pass rate within one year of graduation and earn either abdomen or OB/Gyn credential.
- At some point during the three, five, or ten-year accreditation cycle the program must demonstrate that some graduates have been successful in obtaining the credential for both abdomen and OB/Gyn.
- Current accepted credentials for the General Concentration:
 - ARDMS: RDMS (AB) and RDMS (OB/Gyn)
 - ARRT: RT(S)

Cardiac Concentration Only Program

- 60% overall take and pass rate and earn a credential within one year of graduation.
 - If pediatric echocardiography is offered/reported as an outcome, at some point during the three, five, or ten-year accreditation cycle the program must demonstrate that some graduates have been successful in obtaining the credential for adult echocardiography and pediatric echocardiography.
- Current accepted credentials for the Cardiac Concentration:
 - ARDMS: RDCS (AE) and RDCS (PE)*
 - CCI: RCS

**if applicable*

Vascular Concentration Only Program

- 60% overall take and pass rate and earn a credential within one year of graduation
- Current accepted credential for the Vascular Concentration:
 - ARDMS: RVT
 - CCI: RVS

Multiple Concentration Programs

- 60% overall take and pass rate and earn a credential within one year of graduation.
- At some point during the three, five, or ten-year accreditation cycle the program must demonstrate that some graduates have been successful obtaining in all of the credentials the curriculum is designed to teach. (w07, s08)

SUBJECT 5.20 Pass Rate Calculation

POLICY Credentialing success is demonstrated by the number of graduates attempting and successfully obtaining a credential, as outlined below. To determine this number, the following formula must be used:

Number of Graduates Passing Exam divided by the Total Number of Graduates Attempting Exam (w07, s08)

SUBJECT 5.21 Failure to meet established thresholds

POLICY 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 how deficiencies will be corrected. 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. (w07)

SUBJECT 5.22 Scanning Lab Definition

POLICY Scan Laboratories are defined as:

- Scheduled and required experiences.
- Scan labs are student scanning practice in a controlled laboratory setting.
- Scan labs must be monitored by faculty at all times.
- Scan labs may be conducted in a classroom setting or in the clinical setting.
- Scan labs may be conducted on volunteer models, such as other students.
- Policies must be in place that ensure that models understand the purpose is educational, not diagnostic.
- Scan labs cannot take the place of clinical education in a hospital or office setting on real patients, but can be used to enhance scanning experience in certain limited settings. (s07)

SUBJECT 6.01 New Director Review

POLICY New directors will be paired with an experienced director for the review of their first self-study. Both directors will review the self-study and the experienced director will be prepared to work with the new director. Contact between the two directors before the JRC-DMS meeting is strongly encouraged. (s97, s07)

SUBJECT 6.03 Review Process

POLICY Staff will develop and maintain a checklist to expedite Committee review of self-studies.

Within four weeks of receipt of self-study, staff will review the following:

1. Verify that all required items are included.
2. If the self-study is grossly insufficient it may be returned to the program without board review. If the self-study is partially acceptable but incomplete, staff will notify the program in writing specifying items and information missing and a deadline for submission.
3. If the program hasn't yet graduated a class, the program must submit a detailed plan of evaluation, including examples of survey instruments to be used. Samples of any completed student evaluations of didactic and clinical instructors, and advisory committee meeting minutes should be included.
4. A JRC-DMS Board Reviewer will be assigned by the staff on a rotational basis, as appropriate. If a Reviewer refuses to review two self-studies, staff will notify the chair.
5. The Reviewer will acknowledge receipt of the self-study
6. If the Reviewer finds the self-study to be incomplete and/or insufficient, he or she will direct the staff to notify the program, in writing, specifying the items and information lacking and including a deadline for submission. If the program fails to respond to this request or the self-study is still incomplete and/or insufficient after the program's response, the self-study will be returned to the program without review or recommendation to the Board and the application will no longer be considered active.
7. The Reviewer will complete the self-study review and return it to the office within four weeks. If the office does not receive a review within four weeks, staff will contact the Reviewer.
8. Upon receipt of the Reviewer's Analysis and authorization, staff will coordinate on-site evaluation arrangements.
9. Prior to the scheduling an on-site evaluation the program must be advanced enough to have students assigned and attending clinical affiliates.
10. Following the site visit, staff will forward a draft letter to the reviewer, which will contain the findings of the site visit. The Board Reviewer will approve the letter within 14 days. If the Reviewer has questions regarding the content of the report, he or she may contact the site visit team, or direct staff to do so.
11. Upon receipt of the program's response to the findings letter, staff will forward the response to the Reviewer for a final recommendation. The reviewer will complete the recommendation and return it to staff within 30 days. The recommendation will then be included on the next Board agenda.
12. Following Board review, a recommendation will be forwarded to CAAHEP. (s89, s90, f00, s02, w04, w05, w07 w08)

SUBJECT 7.00 Composition of Site Visit Team

POLICY No site visitor shall have any real or potential conflict of interest that may affect the evaluation. If the visitor, program, or JRC-DMS has reason to believe that a conflict of

interest exists, the visitor will be excused. A conflict of interest exists when programs in which close personal friends or acquaintances with past conflicts, former associates, former students, or relatives are employed, or institutions in which the site visitors graduated, is employed, has been employed, or sought employment. Conflict of interest also exists when the site visitor serves/served as a consultant.

Conflict of interest may also arise when a clear disparity in the values, philosophies, or orientations of the program and site visitor would make an objective evaluation difficult or impossible.

Trainees and/or observers may accompany the on-site evaluation team.

At least one site visitor will be appropriately credentialed and have at least two years experience working in an ultrasound program that is JRC-DMS reviewed and CAAHEP accredited.

The JRC-DMS Board Member who reviews a program may not serve as a site visitor to that program.

JRC-DMS assigns a minimum of two site visitors for each program on-site evaluation. A single site visitor is acceptable only in unusual and extenuating circumstances and only with the approval of institutional and program administration, as well as the agreement of the site visitor. (s91, f00, s02, w07)

SUBJECT 7.01 Site Visitor Qualifications

POLICY 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.

JRC-DMS requires site visitors to regularly update knowledge and improve and skills through participation in annual site visitor retraining workshop/session(s).

JRC-DMS site visitors who do not hold a JRC-DMS-approved credential may only serve as the team member.

Site visitors may become a team chair after the following:

- Satisfactory completion of three or more JRC-DMS site visits as a team member
 - Satisfactory completion is defined as receiving no unfavorable evaluations from either the team chair or the program being visited.
- Current with JRC-DMS training and retraining
- Currently holds at least one JRC-DMS recognized credential (s97, f00, s03, w04, w07)

SUBJECT 7.01A Site Visitor Appointment

POLICY JRC-DMS recognizes that site visitors 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. JRC-DMS requires site visitors to:

- Maintain confidentiality
- Demonstrate continued knowledge of current JRC-DMS Standards and Guidelines and Policies and Procedures
- Justify program non-compliance using the Standards and Guidelines during program evaluations

- Act in a professional manner as a representative of JRC-DMS
- Limit interaction and involvement to the observation and substantiation of information

Site visitors must also be able to communicate effectively and apply sound reasoning and problem solving skills.

The JRC-DMS Board and staff will review the qualifications and appointments of site visitors annually, based on the above criteria. (w07)

SUBJECT 7.01B Withdrawal of Appointment

POLICY Site visitors may be removed from the site visitor roster if they:

1. Voluntarily resign
2. Are inactive for a period of at least three years
3. Fail to participate in required site visitor retraining activities
4. Fail to correct any deficiencies revealed in the evaluation process (w07)

SUBJECT 7.02 Site Visitor Application

POLICY Staff will receive site visitor applications and perform initial evaluation and confirmation of compliance with qualifications. JRC-DMS will maintain, as confidential, the curriculum vitae and applications of site visitors. All applications received since the last board meeting will be collected and presented to the full board at the next board meeting. The board votes to accept or reject each applicant in turn. Applicants will be notified of the outcome of the board's decision by letter, and accepted applicants will be added to the pool of site visitors following participation in a JRC-DMS site visitor training session. (f98, w06, w07)

SUBJECT 7.04 Site Visitor Conduct

POLICY

1. 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.
2. 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.
3. 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 should not suggest their availability for consultation or for employment by the program being evaluated.
4. The extent a program meets the Standards and Guidelines is the only criterion for which it may be evaluated.
5. Behavior such as sexual comments, inappropriate jokes, and intolerance of any kind (gender, race, ethnicity, sexual orientation) will not be tolerated.
6. Site visitors' attire should be conservative and businesslike.

7. The site visit team may not indicate their personal opinions of probable JRC-DMS Board recommendations to CAAHEP.
8. Site visitors must maintain confidentiality at all times during and following the site visit.
9. Site visitors must not allow notoriety or reputations (real or perceived) within the profession, to influence judgments and evaluations. (f99, w07)

SUBJECT 7.04A Grievance Against a Site Visitor

POLICY A complaint or grievance of an approved site visitor's conduct during a site visit may be submitted by any individual, for example, 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

Procedure: All written grievances shall be forwarded to the Chair of the JRC-DMS for action within ten 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 and 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 JRC-DMS established Policies and 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 ten 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.
 - 1) 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.
 - 2) The subcommittee may request further information or material relative 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 recommendation may include, but is not limited to:
 - 1) Issue of a warning of misconduct to the site visitor and required re-training regardless of previous date of training
 - a. Multiple receipts of warning will result in removal from the JRC-DMS approved site visitor list
 - 2) Demotion to team member (for team chairs only) and required re-training regardless of previous date of training
 - 3) 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.
 - C. 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.

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. (w07)

SUBJECT 7.05 Exit Summation

POLICY The purpose of the exit summation is to provide a forum for the site visitors to provide the program with an indication of what will be included in the site visit report to the JRC-DMS. The site visitors should make it clear that they are not presenting an accreditation recommendation.

Persons who should be included in the exit summation include, but are not limited to:

- Site Visitors
- Program Director and key faculty (as designated by Program Director)
- Representative of school administration

Prior to the exit summation, the site visitors should:

- Meet with the Program Director and other program personnel, if applicable, to discuss final questions regarding the site visit process
- Meet privately to draft the exit summation

The following statement must be read, verbatim, during the exit summation. The suggested time for reading the statement is included in the Procedure Manual.

“Site visitors do not make an accreditation recommendation nor do they imply what JRC-DMS’ recommendation might be. The program will be required to respond to the findings of the site visit at a later date. The JRC-DMS Board may modify or request clarification to the site visit summation in its findings letter, which is sent to the program following this site visit. JRC-DMS bases its final recommendation to

CAAHEP on review of the self-study, the site visit report, and the program's response to the findings. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) determines the final accreditation action. These are our impressions of the strengths and weaknesses of the program..."

The exit summation should be conducted in a professional manner and follow the guidelines presented in the Procedure Manual. (w07)

SUBJECT 7.06 Site Visitor Evaluation

POLICY Post site visit questionnaires will be reviewed on a quarterly basis by the vice chair at the board of director's meetings. Staff will mail a report regarding performance, to all site visitors who participated in a site visit during the previous year.

After initial review by staff, any site visitors receiving an unfavorable evaluation will be reviewed by the grievance subcommittee, as described in Policy 7.04A, Grievance Against a Site Visitor.

Staff will review all of the questionnaires, and maintain the Post Site Visit Questionnaire Report. In the process, staff will note which program site visits resulted in an unfavorable response for a site visitor, defined as any "no" response, and/or any score less than "3." (w07)

SUBJECT 7.07 Site Visitor Reimbursement

POLICY All reasonable expenses (with the exception of alcoholic beverages) incurred during a site visit are the responsibility of the program being visited.

Site visitors are requested to make travel arrangements through the JRC-DMS designated travel agency. Airfare is limited to the lowest, practical round-trip coach fair. It is the site visitor's responsibility to confirm travel dates and arrangements with the travel agent prior to ticketing and for accuracy after booking. JRC-DMS will be billed by the agency and will invoice the program. Any changes in travel made by the site visitor that were not requested by the program or JRC-DMS, or approved by JRC-DMS staff, which occur after the travel arrangements have been made, are the responsibility of the site visitor.

Reimbursement for personal car use that is directly related and necessary to conduct the site visit will be according to the current Internal Revenue Service Rate. The maximum reimbursement for using a personal car and other related expenses e.g., additional meals incurred due to the use of a personal car vs. air travel cannot exceed the lowest price of an airline ticket.

When flying, JRC-DMS will pay for the cost to check one bag. Checked bags must meet airline weight restrictions. JRC-DMS will not reimburse for over-limit bag charges.

Any expenses not paid by the program, i.e., housing, ground transportation, meals, be paid by the site visitor and subsequently submitted to JRC-DMS. To receive reimbursement for these expenses, an itemized receipt must be submitted with the JRC-DMS expense report. Any expenses, with the exception of tips and mileage, submitted without an itemized receipt (showing each line item) will not be reimbursed. JRC-DMS will not reimburse expenses for alcoholic beverages, fitness facility fees, or internet connections. Expense reports must be submitted to the JRC-DMS office within 14 days of the site visit. Any excessive expenses will be investigated by JRC-DMS. Site visitors will be reimbursed for expenses after the site visit report has been received by the JRC-DMS office. (w06, s06, w07)

SUBJECT 7.08 Responsibilities of the Site Visit Team

POLICY The primary responsibilities of the site visit team include:

- Validating the Application/Self-Study.
- Establishing/distributing the site visit agenda, in collaboration with the program director.
- Gathering information.
- Reporting program strengths and weaknesses during the exit summation.
- Reporting impressions and substantiation of compliance with CAAHEP/JRC-DMS Standards to the JRC-DMS Board.
- Evaluating the performance of the fellow team member.

JRC-DMS requires the team chair 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.”

JRC-DMS requires the site visit team 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. JRC-DMS requires the site visit agenda to provide adequate time for program evaluation activities. (w07)

SUBJECT 7.09 Site Visit Confidentiality

POLICY All information made available to site visitors for and during their evaluation is to be considered confidential. Site visitors are required to sign and return a confidentiality agreement annually. 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. (w07)

SUBJECT 7.10 Sexual Harassment

POLICY JRC-DMS defines sexual harassment as any unwelcome communication of a sexual nature, whether verbal, physical, written, or pictorial. JRC-DMS does not condone any form of sexual harassment. Each site visitor is required to conduct himself or herself in an appropriate manner as to contribute to an environment free of sexual harassment when performing on-site evaluations for JRC-DMS. JRC-DMS expects site visitors to be treated with dignity by site visit team members and sponsor and program officials during the performance on a site visit evaluation. Site visitors are encouraged to express freely, responsibly, and in a timely manner their opinions and feelings about any problem or complaint of sexual harassment to the JRC-DMS Staff.

JRC-DMS considers that any act by a site visitor, sponsor or program official, JRC-DMS Director, or JRC-DMS employee of reprisal, interference, restraint, penalty, discrimination, coercion, or harassment, either overtly or covertly, against any site visitor for responsibly using this policy and its procedures, interferes with free expression and openness. (w07)

SUBJECT 8.00 Accreditation Recommendations

POLICY The Board reviewer will make a written recommendation for Committee consideration for the programs for which they have review responsibility. (f94, f00, s07)

SUBJECT 8.01 Progress Report Recommendation

POLICY The director reviewing the self-study and site visit findings will also review the progress report and prepare a written recommendation for the next meeting. If the director who reviewed the program has rotated off the JRC-DMS, a new director will be assigned on a rotational basis. (s97, f00)

SUBJECT 9.00 Recognition of Additional Clinical Affiliates

POLICY Request for recognition of additional 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, clinical affiliate request form, clinical instructor credentials, and appropriate fee.

The program may use clinical sites prior to recognition by JRC-DMS if the site satisfies the criteria outlined in the Standards and Guidelines. If a site is used prior to recognition, it must be submitted with the next annual report, self-study, or findings response, whichever is sooner. Failure to submit clinical sites for recognition may result in an adverse action. If the clinical site is not recognized by JRC-DMS, the student(s) must be removed and placed at an alternate clinical site that satisfies the CAAHEP Standards, immediately upon notification from JRC-DMS. (s97,s02, w05, s07, w08)

SUBJECT 9.01 Clinical Affiliate Application Fee

POLICY JRC-DMS will institute a fee for the evaluation and approval of applications for new affiliate sites to offset the expense incurred in the analysis of the application and subsequent board review and approval. The current fee structure can be found on the JRC-DMS Web site, or by contacting the JRC-DMS office. (w06)

SUBJECT 9.05 Ten Year Accreditation Cycle

The JRC-DMS Board of Directors may make recommendation for continuing accreditation, not to exceed 10 years, to CAAHEP. A program that is eligible must be well established and in good standing with the JRC-DMS and CAAHEP; have had no significant changes in its accredited learning concentration(s) curriculum; have acceptable outcomes, as established by the JRC-DMS, and have had no change in program director or clinical coordinator since its last accreditation award.

The definition of a well-established program is one that has undergone at least two previous successful accreditation cycles that resulted in the granting of at least a five-year accreditation. Initial accreditation does not apply toward the two successful accreditation cycles. Programs requested to submit a progress report(s), are eligible for 10-year accreditation provided the progress report is accepted with no additional progress reports required. (s03, s06, s07)

SUBJECT 10.00 Appointment and Term of CAAHEP Commissioner

POLICY The CAAHEP commissioner and an alternate will be appointed by the JRC-DMS Chair at a full-board meeting, after appropriate discussion. The term will be a maximum of three (3) years renewable one (1) time. (f00)

SUBJECT 10.01 Sponsorship

POLICY 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.

SUBJECT 10.02 Running for CAAHEP Board of Directors

POLICY 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. 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.
