

CAAHEP and JRC DMS Updates

SDMS Annual Conference

September 28, 2019

1:00 pm – 2:30 pm



Objectives

- Discuss changes made to CAAHEP and JRC DMS policies;
- Provide updates on the CAAHEP Standards and Guidelines;
- Highlight common citations

CAAHEP Updates



CAAHEP Policy Updates



- Initial accreditation no longer expires or has an end date.
- Defined by CAAHEP: Initial Accreditation is the first status of accreditation granted to a program that has demonstrated substantial compliance with CAAHEP Standards. Initial accreditation remains in place until another action is taken by the CAAHEP Board.
 - CAAHEP Policy 204 Definition (www.caahep.org)
- Comprehensive reviews will continue to occur prior to or at five years from date of initial site visit/CAAHEP award of accreditation

CAAHEP Policy Updates



Did you know....

- Your Program's CAAHEP Letter of Award is available on the CAAHEP's website with your program information.
- The review of the Standards by each Committee on Accreditation (CoA) has been extended to a 10-year review cycle. Up until April 2019, it was every five years the CoA was to review their Standards.

CAAHEP Policy Updates



Did you know....

- This week, email was sent notifying an increase in CAAHEP annual fee to \$600.00 (\$50.00 increase)
- Please be sure your weblink to your program's outcomes is up to date. CHEA, the oversight organization of CAAHEP, does random audits to ensure that CAAHEP is in compliance, which means we need to be in compliance.

JRC DMS Updates



JRCDMS Updates

Fee changes



- This is the first change in fees in 10 years.
- **Effective January 1, 2020.**
- **Self-Study Fee at time of submission:**
 - \$1,400 (initial or continuing and regardless of the number of concentrations)
 - \$500 for recognition of each satellite/multi-campus location (if applicable)
- <https://www.jrcdms.org/newsevents.htm>

JRC DMS Updates Fee changes



- **Annual Fee:**
- \$1,500 for 1 or 2 concentrations
- \$2,000 for 3 or more concentrations
- \$500 for each satellite/multi-campus location reviewed, if applicable
- The fees for addition of clinical sites for recognition will be eliminated in 2020.
- <https://www.jrcdms.org/newsevents.htm>

JRCDMS Updates

Multi-campus/Satellite Policy



- JRCDMS Policy 209 – Alternative Models of Education
- In this multi campus/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.
- There are 12 items on the checklist to determine if your proposed extension meets the criteria of satellite.
 - [https://www.jrcdms.org/pdf/JRCDMS_Policies%20\(2-2019\).pdf](https://www.jrcdms.org/pdf/JRCDMS_Policies%20(2-2019).pdf)

JRCDMS Updates Retention/Attrition



JRCDMS Policies and Procedures #902 Outcomes

- Student retention (the inverse of attrition) will now be reported on all annual reports with a **revised threshold of 70% (30% attrition)**.
- For programs with low student enrollment per year (≤ 9) the sliding scale 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%

JRC DMS Updates

Virtual Site Visits

How is a program offered and selected for a Virtual Site Visit?

- Must be a continuing program in good standing.
 - meets outcome thresholds
 - is not on probation
 - is not on reactivation
 - does not have a formal complaint submitted through CAAHEP
- Referral for a virtual site visit can be made by the self-study reviewer, a member of the board of directors, or the JRC-DMS office staff.
- Program currently uses a clinical management system (e.g., Trajecsys)
- Program faculty are technology savvy and have the support of their on-site IT department the day of the virtual site visit.
- Conferencing room must be available for use during the entire timeframe.
- A computer lab must be available to interview all students without program personnel
- Program must be willing to do a “practice session” via the conference software (Zoom)
- \$1500.00 fee for virtual site visit
- Policy 1007 [https://www.jrcdms.org/pdf/JRC DMS_Policies%20\(9-2019\).pdf](https://www.jrcdms.org/pdf/JRC DMS_Policies%20(9-2019).pdf)

JRC DMS Updates Annual Report



- **Clinical affiliate spreadsheets**
 - Required sheet: Clinical affiliates the program uses that align with the concentration(s) it is accredited in
 - Supplemental sites sheet: Clinical affiliates used by the program that provides additional learning opportunities outside of the accredited concentration area(s)
 - Verification current clinical contract is on file
- **Outcomes**
 - Action plans are present for a rolling triennium

Related Question from Our Audience in Survey



- Must an instructor at an educational facility be a credentialed RVT to teach vascular courses if the educational program is not accredited as a Vascular Program (if they are only accredited in general - Abd and OB)?
- The CAAHEP Standards are only applied to the concentration seeking accreditation (initial or continuing). Thus, during the comprehensive review process, coursework or clinical competencies related to areas outside of the concentration being sought is not evaluated.

Site Visitor Policies



- Policy 1003
- 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.**
- [https://www.jrcdms.org/pdf/JRCDMS_Policies%20\(9-2019\).pdf](https://www.jrcdms.org/pdf/JRCDMS_Policies%20(9-2019).pdf)

Common Citations

What does the JRCDMS see from site visit team reports?



Goal Statement



C. Minimum Expectations

- The program must have the following goal(s) defining minimum expectations:
- "To prepare competent entry-level _____sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains“
- The statement must be verbatim for each concentration in program’s published materials.
- *If the statement is not seen during the review of the self study, the office will notify the program so that the program can rectify prior to the site visit.*

Common Citations



- **Non-cardiac chest clinical competency**
 - This clinical competency can be fulfilled through scanning to assess presence or absence of pleural effusion, lump, foreign body, etc.
 - Can also be completed through scanning before, during, or after a thoracentesis.
 - *When noted to be absent in the self study the program is notified to give opportunity to create the competency form and develop an action plan to implement prior to site visit*
- **Vascular Competencies in visceral vascular**
 - If unable to meet, submit a request for clinical exemption prior to or with self study.

Common Citations



- Clinical experience discrepancies
- It is recognized clinical numbers will vary between students. What is important is students are being afforded the opportunity to develop their skills in each of the areas offered by the program. Discrepancies can be a result of a variety of factors.
 - Common root causes
 - Limited clinical resources
 - Lack of coordination of clinical placement or rotation(s)
 - Lack of monitoring of student log pages/case documentation

Common Citations

- **Assessment and Outcomes**



- Graduate and Employer Surveys
 - To be conducted after graduation – in a time frame in which the respondents can adequately evaluate their experiences
 - Can be conducted electronically or handwritten by the graduate or employer
 - Must be dated and preferable is name or signature; however, there may be occasions where there is preference to not include the name of the evaluator or graduate.
 - Employers who cannot complete the survey due to HR policy, please have the employer submit an email or letter stating their inability to complete. Keep this documentation on file with that cohort of graduates.
 - Documentation completed via phone interview is difficult to evaluate for authenticity and can be subjective instead of objective.
- Assessment matrix – the matrix should be completed accurately based on the corresponding survey results. Action plans should be developed for areas in which the score did not meet a minimum of 3 or the threshold set by the program or institution.

Program Personnel and Student Resource Surveys



- These should be conducted annually, analyzed and compiled into the resource matrix.
- The results can be used to provide support for resources needed to effectively operate your program.

Clinical Competency Forms



- Programs have the prerogative to design their clinical competency forms.
- Clinical competency forms should be detailed to provide an assessment of the multiple skills required to produce an optimal image.
 - May include professional/patient care qualities or some programs may be a separate evaluation
- Variety of methods
 - Exam specific competency form
 - Common form with the competency specified by the Clinical Instructor – such as Abdomen limited comp

Clinical Competency Forms



- Clinical Competencies must be completed/signed by a sonographer who holds the appropriate credential for the exam specialty the student is requesting to be evaluated on their performance of the sonographic exam.

Updated on Proposed CAAHEP Standards and Submitted Questions

Current and Proposed Standards



- The Current CAAHEP Standards and Guidelines were approved in 2011 and implemented in 2012.
- The Proposed Standards and Guidelines are a work in progress. It is important to the JRC DMS to revise the Standards to reflect current practice and to have educational Standards to allow the graduate to transition as a competent sonographer into employment in each of the concentration areas in which the graduate was prepared for.

Timeline



- Summer 2015 – The JRC DMS held strategic planning and began the revision process.
- December 2016 – Survey sent to programs inquiring on access to specific types of clinical examinations
- July 2017 – Survey was sent to Programs to provide feedback on the draft of the Proposed Standards and Guidelines. Programs became aware of the Proposed Concentrations.
- December 2017 – The Proposed Standards and Guidelines were submitted to CAAHEP Standards Review Committee
 - Multiple communications to share rationale for language and edits were made
- February 2019 – CAAHEP Standards Committee approves the JRC DMS document

Timeline



- March 2019 – The Standards document was sent to the nine sponsoring organizations
- June 2019 – even of the nine organizations endorsed. Two organizations requested additional information
- August 2019 – The JRCDMS board voted to conduct a survey to provide the information requested.
- September 2019 – The JRCDMS Survey was conducted. Thank you to all who participated. There were 201 responses. Results were received on Monday; thus full analysis has not been completed.
- Future – Analyze survey results, respond to organizations who requested additional information, discuss potential changes that are supported by the survey results to the JRCDMS BOD and submit a revised document, if applicable, to the CAAHEP Standards Committee.

Timeline



The remaining process is for CAAHEP Standards Committee to approve any edits and seek endorsement from all organizations.

Public comment period will be open for 30 days.

CAAHEP holds a public hearing and then they vote on the revised Standards.

Currently there is not a projection of time for final completion.

Implementation of Approved Standards



- It is unknown when the process will be complete.
- There is always a grace period for programs who are in the process of building their self study to be reviewed under the current (2011) Standards.
- Notification will be made to all programs when the Standards will go into effect. Programs who have received a letter to submit their self study will have the option to continue with 2011 Standards process or elect to be reviewed under the new Standards.

JRC DMS Updates

CAAHEP Standards and Guidelines



- Proposed Concentrations
 - Abdomen
 - Adult Cardiac
 - Breast Sonography
 - Musculoskeletal
 - OB/GYN
 - Pediatric Cardiac
 - Vascular Sonography

JRCDMS Updates

CAAHEP Standards and Guidelines



Proposed Concentrations

- Considerations in determining what works best for your program:
- Resources
 - Communities of Interest
 - Preparing graduates to be employed anywhere
 - Preparing graduates for the future
- Continuing programs in applying/maintaining accreditation in Abdomen and OB/GYN - no changes would need to be made other than ensuring your curriculum and competencies align with the new Standards, when approved.

Layout of the Proposed Standards



- The proposed standards have two key sections:
 - CAAHEP Standard Statements I through V and Appendix A similar to the current Standards.
 - Appendix B lays out the requirements for the curriculum; didactic and clinical.
 - General education (requisite courses)
 - Then each concentration, including the section of common to all concentrations are formatted to be:
 - Concentration specific theory
 - Designed to be didactic, but can be delivered and assessed in a variety of methods
 - Scanning proficiency
 - Can be evaluated and documented in the lab or clinical setting
 - Clinical competency
 - Performed, evaluated and documented in the clinical setting.

Clinical Competency Exemptions



- The current exemption policy remains in place until the revised Standards become implemented.
- Non-cardiac chest – assessing for pleural effusion, but currently needs its own competency form.
- The proposed Standards recognized the exams on the current exemption list and included them under the Proficiency area in which the learning and scanning skills can be evaluated in the program's lab or clinical affiliate.
- After analysis of the recent survey results, there may or may not be changes to the clinical competencies.

Virtual Beam Technology

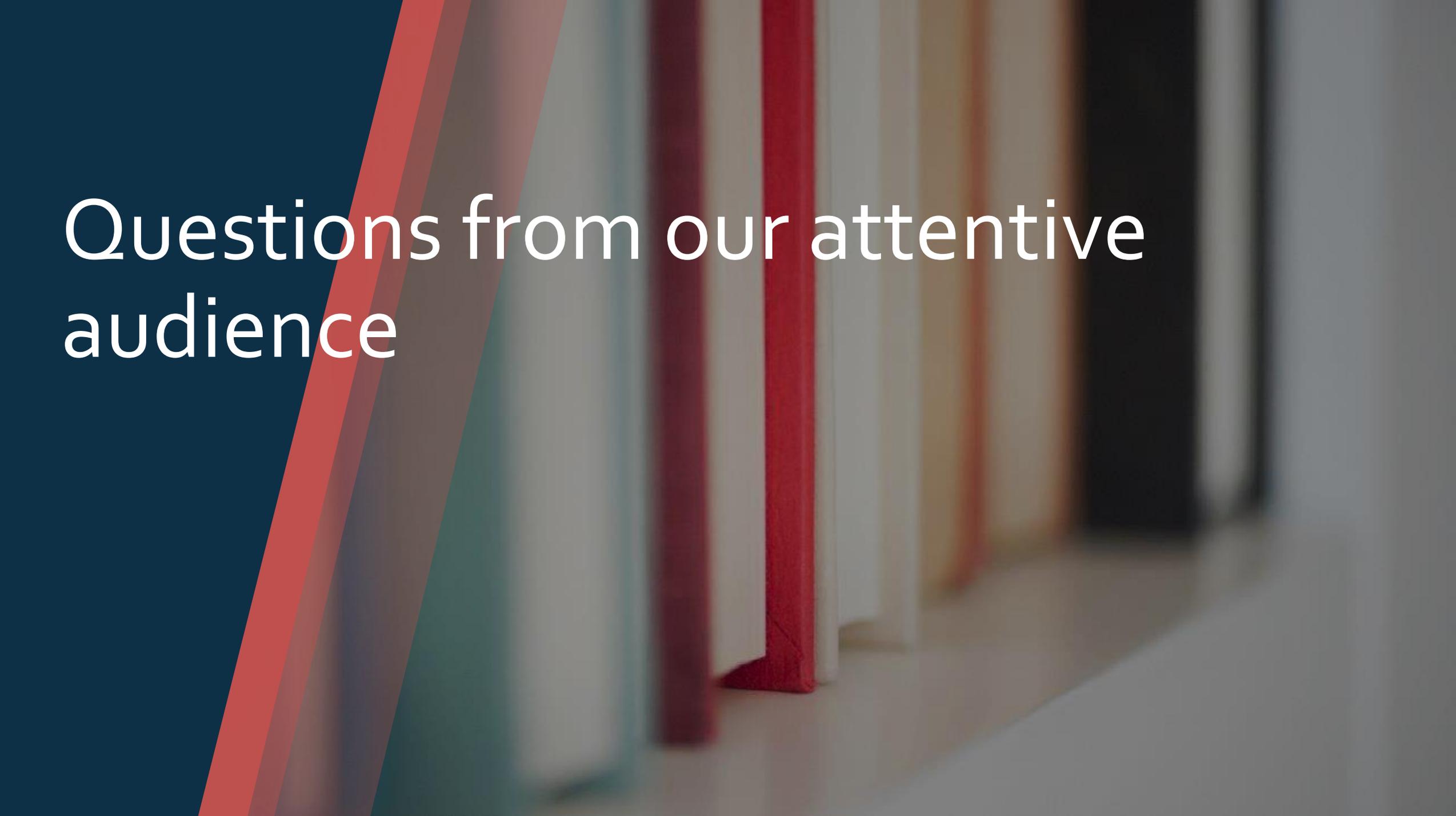


- The Standards do not specify “Virtual Beam Technology” as part of the curriculum.
- The program is responsible to keep abreast of current developments and prepare their students to understand the technology for clinical application as well as success on credentialing examinations.



Thank you

Please contact the JRC DMS
office with your questions
relating to CAAHEP
accreditation through the
JRC DMS.



Questions from our attentive
audience