



Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300
www.jrcert.org

July 19, 2023

Joyce A. Helens, M.A.
President
Great Basin College
1500 College Parkway
Elko, NV 89801

RE: Program #0580

Dear President Helens:

The report of the site visitors who evaluated the associate degree radiography program, which includes a distance delivery option curricular track, sponsored by Great Basin College on May 15-16, 2023 has been reviewed. The program was evaluated using the JRCERT **Standards for an Accredited Educational Program in Radiography (2021)**. The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) to accredit educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

The following is a composite report developed from documentation submitted by the program, the report of site visit team findings submitted by the site visit team, and staff review of relevant materials. The sponsor must respond to this report of findings prior to JRCERT consideration. The program is scheduled for consideration at the next meeting of the Board of Directors following receipt of the program's required response.

The following clinical settings were visited:

Golden Health - Elko, NV
High Desert Imaging - Elko, NV

Standard One - Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

The site visit team reported the following findings:

The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. The policies and procedures are fair, equitably applied, and readily available. The sponsoring institution and program have faculty recruitment and employment practices that are

Standard One - Accountability, Fair Practices, and Public Information (cont'd)

nondiscriminatory. The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies. The program assures the confidentiality of student educational records. The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**. The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis. The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

Summary for Standard One:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard One**.

Standard Two - Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

The site visit team reported the following findings:

The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program. The sponsoring institution provides the program with up-to-date technology to support the achievement of the program's mission. Students benefit from a newly installed energized laboratory, radiographic phantoms, and a state-of-the-art computer laboratory housing an interactive video lecture room. These resources greatly aid in student success. The sponsoring institution provides student resources including, but not limited to personal counseling, requesting accommodations for disabilities, and financial aid.

Summary for Standard Two:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Two**. (**Objective 2.4** does not apply to this program).

Standard Three - Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

The site visit team reported the following findings:

Program faculty support student achievement and are committed to student success by making themselves approachable and available. The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements. The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments. The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed. The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed. The sponsoring institution and/or program provide faculty with opportunities for continued professional development. Program faculty participate in professional

Standard Three - Faculty and Staff

development utilizing the online learning management system Canvas® in addition to attending annual professional state and national conferences.

Summary for Standard Three:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Three**.

Standard Four - Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

The site visit team reported the following findings:

The program has a mission statement that defines its purpose. The program provides a well-structured curriculum that prepares students to practice in the professional discipline. The curriculum is delivered through the combination of face-to-face, hybrid, and distance instruction through the Canvas® online learning management system. Innovative approaches for curriculum delivery include interactive video lectures, and other instructional and intuitive learning activities. All clinical settings are recognized by the JRCERT, although clinical settings do not all publicly display a JRCERT clinical setting accreditation certificate highlighting its relationship with the program. Students benefit from timely and appropriate clinical experiences. There is sufficient access to an adequate variety and volume of radiographic procedures for all students. The student-to-radiography clinical staff ratio is maintained at 1:1. The program benefits from committed clinical affiliates who aid in student learning and success. The program benefits from highly supportive clinical preceptors and staff in the clinical settings.

The program provides learning opportunities in advanced imaging and/or therapeutic technologies. The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered. The program measures didactic, laboratory, and clinical courses in credit hours using a consistent formula. The program provides timely and supportive academic and clinical advisement to students enrolled in the program. Additionally, the sponsoring institution provides a variety of academic advisement tools to assist with student success. The program utilizes multiple measures to ensure the integrity of distant delivery courses such as multi-factor authentication and lock down browser.

Summary for Standard Four:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Four**.

The program may wish to consider the following suggestion:

Encourage clinical settings to display JRCERT clinical setting accreditation certificates. This certificate highlights the clinical settings relationship with the program to the public.

Standard Five - Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

The site visit team reported the following findings:

The program assures the radiation safety of students through the implementation of published policies and procedures. The program assures each energized laboratory complies with applicable state and/or federal radiation safety laws. The program assures that students employ proper safety practices, although the radiation protection policy could benefit from refinement. For example, define clear guidelines regarding student's holding patients during a procedure in the clinical setting. Students receive magnetic resonance (MR) orientation and complete an MR screening prior to clinical enrollment. The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer. The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Summary for Standard Five:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Five**; however, the program is advised that students must not hold image receptors during any radiographic procedure.

Standard Six - Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

The site visit team reported the following findings:

Program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) is documented and maintained by the program. The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement. The program has a systematic assessment plan that facilitates ongoing program improvement. The program analyzes and shares student learning outcome data to facilitate ongoing program improvement. The program promotes ongoing programmatic improvement by sharing assessment results with communities of interest annually. The program periodically reevaluates its assessment process to assure continuous program improvement.

Summary for Standard Six:

Based on the documentation submitted by the program and the findings of the site visit team, the program appears to be in substantial compliance, at the time of the site visit, with **Standard Six**.

Responding to the Report of Findings

A copy of this report of findings is supplied to each member of the site visit team. Team members are requested to review this report and communicate any inaccuracies or inconsistencies in these findings to the JRCERT office prior to the deadline for program response.

The response to the report of findings must be submitted via the JRCERT Accreditation Management System (AMS) no later than **August 16, 2023**. Upon submission, a pdf summary of the response and electronic

Joyce A. Helens, M.A.

July 19, 2023

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Responding to the Report of Findings (cont'd)

signature request will be sent via email to the Chief Executive Officer of the sponsoring institution. The JRCERT must receive this signature in order for the Board of Directors to take an accreditation action. The program director will also receive a pdf summary of the response upon submission. The institution and program are encouraged to share this report of findings and the response with program faculty, as well as institutional and departmental officials at the program's clinical settings.

The program received no citations during the most recent onsite evaluation. Even with no citations, the JRCERT must receive an official response to the report of findings. The response may also include comments on the site visit, site visitors, or the accreditation process.

The program is advised that based on a review of information submitted in support of the program's response to the report of findings, the Committee has the right to add citations not included in the original report of findings.

Thank you for recognizing the value of programmatic accreditation and for permitting the JRCERT to evaluate the radiography program. If I can provide additional information or clarification regarding this report, do not hesitate to contact me.

Sincerely,



Brian J. Leonard, M.B.A., R.T.(R)
Accreditation Specialist

BJL/jl

copy: Reme A. Huttman, M.Ed., R.T.(R)(CT), RDMS, RVT, RDCS
Amber Donnelly, Ph.D.
Robin T. Cornett, M.A.Ed., R.T.(R)(CV)
Angela M. Thomas, Ed.D., R.T.(R)



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October 18, 2022

Reme A. Huttman, M.Ed., R.T.(R)(CT), RDMS, RVT, RDCS
Radiography Program Director
Great Basin College
1500 College Parkway
Elko, NV 89801

RE: Program #0580

Dear Mrs. Huttman:

This is in reference to your correspondence and/or documentation received October 14, 2022 regarding additional information for the self-study report of the associate degree radiography program sponsored by Great Basin College. The additional information has been reviewed and will be added to the previously submitted self-study. Based on this review, no further information is required.

The program is advised that the site visit team will conduct a review of the database during the on-site evaluation to assure that affiliation agreements, accreditation documents, and ARRT registrations and/or unrestricted state licenses are current.

JRCERT records will identify the program total capacity as 25 and the length of the program as 22 months.

The review of the self-study report is complete. In the near future, the program will receive a Site Visit Scheduling Form to assist in the scheduling of the site visit. Any questions that you may have regarding this form or the scheduling of the site visit should be forwarded to Janet Murzyn, Accreditation Services Coordinator, jmurzyn@jrcert.org.

If I can be of further assistance, do not hesitate to contact me.

Sincerely,

Brian J. Leonard, M.B.A., R.T.(R)
Accreditation Specialist

BJL/jl

copy: Amber Donnelly, Ph.D.
Site Visit Team

0580 Additional Information 10/05/2022

2021 Objective 1.1

The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Additional Information Item 01 - Objective 1.1

The program was to have submitted the Website Compliance Checklist as an exhibit for Objective 1.1. The checklist can be accessed here on the JRCERT website. Please provide the completed checklist. Additionally, it is noted that the program utilizes a previous JRCERT logo on its website. Please update the program's website to utilize the current JRCERT logo or remove the JRCERT logo altogether from the program's website.

The JRCERT logo has been updated on the AS in Radiologic Sciences [home page](#). Please see attached Website Compliance Checklist.

[Website-Compliance-Checklist JRCERT.pdf](#)

2021 Objective 1.6

The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Additional Information Item 02 - Objective 1.6

The program has 2 years of data for annual program completion rate. This should only be the most current year (2021). Update the program's annual completion rate to reflect in most recent one-year data.

The Program Effectiveness data on our [website](#) has been updated with the 2020 data removed.

[Program Effectiveness Data2021.pdf](#)

2021 Objective 4.2

The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Additional Information Item 03 - Objective 4.2

Provide a current curriculum analysis grid that can be located [here](#).

Please see our updated current curriculum analysis grid.

[2022-Radiography-Curriculum-Analysis-Grid.pdf](#)

2021 Objective 5.2

The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

Additional Information Item 04 - Objective 5.2

Please provide a certificate of accreditation and/or documentation that the program's energized laboratory is in compliance with state or federal radiation safety laws. A certificate of registration, state-issued license, or physicist's report is acceptable. Any document provided must identify the name of the entity issuing the certificate/license/report and include the name and address of the facility. Screenshots from websites must include this information as well.

Please see our attached State License for Radiation Producing Machines.

[RPM License Certificate RAD_11870_10132022114437.PDF](#)

2021 Objective 6.2

The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Additional Information Item 05 - Objective 6.2

Provide documentation of the program sharing its program effectiveness data with communities of interest since the last accreditation award (2019, 2020, 2021, 2022). This data may be documented on previous assessment plans or on a separate document.

Please see attached Program effectiveness data tables and meeting minutes documenting sharing of this information with communities of interest since 2019.

[Advisory Board FALL 2019Minutes.pdf](#)

[Program Effectiveness FALL 2019 \(3\).pdf](#)

[Advisory Board Radiology SPRING 2020 Minutes.pdf](#)

[Program Effectiveness Data Radiology SPRING 2020\(3\).pdf](#)

[Advisory Board Radiology FALL 2020Minutes.pdf](#)

[Program Effectiveness Data Radiology FALL 2020 \(3\).pdf](#)

[RAD Advisory Board Radiology SPRING 2021Minutes \(1\).pdf](#)

[Program Effectiveness Data SPRING 2021.pdf](#)

[Advisory Board RadiologyFALL 2021 Minutes.pdf](#)

[Program Effectiveness Data Radiology FALL 2021.pdf](#)

[Meeting-Minutes-SPRING 2022.pdf](#)

[Program Effectiveness Data Radiology SPRING 2022\(3\).pdf](#)

2021 Objective 6.4

The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

Additional Information Item 06 - Objective 6.4

Provide a copy of the program's actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.

Provide documentation of the program sharing its actual student learning outcome data since the last accreditation award (2019, 2020, 2021, 2022) with communities of interest. This data may be documented on previous assessment plans or on a separate document.

Please see assessment plans shared with the Radiology Advisory Board, accompanied by meeting minutes detailing the sharing of Student Learning Outcomes.

[2018-2019 Assessment Plan.pdf](#)

[2019-2020 Assessment Plan Fall.pdf](#)

[2019-2020 Radiology Assessment Plan\(1\) Spring.pdf](#)

[2020 Radiology Assessment Plan\(1\) Fall.pdf](#)

[2021 Radiology Assessment Plan\(1\)Fall.pdf](#)

[2021 Radiology Assessment Plan\(1\)Spring.pdf](#)

[2022 Radiology Assessment Plan Spring.pdf](#)

2021 Objective 6.5

The program periodically reevaluates its assessment process to assure continuous program improvement.

Additional Information Item 07 - Objective 6.5

Provide documentation that the plan is evaluated at least once every three years.

The GBC Radiology Program assesses program goals and student learning outcomes during each advisory board meeting. Changes to assessment opportunities are implemented immediately when the need is identified. Changes in assessment measurement tools can be found in the evolving program assessment plans. In addition, the Mission statement is evaluated at a minimum of every three years. The last evaluation was in December 2020. At that point, the Mission Statement was modified and the change was implemented in the Spring 2021 semester. Please see the attached assessment plans to demonstrate evolution of assessments. The 2020 Assessment Plan Fall contains evidence of the most recent Mission Statement change.

[2019-2020 Radiology Assessment Plan\(1\) Spring.pdf](#)

[2019-2020 Assessment Plan Fall.pdf](#)

[2020 Radiology Assessment Plan\(1\) Fall.pdf](#)

[2021 Radiology Assessment Plan\(1\)Fall \(1\).pdf](#)

[2021 Radiology Assessment Plan\(1\)Spring.pdf](#)

[2022 Radiology Assessment Plan Spring.pdf](#)

Meeting Minutes Template- RAD Fall 2022

Program Advisory Committee Meeting Minutes

December 2, 2022

11:00 AM via Zoom

Present: Amber Donnelly, Dean Health Sciences & Human Services
 Reme Huttman, Program Director, Great Basin College
 Alex Kiehn, Radiology Instructor, Great Basin College
 Mary Bengoa, Community Representative
 Bruce Jonas, Radiology Manager, NNRH
 Diane Klassen, Humboldt General Hospital
 Billie Lucero, Humboldt General Hospital
 Belen Garcia, Golden Health
 Danyelle Elmore, 2nd Year Student
 Sarah Crew, 1st Year Student

I. Welcome and Introductions Reme Huttman	All attendees introduced themselves.
II. Review of Minutes Reme Huttman	Minutes were reviewed with no changes noted. A. Kiehn motioned to approve minutes. B. Jonas seconded. Minutes were approved without changes.
III. Program Updates Reme Huttman Alex Kiehn	<p>The program currently has 8 second year students and 11 first year students. The demo x ray lab will soon be installed on the Pahrump Campus and further funding will be researched to convert to a live lab eventually</p> <p>The GBC program is currently in its 8th year of its JRCERT accreditation cycle. The self study was submitted in July and a site visit is expected early spring 2023.</p> <p>The program is currently using clinical sites throughout Nevada including: Ely, Elko, Pahrump, Las Vegas, Winnemucca, Fallon, Reno and Carson City. Final affiliation agreements are being completed for 2 new outpatient centers in Las Vegas, Steinberg Imaging and Pueblo Imaging. Once in place we will apply for JRCERT approval as sites.</p>
IV. Student Progress	Program assessment demonstrates both cohorts of students are meeting most measurement benchmarks and those missing benchmarks are counseled for improvement.
V. Curriculum Updates	All curriculum changes have been implemented and no further changes are expected in the immediate future.
VI. Assessment Process	<p>The assessment plan results and analysis were presented to the Advisory Committee and the following comments were noted:</p> <p>The Mission Statement was reviewed and M.Bengoa motioned to approve maintaining the current statement with no changes. A. Kiehn seconded. The motion passed unanimously.</p> <p>Clinical Competence – A. Kiehn stated his expectation that all current second year will successfully complete all clinical competency requirements to successfully graduate.</p> <p>A.Kiehn also addressed the NCRP and ACR shielding changes.</p>

	<p>Communication Skills – R. Huttman mentioned improvements noted in student written communications since including writing expectations in the orientation process.</p> <p>Critical Thinking – R. Huttman stated the inclusion of additional technique labs in RAD 118 and 128 has improved critical thinking performance.</p> <p>D. Elmore suggested moving RAD 124 course to later in the program so students were in clinical and more able to practice image assessment than in previous semesters.</p> <p>Professional Pathways- A.Kiehn stated intent to change measurement tools for this goal.</p> <p>Professionalism- R.Huttman mentioned the utilization of behavior/academic modification plans for students in early stages of struggling to address issues efficiently. She requested clinical instructor notify faculty when professionalism or behavior issues occur.</p>
VII. Outcomes Review	<p>R.Huttman provided and reviewed the following data:</p> <p>Program Effectiveness Measurements –</p> <p>Class of 2020-2022</p> <p style="padding-left: 40px;">Pass Rates – 100% 14/14</p> <p style="padding-left: 40px;">Employment Rates – 100% 14/14</p> <p style="padding-left: 40px;">Program Completion Rates – 93% 14/15</p> <p>Class of 2021 Employer Survey Students are qualified at program completion- 100% 1/1</p> <p>Class of 2021 Student Survey Students are satisfied with the program- 75% 3/4</p> <p>R.Huttman noted challenges in obtaining adequate survey responses. A. Donnelly recognized this difficulty in all HSHS programs.</p>
VIII. Additional Comments	No additional comments.
IX. Adjournment	Adjourned at 11:30 am.