

Foothill Annual Program Review 2024

Annual Program Review Template 2024

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1. Number of full-time faculty in the program.

undefined

2. Number of part-time faculty in the program.

undefined

3. Number of staff in the program.

undefined

4. Do the above numbers reflect any staffing changes?

No.

5. Refer to the most recent Comprehensive Program Review, what were the identified actions for improvement? Identify any current and/or new Strategic Goals.

No areas of improvement were noted. The program had our JRCERT accreditation visit and earned the maximum 8 year award. The Clinical Coordinator hours have been provided as release time which allows for clinical load to be used for direct student interaction. As we are adding two more clinics, this load will be needed to pay the faculty for their work. Lack of a program coordinator is an ongoing issue. JRCERT has been apprised that the plan outlined in our self study and visit is not going to happen. Lack of communication by administration above dean level has also been an issue regarding program coordination. The faculty are not involved in the conversations. JRCERT has given us one year to correct the issue. The program continues to work on increasing education in surgical imaging by partnering with two trauma surgeons at VMC and possibly purchasing a phantom to help.

6. What actions identified in the Comprehensive Program Review (or most recent Annual Program Review if no Comprehensive Program Review) have you completed this year?

RT200L is impacted due to required clinical visitations. There is a maximum number of clinical visitations due to clinical capacity which limits the number of students enrolled. The faculty are working on how to serve students who live near Foothill, but who do not have priority registration. An accelerated course taught in winter to allow students who only need the one course to still apply, removing the waitlist and only adding students who have been verified by counseling as only needing RT200L are all being attempted in Winter 2025. This level of outside the box thinking is imperative to provide increased access points for students who do not have priority registration, but will not impact the overall number of students we can serve. The RT52D course will be altered to include advanced surgical imaging in the second year curriculum. A mammography fellowship is being reinstated per our clinical partners request.

7. Explain your implementation timeline and if there have been any changes or updates.

Regarding RT200L, faculty are working closely with counseling to ensure the ideas being attempted are meaningful and actually help the issue. Once the Winter 2025 course is run, we will know more. Regarding the surgical imaging education, the next step will be to update the RT52D course as well as purchase the surgical phantom. The mammography fellowship course will also be updated by this years deadline. Once the curriculum is updated the program will request expedited implementation. Regarding the program coordinator, the program will be requesting a meeting with administration if there is no movement to permanently establish this position. This past cycle we received 322 applications. We also accepted 32 incoming students. The faculty are doing their part to ensure the program continues to be a robust part of the programming offered at Foothill, but administrative support is vital to these efforts.

8. Explain the evidence the program used to evaluate progress and provide an update on progress.

The program continues to follow the comprehensive assessment process required by JRCERT to ensure all metrics of student success are met. The program also had two inspections by the California Department of Public Health, Radiologic Health Branch. Last November 2023 by the school certification side and this November 2024 by the Inspection, Compliance and Enforcement side. Both inspections went well. No major recommendations from November 2023. We are still waiting for the final report from the most recent visit. The program utilizes feedback from the clinical managers, physicians, clinical instructors and students to determine where changes are needed outside of the accreditation requirements. The surgical imaging changes come directly from efforts by the faculty to connect with orthopedic surgeons to help us make these changes. The mammography fellowship reinstatement came directly from the shortage of qualified mammographers along with the RHB stating that CRTs can take the course.

9. Click the link and follow the instructions to the Disproportionate Impact dataset, then respond to the prompt below.

https://foothilldeanza-my.sharepoint.com/:b/g/personal/20078222_fhda_edu/ETXoAp44fMFCppHXvzplFgcB5ogzcvUjXknHrIXo1ghkHg?e=H8axR7

Identify the groups that are experiencing a disproportionate impact in the most recent year (highlighted in orange). In the text box below, provide the percentage point gap and the number of additional successes needed to erase the percentage point gap for each group.

For non-instructional programs that do not have program specific disproportionate impact student data, please provide an update on the program's 13-55 project (i.e., project description, students served, implementation timeline).

Again, as noted in the comprehensive program review, disproportionate impact data does not accurately reflect the program. The small number of students magnifies the attrition of any population. Dialogue would be appreciated as to how we can use this information to better serve our students. The program plus the RT200L course show a gap for Pacific Islanders of -17 and African Americans -9. When looking at the program with RT200L, the African American gap lowers to -8. It is important to note that this is one student and they did graduate and is now working as a Radiologic Technologist. The Pacific Islander gap increased to -21. This represents two students. Education plans, tutoring, support tools were all implemented, but unfortunately, they were not able to stay in the program. It is important to note that patient safety plays a major role in the program which impacted the data.

10. Use this opportunity to reflect on your responses in this document. Include your closing thoughts.

The Radiologic Program is always changing and evolving. This document in no way reflects the amount of work that it takes to continuously improve as well as the effort put forth by the faculty and clinical staff to serve our students. It took 10 years to get us to the point of accepting 32 students in a cohort. I want to thank the faculty and

clinical instructors who made this possible. The next big hurdle is to focus on lowering attrition. 32 is the maximum number of students we can serve in an incoming cohort. So now our focus will be on ensuring the 360 degree wrap around services, support tools and tutoring efforts put forth by the faculty allows all students accepted to flourish. Though we recognize this may not always be possible due to issues outside program control, the faculty is dedicated to these efforts.

Click on the link below to view the Annual Program Review Rubric.

https://foothilldeanza-my.sharepoint.com/:w:/g/personal/20078222_fhda_edu/Ec2dqPH1B2RHinzFtnIz6sYB7-DOzW9lv1KkGyWdLuZkbg?e=CIfFMU

End of Annual Program Review Template 2024

This form is completed and ready for acceptance.

Rubric Annual Program Review

Criteria

The program's responses...

- align with the program's goals
- align with data
- are informed by data
- are within the control of the program
- have measurable outcomes

- Meets Expectations
- Needs Improvement

Feedback

I appreciate the level of detail and thoughtfulness that went into the annual program review and recognize the hard work of the faculty.

This form is completed and ready for acceptance.