Instructional Discipline Template
Instructional Discipline Template 2023
A. Program Information
Program Mission Statement

Please enter your mission statement here.

> The Foothill College Radiologic Technology Program prepares students to function competently and effectively as Radiologic Technologists and provides a foundation for professionalism within healthcare communities with emphasis on patient centered care and radiation protection.
>
> The change to the campus wide mission statement will be discussed at the annual advisory meeting. It is important to note that the program mission statement is an accreditation mandate and it needs to reflect the specific focus of the Radiologic Technology program.

B. Enrollment Trends

Enrollment Variables and Trends

Enrollment Trends
Health Sciences & Horticulture - Radiologic Technology-FH

	2018-19	2019-20	2020-21	2021-22	2022-23	5-yr %Inc
Unduplicated Headcount	225	171	206	246	216	-4.0%
Enrollment	861	792	839	857	846	-1.7%
Sections	39	43	38	42	41	5.1%
WSCH	1,875	1,917	1,825	1,962	1,767	-5.7%
FTES (end of term)	125	128	121	130	117	-6.4%
FTEF (end of term)	3.7	3.5	3.7	4.5	4.4	20.3%
Productivity (WSCH/FTEF)	511	547	492	433	400	-21.6%

B.1 - FTES

Goals: What is your program's goal with respect to FTES?

> The program admits students once per year through a lottery process. The goal is to admit a minimum of 28 students and a maximum of 32 students each year. This number depends exclusively on the number of clinical spots available to the program with the program's clinical partners. If we don't have clinical spots, we cannot accept additional students. Our students start clinic during orientation and complete 1,850 hours throughout the 23 month program. With respect to RT200L our goal is to offer the course each quarter with two sections in fall to support the application process.

Observation & Inferences: What do you observe in the data above in relation to your goals? What do you want the college to understand about the FTES in your program?

> We use a cohort model. It is important to review historical numbers. In 2013 we lost several clinical sites which reduced the number of students entering the program from 32 to 22. The program hovered between 22-24 each year until 2020 when 26 students were accepted. We were able to navigate COVID, along with severe staffing shortages, and accept more students than in prior years. In 2021, because of reduced clinical spots we were forced to only take 20 students. Their prerequisite grades did not reflect the expected foundational knowledge and students struggled. This ultimately led to higher than expected attrition. Of the 20 admitted in 2021, only 14 graduated in 2023. In 2022 and 2023, 28 students were accepted each year. The goal is to return to pre-2013 levels of 32 students each cohort within the next two years. We hope to accept 30 in the 2024 cohort.

Action: What actions does your program plan to take in order to achieve your goals?

The program will continue working on increasing clinical opportunities which is the only way to increase cohort size.

Needs: What does your program need to execute this action plan?

The program needs support to ensure the clinical contracts are up to date. Support in the form of release time is also needed for the program's clinical coordinator. This faculty member is responsible for ensuring clinical sites meet state and federal regulations each year as well as getting students cleared for rotations. Currently the clinical coordinator is paid out of the clinical course load which means there is no room for clinical expansion. Each faculty member has load associated with the clinical load to complete weekly clinical site visits. Additional part-time faculty will also be essential in ensuring there is adequate clinical support and oversight for new and expanded clinical affiliations, but there must be load to pay them. If the clinical coordinator was provided release time to perform essential duties required by accreditation and Title 17, that would free up clinical course load and allow for clinical expansion.

B.2 - Sections

Goals: What is your program's goal with respect to sections?

The number of sections offered in the program are pretty static. The prerequisite, RT200L is offered each quarter, with an additional section offered in fall coinciding with the application cycle. More sections are not possible as the course includes a clinical visit and hands on lab, which restricts enrollment. The clinical visit is very popular with students. The other fluctuating factor is the cross-sectional class that is offered post-graduation. It supports technologists working in the field as well as our graduates entering the CT and IR Fellowships. It is not offered every year due to enrollment variability. Discussions have been held with the DMS program as they offer the same course, DMS51A, but not at a time or quarter that would work for our program. Future efforts will revolve around finding a solution benefiting both programs. We also have two continuing education courses for credit, RT201 and 202.

Observation & Inferences: What do you observe in the data above in relation to your goals? What do you want the college to understand about the sections in your program?

There was a bit of fluctuation due to RT200L and the fellowship courses but overall the course offerings are fairly static. Our faculty teach different courses each quarter all year long which requires constant preparation as well as focused effort to maintain a large breadth of knowledge.

Action: What actions does your program plan to take in order to achieve your goals?

Working with the DMS program next year to discuss a plan to offer the cross-listed Sectional Anatomy course to benefit both programs.

Needs: What does your program need to execute this action plan?

Time to discuss the issues, come up with an agreed upon plan, and commitment to the plan.

B.3 - Productivity

Goals: What is your program's goal with respect to productivity?

The programs current goal is 400. Due to clinical capacity expansion, the clinical load each quarter is being maxed out. This leads to lower appearing productivity though we have increased the number of students we serve. The program faculty are no longer willing to sacrifice pay in an effort to ensure productivity appears high. This means that our productivity goals need to be set at a realistic level. Due to fear of the impact of low

productivity, ensuring high productivity was prioritized over ensuring faculty were provided the appropriate hours to cover clinical sites. This practice has been abandoned to be sure that faculty have the pay and resources needed to do the job which has resulted in decreased productivity.

Observation & Inferences: What do you observe in the data above in relation to your goals? What do you want the college to understand about the productivity in your program?

The productivity reduction noted in the data is based on the fact that we just graduated the smallest class we have had in over a decade, 14 graduates. This means the productivity is not accurate based on our current numbers of 25 in the second year cohort and 26 in the first year. We are already making progress to get our cohort numbers back up which drives productivity. It should also be noted that the program's productivity is also driven by the RT200L prerequisite course. The CT and IR Fellowship courses are available for our graduates to apply to. These also have the potential to increase productivity. Though they have low enrollment due to clinical constraints, they are high-unit courses with potential for future certificate opportunities.

Action: What actions does your program plan to take in order to achieve your goals?

Continue working on increasing the cohort size by expanding clinical capacity.

Needs: What does your program need to execute this action plan?

Increasing the cohort size relies on support beyond the classroom. This means supplemental instruction hours for open lab access and embedded tutoring. With the learning loss from COVID still being a huge issue, being able to support the incoming cohort is essential. We need to be able to offer each student 2 years of wrap-around support. We also need to hire additional part-time faculty to support clinical expansion. Due to the requirement to have a minimum of an AS Degree with 6 years of full-time experience, it has been difficult to find individuals to fulfill the part-time roles. A primary issue with hiring is getting HR to calculate multiple per diem jobs and overtime hours to equate to full-time. Productivity and how it's calculated for the program also needs to be revisited based on the enrollment limitations inherent in an allied health program.

C. Enrollment by Student Demographics

Enrollment Distribution

Student Headcounts by Gender

	2018-19		2019-20		2020-21		2021-22		2022-23	
	Enr	Percent	Enr	Percent	Enr	Percent	Enr	Percent	Enr	Percent
Female	506	59%	435	55%	516	62%	554	65%	519	61%
Male	338	39%	343	43%	322	38%	298	35%	326	39%
Unknown gender	17	2%	14	2%	1	0%	5	1%	1	0%
Total	861	100%	792	100%	839	100%	857	100%	846	100%

Student Headcounts by Race/Ethnicity

	2018-19		2019-20		2020-21		2021-22		2022-23	
	Enr	Percent	Enr	Percent	Enr	Percent	Enr	Percent	Enr	Percent
Asian	218	25%	183	23%	269	32%	246	29%	170	20%
Black	45	5%	22	3%	26	3%	18	2%	21	2%
Filipinx	77	9%	117	15%	92	11%	97	11%	143	17%
Latinx	249	29%	218	28%	268	32%	282	33%	309	37%
Native American	0	0%	0	0%	0	0%	17	2%	14	2%
Pacific Islander	50	6%	19	2%	6	1%	18	2%	28	3%
Unknown ethnicity	0	0%	1	0%	1	0%	2	0%	1	0%
White	222	26%	232	29%	177	21%	177	21%	160	19%
Total	861	100%	792	100%	839	100%	857	100%	846	100%

C.1 - Enrollment by Gender

Goals: What is your program's goal with respect to enrollment by gender?

The programs enrollment is based on a lottery. The only influence we have is through the applicants. Gender appears to hover around 60% female and 40% male when looking at the RT200L prerequisite course data. In the radiography field, mammography is imaging primarily conducted by females so it is important to graduate enough females to meet this need. Though we educate all of our students in this modality the reality is that males are not employed in mammography due primarily to chaperone costs.

Observation & Inferences: What do you observe in the data above in relation to your goals? What do you want the college to understand about enrollment by gender in your program?

The only thing we can do is continue to work with outreach. With the loss of our dedicated program coordinator, efforts to inform students about our program have been negatively impacted. Students used to have access to an individual who was well versed in all the allied health programs. They could answer inquiries both via phone, email and in person. This task has landed squarely on the shoulders of the program Director. With all of the programmatic requirements, accreditation requirements as well as campus directives, this particular area is often neglected and relegated to email only when all other work is caught up.

Action: What actions does your program plan to take in order to achieve your goals?

The program will continue advocating for a dedicated program coordinator. The faculty are asking to be heard in this area. We are asking to return to the level of support that we had until March 2023. The administration has pieced together some level of support for the application process, but the outreach and interpersonal connection to interested students has not been addressed. Interested students are bounced from one email to another. As a program that has almost 300 applications per year, there is robust interest from students, but the lack of support and timely response is harming the program by driving these students away.

Needs: What does your program need to execute this action plan?

We need the administration to see the complexity of the program and listen to what the faculty say they need. Returning to a full-time program coordinator who supports all of the allied health programs is a win for all.

C.2 - Enrollment by Ethnicity

Goals: What is your program's goal with respect to enrollment by ethnicity?

Again the program is lottery based. The goal is to serve a diverse population of students that mirrors the patient populations in the communities we serve. When comparing the program to the entirety of the campus for the 22-23 school year, we have less Asian, black and white students, but slightly more Latinx, Native American and Pacific Islander students. We have significantly more Filipinx students, 17% in comparison to 5% across campus.

Observation & Inferences: What do you observe in the data above in relation to your goals? What do you want the college to understand about enrollment by ethnicity in your program?

The white and Asian populations have decreased while the Latinx population has increased in both the prerequisite course, RT200L, as well as in the program. More work is needed to increase the African American, Native American and Pacific Islander populations both in the RT200L course as well as the program.

Action: What actions does your program plan to take in order to achieve your goals?

Again outreach is the only answer when we are dealing with a lottery based system. Having a dedicated program coordinator would allow them to focus on opportunities to expand outreach to specific populations. The program faculty are stretched thin and can no longer support both the program as well as the outreach process. As the program has several prerequisites, having program nights to expand opportunities to learn about not only Rad Tech, but all of the allied health programs would be helpful. There has been a big push to focus on high school students, but adult learners should also be part of the goal. Coordinating prerequisite needs with our Adult Education partners could also be a way to diversify the ethnicity of those applying to the program.

Needs: What does your program need to execute this action plan?

Dedicated program coordinator to help reach out to student populations not currently represented. Increasing job duties beyond what the prior program coordinators did would help in this area. This would allow for focused coordination in areas that have not been fully explored.

D. Overall Student Course Success

Student Population Areas of Focus

Limits: **Course Credit Status** Credit

Course Success
Health Sciences & Horticulture - Radiologic Technology-FH

	2018-19		2019-20		2020-21		2021-22		2022-23	
	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent
Success	849	99%	738	93%	806	96%	808	94%	798	94%
Non Success	8	1%	37	5%	14	2%	21	2%	19	2%
Withdrew	2	0%	17	2%	19	2%	28	3%	29	3%
Total	859	100%	792	100%	839	100%	857	100%	846	100%

Course Success for Black, Latinx, and Filipinx Students

	2018-19		2019-20		2020-21		2021-22		2022-23	
	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent
Success	366	99%	330	92%	378	98%	352	93%	428	95%
Non Success	4	1%	22	6%	5	1%	13	3%	8	2%
Withdrew	1	0%	5	1%	3	1%	14	4%	16	4%
Total	371	100%	357	100%	386	100%	379	100%	452	100%

Course Success for Asian, Native American, Pacific Islander, White, and Decline to State Students

	2018-19		2019-20		2020-21		2021-22		2022-23	
	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent	Grades	Percent
Success	483	99%	408	94%	428	94%	456	95%	370	94%
Non Success	4	1%	15	3%	9	2%	8	2%	11	3%
Withdrew	1	0%	12	3%	16	4%	14	3%	13	3%
Total	488	100%	435	100%	453	100%	478	100%	394	100%

Some courses may continue to be listed but no longer have data due to renumbering or because the course was not offered in the past five years.

D.1 - Student Course Success

Goals: What is your program's goal with respect to student course success?

The program's goal is to continue supporting all students who enter the program with two years of wrap-around support and available embedded tutoring. Based on the program review data, the overall course success for all course students is 97%, demonstrating no difference in success between any identified student groups.

Observation & Inferences: What do you observe in the data in relation to your goals? What do you want the college to understand about the student course success in your program?

When looking at the data without the RT200L prerequisite course, the overall success rate is 97%. When we add in the RT200L prerequisite course, the success rate drops to 94%. It is important to keep in mind that the program courses are made up of students who have dedicated themselves and their time to become Radiologic Technologists. The program is set up to support them in their efforts. The purpose of the RT200L prerequisite course is to introduce the profession and program to potential future program students in an effort to assist them in determining if Radiologic Technology is the correct path for them.

Action: What actions does your program plan to take in order to achieve your goals?

The program will continue with our current efforts to achieve programmatic success. The program structure includes continual feedback with the students throughout each quarter, utilization of Canvas to support student learning outside of the classroom, as well as supplemental instruction in our laboratory to support all aspects of the program from equipment to image analysis. The use of an embedded program tutor is also utilized to offer peer support to students after hours and on weekends. The program further integrates communication and support by assigning a faculty member to each clinical affiliate. This allows for each student to meet with a faculty member every week to provide support and cohesion in alignment with program goals.

Needs: What does your program need to execute this action plan?

To continue providing students the opportunity to meet with faculty each week, program expansion will require additional part-time faculty to support this model. Supplemental instruction is also vital to the success of the students. A minimum of three hours per week is necessary throughout the Fall, Winter, and Spring Quarters, as

well as 5 hours per week for the 10-week Summer Quarter. Updating our laboratory is necessary to ensure the students are learning on equipment that they will encounter in the clinical setting and to meet industry standards.

D.2 - Course Success by Modality

Click the link below to view the program's Course Success by Modality data

https://foothilldeanza-my.sharepoint.com/:f:/g/personal/10771097_fhda_edu/EvAWlA883lZEvnoRGBXt4RkBzT8NbCHSRANRq3TVkHj_TA?e=LjaKXc

Goals: What is your program's goal with respect to course success by modality?

The program's goal with respect to success via course modality is to ensure that the modality enhances the educational experience rather than detracts. Prior to COVID, the program had one series of classes that had an online component. During COVID, lecture courses were taught live via Zoom. The program has returned to a fully face-to-face learning environment with the exception of the RT51A-C positioning courses that are taught hybrid and the RT75 course which is not part of the primary program. The course modality data provided for this review includes RT200L and RT75. Neither of these courses are part of the primary program.

Observation & Inferences: What do you observe in the data in relation to your goals? What do you want the college to understand about course success by modality in your program?

When we look at the program by itself, without any pre-requisite or post-graduate courses, the face-to-face success rate is equal to the hybrid on-campus/asynchronous success rate at 98%.

Action: What actions does your program plan to take in order to achieve your goals?

Continue providing a predominantly face-to-face program experience while utilizing on-line as a support tool rather than a primary teaching tool.

Needs: What does your program need to execute this action plan?

Continual collaboration between faculty to identify the needs of individual students and to create educational plans for those students who may be struggling.

E. Disproportionate Impact

Click the link below to view the program's Disproportionate Impact data

https://foothilldeanza-my.sharepoint.com/:f:/g/personal/10771097_fhda_edu/EvAWlA883lZEvnoRGBXt4RkBzT8NbCHSRANRq3TVkHj_TA?e=LjaKXc

Identify the groups that are experiencing a disproportionate impact in the most recent year (please provide the percentage point gap and the number of additional successes needed to erase the percentage point gap for each group).

Pacific Islander -16 is the gap, 5 is the number of successes needed to close the gap. Low income -4 is the gap, 20 is needed. Black -9 is the gap, 2 is needed. This data is based on the program plus the prerequisite. When looking only at the program the following data is discerned: Black -8 no gap identified. This was based off of 1 student grade in a spring clinical course. Pacific Islander 77% success rate in comparison to 98%, -21 point gap, 20 is needed. Again it needs to be pointed out that this data is solely one student. When we have one student struggle when they are the only student in that ethnicity, it makes the gaps appear larger than they are. Female and low income each have the same 96% success rate compared to 99% with a -3 gap.

Goals: What is your program's goal with respect to disproportionate impact?

The goal of the program is to ensure student success no matter their gender, ethnicity, or financial status.

Observation & Inferences: What do you observe in the data in relation to your goals? What do you want the college to understand about the disproportionate impact in your program?

The data does not illustrate the students in our programs. We know them beyond the numbers. The data shows a high disproportionate impact for Pacific Islander, but in reality, that was one student who after a multitude of interventions determined the profession was not for them.

Action: What actions does your program plan to take in order to achieve your goals?

The program utilizes a robust communication and support process to ensure students have the opportunity to succeed. The program structure and cohort model are foundational components. Faculty perform weekly assessments to identify where the learning gaps are and provide focused educational plans. This occurs in the clinical setting, lab and didactic courses. In the clinical setting, a check-in process called folder review takes place at the halfway point of the quarter. The faculty and clinical instructor meet with each student individually. If a student is struggling, a plan is documented to provide the wrap around support needed. This includes open lab hours, faculty tutoring, embedded tutoring, and a variety of other tools. We also utilize lottery funds to support our low income students by providing access to tools such as Cloverlearning, Visible Body, a physical skeleton, textbooks, and professional development opportunities that may otherwise cause financial stress for the student.

Needs: What does your program need to execute this action plan?

Perhaps work with the DRC to learn additional methods and tools to support our students beyond what we are currently doing. Another idea is to investigate any other support systems on campus that could assist our students.

F. Regular and Substantive Interaction

If your program has any courses that are approved for distance education, describe how regular and substantive interaction was incorporated in those courses. (List each course)

The following courses are hybrid: RT51A, RT51B, RT51C. Specific content is slated for the online environment, that which must be covered, but is not considered foundational. The other aspect of the online portion of this series is the use of VoiceThread. Each week the instructor assigns VoiceThreads that the students must respond to. The instructor listens to the VoiceThread comments from the students and provides individualized feedback. This process takes hours each week.
RT 75 is a course taught to program graduates and not part of the primary program. The course is taught live via Zoom on a weekly basis, then feedback is provided during office hours and through utilization of VoiceThread.

G. Summary

Use this opportunity to reflect on your discussions above and include any closing thoughts.

The Foothill College Radiologic Technology Program changes lives. There are very few jobs in this area in which a person can earn a living wage with an Associates degree level of education. Our program is one of them. Not only do our graduates become gainfully employed, they also enter a challenging profession with a lifetime of opportunities for professional growth and advancement. Graduates can choose the type of clinical site and modality they'd like to work in along with the patient population they feel compelled to serve. They can also choose direct patient care, management or lead supervisor roles, education or more technological avenues as they progress in their careers. Our program is not easy and it requires dedicated faculty, staff and administrators to support the process of educating and graduating individuals who are prepared to serve our communities as professionals providing the highest quality patient care.

This form is not yet ready.

FOOTHILL-DE ANZA
Community College District

PRECISION CAMPUS

Career and Technical Education Programs Addendum 2023
Career and Technical Education Programs Addendum 2023
A. Re-Accreditation Information

1. When was your last re-accreditation visit?

2015. Upcoming JRCERT visit is February 26-27, 2024.

2. Did the program maintain accreditation?

☑ yes

☐ no

3. Were there any commendations/special mentions identified? If yes, please elaborate.

The program was awarded the maximum award of 8 years demonstrating commitment to providing students with an outstanding education in Radiologic Technology, with a focus not just on doing what is required but ensuring that quality metrics are being met as well. The program submitted the interim report in 2019 which resulted in maintaining the original 8 year award.

4. What were the major citations of the last re-accreditation report (e.g. areas of improvement, strategic direction, facilities, personnel, etc.)?

No major citations were issued in the Report of Findings from the 2015 visit. The program submitted proof that the faculty evaluation process was being completed, that the pregnancy policy was reviewed with the Clinical Instructors that allowed students to continue in the program with no alterations to their rotation, and a revision to the Radiation Protection policy in the student handbook.

5. What actions has the program taken to address the accreditation citations/recommendations? What barriers has the program faced in implementing improvements?

The program had recently implemented the faculty evaluation process required by then Standard 3.9. As JRCERT requires annual faculty evaluation which is outside the FA/Foothill contract, an MOU had to be drafted outlining the internal process for faculty evaluation. Per then standard 4.2, the program had to demonstrate it had a pregnancy policy that met state and federal guidelines. The policy existed, but there was a miscommunication during the Clinical Instructor interviews. The policy has since been reviewed on an annual basis at every September CI meeting to ensure everyone is on the same page. Lastly, a suggestion was made to strengthen the radiation protection policy language regarding the students not being allowed to hold patients or image receptors. The radiation protection policy in the student handbook was revised satisfactorily.

6. If applicable, what areas of concern were noted during the annual accreditation report?

No areas of concern have been noted by JRCERT. In winter and spring of 2023, the program faculty wrote and submitted the self study document, which is required every 8 years, based on the programmatic award. The document outlines how the program meets the elements of each of the 6 standards, outlining in both narrative as well as providing evidence. A concern by the faculty was included in the self study regarding the diminished classified support over the past year. The report outlined that these concerns had been shared with both the division dean and administration at Foothill. The report further outlines that the administration was made aware that the faculty had identified these concerns in the self study.

B. Advisory Board

1. Did the program hold an annual advisory meeting each year of the five-year cycle?

☑   yes

☐   no

2. Did the program submit advisory board meeting minutes each year of the five-year cycle?

☑   yes

☐   no

3. Web link to meeting minutes?

https://foothilldeanza-my.sharepoint.com/:f:/g/personal/20029451_fhda_edu/EvFn6akdbpVDnxWbdk34g8EBskA1G5Hi1Gqu0tB_R6wf4g?e=Vaqowy

4. Were there any advisory board commendations/special mentions identified?

The feedback is that our graduates are well prepared.

5. Are there any identified actions for improvement or recommendations based on feedback from the program's advisory board?

Work on c-arm / OR education. This has been a work in progress for over 10 years. It is a combination of ensuring enough clinical interaction, plus the integration of didactic education and the hands on lab. Based on recommendations, the students complete two weeks in the OR every quarter from summer to spring of the second year. A new c-arm was purchased to integrate hands on lab activities using the latest technology. The didactic education was moved from spring of the first year to winter quarter. First year students begin observational rotations for two days in fall, then increasingly more hands on in the winter and spring. This building of knowledge and skill across the entire program will allow for deeper understanding and result in more confident graduates in the area of surgical imaging.

6. What actions has the program taken to address recommendations made by the Advisory Board? What barriers has the program faced in implementing improvements?

A new c-arm was purchased to increase understanding and skill building through hands on scenarios. The didactic and lab education was moved to earlier in the program, from spring quarter to winter quarter of the first year. An assignment was developed to help integrate the didactic education into the clinical education and provide focus and clarity regarding the skills and knowledge necessary to be successful in the healthcare setting.

C. Regional Labor Demand

Visit https://foothill.edu/programreview/prg-rev-docs/cte-labor-demand-data-2023-24.pdf to view your program data.

1. In the data table, what does the regional labor demand data trend indicate?

☑   the data trend shows an increase in labor demand

☐   the data trend shows a decrease in labor demand

☐   the data trend shows no change and/or is flat in labor demand

2. Describe the regional demand for labor in this sector. If the projected data trend shows no change/flat, an increase, or decrease in labor demand, explain why.

The data is old, 2016-2021, and does not accurately reflect the current shortage of Radiologic Technologists in our region and beyond. Newer data should reflect the massive demand that has occurred in the past two years. The shortage existed prior to COVID but has been exacerbated with less technologists available to hire. Hospitals and clinics are hiring as fast as schools can produce Radiologic Technologists. The program receives emails from across the country requesting access to our graduates. Foothill needs a robust job board to support this. The program can and does share job information with graduates, but it would be helpful to have support in this area in the form of a campus wide job board.

D. Regional Labor Supply
Visit https://foothill.edu/programreview/prg-rev-docs/cte-labor-supply-data-2023-24.pdf to view your program data.

1. In the data table, what does the regional labor supply data trend indicate?

☐   the data trend shows an increase in labor supply

☑   the data trend shows a decrease in labor supply

☐   the data trend shows no change and/or is flat in labor supply

2. Describe the regional supply for labor in this sector over the last five years. If the data trend shows no change/flat, an increase, or decrease in labor supply, explain why.

We are under supplying the region. We are limited by the number of clinical spots. The schools in our surrounding area have similar issues which is exacerbating the shortage. COVID also severely restricted our incoming cohort in 2021, resulting in the incoming class having only 20 students. The other issue is the program having enough instructors to support growth. If we can increase clinical capacity, we can take more students, but that means more faculty are needed. Finding technologists to fulfill this role has been difficult for a variety of reasons. Many technologists are already working full-time to cover staffing shortages. This means our current faculty have to do more, but there is only so much time. And it should be noted that full time faculty taking on overload means taking a pay cut as the extra load is not paid at the same rate.

E. Regional Wages
Visit https://foothill.edu/programreview/prg-rev-docs/cte-regional-wage-data-2023-24.pdf to view your program data.

1. In the data table, what does the wage data trend indicate?

☑   the data trend shows an increase in wages

☐   the data trend shows a decrease in wages

☐   the data trend shows no change and/or is flat in wages

2. Describe the regional trend for wages in this sector over the last five years. If the data trend shows no change/flat, an increase, or decrease in wages, explain why.

The data indicates an increase but the data is not reflective of the wages our graduates earn. We are in the second highest paid area in the United States, second only to San Francisco. Starting salary in radiography in our area is in the $54-58 per hour range with increases in starting salary for additional modalities such as CT, MRI, mammography and Interventional Radiology. Our graduates are entering the advance modalities much faster than in the past so starting salaries are even higher.

F. Program 13.5 Course Completion

Program 13.5 Course Completion					
Unduplicated Headcount	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
Child Development	99	72	86	102	92
Dental Hygiene	47	97	99	119	114
Emergency Medical Services	100	96	82	52	41
Horticulture	50	57	44	44	26
Photography	0	0	0	0	1
Radiologic Technology	42	44	42	42	47

CTE courses offered between 2017-18 and 2021-22 that were used to retrieve completion counts include the following:
Child Development: CHLD 1, 2, 8, 50A, 50D, 51A, 54ABD, 56, 56N, 59, 63N, 71-74, 80ABC, 82, 86AB, 88, 88B, 89, 90BC, 91, 95, 53NC, 53NP.
Dental Hygiene: DH 50, 70R, 200L, 300AB, 302, 304, 305ABCD, 308, 310, 312, 314, 316AB, 318, 320ABCD, 322, 324, 326ABC, 328ABC, 330, 332, 350ABC, 352, 354, 356.
Emergency Medical Services: EMS 50, 52, 52A, 53, 53A, 60AB, 61AB, 62AB, 63AB, 64AB, 203.
Horticulture: HORT10, 15, 21-26, 30, 31, 40, 45, 52CEGH, 54ABCJKL, 55A, 60BCDFJ, 80ABCDI, 90CDGHIMPQSUVXYZ, 91AC
Photography: PHOT 4ABC, 11, 11H, 72, 74AB.
Radiologic Technology: RT 50, 51ABC, 52D, 53, 53ABCD, 54ABC, 55ABC, 61AB, 62ABC, 63, 63ABC, 64, 65, 70AB, 72, 74, 75, 200L, 53AL, 53BL, 53CL.

1. In the data table, what does the data trend indicate about the number of students completing the 13.5 CTE units each year in the last five years within your program?

- ☑ the data trend shows an increase in the number of students completing the 13.5 CTE units

- ☐ the data trend shows a decrease in the number of students completing the 13.5 CTE units

- ☐ the data trend shows no change and/or is flat in the number of students completing the 13.5 CTE units

2. If the data trend shows no change/flat, an increase, or decrease in the number of students completing the 13.5 CTE units, explain why.

This could be because of the increase cohort sizes. It is important to point out that program does not view this metric as valuable. Successful completion of the entire program is the only way to become gainfully employed as a Radiologic Technologist, so we track retention data. Completing 13.5 units does not equate to program completion when the degree is needed to sit for the national board exam and to apply for state license(s).

G. Program Graduate Employment Rates

Visit https://foothill.edu/programreview/prg-rev-docs/cte-graduate-employment-rates-2023-24.pdf to view your program data.

1. In the data table above, what does the graduate employment rate indicate for certificate/degree completers (e.g., Within one year after Community College Completion)?

- ☐ the data trend shows an increase in graduate employment

- ☑ the data trend shows a decrease in graduate employment

- ☐ the data trend shows no change and/or is flat in graduate employment

2. Describe the graduate employment rate trend for both certificates and degrees. If the projected data trend shows no change/flat, an increase, or decrease, explain why.

This data does not reflect graduates of Foothill College. We track this information for each cohort, each year per accreditation standards. We have a 100% employment rate for all graduates seeking employment within 6-8 months of graduation. This takes into account both the national exam time-frame and state licensure attainment necessary for employment. The first step is taking nationals typically within a week of graduation. It can take up to two weeks to obtain the results of the test. The test results are then submitted by the graduate to the Radiologic Health Branch to obtain both the state license and fluoroscopy permit. Without this last step it is not legal to work. The RHB has 30-45

business days to process the application and is also short-staffed. The licensure applications can only be submitted via a paper process including a check or money order.

This form is not yet ready.