

Student Academic Achievement Committee (SAAC) Standardized Report Form

INTRODUCTION

Program /Discipline Title:
Diagnostic Medical Sonography

Time Period:
Spring 07- Spring 08

Program goals, objectives, and/or mission:

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM - MISSION STATEMENTS

MISSION:

A. To fulfill the need for Diagnostic Medical Sonographers in local and regional communities.

1. DMS Program graduates will be encouraged to seek and obtain employment in local and regional communities as Diagnostic Medical Sonographers.

B. To provide an educational environment which fosters self-awareness, self-confidence, and promotes professional growth in each students.

1. DMS Program graduates will be encouraged to continue their professional growth by completing the ARDMS exams, seeking additional credentials in other ultrasound modalities and securing employment positions of leadership in supervision/management or teaching of Diagnostic Medical Sonography.
2. DMS Program graduates will be encouraged to continue their professional growth by completing or maintaining application of membership in State/National Diagnostic Medical Sonography professional organizations and actively participate in State, Local or National professional organization activities or community service.

GOAL: To prepare students as competent Diagnostic Medical Sonographers capable of performing roles and functions as entry-level sonographers.

OBJECTIVES:

Objective 1 Upon completion of the DMS Program, students will be able to demonstrate the ability to comprehend, apply and evaluate clinical information relevant to their role as Diagnostic Medical Sonographers.

Objective 2: Upon completion of the DMS Program, students will demonstrate the ability to perform technical proficiencies in all skills necessary to fulfill the role of a Diagnostic Medical Sonographer.

Objective 3: Upon completion of the DMS Program, students will demonstrate the ability to exhibit personal behaviors consistent with professional and employer expectations for a Diagnostic Medical Sonographer.

Exit Competencies:

EXIT COMPETENCIES:

- Obtain, review & integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
Evaluation Method: Clinical Evaluations, DMS 2590, Practice Exams, Comprehensive Final
- Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.
Evaluation Method: Clinical Evaluations, DMS 2590, Practice Exams, Comprehensive Final
- Record, analyze, and process diagnostic data and other pertinent observations made during the procedure or presentation to the interpreting physician.
Evaluation Method: Clinical Evaluations, DMS 2590, Practice Exams, Comprehensive Final
- Act in a professional and ethical manner, exercising discretion and judgment in the performance of sonographic diagnostic services.
Evaluation Method: Clinical Evaluation Form
- Demonstrate appropriate communication skills with patients and colleagues, including providing patient education related to diagnostic medical ultrasound.
Evaluation Method: Clinical Evaluations, Communication Rubric, Teamwork Rubric

Core Competencies:

Communication and Teamwork were evaluated in Spring 2008.

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RESULTS

Introduction and discussion of assessment efforts:

In addition to the Evaluation methods listed. The DMS program considers anecdotal information including:

1. Advisory Board discussions
2. Informal reports from preceptors
3. Discussions with Alumnae and current students

Assessment Plan (Who, what, when and how assessment took place):

Evaluation methods include:

1. Faculty evals each semester
2. Clinical site evaluations each semester
3. Lab evaluations each semester
4. Classroom assessment techniques
5. Rubrics which measure Institute Exit competencies
6. Resource Assessment Survey as required by Accreditation
7. Employer Surveys
8. Alumnae Surveys

Exit Competency Results:

ARDMS National credential results:

Year graduating	# entering class	# graduating class	Retention rate	# taking test	# passing test	% passing	# taking test	# passing test	% passing	# taking test	# passing test	% passing
most recent graduating class				Abdomen			OB/Gyn			P&I		
2008-14 grads	16	14	88%	2	2	100%	5	5	100%	5	5	100%
2007 -10 grads	16	10	63%	8	8	86%	9	9	100%	10	10	100%
2006-15 grads	16	15	94%	9	9	100%	11	11	100%	11	11	100%
2005 - 12 grads	16	12	75%	4	4	100%	2	2	100%	5	5	100%
2004 - 13 grads	16	13	81%	4	4	100%	2	2	100%	11	11	100%
2003 - 12 grads	16	12	75%	4	4	100%	4	4	100%	8	7	88%
2002 - 13 grads	16	13	81%	6	6	100%	7	5	71%	9	6	67%

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Core Competency Results:

Communication: Results Indicate that the majority of students in their final semester communicate at the “Proficient” and “Exemplary” level; which is an improvement from the “Adequate” level reported in 2006

Teamwork: This is the first year the DMS program evaluated “Teamwork”. Results indicate that the majority of students in their final semester are at the “Proficient” level. We have implemented the use of *Workeys* with the current cohort of students and hope that more students will score at the “Exemplary” level in Teamwork. This is a behavior of significant importance to employers.

Discussion of changes in support of student learning for PAST year based upon your assessment results

- a. The DMS Program has negotiated the use of the State-of-the-Art facility of Albuquerque Health Partners for Supplemental Skills Scan Lab.
- b. The DMS Program, including the Campus Lab has been moved to the South Valley Campus. The age of the Equipment is still a concern as is the amount of space in the Classroom/Lab.
- c. Continue to solicit local community for used equipment, and approach manufacturing companies to solicit donations,
- d. Continue to work closely with clinical sites to determine times when student scan time would be increased.
- e. Clinical Site visits have been increased, increasing the amount of one-on-one instruction for the DMS students
- f. The plan to add a Library Orientation has been eliminated based on the move to the SouthValley Campus.
- g. The DMS Program began work with *Workeys*; a DMS Job Profile will be completed by the end of the fall Semester, hopefully identifying areas where we can improve instruction.

Discussion of proposed changes in support of student learning for COMING year based upon your assessment results:

Areas that need improvement including action plans:

- a. **Concern:** On-Campus Lab: The current equipment is outdated and, while it allows the students to practice basic skills, the poor image quality does not correlate well to the clinical environment
Plan: Continue to use the Journal Center facility for Supplemental Scan Labs.
- b. **Concern:** Once the move was made to the South Valley, we realized that we didn't have as much room as we needed for Classroom and Lab.
Plan: Negotiations have begun to convert storage space adjacent to DMS Classroom to a Scan lab.
- c. **Concern:** Clinical Sites: This is an ongoing concern: Comments from Program Personnel and Students indicate a need for more Clinical sites and additional scan time at the current sites. Many sites have such a busy schedule that the students feel that they do not get adequate hands-on time.
Plan: Continue to identify additional sites, so that students are spread out and not a constant in hopes that more time will be available.
- d. **Concern:** Use of Library Facilities: When the Program was housed @ Main Campus, the use of the Library was sporadic. Now, here @ the South Valley, it is non-existent.
Plan: Investigation has begun re: the possibility of moving DMS texts and Journals from Main to the South Valley.

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- h. **Concern:** The Ultrasound Community has indicated a need for Continuing Education programs, and have specifically shown an interest in Vascular Ultrasound.
Plan: We have begun the process of implementing a Vascular Program offered through the Workforce Training Center. We have identified a qualified instructor and have begun work on the curriculum using Perkins funds.
- i. **Concern:** The Community has expressed a concern re: whether graduates of the Program will continue to find employment.
Plan: In response to queries from Dean Spezza, members of a recent Advisory Board Mtg agree that in spite of concerns, we have from 86 – 100% placement rate. We expect that the addition of the Vascular Program will allow registered Sonographers another potential workplace. We plan to monitor this concern very closely.

Plans for assessment of all Core Competencies

DMS Program measured Communication and Teamwork in 2008 and plans to measure Life Skills and Critical Thinking in Spring 2009..

DATA

What tools did you use to measure the Exit Competencies?

EXIT COMPETENCIES:

- Obtain, review & integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
Evaluation Method: Clinical Evaluations, DMS 270L Practice Exams, Comprehensive Final
- Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.
Evaluation Method: Clinical Evaluations, DMS 270L Practice Exams, Comprehensive Final
- Record, analyze, and process diagnostic data and other pertinent observations made during the procedure or presentation to the interpreting physician.
Evaluation Method: Clinical Evaluations, DMS 270L Practice Exams, Comprehensive Final
- Act in a professional and ethical manner, exercising discretion and judgment in the performance of sonographic diagnostic services.
Evaluation Method: Clinical Evaluation Form
- Demonstrate appropriate communication skills with patients and colleagues, including providing patient education related to diagnostic medical ultrasound.
Evaluation Method: Clinical Evaluations, Communication Rubric

Please attach Core Competency Rubrics if modified.

Communication Rubric – Diagnostic Medical Sonography Students – Spring 2005

Student Name _____ Date _____ Preceptor _____
(print name) (signature)

Category	Criteria	Inadequate (<i>Knowledge</i>) 1	Adequate (<i>Comprehension</i>) 2	Proficient (<i>Application</i>) 3	Exemplary (<i>Analysis</i>) 4
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Category	Criteria	Inadequate (<i>Knowledge</i>) 1	Adequate (<i>Comprehension</i>) 2	Proficient (<i>Application</i>) 3	Exemplary (<i>Analysis</i>) 4
READING FOR INFORMATION	Understands discipline related written material (reading charts, requests, protocols)	<input type="checkbox"/> Demonstrates a literal understanding of text.	<input type="checkbox"/> Demonstrates a general understanding of text including main ideas and concepts presented.	<input type="checkbox"/> Demonstrates a broad understanding of text through the generation of logical conclusions based upon reading a variety of discipline related sources.	<input type="checkbox"/> Demonstrates a depth of understanding of text that allows for critical judgment of the value of the text and the logic of the author’s argument.
	Applies discipline related written material (applies understanding of medical and sonographic terminology to performance of exams)	<input type="checkbox"/> Demonstrates the ability to follow basic written instructions to perform simple tasks.	<input type="checkbox"/> Demonstrates the ability to paraphrase and summarize discipline specific text. <input type="checkbox"/> Demonstrates the ability to follow written instructions to perform more complex tasks.	<input type="checkbox"/> Demonstrates the ability to interpret text formats including text, tables, lists, figures, graphs, and diagrams. <input type="checkbox"/> Demonstrates the ability to interpret text, communicate discipline specific information, and perform multi-step tasks based upon an understanding of text.	<input type="checkbox"/> Demonstrates the ability to interpret analyze, and identify underlying principles based upon the written text. (Synthesizes a variety of materials) <input type="checkbox"/> Demonstrates a depth of understanding of non discipline specific text that supports the application of concepts to discipline specific situations
SPEAKING (INTERACTIONS WITH PATIENTS, PHYSICIANS AND OTHER INTERNAL & EXTERNAL CUSTOMERS)	Effectiveness (eg clear explanations to pts, presentations to physicians)	<input type="checkbox"/> Main purpose is not clear. Ideas are not focused or developed. Speaker initiated distractions, ie. Mannerisms, filler words, voice-tone, behaviors, etc.	<input type="checkbox"/> The main idea is evident but the organizational structure may need to be strengthened: ideas may not always flow smoothly. Limited distractions.	<input type="checkbox"/> Ideas are organized, developed, and supported to achieve a purpose. No distractions.	<input type="checkbox"/> Ideas are clearly organized, developed, and supported to achieve a clear purpose. <input type="checkbox"/> Demonstrates persuasive oral argument.
	Appropriateness (specific to audience)	<input type="checkbox"/> Language is too elementary or sophisticated for the audience.	<input type="checkbox"/> Language demonstrates some awareness of audience requirements.	<input type="checkbox"/> Language is appropriate for and respectful of the audience. An effort is made to make the material relevant.	<input type="checkbox"/> Language and material are relevant and engage the audience.

SAAC STANDARDIZED REPORT FORM

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LISTENING	Responsiveness (eg taking pt hx or receiving instructions re: exams)	<input type="checkbox"/> Not attentive to speaker (example: multiple interruptions) <input type="checkbox"/> Can ignore a single distraction most of the time, but has trouble ignoring multiple distractions	<input type="checkbox"/> Somewhat attentive with minimal interruptions. <input type="checkbox"/> Ignores single distractions and most multiple distractions.	<input type="checkbox"/> Attentive without interruptions. <input type="checkbox"/> Non-verbal cues are used for effect <input type="checkbox"/> Ignores multiple distractions	<input type="checkbox"/> Non-verbal cues or body language are used to respond to, and sometimes shape communication with others. <input type="checkbox"/> Ignores all distractions
	Content Assimilation (able to repeat pt hx to physician and/or rpt instructions)	<input type="checkbox"/> Able to describe the general content of the speaker but with no detail. <input type="checkbox"/> Follows one-step oral directions some of the time	<input type="checkbox"/> Student can provide general content of speaker with some details <input type="checkbox"/> Student can follow-one step oral directions and multi-step directions some of the time..	<input type="checkbox"/> Student can relay the general content of the speaker with most details. <input type="checkbox"/> Student can follow multi-step oral directions most of the time.	<input type="checkbox"/> Student can clearly paraphrase what has been said and is able to relate all primary and supporting details. <input type="checkbox"/> Student is able to follow complex multi-step directions all of the time.
WRITING (technical notes: ability to use appropriate medical & sonographic terminology)	Main Idea (emphasis on clear ability to present a clear message)	<input type="checkbox"/> Ambiguous meanings and undeveloped ideas lead to reader uncertainty of content and message	<input type="checkbox"/> Generally clear message with a few relevant ideas gives the reader a limited understanding of subject and message.	<input type="checkbox"/> Establishes and maintains a clear message that is fully developed	<input type="checkbox"/> A clear message that considers and develops relevant ideas brings clarity and understanding to the subject and message
	Organization (order and emphasis or information)	<input type="checkbox"/> Lack of focus and organization with few or no ideas around common theme leave reader unmoved or unable to understand	<input type="checkbox"/> Commonality to ideas and organization provides purpose and contributes to understanding.	<input type="checkbox"/> Clearly focused and organized with a logical progression of ideas around a common theme	<input type="checkbox"/> Writing is sharply focused and organized. The logical progression of ideas around a common theme is persuasive.

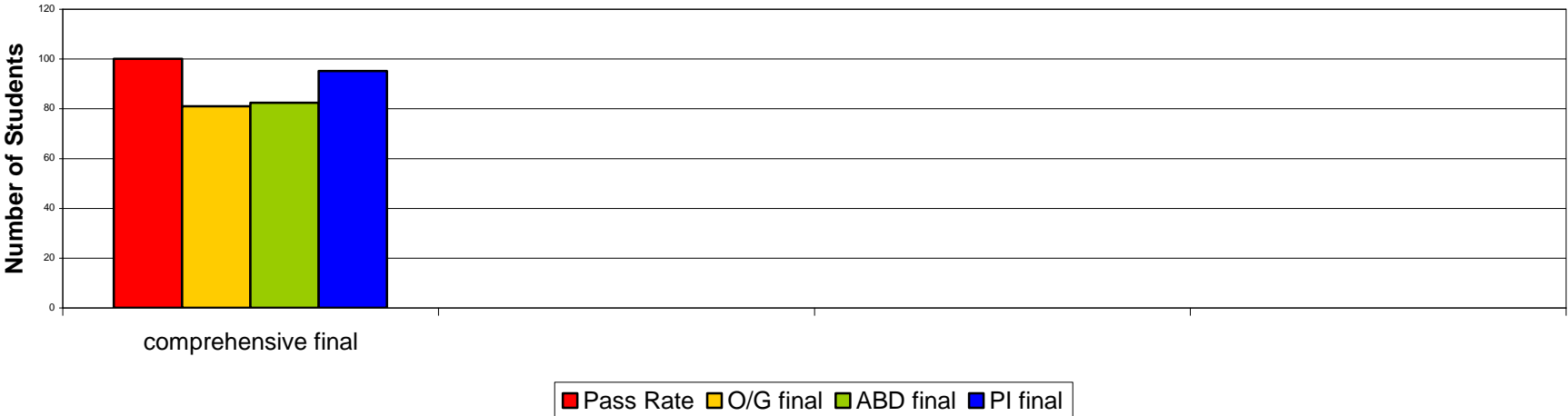
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Category	Criteria	Inadequate (<i>Knowledge</i>) 1	Adequate (<i>Comprehension</i>) 2	Proficient (<i>Application</i>) 3	Exemplary (<i>Analysis</i>) 4
	Support (descriptors using appropriate sonographic & medical terminology)	<input type="checkbox"/> Little or no evidence to support statements or assertions. Main idea is weakly or not linked to evidence. Authority of writer is questionable.	<input type="checkbox"/> Most statements are supported by evidence. The main idea is generally linked to supporting evidence.	<input type="checkbox"/> Statements are supported by substantial varied and appropriate details linked to evidence and main idea.	<input type="checkbox"/> Substantial varied and appropriate details strongly support statements. There is clear linkage between the evidence and writer's assertions.
	Grammar (including spelling)	<input type="checkbox"/> Mistakes in word usage, grammar, and mechanics detract from the reader's understanding and contribute to difficulty in reading.	<input type="checkbox"/> Mistakes in word usage, grammar, and mechanics do not detract from understanding and readability	<input type="checkbox"/> Proper word usage, grammar, and mechanics contribute to and support understanding and readability. Minimal errors.	<input type="checkbox"/> No usage, grammatical or mechanical errors.

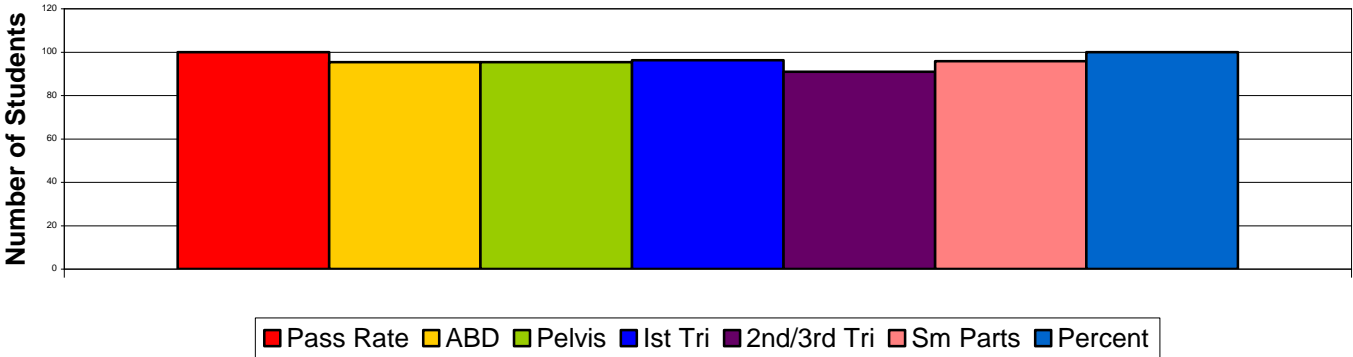
Additional assessment results:

Histograms of Exit Competency Results:

Final Exams Performance used for Exit Competencies 1, 2 and 3

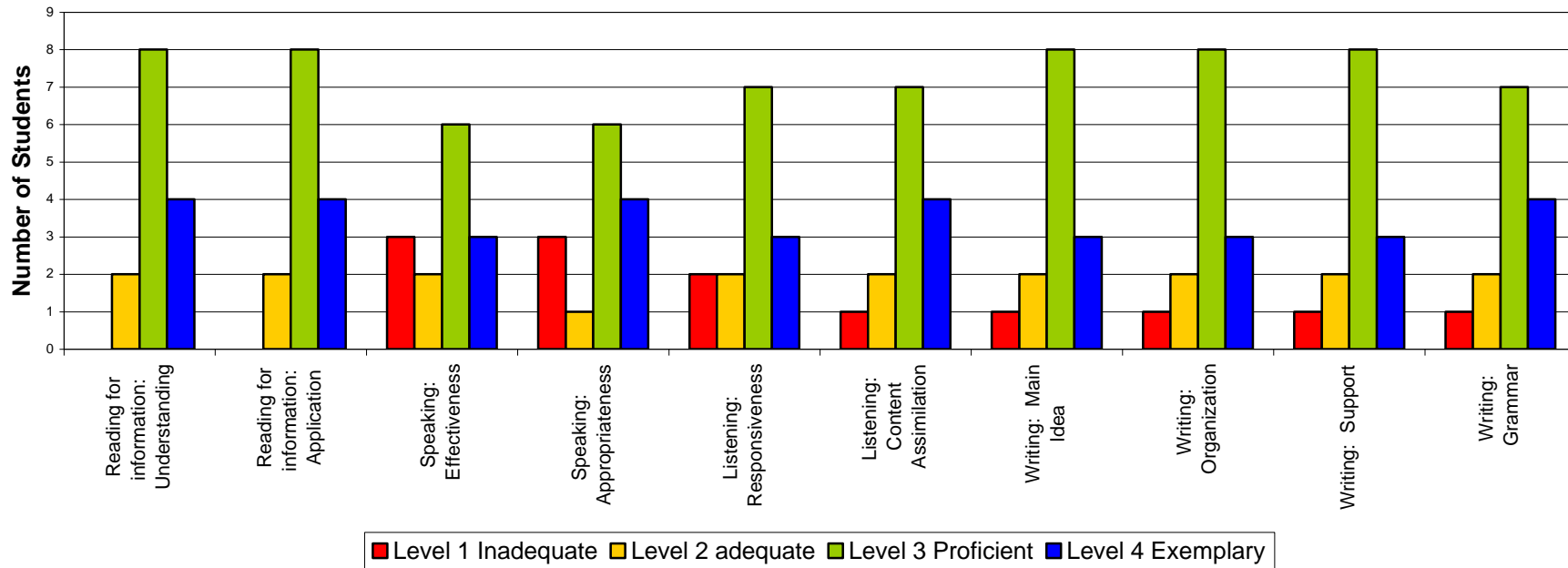


Clinical Evaluations used for Exit Competencies 1, 2 and 3



Histograms of Core Competency Results:

Communication



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Teamwork

