

Best Practices:

Completing and Achieving
Excellence in
Compliance Assist



Continuity Plan



Program Review



ACE/SLO



ULP

Why plan with excellence?

Excellent planning is the foundation that helps assess how well we are meeting the needs of our community.

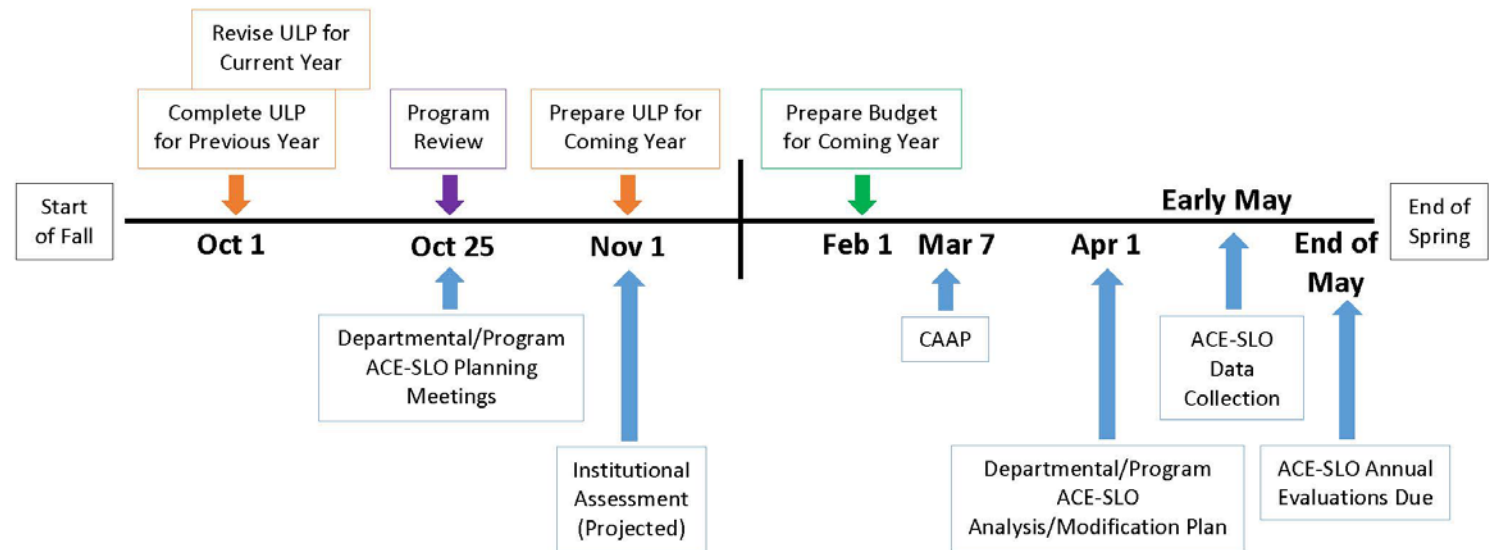
Institutional Effectiveness Pyramid: http://mcciep.mclennan.edu/home/unit-planning/pdfs/IE_Pyramid.pdf

- Are students learning what we intend for them to learn according to best practice?
- Are there ways we could *better* meet the needs of our community?
- Are there things we need to *stop* doing?
- Are there things we need to *start* doing?

The goal is achieving **STUDENT SUCCESS!**

When is it due?

Planning Timeline



“I love deadlines. I like the whooshing sound they make as they fly by.” –Douglas Adams

How do I complete planning and assessment for my program/department?



All planning/assessment is completed **in the ULPs**
in Compliance Assist!

(For ACE/SLO and Program Reviews, look back from the current year to the year just completed.)

Unit Level Plans (ULPs)

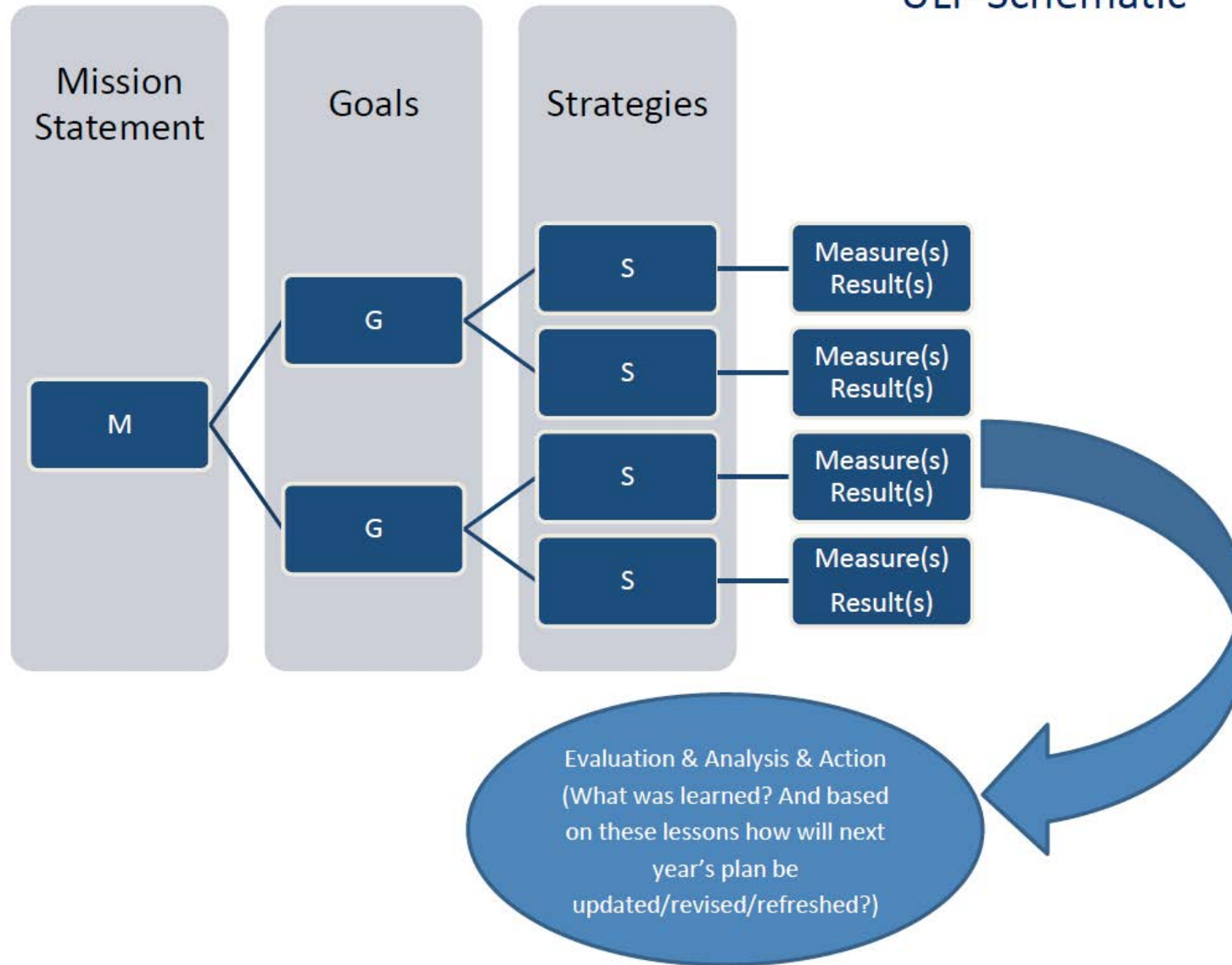
– an annual plan of each budgeted unit that supports the goals and objectives outlined in the college's strategic plan

Items Included:

- **Mission/Purpose** – a concise description of the unit's general mission and core functions
- **Goals** – 3-5 specific methods to improve departmental performance
- **Strategies** – 2+ specific actionable items that lead to accomplishing your goals
- **Measures** – tied to the goal through the strategies; allow us to track progress toward goal achievement
- **Findings** – (end-of-year results) support a conclusion that the strategies for your goals were met, partially met, or not met

DIY (Do It Yourself) PowerPoint link: <http://mcciep.mclennan.edu/home/unit-planning/pdfs/DIY-CAv2.pdf>

ULP Schematic



Unit Level Plans (ULPs)

Example of Best Practice



ACE/SLO — a college-wide, ongoing effort to improve our overall instructional practices to best meet our commitment to our students in providing a quality education

Items Included:

- Best Practices & External Trends in your Program/Department
- Analysis of ACE Data
- Next Steps
- Resources Needed for Next Steps

DIY (Do It Yourself) PowerPoint link: <http://mcciep.mclennan.edu/home/unit-planning/pdfs/DIY-ACEv1.pdf>

ACE/SLO

Example of Best Practice

BEST PRACTICES



A. Best Practices in your Program/Department A1. What have been the best instructional and support practices you've identified as a program and/or department this year?

Implementation of critical thinking skills earlier in the program.

We have begun introducing this concept during new student orientation. Challenging the upcoming students to critically think through topics they have never heard of before.

We continue with challenging their critical thinking by dedicating 35 questions on each written exam to be written where the student must apply what they have already learned to a question (situation) they have not previously encountered and based on their existing knowledge come up with the correct answer. This has proved challenging for students but is a critical skill for being successful clinicians and for passing their licensure exam. We run stats on all of our exam questions and "throw out" bad questions. We also perform exam reviews with the students and talk through each question on the exam, allowing students to actively work through the thought processes of finding the correct answers.

We have also dedicated points on each of the skills exams where students must apply their existing knowledge in a "what if" scenario. The questions are related to the pathology/skill they are using in the exam but the student must think "on their feet" as to how or why they would choose to change or alter the intervention they are providing based on the "what if" question.

Implementation of student presentations in almost every course they have in the PTA curriculum as well as requiring the students give constructive feedback to the student presenters after a presentation is given. Giving presentations (public speaking) is challenging for many people but it is an essential skill of a health care practitioner. As well as being able to effectively communicate feedback (positive and constructive) in a professional manner.

A. Best Practices in your Program/Department A2. What data do you have to support these claims?

Students overall exam scores have improved as the semester progresses and throughout their tenure in the program. On both written and skills exams, their ability to "think on their feet" both in the classroom and in the clinic has improved. We consistently receive positive feedback from the clinical instructors about the student's ability.

[2015 data critical thinking](#)

[2015 data speech communication](#)

ANALYSIS OF DATA



B. Analysis of SLO data B1. What worked? Why did it work?

We have the students initially work in groups on the topics so they feel safer sharing and exploring thoughts and ideas with each other (their peers) prior to having to discuss them in front of the class and with the instructors. This is done initially during orientation and then throughout the program on exam reviews and skills practical practices as well as with presentation

B. Analysis of SLO data B2. What area(s) need improvement?

This so far seems to be an effective way to get the students comfortable with critically thinking and public speaking We as a program will continue to assess and adjust as necessary.

ACE/SLO

Example of Best Practice

NEXT STEPS

C. Next Steps C1. Identify at least one of the areas requiring improvement and why your program/discipline selected it for improvement.

Licensure exam 1st time pass rate.

Our licensure exam 1st time pass rate is running around 85% which is above the national average but as a program we would like to see it at 100%. There are other PTA programs in Texas who have a 100% 1st time pass rate on the exam

C. Next Steps C2. Identify the course of action your program/discipline will take to turn it around in the coming year. We have changed the exam prep book that the students are required to purchase to a new book. The program director will be discussing strategies with other PTA program directors.

We will also look into the financial practicality of having an onsite prep course for the students. This typically runs around \$200 a students which will be a huge barrier for students and the program budget

C. Next Steps C3. Identify what assessment measures you will require to track the progress of your program/discipline's plan. The measures used to track success will be the first time pass rates on the licensure exam from the graduating cohort of students each spring.

RESOURCES

D. Resources needed for Next Steps D1. What assessment tools and/or help do you require to effectively measure the progress on your plan?

None needed

D. Resources needed for Next Steps D2. What other resources (faculty, funding, facilities, external processes) do you need to effectively tackle your plan?

Possible funding for an onsite licensure exam prep course and space availability as the courses are 2 day (weekend) courses.

Possible additional student fees to cover the cost. Possibly look at partnering with another PTA program for a prep course to reduce costs.

Program Review

— a data-driven, systematic review of an educational program (includes student outcomes, program viability, and quality)

Data Sources:

- Student Performance
- Course Data
- Major/Graduation (Degree or Certificate)
- Faculty Data
- Cost Benefit
- Workforce Projections

DIY (Do It Yourself) PowerPoint link: <http://mcciep.mclennan.edu/home/unit-planning/pdfs/DIY-PRv3.pdf>

Program Review

Example of Best Practice

STUDENT PERFORMANCE

Student Performance

The retention rate for 2015 was 90%. 32 students were accepted, however, one student did not start the program, one student left for a positive drug screen. 30 students started the program and then two students left due to personal reasons, and two left due to grades in the first Fall semester. There was one returning student that rejoined the program with this class, leaving 27 students to complete the program for a 90% completion rate.

COURSE DATA

Course Data

The retention rate for 2015 was 87.1%. 32 students were accepted, however, one student did not start the program, one student left for a positive drug screen, two students left due to personal reasons, and two left due to grades. There was one returning student that re joined the program with this class, leaving 27 students to complete the program for a 84.4% completion rate.

MAJOR / GRADUATION

Major/Graduation

For 2015, 27 students graduated the program; 26 have taken and passed the American Registry for Radiologic Technologists exam for a 96.3% success rate as of (January 25, 2016).

Program Review

Example of Best Practice

FACULTY DATA

I.D. Faculty Data

The program currently employs three fulltime faculty in the Radiologic Technology Program. One of these faculty members serves as the Program Director and a second serves as the Clinical Coordinator. A clinical coordinator is required by our accrediting body, Joint Review Committee on Education in Radiologic Technology for programs with 5 or more active clinical settings. We currently have 12 clinical settings to include 9 acute care hospitals, 2 orthopedic clinics, and one multidisciplinary clinic.

The program faculty instructor and clinical coordinator are required to have a minimum of a bachelor degree level education and the program director must have a master's degree level of education.

All faculty members are licensed by the *Texas Department of State Health Services (TDSHS)* as Medical Radiography Technologists, and registered by the *American Registry of Radiologic Technologists (ARRT)*.

[ARRT Meredith Heffner](#)
[Credentials Deborah Quinn](#)
[CV Deborah Quinn](#)
[CV Meredith Heffner](#)

COST / BENEFIT

I.E. Cost/Benefit

In 2014/15, prior to allocated administrative costs, the program's benefit/cost ratio is approximately 1.19. The return on investment is 36.4% with a positive net present value. The program shows to be a sound benefit and positive investment for the college.

[Benefit Cost Data](#)

WORKFORCE PROJECTIONS

I.F. Workforce Projections

Currently the program meets the needs for McLennan County and the surrounding areas. The program attempts to stay mindful of the market need in order to avoid oversaturation of Registered Radiologic Technologists.

The 2015 graduate data has not yet been collected, however the previous job placement rating for 2014 was 93.5%.

Continuity Plan

— a plan to ensure protection program personnel and assets in recognition of threats and risks

Items Included:

- **Critical Functions and Processes** — Program Units; Critical Functions/Processes; Equipment and Systems; Personnel; Allowable Downtime; Priority for Recovery
- **Leadership and Staff**
- **Resource Requirements** — Managers; Staff; Office Space; Office Equipment; Office Technology; Vital Records, Data, & Information; Facilities; Equipment/Systems
- **Facility Needs** — Name of Alternative Facility; Physical Location of Alternative Facility; Individual Responsible for Coordination; Date of MOA Signing
- **Key Personnel Rapid Contact List**

Need help?

Research Effectiveness staff are ready to assist with your questions!



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