CoA-NDT
Committee on Accreditation for Education in Neurodiagnostic Technology

Connect

The Official Newsletter of the CoA-NDT

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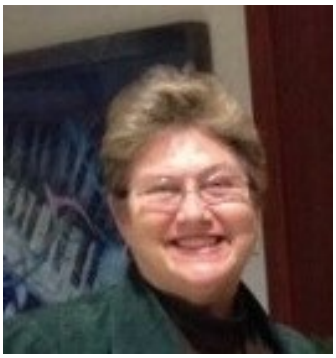
Message from the Chair.....



Debra J. Carson
2013 Chair, CoA-NDT

It's hard to believe that 2013 is almost gone! This has been a very busy year for the CoA-NDT, and for many in the profession as we've asked for your help to accomplish our work. This year we've dedicated much of our time to reviewing and revising the **Standards and Guidelines for the Accreditation of Educational Programs in Neurodiagnostic Technology**, which were last revised in 2008. I would like to thank our professional organizations for their help in finding subject matter experts (SMEs) to assist with revising the competency portions of the Standards. We have listened to the NDT program directors and are attempting to simplify the language perceived as "educational jargon" in all documents. However, we have to adhere to the "template" language in the Commission of Accreditation of Allied Health (CAAHEP) documents. As you are all aware, your accreditation is awarded by CAAHEP. CAAHEP is accredited by the Council for Higher Education Accreditation (CHEA). It is interesting to look at the websites for CAAHEP and CHEA and compare the consistency and accountability between the organizations.

I am pleased to announce that the CoA-NDT adopted our Vision, Mission and Values statement earlier this year. We are including this document in this issue of *Connect*. In addition, you can find it on the CoA-NDT website (www.coa-ndt.org).

The **Standards and Guidelines for the Accreditation of Educational Programs in Intraoperative Neurophysiologic Monitoring** were approved earlier this year, and the CoA-NDT is the Committee through which educational programs in IONM can seek CAAHEP accreditation.

The CoA-NDT Board recently approved two forms to assist programs. First, the Resource Assessment Matrix (RAM) can assist educational programs in complying with Standard III.D. The Program Advisory Committee roster, as well as suggested meeting agenda items, are included to assist programs in complying with Standard II.B. Both forms are included in this issue of Connect. In addition, you can find them on the CoA-NDT website (www.coa-ndt.org). Be sure to read the article about Program Advisory Committees on page 3, which was written by CoA-NDT Board Member Stephanie Jordan.

The CoA-NDT also undertook an initiative to update our site visitor training to enhance reliability in the process as we evaluate programs seeking Initial and Continuing Accreditation. The first training program took place in Chicago in June. While the first Site Visitor

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Meet your CoA-NDT

Marjorie Tucker, R EEG/EP T, CLTM, CNIM, R NCS T

Marjorie Tucker, R EEG/EP T, CLTM, CNIM, R NCS T, was appointed to the CoA-NDT in August, 2013 by ASET-The Neurodiagnostic Society. Ms. Tucker currently serves as the END Program Director at Kirkwood Community College in Cedar Rapids, IA and the Assistant Department Director of the EEG Lab at the University of Iowa Hospitals and Clinics in Iowa City, IA. She has been the program director at Kirkwood Community College since 2005. Prior to accepting the position of Program Director, Ms. Tucker held a number of clinical practice positions at Mercy Medical Center and the University of Iowa Hospitals and Clinics, both in Iowa City, IA.

Ms. Tucker is an active member of the neurodiagnostics profession. She has served as a member of the ASET Board (1994-1996); as an examiner and Board member of the American Board of Registration of Electroencephalographic and Evoked Potential Technolgists (ABRET, 2007 - 2009); President of ABRET (2009 - 2012); and, is currently a member of the ABRIOT NION Lab Accreditation Board.

The CoA-NDT welcomes Marjorie Tucker as she begins her three-year term of service to the Committee on Accreditation.

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William J. Nowack, MD

William J. Nowack, MD, was appointed to the CoA-NDT in July 2013 by the American Clinical Neurophysiology Society (ACNS). Dr. Nowack received his medical degree from Stanford University, He holds a Masters in Philosophy in biostatistics from Yale University and an MS in Computer Science from the University of South Alabama. Dr. Nowack completed his residency in Neurology at Washington University and an NIH Fellowship in Experimental Epilepsy at the University of Virginia. He has served at the University of Kansas Medical Center in Kansas City since 2001, and is an Associate Professor of Neurology.

Dr. Nowack's interests are in neurology and computer science, two areas in which he has both teaching and practice. In the area of clinical neurology, Dr. Nowack concentrates on epilepsy and electroencephalography (including evoked potentials) and magnetoencephalography. Much of his clinical work is with seizure monitoring, ICU monitoring and intraoperative monitoring. In the area of computer science, he concentrates on theoretical computer science with a focus on technologies such as neural networks, fuzzy logic, artificial intelligence and computational complexity.

Since neurodiagnostic technology is progressively computer-based, Dr. Nowack believes that students should be prepared in their academic programs for networking and other computer related problems they will encounter in their clinical rotations and jobs after graduation.

Dr. Nowack also serves the profession through his role as the current CAAHEP Commissioner from the ACNS.

The CoA-NDT welcomes Dr. William Nowack and his contributions to the education of neurodiagnostic technologists.

The NDT Program Advisory Committee

By

Stephanie Jordan, R EEG/EP T, CNIM, CLTM

Every Neurodiagnostic Technology (NDT) program that holds accreditation by the Commission on Accreditation for Allied Health Education Programs (CAAHEP) is required to appoint a Program Advisory Committee (Standard II.B). The Advisory Committee, when used appropriately, is a valuable resource for an educational program. Program directors and faculty can look to Standard II.B for some guidance when thinking about the purpose of an Advisory Committee. According to the Standard, the Advisory Committee "...assists program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change." But, are there other practical purposes that this important body can serve?

The individuals who agree to serve on the program's Advisory Committee are committed to the success of the program. Members of the Advisory Committee may be employers of the program's graduates or representatives of the clinical affiliates to which the currently enrolled students are sent for their clinical rotations; physicians; and, recent program graduates. These individuals can provide regular feedback concerning the current nature of the program's curriculum with respect to clinical practice and the expectations for a competent, entry-level neurodiagnostic technologist. Currently enrolled students and representatives of the sponsor administration can provide input regarding the impact of programmatic changes that resulted from the program's evaluation of the learning outcomes and program goals. A representative from the public can often help the program identify community resources that may benefit the students or the program as an entity. It is for these reasons that Standard II.B requires representation from each of these constituencies on the program Advisory Committee ("The communities of interest…..include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.")

Programs are often challenged to locate a sufficient number of clinical sites to provide students with a variety of clinical education experiences that allow them to achieve the program's clinical education outcomes. The Advisory Committee can be an excellent resource in helping to identify new sites that may potentially serve as clinical sites, as well as assisting in the evaluation of existing clinical sites during the program's annual Resource Assessment. The Advisory Committee, particularly the representatives from the employers and clinical sites, may be helpful in identifying opportunities for faculty, staff and students to participate in in-service training sessions to insure the currency of knowledge, skills and procedures. These same individuals may be able to assist the program in securing material resources for the program, such as equipment and supplies, when they upgrade the clinic's equipment and through their routine contacts with vendors.

Employers on the Advisory Committee can serve an invaluable role in helping the program's faculty identify labor market trends. Working with the program faculty and sponsor administration, the employers may assist the program with its recruiting efforts. Some programs find it helpful to invite one or more of the academic advisors or a representative from the Admissions Office to an Advisory Committee meeting to speak with the employers and in so doing, learn more about the roles and responsibilities of neurodiagnostic technologists in practice; this can assist these individuals in their efforts to recruit qualified individuals to enroll in the NDT

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Ms. Jordan was appointed to the CoA-NDT in August 2012 by ASET—The Neurodiagnostic Society. She is the supervisor of Clinical Neurophysiology at Swedish Medical Center in Seattle, WA. Ms. Jordan currently serves as the Chairperson for the NDT Program Advisory Committee at Bellevue Community College and supervises students during their clinical rotations at Swedish Medical Center.

The NDT Program Advisory Committee

...individuals who agree to serve on the program's Advisory Committee are committed to the success of the program...

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Continued from page 3

program. Inviting a representative from the institution's Admissions Office or an academic advisor to participate in the Advisory Committee meeting when curriculum is reviewed can serve a useful purpose in not only informing those areas about the rigors of the curriculum, but also assisting the program in terms of designing a curriculum that prepares students for successful transfer a higher degree program (e.g., if the NDT program awards a certificate, maximize transfer or articulation with an associate's degree program; if the NDT program awards an associate's degree, maximize transfer to a four-year institution).

The NDT program Advisory Committee is required to meet at least once each year in order to be in compliance with Standard II.B. Programs can use face-to-face meetings, or incorporate electronic technology such as Skype or other web-based meeting programs. The key issue is that all members of the committee have an opportunity for "real time" discussion during the meeting. Therefore, an "e-mail meeting" does not meet the intent of Standard II.B. The CoA-NDT Board recognizes that not all members of the program's Advisory Committee may attend each meeting. Individuals who are genuinely committed to the program, such as physicians and department directors, may have legitimate scheduling conflicts or unanticipated emergencies on the day of the meeting when they initially thought they would be able to attend. Therefore, a program should include in each set of meeting minutes a roster of each individual who is currently appointed to the Advisory Committee. The minutes should indicate who among the appointed members is present and who is absent.

Each program may wish to establish a process for appointing members to the Advisory Committee, including a term of appointment. It is often helpful to insure that the appointment is legitimized by asking the President of the college or another senior administrator to send a letter indicating the appointment so the individual can use this in his or her professional portfolio. The program may also wish to establish a process for rotating members off the Advisory Committee, at which time a letter acknowledging the individual's service should be sent. Many institutions already have these processes in place at the institutional level, and if so, they can easily be adopted for the NDT program.

Recognizing that individuals who volunteer to serve on the program's Advisory Committee are generally busy people who could use this time for other purposes, the Program Director will want to send an agenda in advance of the meeting. This allows the members to read the materials and be prepared to use the meeting time effectively. In addition to Standard II.B, Standard III.D and Standard IV.B.1 define some of the ways the program is expected to incorporate the Advisory Committee in the systematic review of the program. Agenda items in the Advisory Committee minutes that will demonstrate compliance with the Standards might include topics such as (1) Review of the Program's Goals and Learning Objectives; (2) Review of the Annual Report and Outcomes, including certification exam results; (3) Review of Program Assessment results; (4) Program Changes (e.g., curriculum, clinical, accreditation related such as graduate competencies; (5) Substantive Changes; 6) Program Strengths and Areas for Improvement, including an Action Plan for Improvement;

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The NDT Program Advisory Committee

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(7) Other Business; and, (8) Plans for future meetings.

The CoA-NDT recently adopted a template that NDT programs may use to keep Advisory Committee meeting minutes, if the program wishes to do so. The template is included in this issue of the newsletter (*see page 7*), and it is posted on the CoA-NDT website (www.coa-ndt.org). Programs may use the template as it appears or modify it to meet the institutional needs. If there are questions about how best to document compliance with the Standards related to the Advisory Committee, please do not hesitate to contact the CoA-NDT Executive Office by either calling 978-338-6300 or email office@coa-ndt.org.

2014 CoA-NDT Meetings

The CoA-NDT has announced the 2014 schedule of meetings:

2014 Annual Meeting, January 18-19

Teleconference Meetings:

March 17

May 19

July 21

September 15

November 17

Information about CAAHEP meetings can be found on the CAAHEP website (www.caahep.org), by clicking on the *News and Announcements* tab.

Resource Assessment

Standard III.D requires each program to "...at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards.** The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment."

The CoA-NDT recently approved a template for a Resource Assessment Matrix. While programs are not required to use the Resource Assessment Matrix, compliance with Standard III.D can be demonstrated through the use of the matrix since it contains all the elements required in the Standard. A sample Resource Assessment Matrix is provided in Appendix A as one example of how program faculty can collect the results from various surveys and other program assessment instruments and formulate a comprehensive document that can be easily shared with the Program Advisory Committee, institutional administrators, and the CoA-NDT during accreditation activities.

If a program chooses not to use a Resource Assessment Matrix, all source documents (e.g., surveys that have been compiled and analyzed, program evaluations) must be maintained in an organized system so the CoA-NDT representatives can access and review them during accreditation activities to evaluate compliance with Standard III.D.

Please do not hesitate to contact the CoA-NDT by emailing office@coa-ndt.org or calling 978-338-6300 if you have questions about Standard III.D.

Credentialing Examination Outcome Adopted

In May of this year, all accredited NDT programs were notified that the CoA-NDT adopted Part I of the R EEG T examination as the Credentialing Examination Outcome. Two thresholds were established; the Participation Rate threshold is 70% and the Success Rate threshold is 60%, over a 3-year average. The 3-year average allows programs to collect examination results for 3 years following the graduation of each class before the outcome is evaluated by the CoA-NDT. For example, when the Class of 2013 graduates the first examination results will be reported in the 2014 Annual Report (which means graduates will have had approximately one year to take the exam if it was not incorporated into the program's curriculum). The 2015 Annual Report will include the second year of examination results for the Class of 2013. Finally, when the 2016 Annual Report is submitted, and graduates have had approximately 3 years following graduation to complete Part I of the R EEG T exam, the CoA-NDT will review the results for compliance with established thresholds.

During the implementation of the Credentialing Examination Outcome, the CoA-NDT will review the data submitted for Participation and Success beginning with the Annual Reports due in April 2015. Programs will receive ***comments only*** about the results until the program has submitted three years of data for the Class of 2013, at which time the programs will be evaluated for compliance with the thresholds.

The CoA-NDT is aware that some programs are concerned about the Credentialing Examination Threshold. Using the 2012 Annual Report data to establish the baseline, the CoA-NDT learned that 82.6% of the accredited programs reported meeting the Credentialing Examination threshold for Success, while 43.5% of the programs reported meeting the Credentialing Examination threshold for Participation. The CoA-NDT will be reviewing the Credentialing Examination Outcome data as they are submitted, and welcomes an open dialogue with the programs.

Program	% Participation	% Success	Program	% Participation	% Success
S-1	71.4%	100%	D-3	71.4%	80%
S-3	68.4%	76.9%	S-12	100%	75%
S-4	31.2%	80%	S-13	75%	83.3%
D-1	100%	33.3%	S-14	12.5%	100%
S-5	88.8%	87.5%	S-15	0%	0%
S-6	37.5%	75%	S-16	34.8%	87.5%
S-7	28.5%	50%	S-17	90%	94.4%
S-8	70.4%	77.4%	D-4	33.3%	100%
S-9	61.7%	90.5%	S-18	22.2%	50%
S-10	100%	100%	S-19	38.4%	100%
D-2	61.1%	93.9%	S-20	13.3%	100%
S-11	100%	100%			

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Program Advisory Committee Minutes

Sponsoring Institution:		
Date, Time and Location of Meeting:		
COMMITTEE MEMBERSHIP ROSTER		
Community of Interest *	Name	Agency/Organization
Employer		
Employer		
Employer		
Graduate		
Physician		
Student		
Public Member		
Other		
Faculty (*ex officio)*		
Medical Director (*ex officio)*		
Program Director (*ex officio)*		
Sponsor Administration (*ex officio)*		
*Standard II.B, *Standards and Guidelines for the Accreditation of Educational Programs in Neurodiagnostic Technology. (Add additional lines, if necessary, and identify the community of interest represented by the committee member.*		

The Committee Membership roster should include each individual who is appointed to the Program Advisory Committee. Advisory Committee minutes should indicate who among the appointed members is present and who is absent.

Standard II.B requires each program to hold an Advisory Committee meeting at least annually. The Advisory Committee must assist the program in "formulating and periodically revising appropriate learning domains, monitoring needs and expectations, and ensuring program responsiveness to change." At least once each year, the Program Advisory Committee minutes should document how the program is in compliance with Standard II.B (see also Standard III.D and Standard IV.B.1).

Agenda items in the Advisory Committee minutes might include topics such as (1) Review of the Program's Goals and Learning Objectives; (2) Review of the Annual Report and Outcomes, including certification exam results; (3) Review of Program Assessment results; (4) Program Changes (e.g., curriculum, clinical, accreditation related such as graduate competencies; (5) Substantive Changes; (6) Program Strengths and Areas for Improvement, including an Action Plan for Improvement; (7) Other Business; and, (8) Plans for future meetings.

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Mission, Vision and Values Statement

Mission Statement

The CoA-NDT reviews, evaluates, and monitors neurodiagnostic technology (NDT) programs for compliance with the Commission on Accreditation for Allied Health Education Programs (CAAHEP) Standards and Guidelines for accreditation, and fosters the development of quality neurodiagnostic technology programs.

Vision Statement

The CoA NDT, in cooperation with CAAHEP, strives to be the premier agency for NDT programmatic accreditation services to contribute to a competent, patient focused entry level workforce.

Core Values Statement

The process, actions, and strategies of the CoA-NDT are guided by:

Consistency

The CoA-NDT is consistent in the application of the Standards *during all accreditation decisions.*

Collaborative

The CoA-NDT is collaborative with all educators in the profession of neurodiagnostics, as well as with our professional societies and credentialing agencies. We will collaborate with our communities of interest (e.g., educators, professional organizations, credentialing agencies, college and hospital-based educational facilities) during educational program development.

Accountability

The CoA-NDT is accountable to CAAHEP and our communities of interest.

Integrity

The CoA-NDT demonstrates integrity in all communications and activities.

Excellence

The CoA-NDT demonstrates excellence in all activities to provide value of programmatic accreditation to our communities of interest.

Adopted 1/27/13
Reviewed and Approved 5/7/13

A Committee on Accreditation of

CoA-NDT
Committee on Accreditation for Education in Neurodiagnostic Technology

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2013 CoA-NDT

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Barbara Tatzlaff, MS, R EEG/EP T, CNIM, Secretary/Treasurer (ASNM)
Debby Baydoun, MSED, R EEG.EP T, RPSGT, R NCS T, CNCT, RST (ASET)
Maureen Carroll, BS, R EEG/EP T, CNIM (ASET)
Stephanie Jordan, R EEG/EP T, CNIM, CLTM(ASET)
Elizabeth Meng, BA, R EEG/EP T (ASET)
Marjorie Tucker, R EEG/EP T, CLTM, CNIM, R NCS T (ASET)
William J. Nowack, MD (ACNS)
Cormac A O'Donovan, MD (ACNS)
George (Trey) Lee, III, MD (AAN)
Marc R. Nuwer, MD, PhD (AAN)

A Committee on Accreditation of CAAHEP

Message from the Chair

Continued from page 1

Training Program was an in-person event, the CoA-NDT is investigating options for online training programs. Our goal is to insure that all participants in the site visit process hear from one voice to evaluate programs and measure outcomes. Site visitors use the information provided by the program and compare the findings on-site to the requirements of the CAAHEP Standards, thus assuring quality health professions education to serve the public interest.

I would also like to thank the program directors for their hard work on the annual reports. It is great to see the progress made by programs, and the work that results in making sure that patients who require neurodiagnostic procedures are given excellent care!

In August, I had the honor of representing the CoA-NDT during the ASET Annual Conference in Reno. I participated in the Education Summit, and it was a wonderful opportunity to meet new program directors and see old friends. In addition, our Executive Director Jackie Long-Goding, Secretary/Treasurer Barbara Tetzlaff, and I presented abstracts during the ASET conference. The focus of our abstracts was the value of accreditation in a new era of healthcare.

The CAAHEP Summer Leadership meeting was held in Boston this past July, and the CoA-NDT was well represented when Vice-Chair Bernie Cohen, CoA-NDT member Maureen Carroll, and Executive Director Jackie Long-Goding attended. In recognition of the growth in online courses and programs, CAAHEP dedicated a significant amount of the meeting to the topic of distance learning, including the responsibilities of the accrediting agencies when evaluating programs offered using distance learning methodology.

We anticipate that the first draft of the revised **Standards and Guidelines for the Accreditation of Educational Programs in Neurodiagnostic Technology** will be distributed to our communities of interest for public comment shortly after the first of the year. We welcome your input into this most important document, so please watch for the announcements.

As always, if you have any questions about the accreditation process, please do not hesitate to contact the CoA-NT office by emailing office@coa-ndt.org or calling 978-338-6300. ◙

Committee on Accreditation for Education in Neurodiagnostic Technology

Resource Assessment Matrix

Program Name: XYZ Neurodiagnostic Technology Program

RESOURCE	PURPOSE(S)	MEASUREMENT SYSTEM	DATE(S) OF MEASUREMENT	PERSON(S) INVOLVED	RESULTS AND ANALYSES	ACTION PLAN(S) AND FOLLOW UP
CURRICULUM	To provide a curriculum that prepares graduates who are competent entry-level practitioners.	Certification exam results Graduate Surveys Employer Surveys	Annually	Program Director Advisory Committee Program Faculty Medical Director	Class of 2011: (1) 18 of 20 graduates passed Part 1 of the R EEG T exam on the first attempt (90%). (2) 100% of the class was employed by 6 months following graduation from the program. (3) No ratings of below 3 were assigned by either students or employers on the Student and Employer Surveys.	Continue routine curriculum review/revision. Continue routine monitoring.
PERSONNEL	(1) To ensure the program provides sufficient, effective classroom and laboratory instructors. (2) To insure the program provides effective clinical externship instruction.	End-of-of-course evaluations Student Surveys Faculty Observations	End of each term	Program Director Academic Dean Advisory Committee	Class of 2013: (1) Senior students in one clinical site reported too much "down time" during the clinical day when the instructor was occupied with other activities. (2) 100% of the classroom and lab instructors were rated "3" or higher. Class of 2013: 100% of the instructors received ratings of "3" or	Program Director will speak with manager at the affiliate and evaluate whether students should be assigned to this site in the fall. Continue routine monitoring.

SAMPLE

					higher.	
RESOURCE	**PURPOSE(S)**	**MEASUREMENT SYSTEM**	**DATE(S) OF MEASUREMENT**	**PERSON(S) INVOLVED**	**RESULTS AND ANALYSES**	**ACTION PLAN(S) AND FOLLOW UP**
FACILITIES (classroom, lab, offices, etc.)	To provide an effective learning environment (e.g., classrooms, laboratories) and office space for the program.	Faculty/Staff Surveys Student Surveys End-of-Course Surveys	End of each term	Program Director Program Faculty Academic Dean Advisory Committee Medical Director - Lab	Class of 2012: 12 of 15 students rated the facilities "3" or higher (satisfactory). Two students assigned a rating of "2" in the area of *noise* and 1 student assigned a rating of "2" in the area of *temperature* on the survey. Class of 2013: 10 of 15 students rated the facilities "3" or higher. Five students assigned a rating of "1" in the area of *temperature* on the survey. 3 Facilities Requests were filed by faculty asking for attention to the heat/cooling units during the 2012/2013 academic year.	The NDT program is housed in an older building on campus, where it is difficult to control the temperature. When the heating/cooling units activate, the noise is bothersome in the classroom and lab. The college has agreed to relocate the lab in January 2014, when a new building opens. The program director will work with facilities personnel in the fall 2013 semester to mitigate the noise and temperature issues.
LAB EQUIPMENT/SUPPLIES	To provide students with the equipment and supplies to support a curriculum that prepares them for clinical and entry into practice.	End-of-course Surveys Student Surveys Faculty Surveys	End of each term	Program Director Program Faculty Academic Dean Advisory Committee Medical Director	Class of 2012 and Class of 2013: 100% of the students rated the lab equipment and supplies as "3" or higher. All faculty rated the lab equipment and supplies as "3" or	Continue routine monitoring.

SAMPLE

					higher.	
RESOURCE	**PURPOSE(S)**	**MEASUREMENT SYSTEM**	**DATE(S) OF MEASUREMENT**	**PERSON(S) INVOLVED**	**RESULTS AND ANALYSES**	**ACTION PLAN(S) AND FOLLOW UP**
LEARNING RESOURCES (e.g., print, electronic reference materials, computer resources)	To support the student needs for supplemental reading, electronic and print reference materials, research, and computer resources.	End-of-course Surveys Faculty/Staff Surveys Student Surveys	End of each term	Program Director Program Faculty Academic Dean Advisory Committee	Class of 2012: 10 of 15 students reported insufficient access to full text journals specifically related to neurology. Class of 2013: 3 of 15 students reported insufficient access to full text journals specifically related to neurology.	The program director and academic dean, working with the librarian, have identified funds that will be used to enhance the online access for NDT students. The medical director is also working with the medical center to see if the students can access journals through the medical library. The program faculty and reference librarian will also work with students to help them be more efficient during literature searches.
FINANCIAL RESOURCES (fiscal support, acquisition/maintenance of equipment/supplies, continuing education)	To provide adequate fiscal support for the retention of personnel and the acquisition and maintenance of equipment and supplies.	Review of program budget Faculty/Staff Surveys Student Surveys	Annual (review of budget) Review faculty/staff/student surveys each term	Program Director Academic Dean Program Faculty Advisory Committee	Program budgets have been stable. The program has been awarded Perkins funding for the past two years. 100% of the Faculty and Student Surveys were rated “3” or higher on all elements that relate to financial support.	Continue routine monitoring.

SAMPLE

RESOURCE	**PURPOSE(S)**	**MEASUREMENT SYSTEM**	**DATE(S) OF MEASUREMENT**	**PERSON(S) INVOLVED**	**RESULTS AND ANALYSES**	**ACTION PLAN(S) AND FOLLOW UP**
MEDICAL DIRECTOR	To provide effective medical direction for the program to insure that current standards of medical practice are met.	Student Surveys Faculty Surveys	End of each term	Program Director Program Faculty Advisory Committee	100% of the Student and Faculty Surveys rated the Medical Director "3" or higher.	Continue routine monitoring.
CLINICAL RESOURCES	To provide a sufficient variety of tasks and procedures for instruction to allow for student mastery of the program's required clinical competencies.	End-of-course Surveys Review of clinical competency check-offs Faculty Surveys	End of each term	Program Director Program Faculty Advisory Committee Medical Director	100% of students and faculty rated the clinical resources "3" or higher.	Continue routine monitoring.

SAMPLE