



## DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

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<b>I. Department/Program Mission</b>	
1. State the department name and everyone who participated in creating the comprehensive program plan.	<p><b>Diagnostic Medical Sonography Program</b> Kathleen Austin, Director</p>
2. State the program's mission. If you don't have one, create one.	<p><b>PROGRAM MISSION</b> The Diagnostic Medical Sonography Program is dedicated to the integration of didactic, laboratory, and clinical objectives with emphasis on the clinical aspect of Diagnostic Medical Sonography. These objectives are designed to successfully develop student's cognitive, psychomotor, and affective domains. The program strives to strengthen its role as a principle community resource by providing this program as well as of continuing education to meet individual and collective needs.</p> <p><b>GOALS &amp; OBJECTIVES</b></p> <ol style="list-style-type: none"> <li>1. To graduate competent entry-level, board eligible sonographer's in accordance to the criteria set by the Joint Review Committee on Education.</li> <li>2. To develop the student's communication and critical thinking skills to function as a competent and diligent member of the health care team.</li> <li>3. To develop technical skills to provide for comprehensive quality care to individuals from a diverse socioeconomic, educational, and or cultural background.</li> <li>4. To graduate health care professionals who are respectful of others as well as practice the principles of ethics including autonomy, beneficence, nonmaleficence, veracity, justice, fidelity, and recognize his/her responsibilities under the law.</li> <li>5. To develop the student's awareness and commitment toward understanding and implementing the Code of Conduct &amp; Code of Ethics as described by the Society of Diagnostic Medical Sonography.</li> <li>6. To convey the importance of striving for continual improvement through education and active participation in this profession.</li> </ol>

## I. Department/Program Mission

3. Explain how the program/department mission is aligned with the [college mission](#)?

The DMS Program is consistent with the college mission in that it provides student centered educational opportunity leading to a profession. It incorporates accountability and partnership. Student learning and achievement are measured through a variety of methods including national examinations. It adheres to competency based instruction. Furthermore, a close relationship exists with the educational training partners (hospitals and medical facilities) thus leading to a strong relationship with employers. Ongoing assessment and continued reassessment takes place to ensure graduates are competent and possess the skills including cognitive, psychomotor, and affective as evidenced by examination and employer, and graduate surveys. The goals align with the institution goals to deliver high quality programs, assessment of program effectiveness and to upgrade the program, capital equipment, support materials in order to meet employers and industry's need. Students have a diverse background culturally, socioeconomically, gender, and ethnic backgrounds.

II. Department and Program Description & Data				
1. What are your hours of operation?		<p>As the only FT person for the DMS program I am on campus approximately 50-60% of the week with the remaining days conducting hospital site visits or in the classroom. A schedule is posted of availability. When on campus I usually arrive at 7:30-8:00 AM and leave at 5:00-6:00 PM.</p> <p>Our <b>My</b> office is open at: variable  Closed for Lunch: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when:  Our offices closed at: See above</p>		
2. What types of classes do you offer, at what locations, and at what times? <i>DMS Program includes didactic and campus labs, along with clinical preceptorship's.</i>		<p>Times offered:</p> <input checked="" type="checkbox"/> Morning (6AM-12PM) <input checked="" type="checkbox"/> Afternoon (12PM-4PM) <input checked="" type="checkbox"/> Evening (4PM-10PM)	<p>Locations offered:</p> <input checked="" type="checkbox"/> FH Main Campus <input type="checkbox"/> Middlefield <input checked="" type="checkbox"/> Off campus	<p>Types Offered:</p> <input checked="" type="checkbox"/> In Person <input checked="" type="checkbox"/> Hybrid <input checked="" type="checkbox"/> Distance 1 only
3. List current positions and descriptions for all personnel in your area on the chart below (include position titles only, not individual names).				
Faculty Positions by Discipline	Full-time Headcount	Part-time Headcount	Brief Description of duties	
Position Title DMS Program Director	1	0	<p>Oversees and administers to all aspects of the DMS Program. Includes administrative, budget, curriculum, accreditation, meeting JRC-DMS standards under CAAHEP, hiring, student selection, counseling, liaison with private industry, hospitals, medical facilities, outreach, etc. etc., etc. Lecture, campus lab, clinical preceptorship site visitor &amp; evaluator, liaison with hospital director, physicians,</p>	

			administration, clinical instructor's. Clinical coordination with over 25 medical affiliates. Tracks student's health and immunization requirements and currency. ETUDES-NG development and management for over 30 online hybrid and full online classes.	
Position Title Faculty (Part-Time)	0	5	Lecture, campus lab, clinical preceptorship site visitor & evaluators, liaison with hospital director, administration, clinical instructor's	
Position Title	0	0		
<b>Management and Classified Positions</b>	<b>Full-time Headcount</b>	<b>Part-time Headcount</b>	<b>Brief Description of duties</b>	
Position Title Program Coordinator to all medical programs	1	0	Very limited direct support to program. Direct support is inadequate. Coordinates program applications with all programs.	
Position Title	0	0		
<b>Student Worker Positions</b>	<b>Hours per Week</b>	<b>Months per Year</b>	<b>Brief Description of duties</b>	
Position Title	0.00	0	NA	
Position Title	0.00	0		

<p>4. Given the data, describe the trends in <a href="#">enrollment</a>, <a href="#">FTES</a>, and <a href="#">Average Class size</a>. What are the implications for your department?</p>	<p>The DMS Program has the ability to expand and contract, within reason, to match market demands. Thus the DMS program is a responsible partner with regards to market demands requiring clinical competency and set of job skills unique to this profession. Class size and graduate competency is influenced by the hospital/clinical partner's management and their willingness to accept students for clinical preceptorship. One student is allowed per each hospital thus this influences class size. The number of students who can be assigned to the campus lab respective to instructor/equipment ratio guides the number of students accepted. The ratio of faculty to student is an accreditation requirement. This program operates with one very overworked FT director and several part-time faculties. The positive feature is to quickly assign faculty relevant to class size. The negative is nearly full responsibility of workload including those of the PT faculty falls to the program director as the single full time employee. Employment has been strong and continues to remain strong in the foreseeable future.</p>	
<p>5. <b>Student Achievement:</b> Given the data, describe the trends in overall <a href="#">success rates</a>, <a href="#">retention rates</a>, and <a href="#">degrees and certificates awarded</a>. What are the implications for your department?</p>	<p><b>Success Rates</b> as measured by successful completion of the Americana Registry of Diagnostic Medical Sonography (ARDMS) national board examinations is very high compared to the national average. National average for pass rates is 52—77% depending on the examination such as physics, or Ob-Gyn, or vascular sonography, etc. For the past two years the Foothill College DMS Program pass rates has been 100%. Prior to the past two years dating back some twenty six years it has been steady at 95-100%. During the past 3 years it has been 100%.</p> <p><b>Retention Rates:</b> it should be noted the program length is 18 months at 40 hours per week. Students have a prior AS or BS degree level of health care background before entrance. Retention rates have been excellent with usually 1-3 students leaving the DMS program for personal reasons or for failure of</p>	

	<p>competencies. The exception was 2007-2008 in which 5 students left or was dismissed. Those who left cited the failing national economy and the necessity of going back to work in a different occupation.</p> <p>FC data states the retention rate for non distance education is 96-100% for years 1995-2009. Success for Blacks is 100%, Hispanics 100%, 97% success for Asian populations, 96% for Filipino populations, 96% for the white population, and 98% for unrecorded populations. Overall total is 97%. More specific to years 2006-2009 the total success is 98-99% <b>Degrees and Certificates Awarded:</b> The DMS program awards a <i>Certificate of Achievement</i> to all students upon successful completion. Additionally, students who have completed the general education requirements or enter with a Baccalaureate or Master's degree will receive the <i>Associate of Science degree in Diagnostic Medical Sonography</i>.</p>	
<p>6. <b>Student Equity:</b> Given the data, describe the trends with respect to <b>underrepresented students</b>. How will your program address the needs/challenges indicated by the data?</p>	<p>The DMS Program continues to attract students from a variety of cultural backgrounds. The most underrepresented student appears to be males in a female dominated profession. Recruitment continues to reach out to all. Overall retention is high at 98-99% as cited by college statistics for years 2006-2009.</p>	
<p>7. Given the data, discuss how the FTEF trends and FTEF/FTES ratio will impact your program. Include any need for increasing or reducing your program faculty. What are the implications for your department?</p>	<p>According to FC statistical data provided the FTES for 2006-2007 was 1.77 with productivity of 688 FTES for 2007-2008 was 1.58 with productivity of 707 FTES for 2008-2009 was 2.24 with productivity of 594 This gives credence to the ability to expand and contract dependent upon numbers of students enrolled and continuing in each program class. In 2008-2009, for the first time, there was an overlap of a new program class and the last term for a graduating class. Thus the change in both FTES and productivity. In 2009-2010 there will be a 2 quarter overlap which will impact both FTES and productivity once more. The program is cognizant of both staffing needs and budget constraints during the recession and declining economic support. The director's goals and objective is to remain</p>	

	<p>productive without sacrificing educational quality or the wrath of the educational partners (hospitals).</p>	
<p>8. Given the data for <a href="#">distance learning</a>, describe the trends related to <a href="#">success</a>, <a href="#">retention</a>, and <a href="#">student satisfaction</a>. Discuss solutions to ensure that rates match or exceed those of comparable traditional format courses.</p>	<p>Distance learning is conducted through the use of hybrid classes. The classes are established to provide lecture schedules, no cost syllabus, access to grades, some online quizzes, and a method to contact the instructor. This includes face-to-face, email, phone or through the use of the online communications called private messages.</p> <p>Biannual surveys including student and alumni surveys, clinical instructor's surveys provide feedback on the courses and the program operations and offerings relative to goals and objectives. Department faculty meets and discusses evaluations, goals, objectives and feedback from industry. Retention in the full online class is 100%. Thus exceeds the retention rate of online classes in general.</p> <p>FC data states the retention rate for distance education is 95-100% for years 1995-2009. The components include 88% success for Asian populations 100% for Filipino populations 100% for the white population, and 100% for unrecorded populations. Overall total is 95%.</p> <p>Collaboration with Santa Rosa Jr. College allows for students who live in Napa, Sonoma, Marin, Santa Rosa, etc. to attend and participate with live lectures via teleconference equipment. At some point in the future distance learning from campus to a student's home computer with live interaction will be the pivotal point for true distance learning. The technology would need to be of top quality, cheap, and reliable. At this time, it exists but is too costly for the college and district to make available.</p>	

9. Optional: Provide any additional data relevant to your program. (Indicate the source of the data).	The past 3 years of ARDMS board examinations has been 100%. National board exam pass rates are 52-77%. From 1984- 2005 the FC DMS program pass rates have been between 95-100%.	
10. Are you seeing <b>trends</b> that are not reflected in the data cited above? If yes, please explain.	<p>Information from the Bureau of Labor Statistics state there will “Faster-than-average employment growth is expected. Job opportunities should be favorable.’ It further predicts an increase of 19% between 2006-2016.</p> <p>“Additional job growth is expected as sonography becomes an increasingly attractive alternative to radiologic procedures, as patients seek safer treatment methods. Unlike most diagnostic imaging methods, sonography does not involve radiation, so harmful side effects and complications from repeated use are less likely for both the patient and the sonographer.</p> <p>Sonographic technology is expected to evolve rapidly and to spawn many new sonography procedures, such as 3D- and 4D-sonography for use in obstetric and ophthalmologic diagnosis. However, high costs and approval by the Federal Government may limit the rate at which some promising new technologies are adopted.</p> <p>Hospitals will remain the principal employer of diagnostic medical sonographer’s. However, employment is expected to grow more rapidly in offices of physicians and in medical and diagnostic laboratories, including diagnostic imaging centers. Healthcare facilities such as these are expected to grow very rapidly through 2016 because of the strong shift toward outpatient care, encouraged by third-party payers and made possible by technological advances that permit more procedures to be performed outside the hospital.”</p> <p><a href="http://www.bls.gov/oco/ocos273.htm#outlook">http://www.bls.gov/oco/ocos273.htm#outlook</a></p>	

<b>Summary of Planning Goals &amp; Action Plans</b>				
<b>Department Operational Goals</b>	<b>College Strategic Initiatives</b>			
Identify 3-6 operational goals	Building a Community of Scholars	Putting Access into Action	Promoting a Collaborative Decision-making Environment	Operations Planning
1. Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Add phantoms for student practical skill development & learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Seek Director release time of 50%.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Replace Med Sim Simulation Trainer within 3 years	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Software upgrades within 3 years	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Continue to seek additional clerical support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Update library resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. What is your plan for accomplishing your goals?</b>				
<b>Department Operational Goals</b>	<b>Activities</b>			
Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.	I am in the early stages of this lengthy Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010.		Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning.	
Add phantoms for student practical skill development & learning.	Will initiate requests during the budget process. The newest addition for student learning is 3D/4D and volume scanning. A phantom is needed for instruction.		Request funding for equipment necessary to teach new applications and technologies.	

Seek Director release time of 50%.	AS a program of 1 full-time person who has to complete the workload similar to other programs who have 3-4 FTE's. A typical work week exceeds 55 hrs and nearly all weekends for 12 months.	I plan to work with Division Dean for assistance in this area.	
Replace Med Sim Simulation Trainer within 3 years	Will begin with needs assessment. The simulation trainer is showing its age. While still viable I estimate the shelf life is approximately 3 years. Unfortunately this company no longer supports service.	Look to other potential vendors for this type of product.	
Software upgrades within 3 years	Equipment will need software upgrades as it the nature of computer driven equipment.		
Continue to seek additional clerical support	All clerical task fall upon the shoulders of the director including letters, typing, addressing envelopes, filing etc.	Work with the dean for clerical relief.	
Update library resources.	This is required to meet accreditation mandates.	Will work with library for acquisitions.	
13. Are additional resources needed to accomplish your department operational goals? If yes, identify the resource, as well as the purpose and rationale for each resource.			
Identified Resource	Purpose	If requesting funding, provide a rationale of how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>	
Professional Development	To maintain professional credentials along with bringing up to date instruction to the classroom	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration	
Acquire program accreditation status.	Review, write, revise, and submit accreditation documents along with supporting documents.	This will maintain program integrity and reputation for quality student graduates. Completion will lead to improved internal review and assist in developing future goals. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
CAAHEP accreditation annual fee. (\$1,200 per yr)	To maintain accreditation each year an annual report must be submitted along with this fee.	This will maintain program integrity and reputation for quality student graduates and a strong community identity. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 3: Nontraditional outreach	

Purchase to replace outdated or unusable equipment such as the MedSim, general US machines.	DMS equipment has a limited life span and must be replace occasionally. Our older equipment is very old and can no longer be repaired.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Purchase AV support and supplies necessary for learning.	AV support and supplies is an integral part of this program. It is an integral part of didactic and campus lab learning.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Funding for faculty development, Clinical Instructor's meetings, and Advisory Board meetings.	The ARDMS mandates 36 hours of CME's completed in a triennium. Clinical instructor meetings and advisory board meetings are held on campus in the evening hours to accommodate the work schedule of its members.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration	
Funding to support the student portfolio project.	Students develop and maintain portfolios to address learning outcomes. While this is a new project it would be better served with professional support.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Find the time to learn the new technology of 3D/4D and volume scanning.	This equipment will be coming soon and it is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Funding for tutoring with an emphasis on subject specific to this profession.	Student success and retention.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Increase director release time to 50%.	The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	

	<p>medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Manage complex training facilities. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate.</p> <p>Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	
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<b>III. Curriculum</b>	
<i>Curriculum Overview</i>	
1. How does your curriculum address the needs of <a href="#">diverse learners</a> ?	<p>The Diagnostic Medical Sonography Program is a medical profession using all senses including hand eye coordination, spatial recognition skills, all levels of communication skills, patient care and assessment skills, analytical thinking, critical thinking, understand disease and locate its presence in the human body and to alter the examination to reach a diagnosis. Learning includes but is not exclusive to critical thinking, analytical thinking, dexterity, spatial recognition, patient assessment, intervention in critical situations, the operating room, patient bedside and employed in numerous delivery settings. Students receive information from lecture, campus hands-on labs, practicing on student models, a variety of multimedia including CD/DVD's, actual performance with patients in a clinical setting, integration of phantom and simulation training. There are additional online references/resources and supplemental materials. Students with disabilities receive appropriate accommodations. Students apply didactic and campus lab knowledge to clinical preceptorship with real patients. Often the clinical lab and hospital/medical facility preceptorship is taught with a one on one method.</p>

<p>2. How does your curriculum respond to changing community, student, and employer needs?</p>	<p>Ongoing Advisory Board meetings with membership consisting of the medical administrators, faculty, industry experts, etc advise the DMS program with the trends and employer needs. Ongoing Clinical Instructor's meetings are vital to know the direction of the profession and to assist with short and long range strategic planning.</p> <p>DMS faculty attends conferences to further gain understanding of the trends. All ARDMS/RVT faculties are members of the SDMS (Society of Diagnostic Medical Sonography).</p> <p>Ongoing communication with industry and manufacturing keeps the DMS program current with the changing job market.</p> <p>Attending professional conferences allows faculty to remain current in this profession as well as to bring back cutting edge changes to the profession.</p> <p>Every year surveys are obtained from graduates, employers, clinical instructors and faculty to change or modify courses in order to better prepare students for the workforce.</p>	
<p>3. How does your curriculum support the needs of other certificates or majors?</p>	<p>The DMS program requires an Allied Health degree or BS degree in a science such as premed student. Graduates of Foothill College Allied Health Programs such as Radiology Technology, Respiratory Therapy Programs, etc. enroll in FC general education courses. In addition graduates of other similar programs completed elsewhere Thus students who submit applications are already in the system and contribute to the district and college in terms of productivity.</p>	
<p>4. Do your courses for the major align with transfer institutions?</p>	<p>There is an articulation agreement with San Jose State University for student's to complete a bachelor's degree in Health Sciences. 21 upper division unites are waived based on the depth &amp; quality of the education. There are additional 4-yr colleges and universities in the US which provide for transfer credit.</p>	
<p>5. Do your courses have appropriate and necessary <b>prerequisites</b>? Identify any challenges and plans to address the challenges.</p>	<p>Yes, prerequisites are based on the ARDMS national board examination requirements for Prerequisite 2 qualification and the JRC-DMS standards. Retention rates, graduation rates, ARDMS board exam success rates are excellent and therefore it is validated the prerequisites are valid and sufficient at this time.</p>	

6. Review the attached curriculum report for currency. What is your plan to address the deficiencies? (Consider: <a href="#">Title V</a> , <a href="#">course deactivation</a> , updated <a href="#">prerequisites</a> , <a href="#">cross-listed courses</a> , measuring <a href="#">student learning outcomes</a> , <a href="#">curriculum sheets</a> , <a href="#">certificates</a> and <a href="#">degrees</a> ).	All DMS courses Title V is updated as needed. They are currently up to date. SLO's have been completed. Program curriculum sheets are updated annually.	
7. Does your program offer <a href="#">distance education</a> courses?	Distance learning is conducted through the use of hybrid classes. The classes are established to provide lecture schedules, no cost syllabus, access to grades, some online quizzes, and a method to contact the instructor. This includes face-to-face, email, phone or through the use of the online communications called private messages. One class is fully distance learning. Same method of instructor contact as described in the previous paragraph.	
8. If you offer <a href="#">distance education</a> courses, list one or two short examples of how your <a href="#">distance education</a> courses provide for effective interaction between students and faculty.	Distance learning is conducted through the use of hybrid classes. The online hybrid courses uses discussion, announcements, instructor feedback, online quizzes, assignments, etc. DMS students see their instructor's face to face on a regular basis.	
9. If you offer <a href="#">distance education</a> courses, list one or two short examples of how your distance education courses provide for effective interaction among students.	Students attending class at Santa Rose Jr. College have the benefit of not driving to Foothill College for lecture classes and complete his/her clinical preceptorship coursework and training at hospitals close to where the student resides. Students appreciate not having to order or purchase the syllabus as it is free. Each class syllabus is approximately 125 pages.	
<i>College Skills (Pre-collegiate) Overview (Data Available Fall 2009-filling out this section is optional)</i>		
10. What <a href="#">college skills</a> should a student have before entering your program?	They need college level skills in reading, writing, and computation. In addition, Human Anatomy & Physiology, Intermediate Algebra, English 1A (equivalent), Physics, Medical Terminology, direct patient care Allied Health profession or BS science such as premed.	

<p>11. Given the data, comment on the effectiveness of the <b>assessment</b> and <b>placement</b> of college skills students into your program. (For MATH, ENGL and ESL only).</p>	<p>All DMS students have fulfilled the successful completion of a prior Allied Health profession of which the core program was a minimum of 2 years and/or a BS degree in a science (ex premed). General education courses have been completed in 90% of applicants. The remaining is advised to complete the outstanding coursework prior to entry. Approximately 40-60% of students have a BS degree or higher, remainder of the students holds 1-3 AS degrees prior to entry. Even with this background there are students who are not prepared to write at the college level. There are additional students who would benefit from fuller emersion in English oral communication skills.</p>	
<p>12. In what ways are you addressing the needs of the <b>college skills</b> students in your program?</p>	<p>Prior to entry into the DMS program the students go through orientation to provide students with program information as well as to prepare for college and the demands of the DMS program. For students who meet with the director in advance of the application submission he/she is counseled as to preparation coursework to complete. Students are assigned writing assignments and research projects throughout the program to develop skills. They must demonstrate competency throughout the program. The lab has a simulation trainer which can be used for remedial work.</p>	
<p>13. How are faculty in your program collaborating with other disciplines and services to meet the needs of college skills students?</p>	<p>There is only the full time director as the part-time faculty work full-time jobs at his/her hospital. If he/she believes there is an issue or service needed they refer the student to the program director? The Allied Health Directors meet every month to coordinate and discuss program policies and issues. There is collaboration with other faculty regarding mutual classes and course sequencing.</p>	

<i>Program Mapping</i>		
14. If applicable, identify any sequence of courses that are part of your program. List in the order that they should be taken by students.	<p>DMS 53A, B, C  DMS 54 A, B  DMS 55A, B  DMS 56A, B  DMS 60A, B, C, D, E, F  DMS 70A, B, C, D</p> <p>The sequence is identified and selected carefully in order to provide the appropriate level of instruction and knowledge which aligns with hospital preceptorships and places a reasonable expectations upon student learning.</p> <p>The accrediting body JRC-DMS reviews curriculum, sequence of curriculum, alignment with campus lab activities and clinical preceptorship education to ensure a seamless reasonable educational process.</p>	
15. For your courses that are part of a sequence – are the student learning outcomes well aligned with the next course in the sequence? Please work with the college researcher to answer this question - once your sequence of courses is identified.	<p>The DMS faculty meets to review course curriculum, content, and sequencing of courses.</p>	
16. If applicable, describe any <b>capstone course, signature assignment</b> (project, <b>service learning</b> , portfolio), or <b>exam</b> that demonstrates knowledge, skills, and abilities, indicating successful program completion?	<p>Each quarter the students complete research projects and papers. They develop a portfolio which continues throughout the program. There is the resume development project. There are problem solving and make the diagnosis patient examination case studies. The DMS program is competency-based with goals and objectives to be met per each quarter and applied toward program completion.</p>	

<i>Course Scheduling &amp; Consistency</i>	
<p>17. Given available data, describe the <b>trends</b> in the scheduling of <b>morning</b>, <b>afternoon</b>, and <b>evening</b> classes, as well as <b>Friday</b>, <b>Weekend</b>, and <b>distance education</b> classes. Comment on the feasibility of offering classes at non-standard times.</p>	<p>The DMS program already is structured for standard and non-standard times. Didactic classes are held in the AM, PM, and evening. Campus labs are held AM and PM. Clinical Preceptorship is held AM and PM for 32 hrs/week. Therefore the sum of attendance is M-F 8 hrs per day. Online hybrid courses are usually completed during the student's available hours nights and weekends.</p> <p>Many of the students are single females or families with children. They represent the nontraditional college student.</p>
<p>18. Are required courses scheduled in appropriate sequence to permit students to complete the program in the <b>prescribed length of time</b>? If yes, describe the rationale upon which the sequence is based. If no, what is the plan to change the scheduling pattern? What are the barriers that prohibit implementation of the changes? Explain.</p>	<p>Yes. The rationale for the sequence is based on the relationship between the campus lab, clinical preceptorship training, and readiness to work with patients through the development of competency. This has been carefully planned and is “tweaked” as necessary along with faculty, advisory board, hospital clinical instructor’s input.</p> <p>There are recognized models for JRC-DMS accredited programs which this one following the accepted norms.</p>

19. How does the department determine that classes are taught consistently with the <a href="#">course outline of record</a> ?	The program director is responsible for all course outline updates. This follows the Title 5 standards. Other adjunct faculty develops courses within this framework. All class schedules are reviewed and approved by the director. Faculty meets with the director should the faculty wish to change textbook or topics. The director in conjunction with the faculty review the request with the understanding such changes are for the greater good and meet the sequence for learning, accreditation standards, and college policy. The director then moves lecture notes and lecture schedule to the online hybrid classes.	
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Summary of Planning Goals and Action Plans		
20. What are your goals with respect to curriculum and how will those goals measured?		<p>There are many ways to measure the goals and objectives of the DMS Program. Given the goals of the program must meet accreditation standards of the Joint Review Committee for Diagnostic Medical Sonography under CAAHEP (Commission of Accreditation for Allied Health Education Programs). There are additional methods to measure goals including outcomes on the National Board Examinations under the ARDMS (American Registry of Diagnostic Medical Sonography). SLO's are also measurable.</p> <p>The guiding principle is to keep the Diagnostic Medical Sonography Program vital and energized with the ability to produce competent job ready sonographer's with "cutting edge" experiences and competencies. It is not enough to prepare the graduate for the job market which only addresses a narrow perspective of the profession or only trains for the user with limited needs or patient complications. It is our goal to train for the "high end" employer where patient's medical needs and complications are substantial. Through feedback from surveys from employers and graduate surveys we will continue to know what is working and where modifications are needed.</p> <p>We will be able to see success through the tracking of curriculum that is linked to student success and the progression of attainment of course completion, use of critical thinking skills, analytical skills, and the ability to compete in the workplace.</p>
21. Are additional resources needed to accomplish your curriculum goals? If yes, identify the resource, as well as the purpose and rationale for each resource.		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Professional Development	To maintain professional credentials along with bringing up to date instruction to the classroom	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration

Acquire program accreditation status.	Review, write, revise, and submit accreditation documents along with supporting documents.	<p>This will maintain program integrity and reputation for quality student graduates. Completion will lead to improved internal review and assist in developing future goals.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
CAAHEP accreditation annual fee. (\$1,200 per yr)	To maintain accreditation each year an annual report must be submitted along with this fee.	<p>This will maintain program integrity and reputation for quality student graduates and a strong community identity.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
Purchase to replace outdated or unusable equipment such as the MedSim, general US machines.	DMS equipment has a limited life span and must be replaced occasionally. Our older equipment is very old and can no longer be repaired.	<p>Compliance with Health &amp; Safety Regulations.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
Purchase AV support and supplies necessary for learning.	AV support and supplies is an integral part of this program. It is an integral part of didactic and campus lab learning.	<p>Supports students learning &amp; career preparation</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
Funding for faculty development, Clinical Instructor's meetings, and Advisory Board meetings.	The ARDMS mandates 36 hours of CME's completed in a triennium. Clinical instructor meetings and advisory board meetings are held on campus in the evening hours to accommodate the work schedule of its members.	<p>Supports students learning &amp; career preparation</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p>	
Funding to support the student portfolio project.	Students develop and maintain portfolios to address learning outcomes. While this is a new project it would be better served with professional support.	<p>Supports students learning &amp; career preparation</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
Find the time to learn the new technology of 3D/4D and volume scanning.	This equipment will be coming soon and it is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.	<p>Compliance with Health &amp; Safety Regulations.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	

Funding for tutoring with an emphasis on subject specific to this profession.	Student success and retention.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
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Increase Director release time.	<p>The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate.</p> <p>Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	

IV. Student Learning Outcomes		
<i>Student Learning Outcome Assessment</i>		
<p>1. Be sure and complete your student learning outcomes assessment for each course online through the C3MS system. When the program review form is online, the resources that you tie to your student learning outcomes will be included here on this form.</p> <p>2. Are additional resources needed to accomplish your student learning outcome goals that were not included in C3MS report? If yes, identify the resource, as well as the purpose and rationale for each resource.</p>		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Professional Development	The JRC-DMS mandates faculty provides evidence of continuing education. By attending the annual national conference one day is dedicated to educational methodology and new developments.	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach
Add phantoms for student practical skill development & learning. (\$12,000.00)	The newest addition for student learning is 3D/4D and volume scanning. A phantom is needed for instruction.	Request funding for equipment necessary to teach new applications and technologies. It may be used to develop course for the sonography community. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration
Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.	Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010. Cost of self study and site visitation approximately \$6,000.	Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach
Replace Med Sim Simulation Trainer within 3 years	The simulation trainer is showing its age. While still viable I estimate the shelf life is approximately 3 years. Unfortunately this company no longer supports service will research other potential vendors.	Look to other potential vendors for this type of product. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach

Instruct faculty to learn the new technology of 3D/4D and volume scanning prior to instructing students.	I it is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
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V. Departmental Engagement	
1. What standing committees, if any, does your department maintain? What are the committee charges and membership?	Advisory Board: members include industry, hospital management, physicians, faculty, administrators Clinical Instructors: members include employees of the hospitals/medical facilities serving as CI for the DMS program. DMS Program Faculty meetings
2. What interdepartmental collaboration beyond college skills has your department been involved in during the past 4 years?	The program director attends monthly program director's meetings for the division. The meetings include but are not exclusive to development of policy for student admissions to dismissal, policy manuals, health and immunization requirements, etc. The director works with ETUDES to develop online classes. Also provides lectures to the Radiology Technology Program and the Veterinary Technology Program for information about the use of sonography. It is hoped the director will work more closely to assist the VT program expand to include integration of sonography for animals. The director works with Health Services, counseling, Admissions & Records and Disability Resource Center.
3. What has your department done since its last program review to establish connections with schools, institutions, organizations, businesses, and corporations in the community?	We have active ongoing relationships with feeder schools such as Cabrillo College, City College San Francisco, Merritt College, Santa Rosa JR College, and Foothill College RT programs. The director is a regular speaker at each of these schools. In addition, the director meets with business, hospitals, and corporations to networking and to incorporate their interest with the DMS program.
4. In what ways if any, are you or have you worked with area high schools to align curriculum from the high school to your course?	The college has a sponsored preview nights. The director works with the division's program assistant to ensure material is available for distribution. As the DMS program does not accept high school graduates the energy for outreach is better spent elsewhere's. See #3 above.

5. In what ways if any, are you working with CSUs, UCs, private, or out-of-state institutions to align courses and develop <a href="#">articulation agreements</a> ?	There is an articulation agreement with San Jose State University to acquire a BS degree in Health Sciences. Students are informed of other options for pursuing a higher degree after graduating from the DMS program.	
<b>Summary of Planning Goals and Action Plans</b>		
6. What are your goals with respect to departmental engagement and how will those goals be measured?	The majority of the faculty has taught together for over 8 years. In addition the faculty meets as a group for strategic planning. Advisory board meetings and clinical instructor's meetings ensure goals are realistic, need to be more fluid and/or meet the educational goals.	
7. Are additional resources needed to accomplish departmental engagement goals? If yes, identify the resource, as well as the purpose and rationale for each resource.		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning</b> .
Professional Development	The JRC-DMS mandates faculty provides evidence of continuing education. By attending the annual national conference one day is dedicated to educational methodology and new developments.	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach
Increase Director release time to 50%.	The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach

	<p>students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate. Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	
<p>Instruct faculty to learn the new technology of 3D/4D and volume scanning prior to instructing students.</p>	<p>It is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.</p>	<p>Compliance with Health &amp; Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach</p>
<p>Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.</p>	<p>Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010. Cost of self study and site visitation approximately \$6,000.</p>	<p>Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community &amp; Collaboration Supports Strategic Initiative 23 nontraditional outreach</p>

<b>VI. Professional Development</b>	
1. List a sampling of professional development activities that faculty and staff have engaged in during the last two years.	Society of Diagnostic Medical Sonography conferences. Faculty meetings. Clinical Instructor's meeting with speaker. ETUDES training. SLO training at Foothill College Continuing Education courses: 30 CME units per faculty
2. What opportunities does your department take to share professional development experiences with colleagues?	If by colleagues this means the programs part-time faculty then this is done via discussion and what is learned at the conferences. Presentation to the Clinical Instructor's meetings. Minutes distributed to CI's. Presentation to the Advisory board.
3. In what ways have faculty shared, discussed, and used professional development activities to improve program effectiveness?	There is collaboration as previously described and from such program curriculum, policy, and standards are changed or improved.
4. In what ways have staff shared, discussed, and used professional development activities to improve program effectiveness? What professional development needs do you have in the coming years?	See #2 and 3 above. Continue to attend professional conferences as described in #1 above. In the near future faculty needs training for the newer applications of volume scanning, 3D/4D, and then will be incorporated into the campus lab curricula. A patient care class was created 2 years ago in response to employer and program needs.
5. Are there unmet or upcoming professional development needs among faculty in this program? If yes, then please explain a proposed plan of action for addressing this need and any necessary resources.	See #4 above. Upon installation of the hardware (equipment) and software faculty will need training which will be provided from the manufacturer. The director has established a contact with another program direct from an out-of-state program for the purpose of advisement and remote assistance. Faculty must maintain knowledge and meet standards of the JRC-DMS. Resources are needed to attend these meetings.
<b>Summary of Planning Goals and Action Plans</b>	
6. What are your goals with respect to professional development and how will those goals be measured?	The goals include that students have up to date information and instruction to lead to employment and to pass the national board

<h2 style="text-align: center;">VI. Professional Development</h2>		
		<p>examinations. It also must address the mandated accreditation mandates for DMS faculty in order to possess newer standards and techniques.</p> <p>The measure is more elusive as what is learned is applied across a broad spectrum of curriculum, general knowledge to incorporate into lecture and labs as well as to see how well students perform after learning new technology. Will we be able to demonstrate a direct measureable link or will the results be apparent but less measureable?</p>
<p>7. Are additional resources needed to accomplish professional development goals? If yes, identify the resource, as well as the purpose and rationale for each resource.</p>		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Professional Development	The JRC-DMS mandates faculty provides evidence of continuing education. By attending the annual national conference one day is dedicated to educational methodology and new developments.	<p>Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community &amp; Collaboration</p> <p>Supports Strategic Initiative 23 nontraditional outreach</p>
Increase Director release time to 50%.	The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>

VI. Professional Development			
	<p>orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate. Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>		
<p>Instruct faculty to learn the new technology of 3D/4D and volume scanning prior to instructing students.</p>	<p>If it is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.</p>	<p>Compliance with Health &amp; Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach</p>	
<p>Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.</p>	<p>Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010. Cost of self study and site visitation approximately \$6,000.</p>	<p>Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community &amp; Collaboration Supports Strategic Initiative 23 nontraditional outreach</p>	

<h2 style="text-align: center;">VII. Support Services</h2>		
<p style="text-align: center;"><i>Support Services</i></p>		
Consider the support services needed by your program when reflecting over the following questions		Comments or explanations of barriers and solutions.
1. Is there adequate clerical or administrative support for this program?	Yes   <b>No</b>	No, additional assistance is needed and not often available due to competing demands from other programs and limited access to clerical person's time.
2. Are there sufficient college and departmental computer labs available to support this program?	Yes   No	NA
3. Are the library and media resources provided by the college sufficient to support up-to-date program instruction?	<b>Yes</b>   No	Yes, though with recent funding reductions this may be questionable.
4. Are adequate services provided in compliance with program needs for meeting health and safety guidelines?	<b>Yes</b>   No	Yes, I interpret this to mean access to the student health services for compliance with health requirements and immunizations.
5. Are the custodial services to this program in compliance with program needs for meeting health and safety guidelines?	Yes   <b>No</b>	The bathrooms in the 6700 building are often dirty, run out of seat covers, towels for hand-drying and toilet paper in a dispenser which is not reachable. Soap dispenser was broken and or empty. The cheap product tears apart in the dispenser and has been installed to low to reach into it thus patrons use the seat covers as toilet paper. The garbage cans overflow and the floor is littered with debris. A call to manager of custodial services is effective but if the custodian is absent the bathrooms may or may not be cleaned. Cleaning should be done a minimum of twice a day.
6. Are accommodations for students with disabilities adequate, including alternative media, testing, and tutorial?	<b>Yes</b>   No	Yes

7. Are general tutorial services adequate?	Yes   <b>No</b>	No, this is not the fault of the tutorial services but the special needs for DMS program specific courses. Campus tutorial services are not able to provide for such. Given the DMS students reside at distances from the campus even if a correct knowledge based tutor be found it is not likely the students can meet on campus with supervision as required. The weekly commitment is 40 hrs per week thus complicating this area of need.	
8. Are academic counseling and advising services available and/or adequate to support students enrolled in the program?	Yes   No	Since the retirement of the counselor with the greatest DMS program expertise I am finding potential students receive more misinformation than expected. This is being addressed.	
9. Do students have access to and can they effectively use appropriate <a href="#">information resources</a> ?	<b>Yes</b>   No	Yes	
10. Specifically related to distance learning, do you have appropriate faculty support services and/or effective training for faculty teaching online?	Yes   <b>No</b>	No, additional faculty are part-time and work full time at his/her hospital. The requirement for ETUDES-NG to attend mandatory training sessions does not work well for these instructors's. They already work 32-40 hours/week for the hospital and take call at night thus availability for training is unrealistic and interest in distance learning is not high. As a walk around I as program director create, maintain, and answer all course needs for these hybrid classes.	

<i>Marketing &amp; Outreach</i>	
11. What impact do you feel the <a href="#">college catalog</a> , <a href="#">class schedule</a> , and <a href="#">online schedule of classes</a> have on marketing your program? Does the marketing accurately reflect your program, requirements, and services available?	The program website should be easier to find from the college home page. Currently it is difficult. The overall program website is tired and dated and should be revamped and redesigned. This needs to be done uniformly for all programs. Program Director's need access to the program website to place announcements and make changes. Many years ago the various programs of the division worked together to develop a common thread for website presence. I believe it is time to update and redo the overall websites. This needs to be driven by an expert in web design and not program directors. Program directors can serve as collaborators and work on content.
12. What impact does the college or departmental website have on marketing your program?	Significant impact
13. Is there any additional assistance from marketing that would benefit your program? If yes, explain.	Continue to market the DMS program. I am still amazed how many do not know this program exists. The web is full of ads for "fake" sonography programs and not the accredited ones.
14. If you were to collaborate with the Outreach staff, what activities would be beneficial in reaching new students?	Outreach staff needs to understand each program to better talk about and answer questions. Outreach to market the DMS program with high schools and feeder schools both on and off campus.
<i>Programs, clubs, organizations, and special activities for students</i>	
15. List the clubs that are designed specifically for students in this program. Describe their significant accomplishments.	NA
16. List any awards, honors, scholarships, or other notable accomplishments of students in this program.	Steve & Lola Kaider Healthcare Scholarship Graduate recognition for highest GPA upon graduation. The DMS program consistently has a high pass rate for the national board exams. The last 3 years it was 100% whereby the national pass rate is 52-77%. This also compares the FC DMS students to those of 2 year and 4 year college and university programs.

Summary of Planning Goals and Action Plans		
17. What are your goals with respect to support services and how will those goals is measured?		Continue to request additional clerical support. Request a designated academic counselor to the division's medical program would solve numerous problems. Continue to support the division program coordinator. A position which is invaluable to the running of the medical programs. The measure of success would be the number of students meeting with a counselor and the number of applicants in which the process is completed.
18. Are additional resources needed to accomplish your support services goals? If yes, identify the resource, as well as the purpose and rationale for each resource.		
Identified Resource		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Additional Clerical support	To assist with accreditation, mailings both routine and document driven such as for accreditation, data tracking, filing, support administrative needs, etc.	This could be a shared position but badly needed. All these tasks are currently on the shoulders of the program director. Compliance with JRC-DMS accreditation standards. Supports student learning & career preparation. Supports Strategic Initiative 1: Student Success Supports Strategic Initiative 2: Community Collaboration Supports Strategic Initiative 3: Nontraditional needs
Program Brochures and marketing materials	Provide information to prospective students, and marketing needs	Accreditation requirement; program mission and goals to disseminate accurate information about admission, policy, selection process, criteria, fees, contact information, career opportunities, etc. Supports Strategic Initiative 1: Student Success Supports Strategic Initiative 2: Community Collaboration Supports Strategic Initiative 3: Nontraditional needs
Scholarships	Support student economic needs	Supports Strategic Initiative 1: Student Success Supports Strategic Initiative 2: Community Collaboration Supports Strategic Initiative 3: Nontraditional needs

Professional Development	The JRC-DMS mandates faculty provides evidence of continuing education. By attending the annual national conference one day is dedicated to educational methodology and new developments.	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	
Instruct faculty to learn the new technology of 3D/4D and volume scanning prior to instructing students.	It is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
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Outreach specialist for medical programs.	Outreach specialist for the medical programs reinstated as it was a few years ago.	Work toward career fairs, high schools, feeder schools, career night, etc. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	
Counselor	Onsite (division office) of a counselor to meet with program students and potential applicants. Assess career plan, transfer assessment, advising, and complete paperwork for AS degree.	Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	
Fundraising and grant writing support	Identify and complete applications for grants. Spear head fundraising.	Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	

Increase Director release time to 50%.	<p>The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate.</p> <p>Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
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Professional Development	To maintain professional credentials along with bringing up to date instruction to the classroom	Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration	
Acquire program accreditation status.	Review, write, revise, and submit accreditation documents along with supporting documents.	This will maintain program integrity and reputation for quality student graduates. Completion will lead to improved internal review and assist in developing future goals. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
CAAHEP accreditation annual fee. (\$1,200 per yr)	To maintain accreditation each year an annual report must be submitted along with this fee.	This will maintain program integrity and reputation for quality student graduates and a strong community identity. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 3: Nontraditional outreach	
Purchase to replace outdated or unusable equipment such as the MedSim, general US machines.	DMS equipment has a limited life span and must be replace occasionally. Our older equipment is very old and can no longer be repaired.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Purchase AV support and supplies necessary for learning.	AV support and supplies is an integral part of this program. It is an integral part of didactic and campus lab learning.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Funding for faculty development, Clinical Instructor's meetings, and Advisory Board meetings.	The ARDMS mandates 36 hours of CME's completed in a triennium. Clinical instructor meetings and advisory board meetings are held on campus in the evening hours to accommodate the work schedule of its members.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration	
Funding to support the student portfolio project.	Students develop and maintain portfolios to address learning outcomes. While this is a new project it would be better served with professional support.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	

Find the time to learn the new technology of 3D/4D and volume scanning.	This equipment will be coming soon and it is imperative faculty complete training. As it stands now there are no day set aside to complete training without sacrificing student instruction.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Funding for tutoring with an emphasis on subject specific to this profession.	Student success and retention.	Supports students learning & career preparation Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	

Increase director release time to 50%.	<p>The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate.</p> <p>Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
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<h2 style="text-align: center;">VIII. Career and Technical Education Programs</h2>	
<i>Response to Labor Market Demand</i>	
<p>1. How does your program meet labor market demand? Cite specific examples and sources.</p>	<p>Each year an annual report is mandated by the JRC-DMS our national accreditation agency under the auspices of CAAHEP (Commission on Accreditation of Allied Health Education Programs). Employment history is part of the report which has demonstrated high employment since the inception of this program in 1986.</p> <p>Also the Department of Labor cites growth of 19% through 2016. With the number of “baby boomers” adding to the health care role in greater numbers and with greater needs the projections by the DOL appear to be modest. Should President Obama’s the Health Care plan pass this will enable millions more to access the health care system. Demand for Diagnostic Medical Sonographer’s remains strong.</p>
<p>2. Given the number of enrollments projected for the program and necessary to support the program, are there enough openings locally to permit placement of the expected number of graduates?</p>	<p>This is a regional program with educational partners in numerous countries in northern California. Employment opportunities have been strong even in light of the state’s current high unemployment statistics despite the global recession.</p>
<p>3. Has the job market been: declining slowly? steady? growing slowly? growing rapidly? newly emerging?</p>	<p>There has been no slowing in the growth of this profession. Newly emerging technologies, shifting of patient exam cases from more expensive diagnostic machines should mitigate any thought of reductions. The DOL demonstrates need. Newly emerging is the development of volume scanning which provides greater diagnostic ability and with improved productivity and patient throughput.</p>

<p>4. What is the average starting salary a student can expect to make after completing a certificate or degree?</p>	<p>The DMS program is considered a post graduate specialty medical profession after the student has previously acquired an AS degree in another patient care profession or a BS degree in kind. Thus given the rigor and length to the terminal goal salaries in the San Francisco Bay area for full-time benefited positions is approximately \$42-\$45 per hour or roughly \$84,000-90,000 per year (excluding dollar earned for call). Call is standby time and reporting time in the off hours. Usually another \$20-30,000. per year.</p>
<p>5. What is the projected average percentage of salary increase in 2 years? 4 years?</p>	<p>Depends upon cost of living and negotiated union contracts but generally wages will rise 2-4% COLA per year. Some employers will add income should the employee acquire additional ARDMS credential additional specialties'. Often this is approximately an increase of 5%.</p>
<i>Response to Program Credibility/Viability</i>	
<p>6. If advanced degrees are typically needed for career advancement, will the courses required for this program transfer towards completion of the requirements for those degrees?</p>	<p>Advanced degrees are not currently required. However 40-50% of each class already has a BS or Master's degrees. There are 4 year colleges and universities with a transfer process for those who wish to acquire an advanced degree. Employment with industry, sales, marketing, product development, applications, and education requires an advanced degree.</p>
<p>7. If yes, are the courses in your program aligned and/or articulated with the four-year institutions.</p>	<p>Yes, see above.</p>
<p>8. Will this preparation permit students to stay current in their field? Does the program teach basic principles and theory, as well as applications? Is it current? Is it of sufficient rigor to assure the capacity to continue to follow the literature and learn new techniques? Is it of sufficient generality to allow for later shifts in career?</p>	<p>Yes to all questions. The DMS program is assessing if it can provide classes for the teaching of the new techniques of 3D/4D and volume scanning to existing hospital staff.</p>
<p>9. Does this preparation provide a significant secondary expertise to primary careers? If yes, explain the purpose of the training – is it designed primarily or in part to meet the needs of those already employed for upward mobility, entrepreneurship, or other career upgrade?</p>	<p>This program is designed to train new sonographer's to be multiskilled in numerous areas of concentrations. Upward mobility is defined as the Radiologic Technologist or similar profession pursuing the DMS profession is therefore deemed upward mobility. We have had students who pursue a career as physician assistant, management, and educator's.</p>

10. Describe any pre-collegiate or noncredit pathways that exist to direct students into the program?	The prerequisites for program entry are explained in numerous documents. It is highly unlikely noncredit coursework would be applicable.
11. How does this program prepare students for competitive employment?	By having a top notch curriculum, aligning with clinical partners who practices are current and of excellent quality, by the rigors of the skills ones develops and the ability to perform. Completion is competency based. High pass rates on the national board exams. High employer satisfaction. Preparation of resumes and interview techniques. Maintaining a presence with employers and follow up once graduates has been hired.
<i>Advisory Board</i>	<p>Dr. Volney Van Dalsem Medical Director, Technology Program &amp; Outpatient Imaging Services, SUMC</p> <p>Richard Galope Vice President of Workforce Development &amp; Instruction, Foothill College</p> <p>Eloise Orrell Dean, Biological &amp; Health Science Division, Foothill College</p> <p>Kathleen Austin Program Director, Diagnostic Medical Sonography, Foothill College</p> <p>Bonny Wheeler Program Director, Radiologic Technology Program, Foothill College</p> <p>David Sostarich Imaging Director, El Camino Hospital</p> <p>Paul Kurily, Imaging Director, Stanford University Medical Center</p> <p>Alice Gregg Manager, Imaging Services, El Camino Hospital</p> <p>Darlene DeBrito Imaging Director, Good Samaritan Hospital</p> <p>Eleze Armstrong Imaging Director, Hazel Hawkins Memorial Hospital</p> <p>Barbara Pardini Director, Imaging Services, O'Connor Hospital</p> <p>Tom Frick, Imaging Director, Palo Alto Medical Foundation: Mt View</p> <p>Jana Hesemans Imaging Manager, PAMF, Mountain View Center</p> <p>Jim Holder, PAMF</p> <p>Diane Tiernan, Director of Medical Imaging, Santa Clara Valley Medical Ctr.</p> <p>David Boyd Supervisor, Santa Clara Valley Medical Center</p> <p>Courtlen Burke, Imaging Director, SJ Regional Medical Center</p> <p>Sheila Sargent Clinical Instructor, Valley Radiology</p> <p>Patty Kirby Clinical Instructor, Kaiser Santa Clara</p> <p>Laurie Holderman Adjunct Faculty, Foothill College</p> <p>Andrew Shouse 2<sup>nd</sup> Year Student Representative, Foothill College Radiologic Technology Program</p> <p>Mindy Nguyen 1<sup>st</sup> Year Student Representative, Foothill College Radiologic Technology Program</p>

13. List the dates and number of members attending of your most recent advisory board meetings.	The advisory board meets one time per year. The last meeting was held on April 22, 2009. The next one is scheduled for April 2010.	
14. What have been the major outcomes of your advisory board meetings? Of those outcomes, which have been acted upon, and what is your plan of action with regard to other outcomes discussed?	During the first quarter of the DMS program the new DMS Assistant was initiated. This followed recommendations from Clinical Instructor's and the Advisory Board. The DMS Assistant has been reported as a success. Since the DMS Program included students with the nontraditional 2 yr Allied Health patient care background the latest meeting reviewed the results and found greater success than previously thought. Success was proven statistically from those who entered with a BS degree in a science and the foreign trained physician. The advisory committee had discussed the need for curriculum to address emerging technologies such as 3D, 4D, volume scanning along with special transducers for acquisition and computer hardware and proprietary software for reconstruction. Anticipate such equipment will be in place by fall/winter 2009-2010.	
<i>Program Accreditation</i>		
15. Is this program subject to approval by specialized state, regional or national accrediting agencies?	National accreditation through JRC-DMS reporting to CAAHEP and noted under the Department of Labor.	
16. What is the program's accreditation status?	Status of the DMS program is fully compliant. Self study for the next cycle is due in 2010 with an anticipated site visitation in fall 2010.	
17. Indicate recommendations of the most recent accreditation evaluation of the program and corrective actions taken or planned. Most recent accreditation report and all additional pertinent documentation and explanations should be available on site for consultant review.	The last two cycles of accreditation evaluation reported a program fully compliant with "no deficiencies" and "no recommendations for change".	
18. Provide a brief analysis of student performance on licensure or board exams on first attempt.	This data is part of the annual JRC-DMS report. The pass rates for examinations for the past two years are 100%. YEAH!!! National pass rates range from 52-77%. Since 1984 ARDMS pass rates have always far exceeded the national pass rates. Often 95-100%	

19. What indicators does your program use to determine success of our students after completion?	Graduation rates, ARDMS national board exam pass rates, employment rates, and graduate & employer surveys. Graduate and employer surveys are sent out 6-10 months after graduation. Employment in the field.	
20. Does your program survey employers for satisfaction of our students who have earned a degree/certificate? Provide brief analysis of employer satisfaction.	Yes, surveys going back to 2002 have indicated high satisfaction with employees.	
21. Does the department's analysis of labor market demand, advisory board recommendations, and accreditation status (if applicable) reflect the data?	Yes, the data match the market demand.	
22. Have any/all issues been identified in the program plan and are they adequately addressed with appropriate action plans? Explain.	This is a routine ongoing process involving the advisory board, hospital clinical instructors, students, and faculty. In addition, hospital administration and physicians are queried on an informal basis. As a result the critical need for equipment, materials and training has been met. Curriculum appears to be consistent with student learning and the advice of the board.	
<b>Summary of Planning Goals and Action Plans</b>		
23. What are your 4-year goals based on areas identified in the <a href="#">Career and Technical Education</a> section of the program plan and how will those goals be measured?	To continue to graduate highly skilled diagnostic medical sonographer's to meet and exceed employment needs. To modify and change curriculum when it is advisable. To obtain equipment necessary to be on the "cutting" edge.	
24. Are additional resources needed to accomplish career and technical education goals? If yes, identify the resource, as well as the purpose and rationale for each resource.		
Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.	I am in the early stages of this lengthy Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010.	Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning.

Add phantoms for student practical skill development & learning. (\$12,000.00)	The newest addition for student learning is 3D/4D and volume scanning. A phantom is needed for instruction.	Request funding for equipment necessary to teach new applications and technologies. It may be used to develop course for the sonography community. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration	
Seek Director release time of 50%.	As a program of 1 full-time person who has to complete the workload similar to other programs who have 3-4 FTE's. A typical work week exceeds 55 hrs and nearly all weekends for 12 months.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Replace Med Sim Simulation Trainer within 3 years	The simulation trainer is showing its age. While still viable I estimate the shelf life is approximately 3 years. Unfortunately this company no longer supports service will research other potential vendors.	Look to other potential vendors for this type of product. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	
Software upgrades within 3 years	Equipment will need software upgrades as it the nature of computer driven equipment.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Supports Strategic Initiative 23 nontraditional outreach	
Replace faculty and lab computers within 3 years.	One faculty and 3 lab computers with current computers & software.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 23 nontraditional outreach	

IX. Resource Planning: Personnel, Technology, Facilities, and Budget	
<i>Faculty</i>	
1. How does your <a href="#">PT/FT ratio</a> impact the program?	1 FT Director and 5 part time faculties. The sole full time faculty/director is overworked. Part time faculty work full time for hospitals and are unable to participate beyond teaching the immediate class assignments. They are not the usual traditional part time college faculty. As a result the sole 1 FT director completes much of the workload on behalf of the DMS program and the PT faculty. This includes all online hybrid courses including those taught by part time instructor's, copy material needs, create syllabus materials, printing, order all tests from the bookstore, mailings, phone calls, meetings, etc, etc, etc. This nontraditional type of part-time faculty participation and their more limited role is not typically understood by traditional college faculty/administration. There is no other faculty to take some of the responsibilities or burden off the director. The director also teaches a full load and travels to students hospitals for site visitations along with outreach and administrative, budget, etc.
2. What staffing needs do you anticipate over the next four years. (Consider: <a href="#">retirements</a> , <a href="#">PDL</a> , <a href="#">reassigned time</a> , <a href="#">turnover</a> , growth or reduction of the program)	I believe this program will continue to grow as technology is added to the profession. There is a need for continuing education beyond the ability of the FT faculty to develop or initiate. The sole fulltime director has never been in a position to take a PDL leave. The practical aspect of a PDL leave has never been an option and will continue not be available in spite of contractual agreement. It is possible the full time faculty position may need to be replaced due to retirement within a few years. There should be serious consideration to add a second FT.
<i>Classified Staff</i>	
3. What staffing needs do you anticipate over the next four years. (Consider: <a href="#">retirements</a> , <a href="#">PDL</a> , <a href="#">reassigned time</a> , <a href="#">turnover</a> , growth or reduction of the program)	Classified staff direct support is limited at best. This is one area which is inadequate and beyond the scope of this director to improve. In addition, there is a continued need for the full time program coordinator.

<i>Technology and Equipment</i>	
4. Are the existing equipment and supplies adequate for meeting the needs of the instructional program?	With the addition of new equipment in the fall of 2009 the program finds itself nearly adequate to teach labs. The body phantom is needed to instruct the new technology. Software, replacement of the simulation trainer, will need to be put into the pipeline. There must be set aside money for emergency equipment repairs.
5. Do you have adequate resources to support ADA needs in your physical and/or online courses and classrooms?	Yes
6. Is the technology used in your distance education courses appropriate to the nature and objectives of your courses? Please explain how it is appropriate or what changes are underway to make it appropriate. Explain.	If we are speaking of ETUDES-NG then it is fine for immediate time. If we are speaking of distance learning system in the classroom to interface with receiver at SRJC then it is fine for now. Still has a few bugs and is too dependent on CNET for scheduling.
<i>Technology &amp; Equipment Definitions</i>	
<ul style="list-style-type: none"> <li><b>Non-instructional Equipment and Supplies:</b> includes equipment for “office use” that is non-instructional and that is not used in a lab or classroom – it includes non-programmatic equipment for individual instructors and staff, such as a desktop computer for office use. Desktop technology (computers, printers, scanners, faxes) and software requests are processed through your Dean or Director.</li> <li><b>Instructional Equipment and Supplies:</b> includes technology, software, and supplies used in courses or labs, including occupational program equipment. Instructional program equipment requests are prioritized by the department and then by the Dean or Director.</li> <li><b>Durable Equipment and Furniture:</b> includes non-instructional, non-technology equipment (chairs, tables, filing cabinets, vehicles, etc.) necessary to improve the operational functioning of the program/department.</li> <li><b>Note:</b> It is recommended that divisions perform and maintain an inventory of all their technology and equipment.</li> </ul>	
<i>Facilities</i>	
7. Are your facilities accessible to students with disabilities?	Yes
8. List needs for upgrades for existing spaces	Physical space is fine for current usage.
9. List any new spaces that are needed	Lockers for student's belongings as they are in class for 8-9 hrs/day when on campus.
10. Identify any long-term maintenance needs.	AC and heating are often problematic. Lab equipment will need to be maintained and have sufficient budget to fix as needed. There must be set aside money for emergency repairs.

11. Are available general use facilities, such as classrooms, laboratories, and faculty office/work space adequate to support the program? Please explain.	Yes	
12. Are work orders, repairs, and support from district maintenance adequate and timely? Please explain.	Part time faculties who do not use computers are frustrated with trying to get emergency services. They are told to put in work orders via computer program which they do not access. There has to be a better system in place to address this. An emergency is just that. . . A now response! Once you can get past this hurdle the response is timely.	
<i>Budget</i>		
13. Are the A-budget and B-budget allocations sufficient to meet student needs in your department?	No, the B-budget allocation has been declining for the past few years. It is insufficient to support this program, its students, and its operation. The annual report to the JRC-DMS will ask this same question. There is no money for equipment repairs and at times no money for supplies to run the program. The director spends personal funds to support the program especially when urgently needed items must be purchased.	
14. Describe areas where your budget may be inadequate to fulfill program goals and mission.	With the crisis in state funding to CC's the DMS program's budget has been reduced to barely a substance level. We can survive for 1-2 years without severe consequence and as long as any emergency repairs are minimal and paid from funding source outside the DMS budget. If budgets are inadequate then the ability to teach students with current technology is jeopardized.	
15. Are there ways to use existing funds differently within your department to meet changing needs?	One must first have sufficient funds to be able to use it differently. This is not the case. Lottery only offers a tiny amount of assistance. Often it is not worth the effort and paperwork to use lottery dollars.	
<b>Summary of Planning Goals and Action Plans</b>		
16. What are your goals with respect to resource planning and how will those goals be measured?	The goals include the ability to teach practical and analytical skills with is visual and require hand-eye coordination. This means the capitol equipment must be sufficient and up to date and the support software and materials are adequate to the task.	
17. Are additional resources needed to accomplish your resource planning goals? If yes, identify the resource, as well as the purpose and rationale for each resource.		

Identified Resource	Purpose	If requesting funding, provide a rationale for how each request <b>supports one or more college strategic initiative and/or supports student learning.</b>
Increased B-Budget	To adequately run the program and teach using appropriate equipment and supplies.	Accreditation requires the program has sufficient funding to operate. Supports Strategic Initiative 1: Student success
Add phantoms for student practical skill development & learning. (\$12,000.00)	The newest addition for student learning is 3D/4D and volume scanning. A phantom is needed for instruction.	Request funding for equipment necessary to teach new applications and technologies. It may be used to develop course for the sonography community. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration
PDF scanner	To scan non electronic accreditation documents required for online filing of the accreditation process. This type of scanner is used with PAC systems in the hospital. Scanned and goes directly to the substance of the document.	Accreditation need as future self-studies will be accepted only in an online format. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration
Release time to complete the self study for the JRC-DMS. Prepare for accreditation site visitation. For 2010. This is a program mandate.	Self study documents are due in April 2010. Site visitations are likely to be held in the fall of 2010.	Accreditation need as future self-studies will be accepted only in an online format. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration Maintain the excellent reputation this program has. Work on all self assessments, surveys, contractual agreements, etc. Collaborate with part time faculty. Completion of this self-study will be useful for future program planning.

Increase director release time to 50%.	<p>The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.</p> <p>The appropriate release time should be 50% of a full time load to be considered adequate.</p> <p>Strive to maintain and improve the DMS program's integrity and reputation for excellence.</p>	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	
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Replace Med Sim Simulation Trainer within 3 years. Upgrading medical technology.	Will begin with needs assessment. The simulation trainer is showing its age. While still viable I estimate the shelf life is approximately 3 years. Unfortunately this company no longer supports service.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach Look to other potential vendors for this type of product.	
Software upgrades within 3 years	Equipment will need software upgrades as it the nature of computer driven equipment.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	
Continue to seek additional clerical support	All clerical task fall upon the shoulders of the director including letters, typing, addressing envelopes, filing etc.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach Work with the dean for clerical relief.	
Update library resources.	This is required to meet accreditation mandates.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach Will work with library for acquisitions.	

## X. Final Summary of Goals, Commitments to Action, and Resource Requests

1. Upon completion of this program plan, provide a comprehensive summary of your goals and action plans for the next 4 years.

The DMS program taught its first class in 1984. Since then it has worked hard to achieve and maintain the program of excellence for Diagnostic Medical Sonographer's in the bay area and beyond. It takes pride in the high scores on the ARDMS national board examinations, the high achievements with accreditation processes with yields of "no deficiencies" and "no recommendation for change". Employer and graduate response rate the DMS program high and follow that with the eagerness to hire these graduates. This is a program for the advanced learner. 40-60% of entering students have a BS or Masters degree and the remaining arrive with 1-2 AS and/or AA degrees including a prior Allied Health degree. This has proven to be the background for success and aligns with the ARDMS examination prerequisites.

The program strives to teach with up-to-date materials and equipment utilized in a rapidly changing technologically challenging world.

The DMS program enrolls students from a variety of socioeconomic backgrounds, gender, cultural, ethnic, and educational and other backgrounds which support the college access and equal opportunity mission. Program goals includes but is not specific to teaching students the latest technical skills, analytical and critical thinking skills in a medical profession which is rapidly changing and evolving. The DMS program also strives

- ◆ to graduate students based on competency based skills, eligible for the ARDMS board examination,
- ◆ to develop student's cognitive, psychomotor, and affective domains,
- ◆ to become an active member of the medical community and general community,
- ◆ to encourage students to become a member of the profession and to give back to the community,
- ◆ to demonstrate initiative along with a well founded work ethic, responsibility, integrity and the adherence to the principles of autonomy, beneficence, nonmaleficence, veracity, justice, fidelity,
- ◆ to pursue continuing education opportunities recognized as a necessity for ongoing skill development and the right of patients to be examined with current knowledge.

### I. Department/Program Description/Data

- ✓ Program Accreditation
- ✓ FTES to current levels
- ✓ Student success
- ✓ Maintain equipment and supplies

## **II. Curriculum**

### **Follow JRC-DMS curriculum guidelines**

- ✓ B-budget funding
- ✓ Lottery funding
- ✓ Staff Development

## **III. Student Learning Outcomes**

- ✓ Review of Program Planning
- ✓ Review of SLO's
- ✓ Assessments with various participating parties

## **IV. Departmental Engagement**

- ✓ Advisory Committee Meeting
- ✓ Clinical Instructor's Meetings
- ✓ B-budget support for activities

## **V. Professional Development**

- ✓ Conferences & Staff Development
- ✓ CME support

## **VI. Support Services**

- ✓ Clerical support
- ✓ Web support
- ✓ ETUDES support
- ✓ Brochures and marketing materials

## **VIII. Career and Technical Educational Programs**

- ✓ Program accreditation
- ✓ Self study and Site visit
- ✓ Materials & Supplies

## **IX. Resource Planning: Personnel, Technology, Facilities, and Budget**

- ✓ Instructional and non instructional materials

<ul style="list-style-type: none"> <li>✓ PDF scanner</li> <li>✓ Software</li> </ul>			
<p><b>2. Final Resource Request Summary: When the program planning and review form is online – the section below will automatically fill in with your responses from each section.</b></p>		<p>Note: If you are requesting resources this year, these items have to be included in your current program review. If you want the college to understand your full range of need, then list every current and upcoming resource need in each section</p>	
Resource	Purpose	Rationale	Estimated Cost
Phantom(s)	Supports student skills for the basics and for the newest applications of 3D/4D and volume scanning.	<p>Request funding for equipment necessary to teach new applications and technologies. Supports program mission for student learning. It may be used to develop course for the sonography community.</p> <p>Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community &amp; Collaboration</p>	\$12,000.00 for abdominal phantom
Professional Staff Development	To maintain professional credentials along with bringing up to date instruction to the classroom	<p>Compliance with ARDMS (American Registry of Diagnostic Medical Sonography) Professional credentials and CME (continuing medical education) mandates.</p> <p>Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community &amp; Collaboration</p>	\$ 2,000. per year per faculty Each year \$6,000.
Release time to complete the Self Study for program accreditation.	Review, write, revise, and submit accreditation documents along with supporting documents.	<p>This will maintain program integrity and reputation for quality student graduates. Completion will lead to improved internal review and assist in developing future goals.</p> <p>Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach</p>	<p>10% over the current release time for 2010.</p> <hr/> <p>On site visit costs estimated \$6,000.</p>
Purchase AV support ex CD's	AV support and supplies is an integral	Supports students learning & career preparation Supports Strategic Initiative 1: Student success	\$1,500. per year

& DVD's.	part of this program. It is an integral part of didactic and campus lab learning.	Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach		
Provide funding for lab instructor's to attend training for new equipment & 3D/4D, volume scanning technology.	This equipment will be coming soon and it is imperative faculty complete training. As it stands now there is no funding set aside for lab instructor's to attend.	Compliance with Health & Safety Regulations. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach	Salary for 4 days per staff x's 2	
CAAHEP accreditation annual fee.	To maintain accreditation each year an annual report must be submitted along with this fee	To maintain accreditation each year an annual report must be submitted along with this fee. Requirement for accreditation.	\$1,200.00 per year	
Increase B-Budget	To adequately run the program and teach using appropriate equipment and supplies, printing, equipment repair, mileage, lottery, etc..	Accreditation requires the program has sufficient funding to operate. Supports Strategic Initiative 1: Student success	20% over 2007-2008 levels	
Non capital equipment and materials	To support materials for program, lab, gel, warmers, film jackets, disposable sheets/pillow covers, etc.	Necessary to support classes and activities.	\$ 1,000. per year	
Increase Director release time to 50%.	As a program of 1 full-time person who has to complete the workload similar to other programs who have 3-4 FTE's. A typical work week exceeds 55 hrs and nearly all weekends for 12 months.	The appropriate release time should be 50% of a full time load to be considered adequate. Strive to maintain and improve the DMS program's integrity and reputation for excellence. Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration	Release time to 50%.	

	<p>The director has a multitude of responsibilities especially the sole full-time director of this program. Duties include but not specific to: accreditation, SLO's, CAAHEP/JRC-DMS accreditation, annual accreditation reports, college reports, division meetings and assignments, working with hospitals and medical facilities on an ongoing basis including negotiating contracts with all follow through, hiring, department scheduling, budget, student application process, screening, selections, admissions, counsel prospective students, program orientation, conduct multiple meetings form students, clinical instructors, advisory board, hospital management, physicians. Create, maintain and support over 30 online classes in addition to campus classes. Work collaboratively with Santa Rosa Jr. College with the distance</p>	<p>Supports Strategic Initiative 3: Nontraditional outreach</p>		
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	learning students, conduct hospital site visits and assessments for 50% of the week. Complete faculty evaluations, serve on division committees, and participate with mentoring, tenure, hiring committees.			
Software upgrades within 3 years	Equipment will need software upgrades as it the nature of computer driven equipment.	Compliance with CAAHEP / JRC-DMS accreditation standards. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community collaboration Supports Strategic Initiative 3: Nontraditional outreach.	\$30,000.	
Program Brochures and marketing materials	Provide information to prospective students, and marketing needs	Accreditation requirement; program mission and goals to disseminate accurate information about admission, policy, selection process, criteria, fees, contact information, career opportunities, etc. Supports Strategic Initiative 1: Student Success Supports Strategic Initiative 2: Community Collaboration Supports Strategic Initiative 3: Nontraditional needs	\$1,500.	
PDF scanner	To scan non electronic accreditation documents required for online filing of the accreditation process. This type of scanner is used with PAC systems in the hospital. Scanned and goes directly to the substance of the document.	Could be shared with all programs. Accreditation need as future self-studies will be accepted only in an online format. Supports Strategic Initiative 1: Student success Supports Strategic Initiative 2: Community & Collaboration	Estimate \$ 1,500.	

Update library resources.	This is required to meet accreditation mandates.	<p>Compliance with CAAHEP / JRC-DMS accreditation standards.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p> <p>Will work with library for acquisitions.</p>	If library funds are available then \$0.00	
Purchase to replace outdated or unusable equipment such as the MedSim, general US machines. Upgrading medical technology.	DMS equipment has a limited life span and must be replaced occasionally. Our older equipment is very old and can no longer be repaired. The simulation trainer is showing its age. While still viable I estimate the shelf life is approximately 3 years. Unfortunately this company no longer supports service.	<p>Look to other potential vendors for this type of product.</p> <p>Compliance with Health &amp; Safety Regulations.</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	Single machine \$140,000.	
Clinical Instructor meeting's, and Advisory Board meetings.	Clinical instructor meetings and advisory board meetings are held on campus in the evening hours to accommodate the work schedule of its members.	<p>Supports students learning &amp; career preparation</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p>	\$800. per year	
Funding for tutoring with an emphasis on subject specific to this profession.	Student success and retention.	<p>Supports students learning &amp; career preparation</p> <p>Supports Strategic Initiative 1: Student success</p> <p>Supports Strategic Initiative 2: Community collaboration</p> <p>Supports Strategic Initiative 3: Nontraditional outreach</p>	\$ 1,500.	

<i>Supervising Administrator Signature</i>	<i>Completion Date</i>	