

Radiologic and Medical Lab. Science

Department of Radiologic and Medical Laboratory Science

Introduction

Unit Mission:

The purpose of the Department of Radiologic and Medical Laboratory Science is to provide high school graduates of southwest Louisiana and two-year college transfer students with the knowledge and skills required for employment in their allied health disciplines.

Institutional Mission Reference:

The Department of Radiologic and Medical Laboratory Science supports the institutional mission of offering baccalaureate curricula distinguished by academic excellence by offering two quality baccalaureate allied health degrees (Medical Laboratory Science and Radiologic Sciences).

Description of services provided to students:

Courses are taught, academic advising is provided, and undergraduate degrees are awarded in medical laboratory science and radiologic sciences. Letters of recommendation are provided either by individual faculty or by committee as requested. Official student organizations are sponsored in each of the degree areas.

Performance Objective 1 Increase enrollment, persistence, retention, and graduation rates for each program offered by the department.

1 Assessment and Benchmark

Benchmark: Increase enrollment by 5% each year in the MLSC program.

Prior to 2018-2019, the benchmark was track student enrollments at each level. Maintain or exceed 2015-2016 levels of declared majors for the BS in Medical Laboratory Science (MLSC) program:

- CLSC - BS Clinical Laboratory Science (inactive effective 201440)
- MLSC - BS Medical Laboratory Science (effective 201440)

1.1 Data

2013-2014:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
CLSC	(blank)	3	1	7	11	22	20	10	5	35	70	12	10	5	36	63

2014-2015:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
MLSC	(blank)	0	4	1	16	21	7	9	11	27	54	9	6	15	26	56

2015-2016:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
MLSC	(blank)	4	1	3	20	28	16	10	7	28	61	15	6	10	28	59

2016-2017:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
MLSC	(blank)	0	2	3	11	16	10	6	13	24	53	6	2	5	23	36

2017-2018:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
MLSC	(blank)	1	4	2	15	22	6	9	9	20	44	0	15	11	27	53

2018-2019:

Major	Conc.	Summer					Fall					Spring				
		F	S	J	Sr	T	F	S	J	Sr	T	F	S	J	Sr	T
MLSC	(blank)	2	6	5	14	27	14	16	17	22	69	7	16	16	27	66

Percentage Change between 2017-2018:

Major	Fall	Total	% Change	Spring	Total	% Change	% change for Academic Year
MLSC	2017	44	56.818%	2017	53	24.528%	40.673%

	2018	69		2018	66		
Total	2017	44	56.818%	2017	53	24.528%	40.673%
	2018	69		2018	66		

1.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

MLSC enrollment trends are directly affected by the limited number of clinical training sites. Enrollment numbers are not expected to increase based upon ongoing discussions with local lab directors.

2017-2018:

MLSC program director and faculty are attending career fairs both on and off campus in order to make the program more visible to the general public. We are also continuing to work on expanding clinical training sites with lab directors in an effort to increase clinical capacity; however, no expansion is expected.

2018-2019:

MLS program had an increase of approximately 41% for the 2018-2019 academic year. The department will continue to monitor and trend, as the MLS program has experienced an upward and then a downward trend in enrollment over the past five years. Currently, this makes the third year there is an increase in enrollment in the MLS program.

2 Assessment and Benchmark

Benchmark: The BS in MLSC program will strive to maintain at least 12 graduates per academic year.

2.1 Data

Academic Year	# of graduates
2011-2012	19
2012-2013	15
2013-2014	11
2014-2015	13
2015-2016	19
2016-2017	11
2017-2018	13
2018-2019	9
2019-2020	

2.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

The number of MLSC graduates continues to be limited by the number of local training sites for the senior year internship. Although additional training sites were acquired in recent years, traveling to clinical sites in Beaumont, TX, and Lafayette, LA, is not a viable option for some students.

2017-2018:

The numbers of MLSC graduates continues to increase and decrease around the benchmark of 12 graduates per year and is not expected to change with the current number of clinical affiliates associated with the program.

2018-2019:

The benchmark for this academic year was not met. Students graduate from the MLS program three times a year. There was one student dismissed from the program and was granted re-entry into the program and this delayed her graduation date into another academic year. The benchmark would still have not been met. The MLS program faculty will be continuing to see an increase in the number of students entering the program and projections are that the benchmark will be met during the 2019-2020 academic year.

3 Assessment and Benchmark

Benchmark: Increase enrollment by 5% each year in the RADS program.

Prior to 2018-2019, the benchmark was track student enrollments at each level. Maintain or exceed 2014-2015 levels of declared majors for the BS in Radiologic Sciences (RADS) program.

- RADS - BS Radiologic Sciences

3.1 Data

2013-2014:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	11	14	22	28	75	0	64	42	40	37	183	0	46	38	37	48	169	20

2014-2015:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	5	8	16	30	59	1	72	33	21	39	165	1	50	34	30	43	157	21

2015-2016:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	6	7	13	30	56	0	72	38	31	37	178	0	55	31	30	44	160	19

2016-2017:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	7	12	15	22	56	0	70	32	31	29	162	0	43	43	20	39	145	15

2017-2018:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	3	15	18	26	62	0	56	36	32	32	156	0	35	43	32	40	150	18

2018-2019:

Major	Conc.	Summer						Fall						Spring					
		F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP	F	S	J	Sr	T	CMP
RADS	(blank)	6	14	21	28	69	0	49	41	35	33	158	0	32	38	29	39	138	19

3.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

RADS enrollment is down 46 students from the 2014-2015 year, and down 35 students from the 2015-2016 year, indicating a gradual downward trend for enrollment.

2017-2018:

RADS program director and faculty attended career fairs both on and off campus in order to make the program more visible to the general public. The number of students enrolled is up 16 students from the 2016-2017 year; however, enrollments still down 30 students from the 2014-2015 year. We will continue to work on increasing recruitment efforts to increase enrollment by at least 1-5 students per year.

2018-2019:

The RADS program enrollment for the academic year of 2018-2019 saw a decrease of two students, after an increase of 4 students during the 2017-2018 year from the 2016-2017 year, this was encouraging. However, the RADS program did not meet the desired benchmark of increasing 1-5 students during this past academic year, instead there

was a decrease and the program is down 16 students from the 2014-2015 year. The plan for continuous improvement in enrollment is to work with the declared student in RADS program and enhance the advising efforts to encourage students keep trying for the RADS professional program rather than advising them to change their majors prematurely. There is a planned meeting of the RADS advisors on 9/5/19 to discuss this matter further.

4 Assessment and Benchmark

Benchmark: 70% of students accepting and enrolling in the program will complete the BS in Radiologic Sciences program.

Assessment tool: Program completion report (comprised of the following):

- Admissions committee report (acceptance vs. graduation);
- Graduate list corresponding two years later; and
- Student folders.

4.1 Data

Year	Program completion rate for graduating cohort of students
2010	10.00%
2011	80.00%
2012	60.00%
2013	76.00%
2014	77.00%
2015	81.00%
2016	80.75%
2017	62.50%
2018	75.00%
2019	79%
2020	—

4.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

During the previous five years this benchmark was met, after having five years of not meeting the benchmark, and lowering the benchmark in 2011; the benchmark was lowered to 70% from 75%.

We will continue to trend, as five of the students from this cohort changed their major because of a lack of interest in health care. It was decided that no policies needed to be changed at this time.

2017-2018:

This is the first of a five-year trending cycle, as was determined in 2017 when the benchmark was not met for the first time in five years. The decision was made in 2017 to trend in five years.

2018-2019:

Continuing to trend as this is the second year of a trending cycle for five years. The plan for continuous improvement will be if the completion rate continues to stay well above 75%, then the RADS program may wish to consider increasing this to a 75% completion rate per year.

5 Assessment and Benchmark

Benchmarks:

- A persistence rate (retained students from fall Y1 to spring Y1) of 85%.
- A retention rate of 70% from Y1 to Y2.
- A retention rate of 55% from Y1 to Y3.
- A retention rate of 45% from Y1 to Y4.
- A 4-year graduation rate of 35%.
- A 5-year graduation rate of 40%.
- A 6-year graduation rate of 45%.

Major:

- CLSC - Bachelor of Science in Clinical Laboratory Science (inactive effective 201440)
- MLSC - Bachelor of Science in Medical Laboratory Science (effective 201440)
- RADS - Bachelor of Science in Radiologic Sciences

5.1 Data

2012:

Major	Cohort Size	Same Major?	Persistence Rate		Retention Rate						Graduation Rate					
					Y1 to Y2		Y1 to Y3		Y1 to Y4		4-Year		5-Year		6-Year	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%
MLSC	10*	Same	10	100	7	70.0	4	40.0	4	40.0	4	40.0	4	40.0	4	40.0
		Changed	0	0.0	3	30.0	5	50.0	4	40.0	4	40.0	4	40.0	4	40.0
		Total	10	100	10	100	9	90.0	8	80.0	8	80.0	8	80.0	8	80.0
RADS	51**	Same	35	68.6	21	41.2	10	19.6	8	15.7	5	9.8	5	9.8	5	9.8
		Changed	11	21.6	11	21.6	17	33.3	16	31.4	7	13.7	12	23.5	14	27.5
		Total	46	90.2	32	62.7	27	52.9	24	47.1	12	23.5	17	33.3	19	37.3
Total	61	Same	45	73.8	28	45.9	14	23.0	12	19.7	9	14.8	9	14.8	9	14.8
		Changed	11	18.0	14	23.0	22	36.1	20	32.8	11	18.0	16	26.2	18	29.5
		Total	56	91.8	42	68.9	36	59.0	32	52.5	20	32.8	25	41.0	27	44.3

*2 students were undeclared before declaring MLSC.

**2 students were undeclared before declaring RADS.

2013:

Major	Cohort Size	Same Major?	Persistence Rate		Retention Rate						Graduation Rate					
					Y1 to Y2		Y1 to Y3		Y1 to Y4		4-Year		5-Year		6-Year	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%
MLSC	7	Same	5	71.4	3	42.9	2	28.6	2	28.6						
		Changed	2	28.6	3	42.9	4	57.1	4	57.1						
		Total	7	100	6	85.7	6	85.7	6	85.7						
RADS	42*	Same	29	69.0	18	42.9	10	23.8	5	11.9						
		Changed	12	28.6	13	31.0	17	40.5	19	45.2						
		Total	41	97.6	31	73.8	27	64.3	24	57.1						
Total	49	Same	34	69.4	21	42.9	12	24.5	7	14.3						
		Changed	14	28.6	16	32.7	21	42.9	23	46.9						
		Total	48	98.0	37	75.5	33	67.3	30	61.2						

*4 students were undeclared before declaring RADS.

2014:

Major	Cohort Size	Same Major?	Persistence Rate		Retention Rate						Graduation Rate					
					Y1 to Y2		Y1 to Y3		Y1 to Y4		4-Year		5-Year		6-Year	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%
MLSC	4	Same	3	75.0	3	75.0	3	75.0	2	50.0						
		Changed	0	0.0	1	25.0	0	0.0	1	25.0						
		Total	3	75.0	4	100	3	75.0	3	75.0						
		Same	31	68.9	17	37.8	6	13.3	5	11.1						

Total	54	Same	43	79.6	26	48.1												
		Changed	7	13.0	15	27.8												
		Total	50	92.6	41	75.9												

2018:

Major	Cohort Size	Same Major?	Persistence Rate		Retention Rate						Graduation Rate								
			Rate		Y1 to Y2		Y1 to Y3		Y1 to Y4		4-Year		5-Year		6-Year				
			#	%	#	%	#	%	#	%	#	%	#	%	#	%			
MLSC	13	Same	7	53.8															
		Changed	6	46.2															
		Total	13	100															
RADS	43	Same	32	74.4															
		Changed	7	16.3															
		Total	39	90.7															
Total	56	Same	39	69.6															
		Changed	13	23.2															
		Total	52	92.9															

2019:

Major	Cohort Size	Same Major?	Persistence Rate		Retention Rate						Graduation Rate									
			Rate		Y1 to Y2		Y1 to Y3		Y1 to Y4		4-Year		5-Year		6-Year					
			#	%	#	%	#	%	#	%	#	%	#	%	#	%				
MLSC		Same																		
		Changed																		
		Total																		
RADS		Same																		
		Changed																		
		Total																		
Total		Same																		
		Changed																		
		Total																		

5.1.1 Analysis of Data and Plan for Continuous Improvement

2018-2019:

- The persistence rate was met for 2018. In reviewing the persistence rates for the six previous years from 2012 to 2017, the data reveals the department met the persistence rate for every year except the 2014 and the 2016 years. For the two years in which the 85% benchmark was not met, it was still very close to being met with 84% in 2016 and 83.7% in 2014. The department has met the benchmark in five of the past seven years; therefore, there is no need for a plan for continuous improvement.
- The retention rate for Y1 to Y2 has an established benchmark of 70%. The department has met the benchmark for four of the past six years; therefore, there is no need for a plan for continuous improvement.
- The retention rate for Y1 to Y3 has an established benchmark of 55%. The department has met the benchmark for four of the past five years; therefore, there is no need for a plan for continuous improvement.
- The retention rate for Y1 to Y4 has an established benchmark of 45%. The department has met the benchmark for four of the past four years; therefore, there is no need for a plan for continuous improvement.
- The graduation rate data is available for the 2012 cohort of students only.
 - The benchmark for the four-year graduation rate is 35%. The department has a 32.8% four-year graduation rate; thus, the benchmark was not met.

- The benchmark for the five-year graduation rate is 40%. The department has a 21% five-year graduation rate; thus, the benchmark was met.
- The benchmark for the six-year graduation rate is 45%. The department has a 44.3% six-year graduation rate; thus, the benchmark was not met, but only by 0.7%.
- After analyzing the graduation rates, the plan is to trend this with the future graduation rates as they become available and plan accordingly.

Performance Objective 2 Provide a comprehensive curriculum that reflects disciplinary foundations and remains responsive to contemporary developments, student and workforce demand, and university needs and aspirations.

1 Assessment and Benchmark

Benchmark: MLSC faculty members are required to stay up-to-date with current developments in the field of laboratory medicine. Faculty members complete 12 hours of continuing education each year and maintain a current Louisiana State Board of Medical Examiner's (LSBME) license in Medical Laboratory Science.

1.1 Data

2016-2017:

Proof of current LSBME license and copies of continuing education hours are turned in to the department head each year with the Annual Performance Report. Data maintained by instructors and department head.

2017-2018:

Both MLSC faculty are up-to-date, hold a current LSBME license, and have completed a minimum of 12 hours of continuing education respective to their discipline during the year.

2018-2019:

Both MLSC faculty continue to stay up-to-date and hold current LSBME licenses and have completed more than the minimum of 12 hours of continuing education respective to their discipline during the year and this is reported on each of their annual performance reports.

1.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

All continuing education hours and LSBME licenses are current and up to date. Each clinical instructor's documentation is maintained by his/her lab director and is regulated by CAP or JCAHO inspectors. (A LSBME license is required by law to work in a medical laboratory in the state of Louisiana).

2017-2018:

All MLS faculty continue to stay current in their discipline and hold the valid license required by law for the state of Louisiana. Departmental APR plan has been revised to give an incentive to go above the minimum number of required continuing education hours to encourage faculty to increase the number of continuing education and professional development hours.

2018-2019:

All MLS faculty continue to stay current in their discipline, and the benchmark was met. The department initiated an incentive within the Annual Performance report for faculty to receive extra points when they go over the required hours in continuing education to renew their license. The plan for continuous improvement will be to track this over the next few years to see if the MLS faculty continue to exceed the required number of hours for continuing education. If the MLS faculty continue to meet the requirement, we will consider raising the limit or consider changing the requirement.

2 Assessment and Benchmark

Benchmark: MLS faculty meets at least once per year to review student progress, curricular offerings, professional contacts, and opportunities. Additional meetings are held, as indicated.

2.1 Data

2015-2016:

MLS faculty members met:

- December 9, 2015, 9:00 am
- April 21, 2016, 12:15 pm
- May 12, 2016, 9:30 am.

Topics included: Degree Works, national test scores, student performance, curriculum changes, Blood Bank Grant, Endowed Fellowship, move to Nursing and Health Professions, LACLS student trip, and graduation stoles. All campus faculty members were present. Meeting minutes are on file in the program director's office.

2017-2018:

The MLS faculty meet monthly during the academic year to discuss programmatic matters as well as departmental and college matters. Minutes of the meetings have been scribed and are maintained in the MLS program director's office. Please see the attached minutes for examples of items discussed

2018-2019:

The MLS faculty met every month during the fall and spring semesters during the 2018-2019 academic year. The meeting covered information regarding the upcoming NAACLS accreditation visit for the Spring 2020 and the self-study that is due in October 2019. Also discussed were items such as faculty workloads, clinical issues, and MSL student organization concerns. There are minutes of each meeting on the MLS shared file within the departmental intranet files.

[2017 MLS Minutes Advisory Committee Meeting June 2017](#) [DOCX 21 KB 1/28/19]

[April 16 2018 MLS Minutes](#) [DOCX 17 KB 1/28/19]

[Minutes MLS Faculty Aug 2017](#) [DOCX 26 KB 1/28/19]

[Minutes MLS Faculty October 2017](#) [DOCX 15 KB 1/28/19]

[Minutes MLS Faculty September 2017](#) [DOCX 14 KB 1/28/19]

2.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Discussions were held concerning the move to the College of Nursing and Health Professions. Plans were made for use of the Blood Bank Enhancement Grant and Endowed Fellowship. National test scores showed some improvement from the previous year, student performance will continue to be monitored closely in order to meet new NAACLS benchmarks.

2017-2018:

The program director for the MLS program and the department head for RMLS review the minutes, established the need for the continued development of a programmatic calendar, and are developing a plan for more effective clinical site visits by the program faculty.

2018-2019:

The MLS faculty more than met the benchmark during the 2018-2019 academic year. Because of the upcoming on-site evaluation of the program by NAACLS, this is the rationale for meeting monthly. Plans for continuous improvement include evaluating the benchmark during the 2019-2020 academic year to determine if the benchmark needs to state monthly meetings of the faculty or if it should remain just once per year.

3 Assessment and Benchmark

Benchmark: The MLS Advisory Committee meets annually to review program effectiveness, trending developments, and workforce demand.

General topics include, but are not limited to:

- Graduation rates
- Certification scores
- Employment/placement rates
- Curriculum improvements
- Clinical sites
- Accreditation standards

3.1 Data

2015-2016:

The MLS Advisory Committee met in May of 2016. Primary topics included national test scores, student performance, new NAACLS benchmarks, new Capstone Project, move to the College of Nursing, Blood Bank Grant, Endowed Fellowship.

Meeting minutes are on file in the program director's office.

2017-2018:

The MLS Advisory Committee met on June 8, 2017. The minutes of the meeting are included.

2018-2019:

The MLS Advisory Committee met on November 7, 2018. The minutes from this meeting are attached.

[2017 MLS Minutes Advisory Committee Meeting June 2017](#) [DOCX 21 KB 1/28/19]

[Minutes MLS Advisory Committee November 2018](#) [DOCX 18 KB 8/26/19]

3.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

Decisions were made to add a new capstone project. Students will take a pre-test (Midterm) and post-test (near Graduation). The exam will be computerized, created in Respondus, and proctored in a computer lab. Information was shared concerning the Radiological Sciences and Medical Laboratory Science move to the College of Nursing and Health Professions on June 1, 2016.

2017-2018:

The MLS Advisory Committee has been a very powerful tool for providing input for the MLS program. There currently appears to be some apathy from the clinical staff of the clinical affiliates about participating and attending an advisory committee meeting. This apathy has resulted in the committee not being as effective as in the past. Plans are to move the MLS advisory committee meeting to the fall semester in 2018 in an attempt to have more participation on the committee.

2018-2019:

The MLS Advisory Committee discussed the regional impact of the program with regard to graduation rates, placement rates, admission process and poor returns from employer satisfaction. Plans for continuous improvement include considering other clinical site placements including increasing the capacity at some of the sites currently used and to expand to include all of the following old and new clinical sites: West Calcasieu-Cameron Hospital, Moss Memorial Health Clinic, Path lab, Jennings American Legion Hospital, Beauregard Memorial Hospital, Christus Ochsner Lake Area Hospital, Christus St. Patrick Hospital, Lake Charles Memorial Hospital, University Medical Center in Lafayette, and Rapides Medical Center.

4 Assessment and Benchmark

Benchmark: RADS program faculty meet eight times during the academic year to review student progress, curricular offerings, and appropriate professional contacts and opportunities

4.1 Data

2016-2017:

The program faculty met on the following dates:

- 06/09/16
- 08/18/16
- 09/16/16
- 10/14/16
- 01/13/17
- 02/17/17
- 03/17/17

2017-2018:

The RADS program faculty met on the following dates:

- 6/8/17
- 8/17/17
- 9/15/17
- 10/27/17
- 11/8/17
- 1/11/18
- 1/23/18

- 3/16/18

2018-2019:

The RADS program faculty met on the following dates:

- 6/7/18
- 8/16/18
- 9/7/18
- 10/5/18
- 11/2/19
- 1/10/19
- 2/1/19
- 3/1/19
- 4/5/19

[2017 6 - 8](#) [DOCX 21 KB 1/28/19]

[2017 9 15](#) [DOCX 28 KB 1/28/19]

[2018 3 16](#) [DOCX 25 KB 1/28/19]

4.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

All programmatic changes are reflected in the minutes or noted on agenda. Minutes and agenda are on file in the program director's office, Frasch Hall 226. The program currently has an administrative assistant, after not having one for two years; therefore, minutes are up-to-date.

2017-2018:

The RADS program continues to meet at a minimum of eight times a year to discuss programmatic issues as well as assessment plan benchmarks and to analyze data from the outcomes assessment plan for the program. The program director maintains all program meeting minutes. The meetings have proven to be an effective method for continuous quality improvement.

2018-2019:

The RADS program did meet the benchmark of meeting at least eight times during the academic year 2018-2019. The meetings are for the purpose of functioning as an advisory committee for the RADS program. Items for discussion were primarily centered around clinical issues and concerns with the students and faculty for the professional phase of the program. Other items of discussion were discussing and planing for continuous programmatic improvement including the assessment plan benchmarks and to analyzing the data collected. The RADS program director maintains all program meeting minutes. The meetings have proven to be an effective method for continuous quality improvement. The following are a highlights of a some changes that were voted upon in these meetings.

- Monitoring more closely the results centered around students applying the principles of radiation protection for the patient, self, and others. The average scores on the RADS 349 Test 2 had dropped slightly from the previous year.
- Declaring that a new benchmark or new tool is needed to assess that students are communicating effectively with clinical staff and peers, as the current benchmark had been met consecutively for several years.
- Established the completion rate for the RADS program for the previous year.
- Established a Community Service/Involvement policy for students in RADS professional program.
- Performed the annual review of supervision of students with the clinical, stressing the difference between direct and indirect supervision.
- Decided to raise the benchmark for the objective that students will be able to communicate effectively from a score of 3.0 to 3.5 on Form F-9 during RADS 356, as the benchmark had been meet for five years of trending.
- Reviewed the results for the 2018 national certification results for RADS graduates and determined the established benchmark was met.
- Discussed the exploration of reaching out to clinical facilities out of the Lake Charles area, as the RADS program needs to determine ways to increase the number of students they can select for the professional phase of the program.

5 Assessment and Benchmark

Benchmark: The percentage of graduates who take the ARRT Radiography exam and become certified radiographers will meet or exceed the national passage rate for first time examinees.

Outcome: Radiologic Sciences Graduates will pass the national certification examination on the first attempt.

Assessment tool: Results of ARRT national certification examination - annual first time pass rates.

5.1 Data

Year	Certification exam national passage rate	Cohort certification exam passage rate
2013	—	100%
2014	88.5%	95%
2015	88.4%	100%
2016	87.2%	100%
2017	89.3%	100%
2018	89.4%	95%
2019		

[2017 National Comparison Report](#) [PDF 117 KB 1/28/19]

5.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

The program will continue to monitor the ARRT first time pass rates as this is JRCERT program effectiveness data that is required to be monitored.

2017-2018:

The program continues to achieve a 100% passage rate for first-time test takers on ARRT national certification examination. The ARRT national test continues to add new content material on the examination and the MSU graduates to continue to pass the examination on the first attempt. For the 2018 examination once again more new content items are being added to the examination making a little more stressful for graduates to pass on the first time. Will continue to monitor knowing new items are being added to the national certification examination.

2018-2019:

The benchmark was met; however, after achieving a 100% first time passage rate for three straight years, it was disappointing to only receive a 95% first time passage rate for the 2018 graduates. A 95% first time passage rate implies one individual did not pass the test the first time. This particular graduate did pass it on the second time about one month later, maintaining the program's 100% passage rate. The plan for continuous improvement is to monitor the passage rate next year, and if the benchmark is not achieved, then develop a plan to review what areas there is a remediation needed.

6 Assessment and Benchmark

Benchmark: Regardless of the national percentage passage rate on the ARRT examination, the program passage rate should never drop below 75% over a five-year period.

Outcome: Radiologic Sciences Graduates will pass the national certification examination on the first attempt.

Assessment tool: Results of ARRT national certification examination – annual first time pass rates.

6.1 Data

2016-2017:

Five-year average (2012-2016) program passage rate of 96.67% for first-time examinees.

2017-2018:

Five-year average (2013-2017) program passage rate is 98.94% for first-time examinees.

2018-2019:

Five-year average (2014-2018) program passage rate is 97.87% for first-time examinees.

6.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

No immediate action necessary, as this is a benchmark that was met and it is established by the national accrediting agency for Radiologic Sciences. We will continue to trend or monitor every year.

2017-2018:

This benchmark is part of the national accrediting agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT) program effectiveness requirements. Therefore this item will continue to be monitored every year.

2018-2019:

This benchmark is part of the national accrediting agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT) program effectiveness requirements. Therefore this item will continue to be monitored every year.

7 Assessment and Benchmark

Benchmark: Five-year average job placement rate will not be less than 75% of the graduates actively seeking employment within six months post-graduation.

Outcome: Radiologic Sciences graduates will be employed within six months post graduation.

Assessment tool: Graduate questionnaire and formal and informal discussions with students/graduates.

7.1 Data

Year	Graduates actively seeking and gaining employment within 6 months	
	#	%
2013	19	88%
2014	20	100%
2015	21	100%
2016	19	100%
2017	18	100%
2018	18	88%
2019		

7.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

No immediate action necessary as this is a benchmark that was met and it is established by the JRCERT. We will continue to trend or monitor.

2017-2018:

Will continue to monitor job placement as it is required by the programmatic accrediting agency, the JRCERT.

2018-2019:

The benchmark was met as the five year average for job placement within six months is 97.6%, and the job placement within 12 months for the same five year period is 100%. There was a total of two students from the class of 2018 who did not have jobs within six months following graduation. One student had an attitude issue and was not desired by local employers because of that reputation. The other student did not actively start seeking employment until about seven months following graduation, as they were waiting on their spouse to gain acceptance into physical therapy school, so they would know where to look for a job. Both were employed by the eighth month following graduation. There does not appear to be a reason to plan for continuous improvement at this time.

Performance Objective 3 Provide the surrounding medical community with nationally certified medical laboratory scientists.

1 Assessment and Benchmark

Benchmark: 80% of MLS graduates actively seeking employment will be employed within 2-6 months of graduating.

1.1 Data

Academic Year	Graduates employed before graduating		Graduates employed within 2 months of graduating		Graduates employed within 6 months of graduating	
	#	%	#	%	#	%
2013-2014	—	—	—	100%	—	—
2014-2015	—	63%	—	36%	—	—
2015-2016	—	69%	—	31%	—	—
2016-2017	—	100%	—	—	—	—
2017-2018	—	67%	—	8%	—	25%
2018-2019	7	78%	2	22%	—	—

1.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Benchmark met. This statistic remains well above the national average, as the need for MLS graduates continues to grow in this area.

2017-2018:

Continue to meet benchmark regarding employment, as the program prepares graduates for the healthcare industry in the area of medical laboratory scientists, with 100% of graduates gaining employment before six months post-graduation. Also, the Bureau of Labor Statistics (BLS) reports that employment of medical laboratory technologist is expected to grow by 13% between 2010-2020, therefore this trend is not expected to change.

2018-2019:

The MLS program continues to meet the benchmark. For 2018-2019, 100% of graduates were employed within two months following graduation.

2 Assessment and Benchmark

Benchmark: 80% of MLS graduates will seek employment within the state of Louisiana.

2.1 Data

Academic Year	Graduates employed within the state of LA	
	#	%
2013-2014	—	78%
2014-2015	—	91%
2015-2016	—	85%*
2016-2017	—	91%
2017-2018	—	67%
2018-2019	—	78%**

*The remaining 15% of graduates gained employment in Beaumont, TX.

** The remaining 22% of graduates gained employment in Houston, TX.

2.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Benchmark met. This statistic accounts for the number of students seeking employment within the state of LA. Some students seek employment in nearby Texas cities.

2017-2018:

Benchmark not met. There were ample job opportunities for graduates to be employed within the state of Louisiana. However, only 67% accepted employment in the state, with 8% employed in Beaumont, TX, 17% employed in Houston, TX, and 8% seeking employment in FL. Will continue to trend for three to five years, and if graduates are still electing to look for employment outside the state a benchmark change will be in order.

2018-2019:

The benchmark was not met for a second straight year. Again, although there are ample job opportunities for graduates to be employed within Louisiana, graduates are electing to accept employment at facilities outside the state of Louisiana. The advisory committee will consider adjusting the % of graduates employed in Louisiana or to include neighboring states by stating 80% of graduates will accept employment in the region. This will be added to the agenda for the next advisory meeting and for the MLS faculty to consider.

3 Assessment and Benchmark

Benchmark: 80% of MLS graduates will seek employment within a medical laboratory.

3.1 Data

Academic Year	Graduates employed within a medical laboratroy	
	#	%
2013-2014	—	100%
2014-2015	—	100%
2015-2016	—	100%
2016-2017	—	100%
2017-2018	—	100%
2018-2019	—	100%

3.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Benchmark met. Although graduates are trained to work in medical laboratories, they may choose to work in other areas - such as industrial refineries, education, research labs, or crime labs.

2017-2018:

Graduates continue to work in the medical laboratories, even though in the past some graduates elect to work in the Petro-chem industry and other types of labs. The program will continue to direct curricular efforts to the medical industry as this is where the majority of recent graduates are electing to seek employment.

2018-2019:

Graduates from the MLS program for the academic year of 2018-2019 all were employed in a medical laboratory. Therefore the benchmark was met and the program plans to continue with the emphasis on the medical laboratory science as this is currently where all graduates are being employed.

4 Assessment and Benchmark

Benchmark: 80% of MLS graduates will pass the American Society for Clinical Pathology Board of Certification (ASCP BOC) National Exam within 12 months of graduating.

4.1 Data

Academic Year	Graduates who passed ASCP BOC within 12 months		Graduate pass rate on the first attempt	
	#	%	#	%
2013-2014	—	87%	—	—

2014-2015	—	85%	—	77%
2015-2016	—	94%	—	58%
2016-2017	—	91%	—	73%
2017-2018	—	92%	—	85%
2018-2019	—	*	—	*

*Still in progress

4.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Benchmark met. Two additional review exams will be added for the 2016-2017 academic year to assess student readiness for the ASCP BOC. Test scores will be reassessed next year.

2017-2018:

The MLS program faculty are in the efforts of trying to break a trend of past graduates who elect to take the examination for the first time as just a practice exam, rather than taking it seriously. This trend is also in the local MLS community, however, the MLS faculty are making great efforts in breaking this trend and will continue to work with students during the senior year in preparation for passing the examination on the first time and not waiting to take the exam at a later date after taking it once as a practice exam.

2018-2019:

The benchmark was met for the graduates of 2018, and also there was an increase in the first time passage rate on the certification examination. The MLS program director has purchased the ASCP new edition study guide for the certification examination. The trend is going up and the MLS program will continue to monitor this trend and to see if the study guide purchased and the study sessions that are being offered will increase the passage rate percentages.