2020 Assessment Report for the Radiologic Science Degree Completion Program.

I have never been able to frame words that have gotten the point across but I will try again. Some teacher I am!

History: In the late '90s the chair of the imaging department created the RDSC Degree Completion Program by distance, snail-mail correspondence. A course in cross sectional anatomy needed to go online before OIT had a platform to support it, so I taught myself HTML and posted one of the first courses OIT offered on the web. When the original director of the program left a couple years later I picked up the program or it would have been terminated. Since then other imaging programs tapped into courses I offer, making RDSC degree completion students the minority enrollment in my online courses. I began writing assessment reports in 2008, the first year they were formalized.

The RDSC Program: Imaging technologists seeking a four year degree to advance their careers often choose a program in management. This radiologic science degree is one of the few online technology degrees in the nation. I know of no others. Because there are numerous modalities under the umbrella of radiology it is a difficult program to administrate. That is because these working students must venture outside of their job descriptions to learn and participate in areas they are not certified in. They face numerous obstacles: supervisors who balk, upset peers who have requested cross-training but are bumped by someone's student status, HIPAA regulations, and legal liabilities when they are not training "on the clock." I have been working with an out of state student over two terms now, helping her with placement for her clinical externship. Between emails and working on the clinical placement website (CPNW) I've put in over 10 hours and it's still not completed. I became the "school coordinator" for this venture by default, and staved with the student step by step. The process is so onerous the student sought a temporary alternative and recently put progress on hold until she has more time. Other degree completion programs in the MIT department do not have this problem because their lab assignments are in the modality they work in, and are completed during their assigned shifts. So, after perspective students get the truth in advertising message, many choose a management degree that has no clinical requirements. I direct them to OIT's RDSC online Health Care Management Program offered through the management department. To stem the loss of interested students I wrote that curriculum and sent it to CPC while I was teaching on campus. The Management Department liked it and asked to deliver it themselves, with some modifications. So I gave it to them, and that's how that degree completion program came to be.

The problem assessing this program: As I have informed *several* assessment directors, one size does not fit all when it comes to this small online program. This term is a stellar example. I have 13 students in five sections of four courses. Some faculty won't teach a course below a number profitable to them. I will keep a course open with one student because they are on a schedule for graduation and need guaranteed opportunities. Some faculty offer courses once or twice a year. Mine are available all four terms for the same reason. Ten of my students this term are from other imaging programs and one non-admit is going for a PA degree. Of those 13 only three are in the RDSC program and each of

those 3 are in a different section, meaning I will not get student evaluations from them. This happens frequently. Enrollment doesn't meet the criteria for validity or anonymous reporting. Nevertheless, even with few numbers it keeps a handful of FTE's in the mix and serves a unique purpose.

This is not to say I could not hobble something together to fill the "gap." I used to collect student comments from emails and discussions and I used mentor evaluations from clinical assignments. I am not saying I have no resources, and I don't need *help*. I am saying I'm sick of it because after writing reports for nine years one thing became strikingly obvious: the outcomes did not vary by more than the margin of error, so compiling data became busy work. The courses are well established and nothing is new under the sun. Nevertheless, accreditation holds a hammer over the institution: comply or risk getting gigged. The "gaps" that were spoken of remind me of the "eye wash" principle prevalent among NCO's during my time in the army. When the colonel came for inspection, if the lawns were mowed and the equipment freshly painted he would just walk on by, satisfied our fighting force was well prepared. But if there were gaps in the eye wash it would be trouble. An ironic twist to this principle resulted in the use of a homemade petroleum based bootblack for tires. Over time it would degrade and crack the rubber, but when all the vehicles in the motor pool where lined up clean and shiny, he just kept walking.

During my time on campus I learned that some people fudged their reports. I never did, nor did anyone in the MIT department that I knew of, but I knew of some. I posited that to a former director who agreed, much to the surprise of the third party in the conversation, but anyone who didn't realize that was naive. I suggested to a former provost that the program should be voluntary for a year to measure faculty buy-in. He laughed and said no one would do it, which was the point. I requested the faculty senate to assess assessment. It never happened. I heard many complaints from faculty and assessment coordinators who found the program burdensome and more trouble than it was worth. It didn't engender enthusiasm in the trenches, but mum was the word due to the hammer.

My attitude toward the RDSC program: I kept this program because I like to stay in touch with students and it keeps my mind sharp. My years at OIT were good and I think of this as a service to the institution and the MIT department. I take good care of my students. I check courses 7 days a week, and even on holidays. That is the number one priority for delivering online: don't leave them hanging. Number two is to try to understand their perspectives. There is also a nominal payday but it is no more valuable to me than free time, so that's a wash. Retirement suits me fine and there are never enough hours in the day to accomplish what I set out to do. Even though I enjoy teaching online, however it turns out is the flip of a coin.

My opinion on how the assessment program needs revising: I do not think assessment is a meaningless activity. I think it's valuable for those who need it. That would be faculty new to teaching, new to an institution, on launching a course, and for those on probation. After 11 years teaching in a hospital program and 23 years at OIT I feel I

graduated from junior high. I think that conferring the status of Professor is tantamount to a diploma that should excuse the graduate from tasks that become menial in their repetition: otherwise the exercise is demeaning. If professors can't manage their outcomes they shouldn't be professors. If there were a light at the end of the *formal* assessment program, I think it would motivate faculty to make it useful as they work toward that goal. This is especially significant to job requirements balanced with remunerations at a time when unionization is under the spotlight.

Solutions: I've said this emphatically before, but it's apparently not been passed on. There are three options and I am fine with all of them.

- 1. Leave me alone.
- 2. Fire me and find a replacement.
- 3. Teach out the program.

I will not abandon students in the pipeline so if number three is chosen I will finish the job. Call me stubborn, a scofflaw or a psycho, it matters not. If this puts you between a rock and a hard place with accreditors tell them you're going to show me the door as soon as you get your boots on. I am beyond caring and will not waste one more minute to fill a gap. This is my report.

Sincerely,

Professor Gary Zimmerman M.S., RT (R)(CT)(MR) Director, RDSC Degree Completion Program Department of Medical Imaging Oregon Institute of Technology