Accreditation & Corrective Action Meeting Minutes

Date: January 21st, 2026
Time: 11:30 AM
Location: MCI Conference Room / Virtual Meeting
Attendees: DMS Program Director, Administration, Applicable Program Personnel, External DMS/Accreditation Consultant
Meeting Topic: JRC-DMS Accreditation Review & Corrective Action

Purpose of Meeting

- ✓ The purpose of the meeting was to discuss the accreditation status of the Diagnostic Medical Sonography (DMS) Program following notification of accreditation probation and to establish additional corrective-action measures.
- ✓ Administration and program leadership discussed the importance of obtaining an independent external review of the program's documentation, clinical education processes, and corrective actions.
- ✓ MCI therefore engaged an outside consultant with applicable DMS/accreditation experience to assist the institution and program personnel in reviewing identified areas of concern and strengthening compliance with applicable CAAHEP/JRC-DMS Standards.

JRC-DMS Findings & Corrective Action Review

- ✓ The March 14, 2025 JRC-DMS Board Letter and the previous October 1, 2024 Findings Letter were identified for consultant review.
- ✓ The March 14 correspondence indicated that it remained unclear whether the program was in compliance with several applicable Standards and requested additional documentation and corrective actions.
- ✓ Areas requiring continued attention included clinical education and clinical affiliates, Clinical Coordinator and Clinical Instructor responsibilities, clinical competency documentation, curriculum, resource assessment, student evaluation, outcomes reporting, student records, and clinical affiliation documentation.
- ✓ Program leadership discussed the need to carefully review each finding and ensure that corrective actions are supported by clear processes and documentation.
- ✓

External Consultant Review

- ✓ October 1, 2024 JRC-DMS Findings Letter
- ✓ March 14, 2025 JRC-DMS Board Letter
- ✓ Master List of Abdomen-Extended Clinical Competencies
- ✓ Abdomen-Extended Clinical Competency Evaluation Forms
- ✓ Master List of OB/GYN Clinical Competencies
- ✓ OB/GYN Clinical Competency Evaluation Forms
- ✓ Applicable corrective-action documentation previously submitted
- ✓ The clinical competency master lists and competency evaluation forms were identified as an immediate priority because students were actively participating in clinical rotations using these documents.

- ✓ The consultant was asked to review whether the current competency requirements and evaluation forms appropriately align with applicable CAAHEP/JRC-DMS expectations and to identify any areas requiring revision.
- ✓ This was particularly important because JRC-DMS identified concerns regarding whether the submitted forms demonstrated competency in each specific diagnostic sonographic examination and requested master lists for the Abdomen-Extended and OB/GYN competencies required for graduation.

Clinical Education & Program Oversight

- ✓ Program personnel discussed the importance of ensuring appropriate oversight of students currently participating in clinical education.
- ✓ Clinical competencies must be completed and evaluated appropriately, and the program must ensure that students receive adequate and equitable clinical experiences. The program will continue reviewing clinical sites, Clinical Instructor qualifications, student rotations, competency documentation, and Clinical Coordinator responsibilities as part of the corrective-action process.
- ✓ The JRC-DMS letter specifically requested processes demonstrating that competencies are performed under appropriately credentialed Clinical Instructors and that students have adequate numbers and varieties of examinations and equitable clinical experiences.

Discussion / Next Steps

- ✓ Administration asked the consultant to provide guidance regarding the corrective-action process and the anticipated steps necessary to address the identified deficiencies and ultimately return the DMS program to good accreditation standing.
- ✓ Program leadership acknowledged that there is no guaranteed timeframe for removal of probation and that the program must demonstrate compliance with applicable Standards and satisfactorily address the concerns identified by JRC-DMS/CAAHEP.

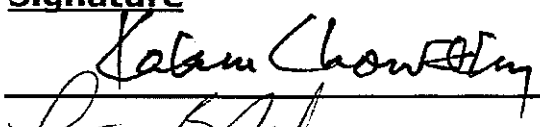
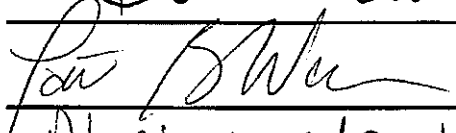
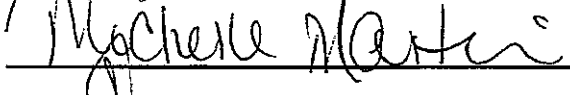
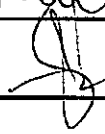
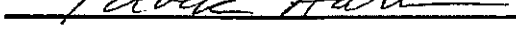
Meeting Outcome: MCI administration and DMS program leadership agreed to work collaboratively with the external consultant to address the identified accreditation concerns, strengthen program processes, and demonstrate ongoing compliance with applicable CAAHEP/JRC-DMS Standards.

Meeting Concluded

FACULTY AND STAFF MEETING

Date: **January 21st, 2026**

Time: **11:30 AM**

MCI Faculty/Staff	**Signature**
Dr. Kalam Chowdhury	
Patricia Walker	
Michelle Martin	
Dr. Syeda Kazmi	
Dr. Tarek Halim	
Christina Boyle