Accreditation Standards

for the

Profession of Respiratory Care

Essentials/Standards initially adopted in 1962;
revised in 1972, 1977, 1986, 2000, 2003, and 2010

Adopted by the

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN THORACIC SOCIETY
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

SCHEDULED DATE THESE STANDARDS WILL GO INTO EFFECT IS JUNE 1, 2010

CoARC Standards for the Profession of Respiratory Care

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Revision of Standards: What's Different?

• Philosophy and emphasis – The Standards have been changed to ensure that all programs prepare students at a competency level consistent with the national credentialing examination for registered respiratory therapists. This level of preparation better equips graduates to begin practice with the professional competencies needed to work effectively in partnership with other healthcare providers. This revision places greater emphasis on the desired foundation and practice, the manner in which programs must assess student achievement of competencies, and the importance of the development of the student as a health care professional. The Standards focus on the development of core and professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. The revised CoARC Standards reflect an appropriate balance between the processes to be followed and outcomes to be achieved. Such a balance allows the CoARC to assist programs in meeting high quality accreditation standards and in complying with policies while respecting the institution's mission, governance, innovative efforts, and prerogative to set its priorities.

• Standards revision processes developed – The CoARC, in preparation for becoming a freestanding accreditor, has developed a revision process for the Standards. The Standards will be reviewed as needed, but no less than every five (5) years.

• Standards: volume and terminology – The Standards have been renumbered, restructured, and clarified. The standards are organized into five sections. The Guidelines used in the previous Standards have either been incorporated into the Standards or removed altogether.

• Evidence of Compliance- As a result of feedback received from stakeholders requesting better clarification of the Standards, sections called Evidence of Compliance have been provided to clarify the requirements for compliance with each standard.

• Definitions – the use of a definitions list provides clarification of key terms.

About CoARC

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the AMA adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (AAIT, ACCP, AMA, and ASA) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education, the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA). The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The Commission on Accreditation for Respiratory Care became a freestanding accreditor of respiratory care programs on November 12, 2009.

CoARC accredits degree-granting programs in respiratory care that have undergone a rigorous process of voluntary peer review and have met or exceeded the minimum accreditation Standards as set by the professional association in cooperation with CoARC. These programs are granted accreditation status by CoARC, which provides public recognition of such achievement.

CoARC's Mission

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to serve the public by promoting high quality respiratory care education through accreditation services.

The Value of Programmatic Accreditation

Accreditation provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

These accreditation Standards constitute the minimum requirements to which an accredited program is held accountable and provide the basis on which the CoARC will confer or deny program accreditation.

INTRODUCTION

The CoARC and its sponsoring organizations cooperate to establish, maintain, and promote educational standards of quality to prepare individuals for respiratory care practice, and to provide recognition for postsecondary educational programs that meet the minimum requirements outlined in these Standards. These Standards are to be used for the development, evaluation, and self-analysis of respiratory care programs.

Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders. As members of this team, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide patient care which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to the following basic competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies such as: obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, managing life support activities, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management; and
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

PROGRAM REVIEW

Accreditation of respiratory care programs is a voluntary process that includes a comprehensive review of the program relative to the Standards. Accreditation decisions are based on the CoARC's review of information contained in the accreditation application and self-study report, the report of site visit evaluation teams, the annual Report of Current Status, and any additional requested reports or documents submitted to the CoARC by the program. Additional data to clarify the information submitted by the program may be requested at any time in the review process.

DEFINITIONS

Throughout the Standards, terms that have specific definitions are noted below.

NOTE: Where terms are not defined, their definitions are at the discretion of the CoARC.

Academic Catalog	The official publication of the institution that describes the academic programs and courses offered by the institution. This may be published electronically and/or in paper format.
Academic Policies	Published rules that govern the implementation of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.
Academic Support Services	Services available to the program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.
Affiliation Agreement	A legally binding document outlining the terms and details of an agreement between parties, including each parties' requirements and responsibilities. The agreement is signed by administrative personnel who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as a memorandum of understanding.
Adequate	Allows for the delivery of student education that does not negatively impact program outcomes.
Administrative and Clerical Support Staff	Professional administrative and clerical personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Accurately	Free from error.
Advanced placement	A term used in higher education to place a student in a higher level course based on an evaluation of the student's knowledge and skills.
Affiliate	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the program for clinical experiences.
Annual Report of Current Status	A report submitted by a program that contains current personnel, satellite, and clinical affiliate information. In addition, enrollment and retention data and outcomes data each with corresponding analysis and action plans are reported.
Appropriately Credentialed	Refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the program. Where indicated, an appropriate credential is a required qualification of the program director, the director of clinical education, and instructional faculty regardless of whether the individual is currently practicing his/her profession.

Assessment	The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.
Action Plan	Provides direction for actions and is a way to determine progress. At a minimum, an action plan should include goals, evaluation criteria and benchmarks, outcomes, actions, and re-assessment.
Base Program	A respiratory care program established by the sponsoring educational institution-where the Program Director and Director of Clinical Education are based.
Consortium	A legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.
Clinical education experiences	Experiences that involve patient care and the application of respiratory care under the supervision of a qualified instructor. They comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom and laboratory knowledge, skills, and professional behaviors in the clinical environment.
Communities of Interest	Groups and individuals who have an interest in the mission, goals, and expected outcomes of the program and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing therapists, clients, employers, the community/public).
Competent	The knowledge, skills and values required by new graduates to begin the practice of respiratory care.
Competencies	Written statements describing the measureable set of specific knowledge, skills, and affective behaviors expected of graduates.
Continued Professional Growth	Activities that facilitate faculty maintenance or enhancement of expertise: such as specialty or recertification; continuing education; formal advanced education; research, publications, and other scholarly activities.
Curriculum	Formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies that are intended consequences of the formal education offered by a program.
Critical Thinking	Active and reflective reasoning that integrates facts, informed opinions and observations. Critical thinking transcends the boundaries of formal education to explore a problem and form a hypothesis and a defensible conclusion.

Distance Education	Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. Distance education does not include clinical education or the participation in clinical experiences.
Equivalent	Not exact but can be documented as comparable with other similar situations or resources.
Faculty (Program)	The aggregate of individuals responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. These individuals include program faculty members (tenure-track and non-tenure-track), lecturers, clinical supervisors, and all other instructional staff members who are employees of the program.
Faculty (Clinical)	These individuals include off-site clinical supervisors, preceptors, or similar personnel who do not hold employment contracts with the sponsoring institution.
Faculty, Individual/ Full-Time	A qualified paid employee of an institution to teach specific content in the respiratory care curriculum who holds an appointment that is considered by that institution to constitute full-time service. Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty).
Geographically distant locations	Also known as Satellite campuses. Locations outside the institution at which the Respiratory Care core didactic and laboratory courses of the program are offered (does not pertain to sites used by a completely on-line/distance education program for individual students). Geographically distant location(s) function under the direction of the Key Personnel of the program.
Goals	Aims of the programs that are consistent with the institutional and program missions and reflect the values and priorities of the program.
Institutional Accreditation	Applies to the total institution and signifies that the institution as a whole is achieving satisfactory educational objectives.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of length of time of instruction or faculty rank.
Inter-rater reliability	A measure of the extent to which raters agree.
Learning Environment	Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.
Learning experiences	Classroom, laboratory, research, clinical, and other curricular

	activities that substantially contribute to the development of a competent graduate. Also referred to as educational experiences.
Length of Study	Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.
Mission	A statement of purpose defining the unique nature and scope of the sponsoring institution or the program.
Must	Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.
Objectives	Statements specifying desired knowledge, skills, or behaviors to be developed as a result of educational experiences. Objectives must be measurable.
Outcomes	Results, end products, or effects of the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.
Outcomes Assessment	Comprehensive process for evaluating the results of programmatic efforts and student learning.
Outcome Assessment Thresholds	Outcome thresholds are established by CoARC and are related to expectations for graduate success for example, pass rate on the credentialing examinations, attrition, job placement, and graduate and employer satisfaction.
Program	An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession; includes the curriculum and the support systems required to implement the sequence of educational experiences.
Program Outcomes	Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction.
Program Improvement	The process of utilizing results of assessments and analyses of program outcomes to validate and revise policies, practices, and curricula as appropriate.
Program Options	Additional offerings by a base program holding continuing accreditation with no pending progress reports. Options include Polysomnography Specialty, Satellite (U.S. and International), and Scheduling.
Progress Report	A written report that the CoARC requires from a program to file to demonstrate that the program has addressed deficiencies specified in a decision letter from the CoARC.
Prospective Students	Individuals who have requested information about the program or submitted information to the program.
Published	Made publicly available in written or electronic format.
Readily available	Made accessible to others in a timely fashion via defined program

	or institution procedures.
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Resource Assessment Matrix (RAM)	A document developed by the CoARC that programs must use to evaluate and maintain on-going resource assessment including purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up.
Satellite campus	A campus geographically separate from the base program at which didactic or preclinical instruction occurs for all or some of the students enrolled.
Sufficient	Adequate to accomplish or bring about the goal, objective or intended result.
Substantive change	A significant modification or expansion of the nature and scope of an accredited program. The process for reporting substantive changes are defined in the CoARC Accreditation Policies and Procedures Manual.
Sponsoring Institution	A post-secondary academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) that is wholly responsible for meeting these Standards, or a consortium (see previous definition), in which case the consortium members collectively function as the sponsoring institution.
Standards	The Accreditation Standards for the Profession of Respiratory Care.
Summative Evaluation	A comprehensive assessment of the learner conducted by the program to assure that a learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession.
Student Learning Outcomes	Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.
Teaching and Administrative Workload	The manner in which the sponsoring organization defines and quantifies the nature of faculty responsibilities. Categories frequently used are teaching, advisement, administration, committee activity, research and other scholarship activity, and service/practice.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.

FORMAT OF STANDARDS

The Standards are divided into five sections: **(I) Program Administration and Sponsorship; (II) Institutional and Personnel Resources; (III) Program Goals, Outcomes, and Assessment; (IV) Curriculum; and (V) Fair Practices and Recordkeeping**. Within each section, specific Standards elucidate the Commission's requirements in order for a program to be accredited.

Following each Standard, there are items of evidence to be supplied in order for the program to demonstrate compliance with the Standard. The evidence list is included to facilitate response to progress reports and accreditation actions by the Commission, development of self-study reports, preparation for the on-site visit and review of the program by the on-site team and the Commission. Each item of evidence represents the minimal information necessary to determine compliance. Each item must be addressed. Additional information that the program believes supports compliance may also be provided.

CoARC ACCREDITATION STANDARDS

I. PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

1 .01 The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree at the completion of the program.

Evidence of Compliance:

- Valid institutional accreditation letter.

Consortium

1.02 When more than one institution (e.g., consortium) is involved in the provision of academic and clinical education, at least one of the members of the consortium must meet the requirements in Standard 1.01. The responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.

Evidence of Compliance:

- Signed, duly executed consortium agreement;
- Organizational chart indicating reporting mechanisms.

1.03 The consortium must be capable of providing basic science education, clinical instruction and experience requisite to respiratory care education.

Evidence of Compliance:

- Institutional academic catalog listing programs of study and course offerings;
- Valid institutional accreditation certificates.

Sponsor Responsibilities

1.04 The institution (or consortium) must be responsible for:

a) Assuring that the provisions of these Standards are met;
b) Supporting curriculum planning, course selection and coordination of instruction by program faculty;
c) Appointment of qualified faculty and staff, including key personnel;
d) Supporting continued professional growth of faculty and staff;
e) Maintaining student transcripts permanently;
f) Managing and processing applications for admission;
g) Assuring appropriate supervision for students in all locations where instruction occurs;
h) Assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs;
i) Granting the degree documenting satisfactory completion of the educational program.

Evidence of Compliance:

- Duly executed consortium agreement, contract or memorandum of understanding;
- Program policies and procedures;
- Clinical affiliate agreements.

Program Location

1.05 Educational programs shall be located in accredited postsecondary institutions, or a consortium member institution, or in facilities sponsored by the U.S. military (as defined in 1.01).

Evidence of Compliance:

- Published institutional academic catalogs and program information.

1.06 The sponsoring institution must provide students and faculty at geographically distant locations access to academic support services and resources equivalent to those on the main campus.

Evidence of Compliance:

- Results of CoARC student resource assessment surveys;
- Results of CoARC graduate satisfaction surveys.

1.07 Program academic policies must apply to all students and faculty regardless of location of instruction.

Evidence of Compliance:

- Student handbooks;
- Published program policies.

Substantive Changes

1.08 The sponsor must report substantive change(s) as described in Section 9 of the CoARC Accreditation Policies and Procedures Manual in a timely manner. Substantive change(s) to be reported to the CoARC within the time limits prescribed include:

a) Change of Ownership/Sponsorship/Legal status
b) Change in degree awarded
c) Change in program goal(s)
d) Change in the curriculum or delivery method
e) Addition of the Polysomnography option
f) Request for Inactive Accreditation Status
g) Voluntary Withdrawal of Accreditation
h) Addition of (a) Satellite location(s)
i) Requests for increases in Enrollment
j) Change in Program Location or Clinical Affiliates
k) Vacancy in Key Personnel positions
l) Change in Key Personnel
m) Addition of scheduling option(s)
n) Change in institutional accreditation status

Evidence of Compliance:

- Timely submission and subsequent approval of the CoARC Application for Substantive Change or related documentation required as per CoARC Policies.

Affiliate Agreements

1.09 There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationships, roles, and responsibilities between the sponsor and that entity.

Evidence of Compliance:

- Copies of duly executed agreement, contract or memorandum of understanding for each affiliate.

II. INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

2.01 The sponsoring institution must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives as defined in Standard III, regardless of location and instructional methodology used.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Personnel Resources

2.02 The sponsoring institution must ensure the program has a sufficient number of appropriately qualified faculty members, clinical preceptors, administrative and technical support staff to achieve the program's goals as defined in Standard III.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Key Program Personnel

2.03 The sponsoring institution must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

Evidence of Compliance:

- Documentation of Employment;
- Academic Catalog;
- Written job descriptions including minimal qualifications for key program personnel.

Program Director

2.04 The Program Director must be responsible for all aspects of the program, including the management, administration, continuous review and analysis, planning, development, and general effectiveness of the program.

Evidence of Compliance:

- Teaching and administrative workload;
- Institutional job description.

2.05 The Program Director must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

Evidence of Compliance:

- State license and RRT verification by the National Board for Respiratory Care.

2.06 The Program Director must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:

- Academic transcript denoting the degree earned.

2.07 The Program Director must have a minimum of four (4) years experience as a Registered Respiratory Therapist; of which at least two (2) years must include experience in clinical respiratory care.[1] The Program Director must have a minimum of two (2) years experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

Evidence of Compliance:

- Personnel records including a curriculum vitae.

2.08 The Program Director must have regular and consistent contact with students and faculty regardless of program location.

Evidence of Compliance:

- Results of student course evaluations.

Director of Clinical Education

2.09 The Director of Clinical Education must be responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experiences for students enrolled in the respiratory care program.

Evidence of Compliance:

- Teaching and administrative workload schedule;
- Institutional job description.

2.10 The Director of Clinical Education must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

Evidence of Compliance:

- State license and RRT verification by the National Board for Respiratory Care.

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[1] *Programs accredited prior to 06/01/2010 will be held to this Standard only when a new program director is appointed.*

2.11 The Director of Clinical Education must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:

- Academic transcript denoting the degree earned.

2.12 The Director of Clinical Education must have a minimum of four (4) years experience as a Registered Respiratory Therapist; of which at least two (2) years must include clinical respiratory care.[2] The Director of Clinical Education must have a minimum of two (2) years experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

Evidence of Compliance:

- Personnel records, including a curriculum vitae.

2.13 The Director of Clinical Education must have regular and consistent contact with students, faculty, and clinical affiliates regardless of program location.

Evidence of Compliance:

- Results of student course evaluations.

Medical Director

2.14 The program must appoint a Medical Director to provide and ensure direct physician interaction and involvement in student education in both the clinical and non-clinical settings; the Medical Director must be a Board certified, licensed physician, credentialed at one of its clinical affiliates, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices.

Evidence of Compliance:

- Curriculum Vitae;
- Appointment Letter/Contractual Agreement;
- Schedules of physician teaching interaction with students;
- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Instructional Faculty

2.15 In addition to the key personnel, there must be sufficient faculty to provide effective instruction in the didactic, laboratory, and clinical setting. In clinical rotations, the student to faculty ratio cannot exceed 6:1.

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[2] *Programs accredited prior to 06/01/2010 will be held to this Standard only when a new director of clinical education is appointed.*

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix;
- Institutional student surveys of instruction (e.g., course evaluation);
- Course class lists and faculty teaching schedules.

2.16 Instructors must be appropriately credentialed for the content areas they teach, knowledgeable in subject matter through training and experience, and effective in teaching their assigned subjects.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix;
- Institutional student surveys of instruction (e.g., course evaluations);
- Faculty curriculum vitae.

Administrative Support Staff

2.17 There must be sufficient administrative and clerical support staff to meet the program's goals and objectives as defined in Standard III.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

3.01 The program must have the following goal defining minimum expectations: "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs)." For programs offering the polysomnography option, the program must have the following additional goal defining minimum expectations: "To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS)."

Evidence of Compliance:

- Published program goals in program promotional materials, student handbook, advisory committee minutes, CoARC annual Report of Current Status, and/or other locations.

3.02 The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

Evidence of Compliance:

- Documentation that the program's goals are compatible with the sponsoring institution's mission;
- Documentation of the program's outcomes;
- Documentation of annual review of the goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings.

3.03 Program goals must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and registered sleep disorders specialists for programs offering the polysomnography option.

Evidence of Compliance:

- Documented comparison of program goals and objectives with the periodic job analysis report by the national credentialing agency.

3.04 An advisory committee, with representation from each of the communities of interest and key personnel must meet at least annually to assist the program and sponsoring institutional personnel in reviewing and evaluating any changes to educational goals, program outcomes, instructional effectiveness, and program response to change. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public.

Evidence of Compliance:

- Current advisory committee membership list identifying the community of interest with which each member is affiliated;
- Minutes and attendance list of advisory committee meetings.

Assessment of Program Goals

3.05 The program must formulate a systematic assessment process to evaluate the achievement of its mission, goals and objectives.

Evidence of Compliance:

- Results of the program's annual Report of Current Status, with supporting documentation (NBRC Annual School Summary).

3.06 Programs that include distance education components must document and report instructional effectiveness and program outcomes separately for base programs and program options.

Evidence of Compliance:

- Results of student outcome assessments by cohort groups separately for base programs and program options;
- Results of student course and faculty evaluations by cohort groups separately for base programs and program options.

Assessment of Program Resources

3.07 The program must, at least annually, assess the appropriateness and effectiveness of the resources described in Standard II. The results of resource assessment must be the basis for ongoing planning and appropriate change. Any deficiency identified in program resources requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by subsequent ongoing resource assessment.

Evidence of Compliance:

- Results of annual program resource assessment (using the CoARC resource assessment matrix), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness.

3.08 At a minimum, the following components must be documented for each resource assessed: a) Purpose statements; b) Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans and implementation, and g) Reassessment.

Evidence of Compliance:

- Results of annual program resource assessments (using the CoARC resource assessment matrix), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness.

Student Evaluation

3.09 The program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the curriculum competencies, and to allow immediate identification of learning deficiencies and the development of a means for their remediation in a reasonable time frame.

Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that explains remediation policies and the number and frequency of student evaluations;
- Student evaluations performed by faculty;
- Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation;
- Records of student academic counseling.

3.10 The program must administer evaluations uniformly and equitably to all students in the program for didactic, laboratory, and clinical education components.

Evidence of Compliance:

- Student evaluations performed by faculty, supporting the uniform and equitable administration of the evaluations;
- Student evaluations of instruction documenting satisfaction with the uniform and equitable administration of evaluations.

3.11 The program must develop processes that facilitate the development of inter-rater reliability among those individuals who perform student clinical evaluations.

Evidence of Compliance:

- Records of training participation by clinical evaluators;
- Results of a review of student evaluations for the purpose of determining inter-rater reliability.

Assessment of Program Outcomes

3.12 Programs must assess their outcomes annually, using standardized CoARC surveys of employers, faculty, students and graduates.

Evidence of Compliance:

- Hard copy or electronic records of completed CoARC survey instruments;

- Results of annual Report of Current Status submitted to CoARC.

3.13 The program must, at a minimum, meet the assessment thresholds established by CoARC for the following program outcomes, regardless of location and instructional methodology used: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention/attrition; c) Graduate satisfaction with program; d) Employer satisfaction with program; and e) Job placement.

Evidence of Compliance:
- Results of annual Report of Current Status submitted to CoARC.

3.14 Programs not meeting the established CoARC outcomes assessment thresholds must begin a dialogue with CoARC to develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

Evidence of Compliance:
- Results of annual Report of Current Status submitted to CoARC;
- Progress reports with supporting documents;

Reporting Program Outcomes

3.15 The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC containing its goal(s), learning domains, evaluation systems (including type, cut score, appropriateness, validity, and reliability), outcomes, analysis of the outcomes and an appropriate action plan based on the analysis.

Evidence of Compliance:
- Annual Report of Current Status submitted to CoARC.

Clinical Site Evaluation

3.16 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences. The program must apply comparable evaluation processes to all clinical sites regardless of geographic location.

Evidence of Compliance:
- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student evaluations of clinical courses, sites, and preceptors;
- Results of student and program personnel resource assessment surveys.

IV. CURRICULUM

4.01 The program must prepare students to meet the recognized competencies for registered respiratory therapists identified in these standards.

Evidence of Compliance:

- Documentation of competencies encompassing knowledge, technical proficiency, and behaviors expected of program graduates;
- Evaluation mechanisms designed to monitor knowledge, performance, and behavior.

4.02 The program must define and list the competencies it requires for graduation. The program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Evidence of Compliance:

- Evaluation mechanisms designed to monitor knowledge, performance, and behavior;
- Published materials demonstrating communication of competencies to students.

4.03 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures must be provided to students at the initiation of each respiratory care course.

Evidence of Compliance:

- Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures for each respiratory care course;
- Published materials demonstrating communication of course descriptions, instructional objectives, learning outcomes, and evaluation procedures to students.

Minimum Course Content

4.04 The curriculum must include content in the following areas: oral and written communication skills, social/behavioral sciences, biomedical/natural sciences, and respiratory care. This content must be integrated to ensure achievement of the curriculum's defined competencies.

Evidence of Compliance:

- Course syllabi for all respiratory care courses;
- Published curriculum demonstrating appropriate course sequencing;
- Catalog course descriptions for all required courses in the curriculum.

4.05 Biomedical/natural sciences content must include human anatomy and physiology, cardiopulmonary anatomy and physiology, cardiopulmonary pathophysiology, chemistry, physics, microbiology, and pharmacology.

Evidence of Compliance:

- Catalog course descriptions for all required biomedical/natural sciences courses.

4.06 Respiratory Care content must include respiratory care of the adult, pediatric, and newborn patient, health promotion, education, and disease management; fundamental principles of healthcare reimbursement; fundamental principles of evaluating current scientific literature; medical ethics; provision of health care services to patients with transmissible diseases; provision of services for and management of patients with special needs; community respiratory health; medical emergencies; and legal and ethical aspects of respiratory care practice.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, and criteria for successful course completion.

4.07 Curricular content in the respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists in the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the polysomnography option, curricular content must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards provide the basis for formulating the objectives and competencies of the program's curriculum. A review of the curricular content must be conducted after any revision in the credentialing examination specifications.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the most current credentialing exam specifications;
- Annual Report of Current Status submitted to CoARC documenting program outcomes on credentialing examinations.

Minimum Competencies

4.08 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Evidence of Compliance:

- Documentation of relevant course content;
- CoARC employer surveys.

4.09 Graduates must be competent in the application of problem solving strategies in the patient care setting.

Evidence of Compliance:

- Summary of course evaluation mechanisms designed to evaluate the student's ability to apply knowledge, perform appropriate patient care, solve problems, and demonstrate appropriate behavior;
- Results of CoARC employer satisfaction surveys.

Length of Study

4.10 The program must ensure that the length of study in the respiratory care program is sufficient for students to acquire the expected knowledge and competencies. The minimum length of the program must be two academic years of full-time instruction or its equivalent.

Evidence of Compliance:

- Annual Report of Current Status submitted to CoARC documenting successful student achievements that meet thresholds;
- Annual Report of Current Status submitted to CoARC documenting the satisfaction of faculty, graduates and employers with the program;
- Published curriculum outline in the academic catalog documenting the length of study required for graduation from the program.

Equivalency

4.11 The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are substantially equivalent for each student regardless of location.

Evidence of Compliance:

- Documentation showing that each clinical site, or collection of sites, provides sufficient breadth and depth of clinical exposure to ensure achievement of all clinical competencies;
- Documentation that students at various program locations have access to similar course materials, laboratory equipment and materials, and academic support services;
- Results of student resource assessment surveys.

Clinical Practice

4.12 The program must document that clinical education experiences at each clinical site are of sufficient quality and duration to enable students to meet program goals and acquire the competencies needed for clinical practice.

Evidence of Compliance:

- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting;
- Clinical syllabi detailing student competencies;
- CoARC graduate and employer surveys;
- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student clinical course, site, and preceptor evaluations;
- Results of student and program personnel resource assessment surveys.

V. FAIR PRACTICES AND RECORDKEEPING

Disclosure

5.01 Web pages, academic catalogs, publications and advertising must accurately reflect each respiratory care program offered.

Evidence of Compliance:

- Published program information documenting the program(s) offered.

5.02 At least the following must be defined, published, and readily available to all prospective and enrolled students:

a) The sponsor's institutional and programmatic accreditation status, including the name and contact information of the accrediting agencies.
b) Admissions and transfer policies.
c) Requirements for prior education or work experience.
d) Policies regarding advanced placement.
e) Required academic and technical standards.
f) Requirements for completion of each segment of the program.
g) All graduation requirements.
h) Academic calendar.
i) Academic credit required for program completion.
j) Estimates of tuition, fees and other costs related to the program.
k) Policies and procedures for student withdrawal, probation, suspension, and dismissal.
l) Policies and procedures for refunds of tuition and fees.
m) Policies that may allow students to work in clinical settings outside of formal educational activities outlined in the curriculum.
n) Policies and procedures for processing student grievances.

Evidence of Compliance:

- Published program information related to a-n above.

5.03 A link to the CoARC website, or published URL, where student/graduate outcomes for all programs can be found must appear on the program's website and be available to the public and to all applicants.

Evidence of Compliance:

- Screenshot of program's website showing link.

Non-discriminatory Practice

5.04 All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

Evidence of Compliance:

- Program non-discriminatory policies.
- Program's technical standards.

5.05 Appeal procedures must include provisions for academic and non-academic types of grievances and a mechanism for neutral evaluation that ensures due process and fair disposition.

Evidence of Compliance:

- Program's appeal policy and procedures.

5.06 There must be a faculty grievance procedure made known to all faculty.

Evidence of Compliance:

- Institutional faculty grievance policy and procedures.

5.07 All personnel and student policies must be consistent with federal and state statutes, rules, and regulations.

Evidence of Compliance:

- Academic catalog;
- Program's policies and procedures.

5.08 Admission of students must be made in accordance with clearly defined and published practices of the institution and program.

Evidence of Compliance:

- Academic catalog and other published materials;
- Admission pre-requisites and rationale;
- Admission policies and procedures, including minimal technical standards.

5.09 The program must secure formal written, duly executed agreements with all clinical education sites for students and must designate preceptors for students at each site; the program shall not require students to secure their own clinical education sites or preceptors for required clinical rotations.

Evidence of Compliance:

- Detailed clinical schedules;
- Formal written affiliation agreements.

5.10 Programs granting advanced placement must document that students receiving advanced placement have: a) Met program-defined criteria for such placement; b) Met institution-defined criteria for such placement, and c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

Evidence of Compliance:

- Program's policies and procedures related to advanced placement;
- Student advanced placement and course equivalency documentation.

Safeguards

5.11 The health and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

Evidence of Compliance:

- Affiliate contracts/agreements;
- Published institutional and programmatic policies.

5.12 Students must not be used to substitute for clinical, instructional, or administrative staff.

Evidence of Compliance:

- Results of student course evaluations;
- Work study contracts;
- Program policies and procedures with reference to the clinical sites.

5.13 Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experiences.

Evidence of Compliance:

- Program's policies and procedures.

Academic Guidance

5.14 The program must ensure that guidance is available to assist students in understanding and abiding by program policies and practices.

Evidence of Compliance:

- Program orientation documentation;
- Program's policies and procedures.

5.15 Students must have access to the academic support services that are provided to other students in the institution.

Evidence of Compliance:

- Academic catalog;
- Student manuals;

- Clinical policies and procedures for students;
- Advisement meetings with students;
- Documented Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.

5.16 The program must ensure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems.

Evidence of Compliance:
- Program/institutional policies and procedures;
- Documentation of counseling sessions;
- Faculty office hours schedules.

Student Identification

5.17 The program must ensure that students are clearly identified as such in the clinical setting to distinguish them from clinical site employees and other health profession students.

Evidence of Compliance:
- Policies governing the wearing of identification badges and appropriate identification of students (by badge and by personal interaction and introduction) in every clinical setting.

Student Records

5.18 Records must be securely maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Evidence of Compliance:
- Program/institutional policies and procedures;
- Hard copy or electronic student records;
- Description of procedure, including location, for maintaining security of records.

5.19 Records of student evaluations must be maintained in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file (in electronic or hard-copy format) for at least five (5) years regardless of whether the student ultimately completes or fails to complete all requirements for graduation.

Evidence of Compliance:
- Hard copy or electronic student records.

5.20 Student records kept by the institution must include the following documentation:
a) That the student has met published admission criteria;
b) Student evaluations (see 5.19);
c) Records of remediation;
d) Records of disciplinary action;
e) Official transcripts.

Evidence of Compliance:
- Hard copy or electronic student records.

Program Records

5.21 Program records (as defined in 5.22) must be maintained in sufficient detail to document program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:
- Program/institutional policies and procedures;
- Hard copy or electronic student records.

5.22 Program records kept by the institution must include the following documentation:
a) Annual Report of Current Status and supporting documentation;
b) Course syllabi;
c) Resource assessment surveys;
d) Clinical Affiliate Agreements and schedules;
e) Advisory Committee minutes.

Evidence of Compliance:
- Hard copy or electronic copy of 5.22 a-e.

APPENDIX A
INITIATION AND MAINTENANCE OF ACCREDITATION

Applying for Accreditation

A.01 The accreditation review process conducted by the CoARC can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution. This process is initiated by requesting a CoARC Accreditation Services Application from:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244
Tel: (817) 283-2835
Fax: (817) 354-8519

The CoARC Accreditation Services Application can also be completed online at www.coarc.com.

A.02 The accreditation review process includes submission of the Accreditation Services Application, completion and submission of self-study reports, payment of appropriate fees, and agreement to an on-site evaluation.

A.03 An institution sponsoring a program may voluntarily withdraw from the accreditation process at any time.

Program and Sponsoring Institution Responsibilities

A.04 In accordance with CoARC policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the CoARC, ultimately to an accreditation action of Withdrawal of Accreditation.

A.05 The program must inform the CoARC within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional or national accrediting agency.

A.06 The program must agree to periodic comprehensive review that may include a site visit as determined by the CoARC.

A.07 The program must submit self-study reports or progress reports as required by the CoARC.

A.08 The program must inform the CoARC in writing of changes in the key personnel or other substantive changes in the program (see Standard 1.08) within 15 days of the date of the effective change.

A.09 The program must obtain the CoARC approval four months prior to implementing any intended program expansion to a satellite campus.

A.10 The sponsoring institution must inform the CoARC in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.

A.11 The program and the sponsoring institution must pay CoARC accreditation fees as determined by the CoARC.