



Accreditation Standards for Entry into Respiratory Care Professional Practice

**Essentials/Standards initially adopted in 1962;
revised in 1972, 1977, 1986, 2000, 2003, 2010, 2015, and 2016**

Approved by the

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

EFFECTIVE JANUARY 1, 2018

Clarifications 11/22/15

With clarifying changes to Eligibility section, Standard 3.06 (Student Evaluation) Interpretive Guideline, and Standard 3.09 (Reporting Program Outcomes) Interpretive Guideline

Revision 11/12/16

Qualifications for minimum degree from an Educational Sponsor in Standard 1.01 (Institutional Accreditation)

Clarifications 11/12/16

With clarifying changes to Evidence of Compliance/Interpretive Guidelines to 1.03 and 1.04 (Sponsor Responsibilities), 2.01 (Institutional Resources), 2.03 (Key Personnel), 2.11 (Medical Director), 3.05 (Assessment of Program Goals), 3.06 (Student Evaluation), 3.09 (Reporting Program Outcomes), 4.03 (Minimum Course Content), and 5.03 (Public Information on Program Outcomes), and Glossary

Clarifications 3/11/17

With clarifying changes to Interpretive Guidelines for Standards 3.06 and 3.07 (Student Evaluation)

**© 2017 Commission on Accreditation for Respiratory Care
1248 Harwood Rd • Bedford • Texas • 76021-4244**

Accreditation Standards for Entry into Respiratory Care Professional Practice

Table of Contents

About CoARC.....	3
Eligibility.....	3
CoARC’s Mission.....	3
The Value of Programmatic Accreditation	3
INTRODUCTION.....	4
PROGRAM REVIEW	4
FORMAT OF STANDARDS.....	5
I. PROGRAM ADMINISTRATION AND SPONSORSHIP.....	6
Institutional Accreditation.....	6
Consortium	6
Sponsor Responsibilities.....	7
II. INSTITUTIONAL AND PERSONNEL RESOURCES.....	11
Institutional Resources.....	11
Key Program Personnel	11
Program Director	12
Director of Clinical Education.....	14
Medical Director	16
Primary Sleep Specialist Instructor.....	17
Instructional Faculty	18
Administrative Support Staff.....	19
Assessment of Program Resources	19
III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT.....	21
Statement of Program Goals	21
Assessment of Program Goals.....	23
Student Evaluation	23
Assessment of Program Outcomes	26
Clinical Site Evaluation.....	28
IV. CURRICULUM	30
Minimum Course Content	30
Core Competencies	32
Length of Study.....	35
Equivalency.....	36
Clinical Practice.....	37
V. FAIR PRACTICES AND RECORDKEEPING.....	39
Disclosure	39
Public Information on Program Outcomes	40
Non-discriminatory Practice.....	41
Safeguards	42
Student and Program Records	45
DEFINITIONS.....	47

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 American Medical Association (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 (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [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 (JRCRTE), 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) of the AMA. 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 and in September 2012, the Council for Higher Education Accreditation granted recognition to the CoARC.

Eligibility

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 set by the CoARC. The CoARC accredits only respiratory care programs offered by, or located within institutions chartered by and physically located within the United States and its territories, and where students are geographically located within the United States and its territories for their education.

CoARC's Mission

The mission of the CoARC is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

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 continuous improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

INTRODUCTION

The CoARC and its collaborating organizations work together continuously to establish, maintain, and promote these Standards which provide recognition for postsecondary educational programs that meet the minimum requirements outlined therein. These accreditation Standards constitute the requirements to which an accredited entry into respiratory care professional practice program is held accountable and provide the basis on which the CoARC will confer or deny program accreditation. The Standards are used for the development, self-analysis and external evaluation 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 team members, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide a broad range of 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;
- 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 requires a comprehensive review of the program relative to the Standards. Accreditation decisions are based on the CoARC's assessment of the information contained in the accreditation application and self-study report, the report of site visit evaluation teams, the annual Report of Current Status, as well as its review of any reports or documents submitted to the CoARC by the program during the current accreditation cycle. Additional data to clarify submitted information may be

requested at any time during the review process.

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 CoARC's requirements for accreditation.

Following each Standard, there are items of evidence the program must supply to demonstrate compliance with the Standard. The evidence list is included to facilitate response to progress reports and accreditation actions by the CoARC, to help programs develop self-study reports and, prepare for on-site visits and to support review of the program by the on-site team and the Commission. These items are the minimum information necessary to determine compliance and each item must be addressed. Additional information that the program believes supports compliance may also be provided.

Where appropriate, the CoARC has added *Interpretive Guidelines* that explain the rationale, meaning and significance of a Standard. These statements are not exclusive or exhaustive; they simply clarify the operational meaning of the Standard to which they refer and may be changed over time to reflect evolving educational or clinical practices. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the "must" statements within the Standards are included. The *Interpretive Guidelines* are intended to clarify the meaning and application of Standards both for those responsible for educational programs and for those who evaluate these programs for the CoARC. The CoARC will periodically review and revise the *Interpretive Guidelines*, based on questions and comments it receives regarding their clarity and usefulness.

It is the responsibility of the program to demonstrate its compliance with all components of each of the Standards. If one component of a Standard is not in compliance, the entire Standard will be cited. In some cases the CoARC is very prescriptive about what it needs to review to assess compliance, i.e., specific materials as listed in the application, appendices and required materials for review during a site visit, with the role of site visitors being to verify, validate, and clarify this information. However, the CoARC does not address many process issues, allowing programs and institutions to develop those that best suit their programs. Examples of process topics include: the number of credits or hours assigned; format for curriculum and courses (i.e., traditional vs. problem-based); and curriculum delivery methods. It is the program's responsibility to address these in detail as specified in the Standards; the CoARC reserves the right to request clarification of process issues that may impact accreditation.

ACCREDITATION STANDARDS FOR ENTRY INTO RESPIRATORY CARE PROFESSIONAL PRACTICE

I. PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

1.01 Except as provided in the following sentence, an educational sponsor 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 award graduates of the program a baccalaureate or graduate degree upon completion of the program. For associate degree programs that applied for accreditation or were accredited prior to January 1, 2018, an educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the USDE. These programs may continue to award graduates of the program an associate degree as long as they remain accredited by the CoARC.

Evidence of Compliance:

- Documentation of current accreditation status;
- Documentation of authorization by a state agency to provide a post-secondary education program (if applicable).

Interpretive Guideline:

A copy of the most current institutional accreditation certificate or letter denoting accreditation status must be submitted with the self-study or Letter of Intent Application. There are additional questions relating to institutional accreditation status and authority under applicable state laws to provide postsecondary education in the Application for Accreditation Services. The sponsor is responsible for notifying the CoARC of any adverse change in its institutional accreditation status as per CoARC Policy 1.07.

Consortium

1.02 When more than one institution (e.g., consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. The consortium must be capable of providing all resources necessary for the program. The responsibilities of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

Evidence of Compliance:

- Duly executed consortium agreement, contract or memorandum of understanding;
- One or more organizational charts indicating the program's relationship to the components of the consortium, clearly depicting how the program reports to or is supervised by the various components of the consortium.

Interpretive Guideline:

This Standard is applicable only to programs sponsored by a consortium (see definitions section of Standards). The intent is that if more than one institution is sponsoring a program it is considered by the CoARC to be a consortium. A copy of a written agreement detailing the relationship between the institutions involved in the consortium and documenting the responsibilities of each member must be provided. This evidence can be in the form of an affiliation agreement, a Memorandum of Understanding or a Business Agreement. Organizational chart templates and a sample consortium agreement can be found on the CoARC website (www.coarc.com). Additional information used to determine compliance with this Standard is provided with the Application for Accreditation Services.

Sponsor Responsibilities

1.03 The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit from other regionally or nationally accredited institutions for these courses, and must be capable of providing the didactic and laboratory instruction, as well as the clinical experience requisite to respiratory care education.

Evidence of Compliance:

- Institutional academic catalog listing programs of study and course offerings;
- Transfer of credit policies, if applicable.

Interpretive Guideline:

This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be provided.

All required educational resources (didactic, laboratory and clinical) must be available prior to the admission of students into the program. For programs with a distance learning component, arrangements for laboratory and clinical instruction/experience of sufficient quality for the program to meet the Standards (such as 3.01, 3.12, 4.02, 4.09) must be in place prior to each student's enrollment.

1.04 The sponsor is responsible for:
a) curriculum planning, course selection and coordination of instruction by program faculty;
b) continued professional growth of faculty.

Evidence of Compliance:

- Institutional policies and procedures requiring curriculum planning, course selection and coordination of instruction by program faculty;
- Program faculty minutes of meetings for curriculum planning, course selection and

- instruction coordination;
- Institutional policies demonstrating support for continued professional growth of faculty;
- Documentation of continuing professional development activities of the faculty and institutional support of these activities.

Interpretive Guideline:

On at least an annual basis, the sponsor should provide program faculty the time and support needed to review the curriculum based on the most recent TMC Subscores by Content Domain report provided by the NBRC, to develop program concepts, to conceptualize curriculum design and course delivery format, and to enhance the curriculum based on feedback from course evaluations by students, graduates and instructors. During the school year, program faculty should meet on a regular basis to discuss the curriculum evaluations and to make any modifications necessary to ensure that the curriculum is up to date and effective. Programs should maintain the minutes of these meetings.

Professional development requires that faculty remain current with clinical and academic skills and that they develop new skills as needed for position responsibilities. The types of professional development opportunities for faculty members supported by institutions vary. They may include: funding for maintaining National Board for Respiratory Care (NBRC) credential status, attending professional organizational meetings and/or for continuing education conferences, provision of non-vacation time for professional organizational activities for clinical practice or for research/scholarly activities, encouraging faculty to pursue an advanced degree by offering tuition remission or time off, payment of dues and fees related to credential maintenance and/or time needed for review and study. Evidence for institutional support can include written program policies, institutional policies, and listing of the continued professional development activities of the faculty along with documentation of institutional support of these activities.

1.05 For students and faculty at satellite locations, the sponsor must provide access to academic support services and resources equivalent to those on the main campus.

Evidence of Compliance:

- Results of CoARC Student-Program Resource Surveys;
- Results of CoARC Graduate Surveys.

Interpretive Guideline:

This Standard is applicable only to programs offering a satellite option (see Glossary section of Standards). The types of services and resources that help students reach their academic and career goals typically include academic advising, tutoring, career services, financial aid and access to computing and library resources. Faculty services and resources available to instructional faculty at the main campus include computing and technology resources, library resources, and employee assistance. The program is expected to inform students and faculty if certain services are only available to them on the main (base) campus and when/how they will have access.

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

Evidence of Compliance:

- Student handbooks;
- Published program policies.

Interpretive Guideline:

Program policies must be consistent for all venues of instruction (didactic, laboratory, and clinical). Programs with more than one main program site and programs using distance education must have academic policies that are consistent for all instructional locations. Clinical affiliation agreements or memoranda of understanding may specify that certain program policies will be superseded by those of the clinical site.

- 1.07 The sponsor must report substantive change(s) (see Section 9 of the CoARC Accreditation Policies and Procedures Manual) to the CoARC within the time limits prescribed. Substantive change(s) include:
- a) Change of Ownership/Sponsorship/Legal status or Change in Control
 - b) Change in the degree awarded
 - c) Addition of an Entry into Respiratory Care Professional Practice degree track
 - d) Change in program goal(s)
 - e) Change in the curriculum or delivery method
 - f) Addition of the Sleep Specialist Program Option
 - g) Request for Inactive Accreditation Status
 - h) Voluntary Withdrawal of Accreditation
 - i) Addition of (a) Satellite location(s)
 - j) Requests for increases in Maximum Enrollment
 - k) Change in Program Location
 - l) Vacancy in Key Personnel positions
 - m) Change in Key Personnel
 - n) Change in institutional accreditor

Evidence of Compliance:

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

Interpretive Guideline:

The program must demonstrate compliance with all components of the Standard. The process for reporting substantive changes is defined in Section 9 of the CoARC Accreditation Policies and Procedures Manual (available at www.coarc.com). In general, a program considering or planning a substantive change should notify CoARC early in the process. This will provide an opportunity for the program to consult CoARC Executive Office staff regarding the procedures to be followed and the potential effect of the change on its accreditation status.

If a program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office.

If, during review of the various substantive changes (CoARC Policy 9.0) substantive changes that have already been implemented are discovered, the CoARC Executive Office should be contacted as soon as possible.

II. INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

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

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM).
- For distance learning programs, copies of agreements/contracts with laboratories, clinical site(s) and preceptors/instructors for each student enrolled in the program.

Interpretive Guideline:

The sponsor should have the financial resources required to develop and sustain the program on a continuing basis. The program should be able to employ sufficient faculty and to purchase and maintain sufficient and appropriate academic resources as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for the innovations and changes, including technological advances, necessary to reflect current concepts of education in the profession. The budget should be such that resources are assured for current students, even in the event of program closure.

Academic resources include (but are not limited to) audio/visual equipment; instructional materials; laboratory equipment and supplies; technological resources that provide access to medical information and current literature: current books, journals, periodicals and other reference materials related to the curriculum. Physical proximity of library facilities or ready access to online materials, library/computer lab with extended hours for student use should be evident. Capital equipment (e.g., ventilators, mannequins, etc.), can be purchased or leased, but must be available to students when needed.

Physical resources refer to the space allocated to the program including that for offices, classrooms and laboratories, for confidential academic counseling of students, for program conferences and meetings and for secure storage of student files and records.

For distance learning programs/components, arrangements for all necessary (see Standards 3.01, 3.12, 4.09, and 4.10) laboratory and clinical instruction/experience for each student must be completed prior to her/his enrollment into the program.

Key Program Personnel

2.02 The sponsor 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;
- Written job descriptions including minimal qualifications.

Interpretive Guideline:

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). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) must be sufficient to allow the Program Director and Director of Clinical Education to fulfill their responsibilities as identified in 2.03 and 2.07, respectively. Only one individual can assume the responsibility of either the Program Director or Director of Clinical Education; thus, these full-time positions cannot be shared. The Medical Director (or co-directors) is/are not required to have full-time appointments. Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). Key program personnel must have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. A listing of both the key personnel and the program faculty should be published (at a minimum on the program's website).

Program Director

2.03 The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include: fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

- CoARC Teaching and Administrative Workload Form;
- Institutional job description.

Interpretive Guideline:

PDs often hold other leadership roles within the institution (e.g., Dean, Department or Division Chair) or spend non program time in clinical practice or research. The PD workload should balance teaching responsibilities with program administration. Documentation of sufficient release time in order to meet administrative duties of the program should be provided as additional evidence of compliance with this Standard.

2.04 The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) ¹.

¹ Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new

The PD of a program offering a bachelor's or master's degree must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE)¹.

Evidence of Compliance:

- Academic transcript denoting the highest degree earned.

Interpretive Guideline:

Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an institution that is accredited by a USDE-recognized national or regional accrediting body. For degrees from institutions in countries other than the United States, the CoARC will determine an alternative and equivalent external review process. A foreign educational credentials evaluation service (e.g., www.naces.org) would be required to evaluate whether or not the foreign transcript was equivalent to the required minimum degree. Program Directors with degrees from non-accredited institutions that were awarded prior to June 1, 2010 are considered acceptable to meet this Standard provided they remain in the position. The degree earned can be in any field of study.

2.05 The PD must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) 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:

- Documentation of a valid RRT credential;
- Documentation of a current state license;
- Curriculum vitae.

Interpretive Guideline:

Documentation of credential validation can include a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials are not valid. The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae.

If a program is offered by distance education and the Program Director resides in a different state than the base location, or if a program is located near a state border and the Program Director resides in a neighboring state, the Program Director may hold a license in his/her state of residence, unless required by the program sponsor to hold a license in the state in which the program is located. In a state or jurisdiction where licensing is not available, a credential comparable to licensing should be used.

program director is appointed; (2) the program requests a change in degree; and (3) the program requests an additional degree track.

Regardless of accreditation status, all programs accepting applications for new vacancies in Key Personnel positions are required to comply with this Standard.

2.06 The PD must have regular and consistent contact with students and program faculty regardless of program location.

Evidence of Compliance:

- Results of student course evaluations;
- Results of the CoARC Student-Program and Personnel-Program Resource Surveys.

Interpretive Guideline:

Student course evaluations and on-site interview responses should affirm that the PD is accessible to students throughout their course of study and that the extent of interaction between the PD and students facilitates the achievement of program goals. The PD must be available and accessible when students are actively taking professional coursework.

Director of Clinical Education

2.07 The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

- CoARC Teaching and Administrative Workload Form;
- Institutional job description.

Interpretive Guideline:

The DCE workload should balance teaching responsibilities with program administration. Documentation of sufficient release time in order to meet administrative duties of the program should be provided as additional evidence of compliance with this Standard.

2.08 The DCE of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE)².

The DCE of a program offering a bachelor's or master's degree must have earned at least a master's degree from an accredited institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE)².

² Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new director of clinical education is appointed; (2) the program requests a change in degree; and (3) the program requests an additional degree track.

Evidence of Compliance:

- Academic transcript denoting the highest degree earned.

Interpretive Guideline:

Effective June 1, 2010, degrees are considered acceptable only if they were awarded by an institution that is accredited by a USDE-recognized national or regional accrediting body. For degrees from institutions in countries other than the United States, the CoARC will determine an alternative and equivalent external review process. A foreign educational credentials evaluation service (e.g., www.naces.org) would be required to evaluate whether or not the foreign transcript was equivalent to the required minimum degree. Directors of Clinical Education with degrees from non-accredited institutions that were awarded prior to June 1, 2010 are considered acceptable to meet this Standard provided they remain in the position. The degree earned can be in any field of study.

2.09 The DCE must:

- a) hold a valid RRT credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) 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:

- Documentation of a valid RRT credential;
- Documentation of a current state license;
- Curriculum vitae.

Interpretive Guideline:

Documentation of credential validation can include a copy of the NBRC certificate or NBRC Credentials Verification Letter. Expired credentials are not valid. The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae.

If a program is offered by distance education and the Director of Clinical Education resides in a different state, or if a program is located near a border and the Director of Clinical Education resides in a neighboring state, the Director of Clinical Education may hold a license in his/her state of residence, unless required by the program to hold a license in the state in which the program is located. In a state or jurisdiction where licensing is not available, a credential comparable to licensing should be used.

Regardless of accreditation status, all programs accepting applications for new vacancies in Key Personnel positions are required to comply with this Standard.

2.10 The DCE must have regular and consistent contact with students, clinical faculty, and clinical affiliates in all program locations.

Evidence of Compliance:

- Results of student course evaluations;
- Documentation of DCE contact with clinical faculty/affiliates;
- Results of the CoARC Student-Program and Personnel-Program Resource Surveys.

Interpretive Guideline:

Student course evaluations and on-site interview responses should demonstrate that the DCE is accessible to students throughout their course of study and that the degree of interaction between the DCE and students facilitates the achievement of program goals. The DCE must be available and accessible to students when they are actively taking clinical professional coursework. Examples of contact documentation between DCE and clinical faculty/affiliates can include communications log, copies of email correspondence, or program faculty meeting minutes.

Medical Director

2.11 A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care.

Evidence of Compliance:

- Copy of state license and board certificate(s);
- Curriculum vitae;
- Appointment Letter/Contractual Agreement;
- Records of interaction with Key Personnel including attendance at Advisory Committee meetings;
- Documentation of physician interaction with students;
- Results of annual program resource assessment as documented in the CoARC RAM.

Interpretive Guideline:

The Medical Director (MD) works with the Program Director and Director of Clinical Education to ensure that both didactic instruction and supervised clinical practice experiences meet current practice standards as they relate to the respiratory therapists' role in providing patient care. The Medical Director must be a member of the Advisory Committee.

Documentation confirming that the specialty credential is both valid and current can include a copy of the board certificate or a Credentials Verification Letter from the appropriate credentialing agency. Documentation of current licensure can include a copy of the license

certificate or a License Verification Letter from the appropriate licensing agency. Both the license and specialty credentials must be current.

The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae. The CV or CoARC CV Outline Form must include documentation of the clinical site(s) where the physician is credentialed.

Documentation of appointment as MD by the program must include letters of appointment and acceptance (templates are available on the CoARC website).

Examples of documenting physician interaction with students can include physician interaction log in student clinical handbook, copies of student presentations to physicians in the didactic and clinical setting, or documentation of student participation in research activities supervised by physicians.

Primary Sleep Specialist Instructor

2.12 For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an associate degree, at least three (3) years of clinical experience in sleep technology and at least one (1) year of experience in an appropriate teaching position.

Evidence of Compliance:

- Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT);
- Curriculum vitae;
- Appointment Letter/Contractual Agreement;
- Academic transcript denoting the highest degree earned.

Interpretive Guideline:

For programs offering the sleep specialist program option, the primary instructor is considered Key Personnel by the CoARC. Documentation of credential validation can include a copy of the NBRC or BRPT certificate or NBRC/BRPT Credentials Verification Letter. Expired credentials are not valid. The CoARC Curriculum Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae. Documentation of employment must include a Letter of Appointment and Acceptance (templates are available on the CoARC website). Key program personnel should have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. For academic degrees from institutions in countries other than the United States, the CoARC will determine an alternative and equivalent external review process. A foreign educational credentials evaluation service (e.g., www.naces.org) would be required to evaluate whether or not the foreign transcript was equivalent to the required minimum degree. The degree earned can be in any field of study.

Instructional Faculty

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

Evidence of Compliance:

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

Interpretive Guideline:

The program must ensure that sufficient, appropriately credentialed clinical instructors are available for students at each clinical site.

The program should demonstrate that instructional faculty are qualified in the content areas that they are teaching. Qualified means that faculty have demonstrated a sufficient level of knowledge, skills and competency in those content areas. 'Appropriately credentialed' depends on the topics/skills being taught.

The intent of this Standard as it relates to the clinical setting is that personnel directly responsible for instruction in clinicals are supervising no more than six (6) students at any given time. The term "faculty" as it relates to clinical rotations refers primarily to clinical instructors, although program faculty with clinical supervision responsibilities are included in the ratio (see definitions in Standards document.) Clinical faculty includes off-site clinical supervisors, preceptors, or similar personnel who do not hold employment contracts with the program sponsor. However, all clinical preceptors who are not program faculty must be employed by the clinical site at which they are teaching. For all clinical faculty who evaluate students, the program should have documentation that program personnel have provided them with orientation regarding their roles and responsibilities of preceptors, the clinical policies and procedures of the program, and inter-rater reliability training.

Instructional faculty participate in the evaluation of student performance. Instructional faculty can include professionals other than respiratory therapists with advanced degrees or with experience and training in a different field or discipline (e.g., physicians, pharmacists, nurses, pulmonary function technologists, etc.). Volunteer faculty, adjuncts, part-time faculty, or full-time faculty may meet this Standard.

2.14 For programs with satellite location(s), the program must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. This individual is responsible for ensuring uniform implementation of the program on that site and for ongoing communication with the Program Director and Director of Clinical Education of the program.

Evidence of Compliance:

- Documentation demonstrating valid RRT credential;
- Documentation of contact with PD and DCE;
- Results of CoARC Personnel-Program Resource Surveys;
- Curriculum Vitae;
- Institutional job description.

Interpretive Guideline:

Key personnel cannot function as a site coordinator, nor can one individual hold that position at more than one site. Documentation of the RRT credential can include a copy of the NBRC certificate or the NBRC Credentials Verification Letter. Expired credentials are not valid. Documentation of contact with PD can include communications log, copies of email correspondence, or program faculty meeting minutes. The CoARC Curriculum Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae.

Administrative Support Staff

2.15 There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Standard III.

Evidence of Compliance:

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

Interpretive Guideline:

Administrative/clerical support may include “pool” staff that support other programs. This model is used at many institutions. Administrative and clerical support should be sufficient to meet the needs of the program, meaning that the level of support allows Key Personnel to achieve both their educational and administrative responsibilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology, as needed. Secretarial and clerical staff should be assigned to assist the Program Director and other program faculty in preparing course materials, correspondence, maintaining student records, achieving and maintaining program accreditation, and providing support services for student recruitment and admissions activities.

Assessment of Program Resources

2.16 The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. The survey data must be documented using the CoARC Resource Assessment Matrix (RAM). The results of resource assessment must be the basis for ongoing planning and appropriate change in program resources; any deficiency identified requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by ongoing resource assessment.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC RAM, over sufficient years to document the development and implementation of action plans and subsequent evaluations of their effectiveness.

Interpretive Guideline:

Only the approved CoARC RAM format can be used for reporting purpose (available at www.coarc.com). The RAM format documents the following 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. Resource assessment must be performed annually using CoARC's Student and Program Personnel Resource Assessment surveys (SPRS and PPRS) (www.coarc.com) with the results of the most recent RAM reported in the Annual Report of Current Status. The Student-Program Resource Survey must be administered annually to all currently enrolled students, preferably at the end of each academic year. The Personnel-Program Resource Survey must be administered annually, preferably at the program Advisory Committee meeting nearest the end of the academic year. This survey instrument must be completed by program faculty, the Medical Director, and Advisory Committee Members, with members of each group answering the questions pertaining to that group. For both surveys, at least 80% of survey responses must be 3 or higher for each of the 9 resource areas. Any resource for which this cut score is not achieved is deemed to be suboptimal and an action plan must be developed to address deficiencies. Resource Assessments must be reported separately for each portion of the program with a separate CoARC ID number. Programs must maintain resource assessment documentation for five years (RAM, SPRS, and PPRS). Programs must assess each resource using at a minimum the two CoARC evaluation instruments.

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 sleep specialist program 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).”

For programs offering a bachelor’s or master’s degree, the program must have the following additional goal defining minimum expectations: “To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one or more of the following: management, education, research, advanced clinical practice (which may include an area of clinical specialization).”

Evidence of Compliance:

- Published program goal(s) in student handbook and program or institutional website.

Interpretive Guideline:

The CoARC requires that all entry into respiratory care professional practice programs have the same goal defining minimum expectations, with additional goals mandated for those offering the sleep specialist program option and/or an additional goal for those offering an advanced degree. Programs are allowed to have goals in addition to these; however all such optional goals must have measureable outcomes, and there must be a systematic process to assess achievement of these outcomes. All program goals must be made known to all prospective and currently enrolled students. Program outcome data, faculty and advisory committee meeting minutes, program and sponsor publications, and information made available during on-site interviews should demonstrate compliance with this Standard.

- 3.02 Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. In addition, optional program goal(s) and outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

Evidence of Compliance:

- Documentation of annual review and analysis of goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings and Annual Report of Current Status (RCS);

- Documentation that the program’s optional goal(s) is/are compatible with the sponsor’s mission.

Interpretive Guideline:

Broad-based, systematic and continuous planning and evaluation designed to promote achievement of program goal(s), will maximize the academic success of enrolled students in an accountable and cost effective manner. The program should also explain, in narrative format, how its optional program goal(s) is/are compatible with, and help(s) to fulfill or advance the mission of the sponsor.

3.03 Optional program goals and expected student learning outcomes must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and with those of registered sleep disorders specialists for programs offering the sleep specialist program option.

Evidence of Compliance:

- Documented comparison of optional program goals and expected student learning outcomes with the periodic current detailed content outline published by the national credentialing agency.

Interpretive Guideline:

Optional program goals should be reviewed and revised as needed to ensure consistency with nationally accepted standards of roles and functions of registered respiratory therapists and those of registered sleep disorders specialists for programs offering the sleep specialist program option. The CRT/WRRT Combined Detailed Content Outline Comparison (available on the CoARC website) should be used to document the comparison.

3.04 The communities of interest served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public. An advisory committee, with representation from each of the above communities of interest (and others as determined by the program) must meet with key personnel at least annually to assist program and sponsor personnel in reviewing and evaluating program outcomes, instructional effectiveness and program response to change along with addition of/changes to optional program goals.

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.

Interpretive Guideline:

The purpose of an advisory committee is to provide opportunity for discussion and interaction aimed at improving the program, evaluating program goals, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory

body should be defined in writing. Program key personnel should participate in the meetings as non-voting members.

The advisory committee should evaluate proposed changes to/addition of optional goal(s), and should review program outcomes, instructional effectiveness, and planned program responses to these and any other changes as they warrant. Advisory Committee meeting minutes should reflect an annual review of all resources - curriculum, capital equipment, clinical affiliates, etc. In addition, the Advisory Committee should be asked to review and approve proposed substantive changes as outlined in Section 9.0 of the CoARC Accreditation Policies and Procedures Manual. Policies and procedures outlining Advisory Committee responsibilities, appointments, terms and meetings as well as an ongoing record of Committee minutes, deliberations and activities should be used to demonstrate compliance with this Standard.

Assessment of Program Goals

3.05 The program must formulate a systematic assessment process to evaluate the achievement of its goal(s) and expected student learning outcomes.

Evidence of Compliance:

- Results of the program's annual Report of Current Status, with supporting documentation (NBRC Annual School Summary);
- Documentation demonstrating the program's review and analysis of the TMC Sub Scores by Content Domain at least annually. For each content area where scores fall below the national mean, an action plan must be developed and implemented for curriculum improvement.

Interpretive Guideline:

A well designed self-assessment process should reflect the ability of the program to collect and interpret information regarding student learning and program outcomes, as well as administrative functions. The process incorporates both the review of the quantitative and qualitative performance data collected and its critical analysis by the program. The process should provide evidence that the program gives careful thought to data collection, management and interpretation and that determination of the potential for improvement or change is based on the relevance of the collected data to the various aspects of the program.

Student Evaluation

3.06 The program must have clearly documented assessment measures by which all students are regularly evaluated, on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct and document evaluations equitably and with sufficient frequency, to keep students apprised of their progress toward achieving the expected competencies, and to allow prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame. For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program

must provide evidence that testing assures academic integrity. Program faculty must demonstrate evidence of review of academic integrity processes for quality and fairness.

Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that explains remediation policies, as well as the number and frequency of student evaluations;
- Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation;
- Student evaluations performed by faculty, supporting the equitable administration of the evaluations;
- Evaluation of instruction by students documenting satisfaction with the equitable administration of evaluations;
- Records of student academic counseling;
- Results of proctored exams and an explanation of means used to assure academic integrity (can include proctored exams, locked browser system, video monitoring, etc.) [if applicable];
- Faculty meeting minutes demonstrating review of proctoring processes and results [if applicable].

Interpretive Guideline:

Written criteria for passing, failing, and progress in the program must be given to each student upon entry into the program. Evaluation systems must be related to the objectives and competencies described in the curriculum for both didactic and applied (laboratory and clinical) components. Evaluations must occur with sufficient frequency to provide students and faculty with timely indications of the students' progress and academic standing and to serve as reliable indicators of the appropriateness of course design and the effectiveness of instruction. Thorough assessment requires both formative and summative evaluations and involves frequent assessments by a number of individuals based on the program's pre-specified criteria. Using these criteria, both students and faculty can periodically assess student progress in relation to the stated goals and objectives of the program. If a student does not meet evaluation criteria, provision should be made for remediation or dismissal.

Evaluation of student performance is necessary to ensure that individual student learning is consistent with expected outcomes. Grading criteria must be clearly defined for each course, communicated to students, and applied consistently. The processes by which evaluations of individual student performance are to be communicated to students must be clearly understood by all concerned.

While clinical faculty are primarily responsible for the formative evaluation of student clinical skills, it is the responsibility of program faculty to ensure that evaluation of student performance in all settings - didactic, laboratory, and clinical – is based solely on programmatic requirements. Accordingly, program faculty must ensure that all individuals (preceptors, clinical faculty) who supervise students in the clinical setting are sufficiently cognizant of program requirements. While program faculty should seek input from these clinical supervisors in the evaluation of student clinical skills, program faculty are ultimately responsible for the

summative evaluation of all individual student learning outcomes and for subsequent remediation.

When a program uses an examination with a particular cut score to override prior academic performance, the program has created a “consequential examination result.” Under these circumstances the program must justify such use of both the examination and the cut score. When examinations are simply part of overall academic performance evaluation, such documentation is unnecessary.

For programs providing distance education with on-line exams or quizzes as part of the evaluation process, any individual proctoring the tests must be an employee of the sponsor or of a reputable third party. The process for conducting proctored examinations must be clear and complete and made available to all students by the sponsor. Proctors must use valid government-issued photo identification to confirm the identity of each person who takes the proctored examination, thus ensuring that examination results will reflect each enrolled student’s knowledge and competence in accordance with stated educational objectives and learning outcomes.

3.07 The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

Evidence of Compliance:

- Documentation of an inter-rater reliability plan that includes a description of evaluator training and records of training participation by clinical evaluators;
- Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations;
- Documentation of implementation of an action plan to reduce inconsistency when variability is identified.

Interpretive Guideline:

The intent of this standard is to ensure consistency among individuals who evaluate student skills during clinical rotations. It is important to recognize that ‘evaluation of skills’ can take many forms – demonstration, direction, criticism and so on, up to and including various facial expressions. Accordingly it is essential that all the individuals who supervise students during clinical rotations not only have a clear and concise understanding of how the program wants students to perform a given clinical skill, but that there be some method by which the program can confirm this understanding. Accordingly, the program must demonstrate that there is ongoing assessment of these individuals (clinical instructors, preceptors) to ensure that their interactions with program students during clinical rotations will be focused on the achievement of program goals and outcomes rather than those of their employer. This means the program will need to provide training (e.g. training manual, training workshop, or online training sessions) to ensure that the supervisors understand what is necessary for them to achieve consistency in their evaluations as well as develop a means of assessing the consistency of evaluations going forward.

Initial preceptor evaluations must be conducted during the first year an individual is assigned to assess student performance in clinicals. Subsequent preceptor evaluations must be conducted when: (1) there are significant changes to the program's clinical evaluation processes; (2) curricular content changes occur after revision of the national credentialing agency content outline; (3) new accreditation Standards are published; and (4) student or program assessments (e.g., evaluation of instruction by students and program surveys) identify variability in clinical evaluations. This process must include a comparison of the evaluations of a given clinical skill, done in a setting where program faculty can identify variability among evaluators. The evaluations must be done while preceptors are using the program's check-off for that skill. Statistical analysis can be used but is not required. When excessive variability amongst evaluators is identified, the program must have a plan of action which includes remediation, a timeline, and follow-up. The results of this process must be reviewed by the Director of Clinical Education or Program Director at least annually or whenever new preceptors or new competencies are introduced into the curriculum.

Assessment of Program Outcomes

3.08 Program outcomes must be assessed annually, using the standardized CoARC surveys of employers and graduates.

Evidence of Compliance:

- Hard copy or electronic records of completed CoARC Graduate and Employer Surveys;
- Results of annual Report of Current Status accepted by CoARC.

Interpretive Guideline:

CoARC requires the use of its Graduate and Employer Surveys (available at www.coarc.com) as part of each program's ongoing self-assessment. The program must provide an analysis and action plan to address deficiencies identified in these surveys. The program should also critically review student evaluations for each course and rotation, student evaluations of faculty, failure rates for each course and clinical rotation, student remediation, student attrition, and faculty evaluations of students' preparedness for rotations, analyze the data and prepare focused action plans to address identified deficiencies.

Reporting Program Outcomes

3.09 The program must, at a minimum, meet the outcome thresholds established by CoARC regardless of location and instructional methodology used.

Evidence of Compliance:

- Results of annual Report of Current Status accepted by CoARC.

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds of Success) for each of the mandated outcomes (See www.coarc.com). A program must meet all the outcomes

assessment thresholds, as documented in its Annual Report of Current Status (RCS). Programs must include analysis and action plans to address any subthreshold outcomes.

Credentialing exam performance is evaluated by what CoARC has defined as 'NBRC CRT credentialing success' and 'NBRC RRT credentialing success', which is the percentage of program graduates (not the percentage of those taking the test) earning the NBRC's CRT and RRT credential, respectively. Credentialing exam performance is applicable to all accredited educational programs in Respiratory Care regardless of the Entry into Respiratory Care Professional Practice (Entry) degree awarded. Programs must also submit a copy of their NBRC Annual School Summary Report. Programs offering the Sleep Disorders Specialist Program Option must document BRPT/RPSGT credentialing success and/or NBRC SDS credentialing success. The established threshold for CRT credentialing success is 80%. There is no threshold for RRT Credentialing Success; however programs are still required to provide RRT outcomes data on annual reports. The established threshold for CRT credentialing success is 80%.

Beginning with the RCS due in July, 2018, the CoARC will require that all Entry programs also meet the threshold for the high cut score on the TMC. A threshold for the high cut score on the TMC will be established and made public prior to the submission date for the 2018 RCS. Graduates who achieve the high cut score are eligible to take the NBRC Clinical Simulation Exam (CSE). Upon successful completion of the CSE, graduates will earn the NBRC RRT credential.

Retention defined as the number of students formally enrolled in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The established threshold for retention is 70%.

Graduate and employer satisfaction surveys shall be administered six (6) to twelve (12) months after graduation. The established threshold for these surveys is that for each question at least 80% of returned graduate and employer surveys rate overall satisfaction 3 or higher on a 5-point Likert scale.

"On-Time Graduation Rate" is defined as the number of students who graduate with their enrollment cohort (i.e., within thirty (30) days of their expected graduation date) divided by the total number of students in that class who ultimately graduated. The enrollment date and the expected graduation date of each cohort are specified by the program. The established threshold for on-time graduation is 70%.

3.10 The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC. The Report must contain an appropriate analysis and action plan for all sub-threshold outcomes.

Evidence of Compliance:

- Annual Report of Current Status accepted by CoARC.

Interpretive Guideline:

All programs and program options (i.e., additional degree tracks, satellites, and polysomnography add-ons) must complete and submit a separate Annual Report of Current Status (RCS) by the July 1st deadline. The RCS documents the program's outcomes results (i.e., credentialing success, job placement, attrition, overall graduate satisfaction, overall employer satisfaction, and on-time graduate rate) in relation to the thresholds, where applicable. Any program/option not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency in the corresponding text boxes. The program/option must also list its current clinical affiliates each year in the RCS. The Annual Report of Current Status is available for access at www.coarc.com.

3.11 Programs not meeting the established CoARC outcomes assessment thresholds must develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

Evidence of Compliance:

- Progress report(s) with supporting documents.

Interpretive Guideline:

This Standard is only applicable to programs that have not met one or more of the outcomes assessment thresholds described in Standard 3.09. Programs and program options with sub-threshold results will be required to engage in an accreditation dialogue, which may include progress report(s), or focused on-site evaluation, resource assessment, and/or detailed analyses and action plans addressing the sub-threshold results. The process and deadline for the submission of these documents will be communicated to the program by the CoARC Executive Office. Further explanation regarding remediation of outcomes deficiencies is explained in Section 4.0 of the CoARC Accreditation Policies and Procedures Manual. A copy of the program's most recent progress report addressing the shortcoming(s) (including CoARC's program action letter requesting the report) must be included as minimum evidence.

If the program does not currently have a Referee, one will be assigned. A program referee is a member of the CoARC assigned to a program to serve as the liaison between the program and the CoARC. A Referee will provide consultation during the self-study process and preparation of the self-study report; analyze all documents for compliance with the Standards and Accreditation Policies and Procedures; assist the program to identify ways to meet those Standards; communicate with the program concerning clarification of program matters; and recommend-appropriate accreditation action to the CoARC.

Clinical Site Evaluation

3.12 The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.

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 CoARC Student-Program and Personnel-Program Resource Surveys.

Interpretive Guideline:

The program should include a narrative describing, in concise terms, the types and frequency of the evaluations it uses. This narrative should include any evaluation of the program and its clinical sites by the program's sponsor, but more importantly, a description of the methods used by the program to evaluate its clinical sites and preceptors. The program should not include the actual evaluation documents in the self-study, but must have them available for the on-site evaluation team.

Clinical site evaluation by program faculty involves monitoring of the sites used for supervised clinical practice experiences and modifying them as necessary to ensure that expected learning outcomes will be met by each student upon program completion. Faculty should be able to document that differences in clinical settings do not affect the overall accomplishment of expected learning outcomes. The evaluation should also show that while students are on supervised clinical practice rotations, preceptors are providing feedback and mentoring. An effective evaluation process requires the program to establish criteria for evaluation of new sites and clinical faculty as well as those that have an ongoing relationship with the program. The evaluation process(es) should focus on established criteria suitable for the program.

IV. CURRICULUM

Minimum Course Content

4.01 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 in a manner that promotes 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.

Interpretive Guideline:

Student familiarity with and understanding of respiratory care principles should be established early in the program and should be of sufficient scope and depth to prepare students to achieve competence in all components of respiratory care practice. For programs offering the sleep specialist program option, that curriculum should also be of appropriate scope and depth to prepare the student to achieve competence in all components of sleep technology.

The core content presented for each principle may not necessarily constitute a separate course, but all such subject areas are to be included within the curriculum with a minimum of time spent on duplication of learning experiences. Curriculum content and learning experiences should provide a foundation for both continued formal education and professional growth.

General education, social/behavioral science, and biomedical/natural science content included in the curriculum should be at a level sufficient to satisfy the degree requirements of the program sponsor as well as to provide the requisite foundation to pass the NBRC credentialing examinations.

Course sequencing refers to the coordination and integration of content both horizontally and vertically within the curriculum. Appropriate sequencing requires consideration of overall program design and subsequent integration of necessary content. Content and course sequencing should build upon previous experience with student learning. There is no mandated sequencing for either pre-professional or professional coursework. Within each subject area, course content should be connected topic to topic, concept to concept and one year's work to the next. The progression of the curriculum should match the progression of the expected competencies.

4.02 The curriculum must include preparation for practice as a respiratory therapist with exposure to a broad variety of practice settings (e.g., hospital, long-term care, home care, clinic/physician office).

For programs offering a bachelor's or master's degree, the program must include content related to leadership development in management, education, research AND/OR advanced clinical practice (which may include an area of clinical specialization).

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, general and specific course objectives, methods of evaluation, content outline, and criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the current national credentialing agency content outline.

Interpretive Guideline:

Professional content areas provide the knowledge base in respiratory care and prepare the student to assess patients and to plan, implement and evaluate respiratory care services as an integral member of the health team. For programs offering the sleep specialist program option, professional content areas should cover the essential knowledge, skills and abilities required of respiratory therapists who choose to practice sleep disorders testing and therapeutic intervention.

CoARC does not address the relationship of high-fidelity patient simulation to clinical patient hours or the ability to substitute the former for the latter. CoARC encourages the use of patient simulation as an adjunct to clinical training, but for a variety of reasons, simulation cannot replace patient contact.

4.03 Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the sleep specialist program option, curricular content must also 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 must be the basis for formulating the objectives and competencies of the program's curriculum. In addition to the annual reviews related to outcomes on the credentialing exams, an extensive review of curricular content must be conducted after any revision in the national credentialing agency content outline.

For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program.

Evidence of Compliance:

- Course syllabi for all respiratory care and sleep specialist courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the most current national credentialing agency content outline;
- Annual written review by program faculty of the NBRC TMC Sub Scores by Content Domain that is reported to the advisory committee. For each content area where scores fall below the national mean, an action plan must be developed and implemented for curriculum improvement.

Interpretive Guideline:

Respiratory Care curricular content should reflect the current competencies and duties required of registered respiratory therapists. 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;*
- *promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.*

The Therapist Multiple Choice (TMC) Combined Detailed Content Outline Comparison (available on the CoARC website) must be used to document that faculty have revised and updated their program's curriculum to ensure its compatibility with the current NBRC TMC content matrix.

Core Competencies

4.04 Graduates must be competent to perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.

Evidence of Compliance:

- Evaluations that document the student's ability to perform all diagnostic and therapeutic procedures safely and effectively in patient care settings;
- Results of CoARC Graduate and Employer Surveys.

Interpretive Guideline:

Evidence of assessment of student competencies should involve direct and indirect examination of student performance. Examples of the types of direct evidence that might be used to evaluate expected competencies include (but are not limited to):

- *Faculty-designed comprehensive or capstone examinations and assignments;*
- *Performance on licensing or other external examinations;*
- *Demonstrations of abilities in context;*
- *Portfolios of student work compiled over time;*
- *Case-based examinations;*
- *Literature searches involving critical reviews of peer-reviewed publications;*
- *Samples of student work generated in response to typical course assignments.*
- *Scores on programmatic tests accompanied by test “blueprints” describing what the tests assess;*
- *Instructor evaluations demonstrating student competence in laboratory and clinical skills;*
- *Recorded observations of student behavior in learning situations (e.g., presentations, group discussions);*
- *Student reflections on their performance with regard to values, attitudes and beliefs.*

Examples of the types of indirect evidence that might be used to evaluate expected competencies include (but are not limited to):

- *Course grades provide information about student learning given the focus on student performance or achievement at the level of the class, can vary from class to class, and may be used inconsistently from student to student;*
- *Comparison between admission and graduation rates;*
- *Number or rate of graduating students pursuing their education at the next level;*
- *Employment or placement rates of graduating students into appropriate career positions;*
- *Course evaluation items related to overall course or curriculum quality (rather than instructor effectiveness);*
- *Number or rate of students involved in faculty research, collaborative publications, presentations, and/or service learning;*
- *Surveys, questionnaires, focus-group, or individual interviews dealing with the faculty and staff members’ perception of student learning as supported by the programs and services provided to students;*
- *Qualitative data such as enrollment numbers;*
- *Reputation of graduate or post graduate programs accepting graduating students;*
- *Surveys, questionnaires, focus group, or individual interviews dealing with current students’ perception of their own learning;*
- *Surveys, questionnaires, focus group, or individual interviews dealing with alumni’s perception of their own learning or of their current career satisfaction;*
- *Surveys, questionnaires, focus group, or individual interviews dealing with faculty and staff members’ perception of student learning;*
- *Honors, awards, scholarships, and other forms of public recognition earned by students and alumni.*

4.05 Graduates must be able to function within inter-professional teams and communicate effectively with diverse populations. The curriculum must prepare students to work with a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.

Evidence of Compliance:

- Evaluations that document the student's ability to communicate effectively in a variety of patient care settings and to interact well with other members of the health care team;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

The program must prepare students to work collaboratively in inter-professional patient centered teams. Such preparation includes content on the roles and responsibilities of other health care professionals with emphasis on the team approach to patient centered care.

The training must also include ongoing consideration of the constantly changing health care system and the impact of racial, ethnic and socioeconomic disparities on health care delivery. Instruction related to medical care delivery to diverse populations prepares students to avoid stereotyping. It makes them aware of differing beliefs, values and expectations of both patients and other health care professionals that can influence communication and decision-making both by the health care team and the patients, as well as affecting patient compliance and health outcomes.

Students should be able to communicate effectively with patients and other members of the health care team, both as individuals and in groups, regardless of their beliefs, languages and abilities. The ability to communicate effectively to diverse groups is basic to the provision of respiratory care services in a safe and effective manner. Efforts should be made to ensure that as part of their preparation for practice, students have exposure to as diverse a patient population as possible.

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

Evidence of Compliance:

- Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

Critical thinking is defined as active and reflective reasoning that integrates facts, informed opinions and observations to come up with an action plan likely to be effective and appropriate in that particular patient care setting. This is an area in which simulation could be

especially useful, from both the practice and evaluation perspectives. Critical thinking and decision making skills are necessary to provide effective and efficient respiratory care services. Programs should provide evidence of the methods used to assess, as well as provide feedback for, the development of the student's critical thinking skills and problem solving abilities.

4.07 Graduates must be competent in the application of ethical decision making and professional responsibility.

Evidence of Compliance:

- Evaluations that document the student's demonstration of ethical behavior and professional responsibility;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

The program should assess for competencies related to intellectual honesty and appropriate academic and professional conduct. Group interactions relating to such things as the handling of drugs, professional misconduct, use and misuse of equipment and so on could be useful for this purpose. This is an area in which simulation could be especially useful, from both the practice and evaluation perspectives.

Length of Study

4.08 The minimum length of the program must be two academic years of full-time instruction, or its equivalent. The program must ensure that the duration of the learning experiences (didactic, laboratory, and clinical) are sufficient for students to acquire the expected knowledge and competencies.

Evidence of Compliance:

- Annual Report of Current Status accepted by CoARC documenting student achievements that meet thresholds;
- Annual Report of Current Status accepted by 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 and degree conferral;
- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting;
- Clinical syllabi detailing student competencies;
- Results of CoARC Student and Personnel-Program Resource Surveys;
- Results of CoARC Graduate and Employer Surveys.

Interpretive Guideline:

CoARC requires that program duration must include both core and non-core courses. The intent of this Standard is to allow flexibility in the length of study while ensuring that the program still meets its goal of producing competent Respiratory Therapists. The acquisition of

the necessary cognitive proficiency and the associated psychomotor skills normally requires at least two academic years of study which, accordingly, is considered the minimum preparation for a competent respiratory therapy graduate. However, the curriculum may be structured to allow individual students to meet the performance standards specified for graduation in less than two academic years as well as to provide opportunity for students who require more time to extend the duration of their instruction provided that all graduates earn a minimum of an Associate's degree upon completion of the program.

The program must document that each clinical site provides student access to the physical facilities, patient populations and supervision necessary to meet program goals and fulfill program expectations of the clinical experience at that site. Each clinical experience should be of sufficient quality and duration to meet the required clinical objectives/competencies identified in the clinical syllabi for that rotation. Sufficient practice time and learning experiences should be provided during clinical rotations to ensure that students attain the clinical competencies expected for each site. The number of hours devoted to clinical practice time should increase as students progress toward the attainment of clinical competence.

Programs should address the types of patient encounters essential to prepare students for entry into practice. At a minimum these should include preventive, emergent, acute, and chronic patient encounters.

Equivalency

4.09 The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are equivalent for each student regardless of where that experience was acquired.

Evidence of Compliance:

- Documentation that students at various program locations have access to similar course materials, laboratory equipment and supplies, and academic support services;
- Documentation that student exposure to clinical experiences is equivalent regardless of the clinical locations attended.
- Results of CoARC Student-Program Resource Surveys;
- Results of student evaluation of the clinical sites and preceptors;
- Program action plan and follow-up when results of these evaluations warrant intervention;
- Results of student clinical course evaluations;
- Evidence of procedures to ensure inter-rater reliability for clinical experiences.

Interpretive Guideline:

Classroom, laboratory, clinical, and other curricular activities (i.e. research) that substantially contribute to the development of a competent graduate should result in comparable learning outcomes regardless of the location of instruction.

The program should document equivalency of both student evaluation methods and outcomes when instruction is conducted at geographically distant locations and/or provided by different instructional methods for a portion of the students in the program. Under these circumstances, student access to learning materials should be similar at the various locations, and must be adequate to meet program goals, but need not be identical.

For clinical experiences, it is necessary for the program to ensure that, for every class, the sum of each student's clinical experiences is equivalent to that of the other students in that class, and sufficient to allow the achievement of all required competencies.

Clinical Practice

4.10 The program must secure formal written, duly executed agreements or memoranda of understanding with all clinical education sites. These agreements/memoranda must describe the relationship between the program and the clinical site and clearly delineate the roles of the program, its sponsor, and the clinical site.

Evidence of Compliance:

- List of all sites used for clinical training;
- Formal written clinical affiliation agreements or memoranda of understanding with each site.

Interpretive Guideline:

The program's responsibility for coordinating clinical rotations involves identifying, contacting and evaluating sites for suitability as a required or elective rotation experience as well as contacting Respiratory Therapists employed at the sites as potential clinical faculty.

The program is encouraged to provide copies of clinical schedules as additional evidence of compliance.

Affiliate agreements typically specify which policies govern student access to educational resources and clinical experiences. These agreements include specific notations acknowledging the terms of participation between the respiratory care program and the clinical affiliate.

4.11 The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies. Students must not be responsible for: the selection of clinical sites; the determination as to which competencies should be mastered at a given clinical site; or the acquisition of clinical instructors at these sites.

Evidence of Compliance:

- Detailed clinical schedules;
- Formal written clinical affiliation agreements or memoranda of understanding;

- Results of CoARC Graduate Surveys.

Interpretive Guideline:

Coordinating clinical experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. Students may make suggestions to program faculty for sites and preceptors but must not be required to do so. Student suggested sites and preceptors are to be reviewed, evaluated and approved for educational suitability by the program and the student experience at such sites must be assessed to determine that outcomes are equivalent to those at sites chosen by the program.

V. FAIR PRACTICES AND RECORDKEEPING

Disclosure

5.01 All published information, such as 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.

Interpretive Guideline:

Institutions and programs are responsible for providing clear and credible information to stakeholders about all aspects of the program, including any program options. Published information about the program must be accurate and consistent wherever it appears. Published information should be reviewed periodically to ensure it is up-to-date and consistent with current CoARC Standards and Accreditation Policies.

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

- a) The accreditation status of both the sponsor (including consortia members where appropriate) and the program, along with the name and contact information of the accrediting agencies;
- b) Admission and transfer policies;
- c) Policies regarding advanced placement;
- d) Required academic and technical standards;
- e) All graduation requirements;
- f) Academic calendar;
- g) Academic credit required for program completion;
- h) Estimates of tuition, fees and other costs related to the program;
- i) Policies and procedures for student withdrawal, probation, suspension, and dismissal;
- j) Policies and procedures for refunds of tuition and fees;
- k) Policies and procedures for processing student grievances;
- l) Policies addressing student employment in the profession while enrolled in the program.

Evidence of Compliance:

- Published program information related to a-l above.

Interpretive Guideline:

Because enrollment is limited by facility capacity, program admissions criteria and procedures must ensure that the student selected have the potential to successfully complete the program. The program director, in cooperation with appropriate sponsoring institutional

personnel, should establish admissions procedures which are non-discriminatory and ensure that students are made aware of all admission requirements, including pre-requisite coursework. The program may also include, as additional evidence, ranking procedures or criteria for selection, minutes from admissions committee meetings, periodic analyses supporting the validity of established admission criteria and procedures, and results from sponsoring institutional research used to establish admission criteria or interpret admissions data and/or correlating these data with student performance.

The intent of the standard is that clear and accurate program information be readily available to the public. If it is determined that any one of the above itemized pieces of information is inaccurate or difficult to access, this Standard will be cited.

CoARC Accreditation Policy 11.0 requires both sponsors and programs to be accurate in reporting to the public the program's accreditation status and requires that both current students and applicants be informed, in writing, of both the current status and impending changes to that status. Publication of a program's accreditation status must include the full name, mailing address, website address, CoARC program number, and telephone number of the CoARC. Programs with Provisional or Probationary Accreditation must follow specific disclosure requirements in Policy 11.0. If a program has not yet been accredited by the CoARC, it must make no reference to accreditation status.

The program must clearly publish pre-requisites, co-requisites, minimum grade point average, and required courses for each segment of the curriculum.

The sponsor must have clear, specific, published policies related to student privacy, integrity, and academic honesty. The sponsor must have a student identity verification process that ensures that students who earn the credit or complete coursework are the same students who did the course assignments and assessments.

Programs that do not accept prior respiratory care education or work experience in lieu of required respiratory care course work and/or do not offer advanced placement should provide statements to these effects in published program information.

Public Information on Program Outcomes

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

Evidence of Compliance:

- The program's web page showing the CoARC published URL.

Interpretive Guideline:

The intent of this Standard is that outcomes information from all programs and program options accredited by the CoARC be readily available so that potential students can use this information to assess programmatic quality when selecting a program. The program is expected

to publish on its web site (or other program publications if no website is available) a link to the CoARC website (www.coarc.com/47.html) which provides outcomes data for all accredited programs, along with the following statement explaining the link:

“Programmatic outcomes are performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Programmatic outcomes data reported on the CoARC website include:

*3-year time period being reported;
CRT credentialing success;
RRT credentialing success;
Achievement of the high cut score on the TMC Exam (beginning 2018);
Retention (Attrition);
Job placement;
Overall Graduate Satisfaction;
Overall Employer Satisfaction;
On-time Graduation Rate;
Total number of program enrollees;
Total number of program graduates;
Maximum Annual Enrollment.”*

The program may supplement this information with concise and accurate evidence of the soundness of its operations and its overall effectiveness in meeting its mission.

Non-discriminatory Practice

5.04 All activities associated with the program, including personnel and student policies, 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:

- Academic catalog;
- Institutional/Program policies;
- Program’s technical standards.

Interpretive Guideline:

The college catalog, website, and/or other published program information must include an official nondiscrimination statement and it must be clear that the program adheres to all applicable non-discrimination policies in regards to faculty employment and student admissions.

5.05 Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensures due process and fair disposition.

Evidence of Compliance:

- Program's appeal policy and procedures;
- Record of complaints (if any) that includes the nature and disposition of each complaint.

Interpretive Guideline:

The sponsor's procedure for filing and responding to student grievances must be clearly published and applicable/ available to all students in the institution.

5.06 Faculty grievance procedures must be applicable to, and made known to, all faculty in the program.

Evidence of Compliance:

- Sponsor's institutional faculty grievance policy and procedures.

Interpretive Guideline:

If the program has policies related to grievances in addition to those of the institution, the program is expected to document these and make them readily available to faculty.

5.07 Programs granting advanced placement must document that students receiving advanced placement have: a) Met program-defined criteria for such placement; b) Met sponsor 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.

Interpretive Guideline:

This Standard is only applicable to programs that offer advanced placement. Program criteria for granting advanced placement may differ from course to course. Documentation should include the records of students granted advanced placement, including the competencies assessed for such placement, and subsequent student performance in the program.

Safeguards

5.08 The health, privacy, 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:

- Compliance with requirements of all clinical sites as outlined in clinical agreements/memoranda of understanding;
- Published policies , from both the program and the clinical sites, showing that information addressing student exposure to infectious and environmental hazards is provided to students before they undertake any educational activities that would place them at risk;
- Program policy on immunization of students based on current Centers for Disease Control recommendations for health professionals.

Interpretive Guideline:

Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. Policies related to infectious and environmental hazards are expected to address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility; and the effects of infectious and environmental disease or disability on student learning activities.

All individuals who provide patient care or have contact with patients should follow all standards of risk management, thus ensuring a safe and healthy environment. Clinical site health, safety and security policies and requirements must be outlined in the agreement/MOU, and students must be informed of these in advance of their clinical experience at each site. The program should establish and enforce a mechanism to ensure sufficient training in preclinical and clinical asepsis, infection, biohazard control and disposal of hazardous waste. The program should also provide documentation that students have completed HIPAA training. This could be training that the program, program sponsor school, or clinical site provides. The confidentiality of information pertaining to the health status of individual students/faculty should be strictly maintained. Additional examples of evidence of compliance may include immunization compliance records and declinations forms.

5.09 Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

Evidence of Compliance:

- Results of student course evaluations;
- Work study contracts;
- Program policies and procedures;
- Affiliate contracts/agreements.

Interpretive Guideline:

It is expected that programs include a service work statement in the program materials available to both students and clinical supervisors, stating that respiratory care students must not be substituted for paid staff. This does not prohibit a paid/unpaid internship but is designed

to ensure that students who opt to reinforce competencies and skill sets in this manner are adequately supervised, do not receive educational credits for this experience, and are not used simply as back-ups in the absence of appropriate paid staff during clinical rotations.

Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills with other students. However, students may not be the primary instructor or instructor of record for any component of the curriculum.

5.10 Students must not complete clinical coursework while in an employee status at a clinical affiliate.

Evidence of Compliance:

- Program's policies and procedures.

Interpretive Guideline:

The intent of this Standard is that students cannot be paid for any activities during educational clinical hours. There must be clear differentiation between clinical time as a student and paid employment.

Academic Guidance

5.11 The program must ensure that students have timely access to faculty and academic support services for assistance regarding their academic concerns and problems, regardless of location of instruction.

Evidence of Compliance:

- Program/institutional policies and procedures;
- Documentation of advising sessions;
- Faculty office hours schedules;
- Results of the CoARC Student-Program Resource Surveys.

Interpretive Guideline:

Academic support services are those services available to the program that help faculty and students, in any teaching/learning modality, including distance education, to achieve the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources as well as, advising, counseling, and placement services.

The intent of this Standard is that the program offers developmental guidance for all students to help them with academic concerns, personal/social concerns and career awareness. Students may be served through individual and group counseling and classroom guidance lessons. Counseling services should be made available to help students deal with issues that are interfering with their ability to learn. There should be both formal and informal mechanisms in

place for student mentoring and advocacy. The role of the program faculty in academic advisement and counseling should be defined and disseminated to students, and faculty should ensure that they are available when scheduled.

Student and Program Records

5.12 Records of student evaluations must be maintained securely, confidentially, and in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file for at least five (5) years whether or not the student ultimately completes all requirements for graduation.

Evidence of Compliance:

- Hard copy or electronic student records of the following:
 - a) Proof that the student met applicable published admission criteria;
 - b) Student evaluations;
 - c) Records of remediation;
 - d) Records of disciplinary action;
 - e) Official transcripts.

Interpretive Guideline:

The intent of this Standard is that unauthorized individuals, including students, should not have access to confidential information of other students or faculty.

Student records must be kept for at least five calendar years. Programs should check with their institution and its accreditor for policies or Standards that may require a longer time frame.

Programs must maintain records of student evaluation on all levels, and progression toward achievement of program requirements. Student evaluation documentation must be complete, including copies of each evaluation instrument (e.g. exams, assignments, and lab and clinical competency check-offs) and each student's score on each of these instruments (e.g. grade book or other records demonstrating competency). Maintaining a copy of each evaluation instrument and then a spreadsheet grade book showing individual scores should be sufficient evidence for compliance.

Student records should include copies of all admission and acceptance letters, enrollment agreements and records documenting that the matriculated student has met program admission requirements. Programs that offer conditional acceptance must also provide records of such conditions.

5.13 Program records must provide detailed documentation of program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:

- Hard copy or electronic student records of the following:
 - a) CoARC Graduate and Employer Surveys;
 - b) CoARC Student-Program and Personnel-Program Resource Surveys;
 - c) Course syllabi;
 - d) Clinical affiliate agreements and schedules;
 - e) Advisory Committee meeting minutes;
 - f) Program faculty meeting minutes;
 - g) Current curriculum vitae of program faculty.

Interpretive Guideline:

Program records must be kept for at least five calendar years. Programs should check with their institution and its accreditor for policies or Standards that may require a longer time frame.

Program records include CoARC Graduate and Employer Surveys, CoARC Student-Program and Personnel-Program Resource Surveys. Copies of all clinical affiliate agreements/MOUs and master clinical schedules must be kept on file. Advisory Committee meeting minutes and records of all Advisory Committee electronic voting results must also be kept on file. Minutes of scheduled faculty meetings must also be maintained and CVs of faculty must be updated at least annually.

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	An official publication 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 operations of academic programs including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.
Academic Support Services	Services available to the faculty and students in all programs offered by the institution, applicable to any teaching/learning format, including distance education, which help programs achieve their expected outcomes. These include, but are not limited to, library, computer and technology resources and advising, counseling, and placement services.
Affiliation Agreement	A legally binding contract between a program's sponsor and a clinical site providing all details of the interaction and the rights and responsibilities of both parties. The agreement is signed by administrative personnel who have the authority to act on behalf of the involved parties. A Memorandum of Understanding is legally slightly different but does the same thing.
Adequate	Allows for the delivery of student education in a manner that allows the program to achieve its goals and outcomes.
Administrative and Clerical Support Staff	Administrative and clerical personnel provided to institutional programs by the sponsor.
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 sponsor that are used by the program for clinical experiences.
Annual Report of Current Status	A report submitted by a program, in a format mandated by CoARC, providing current personnel, satellite, and clinical affiliate information. In addition, enrollment/retention data and outcomes data from the prior academic year, each with corresponding analysis and action plans, are reported.
Appropriately Credentialed	Refers to an individual associated with a program who has the practice credential(s) (i.e. a state license, state certification or state registration) required to practice his/her specific health care or medical profession within the state housing the program. Appropriate credentialing is required for all program Key Personnel and for instructional faculty, whether or not the individual is currently practicing his/her profession.

Assessment	The systematic collection, review, and use of information to evaluate student learning, educational quality, and program effectiveness.
Action Plan	A plan developed to address a problem (outcomes, resources) in such a way that progress towards the solution can be determined. At a minimum, an action plan should include methods, evaluation criteria and benchmarks, expected goals or outcomes, and timely re-assessment.
Base Program	When a program sponsor has established a satellite program in addition to the original program, the base program is the one where the Key Personnel are based.
Consortium	A legally binding contractual partnership of two or more institutions, at least one of which is a duly accredited degree-granting institution of higher education, established to offer a Respiratory Care education program. Consortia must be structured to recognize and perform all the responsibilities and functions of a program sponsor.
Clinical education experiences	The acquisition of required clinical competencies in a patient care setting under the supervision of a qualified instructor.
Communities of Interest	Groups and individuals with an interest in the mission, goals, and expected outcomes of the program and its effectiveness in achieving them. The communities of interest 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) constituencies.
Competent	A composite term describing the knowledge, skills and values required for new graduates to begin the practice of respiratory care.
Competencies	The measureable set of specific knowledge, skills, and affective behaviors expected of graduates.
Continued Professional Growth	Maintenance and/or enhancement of faculty expertise using activities such as specialty certification or recertification; continuing education; formal advanced education; other scholarly activities such as research or publications.
Curriculum	Formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies offered by a program.
Critical Thinking	Active and reflective reasoning that integrates facts, informed opinions and observations to explore a problem and form a hypothesis and a defensible conclusion. Accordingly, critical thinking transcends the boundaries of formal education.
Distance Education	Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students have no physical access to the instructor and to support regular and substantive interaction between the

	students and the instructor, either synchronously or asynchronously. CoARC does not allow clinical education to be delivered in a distance education format.
Equivalent	Comparable with similar situations or resources.
Faculty (Program)	The aggregate of individuals responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. In addition to Key Personnel, these individuals include all respiratory care program instructors who are employees of the program.
Faculty (Clinical)	Individuals who teach, supervise, or evaluate students in a clinical setting but who are not program faculty. This includes clinical preceptors.
Faculty, Individual/ Full-Time	An employee of the program sponsor, assigned to teach the respiratory care program who holds an appointment that is considered by that institution to be full-time.
Geographically distant locations	Also known as Satellite campuses. Locations outside the institution at which the core didactic and laboratory courses of the Respiratory Care 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. (See also Distance Education)
Graduation Date	The official date of graduation is the date that is posted by the registrar to the student's transcript.
Goals	Aims of the programs that are consistent with institutional and program missions and reflect the values and priorities of the program. CoARC requires all respiratory education programs to have the following goal defining minimum expectations: to prepare graduates with demonstrated competence in the cognitive, psychomotor and affective learning domains of respiratory care practice as performed by registered respiratory therapists. Should a program decide to pursue an additional goal, it must develop a valid and reliable measurement system to assess its success in achieving this goal.
Institutional Accreditation	Pertains to the academic sponsor of the program. Signifies that the institution as a whole is attaining mandated objectives in a manner acceptable to the institution's accreditor.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of faculty rank or type of appointment.
Inter-rater reliability	A measure of the extent to which raters agree during evaluation of the same thing.
Learning Environment	Places, surroundings or circumstances where knowledge, understanding, or skills are acquired 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. May be stated as total time (academic or calendar year(s)), or as the number of semesters, trimesters, or quarters.
Mission	A purpose statement defining the unique nature and scope of the sponsoring institution or the program.
Must	Indicates an imperative; a 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. They are national, statistically based expectations for graduate success including, for example, pass rate on the credentialing examinations, attrition, job placement, and graduate and employer satisfaction.
Post-Secondary Academic Institution	Any accredited school that awards a degree beyond that of a high school education.
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. Outcomes 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 educational opportunities that may be offered by a base program holding continuing accreditation with no pending progress reports. Options include the Sleep Specialist Program and Satellite.
Progress Report	The program response to an official inquiry from CoARC related to one or more specific deficiencies. The response must clearly describe how the program has addressed deficiencies (the action plan) and both how and when it will determine the effectiveness of the plan.
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, so that the correction of these deficiencies can be ascertained and documented.
Resource Assessment Matrix (RAM)	A document developed by the CoARC that programs must use for on-going resource assessment. The matrix evaluates all mandated resources in a set format which includes: 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 preclinical instruction (didactic, laboratory) occurs for all or some of the students enrolled.
Sponsor	A post-secondary academic institution, accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE), or a group of institutions (consortium-see previous definition), that is/are responsible for ensuring that its program meets CoARC Standards.
Sufficient	Adequate to accomplish or bring about the intended result.
Substantive change	A significant modification or expansion of the nature and scope of an accredited program. The process for reporting substantive changes is defined in the CoARC Accreditation Policies and Procedures Manual.
Standards	The Accreditation Standards for Entry into Respiratory Care Professional Practice as established by the CoARC from time to time.
Summative Evaluation	A comprehensive assessment of the learner conducted by the program to assure that upon graduation the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession.
Student Learning Outcomes	Assessment of the results of the educational process; a determination of the extent to which student skills are consistent with the standards of professional practice.
Teaching and Administrative Workload	Quantification of faculty responsibilities. Categories frequently used are teaching, advisement, administration, committee activity, research and other scholarly activity, and service/practice.
Technical Standards	The physical and mental skills and abilities 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 due consideration.