



2010 Accreditation Standards for the Profession of Respiratory Care

Interpretive Guidelines

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COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

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INTRODUCTION

The purpose of the *Interpretive Guidelines* is to provide respiratory care educational programs with specific information to facilitate the self-study review and on-site visit process and to assist programs in demonstrating their compliance with the *2010 Accreditation Standards for the Profession of Respiratory Care (Standards)*.

Each section contains the *Standards* with their accompanying evidence of compliance. Before each general section of the *Standards* is a paragraph that explains the intent of the section. Where appropriate, *Standards* are accompanied by *Interpretive Guidelines* that explain the rationale, meaning and significance of the *Standard*. As such, these statements are not exclusive or exhaustive. They clarify the operational meaning of the Standards to which they refer and may be changed over time to reflect current 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. This format is intended to clarify the meaning and application of *Standards* for both those responsible for educational programs and those who evaluate these programs for the CoARC.

The CoARC recognizes that sponsoring institutions and programs vary greatly in administrative and curricular design and format. The CoARC also recognizes that programs vary by history and that program faculty and staff include those new to Respiratory Care education and accreditation as well as those with many years of experience. Therefore suggestions have been provided for many of the *Standards*. Some of the suggestions which may seem obvious to the experienced program director may not be as obvious to the new program director.

It is the responsibility of the program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases the CoARC is very prescriptive about what it needs to review, i.e., specific materials as listed in the application, appendices and required materials for review at time of visit. However, the CoARC does not address many process issues, allowing programs and institutions to develop those as best suited to 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 delivery mechanisms. While the CoARC may require specific information to clarify process issues that may impact accreditation, it is the program’s responsibility to address these in detail as specified in the *Standards*.

The CoARC will periodically review this document, based on questions and comments it receives regarding its clarity and usefulness. Revisions will be made as needed to provide clarification about particular *Standards*.



**SECTION A:
STANDARD I – PROGRAM ADMINISTRATION AND SPONSORSHIP**

Section A addresses issues related to sponsorship, administration, and operations. Much of the evidence related to this section is found in institutional and program documents, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files, and records addressing the content areas addressed in the Standards. Site visitors and CoARC Referees will be reviewing materials to look for accuracy of current policies and procedures as well as for consistency across materials addressing the same content areas. In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program. Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Valid institutional accreditation letter

Interpretive Guideline:

A copy of the most current institutional accreditation certificate or letter must be submitted with the self study or Letter of Intent Application. Additional information regarding institutional accreditation status and authority under applicable state laws to provide postsecondary education is provided with the Application for Accreditation Services. The sponsor is responsible for notifying the CoARC of any change in its institutional accreditation status as per CoARC Policy 9.0.

Examples of evidence to demonstrate compliance may include:

Verification of accreditation from a recognized institutional (regional or national) accrediting agency, for example: Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges; Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges; Accrediting Bureau of Health Education Schools; Accrediting Commission of Career Schools and Colleges of Technology; Accrediting Commission of the Distance Education and Training Council; the Council on Occupational Education; and Accrediting Council for Independent Colleges and Schools.



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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

This Standard is only applicable to programs being offered through a consortium (see definitions section of Standards). The intent is that if more than one sponsor is providing the didactic, laboratory, and clinical training to all students, then it would be a consortium. A copy of a written agreement documenting relationship and responsibilities between sponsoring institution and other institution(s) involved must be provided. Evidence can be in the form of an affiliation agreement, Memorandum of Understanding or 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Institutional academic catalog listing programs of study and course offerings;
- b. Valid institutional accreditation certificates for each sponsor.

Interpretive Guideline:

This Standard is applicable only to programs being offered through a consortium (see definitions section of Standards). A list of courses in the curriculum and which member of the consortium is responsible for each course must be provided. Where applicable, a valid accreditation letter/certificate for each consortium member must be provided.

Standard 1 .04 - The institution (or consortium) must be responsible for:

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

If one component of the Standard is noncompliant, the entire Standard will be cited. The program must demonstrate compliance with all components of the Standard.

Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities. The types of opportunities supported by institutions vary and may include supporting the program faculty members in maintaining their NBRC credential status, funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for clinical practice, time for research/scholarly activities, time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and fees related to credential maintenance and/or time needed for review and study. Documentation of evidence can include written program policies, institutional policies, and other documentation indicating professional development including clinical updating and skill enhancement in educational techniques, and listing of the continuing professional development activities of the faculty and documentation of institutional support of these activities.

Documentation of evidence to ensure student/faculty safety may include program and institutional policies or manuals, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and in sites used for supervised clinical practice, harassment prevention policies and procedures, and conflict resolution processes.



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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Published institutional academic catalog and program information.

Interpretive Guideline:

Four-year colleges and universities, community or junior colleges, career or technical colleges, vocational or technical schools, and health sciences centers/medical centers, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curricular resources to sponsor the respiratory care educational program. Additional information used to determine compliance with this Standard is provided with the Application for Accreditation Services.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

This Standard is applicable only to programs offering a satellite option (see definitions 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, computing and library resources and access. Faculty services and resources include those that are available to instructional faculty at the main campus, such as computing and technology resources, library resources and access, 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Student Handbook;
- b. Published program information.



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Interpretive Guideline:

Written 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.

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

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

If one component of the Standard is noncompliant, the entire Standard will be cited. The program must demonstrate compliance with all components of the Standard. The process for reporting substantive changes are 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 institution's planning. Such notification will provide an opportunity for a program to seek consultation from CoARC Executive Office staff regarding the potential effect of the change on the accreditation status and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office for consultation.

If, during your review of the various substantive changes (CoARC Policy 9.0) you discover any substantive changes that have already been implemented, you should contact the CoARC Executive Office. If you had any substantive changes since the last review, CoARC should already have received the required documentation so you would not need to include that in the self-study.



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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

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

SECTION B:
STANDARD II – INSTITUTIONAL AND PERSONNEL RESOURCES

The purpose of the Standards in this section is to ensure that the sponsoring institution (or consortium) has adequate and appropriate physical, library, educational, clinical, and financial resources to offer a high-quality professional degree program in respiratory care and to achieve its mission and goals. The Standards in this section are also designed to ensure that the sponsoring institution (or consortium) attracts, develops, and retains an adequate and appropriate number of qualified faculty and staff to contribute to and achieve its mission and goals.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The sponsoring institution (or consortium) should have the financial resources required to develop and sustain the program on a continuing basis. The program should employ sufficient faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids 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 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) computer and audio/visual equipment; instructional materials; laboratory equipment and supplies; technological resources that provide access to the Internet, medical information and current literature; the full text of 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.

Physical resources refer to office, classroom and other educational space. This includes space to provide confidential academic counseling of students by the program director and program faculty, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities sufficient in number and size and appropriate in design to meet their intended use and appropriate classroom and laboratory space conducive to student learning.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Program faculty are responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. These individuals include program faculty members (tenure-track and non-tenure-track), lecturers, clinical supervisors, and all other instructional staff members who are employees of the program. Clinical faculty include off-site clinical supervisors, preceptors, or similar personnel who do not hold employment contracts with the sponsoring institution. The clinical preceptor is not required to be paid/employed by the program- they can be providing instruction on a voluntary, non-paid basis.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Full-time is defined as a qualified paid employee of an institution to teach specific content in the respiratory care curriculum who holds an appointment that is considered by that institution to constitute full-time service. Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty). 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 the ability to carry out their responsibilities as identified in 2.04 and 2.09, respectively. The Medical Director and any co-Medical Directors are not required to have full-time appointments.

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



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Minimal **evidence of compliance** associated with this *Standard*:

- a. Teaching and administrative workload;
- b. Institutional job description.

Interpretive Guideline:

Program Director workload should balance teaching responsibilities with program administration.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

If a program is offered by distance education and the Program Director resides in a different state, or if a program is located near a border and the Program Director resides in a neighboring state, the Program Director may hold a license in their 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Academic transcript denoting the 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. 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Personnel records including curriculum vitae.

Interpretive Guideline:

Programs accredited prior to June 1, 2010 would only be required to meet the new Program Director experiential component when the existing Program Director position becomes vacant. Programs accredited after June 1, 2010 will need to come into compliance with all the experiential requirements of this Standard. Most programs with a Letter of Review who have their original key personnel will meet the new Standards by the time they are eligible for Initial Accreditation. If programs on Letter of Review change their Key Personnel after June 1, 2010, they should make sure those new individuals meet the new Standards by the time they are eligible for Initial Accreditation or face a possible Standard citation. All new vacancies in Key Personnel after June 1, 2010, regardless of accreditation status, will be required to come into compliance with this Standard. CoARC will work with all programs and existing key personnel to come into compliance with this Standard.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Results of student course evaluations provided at the time of on-site evaluation.

Interpretive Guideline:

Student course evaluations and on-site interview responses should demonstrate that the Program Director is accessible to students throughout their course of study and that the degree of interaction between the Program Director and students facilitates the achievement of program goals.

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

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



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Minimal **evidence of compliance** associated with this *Standard*:

- a. Teaching and administrative workload;
- b. Institutional job description.

Interpretive Guideline:

Director of Clinical Education workload should balance teaching responsibilities with program administration.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

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 their 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Academic transcript denoting the 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. 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Personnel records including curriculum vitae.

Interpretive Guideline:

Programs accredited prior to June 1, 2010 would only be required to meet the new Director of Clinical Education experiential component when the existing Director of Clinical Education position becomes vacant. Programs accredited after June 1, 2010 will need to come into compliance with all the experiential requirements of this Standard. Most programs with a Letter of Review who have their original key personnel will meet the new Standards by the time they are eligible for Initial Accreditation. If programs on Letter of Review change their Key Personnel after June 1, 2010, they should make sure those new individuals meet the new Standards by the time they are eligible for Initial Accreditation or face a possible Standard citation. All new vacancies in Key Personnel after June 1, 2010, regardless of accreditation status, will be required to come into compliance with this Standard. CoARC will work with all programs and existing key personnel to come into compliance with this Standard.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Results of student course evaluations (provide at time of on-site evaluation).

Interpretive Guideline:

Student course evaluations and on-site interview responses should demonstrate that the Director of Clinical Education is accessible to students throughout their course of study and that the degree of interaction between the Director of Clinical Education and students facilitates the achievement of program goals.

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

² *Programs accredited prior to 06/01/2010 will be held to this Standard only when a new program director is appointed.*



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Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The Medical Director supports the Program Director and Director of Clinical Education in ensuring 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 should be a member of the Advisory Committee.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The intent of this Standard as it relates to the clinical setting is that each faculty be directly responsible for instructing no more than six (6) students at any given time. The term "faculty" as it relates to clinical rotations refers primarily to clinical faculty, although program faculty that has clinical supervision responsibilities can be 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 sponsoring institution. Clinical faculty are not required to be paid/employed by the program- they can be providing instruction on a voluntary, non-paid basis. A list of clinical faculty should be provided that includes their credentials. For all clinical faculty who evaluate students, the program should have documentation of orientation to their roles and responsibilities, clinical policies and procedures, and evidence of inter-rater reliability.

Instructional faculty includes more than respiratory therapists and other program faculty. They can include other professionals with advanced degrees, experience or previous academic background in a field or discipline. Volunteer faculty, adjuncts, part-time faculty, or full-time faculty may be configured to meet this Standard. The program is expected to inform students at each location which instructional faculty member is serving in this role for the location and how to



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contact this faculty member. Program policies, student course evaluations and on-site interview responses should demonstrate compliance with this Standard.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

It is expected that instruction in the didactic, laboratory, and clinical settings will be provided by instructional faculty who are prepared through formal education or by experience. Appropriately credentialed means that faculty have demonstrated a sufficient level of knowledge, skills and competency in the content areas that they are teaching.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Administrative/clerical support staff may include "pool" staff that support other programs. This model is used at many institutions. Administrative and clerical support staff should be sufficient to meet the unique needs of the program. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. 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 supportive services for student recruitment and admissions activities.

SECTION C:
STANDARD III – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes. This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using the Standards as the point of reference. A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, outcomes, and clinical sites. The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective action with subsequent evaluation of the effects of the actions.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Program goals must be made known to all prospective and currently enrolled students. CoARC expects each program to define its own goals for preparing individuals in the profession and that one of the program goals is to comprehensively prepare competent individuals in the profession. Program and advisory committee meeting minutes, publications, and on-site interview responses should demonstrate compliance with this Standard.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Documentation that the program’s goals are compatible with the sponsoring institution’s mission;
- b. Documentation of the program’s outcomes;

- c. Documentation of annual review of the goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings.

Interpretive Guideline:

Assessment, planning, implementation and evaluation of the educational quality of a respiratory care program (inclusive of distance education modalities and program options), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost effective manner. The program should explain, in narrative format, how its program goal(s) are compatible with, as well as how it helps fulfill or advance the mission of the sponsoring institution or consortium.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

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 registered sleep disorders specialists for programs offering the polysomnography option.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The purpose of an advisory committee is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing. The program key personnel should participate in the meetings as non-voting members.



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It is only necessary to review and evaluate changes to the goal(s), program outcomes, instructional effectiveness, and planned program responses to such 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 discuss proposed substantive changes. 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of student learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence that the program gives careful thought to data collection, management and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

This Standard is applicable only to programs offering their curriculum at geographically distant locations (e.g., satellite campuses). See definitions section of Standards. Both U.S. and international satellites are responsible for all reporting requirements and are subject to ongoing review as described in CoARC Policy 3.0. The sponsor must separately evaluate resources for each satellite location. An Annual Report of Current Status must be filed under the satellite program number.



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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Resource assessment must be performed annually using CoARC's Student and Program Personnel Resource Assessment surveys (SPRS and PPRS) (www.coarc.com). The Student-Program Resource Survey should be administered annually to all currently enrolled students at the end of each academic year of the program. The Personnel-Program Resource Survey should be administered annually at the program Advisory Committee meeting. This survey instrument is completed by program faculty, the Medical Director, and Advisory Committee Members. Resource Assessments should be reported separately for each portion of the program with a separate ID number. Programs must maintain resource assessment documentation for five years (RAM, SPRS, and PPRS). Programs must assess each resource using a minimum of two evaluation instruments.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Only the approved CoARC Resource Assessment Matrix (RAM) form can be used for reporting purposes (available at www.coarc.com). Programs are required to use the questions/items in the CoARC Student-Program Resource Survey and the CoARC Personnel-Program Resource Survey instruments (available at www.coarc.com) and incorporate the results into the assessment of all of the resource categories (rows). Programs are encouraged to use other instruments and mechanisms to provide additional information about the status of program resources. The cut score is defined as at least 80% of the survey responses rated 3 or higher (within each of the 9 resource areas). The RAM due with the Annual Report of Current Status should include the results of the program's most recent resource assessment.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Written criteria for passing, failing, and progression in the program must be provided. These must be given to each student at the time of entry into the program. Evaluation systems must be related to the objectives and competencies described in the curriculum for both didactic and applied components. They must be employed frequently enough to provide students and faculty with timely indications of the students' academic standing and progress and to serve as a reliable indicator of the effectiveness of instruction and course design. Student assessment of student learning is both described and applied based on clear parallels between what is expected, taught and assessed. Performance is assessed according to the program's pre-specified criteria. If a student does not meet evaluation criteria, provision should be made for remediation or possible dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Student evaluations performed by faculty, supporting the uniform and equitable administration of the evaluations (provide at time of on-site evaluation);
- b. Student evaluations of instruction documenting satisfaction with the uniform and equitable administration of evaluations (provide at time of on-site evaluation).

Interpretive Guideline:

Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The intent of this standard is to ensure consistency in the clinical evaluation of the students. The program must demonstrate that clinical evaluators are provided with training (e.g. training manual, training workshop, or online training sessions for evaluators). This process must include a comparison of student evaluations completed by clinical instructors in order to identify variability among evaluators. Statistical analysis can be used but is not required. When variability is identified, the program must have a plan of action which includes remediation, timeline, and follow-up. The results of this process must be reviewed by the Director of Clinical Education or Program Director at least annually.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Hard copy or electronic records of completed CoARC survey instruments;
- b. Results of annual Report of Current Status submitted to CoARC.

Interpretive Guideline:

CoARC expects results of annual, ongoing self-assessment to include the Student-Program and Personnel-Program Resources Surveys as well as the Graduate and Employer Surveys (available at www.coarc.com). The program should provide an analysis and action plan to address deficiencies identified from these surveys. The program should also conduct a self-analysis of 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.

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

Minimal **evidence of compliance** associated with this *Standard*:



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

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds of Success) for each of the outcomes assessments (See www.coarc.com). The program must meet the outcomes assessment thresholds, as documented in the Annual Report of Current Status.

National credentialing exam performance is evaluated by NBRC CRT credentialing success, which is the percentage of graduates earning the NBRC's CRT credential (applicable to all graduates of accredited educational programs in Respiratory Care). Programs must also submit the NBRC Annual School Summary Report. Programs shall include analysis and action plans to address any shortcomings revealed by these evaluation systems.

Attrition is defined as the percentage of students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program before the fifteenth calendar day from the beginning of the term with fundamental respiratory care core coursework, and those students transferring to satellites are not included in program attrition.

Graduate and employer satisfaction surveys shall be administered six (6) to twelve (12) months after graduation. Satisfaction is defined as at least 80% of returned graduate and employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.

"Positive Placement": defined as a graduate who within twelve (12) months after graduation is: (a) Employed utilizing skills as defined by the scope of practice within the respiratory care profession. (i.e. full- or part-time, or per diem), (b) enrolled full- or part-time in another degree program, or (c) serving in the military.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Results of annual Report of Current Status submitted to CoARC;
- b. Progress reports 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 3.13. Programs with sub-threshold results (magnitude, number, or duration) will be required to engage in an accreditation dialogue, which may include progress report(s), focused Self Study Report 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 deficiencies in outcomes is explained in Section 4.0 of the CoARC Accreditation Policies and Procedures Manual. A



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copy of the program's most recent progress report (including CoARC's program action letter requesting the report) must be included as minimum evidence.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

All programs and program options (i.e., satellites and polysomnography add-ons) must submit a completed Annual Report of Current Status (RCS) by the July 1st deadline. The RCS shows the program's outcomes results in relation to the thresholds. Any program 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 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The program should include a narrative describing in concise terms the types of evaluations and frequency of evaluations it uses. This narrative should include any institutional evaluation of the program and its clinical sites, but more specifically, a description of the mechanisms for evaluating the clinical sites and preceptors. The program should not include the actual evaluation documents in the self-study, but have them available for the on-site evaluation team.

Clinical site evaluation involves program faculty monitoring the sites used for supervised clinical practice experiences and modifying them as necessary to ensure the expected learning outcomes will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected learning outcomes. Documentation shows that preceptors are providing observation and supervision of student performance while on supervised clinical practice experiences and that they are providing feedback and mentoring to students. An effective evaluation process or processes involves the program establishing criteria by which to initially evaluate new sites and clinical faculty as well as

those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

**SECTION D:
STANDARD IV – CURRICULUM**

The curriculum establishes a strong foundation in respiratory care sciences and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of clinical practice.

This section addresses all aspects of the curriculum. The professional curriculum for respiratory care education includes the requisite general education and professional core content areas; supervised clinical practice; and professional practice issues. Issues relating to individual professional responsibility and working in the health care delivery system are included in the clinical preparatory section of this Standards section and apply to supervised clinical practice settings in the clinical curriculum.

Programs need not have discrete courses for each of the instructional areas discussed within this section. However, learning outcomes related to all instructional areas are important elements of the curriculum and course syllabi. The Standards in this section apply to the entire curriculum of the program and have application to all curricular components.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The registered respiratory therapy credential is the standard of excellence for respiratory therapists. The program may select the types of learning activities and assessments that will indicate compliance with recognized competencies. To prepare competent respiratory therapists, the curriculum should be the framework for a deliberate and systematic educational process in the affective, psychomotor and cognitive domains. It is intended to develop new proficiencies with an application in mind, and is presented with attention to needs, objectives, activities and a defined method of evaluation. The curriculum should include supervised pre-clinical (didactic and laboratory) and clinical activities, as well as documentation of progress towards achieving competency. Programs offering the sleep specialist program option must prepare students to meet the recognized competencies for sleep disorders specialists as identified in Standard 4.02.

Standard 4.02 - The program must define and list the competencies it requires for graduation. The program must employ student evaluation methods that measure all defined program

competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The educational competencies for the respiratory care education program should include the preparation of graduates who possess the knowledge, skills and values to practice respiratory care. For programs offering the sleep specialist program option, the educational competencies should include the preparation of graduates who possess the knowledge, skills and values to practice sleep technology. The evaluation methods used in the program should include process and end-product assessments of student performance (e.g., competency checklists), as well as a variety of objective testing measures. These mechanisms will provide student performance data related to measuring defined program competencies throughout the program for the students, faculty and college administration. The program should provide evidence that each student is made aware of (i.e., written acknowledgment) the competencies required for completion of the program.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The program should identify the respiratory care fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current respiratory care practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

Instructional objectives stated in measurable terms allow assessment of student progress in developing the competencies required for practice. They address learning expectations of students and the level of student performance required for success. Program faculty need to work collaboratively with other instructional faculty in designing courses with appropriate learning outcomes and student assessment tools that reflect the learning outcomes expected of students.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Foundational knowledge should be established early in the program and of appropriate scope and depth to prepare the student to achieve competence in all components of respiratory care practice. For programs offering the sleep specialist program option, the curriculum should be of appropriate scope and depth to prepare the student to achieve competence in all components of sleep technology. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum. Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social/behavioral science, and biomedical/natural science content included in the curriculum should be at a sufficient level to satisfy degree requirements as well as provide the requisite foundation needed to successfully pass the NBRC credentialing examinations. 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 simulation cannot replace patient contact.

Course sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing should build upon previously achieved 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, one year's work to the next, and relates ideas explicitly. Topics or units of study are sequenced to coincide with one another. The progression of the curriculum should match the progression of the expected competencies.

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

Minimal **evidence of compliance** associated with this *Standard*:



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

Interpretive Guideline:

These content areas provide background for respiratory care practice. The program should ensure that biomedical/natural science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding the cardiopulmonary status of a patient within the context of total body health.

Biomedical/natural science instruction in respiratory care education ensures an understanding of basic biological principles consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Professional content areas provide the knowledge base in respiratory care and prepares the student to assess, 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 to practice sleep disorders testing and therapeutic intervention.

Standard 4.07 - 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 in the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the polysomnography option, curricular content must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined

in its credentialing examination specifications. These nationally accepted standards provide the basis for formulating the objectives and competencies of the program's curriculum. A review of the curricular content must be conducted after any revision in the credentialing examination specifications.

Minimal **evidence of compliance** associated with this *Standard*:

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

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;*
and
- *promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.*

Programs are strongly encouraged to compare and update their curriculum using the detailed content outline comparison of both the NBRC CRT and RRT content matrices. Documents facilitating these comparisons are available on the CoARC website (www.coarc.com).

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



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Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Quality health care education involves an ongoing consideration of the constantly changing health care system and the impact of racial, ethnic and socioeconomic health disparities on health care delivery. Instruction related to medical care and diversity prepares students to evaluate their own values and avoid stereotyping. It assists them in becoming aware of differing health beliefs, values and expectations of patients and other health care professionals that can affect communication, decision-making, compliance and health outcomes.

Students should be able to effectively communicate with individuals and groups. The ability to communicate verbally and in written form is basic to the provision of respiratory care services in a safe and effective manner.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Critical thinking is defined as active and reflective reasoning that integrates facts, informed opinions and observations. 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Annual Report of Current Status submitted to CoARC documenting successful student achievements that meet thresholds;
- b. Annual Report of Current Status submitted to CoARC documenting the satisfaction of faculty, graduates and employers with the program;

- c. Published curriculum outline in the academic catalog documenting the length of study required for graduation from the program.

Interpretive Guideline:

The intent of this Standard is to allow flexibility for non-traditional curriculum lengths-of-study but to make sure that the program still meets its goal. CoARC interprets this length to include both core and non-core courses. The time necessary for psychomotor skill development and the number of required content areas require at least two academic years of study and is considered the minimum preparation for a respiratory therapy graduate. Maximum opportunity should be provided for students to continue their formal education with a minimum loss of time and duplication of learning experiences. Learning experiences and practice time in clinical procedures are necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. However, the curriculum may be structured to allow individual students to meet 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 length of their instructional program provided however, that all graduates earn a minimum of an Associate's degree upon completion of the program.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the development of a competent graduate should result in comparable expected learning outcomes regardless of the location of instruction. Student access to learning materials should be similar but not identical. The program should document equivalency of student evaluation methods and outcomes when instruction is conducted at geographically distant locations and/or provided by different pedagogical and instructional methods or techniques for some students.

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



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Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

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

SECTION E:
STANDARD V – FAIR PRACTICES AND RECORDKEEPING

This section addresses accurate disclosure of published program information, proper adherence to non-discriminatory practices, protecting student health and safety, the provision of appropriate student services, and proper maintenance student and program records related to all educational aspects of the program. Exhibiting integrity, accountability and responsibility fosters a supportive learning environment. Appropriate practices and recordkeeping support the achievement of the program's mission and goals by contributing to the educational development of its students.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. 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 CoARC Standards and Accreditation Policies.

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

- a) The sponsor's institutional and programmatic accreditation status, including the name and contact information of the accrediting agencies;
- b) Admissions and transfer policies;
- c) Requirements for prior education or work experience;
- d) Policies regarding advanced placement;
- e) Required academic and technical standards;
- f) Requirements for completion of each segment of the program;
- g) All graduation requirements;
- h) Academic calendar;
- i) Academic credit required for program completion;
- j) Estimates of tuition, fees and other costs related to the program;
- k) Policies and procedures for student withdrawal, probation, suspension, and dismissal;
- l) Policies and procedures for refunds of tuition and fees;



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- m) Policies that may allow students to work in clinical settings outside of formal educational activities outlined in the curriculum;
- n) Policies and procedures for processing student grievances.

Minimal **evidence of compliance** associated with this *Standard*:

- a. Published program information related to a-n above.

Interpretive Guideline:

The intent of the standard is that clear and accurate program information be readily available to the public. If one component of this Standard is noncompliant, the entire Standard will be cited. The program must demonstrate compliance with all components of this Standard in the documented program evaluation plan.

CoARC Accreditation Policy 11.0 requires institutions and programs to be accurate in reporting to the public the program's accreditation status. Publication of a program's accreditation status must include the full name, mailing address and telephone number of the CoARC. The CoARC requires a program to inform all current students and applicants in writing of the program's accreditation status including changes to its accreditation status. If a program has not yet been accredited by CoARC, it must make no reference to accreditation status. However, programs holding a Letter of Review must follow appropriate disclosure requirements in Policy 11.0.

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

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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Screenshot of program's website showing link.

Interpretive Guideline:

The intent of this Standard is that comparable outcomes information be readily available to the public and to allow potential students to use this information as a measure of programmatic quality when selecting a program. The program is expected to publish on its web site (or other



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program publications if no website is available) the following link (www.coarc.com/47.html) providing outcomes data. The following data will be reported on the CoARC website as an aggregate for the three most recent calendar years:

- 3-year time period being reported;
- CRT credentialing success;
- RRT credentialing success;
- Attrition;
- Job placement;
- Total number of program enrollees during that period;
- Total number of program graduates during that period;
- On-time Graduation Rate
- Current Status of Public Recognition
- Programs that have submitted a Letter of Intent Application
- Programs holding an Approval of Intent.

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

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Program non-discriminatory policies;
- b. 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 the non-discrimination policy in regards to faculty employment and student admissions.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Program's appeal policy and procedures.

Interpretive Guideline:



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The sponsoring institution's procedure for filing student grievances must be clearly published and available to all students.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Programmatic policies should be reviewed by institutional administrators/legal counsel with this Standard in mind.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Because enrollment is limited by facility capacity, program admissions criteria and procedures are necessary to ensure that students are selected that have the potential for successfully completing the program. The program director, in cooperation with appropriate 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, established ranking procedures or criteria for selection, minutes from admissions committee meetings, periodic analysis supporting the validity of

established admission criteria and procedures, and results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Detailed clinical schedules;
- b. Formal written affiliation agreements.

Interpretive Guideline:

Coordinating clinical rotations involves identifying, contacting and evaluating sites and clinical faculty for suitability as a required or elective rotation experience. Students may make suggestions to key personnel for sites and clinical faculty but shall not be required to do so. Student-suggested sites and clinical faculty are to be reviewed, evaluated and approved for educational suitability by the program. The program is expected to inform students at each location which instructional faculty member is serving in this role for the location and how to contact this faculty member.

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

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

This Standard is only applicable to programs that offer advanced placement. Detailed program criteria for granting advanced placement may differ from course to course. Documentation should include records of students granted advanced placement as well as documentation of competencies assessed and student performance.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

This Standard applies to all program sites where laboratory and clinical education is provided. 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 or security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the clinical experience. The program should establish and enforce a mechanism to ensure sufficient preclinical and clinical asepsis, infection and 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, school, or clinical site provides. Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained. Additional examples of evidence of compliance may include immunization compliance records and declinations forms.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

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 internship but is designed to assure that students gain experience to reinforce the competencies and skill sets, and are not used simply for backlog work in the absence of appropriate paid staff.

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

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

Minimal **evidence of compliance** associated with this *Standard*:



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- a. Program's policies and procedures.

Interpretive Guideline:

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

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

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.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Academic catalog;
- b. Student manuals;
- c. Clinical policies and procedures for students;
- d. Advisement meetings with students;
- e. Documented Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.

Interpretive Guideline:

Academic support services are those services available to the program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services. Note: Item (e) in this Standard was intended as an evidence of compliance for Standard 5.11. The next revision of the Standards will correct this error.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Program/institutional policies and procedures;
- b. Documentation of counseling sessions;
- c. Faculty office hours schedules.

Interpretive Guideline:

There should be formal 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.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

Students should be made aware, in advance, of any dress code/identification requirements of a particular clinical site and should wear appropriate student identification at all times during clinical rotations.

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

Minimal **evidence of compliance** associated with this *Standard*:

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

Interpretive Guideline:

The intent of this Standard is that students should not have access to the academic records or other confidential information of other students or faculty.

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

Minimal **evidence of compliance** associated with this *Standard*:

- a. Hard copy or electronic student records.

Interpretive Guideline:

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 student records that reflect evidence of student evaluation on all levels, and progression toward achievement of program requirements. Student evaluation documentation includes a copy 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).

Standard 5.20 - Student records kept by the institution must include the following documentation:

- a) That the student has met published admission criteria;
- b) Student evaluations (see 5.19);
- c) Records of remediation;
- d) Records of disciplinary action;
- e) Official transcripts.

Minimal **evidence of compliance** associated with this *Standard*:

- a. Hard copy or electronic student records.

Interpretive Guideline:

Student records include copies of all admission and acceptance letters, enrollment agreements, and similar records documenting that the matriculated student has met program admission requirements. Programs that offer conditional acceptance must also provide records of such conditions. These evaluations must consist of more than a listing and review of student outcomes otherwise obtained in the course of the program.

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



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Minimal **evidence of compliance** associated with this *Standard*:

- a. Program/institutional policies and procedures;
- b. Hard copy or electronic student records.

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.

Standard 5.22 - Program records kept by the institution must include the following documentation:

- a) Annual Report of Current Status and supporting documentation;*
- b) Course syllabi;*
- c) Resource assessment surveys;*
- d) Clinical Affiliate Agreements and schedules;*
- e) Advisory Committee minutes.*

Minimal **evidence of compliance** associated with this *Standard*:

- a. Hard copy or electronic copy of 5.22 a-e.

Interpretive Guideline:

Program records include Annual Reports of Current Status for the base program and all program options, the NBRC Annual School Summary reports, CoARC Graduate and Employer Surveys, 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.