



Accreditation Standards for Advanced Practice Programs in Respiratory Care

Standards initially adopted in 2015

Endorsed by the

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

Supported by the AMERICAN SOCIETY OF ANESTHESIOLOGISTS:

“Since the document has neither been presented to nor approved by either the ASA Board of Directors or House of Delegates, it is not an official or approved statement or policy of the Society.”

STANDARDS IN EFFECT 11/13/16

© 2016 Commission on Accreditation for Respiratory Care

1248 Harwood Rd • Bedford • Texas • 76021-4244

www.coarc.com

(817) 283-2835 Office

(817) 354-8519 Fax

Accreditation Standards for Advanced Practice Programs in Respiratory Care

Table of Contents

About CoARC.....	4
CoARC’s Mission	4
The Value of Programmatic Accreditation	4
INTRODUCTION	5
Background	5
Primary Role of the Advanced Practice Respiratory Therapist.....	6
Under the leadership of a physician, the APRT is expected to:.....	6
Description of the Advanced Practice Respiratory Therapist.....	6
Eligibility	7
PROGRAM REVIEW	7
FORMAT OF STANDARDS	7
ACCREDITATION STANDARDS FOR ADVANCED PRACTICE PROGRAMS IN RESPIRATORY CARE ...	9
SECTION A - PROGRAM ADMINISTRATION AND SPONSORSHIP	9
Institutional Accreditation	9
Consortium	9
Sponsor Responsibilities	10
Substantive Changes	11
SECTION B - INSTITUTIONAL AND PERSONNEL RESOURCES	13
Institutional Resources	13
Key Program Personnel	13
Program Director	14
Director of Clinical Education	16
Medical Director	18
Instructional Faculty.....	18
Administrative Support Staff	19
Assessment of Program Resources	20
SECTION C - PROGRAM GOALS, OUTCOMES, AND ASSESSMENT	22
Statement of Program Goals	22
Advisory Committee.....	22
Student Learning Outcomes.....	23
Assessment of Program Outcomes	28
Reporting Program Outcomes.....	28
Clinical Site Evaluation.....	30
SECTION D - CURRICULUM.....	31
Minimum Course Content.....	31
APRT Core Competencies	32
APRT Professional Practice-Specific Competencies	36
Length of Study	37

Equivalency 37
Advanced Clinical Practice 38
SECTION E - FAIR PRACTICES AND RECORDKEEPING 40
Disclosure 40
Public Information on Program Outcomes..... 41
Non-discriminatory Practice..... 42
Safeguards 43
Academic Guidance 45
Student and Program Records..... 45
APPENDIX A – GLOSSARY 47

DRAFT

About CoARC

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

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009 and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

CoARC's Mission

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

The Value of Programmatic Accreditation

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes.

INTRODUCTION

The CoARC and its collaborating organizations wish to establish, maintain, and advance educational standards constitute the minimum requirements to which an accredited advanced practice respiratory care program is held accountable and provide the basis on which the CoARC will confer or deny program accreditation. These Standards are used for the development, self-analysis and external evaluation of advanced practice respiratory care programs.

Historically, for respiratory therapists who have obtained a baccalaureate, a number of universities offer master's degrees in education or administration; obviously such programs do not include a clinical component. More recently, however, two types of respiratory therapy graduate education in the U.S. are emerging.

- 1) Entry into Respiratory Care Professional Practice Master's Degree Program:** A program that offers individuals who have baccalaureate degrees in disciplines other than respiratory therapy the opportunity to enroll in a respiratory care program offering graduate credit and thereby enter practice with a master's degree in Respiratory Care. In addition to providing students with the clinical skills needed to function as respiratory therapists, these programs include course work in the areas of management, education, research, or advanced clinical practice (which may include an area of clinical specialization).
- 2) Post-Professional Master's Degree Program:** A program that offers registered respiratory therapists with baccalaureate degrees the opportunity to enroll in a graduate program of study that prepares them for advanced practice in the respiratory therapy profession. Graduates of such programs would have skills in education, research, management and/or advanced clinical practice.

Background

The definition of the term "advanced practice" in respiratory therapy has evolved over time. For many years, the National Board for Respiratory Care (NBRC) has defined advanced practice therapists as those who have earned the Registered Respiratory Therapist (RRT) credential in contrast to having earned the entry level Certified Respiratory Therapist credential (CRT). The CoARC accredits respiratory therapy education programs and determined that as of 2012 all accredited programs must prepare students at the advanced (RRT) credential level.

In 2002, the AARC, the NBRC, and CoARC issued statements in support of making education and credentialing beyond the level of the RRT available to respiratory therapists – a redefinition of the 'Advanced Practice' concept. Over the last decade, both respiratory therapy and physician leaders have increasingly expressed the need for such advanced practice respiratory therapists (APRTs) to support the management of and facilitate patient care as physician extenders. Under the leadership of a supervising physician, the APRT would be trained to assess patients, develop care plans, order and provide this care and evaluate and

modify care based on each patient's response to therapy. This would require the development of advanced practice educational programs designed to:

- Prepare clinical practitioners with advanced knowledge and skills in basic and clinical sciences who are able to assess patients and to plan and deliver high quality, cost-effective health care;
- Develop advanced practice clinical specialists in the areas of adult critical care, pediatric critical care, neonatal critical care, pulmonary function technology and cardiopulmonary diagnostics, polysomnography, and other clinical areas;
- Prepare individuals for research both in the laboratory and in clinical practice.

Primary Role of the Advanced Practice Respiratory Therapist

Under the leadership of a physician, the APRT is expected to:

- Serve as a physician extender in both pulmonary medicine and critical care;
- Provide access to cost-effective, quality care by:
 - Facilitating implementation of clinical respiratory treatment protocols
 - Facilitating management and weaning of patients from mechanical ventilation
 - Improving appropriateness and efficiency of respiratory care
- Ensure delivery of 'best practice' respiratory care which will:
 - Improve patient clinical outcomes
 - Improve patient safety
 - Optimize allocation of respiratory care
 - Reduce the length of stay and hospital readmission

Description of the Advanced Practice Respiratory Therapist

The Advanced Practice Respiratory Therapist (APRT) is a credentialed, licensed respiratory care practitioner trained to provide a scope of practice that exceeds that of the registered respiratory therapist. After obtaining the NBRC RRT credential, the aspiring APRT must successfully complete a CoARC-accredited graduate-level education and training program that enables the APRT to provide advanced, evidence-based, diagnostic, and therapeutic clinical practice and disease management.

As part of a physician-led team, APRTs are trained to provide diagnostic, therapeutic, critical care and preventive care services in multiple settings across the health care spectrum including acute (emergency department [ED] or urgent care) and critical care, sub-acute, in-patient, and preventative care, as well as chronic care, ambulatory, and out-patient care. They take medical histories and record progress notes; examine, treat, and counsel patients; order and interpret laboratory tests, imaging studies, and diagnostics; and provide acute, critical, and chronic care to patients. The value and importance of maintaining the physician-therapist relationship that has benefitted patients with cardiopulmonary disease for many decades are preserved by having APRTs practice under the leadership of a physician.

Eligibility

The CoARC accredits degree-granting programs in respiratory care that have undergone a rigorous process of voluntary peer review and have met or exceeded the minimum accreditation standards set by the CoARC. The CoARC accredits only respiratory care programs offered by, or located within institutions chartered by and physically located within, the United States and its territories and where students are geographically located within the United States and its territories for their education.

To become accredited by the CoARC, the sponsor of an APRT program must be: a U.S. accredited postsecondary institution; or a consortium of which one member must be the U.S. accredited postsecondary institution; or in facilities sponsored by the U.S. military (as defined in Standard A1).

Sponsors must apply for program accreditation as outlined in CoARC's Accreditation Policies and Procedures Manual available at www.coarc.com. Programs focused on advanced clinical education are eligible for accreditation. Eligible programs must comply with CoARC's Accreditation Policies and Procedures and use the application forms provided by the CoARC.

All APRT students must be graduates of a CoARC-accredited Entry into Respiratory Care Professional Practice degree program and hold the Registered Respiratory Therapist (RRT) credential prior to entry into the program.

PROGRAM REVIEW

Accreditation of APRT programs is a voluntary process that requires a comprehensive review of the program relative to these Standards. While the process is voluntary, it provides programs with external validation of their educational offering. Additionally, the process offers prospective APRT students one means by which they can judge the quality of the educational experience offered by the program.

Accreditation decisions are based on the CoARC's assessment of the information contained in the accreditation application and self-study report, the report of site visit evaluation teams, and the Annual Report of Current Status, as well as its review of any reports or documents submitted by the program during each accreditation cycle. To clarify submitted information, additional data may be requested at any time during the review process.

FORMAT OF STANDARDS

The Standards are divided into five sections: **(A) Program Administration and Sponsorship; (B) Institutional and Personnel Resources; (C) Program Goals, Outcomes, and Assessment; (D) Curriculum; and (E) Fair Practices and Recordkeeping.** Within each section,

specific Standards elucidate the CoARC's requirements for accreditation.

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

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

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

ACCREDITATION STANDARDS FOR ADVANCED PRACTICE PROGRAMS IN RESPIRATORY CARE

SECTION A - PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

A1 An educational sponsor must be a post-secondary academic institution accredited by a regional accrediting agency 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 a master's or higher degree at the completion of the program.

Evidence of Compliance:

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

Interpretive Guideline:

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

Consortium

A2 When more than one institution (i.e., a consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard A1. The consortium must be capable of providing all resources necessary for the program. The responsibilities of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

Evidence of Compliance:

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

Interpretive Guideline:

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

Sponsor Responsibilities

A3 The sponsor must be capable of providing the didactic and laboratory instruction, as well as the clinical experience needed to complete programmatic and degree requirements. If applicable, the sponsor must have a process for accepting transfer credit from other nationally or regionally accredited institutions for these courses.

Evidence of Compliance:

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

Interpretive Guideline:

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

A4 The sponsor is responsible for:
a) Supporting curriculum planning, course selection and coordination of instruction by program faculty;
b) Supporting continued professional growth of faculty.

Evidence of Compliance:

- Institutional policies and procedures related to curriculum planning, course selection and coordination of instruction by program faculty;
- Program faculty minutes of meetings for curriculum planning, course selection and instruction coordination;
- Institutional policies demonstrating support for continued professional growth of faculty and staff;
- Documentation of continuing professional development activities of the faculty and institutional support of these activities.

Interpretive Guideline:

Professional development defines faculty efforts to remain current with clinical and academic skills and to develop new skills as needed for position responsibilities. The types of professional development opportunities for faculty members supported by institutions vary. They may include, but are not limited to:

- *Funding for maintaining National Board for Respiratory Care (NBRC) credential status, attending professional organizational meetings and/or for continuing education conferences;*
- *Provision of non-vacation time for professional organizational activities, for clinical practice or for research/scholarly activities; time needed for review and study related to maintaining credentials;*
- *Encouraging faculty to pursue an advanced degree by offering tuition remission or time off.*

Evidence for institutional support can include program policies, institutional policies, and listing of the continued professional development activities of the faculty along with documentation of institutional support of these activities.

A5 Program academic policies must apply to all students and faculty regardless of location of instruction.

Evidence of Compliance:

- Student handbooks;
- Published program policies.

Interpretive Guideline:

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

Substantive Changes

- A6 The sponsor must report substantive change(s) (see Section 9 of the CoARC Accreditation Policies and Procedures Manual) to the CoARC within the time limits prescribed. Substantive change(s) include:
- a) Change of Ownership/Sponsorship/Legal status or Change in Control
 - b) Change in degree awarded
 - c) Addition of an Entry into the Respiratory Care Professional Practice degree track
 - d) Initiation of (an) Additional Degree Track Program(s)
 - e) Change in program goal(s)
 - f) Change in the curriculum or delivery method
 - g) Addition of the Sleep Specialist Program Option
 - h) Request for Inactive Accreditation Status
 - i) Voluntary Withdrawal of Accreditation
 - j) Addition of (a) Satellite location(s)
 - k) Requests for increases in Maximum Enrollment
 - l) Change in Program Location
 - m) Vacancy in Key Personnel positions
 - n) Change in Key Personnel

- o) Change in institutional accreditor
- p) Transition of a Program Option to a Base Program

Evidence of Compliance:

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

Interpretive Guideline:

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

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

If, during any type of program review, substantive changes (CoARC Policy 9.0) that have already been implemented without the notification of CoARC are discovered, the CoARC Executive Office should be contacted as soon as possible.

SECTION B - INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

B1 The sponsor must ensure that fiscal, academic and physical resources are sufficient for the program to achieve its goals and objectives, as defined in Standard C1, at all program locations, regardless of the instructional methodology used.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM).

Interpretive Guideline:

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

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

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

Key Program Personnel

B2 The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

Evidence of Compliance:

- Documentation of Employment;
- Written job descriptions including minimal qualifications.

Interpretive Guideline:

Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) must be sufficient to allow the Program Director and Director of Clinical Education to fulfill their responsibilities as identified in B3 and B7, respectively. The Medical Director (or co-directors) is/are not required to have full-time appointments. Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). Key program personnel must have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. A listing of both the key personnel and the program faculty should be published (at a minimum on the program's website).

Program Director

B3 The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

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

Interpretive Guideline:

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

B4 The PD must have earned a doctoral degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:

- Academic transcript denoting the highest degree earned.

Interpretive Guideline:

Degrees are acceptable if they were awarded by an institution that is accredited by a USDE-recognized national or regional accrediting body. Program Directors with degrees from non-accredited institutions do not meet this Standard. The degree earned can be in any field of study. For degrees from institutions in countries other than the United States, the CoARC will use a foreign educational credentials evaluation service (e.g., www.naces.org) to evaluate whether the foreign transcript is equivalent to that of the required minimum degree.

- B5 The PD must have a:
- a) valid RRT credential OR be a physician (MD or DO);
 - b) current professional license or certificate as required by the state in which the program exists unless exempted from licensure under state or federal law;
 - c) minimum of five (5) years' experience as an RRT OR physician (MD or DO) of which at least four (4) years must include experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care OR anesthesiology;
 - d) minimum of four (4) years' teaching experience in clinical respiratory care, research, management, or education associated with an accredited respiratory care program or medical school.

Evidence of Compliance:

- Documentation of current state license;
- Credential verification by the NBRC, ABMS, AOA, or relevant credentialing agency;
- Curriculum vitae.

Interpretive Guideline:

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

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

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

- B6 The PD must have regular and consistent contact with students and program faculty regardless of program location.

Evidence of Compliance:

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

Surveys.

Interpretive Guideline:

Student course evaluations and interview responses should affirm that the PD is accessible to students throughout their course of study and that the extent of interaction between the PD and students facilitates the achievement of program goals. The PD must be available and accessible (e.g., in-person, phone, or on-line) when students are actively taking professional coursework.

Director of Clinical Education

B7 The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

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

Interpretive Guideline:

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

B8 The DCE must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the USDE.

Evidence of Compliance:

- Academic transcript denoting the highest degree earned.

Interpretive Guideline:

Degrees are acceptable only if they were awarded by an institution that is accredited by a USDE-recognized national or regional accrediting body. DCEs with degrees from non-accredited institutions do not meet this Standard. The degree earned can be in any field of study.

For degrees from institutions in countries other than the United States, the CoARC will use a foreign educational credentials evaluation service (e.g., www.naces.org) to evaluate whether or not the foreign transcript is equivalent to that of the required minimum degree.

B9 The DCE must have a:

- a) valid RRT credential OR be a physician (MD or DO);
- b) current professional license or certificate as required by the state in which the program exists unless exempted from licensure under state or federal law;
- c) minimum of five (5) years' experience as an RRT OR physician (MD or DO) of which at least four (4) years must include experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care OR anesthesiology;
- d) minimum of four (4) years' teaching experience in clinical respiratory care, research, management, or education associated with an accredited respiratory care program or medical school.

Evidence of Compliance:

- Documentation of a current state license;
- Credential verification by the NBRC, ABMS, AOA, or relevant credentialing agency;
- Curriculum vitae.

Interpretive Guideline:

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

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

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

B10 The DCE must have regular and consistent contact with students, clinical faculty, and clinical affiliates at all program locations.

Evidence of Compliance:

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

Interpretive Guideline:

Student course evaluations and on-site interview responses should demonstrate that the DCE is accessible to students throughout their course of study and that the degree of interaction between the DCE and students facilitates the achievement of program goals. The DCE must be available and accessible (e.g., in-person, phone, or on-line) to students when they are actively taking clinical professional coursework. Examples of contact documentation between DCE and

clinical faculty/affiliates can include communications log, copies of email correspondence, or program faculty meeting minutes.

Medical Director

B11 A Medical Director must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meet current practice guidelines. The Medical Director must be a licensed physician and Board certified as recognized by the ABMS or AOA in a specialty relevant to advanced practice respiratory care, and credentialed at one of the program's clinical affiliates.

Evidence of Compliance:

- Copy of state license and board certificate(s);
- Curriculum vitae;
- Appointment letter/contractual agreement;
- Confirmation of staff appointment or privileges at a clinical affiliate;
- Records of interaction with Key Personnel including attendance at Advisory Committee meetings;
- Documentation of physician interaction with students;
- Results of annual program resource assessment as documented in the CoARC RAM.

Interpretive Guideline:

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

Documentation of credential validation can include a copy of the board certificate or Credentials Verification Letter from the appropriate credentialing agency. Expired board certificates are not valid and the Medical Director must be in active practice. Documentation of license validation can include a copy of the license certificate or License Verification Letter from the appropriate licensing agency. Expired licenses are not valid. The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as evidence of curriculum vitae. The CV or CoARC CV Outline Form must include documentation of the clinical site(s) where the physician is credentialed. Documentation of appointment as Medical Director by the program must include letters of appointment and acceptance (templates are available on the CoARC website).

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

Instructional Faculty

B12 In addition to the key personnel, there must be sufficient personnel resources to provide effective instruction in the didactic, laboratory, and clinical settings for each course of study. At each location to which a student is assigned for instruction, there must be an individual designated to facilitate supervision and the assessment of the student's progress in achieving expected competencies.

Evidence of Compliance:

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

Interpretive Guideline:

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

The program should demonstrate that instructional faculty are qualified in the content areas that they are teaching. Qualified means that faculty have demonstrated sufficient knowledge, skills and competency in those content areas. 'Appropriately credentialed' depends on the topics/skills being taught. Instructional faculty need not be respiratory therapists, and can include professionals with advanced degrees or with experience and training in an appropriate field or discipline (e.g., MBAs, physicians, PhDs, pharmacists, nurses, pulmonary function technologists, etc.). Volunteer faculty, adjuncts, part-time faculty, or full-time faculty may meet this Standard.

The program must ensure that sufficient, appropriately credentialed clinical instructors are available for students at each clinical site. The term "faculty" as it relates to clinical rotations refers primarily to clinical instructors, although program faculty with clinical supervision responsibilities are included (see definitions in Standards document.) Clinical instructors should have at least one valid clinical specialty credential (e.g., NPS, PFT, ACCS, SDS) or have board certification as recognized by the ABMS or AOA in a specialty relevant to respiratory care. Clinical faculty includes off-site clinical supervisors, preceptors, or similar personnel who do not hold employment contracts with the program sponsor. However, all clinical preceptors who are not program faculty must be employed by the clinical site at which they are teaching.

Instructional faculty participate in the evaluation of student performance. For all faculty who evaluate students, the program should have documentation that program personnel have provided them with orientation regarding the roles and responsibilities of preceptors, the policies and procedures of the program related to the competencies being evaluated, and inter-rater reliability training.

Administrative Support Staff

B13 There must be sufficient administrative and clerical support staff to enable the program

to meet its goals and objectives as defined in Section C.

Evidence of Compliance:

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

Interpretive Guideline:

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

Assessment of Program Resources

B14 The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard B1. The survey data must be documented using the CoARC Resource Assessment Matrix (RAM). The results of resource assessment must be the basis for ongoing planning and appropriate change in program resources; any deficiency identified requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by ongoing resource assessment.

Evidence of Compliance:

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

Interpretive Guideline:

Only the approved CoARC RAM format (available at www.coarc.com) can be used for reporting purposes. The RAM format documents the following for each resource assessed: a) Purpose statements; b) Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans and implementation, and g) Reassessment. Resource assessment must be performed annually using CoARC’s APRT Student and APRT Program Personnel Resource Assessment surveys - SPRS and PPRS respectively (www.coarc.com) with the results of the most recent RAM reported in the Annual Report of Current Status (RCS). Both surveys should be administered as close to the end of the academic year as possible. The SPRS must be administered annually to all currently enrolled students. The PPRS should be completed by program faculty, the Medical Director, and Advisory Committee Members, with members of each group answering the questions pertaining to that group. For both surveys, at least 80% of survey responses must be 3 or higher for each of the 9 resource areas. Any resource for which

this cut score is not achieved is deemed to be suboptimal and an action plan must be developed to address deficiencies. Resource Assessments must be reported separately for each portion of the program with a separate CoARC ID number. Programs must maintain resource assessment documentation for five years (RAM, SPRS, and PPRS). Programs must assess each resource using at a minimum the two CoARC evaluation instruments.

DRAFT

SECTION C - PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

C1 The program must have the following goal defining minimum expectations: *“To prepare registered respiratory therapists for practice as advanced practice respiratory therapists (APRTs) with demonstrated competence in the cognitive (knowledge), psychomotor (skills) and affective (behavior) domains.”*

Evidence of Compliance:

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

Interpretive Guideline:

The CoARC requires that all APRT programs have the same goal defining minimum expectations. Programs are allowed to have goals in addition to these; however all such optional goals must have measureable outcomes, and there must be a systematic process to assess achievement of these outcomes. All program goals must be made known to all prospective and currently enrolled students. Program outcome data, faculty and advisory committee meeting minutes, program and sponsor publications, and information made available during on-site interviews should demonstrate compliance with this Standard.

C2 Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. In addition, optional program goal(s) and outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsor.

Evidence of Compliance:

- Documentation of annual review and analysis of goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings and Annual Report of Current Status (RCS);
- Documentation that the program’s optional goal(s) is/are compatible with the sponsor’s mission.

Interpretive Guideline:

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

Advisory Committee

- C3 The communities of interest served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public. An advisory committee, with representation from each of the above communities of interest (and others as determined by the program) must meet with key personnel at least annually to assist the program and sponsor personnel in reviewing and evaluating program outcomes, instructional effectiveness and program response to change, along with addition of/changes to optional program goals.

Evidence of Compliance:

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

Interpretive Guideline:

The purpose of an advisory committee is to provide opportunity for discussion and interaction aimed at improving the program, evaluating program goals, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing. Program key personnel should participate in the meetings as non-voting members.

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

Student Learning Outcomes

- C4 The program must define and make available to enrolled students and faculty the expected student learning outcomes (ESLOs) that align with C1 and C2 and address the core and advanced professional competencies determined by the program as outlined in Section D. These ESLOs must clearly articulate what students are expected to be able to do, achieve, demonstrate, or know upon completion of the program. The program shall determine the direct and indirect evidence to be used to measure each of the ESLOs and shall make these known to all students in the program.

Evidence of Compliance:

- Documentation of expected ESLOs for each segment of professional coursework that includes direct and indirect evidence used to measure each ESLO;
- Documentation that ESLOs are provided to all enrolled students and faculty.

Interpretive Guideline:

There are no nationally-accepted ESLOs for this type of program; therefore, it is the responsibility of the program faculty, with input from the advisory committee, to define the ESLOs of the program and to determine which of the ESLOs are applicable to each student based on his/her professional goals. ESLOs must be defined at a level appropriate to meet the expected competencies of an APRT and consistent with the roles and degree requirements for which the program is preparing its graduates. ESLOs should be documented in either the course syllabi or course manual. Assessment of student learning outcomes (ESLOs) should involve both direct and indirect examination of student performance. Types of direct evidence that might be used to evaluate expected competencies include (but are not limited to):

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

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

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

- *Surveys, questionnaires, focus group, or individual interviews dealing with the perception of alumni regarding their learning or of their current career satisfaction;*
- *Surveys, questionnaires, focus group, or individual interviews dealing with faculty and staff members' perception of student learning;*
- *Honors, awards, scholarships, and other forms of public recognition earned by students and alumni.*

Assessment of Program Goals

C5 The program must formulate a systematic assessment process to evaluate the ESLOs defined in C3. Rubrics must be established for each of the ESLOs and made known to the students prior to their evaluations. Based on the results of the assessment process, the program must make adjustments to the curriculum as needed, but no less than annually.

Evidence of Compliance:

- Rubrics for all ESLOs included in all course syllabi and in the student handbook;
- Annual Report of Current Status (RCS) documenting ESLOs;
- Minutes of faculty and advisory committee meetings.

Interpretive Guideline:

The program must establish a method for ensuring that each student will accomplish all applicable competencies prior to completion of the program. For example, a declaration of intent to complete all applicable competencies could be developed for students to sign prior to beginning the program. Although the program must demonstrate that it is providing distinct learning experiences for each competency, the emphasis (i.e. the breadth and depth of the experiences) will vary with focus area, the degree awarded, and the professional goal of the individual.

A well designed program assessment process should reflect adequate collection and interpretation of information regarding student learning and program outcomes, as well as the effectiveness of administrative functions. The assessment process incorporates both the study of the quantitative and qualitative performance data collected and its critical analysis by the program. The process should provide evidence that the program is thorough and precise with collection, management and interpretation of the data, and that determination of the potential/necessity for improvement or change is based on the relevance of the collected data to the various aspects of the program.

Student Evaluation

C6 The program must have clearly documented assessment measures by which all students are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct evaluations equitably and with sufficient frequency to keep students apprised of their progress toward achieving the expected competencies. This will facilitate prompt identification of

learning deficiencies and the development of a means for their remediation within a reasonable time frame. For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program must provide evidence supporting its determination that such testing preserves academic integrity and maintains quality and fairness.

Evidence of Compliance:

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

Interpretive Guideline:

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

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

Student performance evaluation is the responsibility of program faculty. While faculty should seek input from clinical preceptors who facilitate student learning experiences or perform formative evaluations, the faculty are ultimately responsible for evaluation of individual student learning outcomes and subsequent remediation.

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

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

Inter-rater Reliability

c7 The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

Evidence of Compliance:

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

Interpretive Guideline:

The intent of this standard is to ensure consistency in the clinical evaluation of students. The program must demonstrate that there is ongoing assessment of the evaluations done by clinical evaluators and that evaluators are provided with training (e.g. training manual, training workshop, or online training sessions for evaluators) to improve consistency.

Initially, preceptor evaluations must be conducted within the first year of assignment. Subsequent preceptor evaluations must be conducted when: (1) significant changes to the program’s clinical evaluation processes occur; (2) curricular content changes occur after revision of the national credentialing agency content outline; (3) new accreditation Standards are published; and (4) student or program assessments (e.g., evaluation of instruction by students and program surveys) identify variability in clinical evaluations. Preceptors that do not participate in the clinical evaluation of students are not included in the inter-rater reliability program. This process must include a comparison of evaluations done in a setting where program faculty can identify unjustified variability among evaluators. Statistical analysis can be used but is not required. When excessive variability amongst evaluators is identified, the program must have a plan of action which includes remediation, a timeline, and follow-up. The

results of this process must be reviewed by the Director of Clinical Education or Program Director at least annually.

Assessment of Program Outcomes

C8 Program outcomes must be assessed annually, using the standardized CoARC surveys of employers and graduates.

Evidence of Compliance:

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

Interpretive Guideline:

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

Reporting Program Outcomes

C9 The program must, at a minimum, meet the outcomes thresholds established by CoARC regardless of location and instructional methodology used.

Evidence of Compliance:

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

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds of Success) for each of the outcomes (See www.coarc.com). The program must meet the outcomes assessment thresholds, as documented in the Annual Report of Current Status. Programs shall include analysis and action plans to address any shortcomings revealed by these evaluation systems.

Programmatic summative measures should include graduate achievement on national credentialing specialty examinations (when applicable), and/or program-defined summative measures of outcome performance related to ESLOs (e.g., Capstone project). For students undertaking specialty education in respiratory care (i.e. neonatal, intensive care, sleep disorders, etc.) programs must use national credentialing specialty examinations as an outcomes measure and these outcomes data must be reported annually. However, there will be no corresponding outcomes assessment threshold for these examinations.

Attrition is defined as the percentage of students who enrolled in an APRT program but left the program prior to graduation. Students who leave the program before the fifteenth calendar day after the beginning of the first term are not included in program attrition.

Graduate and employer satisfaction surveys shall be administered twelve (12) months after graduation.

Professional advancement requires the graduate to meet program-defined criteria related to advanced clinical practice/patient care, teaching, research, professional service, and/or other professional development metrics.

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

C10 The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC.

Evidence of Compliance:

- Annual Report of Current Status accepted by CoARC.

Interpretive Guideline:

All programs must complete and submit an Annual Report of Current Status (RCS) by the July 1st deadline. The RCS documents the program's outcomes results as defined in C9 in relation to the thresholds, where applicable. The program/option must also list its current clinical affiliates each year in the RCS. The Annual Report of Current Status is available for access at www.coarc.com.

C11 Programs not meeting all of the established CoARC outcomes assessment thresholds must develop an appropriate plan of action for program improvement that includes addressing each of the identified shortcomings.

Evidence of Compliance:

- Progress report(s) with supporting documents.

Interpretive Guideline:

This Standard is only applicable to programs that have not met one or more of the outcomes assessment thresholds described in Standard C9. Programs and program options with sub-threshold results will be required to engage in an accreditation dialogue, which may include progress report(s), 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. Remediation of outcomes deficiencies is explained in detail in Section 4.0 of the CoARC Accreditation Policies and Procedures Manual. A copy of the program's most recent progress

report addressing the shortcoming(s) (including CoARC's program action letter requesting the report) must be included as minimum evidence.

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

Clinical Site Evaluation

C12 The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.

Evidence of Compliance:

- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student evaluations of clinical courses, sites, and preceptors;
- Results of CoARC APRT Student-Program and APRT Personnel-Program Resource Surveys.

Interpretive Guideline:

An effective evaluation process requires the program to establish criteria for evaluation of new sites and clinical faculty as well as for those that have an ongoing relationship with the program. The evaluation process(es) should focus on established criteria suitable for the program. The program should include a narrative describing, in concise terms, the types and frequency of the evaluations it uses. This narrative should include any available evaluations of the program and its clinical sites by the program's sponsor, but more importantly, a description of the methods used by the program to evaluate its clinical sites and preceptors. The program should not include the actual evaluation documents in the self-study. However they must be available for the on-site evaluation team.

Clinical site evaluation by program faculty involves monitoring of the sites used for supervised clinical practice experiences and modifying them as necessary to ensure that expected learning outcomes will be met by each student upon program completion. Faculty should be able to document that the use of different clinical sites to achieve the same competency does not affect the overall accomplishment of expected learning outcomes. The evaluation should also show that while students are on supervised clinical practice rotations, preceptors are providing satisfactory feedback and mentoring.

SECTION D - CURRICULUM

Minimum Course Content

D1 The curriculum must include the integrated content necessary to attain the expected competencies and achieve the program's stated goal(s).

Evidence of Compliance:

- Course syllabi for all courses including course description, general and specific course objectives, methods of evaluation, content outline, and criteria for successful course completion;
- Published curriculum demonstrating appropriate course sequencing;
- Catalog course descriptions for all required courses in the curriculum;
- For clinical specialty programs, written documentation of the comparison of the program curriculum to the appropriate national credentialing agency specialty exam content outline.

Interpretive Guideline:

To ensure that students benefit from the program, the curriculum should build upon their prior education and professional experiences while remaining congruent with the goal(s) of the program and addressing the needs and expectations of the communities of interest. Course content must be consistent with the roles and degree requirements for which the program is preparing its graduates.

The integration of content both horizontally and vertically within the curriculum involves proper course sequencing. Appropriate sequencing requires consideration of all necessary content and its subsequent, appropriate integration. Course sequencing should build upon previous experience with student learning. Within each subject area, course content should be connected topic to topic, concept to concept and one year's work to the next. The progression of the curriculum should match and build on the progression of the expected competencies.

Curriculum Review & Revision to Meet Goals

D2 Curricular content must be periodically reviewed and revised to ensure both its consistency with the program's stated goal(s) and its effectiveness in achieving the expected competencies.

Evidence of Compliance:

- Course syllabi for all courses including course descriptions, general and specific course objectives, methods of evaluation, content outline, and criteria for successful course completion;
- Written documentation of the matching of the program curriculum to the expected competencies/ESLOs;

- Written analysis of program effectiveness in achieving the expected competencies and documentation that this is reported to the Advisory Committee annually, along with advisory committee response/recommendations. An action plan and follow-up must be implemented when significant deficits in any content areas are noted, and must address Advisory Committee recommendations.

Interpretive Guideline:

The program must provide evidence that curricular content is current and reflects the expected competencies for each subject/focus area. When credentialing examinations are used as an outcomes measure, the program must document the comparison of detailed content outlines for each course with current credentialing exam content matrices, as available. CoARC does not address the relationship of high-fidelity patient simulation to clinical patient hours or the suitability of substituting the former for the latter. While the CoARC encourages the use of patient simulation as an adjunct to clinical training, for a variety of reasons, simulation cannot replace patient contact.

APRT Core Competencies

This section identifies the core knowledge, skills and attitudes that students must acquire prior to graduation:

D3 Respiratory Care Knowledge

Graduate knowledge in respiratory care must include an understanding of pathophysiology, symptomatology, differential diagnosis, disease management, health promotion and disease prevention of/for respiratory disease. Graduates must have an understanding of biomedical and clinical sciences and how to apply this knowledge to patient care in their area of advanced practice. In addition, graduates are expected to demonstrate an analytical approach to clinical situations and an understanding of the potential for research that such situations provide. Graduates are expected to demonstrate comprehension of:

- Etiologies, risk factors, underlying pathologic process, and epidemiology for cardio-pulmonary conditions;
- Signs and symptoms of cardio-pulmonary conditions;
- Use of appropriate technology for diagnosis;
- Management of cardio-pulmonary conditions;
- Indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities used for cardiopulmonary diseases;
- Appropriate site of care for presenting conditions, including identifying emergent cases and those requiring consultation, referral or admission;
- Interventions for treatment and prevention of conditions;
- Methods to detect conditions in both symptomatic or asymptomatic individuals;
- Differences between normal and abnormal anatomy, physiology, laboratory findings, and other diagnostic data; and

- Use of history and physical findings and diagnostic studies to formulate a differential diagnosis.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D4 Interpersonal & Communication Skills

Graduates must demonstrate interpersonal and communication skills, both verbal and nonverbal, that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Graduates are expected to:

- Create and sustain an ethically sound therapeutic relationship with patients;
- Use effective verbal and nonverbal, skills to elicit and provide information;
- Appropriately adapt communication style and message to the context of the individual patient interaction;
- Work effectively with physicians and other health care professionals as a member of a health care team or other professional group;
- Demonstrate emotional resilience and stability, adaptability, flexibility, tolerance of ambiguity and anxiety, and an understanding of aberrant patient behaviors;
- Accurately and adequately document information regarding the care process for medical, legal, quality of care, and financial purposes.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D5 Patient care

Patient care includes age appropriate assessment, management and follow-up. Graduates must demonstrate care that is effective, patient-centered, timely, efficient, and equitable including the use and prescription of pharmacologic and non-pharmacologic interventions whether or not a graduate later chooses or is able to gain prescriptive authority. Under the leadership of a physician, graduates are expected to:

- Perform complete patient assessments (history, physical, labs and other diagnostic studies);
- Develop, implement and evaluate care plans for the treatment of acute and chronic pulmonary disease;
- Perform advanced practice cardiopulmonary and critical care procedures;

- Order and evaluate diagnostic testing for the assessment of the cardiopulmonary and critical care patient;
- Prescribe drugs and medications;
- Order procedures; and
- Counsel and educate patients and their families.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D6 Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Graduates must know their professional and personal limitations. Professionalism also requires that graduates practice without impairment from substance abuse, cognitive deficiency, or mental illness. Graduates must demonstrate a high level of responsibility, ethical practice and confidentiality, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Graduates are expected to demonstrate:

- An understanding of legal and regulatory requirements, as well as the appropriate role of the APRT;
- Professional relationships with physician supervisors and other health care providers;
- Respect, compassion, and integrity;
- Responsiveness to the needs of patients;
- Accountability to patients, society, and the profession;
- Commitment to excellence and ongoing professional development;
- Commitment to ethical principles such as those pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities;
- Self-reflection, critical curiosity, and initiative.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D7 Practice-based learning and improvement

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Graduates must be able to assess, evaluate, and improve their patient care practices. Graduates are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team;
- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems;
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn;
- Apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- Use information technology to manage information, access online medical information, and support their own education;
- Facilitate the learning of students and/or other health care professionals;
- Recognize and appropriately address gender, cultural, cognitive, emotional, physical impairment and other biases in themselves and others.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D8 Systems-based practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Graduates must demonstrate awareness of and responsiveness to the health care system of which their practices are a part to provide patient care that is of optimal value. Graduates should use their experience with the health care system to evaluate and help address any shortcomings of which they are aware. Graduates are expected to:

- Use information technology to support patient care decisions and patient education;
- Effectively interact with different types of medical practice and delivery systems;
- Understand the funding sources and payment systems that provide coverage for patient care;
- Practice cost-effective health care and resource allocation that does not compromise quality of care;
- Advocate for quality patient care and assist patients in dealing with system complexities;
- Partner with supervising physicians, managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes;

- Accept responsibility for promoting a safe environment for patient care and for recognizing and correcting systems-based factors that negatively impact patient care;
- Use medical information and clinical data systems to provide more effective, efficient patient care; and
- Correctly utilize the available systems responsible for the appropriate payment of services.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

D9 Inter-professional practice

Preparing students to be effective members of clinical teams with the goal of providing safer, patient-centered health is a central tenet of inter-professional education. Graduates are expected to:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values;
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served;
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease;
- Apply relationship building values and the principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient, effective, and equitable.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the competencies listed in this Standard;
- CoARC Graduate and Employer satisfaction survey results.

APRT Professional Practice-Specific Competencies

D10 In addition to demonstrating core competencies, APRT graduates must effectively demonstrate specific knowledge, skills, attitudes, and other characteristics required in professional practice as an advanced practice respiratory therapist.

Evidence of Compliance:

- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate the student's ability to effectively perform advanced diagnostic and therapeutic procedures;
- CoARC Graduate and Employer satisfaction survey results.

Interpretive Guideline:

The program must document that the curriculum is designed to allow students to successfully demonstrate the advanced professional practice competencies (beyond the core competencies) as identified in C4. Professional practice-specific competencies are based on the sponsor's mission as well as state and local needs/regulations.

Length of Study

D11 The program must ensure that the duration of the program is commensurate with the degree awarded and sufficient for students to acquire the expected competencies.

Evidence of Compliance:

- Annual RCS accepted by CoARC documenting both student achievements that meet thresholds and the satisfaction of faculty, graduates and employers with the program;
- Published curriculum outline in the academic catalog documenting the length of study required for graduation from the program and degree conferral;
- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting;
- Clinical syllabi detailing expected student competencies;
- Results of CoARC APRT Student-Program and APRT Personnel-Program Resource Surveys;
- Results of CoARC APRT Graduate and Employer Surveys.

Interpretive Guideline:

The intent of this Standard is to allow flexibility in the length of study while ensuring that the program still meets its stated goal(s). The curriculum may be structured to allow individual students to achieve the competencies specified for their graduation from the program prior to the expected completion date as well as to provide opportunity for students who require more time to extend the duration of their instruction.

Equivalency

D12 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 where that experience was acquired.

Evidence of Compliance:

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

Interpretive Guideline:

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

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

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

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

Advanced Clinical Practice

D13 The program must secure formal, written, duly executed agreements or MOUs from all clinical education sites. These agreements/memoranda must describe the relationship between the program and the clinical site and clearly delineate the roles of the program, its sponsor, and the clinical site.

Evidence of Compliance:

- List of all sites used for clinical training;
- Copies of current, formal written clinical affiliation agreements or MOU for each site.

Interpretive Guideline:

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

Affiliate agreements or MOUs typically include specific notations acknowledging the terms of participation between the respiratory care program and the clinical affiliate and usually specify which policies govern students during their access to educational resources and clinical experiences.

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

D14 The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies. Students must not be responsible for: the selection of clinical sites; the determination as to which competencies should be mastered at a given clinical site; or the acquisition of clinical instructors at these sites.

Evidence of Compliance:

- Detailed clinical schedules;
- Formal written clinical affiliation agreements or MOUs;
- Results of CoARC APRT Graduate Surveys.

Interpretive Guideline:

Coordinating clinical experiences involves identifying, contacting and evaluating sites and preceptors for their suitability based on curricular requirements. Students may make suggestions to program faculty regarding sites and preceptors but must not be required to do so, nor is the program obligated to accede to such suggestions. Student-suggested sites and preceptors may be evaluated by the program and approved when appropriate. However, student experience at such sites must be assessed to determine that outcomes are equivalent to those at sites chosen by the program.

SECTION E - FAIR PRACTICES AND RECORDKEEPING

Disclosure

E1 All published information, such as web pages, academic catalogs, publications and advertising, must accurately reflect each respiratory care program offered.

Evidence of Compliance:

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

Interpretive Guideline:

Sponsors and programs are responsible for providing clear and accurate 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 annually to ensure it is up-to-date and consistent with current CoARC Standards and Accreditation Policies.

E2 At least the following must be defined, published, and readily available to all prospective and enrolled students:

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

Evidence of Compliance:

- Published program information related to a-l above.

Interpretive Guideline:

The intent of the standard is that clear and accurate program information should be readily available to the public. CoARC Accreditation Policy 11.0 requires both sponsors and programs to be accurate in reporting to the public the program's accreditation status and

requires that current students and applicants be informed, in writing, of both the current status and impending changes to that status. Publication of a program's accreditation status must include the full name, mailing address, website address, CoARC Program number(s), and telephone number of the CoARC. Programs with Provisional or Probationary Accreditation must follow the specific disclosure requirements in Policy 11.0. If a program is in the process of seeking accreditation from the CoARC, it must make no reference to accreditation status.

Because enrollment is limited by facility capacity, program admission criteria and procedures must ensure that the students selected have the potential to successfully complete the program. The PD, in cooperation with appropriate sponsor personnel, should establish admissions procedures which are non-discriminatory and ensure that students are made aware of all admission requirements, including pre-requisite coursework. The program may also include, as additional evidence, ranking procedures or criteria for selection, minutes from admissions committee meetings, periodic analyses supporting the validity of established admission criteria and procedures, and results from sponsor research used to establish admission criteria or interpret admissions data and/or correlating these data with student performance.

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

Public Information on Program Outcomes

E3 A link to the CoARC published URL where student/graduate outcomes for all programs can be found must appear on the website of all CoARC accredited programs and must be available to all applicants and to the public.

Evidence of Compliance:

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

Interpretive Guideline:

The intent of this Standard is that outcomes information from all programs accredited by the CoARC should be readily available so that potential students can use this information to assess programmatic quality when selecting a program. The program is expected to publish on its web site (or other program publications if no website is available) a link to the CoARC website (<http://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>) which provides outcomes data for all accredited programs, along with the following statement explaining the link:

"Programmatic outcomes are performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented."

Programmatic outcomes data reported on the CoARC website include:

*3-year time period being reported;
Credentialing success, if applicable;*

Attrition;
Job placement;
Overall Graduate Satisfaction;
Overall Employer Satisfaction;
On-time Graduation Rate;
Total number of program enrollees;
Total number of program graduates;
Maximum Annual Enrollment.”

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

Non-discriminatory Practice

E4 All activities associated with the program, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

Evidence of Compliance:

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

Interpretive Guideline:

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

E5 Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensures due process and fair disposition.

Evidence of Compliance:

- Sponsor/program appeal policies and procedures;
- Record of complaints (if any) that includes the nature and disposition of each complaint.

Interpretive Guideline:

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

E6 Sponsor faculty grievance procedures must be applicable to, and made known to, all program faculty.

Evidence of Compliance:

- Sponsor’s faculty grievance policy and procedures.

Interpretive Guideline:

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

- E7 Programs granting advanced placement must document that students receiving advanced placement have:
- a) Met program-defined criteria for such placement;
 - b) Met sponsor-defined criteria for such placement;
 - c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

Evidence of Compliance:

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

Interpretive Guideline:

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

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.

Safeguards

- E8 The health, privacy, and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

Evidence of Compliance:

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

Interpretive Guideline:

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

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

E9 Students must be supervised by a physician or an APRT at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff during clinical rotations. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

Evidence of Compliance:

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

Interpretive Guideline:

Programs should include a service work statement in the program materials available to both students and clinical supervisors, which states that APRT students must not be substituted for paid staff. This does not prohibit a paid/unpaid internship but is designed to ensure that students who opt to reinforce competencies and skill sets in this manner are adequately supervised, do not receive educational credits for this experience, and are not used simply as back-ups in the absence of the clinical site's paid staff during clinical rotations.

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

The intent of this Standard is that students cannot be paid for any activities during

educational clinical hours. There must be clear differentiation between clinical time as a student and paid employment.

Academic Guidance

E10 The program must ensure that students have timely access to faculty and academic support services for assistance regarding their academic concerns and problems, regardless of location of instruction.

Evidence of Compliance:

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

Interpretive Guideline:

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

The intent of this Standard is that the program should offer developmental guidance for all students to help them with academic concerns, personal/social concerns and career awareness. Students may be served through individual and group counseling and classroom guidance lessons. Counseling services should be made available to help students deal with issues that are interfering with their ability to learn. There should be both formal and informal mechanisms in place for student mentoring and advocacy. The role of the program faculty in academic advisement and counseling should be defined and disseminated to students, and faculty should ensure that they are available when scheduled.

Student and Program Records

E11 Records of student evaluations must be maintained securely, confidentially, and in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file for at least five (5) years whether or not the student ultimately completes all requirements for graduation.

Evidence of Compliance:

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

Interpretive Guideline:

The intent of this Standard is that unauthorized individuals, including students, should not have access to confidential information of other students or faculty. Student records must be kept for at least five calendar years. Programs should check with their institution and its accreditor for policies or Standards that may require a longer time frame.

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

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

E12 Program records must provide detailed documentation of program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:

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

Interpretive Guideline:

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

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

APPENDIX A – GLOSSARY

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

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

Academic Catalog	An official publication that describes the academic programs and courses offered by the institution. This may be published electronically and/or in paper format.
Academic Policies	Published rules that govern the operations of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.
Academic Support Services	Services available to the faculty and students in all programs offered by the institution, applicable to any teaching/learning format, including distance education, which help programs achieve their expected outcomes. These include, but are not limited to, library, computer and technology resources and advising, counseling, and placement services.
Accurately	Free from error.
Action Plan	A plan developed to address a problem (outcomes, resources) in such a way that progress towards the solution can be determined. At a minimum, an action plan should include methods, evaluation criteria and benchmarks, expected goals or outcomes, and timely re-assessment.
Adequate	Allows the program to achieve its goals and outcomes.
Advanced Practice Respiratory Therapist (APRT)	An Advanced Practice Respiratory Therapist (APRT) is a credentialed and licensed respiratory care practitioner trained to provide a scope of practice that exceeds that of the registered respiratory therapist. After obtaining the NBRC RRT credential, the aspiring APRT must successfully complete a CoARC-accredited graduate level education and training program providing a curricular emphasis that enables the APRT to provide complex, evidence-based, diagnostic and therapeutic clinical practice and disease management.
Administrative and Clerical Support Staff	Administrative and clerical personnel provided to programs by their sponsor.
Advanced Placement	A term used in higher education to place a student in a higher level course based on an evaluation of the student's knowledge and skills. Similar terms include: advanced standing, prior learning, prior coursework, and credit for life experiences.
Affiliate (Clinical)	Institutions, clinics, or other health settings not under the authority of the sponsor that are used by the program for clinical experiences.
Affiliation Agreement	A legally binding contract between a program's sponsor and a clinical site providing all details of the interaction and the rights and responsibilities of both parties. The agreement must be signed by

	administrative personnel who have the legal authority to act on behalf of the involved parties. A Memorandum of Understanding (MOU) is legally slightly different but does the same thing.
Annual Report of Current Status (RCS)	A report in a format mandated by CoARC, providing current information regarding personnel, satellite, clinical affiliates, enrollment/retention data and outcomes data from the prior academic year.
Appropriately Credentialed	Refers to an individual associated with a program who has the practice credential(s) (i.e. a state license, state certification or state registration) required to practice his/her specific health care or medical profession within the state housing the program. Appropriate credentialing is required for all program Key Personnel and for instructional faculty, whether or not the individual is in current practice.
Assessment	The systematic collection, review, and analysis of information to evaluate student learning, educational quality, and program effectiveness.
Base Program	When a program sponsor has established a satellite program in addition to the original program, the base program is the one where the Key Personnel are based.
Consortium	A legally binding contractual partnership of two or more sponsors (at least one of which is a duly accredited degree-granting institution of higher education) established to offer a program. Consortia must be structured to recognize and perform all the responsibilities and functions of a program sponsor.
Clinical Education Experiences	The acquisition of required clinical competencies in a patient care setting under the supervision of a qualified instructor.
Communities of Interest	Groups and individuals with an interest in the mission, goals, and expected outcomes of the program and its effectiveness in achieving them. The communities of interest may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing therapists, clients, employers, the community/public) constituencies.
Competent	The level of skill displaying ability or knowledge derived from training and experience.
Competencies	The measureable set of specific knowledge, skills, and affective behaviors expected of program graduates.
Continued Professional Growth	Maintenance and/or enhancement of faculty expertise using activities such as specialty certification or recertification; continuing education; formal advanced education; other scholarly activities such as research or publications.
Credential	Refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the program. Where indicated, an appropriate credential is a required qualification of the program director, the director of clinical education,

	and instructional faculty whether or not the individual is in current practice.
Curriculum	Formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies offered by a program.
Critical Thinking	Active and reflective reasoning that integrates facts, informed opinions and observations to explore a problem and form a hypothesis and a defensible conclusion. Accordingly, critical thinking transcends the boundaries of formal education.
Distance Education	Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students who have no physical access to the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. CoARC does not allow clinical education or the participation in clinical experiences to be delivered in a distance education format.
Equivalent	Comparable to.
Expected Student Learning Outcomes (ESLOs)	Assessment of the results of the educational process; a determination of the extent to which student skills are consistent with goals of the program.
Faculty (Clinical)	Individuals who teach, supervise, or evaluate students in a clinical setting but who are not program faculty.
Faculty, Individual/ Full-Time	An employee of the program sponsor, assigned to teach in the respiratory care program, who holds an appointment considered by that institution to be full-time.
Faculty (Program)	The aggregate of individuals responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. In addition to Key Personnel, these individuals include all respiratory care program instructors who are employees of the sponsor.
Goals	Aims of the programs that are consistent with the sponsor and program missions and reflect the values and priorities of the program. Should a program decide to pursue an additional goal, it must develop a valid and reliable measurement system to assess its success in achieving this goal.
Graduation Date	The official date of graduation is the date posted by the registrar on the student's transcript.
Institutional Accreditation	Pertains to the academic sponsor of the program. Signifies that the institution as a whole is attaining mandated objectives in a manner acceptable to the institution's accreditor.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of faculty rank or type of appointment.
Inter-rater Reliability	A measure of the extent to which raters agree during evaluation of the same thing.

Learning Environment	Places, surroundings or circumstances where knowledge, understanding, or skills are acquired such as classrooms, laboratories and clinical education settings.
Learning Experiences	Curricular activities that substantially contribute to the development of a competent graduate. Also referred to as educational experiences.
Length of Study	Duration of the program. May be stated as total time (academic or calendar year(s)), or as the number of semesters, trimesters, or quarters.
Mission	A purpose statement defining the unique nature and scope of the sponsor or the program.
Must	Indicates an imperative.
Objectives	Statements specifying knowledge, skills, or behaviors to be developed as a result of educational experiences. Objectives must be measurable.
Outcomes	Results, end products, or effects of the educational process. Outcomes include what the students demonstrated/accomplished and what the program achieved.
Outcomes Assessment	Comprehensive process for evaluating the results of programmatic efforts and student learning.
Outcome Assessment Thresholds	National, statistically-based expectations for graduate success established by CoARC including pass rate on the credentialing examinations, attrition, job placement, graduate and employer satisfaction, and on-time graduation rate.
Professional Development	Activities that facilitate maintenance or enhancement of faculty expertise such as: specialty or recertification; continuing education; formal advanced education; research, publications, and other scholarly activities.
Professional Service	Academically-centered community service, based on the concept of service-learning or community-based learning. Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns (e.g. smoking cessation, COPD screening, etc.) and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens.
Program	An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession.
Program Outcomes	Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Outcomes include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction.
Program Improvement	The process of utilizing results of assessments and analyses of program outcomes to validate and revise policies, practices, and curricula as

	appropriate.
Progress Report	The response to an official inquiry from CoARC related to one or more specific deficiencies. The response must clearly describe how the program has addressed these deficiencies (the action plan) and both how and when it will determine the effectiveness of the plan.
Prospective Students	Individuals who have requested information about the program or submitted information to the program.
Published	Publicly available in written or electronic format.
Readily Available	Accessible.
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, so that the correction of these deficiencies can be ascertained and documented.
Resource Assessment Matrix (RAM)	A document developed by the CoARC that programs must use for on-going resource assessment. The matrix evaluates all mandated resources in a set format which includes: purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up.
Sponsor	A post-secondary academic institution, accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE), or a group of institutions (consortium-see previous definition), that is/are responsible for ensuring that its program meets CoARC Standards.
Standards	The Accreditation Standards for Advanced Practice Programs in Respiratory Care as established by the CoARC from time to time.
Student	A graduate of a CoARC-accredited entry into respiratory care professional practice degree program who is enrolled in a CoARC-accredited APRT program.
Substantive Change	A significant modification of an accredited program. The process for reporting substantive changes is in the CoARC Accreditation Policies and Procedures Manual.
Sufficient	Adequate to accomplish or bring about the intended result.
Teaching and Administrative Workload	Quantification of faculty responsibilities. Categories frequently used are teaching, advisement, administration, committee activity, research and other scholarly activity, and service/practice.
Technical Standards	The physical and mental skills and abilities needed to fulfill the academic and clinical requirements of the program. The Standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
Timely	Without undue delay; as soon as feasible after due consideration.
Understanding	Adequate knowledge with the ability to apply appropriately.