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April 25, 2011

Chair's Report — David L. Bowton, MD, FCCP, FCCM

Salubrious Spring salutations.

First, I'd like to thank the Executive Committee for the huge amount of time and energy spent reviewing and updating our CoARC policies, and to compliment our EO staff on their professionalism and understanding during this review process and for their insightful input during the review..

In order to prepare for long-term continued health and growth, the CoARC Board revised its strategic plan. The plan will frame the work of the organization over the next three to five years and ensure that CoARC continues its important work. CoARC's goals as outlined in its 2010-2014 Strategic Plan are to:

1. Provide high quality accreditation of Respiratory Care educational programs;
2. Assist programs in meeting high quality accreditation standards;
3. Provide information and guidance to the public regarding accreditation of respiratory care educational programs;
4. Attract adequate resources of talent and funding to ensure the viability of CoARC;
5. Form and nurture positive relationships with Commissioners and staff that allow CoARC to effectively pursue mutually agreed-upon goals.

Over the next year the AARC will conduct a further review of the "2015 Conferences" recommendations and engage in discussions with key stakeholders. Clearly, there will be many issues raised which are relevant to the CoARC and its constituents involving not only the AARC and the CoARC, but the NBRC, NN2, and State Boards of respiratory care to name a few. The CoARC will be an active participant in these discussions. Each group is concerned about change and its impact on their organization and constituents, as well as broader implications pertaining to the adequacy of available workforce, training and professionalization of respiratory therapists, and to the delivery of healthcare generally. Apropos to this, in April Tom will attend the AARC



Inside this issue:

Chair's Report	1-2
CoARC celebrated 40 years of Accreditation Service	2
Executive Director's Report	3-4
Update on Annual Reporting Tool	5
Outcomes Reporting Policy Change	5
Provisional Accreditation Policy	13
CoARC Becomes a Member Of ASPA	6
CoARC Submits CHEA Eligibility Application	6
Redesigned Website	7
Links to FAQs, Complaint Process, News and Announcements, and Forms and Reports	7
Commissioners	8-12
Revisions to 2011 Outcomes Thresholds	13
AARC Summer Forum Presentations	13-14
CoARC Meeting Dates	15
2010 Outstanding Site Visitor Award	16
Recognition of 2010 Site Visitors	17
CoARC Executive Office Staff	18

Chair's Report (continued)

Board meeting, and I will attend the NBRC Board meeting. It is my sincere hope that this dialogue will ensure a strong foundation for future enhancements to and opportunities for Respiratory Care education.

As you may know, Becki Evans has resigned from CoARC because of increased family and work demands. Becki has unselfishly served the CoARC for many years and in numerous positions of leadership. We extend our sincere thanks to her.

I continue to be honored to serve as the Chair of the CoARC. Thank you all for your continued work on its behalf and for the betterment of Respiratory Care education.

CoARC Celebrated 40 Years of Providing Accreditation Services

The CoARC (and its predecessor organization, the Joint Review Committee for Respiratory Therapy Education) has been in operation since 1970. The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent



accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The Commission on Accreditation for Respiratory Care became a freestanding accreditor of respiratory care programs on November 12, 2009. We celebrated our 40th year of service to the profession at the AARC Summer Forum in Marco Island, FL last year at our annual reception.

Did you Know???

CoARC is an incorporated, not-for-profit 501(c)(3) organization with its own liability insurance coverage. CoARC has its own staff and legal counsel. Independent auditors annually review the CoARC's financial status. CoARC is a separate corporate entity from its national professional (AARC) and credentialing (NBRC) associations. The AARC, NBRC, and CoARC each have separate governing boards whose members are prohibited from serving simultaneously on each other's board. CoARC does not accept any funds or donations from its sponsoring and participating organizations.

Executive Director's Report

MISSION STATEMENT

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

PURPOSE

The CoARC accredits first professional respiratory care degree programs at the Associate, Baccalaureate, and Masters Degree level in the United States and internationally. The CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography.

THE VALUE OF PROGRAMMATIC ACCREDITATION

Provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality.

CORE VALUES

Professionalism
Service
Collaboration
Accountability
Transparency

I am pleased to share updates from CoARC since the last annual report. It is a privilege for me to oversee the work of this wonderful organization and an honor to recognize and acknowledge the contributions of CoARC's dedicated volunteers and staff.



During this past year, we regretfully received the resignations of Dr. Sherif Afifi, MD (ASA-sponsored Board member) and Becki Evans, MS, RRT (At-Large Board member). We are saddened to hear of their departure from CoARC and wish them and their families the best. Dr. Charles Cowles, MD (see bio on page 8) has been appointed as Dr. Afifi's replacement. The Nominations and Elections Committee is in the process of seeking nominations to fill Ms. Evan's vacancy.

CoARC welcomes its newest Board members, David Shelledy, PhD, RRT, FAARC (ASAHP) and Pat Munzer, DHSc, RRT, FAARC (AARC). Both Drs. Shelledy and Munzer are experienced CoARC site visitors and have been involved in respiratory care education for many years.

CoARC continues to invest in professional development and training for new and existing site visitors as well as for key program personnel. In early February 2010, CoARC successfully completed a GoToTraining session on the new 2010 Standards. There were 38 attendees on the original webinar date. As of March 1st 2011, an additional 289 individuals have viewed the webinar. Since last February, CoARC has conducted three more webinars for existing site visitors. The webinars are available as an archive on our website www.coarc.com/25.html. The NBRC and CoARC also held a combined GoToTraining webinar (Generating and Analyzing NBRC and CoARC Reports) on October 25th with 115 people in attendance. Webinars are available to view by the public on our website www.coarc.com/12.html.

Professional development and training of program personnel continues to be a CoARC mainstay with the presentation of topics at the 2010 AARC Summer Forum in Marco Island that included CoARC's New Accreditation Standards, Preparing Self-Studies, Preparing for Site Visits, and an Introduction to E-Accreditation CoARC's new Annual Reporting Tool (which will be discussed in

Executive Director's Report (continued)

more detail on page 14). Additional CoARC presentations were given at the AARC International Congress in Las Vegas this past December on Models of Articulation, Incorporating Inter-Rater Reliability, and the Annual Report Process. CoARC will continue to provide these important professional development sessions in a variety of venues throughout the coming year.

CoARC continually evaluates accreditation practices and maintains appropriate policies and procedures to ensure an effective and efficient process leading to fair and consistent treatment of all respiratory care programs. In concert with the work of its 10 committees, the CoARC Board revised some policies and procedures. The following summarizes some of the more substantive changes made to the policies and procedures during the past year (additional changes are described on our website):

- As of July 1, 2010, CoARC requesting that no new students are admitted into 100-level programs. Students enrolled in a 100-level program must graduate by December 31, 2012, to be recognized as graduates of a CoARC-accredited program. All 100-level programs that remain non-compliant with the new standards must voluntarily withdraw effective December 31, 2012. Failure to do so by this date will result in a COARC action to withdraw accreditation.
- The 2010 CoARC Accreditation Standards for the Profession of Respiratory Care were adopted in March by the AARC, ACCP, ATS, and ASA. These Standards went into effect as of June 1, 2010.
- Accreditation Policies, Site Visitor Manual, Self-study reports, Progress Reports, and many other documents have been updated to ensure consistency with the 2010 Accreditation Standards. The newly-formatted self-study reports are a PDF document with hyper-linking and other functionalities built into the document. The revised self-studies will make it much easier for programs to complete as well as significantly cut down the review time for referees and site visitors.
- CoARC now uses the success of program graduates on the CRT exam as the measure of examination-based program outcome when making accreditation decisions. RRT results are no longer be used for this purpose.
- As of June 1, 2010, applications are no longer accepted for satellites with greater than 20 students (maximum aggregate enrollment). As of January 1, 2015, programs with satellites of more than twenty (20) students must apply for accreditation of the satellite as a base program.
- As of June 1, 2010, CoARC no longer issues approval for scheduling options (the time of day and/or days of the week when the curriculum is offered). All programs that currently have a separate CoARC program number for their scheduling option(s) will be required to report their outcomes data under the base program number beginning with the next Annual Report due July 1st, 2011.

Revised job descriptions for the Executive Office staff were finalized at the end of the year. These revised job descriptions include job title changes for Jana (Assistant Executive Director/Director of Finance and Operations) and Lisa (Director of Accreditation Services/Executive Administrative Assistant). Job descriptions for all Executive Office staff now better reflect their current job duties and responsibilities.

In closing, I would like to thank all of the CoARC volunteers who have selflessly given their time and talents to assuring the quality of respiratory care education. Your hard work and dedication are sincerely appreciated. It is a privilege for me to oversee the work of this wonderful organization and an honor to recognize and acknowledge the contributions of CoARC's dedicated Board members, site visitors, and staff.

Update on the new Annual Reporting Tool

CoARC continues to work with Liaison International to develop its new web-based annual reporting tool called “E-Accreditation”. Beta-testing occurred in early March spring with an anticipated “go live” by the time of this publication. The annual report deadline has been moved from April 15th until July 1st so that we can, hopefully, work out all the bugs. In fact, July 1st will remain the reporting date for future Reports of Current Status. For more information, visit our annual report web page at www.coarc.com/43.html.

New Annual report Due Date

The 2011 Report of Current Status due date has been changed from April 15, 2011 to **July 1, 2011** and the three year averages will use the cohorts from 2008, 2009, and 2010 for comparison to the threshold. In fact, July 1st will remain the reporting date for future Reports of Current Status. You will receive further updates for reporting once the CoARC Annual Report of Current Status is available. If you have questions or need further clarification regarding Annual Reports of Current Status (RCS), please contact Jana Anderson (jana@coarc.com or 817-283-2835 ext. 103).

Outcomes Reporting Policy Change

A link to the CoARC web site, or published URL (<http://www.coarc.com/47.html>), where student/graduate outcomes for all programs can be found must appear on the program’s website and be available to the public and to all applicants (Standard 5.03). The intent of the reporting is that comparable information be readily available to the public. This policy strengthens the ability of programs and CoARC to fulfill mutual obligations to inform, educate, and to enhance the level of public confidence in higher education institutions in the process of accreditation. Beginning August 1, 2011, the following data will be reported on CoARC’s web site as an aggregate for the three most recent calendar years:

- 3-year time period being reported;
- CRT credentialing success;
- RRT credentialing success;
- Attrition;
- Job placement;
- Total number of program enrollees during that period;
- Total number of program graduates during that period.

CoARC Policy Change to Provisional Accreditation

At its March 2011 Board meeting, the Commission on Accreditation for Respiratory Care (CoARC) approved replacing the accreditation status “Letter of Review” with “Provisional Accreditation.” This decision is based on CoARC’s ongoing effort to evaluate its accreditation practices in order to maintain appropriate policies and procedures that ensure fair and consistent accreditation decisions. The Commission will be meeting over the next several months to approve an implementation timeline as well as a future date when these accreditation policy changes will come into effect. All programs currently in the Letter of Intent application phase, the Approval of Intent phase, and Letter of Review phase must continue to follow current accreditation policies and procedures until such time as the CoARC provides formal notice of the policy changes. As part of the implementation process, CoARC will be developing a Frequently-Asked-Questions document to assist programs in understanding the implications of this policy change. Those interested in contributing to the FAQ, should submit their questions in writing to Tom Smalling, Executive Director (tom@coarc.com).

CoARC Became a Member of ASPA!

On March 28th 2010, CoARC was accepted into membership in the Association of Specialized and Professional Accreditors (ASPA). With more than 60 member agencies, ASPA provides a collaborative forum and a collective voice for the community of U.S. agencies that assess the quality of specialized and professional higher education programs and schools. ASPA represents its members on issues of educational quality facing institutions of higher education, governments, students, and the public. ASPA members meet twice annually to discuss a variety of topics. Here are some examples:

- Developing alternative approaches to manage resources and costs associated with economic challenges.
- How will accrediting organizations “do business” in the future?
- What will self studies or site visits look like?
- What will be the appropriate balance between quality assurance (compliance) and quality advancement (improvement)?
- Ways to handle anonymous complaints; the changing landscape of appeals; liability issues and public disclosure; and whether enrolled students can be protected if their program is in trouble.
- The use of competency-based standards to measure student achievement.
- Maintaining and enhancing consistency in accreditation operations, governance and outreach.

For more information about ASPA, visit their website at www.aspa-usa.org.

CoARC Submits CHEA Eligibility Application

The Council on Higher Education Accreditation (CHEA) is a private, non-profit, national organization that coordinates accreditation activity in the United States. CHEA is comprised of over 3,000 degree-granting higher education institutions as well as over 60 regional, institutional, and professional accrediting organizations. It serves as a national voice for voluntary accreditation and quality assurance to the U.S. Congress, the U.S. Department of Education, and to the general public, opinion leaders, students, and families. CoARC recently submitted its eligibility application—the first step in achieving recognition by CHEA. Recognition by CHEA is a voluntary process. Degree-granting institutions and accrediting organizations seeking CHEA recognition must demonstrate compliance with CHEA Recognition Standards that include:

- *Advancing academic quality;*
- *Demonstrating accountability;*
- *Encouraging, where appropriate, self scrutiny and planning for change and needed improvement;*
- *Employing appropriate and fair procedures in decision making;*
- *Demonstrating ongoing review of accreditation practice;*
- *Possessing sufficient resources.*

CoARC representatives also attend CHEA meetings each year in Washington, D.C. Topics include federal policy issues impacting accreditation, quality and accountability, States and accreditation, and for-profit education and its unique challenges for accreditation. For more information about CHEA, visit their website at www.chea.org.

CoARC Redesigned Web Site

CoARC's web site was redesigned in early 2010. Please visit the site at www.coarc.com and navigate through our pages for updates and information about CoARC and the accreditation process. Please contact us at webmaster@coarc.com if you see anything that needs to be changed or with comments of what you would like to see added.

Frequently-Asked Questions...

<http://www.coarc.com/27.html>

Frequently asked questions about Exam based program outcomes, CoARC as an Independent Accreditor, answers for questions from International Students, and questions from programs about Resource Assessment.

News and Announcements...

<http://www.coarc.com/13.html>

Check here for updates from CoARC Meetings, deadline dates for submissions, announcements for revisions of CoARC documents and other items of interest.

Did you know???

The Board of Commissioners is the independent decision-making body of CoARC charged with making formal accreditation awards through program review of degree-granting educational programs. The Board is the strategic-making body for the organization. Along with CoARC Executive Office Staff, they oversee all committees and representatives of the organization. The Board also acts as the governing body for the corporation as per its bylaws and articles of incorporation. The Board has final authority over all accreditation and policy decisions. Each member of CoARC participates as a Board member (a.k.a., Commissioner), committee member, site visitor, and Referee (liaison between CoARC and assigned programs). Commissioners are elected to the CoARC for an initial 4-year term and may be re-elected for a second 4-year term. Commissioners receive no compensation for their services related to the CoARC, other than reimbursement for travel and expenses as described in CoARC Policies.

Complaint Process...

<http://www.coarc.com/26.html>

It is the policy of CoARC to review all complaints received from any source, including students, against either an accredited program or CoARC itself that are related to compliance with CoARC's standards, policies, and procedures and to resolve any such complaints in a timely, fair, and equitable manner using established timelines for each step of the complaint procedure.

Forms and Reports...

<http://www.coarc.com/33.html>

Forms and reports located throughout our web site are available at this link in alphabetical order.

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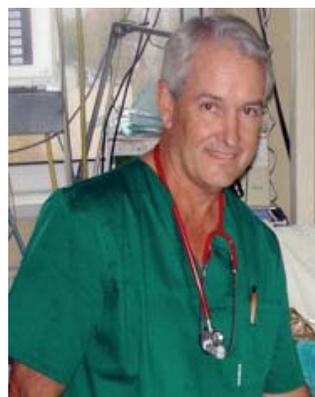
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Revisions to 2011 Outcomes Thresholds

1. Attrition Threshold

Please keep in mind, as of the next Report of Current Status submission (July 1, 2011), the attrition threshold will change from 30% to 40%. The attrition rate for students as defined by CoARC (students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in program attrition).

2. Job Placement Definition Changes

Original Definition—Defined as a graduate who within ten (10) months after graduation is: a. employed full- or part-time in respiratory care, or b. enrolled full- or part-time in another degree program, or c. serving in the military, or d. employed full- or part-time in the polysomnography field (for graduates of the polysomnography option of programs offering the same).

Revised Definition - Defined as a graduate who within ten (10) months after graduation is: a. employed in respiratory care (i.e. full- or part-time , per diem, etc.), or b. enrolled full- or part-time in another degree program, or c. serving in the military, or d. employed in the polysomnography field (i.e. full- or part-time , per diem, etc. for graduates of the polysomnography option of programs offering the same).

3. Graduate and Employer Survey Data

Beginning with 2010 reporting year, CoARC will be collecting graduate and employer survey data on the “overall” satisfaction rating on the program. CoARC will not take accreditation actions on graduate and employer satisfaction outcomes until 2013 when programs have produced three years of reporting data.

4. On-Time Graduation Rate Data to be Collected

The Annual Report due July 1, 2011 will also collect on-time graduation rate data. This will be calculated as the number of students who graduate with their enrollment cohort (i.e. by their expected graduation date) minus the number who attrited in that cohort divided by the total number of students enrolled in that cohort. The enrollment date and the expected graduation date of each cohort are specified by the program. This data will be analyzed to determine whether or not an outcome threshold is warranted.

Did You Know???

As of January 1, 2011, there are 408 programs accredited by the CoARC within the U.S. An additional 47 programs hold a Letter of Review (pre-accreditation status) signifying that a program seeking Initial Accreditation has demonstrated sufficient compliance with the accreditation *Standards* through a self-study and other documentation. Further, there are a total of 7 programs that have received an Approval of Intent—the first step in developing an accredited program. CoARC also accredits polysomnography programs as add-on program options to accredited Respiratory Care programs. There are currently 9 such accredited Polysomnography programs. There are also a total of 20 domestic satellite campuses and one international satellite program in Riyadh, Saudi Arabia.

CoARC Presentations at the AARC Summer Forum

CoARC Symposium: What Every RC Educator Should Know About

Accreditation of respiratory care programs by the Commission on Accreditation for Respiratory Care (CoARC) includes a comprehensive review of the program relative to the accreditation Standards. Accreditation decisions are based on the CoARC's review of information contained in the accreditation application and self-study report, the report of site visit evaluation teams, the annual Report of Current Status, and any additional requested reports or documents submitted to the CoARC by the program. This symposium provides essential information designed to successfully navigate program faculty through the accreditation process.

Reviewing and Analyzing Your New Annual Report

Stephen Mikles EdS, RRT, FAARC

Attendees will be provided with an update on CoARC's new Web-based annual reporting tool, E-Accreditation. The presenter will focus on the processes and strategies for successfully reviewing and analyzing the annual report data.

How to Evaluate Students in the Laboratory

Gary C. White, MEd, RRT, RPFT

The presenter will describe the role of the respiratory care laboratory in preparing students for entry into the clinical environment and cover the CoARC standards that apply to the respiratory care laboratory and evaluation of students in the laboratory setting. The presenter will describe the structured activities that are common to laboratory instruction and discuss methods that may be utilized to evaluate respiratory care student performance in the laboratory setting. The presenter will also compare the commercially available tools for evaluating respiratory care students in the laboratory; Describe how to create your own laboratory evaluation instruments; and list the CoARC requirements for recordkeeping.

Developing and Evaluating Inter-Rater Reliability Measures

Pat Munzer, DHSc, RRT, FAARC

This presentation will give an overview of how one program developed an Inter-rater Reliability Program for use by their clinical instructors. Take home ideas will be given so participants can develop their own program. Participants will be able to:

1. obtain ideas on how to develop an inter-rater reliability program
 2. discuss how to use the program to evaluate the instructors
 3. discuss what to do with the data
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CoARC Presentations at the AARC Summer Forum (continued)

How to Evaluate Students in Clinical

Gary C. White, MEd, RRT, RPFT

The presenter will: (1) Describe the purpose of clinical instruction in the respiratory care curriculum (2) List the Commission on Accreditation for Respiratory Care (CoARC) standards that apply to the evaluation of students in the clinical setting (3) Discuss the challenges faced by programs assessing the student's clinical competence (4) Differentiate between global student evaluation and skill/competence evaluation (5) Describe the common domains assessed during a student's clinical experience (6) Describe instruments that may be employed in the evaluation of students in the clinical setting (7) Describe the development of custom evaluation instruments (8) Discuss strategies that may be employed to improve inter-rater reliability among clinical faculty.

H.F. Helmholtz Educational Lecture Series

Topic: Career Pathways in Respiratory Care

Presenters:

David L. Vines, MHS, RRT, Chairman, Department of Respiratory Care, Rush University
Thomas D. Jones, MEd, RRT, CPFT, LRCP, Program Director, Arkansas State University – Mountain Home

Career pathways may be used in the health professions to allow individuals who are already working in the healthcare field to move into other areas of practice. Career pathways assist people in making the right career and educational choices so that they can achieve their goals. Career pathways may expand individuals' skills sets, scope of practice, or allow them to move into management, education, research or specialized practice. This presentation will offer the perspectives of a program director from an associate degree respiratory care program and a program director from bachelor's and graduate degree respiratory care program on how graduates can advance their educational and career goals.

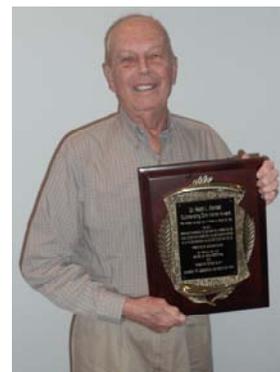
CoARC Meeting Dates

March 3-5, 2011	Bedford, TX
July 16-19, 2011	Vail, CO
November 17-19, 2011	Bedford, TX
March 23-25, 2012	Bedford, TX

Outstanding Site Visitor Award Presentation at AARC International Congress

The Commission on Accreditation for Respiratory Care (CoARC) recognizes up to two active Site Visitors annually, for dedicated service and outstanding contributions to the CoARC's mission of ensuring the high quality of respiratory care education. Nominations are made by the CoARC Commissioners.

In addition to meeting the minimum qualifications for a Site Visitor as described in the CoARC Site Visitor Policies and Procedures Manual, a nominee must have participated in at least three (3) CoARC site visits within the past two (2) years by the nomination deadline. In addition, nominees must not have any negative evaluations within the same two-year period, and have provided a special contribution to the site visit process.



The award was named for Dr. Ralph Kendall, MD as a permanent expression of CoARC's grateful recognition of his outstanding service as a site visitor and mentor. Dr. Kendall became a site visitor for CoARC in 1989 and has performed approximately 26 site visits over the past 4 years. Dr. Kendall also served as Chair of the CoARC Site Visit Subcommittee from 2003 to 2009. His expertise and assistance to program personnel and in training new site visitors is unparalleled and through the establishment of this award will not be forgotten.

The first annual Dr. Ralph Kendall, MD Outstanding Site Visitor Award was presented to Michael W. Prewitt, PhD, RRT. Dr. Prewitt was named a site visitor for CoARC in 1989 and has performed approximately 15 site visits the past 4 years. In 2010, a site visit was on the verge of being cancelled due to the last minute illness of one of the site visitors. With two days notice, Dr. Prewitt agreed to step in and perform the site visit. Due to the lateness of the notification, he drove 5 hours one-way to the institution being site visited, and it was noted how prepared he was for the visit. This type of dedication and service to this valuable portion of the accreditation process should not go unnoticed. **THANK YOU!**



Recognition of 2010 CoARC Site Visitors

The following individuals have graciously contributed to CoARC's mission by volunteering their time and expertise as site visitors in 2010; team captains are designated by asterisks:

Curtis Aumiller, MS, MBA, RRT-NPS, RPFT*
Albert Ayotte, MBA, RRT, RCP
Will Beachey, PhD, RRT, FAARC*
Catherine Bitsche, MA, RRT-NPS, RCP
Erna Boone, MEd, RRT*
Ross Bowers, MHS, RRT
David Bowton, MD, FCCP, FCCM*
Phyllis Brunner, BS, RRT*
J.M. Cairo, PhD, RRT*
Leah Carlson, BS, RRT, NPS
David Chang, EdD, RRT-NPS*
Kelli Chronister, MS, RRT, CPFT, NPS
Joseph Coyle, MD
Carole (Kelly) Crawford-Jones, MS, RRT
Robert "Bob" DeLorme, EdS, RRT*
Diane Flatland, MS, RRT-NPS, CPFT, RCP, LP*
Ian Gilmour, MD*
Allen Gustin, Jr., MD, FCCP*
Christine Hamilton, DHSc, RRT, AE-C
Louis Harris, EdD, RRT
Thomas Hill, PhD, RRT, FAARC*
Shirley Jenkins, BSED, RRT
Chris Kallus, MEd, RRT*
Ralph Kendall, MD, FCCP*
Paul LaMere, MEd, RRT
Bradley Leidich, MEd, RRT, FAARC*

Kenny McCowen, BS, RRT
Robert Milisch, MEd, RRT*
Shelley Mishoe, PhD, RRT, FAARC*
Carolyn O'Daniel, EdD, RRT*
Leann Papp, EdS, RN, RRT, RCP*
Gregory Paulauskis, PhD, RRT, FAARC*
Bill Pifer, BS, RRT, RCP*
Michael Prewitt, PhD, RRT*
Russell Rozensky, BS, RRT, CPFT
Kathy J Rye, EdD, RRT, FAARC*
David Shelledy, PhD, RRT*
Monica Schibig, MA, RRT-NPS, CPFT
Gary White, MEd, RRT, RPFT*
Everett "Tom" Wood, MS, RRT*

THANK YOU!

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- New Program Inquires
- Questions about Annual Reports
- Polysomnography
- Standards & Guidelines Questions
- Consortia Agreements
- Change in Sponsorship



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- Submission of Annual Reports
- CoARC Newsletter
- Website & Database Support



Bonnie Marrs, BS

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- Site Visitor Applications and Assignments
- Site Visit Surveys
- On-Site Review Reports



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