



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE ON-SITE REVIEW REPORT (For Use with ADT DA PSSR)

INSTRUCTIONS FOR USE OF ON-SITE REVIEW REPORT

The On-Site Review Report form (OSRR) is designed to allow for standardized review and reporting on Respiratory Care programs. The On-Site Review is an integral component of the accreditation review process. As such, the on-site review team should focus its review on the following:

1. The Evidence of Compliance required at time of on-site evaluation (specific evidence is listed in this report and relevant Standards are **highlighted**);
2. Standards identified as “Appear Not Met” or for which compliance could not be determined at time of self-study review;
3. Specific issues (Form X) identified by the Program Referee;
4. Findings from Self-Study Report questionnaires and on-site interviews.

In order to make the best use of the time available for the on-site review, the site visit team should refrain from reviewing Standards that have been previously determined to be compliant based on evidence submitted during the self-study, unless circumstances dictate. **However, should the site visit team identify deficiencies in Standards previously identified by the self-study review to be compliant, the site visit team should check “Not Met” on Form B with a rationale, and provide further comments to the Referee on the second page of Form X.**

How to Use the Form:

1. Meet as a team to discuss the agreement with each Standard. Complete the Summary Checklist (Form B) by noting “Standard Appears Met,” or “Standard Appears Not Met.” Include the Rationale as to how the findings of the Team support the citation. Be specific.
2. List program strengths (Form C).
3. Complete Suggestions for Enhancement (Form D) if appropriate.
4. Complete Additional Comments (Form E) if appropriate.
5. Complete Form X to provide to the Referee comments or possible remedies for each citation listed on Form B. Do not present these recommendations to the program.
6. Circulate Form A to have each Summation Conference attendee print his/her name, so you may type each name on the electronic report.

Communication of Findings:

The team should meet with the program personnel prior to the Summation Conference to discuss findings and to eliminate any potential misunderstandings.

Submitting the Report:

Typing in the names of each team member on Form A is considered an electronic signature and both are in agreement with the report findings and submission of the OSRR. The Team Captain is responsible for submitting the report electronically within 5 working days of the visit. All Forms must be returned to the Executive Office. Reimbursement for all trip expenses will not be paid until the report is submitted.



ON-SITE REVIEW REPORT

(For use with the ADT Degree Advancement Provisional SSR)

Program Name:

Program #:

On-Site Reviewer Check List:

Read Opening Script

Conduct interviews

CEO, Dean/Division Chair

Support Personnel

Advisory Committee members

Key Personnel (PD, DCE, Medical Advisor)

Program Faculty

other: _____

Review documentation

(Including Minimal Evidence of Compliance Available for On-Site Review Team)

COURSE MATERIALS

DA Standard 2.1

Describe course delivery via the program's learning management systems and educational technologies. Demonstrate the proposed interactive learning tools and instructor feedback interface.

DA Standards 2.6/2.7

Demonstrate how program faculty engage students.

DA Standard 2.8

Demonstrate ancillary support services for students such as library resources, writing center support, and other student services available online.

DA Standard 3.1

Program goals published in student handbook and on the program or institutional web site.

DA Standards 3.4/3.5

Overall student learning outcome plan that would include delineation of the learning outcomes, how they are presented throughout the curriculum and how they are assessed

Course mapping of all syllabi to expected student learning outcomes and program goals.

Review of the assessment including any rubrics or direct objective measures.



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DA Standards 3.3/3.5

- Faculty and advisory committee minutes that pertain to Degree Advancement Program goals, learning outcomes, and program outcomes.

DA Standards 4.1/4.2

- Course syllabi for all respiratory care courses which include course description, general and specific course objectives, methods of evaluation, content outline, and criteria for successful completion of each course.

DA Standards 4.3-4.8

- Program faculty discuss how they incorporate curricular material described in Standards 4.3 through 4.8.

KEY PERSONNEL/FACULTY

DA Standards 2.6/3.3

- Records of interaction with Key Personnel including attendance at Advisory Committee meetings.

DA Standard 6.8

- Detailed clinical schedules (if applicable)

Additional Documentation:

- Two columns of checkboxes for additional documentation.

Inspect facilities:

- Classrooms, Laboratories (respiratory, computer), Student ancillary, Offices, and other facility checkboxes.

- Prepare preliminary site visit report on site
Consultation Conference
Summation Conference: read Summation Script, including strengths and deficiencies
Finalize site visit report, if necessary
File site visit report with CoARC Executive Office within 5 working days of visit



FORM A

**On-Site Review
Attendance List**

FORM A

Program #:

Referee:

Name of Program:

Program Address:

City, State, Zip:

Accreditation Status: Approval of Intent

Date(s) Visited:

Program Director:

Director of Clinical Education:

Medical Advisor:

Summation Conference Attendees:

Print Name and Title	Print Name and Title

Name/Credentials of Team Captain (PRINT)

Name/Credentials of Team Member (PRINT)

Note: Typing in the on-site reviewer’s name represents an electronic signature of this document.



FORM B

Summary Checklist

FORM B

Program Name: _____

Program #: _____

Instructions: Check the appropriate box indicating the team’s judgment of the compliance with each of the Standards based on the review of the evidence obtained from the on-site review. After the report is submitted to CoARC, the program Referee may add, delete, or modify the content of the report prior to sending the report to the program. The program is then allowed the opportunity to respond in writing before final action is taken by the CoARC Board.

Note: Evidence for compliance with **highlighted Standards** must be made available to on-site review team.

Standard	Standard Description		Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
1	PROGRAM ADMINISTRATION AND SPONSORSHIP				
	Institutional Accreditation				
DA1.1	Sponsor is accredited and authorized to award a minimum of a Baccalaureate degree.		Evidence of Compliance Previously Evaluated with Submission of LOI Application		
	Consortium				
DA1.2	Responsibilities of consortium formally documented.	<input type="checkbox"/> check if not applicable	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Sponsor Responsibilities				
DA1.3	Required gen ed/transfer credit/didact/lab/clinical.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA1.4	Curric planning/course selection/faculty growth.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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DA1.5	Academic policies apply to all students and faculty regardless of location of instruction.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Substantive Changes					
DA1.6	Substantive Changes reported according to CoARC Policy 9.0 .				

EXAMINER



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2	INSTITUTIONAL AND PERSONNEL RESOURCES			
	Institutional Resources			
DA2.1	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Key Program Personnel			
DA2.2	Sponsor appoints FT PD (DCE and MA if clinicals). <input type="checkbox"/> check if key personnel are the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Program Director			
DA2.3	Responsibilities. <input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA2.4	Minimum degree qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA2.5	Minimum/valid credentials and experience.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA2.6	Regular/consistent contact w/faculty and students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	Instructional Faculty			
DA 2.7	Sufficient faculty; designated supervisor at each site.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Administrative Support Staff			
DA 2.8	Sufficient administrative and clerical support.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Resources			
DA2.9	Documented/assessed annually by using RAM.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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3	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT			
	Statement of Program Goals			
DA3.1	Statements define minimum expectations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.2	Review/analysis of goals and outcomes.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.3	Advisory committee composition & responsibilities. <input type="checkbox"/> check if AC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Student Evaluation			
DA3.4	Define and distribute ESLOs/competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.5	Formulate assess process/rubrics/annual review.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.6	Outcomes must be assessed annually, using CoARC Graduate Surveys.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.7	Academic integrity process for distance education to include: plagiarism, safeguards, and grading rubrics.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Outcomes			
DA3.8	The program must, at a minimum, meet the outcome thresholds established by CoARC as related to programmatic ESLOs	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Reporting of Program Resources			
DA3.9	CoARC Annual RCS reporting tool submitted.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA3.10	Action plan developed for sub-threshold outcomes.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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4	CURRICULUM			
	Course Content			
DA4.1	Integrated to attain expected competencies/goals.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.2	Periodically reviewed/ revised to ensure consistency with goals and competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Competencies			
DA4.3	Practice-Specific Knowledge and Skills	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.4	Clinical Knowledge <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.5	Professional Attributes	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.6	Interpersonal and Inter-professional Communication	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.7	Practice-Based Research	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA4.8	Professional Leadership	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Length of Study			
DA4.9	Sufficient to acquire expected competencies	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Equivalency			
DA4.10	Course content, learning experiences, and access to learning materials for all students in a given track.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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5 FAIR PRACTICES AND RECORDKEEPING				
Disclosure				
DA5.1	Published info accurately reflects program offered.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA5.2	Required info made known to applicants & students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Public Information on Program Outcomes				
DA5.3	CoARC URL on program website/known to public.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Non-discriminatory Practice				
DA5.4	Program activities are non-discriminatory and lawful.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA5.5	Appeal procedures ensure fairness/due process.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA5.6	Faculty grievance procedure made known to faculty.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA5.7	Advanced placement policies documented.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Academic Guidance				



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DA5.8	Timely access to faculty for assistance/counseling	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Student and Program Records					
DA5.9	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 year min.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
DA5.10	Program records maintained in sufficient detail/5 year min.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

6	FOR PROGRAMS THAT HAVE A CLINICAL COMPONENT ONLY; OTHERWISE, TO BE LEFT BLANK				
Key Program Personnel					
6.1	The sponsor must appoint a full time Director of Clinical Education (DCE) and MD.	<input type="checkbox"/> check if key personnel are the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Director of Clinical Education					
6.2	DCE Responsibilities	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
6.3	DCE Educational Requirements (Master's degree or higher required)	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
6.4	DCE-minimum valid credentials and experience	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
6.5	DCE-regular/consistent contact with clinical faculty sites and students	<input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Medical Advisor					



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6.6	Medical Advisor Responsibilities/Valid Credentials and Qualifications	<input type="checkbox"/> check if MA is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Clinical Faculty					
6.7	Sufficient Faculty; Student to Faculty Ratio 6:1		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Clinical Practice					
6.8	Clinical Affiliation Agreements/MOUs for each site	<input type="checkbox"/> check if the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
6.9	Sufficient quality/duration to meet program goals; Students not responsible for site selection/ determining competencies/acquiring preceptors.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Clinical Site Evaluations					
6.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Safeguards					
6.11	Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff during clinical rotations.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
6.12	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.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



FORM C

Strengths

FORM C

Program Name:

Program #:

Write the Strengths of the program.

Write the Strengths of the program.

*Duplicate as Necessary



FORM D

Suggestions for Enhancement

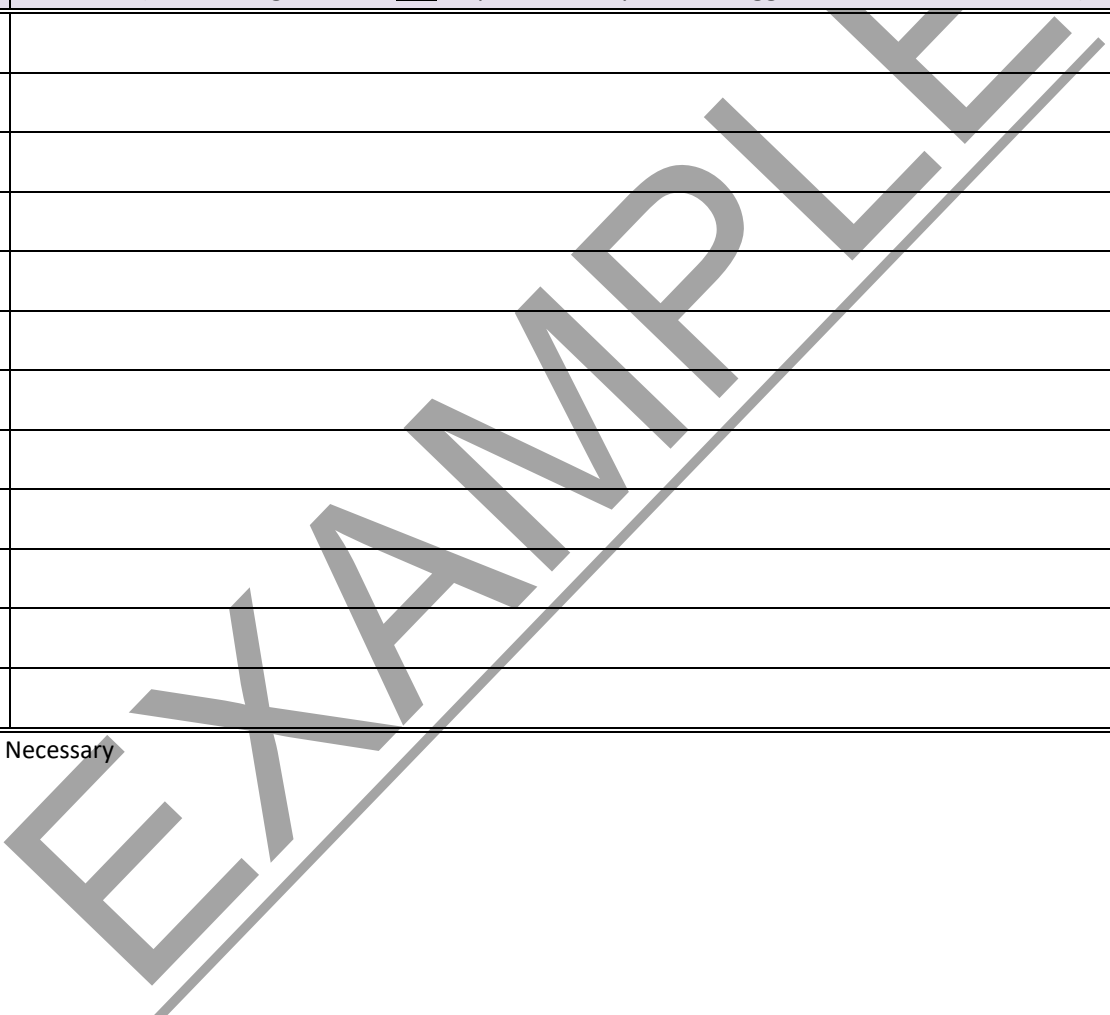
FORM D

Program Name:

Program #:

Standard (Reference)	Write the Suggestions for Enhancement. (Note: Programs are <u>not</u> required to respond to Suggestions for Enhancement).

Duplicate as Necessary





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FORM E

**Additional
Comments**

FORM E

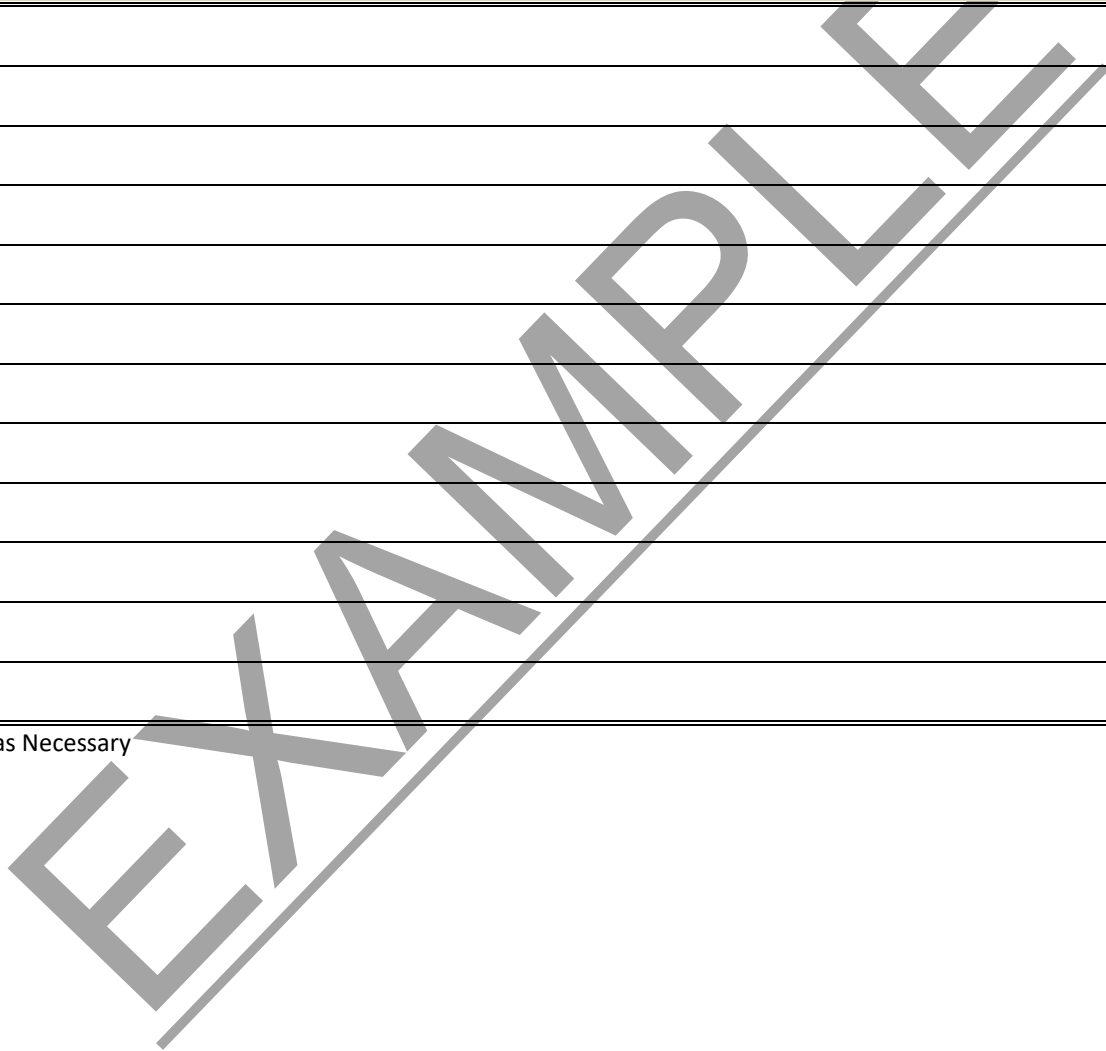
Program Name:

Program #:

Write Additional Comments, if any.

(Note: Programs are not required to respond to Additional Comments).

*Duplicate as Necessary





FORM X

**Confidential to
CoARC**

FORM X

On-Site Reviewers: Please respond to each of the special instructions from the Referee and return this page to the CoARC Executive Office with your site visit report. Please **DO NOT** leave a copy of the site visit report with the program.

Program Name: _____

Program #: _____

Standard (Reference)	Section A: On-Site Reviewers should pay particular attention to the following: (Note: Do NOT present this information to the program. For CoARC use ONLY).
	Referee's Comments from Self-Study: <hr/> On-site Reviewer's Findings: <hr/> On-site Reviewer's Recommendations:
	Referee's Comments from Self-Study: <hr/> On-site Reviewer's Findings: <hr/> On-site Reviewer's Recommendations:
	Referee's Comments from Self-Study: <hr/> On-site Reviewer's Findings: <hr/> On-site Reviewer's Recommendations:
	Referee's Comments from Self-Study: <hr/> On-site Reviewer's Findings: <hr/> On-site Reviewer's Recommendations:



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	Referee's Comments from Self-Study:
	On-site Reviewer's Findings:
	On-site Reviewer's Recommendations:
	Referee's Comments from Self-Study:
	On-site Reviewer's Findings:
	On-site Reviewer's Recommendations:

Duplicate as Necessary

FORM X

**Confidential to
CoARC**

FORM X

Program Name: _____

Program #: _____

Standard (Reference)	Section B: Write comments and/or remedies for each Citation from Form B. (Note: Do NOT present this information to the program. For CoARC use ONLY).

Note to SV Team- Please respond to the Referee using Form X
Note to CoARC – remove Form X when preparing the report to be sent to the program.



FORM F Referee's Analysis of the On-Site Review Report- BASE DA PSSR FORM F

Program Name:

Program #:

Dear Sponsor and Program Director,
I have reviewed the findings documented by the Site Visit team during the recent on-site review of your program and made revisions, as necessary. Please review the entire report. Stated below are required means by which the program must demonstrate compliance with the Standards cited.
In a separate communication, CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the citations have been addressed.
If you have any questions, please feel free to contact me or the Executive Director.

Standard (from Form B)	Rationale for Citation	Documentation to Address Compliance with Standard

Duplicate as Necessary

Referee Signature Signifying Approval of Document Release to the Program:

Date: ____/____/____

Note: Typing in the Referee's name represents an electronic signature of this document.

Chief Operating Officer Signature Signifying Approval of Document Release to the Program:

Date: ____/____/____

Note: Typing in the Executive Director's name represents an electronic signature of this document