



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE ON-SITE REVIEW REPORT (For Use with ADT ENTRY 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 Entry 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, MD)
 - Program Faculty
 - _____
- Review documentation
(Including Minimal Evidence of Compliance Available for On-Site Review Team)

COURSE MATERIALS

- Course syllabi for all respiratory care and sleep specialist (if applicable) courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion (**4.02/4.03**)

KEY PERSONNEL / FACULTY

- Records of interaction with key personnel including Advisory Committee meetings (**2.11**)

CLINICAL MATERIALS

- List of all sites used for clinical training (**4.10**)
- Detailed clinical schedules (**4.11**)
- Formal written clinical affiliation agreements or memoranda of understanding with each clinical site (**4.10/4.11/5.08/5.09**)
- Documentation of DCE contact with clinical faculty/affiliates (**2.10**)
- Clinical syllabi detailing student competencies (**4.08**)
- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (**4.08**)



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Additional Documentation:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Inspect facilities (if available):

- Classrooms
- Laboratories (respiratory, computer)
- _____

- Student ancillary
- Offices
- _____

- 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

Example



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
I	PROGRAM ADMINISTRATION AND SPONSORSHIP				
	Institutional Accreditation				
1.01	Sponsor is accredited and authorized to award a minimum of an Associate’s degree.		Evidence of Compliance Previously Evaluated with Submission of LOI Application		
	Consortium				
1.02	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				
1.03	Required gen ed/transfer credit/didact/lab/clinical.	<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"/>
1.04	Curric planning/course selection/faculty growth.	<input type="checkbox"/> check if EOC is the same as the base program		<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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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
1.05	Provides equivalent academic support and resources to all program locations (satellite only).			
1.06	Program academic policies apply to all locations. <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				
1.07	Substantive Changes reported according to CoARC Policy 9.0			

II	INSTITUTIONAL AND PERSONNEL RESOURCES				
	Institutional Resources				
2.01	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					
2.02	Sponsor appoints FT PD and DCE, and MD. <input type="checkbox"/> check if key personnel is the same as the base program	<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Program Director					
2.03	Responsibilities. <input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.04	Minimum degree qualifications. <input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.05	Minimum/valid credentials and experience. <input type="checkbox"/> check if PD is the same as the base program	<input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.06	Regular/consistent contact w/fac & students.				



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Director of Clinical Education					
2.07	Responsibilities.	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.08	Minimum degree qualifications.	<input type="checkbox"/> check if DCE is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.09	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"/>
2.10	Regular/consistent contact w/clin fac, sites, students				
Medical Director					
2.11	Responsibilities/valid credentials and qualifications.	<input type="checkbox"/> check if MD/Co-MD is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Primary Sleep Specialist Instructor					
2.12	Minimum/valid credentials, education, and qualifications.				
Instructional Faculty					
2.13	Sufficient faculty; student to clin faculty ratio ≤ 6:1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.14	Site coordinator qualifications and responsibilities (satellite only).				
Administrative Support Staff					
2.15	Sufficient administrative and clerical support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Assessment of Program Resources					
2.16	Documented/assessed annually by using RAM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT				
	Statement of Program Goals				
3.01	Statements define minimum expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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3.02	Review/analysis of goals and outcomes.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.03	Optional goals compatible w/ nationally accepted standards. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities. <input type="checkbox"/> check if Advisory Committee is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Assessment of Program Goals				
3.05	Systematic assessment process formulated.			
Student Evaluation				
3.06	Conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
3.07	Inter-rater reliability for clinical evaluations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Assessment of Program Outcomes				
3.08	Assessed annually using CoARC surveys.			
Reporting of Program Resources				
3.09	Outcomes meet CoARC assessment thresholds.			
3.10	CoARC Annual RCS reporting tool submitted.			
3.11	Action plan developed for sub-threshold outcomes.			
Clinical Site Evaluation				
3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

IV	CURRICULUM			
Minimum Course Content				
4.01	Appropriate course sequencing of content areas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>



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4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revise to ensure consistency with defined competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Core Competencies				
4.04	RC diagnostic and therapeutic procedures.			
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.			
4.06	Application of problem solving strategies.			
4.07	Ethical decision-making and prof responsibility.			
Length of Study				
4.08	Sufficient to acquire knowledge/competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Equivalency				
4.09	Course content, learning experiences, and access to learning materials regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Clinical Practice				
4.10	Clinical affiliation agreements/MOUs for each site. <input type="checkbox"/> check if clinical affiliates are the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.11	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"/>

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.02	Required info made known to applicants & students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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Public Information on Program Outcomes					
5.03	CoARC URL on program website/known to public.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Non-discriminatory Practice					
5.04	Program activities are non-discriminatory and lawful.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.05	Appeal procedures ensure fairness/due process.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.07	Advanced placement policies documented.	<input type="checkbox"/> check if not applicable <input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Safeguards					
5.08	Health and safety of patients, students, and faculty adequately safeguarded.	<input checked="" type="checkbox"/> check if EOC is the same as the base program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.	<input checked="" type="checkbox"/> check if EOC is the same as the base program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
5.10	No clinical coursework while in an employee status.	<input type="checkbox"/> check if EOC is the same as the base program	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Academic Guidance					
5.11	Timely access to faculty for assistance/counseling.		<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Student and Program Records					



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5.12	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.	
5.13	Program records maintained in sufficient detail/5 years min.	

Example



FORM C

Strengths

FORM C

Program Name: _____

Program #: _____

Write the Strengths of the program.

Example

*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).

Example

Duplicate as Necessary



FORM E

**Additional
Comments**

FORM E

Program Name:

Program #:

Write Additional Comments, if any. (Note: Programs are <u>not</u> required to respond to Additional Comments).	

Example

*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:
	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:
	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:



	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.**

