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 Base Degree Advancement Provisional SSR)

Program Name: **Program #:**

On-Site Reviewer Check List:

☐ Read Opening Script

☐ Conduct interviews
   ☐ CEO, Dean/Division Chair   ☐ Key Personnel (PD, DCE, Medical Adivsor)
   ☐ Support Personnel   ☐ Program Faculty
   ☐ Advisory Committee members   ☐ 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.

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:

☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____

☐ Inspect facilities:

☐ Classrooms   ☐ Student ancillary
☐ Laboratories (respiratory, computer)   ☐ 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

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.	☐ check if not applicable	☐	☐ Rationale:	☐
	Sponsor Responsibilities				
DA1.3	Required gen ed/transfer credit/didact/lab/clinical.		☐	☐ Rationale:	☐
DA1.4	Curric planning/course selection/faculty growth.		☐	☐ Rationale:	☐
DA1.5	Academic policies apply to all students and faculty regardless of location of instruction.		☐	☐ Rationale:	☐
	Substantive Changes				
DA1.6	Substantive Changes reported according to CoARC Policy 9.0 .				

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

3	**PROGRAM GOALS, OUTCOMES, AND ASSESSMENT**			
	Statement of Program Goals			
DA3.1	Statements define minimum expectations.	☐	☐ Rationale:	☐

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.)	Standard
DA3.2	Review/analysis of goals and outcomes.	☐	☐ Rationale:	☐
DA3.3	Advisory committee composition & responsibilities.	☐	☐ Rationale:	☐
Student Evaluation				
DA3.4	Define and distribute ESLOs/competencies.	☐	☐ Rationale:	☐
DA3.5	Formulate assess process/rubrics/annual review.	☐	☐ Rationale:	☐
DA3.6	Outcomes must be assessed annually, using CoARC Graduate Surveys.	☐	☐ Rationale:	☐
DA3.7	Academic integrity process for distance education to include: plagiarism, safeguards, and grading rubrics.	☐	☐ Rationale:	☐
Assessment of Program Outcomes				
DA3.8	The program must, at a minimum, meet the outcome thresholds established by CoARC as related to programmatic ESLOs	☐	☐ Rationale:	☐
Reporting of Program Resources				
DA3.9	CoARC Annual RCS reporting tool submitted.	☐	☐ Rationale:	☐
DA3.10	Action plan developed for sub-threshold outcomes.	☐	☐ Rationale:	☐

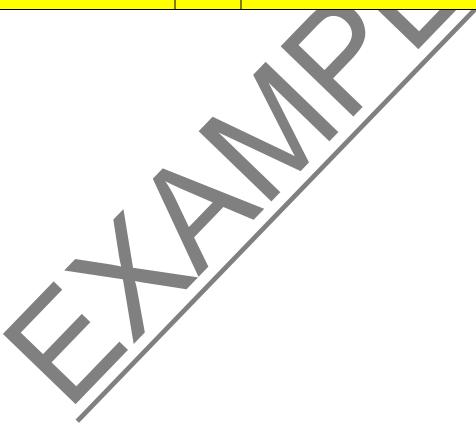| Standard	Standard Description	Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
4	**CURRICULUM**			
	Course Content			
DA4.1	Integrated to attain expected competencies/goals.	☐	☐ Rationale:	☐
DA4.2	Periodically reviewed/revised to ensure consistency with goals and competencies.	☐	☐ Rationale:	☐
	Competencies			
DA4.3	Practice-Specific Knowledge and Skills	☐	☐ Rationale:	☐
DA4.4	Clinical Knowledge ☐ check if not applicable	☐	☐ Rationale:	☐
DA4.5	Professional Attributes	☐	☐ Rationale:	☐
DA4.6	Interpersonal and Inter-professional Communication	☐	☐ Rationale:	☐
DA4.7	Practice-Based Research	☐	☐ Rationale:	☐
DA4.8	Professional Leadership	☐	☐ Rationale:	☐
	Length of Study			
DA4.9	Sufficient to acquire expected competencies	☐	☐ Rationale:	☐
	Equivalency			
DA4.10	Course content, learning experiences, and access to learning materials for all students in a given track.	☐	☐ Rationale:	☐

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
5	**FAIR PRACTICES AND RECORDKEEPING**				
	Disclosure				
DA5.1	Published info accurately reflects program offered.		☐	☐ Rationale:	☐
DA5.2	Required info made known to applicants & students.		☐	☐ Rationale:	☐
	Public Information on Program Outcomes				
DA5.3	CoARC URL on program website/known to public.		☐	☐ Rationale:	☐
	Non-discriminatory Practice				
DA5.4	Program activities are non-discriminatory and lawful.		☐	☐ Rationale:	☐
DA5.5	Appeal procedures ensure fairness/due process.		☐	☐ Rationale:	☐
DA5.6	Faculty grievance procedure made known to faculty.		☐	☐ Rationale:	☐
DA5.7	Advanced placement policies documented.	☐ Check if not applicable	☐	☐ Rationale:	☐
	Academic Guidance				
DA5.8	Timely access to faculty for assistance/counseling		☐	☐ Rationale:	☐
	Student and Program Records				
DA5.9	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 year min.		☐	☐ Rationale:	☐
DA5.10	Program records maintained in sufficient detail/5 year min.		☐	☐ Rationale:	☐

6	FOR PROGRAMS THAT HAVE A CLINICAL COMPONENT; OTHERWISE, TO BE LEFT BLANK			
	Key Program Personnel			
6.1	The sponsor must appoint a full time Director of Clinical Education (DCE) and MD.	☐	☐ Rationale:	☐
	Director of Clinical Education			
6.2	DCE Responsibilities	☐	☐ Rationale:	☐
6.3	DCE Educational Requirements (Master's degree or higher required)	☐	☐ Rationale:	☐
6.4	DCE-minimum valid credentials and experience	☐	☐ Rationale:	☐
6.5	DCE-regular/consistent contact with clinical faculty sites and students	☐	☐ Rationale:	☐
	Medical Advisor			
6.6	Medical Advisor Responsibilities/Valid Credentials and Qualifications	☐	☐ Rationale:	☐
	Clinical Faculty			
6.7	Sufficient Faculty; Student to Faculty Ratio 6:1	☐	☐ Rationale:	☐
	Clinical Practice			
6.8	Clinical Affiliation Agreements/MOUs for each site	☐	☐ Rationale:	☐
6.9	Sufficient quality/duration to meet program goals; Students not responsible for site selection/determining competencies/acquiring preceptors.	☐	☐ Rationale:	☐
	Clinical Site Evaluations			
6.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	☐	☐ Rationale:	☐
	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.	☐	☐ Rationale:	☐
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.	☐	☐ Rationale:	☐

FORM C

Strengths

FORM C

Program Name: 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 not required to respond to Suggestions for Enhancement).

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).

*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.

CoARC

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