COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
ON-SITE REVIEW REPORT (For Use with BASE ENTRY CSSR)

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 <mark>highlighted</mark>);

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.
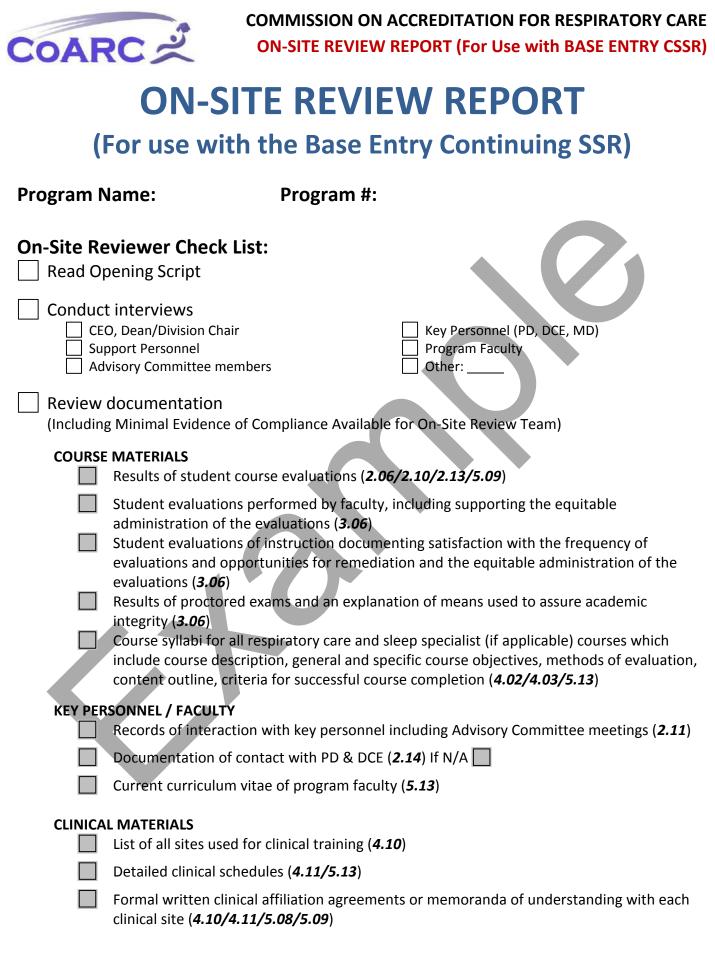
Communication of Findings:

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 Entry Continuing SSR)

Program Name: **Program #:**

On-Site Reviewer Check List:

☐ Read Opening Script

☐ Conduct interviews
    ☐ CEO, Dean/Division Chair   ☐ Key Personnel (PD, DCE, MD)
    ☐ Support Personnel   ☐ Program Faculty
    ☐ Advisory Committee members   ☐ Other: _____

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

COURSE MATERIALS
☐ Results of student course evaluations (*2.06/2.10/2.13/5.09*)

☐ Student evaluations performed by faculty, including supporting the equitable administration of the evaluations (*3.06*)

☐ Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation and the equitable administration of the evaluations (*3.06*)

☐ Results of proctored exams and an explanation of means used to assure academic integrity (*3.06*)

☐ 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 (*4.02/4.03/5.13*)

KEY PERSONNEL / FACULTY
☐ Records of interaction with key personnel including Advisory Committee meetings (*2.11*)

☐ Documentation of contact with PD & DCE (*2.14*) If N/A ☐

☐ Current curriculum vitae of program faculty (*5.13*)

CLINICAL MATERIALS
☐ List of all sites used for clinical training (*4.10*)

☐ Detailed clinical schedules (*4.11/5.13*)

☐ 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*)

☐ Documentation of physician interaction with students (*2.11*)

☐ Results of program evaluations of all clinical sites and preceptors (*3.12/4.09*)

☐ Results of student evaluations of clinical courses, sites, and preceptors (*3.12/4.09*)

☐ Clinical syllabi detailing student competencies (*4.08*)

☐ Evaluations that document the student's ability to perform all diagnostic and therapeutic procedures safely and effectively in patient care settings (*4.04/5.12*)

☐ Evaluations that document the student's ability to communicate effectively in a variety of patient care settings and to interact well with other members of the heath care team (*4.05/5.12*)

☐ Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions (*4.06/5.12*)

☐ Evaluations that document the student's demonstration of ethical behavior and professional responsibility (*4.07/5.12*)

☐ Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (*4.08/5.12*)

☐ Documentation that student exposure to clinical experiences is equivalent regardless of the clinical locations attended (*4.09*)

INTER-RATER RELIABILITY

☐ Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations (*3.07*)

☐ Documentation of implementation of an action plan to reduce inconsistency when variability is identified (*3.07*)

STUDENT RECORDS

☐ Student advanced placement and course equivalency documentation (*5.07*) If N/A ☐

☐ Proof that the student met applicable published admission criteria (*5.12*)

☐ Official transcripts (*5.13*)

ADVISING, COUNSELING AND REMEDIATION

☐ Records of student advising sessions and academic counseling (*3.06/5.11*)

☐ Records of remediation (*5.12*)

☐ Records of disciplinary action (*5.12*)

MEETING MINUTES

☐ Advisory Committee meeting minutes (*5.13*)

☐ Program faculty meeting minutes (*5.13*)

SURVEYS

☐ Hard copy or electronic records of completed CoARC Graduate and Employer Surveys (*3.08/4.04/4.05/4.06/4.07/4.08/4.11/5.13*)

☐ CoARC Student-Program and Personnel-Program Resource Surveys (*5.13*)

COMPLAINTS

☐ Record of complaints (if any) that includes the nature and disposition of each complaint (*5.05*)

WORK STUDY

☐ Work study contracts (*5.09*)

Additional Documentation:

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

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

☐ Inspect facilities:

☐ 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

FORM A

On-Site Review Attendance List

FORM A

Program #:   Referee:

Name of Program:

Program Address:

City, State, Zip:

Accreditation Status: Continuing Acreditation

Date(s) Visited:

Program Director:

Director of Clinical Education:

Medical Director:

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
I	**PROGRAM ADMINISTRATION AND SPONSORSHIP**				
	Institutional Accreditation				
1.01	Sponsor is accredited and authorized to award a minimum of an Associate's degree.		☒	☐ Rationale:	☐
	Consortium				
1.02	Responsibilities of consortium formally documented.	☐ check if not applicable	☐	☐ Rationale:	☐
	Sponsor Responsibilities				
1.03	Required gen ed/transfer credit/didact/lab/clinical.		☐	☐ Rationale:	☐
1.04	Curric planning/course selection/faculty growth.		☐	☐ Rationale:	☐
1.05	Provides equivalent academic support and resources to all program locations (satellite only).	☐ check if not applicable	☐	☐ Rationale:	☐
1.06	Program academic policies apply to all locations.		☒	☐ Rationale:	☐
	Substantive Changes				

| 1.07 | Substantive Changes reported according to CoARC Policy 9.0 | ☐ check if not applicable | ☒ | ☐ 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
II	**INSTITUTIONAL AND PERSONNEL RESOURCES**				
	Institutional Resources				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.		☒	☐ Rationale:	☐
	Key Program Personnel				
2.02	Sponsor appoints FT PD and DCE, and MD.		☒	☐ Rationale:	☐
	Program Director				
2.03	Responsibilities.		☒	☐ Rationale:	☐
2.04	Minimum degree qualifications.		Compliance with Standard verified by documentation previously received by EO.		
2.05	Minimum/valid credentials and experience.		☒	☐ Rationale:	☐
2.06	Regular/consistent contact w/faculty & students.		☐	☐ Rationale:	☐
	Director of Clinical Education				
2.07	Responsibilities.		☒	☐ Rationale:	☐
2.08	Minimum degree qualifications.		Compliance with Standard verified by documentation previously received by EO.		
2.09	Minimum/valid credentials and experience.		☒	☐ Rationale:	☐
2.10	Regular/consistent contact w/clin fac, sites, students		☐	☐ Rationale:	☐
	Medical Director				
2.11	Responsibilities/valid credentials and qualifications.		☐	☐ Rationale:	☐
	Primary Sleep Specialist Instructor				
2.12	Minimum/valid credentials, education, and qualifications.	☐ check if not applicable	☒	☐ 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
	Instructional Faculty				
2.13	Sufficient faculty; student to clin faculty ratio ≤ 6:1.		☐	☐ Rationale:	☐
2.14	Site coordinator qualifications and responsibilities (satellite only).	☐ check if not applicable	☐	☐ Rationale:	☐
	Administrative Support Staff				
2.15	Sufficient administrative and clerical support.		☒	☐ Rationale:	☐
	Assessment of Program Resources				
2.16	Documented/assessed annually by using RAM.		☒	☐ Rationale:	☐

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT				
	Statement of Program Goals				
3.01	Statements define minimum expectations.		☒	☐ Rationale:	☐
3.02	Review/analysis of goals and outcomes.		☒	☐ Rationale:	☐
3.03	Optional goals compatible w/ nationally accepted standards.	☐ check if not applicable	☒	☐ Rationale:	☐
3.04	Advisory committee composition & responsibilities.		☐	☐ Rationale:	☐
	Assessment of Program Goals				
3.05	Systematic assessment process formulated.			Reviewed at the time of the annual report submission for compliance.	
	Student Evaluation				

3.06	Conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.	☐	☐ Rationale:	☐
3.07	Inter-rater reliability for clinical evaluations.	☐	☐ Rationale:	☐
	Assessment of Program Outcomes			
3.08	Assessed annually using CoARC surveys.	☐	☐ Rationale:	☐
	Reporting of Program Resources			
3.09	Outcomes meet CoARC assessment thresholds.		Reviewed at the time of the annual report submission for compliance.	
3.10	CoARC Annual RCS reporting tool submitted.		Reviewed at the time of the annual report submission for compliance.	
3.11	Action plan developed for sub-threshold outcomes.		Reviewed at the time of the annual report submission for compliance.	
	Clinical Site Evaluation			
3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	☐	☐ Rationale:	☐

IV	CURRICULUM			
	Minimum Course Content			
4.01	Appropriate course sequencing of content areas.	☐	☐ Rationale:	☐
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.	☐	☐ Rationale:	☐
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies.	☐	☐ Rationale:	☐
	Core Competencies			
4.04	RC diagnostic and therapeutic procedures.	☐	☐ Rationale:	☐
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.	☐	☐ Rationale:	☐
4.06	Application of problem solving strategies.	☐	☐ Rationale:	☐

4.07	Ethical decision-making and prof responsibility.	☐	☐ Rationale:	☐
	Length of Study			
4.08	Sufficient to acquire knowledge/competencies.	☐	☐ Rationale:	☐
	Equivalency			
4.09	Course content, learning experiences, and access to learning materials regardless of location.	☐	☐ Rationale:	☐
	Clinical Practice			
4.10	Clinical affiliation agreements/MOUs for each site.	☐	☐ Rationale:	☐
4.11	Sufficient quality/duration to meet program goals; Students not responsible for site selection/ determining competencies/acquiring preceptors.	☐	☐ Rationale:	4.11

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	☒	☐ Rationale:	☐
5.02	Required info made known to applicants & students.	☒	☐ Rationale:	☐
	Public Information on Program Outcomes			
5.03	CoARC URL on program website/known to public.	☒	☐ Rationale:	☐
	Non-discriminatory Practice			
5.04	Program activities are non-discriminatory and lawful.	☒	☐ Rationale:	☐
5.05	Appeal procedures ensure fairness/due process.	☐	☐ Rationale:	☐
5.06	Faculty grievance procedure made known to faculty.	☒	☐ Rationale:	☐
5.07	Advanced placement policies documented. ☐ check if not applicable	☐	☐ Rationale:	☐
	Safeguards			
5.08	Health and safety of patients, students, and faculty adequately safeguarded.	☐	☐ Rationale:	☐

5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.	☐	☐ Rationale:	☐
5.10	No clinical coursework while in an employee status.	☐	☐ Rationale:	☐
	Academic Guidance			
5.11	Timely access to faculty for assistance/counseling.	☐	☐ Rationale:	☐
	Student and Program Records			
5.12	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.	☐	☐ Rationale:	☐
5.13	Program records maintained in sufficient detail/5 years min.	☐	☐ 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.

FORM F   **Referee's Analysis of the On-Site Review Report- BASE ENTRY CSSR**   **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.

Executive Director 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