



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE ON-SITE REVIEW REPORT (For Use with 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, if 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 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, NCE, MD)
 - Program Faculty

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

Standards 1.04/1.09/5.11:

- Copies of duly executed agreement, contract or memorandum of understanding for each affiliate (e.g., institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the program for clinical experiences.)

Standards 2.05/2.10:

- State license and RRT verification.

Standard 2.14:

- Appointment letter, contractual agreement.

Standards 3.09/3.03/4.04/1.06/4.07:

- Course syllabi for all respiratory care courses. Each syllabus should, at a minimum, include the following: course description, learning goals/outcomes, specific instructional objectives, methods of evaluation, content outline, and criteria for successful course completion.

Standard 4.12:

- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting;
- Clinical syllabi detailing student competencies.



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

Standards 4.01/4.02:

- Documentation of competencies encompassing knowledge, technical proficiency, and behaviors expected of program graduates;
Evaluation mechanisms designed to monitor knowledge, performance, and behavior.

Additional Documentation:

- Checkboxes for additional documentation items.

- Checkboxes for additional documentation items.

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 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 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.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Consortium			
1.02	Responsibilities of consortium formally documented. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
1.03	Consortium capable of providing requisite instruction. <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Sponsor Responsibilities			
1.04	Sponsor (or consortium) responsibilities (a – i).	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Program Location			
1.05	Located in accredited postsecondary institution, consortium institution, or U.S. military facility.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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1.06	Sponsor provides equivalent academic support and resources to all program locations.			
1.07	Program academic policies apply to all locations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Substantive Changes				
1.08	Substantive Changes reported according to CoARC Policy 9.0 <input type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Affiliate Agreements				
1.09	Formal agreement/MOU bw sponsor & affiliates.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
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"/>
Personnel Resources				
2.02	Sponsor ensures sufficient number of qualified faculty, preceptors, and admin/tech support staff.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Key Program Personnel				
2.03	Sponsor appoints FT PD and RRT, and MD.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Program Director				
2.04	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.05	Holds valid RRT and professional licens cert.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.06	Has at least a Baccalaureate deg.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.07	Has min 4 yrs RRT/2 yrs clinical/2 yrs teaching.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.08	Has regular/consistent contact w/fac & students.			



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	Director of Clinical Education			
2.09	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.10	Holds valid RRT and professional license/cert.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.11	Has at least a Baccalaureate degree.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.12	Has min 4 yrs RRT/2 yrs clinical/2 yrs teaching.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.13	Has regular/consistent contact w/fac, clin, students.			
	Medical Director			
2.14	MD responsibilities and qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Instructional Faculty			
2.15	Sufficient faculty; student to clin faculty ratio ≤ 6:1	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.16	Instructor qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Administrative Support Staff			
2.17	Sufficient administrative and clerical support	<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"/> Rationale:	<input type="checkbox"/>
3.02	Statements reviewed annually by program faculty.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.03	Goals compatible w/ nationally accepted standards.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Goals			
3.05	Systematic assessment process instituted.			



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3.06	Distance ed effectiveness/outcomes reported for base program and options.			
	Assessment of Program Resources			
3.07	Assessed at least annually by using RAM.			
3.08	Components documented for each resource.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Student Evaluation			
3.09	Documented w/ sufficient frequency/remediation.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.10	Conducted uniformly and equitably.			
3.11	Inter-rater reliability for clinical evaluations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Outcomes			
3.12	Assessed annually using CoARC surveys.			
3.13	Outcomes meet CoARC assessment thresholds.			
3.14	Action plan developed for sub-threshold outcomes.			
	Reporting of Program Resources			
3.15	CoARC Annual RCS reporting tool submitted.			
	Clinical Site Evaluation			
3.16	Processes consistent, effective, and ongoing.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
IV	CURRICULUM			
4.01	Prepares students to meet RRT competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.02	Competencies defined, evaluated, & communicated.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.03	Course syllabi provided for each RC course.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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	Minimum Course Content			
4.04	Curriculum includes and integrates specified areas.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.05	Curriculum includes and integrates specified areas.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.06	Curriculum includes and integrates specified areas.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.07	Reviewed/revised to ensure consistency with program-defined competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Minimum Competencies			
4.08	Interpersonal and communication skills.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.09	Application of problem solving strategies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Length of Study			
4.10	Sufficient to acquire knowledge/competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Equivalency			
4.11	Course content, learning experiences, and access to learning materials regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Clinical Practice			
4.12	Sufficient quality/duration to meet program goals.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reports 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"/>
5.03	CoARC URL on program website/known to public.			
	Non-discriminatory Practice			



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5.04	Program activities are non-discriminatory and lawful.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.05	Appeal procedures ensure fairness/due process.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.07	Policies are consistent with fed/state laws and regs.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.08	Students admitted according to published policies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.09	Agreements with all clinical sites secured only by program; preceptors designated for each site.			
5.10	Advanced placement policies documented. <input type="checkbox"/> Check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Safeguards				
5.11	Health and safety of patients, students, and faculty adequately safeguarded.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.12	Students are not substituted for staff.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.13	Students do not receive remuneration in exchange for clinical coursework and experiences.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Academic Guidance				
5.14	Program ensures availability for all students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.15	Students have access to academic support services.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.16	Timely access to faculty assistance/counseling.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Student Identification				
5.17	Students are clearly identified in clinical setting.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Student Records				
5.18	Records/grades secure, safe, and accessible.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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5.19	Student evals maintained in sufficient detail/5 years.			
5.20	Specified student records kept by sponsor.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Program Records				
5.21	Prog records maintained in sufficient detail/5 years.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.22	Specified program records kept by sponsor.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

EXAMPLE



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: _____

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



