



## INSTRUCTIONS FOR USE OF ON-SITE REVIEW REPORT

This On-Site Review Report form (OSRR) is designed to allow for standardized review and reporting on the Sleep Specialist Program Option (SSPO). 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 SSPO)

Program Name:

Program #: 4

### On-Site Reviewer Check List:

- Read Opening Script
- Conduct interviews
  - CEO, Dean/Division Chair
  - Support Personnel
  - Graduates
  - Advisory Committee members
  - \_\_\_\_\_
  - Key Personnel (PD, DCE, MD, PPI)
  - Faculty
  - 1<sup>st</sup> year students
  - 2<sup>nd</sup> year students
  - \_\_\_\_\_
- Review documentation  
(Including Minimal Evidence of Compliance Available for On-Site Review Team)

#### Standards 1.09/5.09/5.11:

- Copies of duly executed agreement, contract or memorandum of understanding for each SSPO 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 2.08/2.13/2.15/2.17/5.12:

- Results of student course evaluations for all SSPO courses.

#### Standard 2.04:

- Records of physician instructional input related to SSPO.

#### Standards 3.09/4.03, 4.04/4.06/4.07:

- Course syllabi for all courses required for completion of the SSPO. 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.

#### Standards 3.09/3.06/3.10:

- SSPO student evaluations performed by faculty, supporting the uniform and equitable administration of the evaluations;



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

SSPO Student evaluations of instruction documenting the following:

- (a) satisfaction with the uniform and equitable administration of evaluations;
- (b) satisfaction with the frequency of evaluations and opportunities for remediation

Results of SSPO student course and faculty evaluations by cohort groups separately for base programs and program options (if applicable).

**Standard 3.11:**

- Records of training participation by SSPO clinical evaluators;
- Results of a review of SSPO student evaluations for the purpose of determining inter-rater reliability.

**Standard 3.16:**

- Results of evaluations for all SSPO clinical sites and preceptors;
- Results of SSPO student evaluations of clinical courses, sites, and preceptors.

**Standard 4.12:**

- Clinical evaluation mechanisms that document the progression/independence of the SSPO student in the clinical setting;
- Clinical syllabi detailing student competencies;
- Program evaluation plan and results of these evaluations for all SSPO clinical sites and preceptors.

**Standards 4.01/4.02:**

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

**Standards 3.10/4.08/4.09/4.12:**

- Records of CoARC SSPO graduate and employer satisfaction surveys.

**Standard 3.16/4.01/4.12:**

- Records of CoARC SSPO Student-Program Resource Surveys and SSPO Program-Personnel Resource Surveys.

**Standard 5.12:**

- Work study contracts (if not applicable, check here ).

**Standard 5.15:**

- Documented Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.



Standards 3.09/5.15:

- Documentation of academic advisement and counseling sessions with SSPO students.

Standards 5.18/5.19/5.20/5.21:

- Hard copy or electronic SSPO student records for at least the past five (5) years.

Standard 5.22:

Hard copy or electronic copy of each of the following (for at least the past five (5) years):

- Annual Report of Current Status for the SSPO and supporting documentation;
SSPO Course syllabi;
SSPO Resource assessment surveys;
SSPO Clinical affiliate agreements and schedules;
SSPO Advisory Committee minutes.

Additional Documentation:

- Two columns of checkboxes for additional documentation items.

Inspect facilities:

- Classrooms
Laboratories (sleep lab, 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 #: 4

Referee:

Name of Program:

Program Address:

City, State, Zip:

Accreditation Status: Select Drop Down

Date(s) Visited:

Program Director:

Director of Clinical Education:

SSPO Primary Instructor:

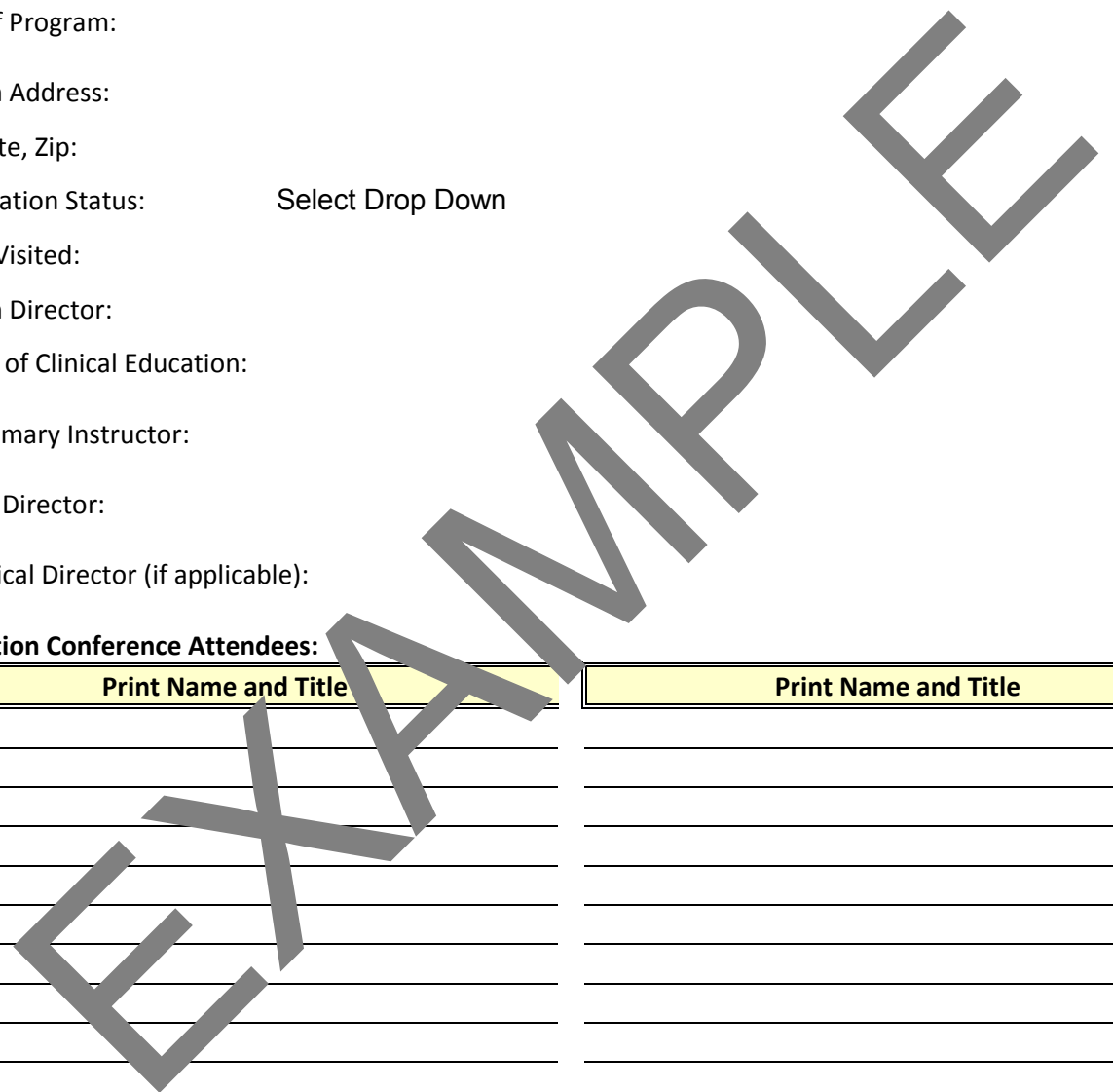
Medical Director:

Co-Medical Director (if applicable):

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 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
<b>I</b>	<b>PROGRAM ADMINISTRATION AND SPONSORSHIP</b>			
	<b>Institutional Accreditation</b>			
1.01	Sponsor is accredited and authorized to award a minimum of an Associate’s degree.			
	<b>Consortium</b>			
1.02	Responsibilities of consortium formally documented. <input type="checkbox"/> check if not applicable			
1.03	Consortium capable of providing requisite instruction. <input type="checkbox"/> check if not applicable			
	<b>Sponsor Responsibilities</b>			
1.04	Sponsor (or consortium) responsibilities (a–i).			
	<b>Program Location</b>			
1.05	Located in accredited postsecondary institution, consortium institution, or U.S. military facility.			



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

Standard	Standard Description	Standard Appears Met	Standard <b>Appears Not Met</b> , including Rationale (i.e., describe the findings that support the judgment that the Standard <b>Appears Not Met</b> . Be specific about which elements of the Standard appear <b>Not Met</b> .)	Compliance determined at time of Self-Study Submission
1.06	Sponsor provides equivalent academic support and resources to all program locations. <input type="checkbox"/> check if not applicable			
1.07	Program academic policies apply to all locations. <input type="checkbox"/>		<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Substantive Changes</b>				
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"/>
<b>Affiliate Agreements</b>				
1.09	Formal agreement/MOU bw sponsor & affiliates. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>II</b>	<b>INSTITUTIONAL AND PERSONNEL RESOURCES</b>			
<b>Institutional Resources</b>				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Personnel Resources</b>				
2.02	Sponsor ensures sufficient number of qualified faculty, preceptors, and admin/tech/sponsor staff. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Key Program Personnel</b>				
2.03	Sponsor appoints FT PD and DCE, and MD. <input type="checkbox"/>			
<b>Program Director</b>				
2.04	Responsibilities. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.05	Holds valid RRT and professional license/cert. <input type="checkbox"/>			
2.06	Has at least a Baccalaureate degree. <input type="checkbox"/>			
2.07	Has min 4 yrs RRT/2 yrs clinical/2 yrs teaching. <input type="checkbox"/>			
2.08	Has regular/consistent contact w/fac & students. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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	<b>Director of Clinical Education</b>			
2.09	Responsibilities.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.10	Holds valid RRT and professional license/cert.			
2.11	Has at least a Baccalaureate degree.			
2.12	Has min 4 yrs RRT/2 yrs clinical/2 yrs teaching.			
2.13	Has regular/consistent contact w/fac, clin, students.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Medical Director</b>			
2.14	MD responsibilities and qualifications.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Instructional Faculty</b>			
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"/>
	<b>Administrative Support Staff</b>			
2.17	Sufficient administrative and clerical support	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>III</b>	<b>PROGRAM GOALS, OUTCOMES, AND ASSESSMENT</b>			
	<b>Statement of Program Goals</b>			
3.01	Statements define minimum expectations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.02	Statements reviewed annually by program.	<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"/>
	<b>Assessment of Program Goals</b>			
3.05	Systematic assessment process instituted.		Reviewed at the time of the annual report submission for compliance.	





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3.06	Distance ed effectiveness/outcomes reported for base program and options. <input checked="" type="checkbox"/> check if not applicable			
<b>Assessment of Program Resources</b>				
3.07	Assessed at least annually by using RAM.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.08	Components documented for each resource.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Student Evaluation</b>				
3.09	Documented w/ sufficient frequency/remediation.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.10	Conducted uniformly and equitably.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.11	Inter-rater reliability for clinical evaluations.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Assessment of Program Outcomes</b>				
3.12	Assessed annually using CoARC surveys.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.13	Outcomes meet CoARC assessment thresholds.	Reviewed at the time of the annual report submission for compliance.		
3.14	Action plan developed for sub-threshold outcomes.	Reviewed at the time of the annual report submission for compliance.		
<b>Reporting of Program Resources</b>				
3.15	CoARC Annual RCS reporting tool submitted.	Reviewed at the time of the annual report submission for compliance.		
<b>Clinical Site Evaluation</b>				
3.16	Processes consistent, effective and ongoing.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>IV CURRICULUM</b>				
4.01	Prepares students to take and pass the NBRC SDS.	<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 SSPO course.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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	<b>Minimum Course Content</b>			
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.			
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"/>
	<b>Minimum Competencies</b>			
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"/>
	<b>Length of Study</b>			
4.10	Sufficient to acquire knowledge/competencies.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Equivalency</b>			
4.11	Course content, learning experiences, and access to learning materials regardless of location.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Clinical Practice</b>			
4.12	Sufficient quality/duration to meet program goals.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>V</b>	<b>FAIR PRACTICES AND RECORDKEEPING</b>			
	<b>Disclosure</b>			
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.			
	<b>Non-discriminatory Practice</b>			



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Standard	Standard Description	Standard Appears Met	Standard <b>Appears Not Met</b> including Rationale (i.e., describe the findings that support the judgment that the Standard <b>Appears Not Met</b> . Be specific about which elements of Standard appear <b>Not Met</b> .)	Compliance determined at time of Self-Study Submission
5.04	Program activities are non-discriminatory and lawful.			
5.05	Appeal procedures ensure fairness/due process.			
5.06	Faculty grievance procedure made known to faculty.			
5.07	Policies are consistent with fed/state laws and regs.			
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.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.10	Advanced placement policies documented.			
<b>Safeguards</b>				
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"/>
<b>Academic Guidance</b>				
5.14	Program ensures availability to all students.			
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 for assistance/counseling.			
<b>Student Identification</b>				
5.17	Students are clearly identified in the clinical setting.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Student Records</b>				
5.18	Records/grades secure, safe, and accessible.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.19	Student evals maintained in sufficient detail/5 years.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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**ON-SITE REVIEW REPORT (For Use with SSPO)**

Standard	Standard Description	Standard Appears Met	Standard <b>Appears Not Met</b> , including Rationale (i.e., describe the findings that support the judgment that the Standard <b>Appears Not Met</b> . Be specific about which elements of Standard appear <b>Not Met</b> .)	Compliance determined at time of Self-Study Submission
5.20	Specified student records kept by sponsor.	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Program Records</b>			
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 C**

**Strengths**

**FORM C**

Program Name:

Program #: 4

Write the Strengths of the program.

Write the Strengths of the program.

\*Duplicate as Necessary

EXAMPLE



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

**FORM D      Suggestions for Enhancement      FORM D**

Program Name:

Program #: 4

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 #: 4

<b>Write Additional Comments, if any.</b> (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 #: 4

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

