



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

CoARC Update on Response to COVID-19

May 15th, 2020

The Commission on Accreditation for Respiratory Care (CoARC) continues to monitor the impact of the Coronavirus (COVID-19) pandemic on our accredited programs. We are fully aware of the ongoing efforts of administrators and faculty to find ways to provide satisfactory educational experiences for their students during this difficult and uncertain time. The CoARC also supports all programmatic actions focused on ensuring the health, safety and security of students, faculty, patients, and other stakeholders. We understand that programs may need to implement strategies different from normal operating procedures during this unprecedented period, and that these strategies may be influenced by programmatic and institutional policies and procedures, by local, state, and federal regulations, as well as by the spread of COVID-19. We will continue to collaborate with our programs to ensure that such strategies not only address these problems adequately but are in compliance with all CoARC Standards and Policies. We will also continue to carry out our role of verifying that program resources and processes are sufficient to meet the mandated goal (Standard 3.01): “To prepare graduates with demonstrated competence ... in the learning domains of respiratory care practice as performed by Registered Respiratory Therapists”.

Restricted access to both campuses and clinical sites has dramatically increased the challenge for programs both to provide access to, and to assess, the competencies necessary to prepare their students for entry into practice. While the CoARC is fully aware of these obstacles, programs must continue to meet the Standards during this difficult time. Further, programs **MUST** develop a revised system which they can use to teach and assess all competencies mandated by the Standards. Programs that are unable to adequately teach and assess all required competencies by delivery of appropriate didactic, laboratory, or clinical experiences may be forced to delay program completion until such time as it is safe to bring students back on campus and send them to suitable clinical sites. As long as the program has appropriate institutional, state, and regional accreditor approval to do this, prior approval by, or notification of, the CoARC (for now) will not be required. In addition, the CoARC will not specify how programs should determine subsequent modifications of program length, course re-sequencing, or learning methodologies as these are predominantly an institutional/programmatic prerogative. **However, programs should notify both the CoARC and program students of these changes in a clear and timely manner.**

The CoARC commends the dedication of our programs to the provision of high-quality respiratory care education. We appreciate your ongoing commitment to programmatic accreditation.

For questions regarding this communication, please contact Tom Smalling, Chief Executive Officer, at 817-283-2835 ext. 101 or by email at tom@coarc.com.



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Frequently Asked Questions (FAQs) are designed to assist programs in remaining compliant with the CoARC's Standards, Policies, and Procedures during this emergency. Since our [April 6th update](#), there have been additional FAQs that we have addressed below:

Q: I have a self-study/site visit due this year. How does the CoARC plan to address this?

A: Self-study due dates remain on schedule. Extensions of due dates, upon request, are being granted as necessary and appropriate. The CoARC will not perform any site visits until the fall and the Board is currently discussing how those will be conducted. We will contact you directly with more detailed information as we get closer to your visit. If you have any further questions, please contact [Bonnie Marrs](#).

Q: Is the Annual Report (RCS) due date still July 1? I am having difficulty getting survey responses back and I am concerned about the potential implications of that.

A: The RCS due date remains July 1. Please continue to work on the survey responses and when you complete the RCS, note any difficulties with data collection in the analysis and action plan sections. The Board is aware of this issue and will evaluate the RCS data to determine an appropriate course of action.

Q: Our first-year students have not been able to complete their spring semester clinical hours. Is there a requirement that students need to make up these hours?

A: As CoARC is an outcomes and competency-based accreditor, the number of hours needed for clinicals is determined by whether the students achieved all their required competencies before graduation. We understand that almost all programs have been unable to provide sufficient clinical time for their students during the pandemic. If you determine that certain competencies the students were expected to accomplish in the spring semester cannot be achieved without actual clinical experiences, then your program will need to provide make-up clinical time for them once they are allowed back into your clinical sites. If access to these sites is extensively delayed, you may need to extend the expected graduation date of this class until sufficient face-to-face interaction with patients has been made available for students to master all required competencies.

Q: Given the effect of the pandemic on our Advisory Committee hospital directors and staff, has the CoARC decided whether programs must hold their Advisory Meetings? I am concerned that most of our hospital-based members will be unable to attend the meeting, scheduled for later this spring, even if it is virtual.

A: CoARC requires that programs hold an Advisory Committee meeting once per calendar year but does not specify a date. It would seem reasonable to wait until the summer or fall to try to reschedule your AC meeting. Both faculty and advisory committee meetings can be conducted by web or videoconference as long as minutes are recorded, and attendance can be verified.

Q: We plan to administer remote exams, so we will not be visualizing the student live. We will be monitoring their activity instead and viewing the exam video upon completion. Would this satisfy CoARC requirements regarding remote learning and exam proctoring?

A: As you are using video monitoring, whether in real-time with live proctoring, or by a recorded session reviewed later, then you are making a good-faith effort. The scenario you have described would meet our compliance requirements for remote exam proctoring - i.e. that programs must provide evidence that testing mechanisms or methods assure academic integrity.

Q: Can our program change our existing letter grading system to a binary grading system (e.g., pass/fail, satisfactory/unsatisfactory) for selected or all courses?

A: Yes. The CoARC Standards and Policies do not stipulate how grades should be provided. This is an institutional prerogative, meaning that institutions have the freedom to develop their own grading policies. However, should such a temporary change in grading be implemented, programs are still responsible for adequately assessing student achievement of all required competencies. The following factors should be taken into account when considering such a change:

- You should notify your administration when considering a change to the grading scale since it may be necessary to obtain approval from the institution's regional/national accreditation agency.
- A pass/fail or satisfactory/unsatisfactory system cannot be used for subsequent GPA reporting. As this may impact students' financial aid or their ability to qualify for scholarships, they need to be informed about the effects of these changes.
- Program progression strategies will need to be aligned with the pass/fail system. For example, it would be difficult to require a minimum GPA for 'good standing' in a program that has moved to a pass/fail grading system.
- Fair practice standards require that programs make performance and progression information readily available. Accordingly, students must be informed of changes in grading and/or progression policies.
- To avoid actual or perceived unfairness, it is best that a grading scale change is done across the program and not just in select courses.

Any changes to grading policies, specifically those that involve a change from a letter grade to a binary grading system (e.g., pass/fail, satisfactory/unsatisfactory), should be fully explained to students. Furthermore, any risks/negatives associated with binary grading should be fully explained. This would include the effects noted above as well as how this may be viewed for transfer credit or in applications for advanced degrees, where letter grades in certain courses may be required/preferred. Should a program elect, or be directed by their administration, to temporarily change their grading policies to comply with their own institution's COVID-19 guidelines/response plan, the CoARC currently does not require that it receive prior notification or grant prior approval.



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Q: If only a portion of our clinical affiliates reopen, can our students assigned to the reopened clinical sites return to them while others wait?

A: This decision should be made by the program, with guidance from its administration. Your reopening plan should focus on delaying graduation for as few students as possible by striving for equity and fairness. For clinical experiences, the program must ensure that, for every class, the sum and quality of each student's clinical experiences are equivalent to those of the other students in that class and sufficient to allow the achievement of all required competencies.

Q: Will the CoARC revisit the NBRC exam outcomes thresholds in light of the pandemic?

A: The exam data in the 2020 RCS, due 7/1/20, is from students who graduated between January 1, 2017, and December 31, 2019. Since these students graduated before the pandemic, the CoARC plans to adhere to its outcomes thresholds for this year's annual report. The effect of the pandemic on the outcomes thresholds for subsequent Annual Reports will require careful assessment by the CoARC of data related to graduates affected by Covid-19.

Q: If we are unable to conduct hands-on labs or clinicals during the summer, what does that mean?

A: During the pandemic, it is up to each program to demonstrate that its blend of in-person, simulation, and/or telehealth clinical experiences adequately prepare students for entry into practice. Each program must determine how competencies are to be taught and assessed under these circumstances. You need to use good judgment when determining whether a particular competency should be performed and evaluated in a lab or in a clinical setting. Some clinical experiences can be replaced with simulation or telehealth, etc. Others (i.e. many ICU skills) will need to be postponed until clinical sites reopen. While the CoARC has promoted maximum flexibility regarding distance learning and clinical education, realistically there is no circumstance in which ALL elements of in-person/face-to-face clinical instruction and psychomotor competency assessments can be performed using distance learning/technology solutions. Accordingly, if campus closures and/or lack of access to clinical experiences preclude the adequate teaching and assessment of psychomotor skills, then programs MUST delay program completion until access to in-person training allows for the adequate instruction and assessment of these competencies.

Regardless of the educational modifications utilized during the pandemic, the program must have clearly documented assessment measures by which all students are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. As specified in Standard 3.06, the program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the expected competencies, and to allow prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame.