



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)
EVIDENCE FOR THE SITE VISIT TEAM

EVIDENCE TO BE MADE AVAILABLE TO SITE VISIT EVALUATION TEAM

During the evaluation of your program the following evidence must be available for review by the site visit team. The evidence must be uploaded six weeks prior to the visit. Other documents not identified below may be requested by the site visit team to assist them in evaluation of the program's compliance with the **2022 Standards** (*in parentheses*). For any additional questions regarding the List of Evidence, contact the Team Captain. **Upload all items listed below for the past two (2) years** and have **three (3) additional years** available upon request.

COURSE MATERIALS

- Results of student course evaluations (**2.06/2.10/2.13/5.09/5.11**)
- Student evaluations performed by faculty in didactic, laboratory and clinical settings, confirming the equitable administration of the evaluations (**3.05**)
- Student evaluations of instruction documenting their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation (**3.05**)
- A description of the method(s) used to assure academic integrity for *assessments* (i.e., proctored exams, locked browser system, video monitoring, etc.) (**3.05**)
- Evidence confirming review of the effectiveness of the methods used to ensure academic integrity and a plan to address any shortcomings. (**3.05**)
- **Current** course syllabi for basic procedures, mechanical ventilation, and neonatal/pediatrics (or sleep specialist) courses which include course description, content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion. Include list of competency skills taught within each didactic, lab, and clinical course within the syllabi. All respiratory care course syllabi must be available on-site for review. (**4.01/4.02/4.03/5.12**)
- Documentation of last annual review and analysis of the program curriculum using the Sub Scores by Content Domain of the NBRC TMC and CSE Examinations (**3.03/4.03/5.12**)

KEY PERSONNEL / FACULTY

- Records of MD interaction with Key Personnel including attendance at Advisory Committee meetings (**2.11**)
- Documentation of satellite site coordinator contact with PD & DCE (**2.14**) If N/A ☐
- **Current** curriculum vitae of program faculty (if not provided in the self-study) (**2.05/2.09/2.11/2.12/2.14/5.12**)

CLINICAL MATERIALS

- List of all sites used for clinical training (**1.03/4.09**)
- Detailed clinical schedules (**4.09/5.12**) Provide a summary sheet with the number of clinical hours for each semester, to include the number of hours in each assigned area (i.e., basic care rotations, adult ICU, NICU, PICU, PFT, Homecare, etc.) and total for the entire program.
- List of **current** formal written clinical affiliation agreements or memoranda of understanding which includes date of expiration for each clinical site (**1.03/4.09/5.08/5.09/5.12**) (These agreements **must be provided on-site.**)



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)
EVIDENCE FOR THE SITE VISIT TEAM

- Documentation of DCE contact with clinical faculty/affiliates and students **(2.10)**
(Documentation of DCE interaction with students in the clinical setting per student to include date and activities observed or topics discussed would be a good example must be available on-site.)
- Documentation of all physician interaction with students **(2.11)**
- Program evaluation plan and results of these evaluations for all clinical sites and preceptors **(3.10/4.08)**
- Results of student evaluations of clinical courses, sites, and preceptors **(3.10/4.08/5.09)**
- **Current** clinical syllabi detailing student competencies **(4.01)**
- Evidence of clinical evaluations (mechanisms) that document the progressive independence of the student in the clinical setting. **(4.01)**
- Evaluations that document the student's ability to perform all required diagnostic and therapeutic procedures safely and effectively in patient care settings **(4.04/5.11)**
- 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 health care team **(4.05/5.11)** (i.e., documentation of Interprofessional Education with students from other health related programs (i.e., in the SIMS Lab setting)
- Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions in a timely fashion **(4.06/5.11)**
- Evaluations that require demonstration of the student's ethical behavior and understanding of professional responsibility **(4.07/5.11)**
- Documentation that student exposure to clinical experiences is equivalent regardless of the clinical sites attended **(4.08)**

OFF-CAMPUS LABORATORY SITE(S) (OCLS) (if applicable)

An **OCLS** is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in CoARC Policy 2.05.

- **If not already submitted, a complete Substantive Change Form must be submitted if the program has any OCLS 30 days prior to the scheduled site visit. Contact Shelley@coarc.com for required information.**
 - List of all sites/addresses, used for off-campus laboratories which demonstrates adequate instruction and laboratory space and the name of the laboratory instructor(s) **(2.01/4.08)**
 - Copies of MOUs or agreements between program sponsor and each off-campus laboratory site that describes who is responsible for laboratory instruction, equipment purchase, maintenance, etc. **(1.03/2.01/5.12)**
 - Faculty appointment letter from the program sponsor of all laboratory instructional faculty (at the base program campus and each off-campus location). These faculty appointments can be voluntary or paid **(2.13)**
 - Documentation of student evaluations of laboratory instruction demonstrating their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation **(3.05)**

- Documentation of student evaluations performed by faculty in off-campus laboratory sites, confirming the equitable administration of the evaluations **(3.05)**
- **Current** course syllabus detailing required student laboratory competencies **(4.01)**
- Documentation that student exposure to laboratory experiences is equivalent regardless of the laboratory site(s) attended **(4.08)**
- Documentation of instructor evaluations of student competence in off-campus laboratory sites **(4.04)**
- Detailed laboratory schedules **(4.08)**. This must include schedules for each student, including skills to be learned at each laboratory site.
- Documentation of PD/DCE contact with laboratory coordinator/instructors **(2.03/2.06)**. This must include contact with department directors/administrators and ensure that training has been provided for consistency of lab instruction across the program. **(2.03/2.06)**
 - **Virtual Videos of the OCLS** must be uploaded to the video link provided **at least 8 weeks** prior to the site visit. **(2.01/4.09)**.
 - Laboratory space (sufficient in size and with sufficient equipment to achieve student learning goals)
 - Equipment/storage room and simulation lab (if any).
 - Suitable locations for confidential academic counseling
 - Capital equipment (e.g., ventilators, mannequins, etc.)

The site visit team will randomly select **at least two (2)** OCLS sites for an on-site review prior to or in conjunction with the main campus site visit.

Programs should consider using the video feature on a phone or tablet to create video clips and provide narration of each area being filmed. Each video clip must only include the areas listed above and clearly demonstrate that the spaces are sufficient in size to accommodate maximum enrollment approved by CoARC (for example, classroom for laboratory didactic instruction with images show sufficient seating to accommodate this number of students). Please title each video clip with the name of the area recorded. Still photos and/or architectural renderings may accompany the video clips as appropriate.

The video clips must be uploaded no later than **8 weeks prior** to the first day of the site visit. An Egnyte link will be provided by Bonnie Marrs in the Official CoARC Site Visit Confirmation email.

STUDENT RECORDS *(For a Virtual Site Visit Only - Upload 3 Student Application files that reflect the following, otherwise this documentation can be provided on-site.)*

- Documented course equivalency of the specific skill(s) for which the student received *advanced placement* **(5.07)** If N/A ☐
- Proof that the student met applicable published admission criteria **(5.11)**
- Official transcripts **(5.11)** – provided during the site visit, if requested.



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CONTINUING ACCREDITATION SELF-STUDY REPORT (CSSR)
EVIDENCE FOR THE SITE VISIT TEAM

ADVISING, COUNSELING AND REMEDIATION (*Upload documentation on 1 satisfactory student and 2 challenging students (1 student with grade issues & 1 student with behavioral or clinical issues.)*)

- Documentation of student advising sessions and academic counseling **(3.05/5.10)**
- Records of remediation **(5.11)**
- Records of disciplinary action **(5.11)**

MEETING MINUTES

- Advisory Committee meeting minutes **(3.02/3.04/4.03/5.12)**
- Program faculty meeting minutes **(5.12)**

SURVEYS

- Hard copy or electronic records of completed CoARC Graduate and Employer Surveys **(3.06/4.01/4.04/4.05/4.06/4.07/4.09/5.12)**
- CoARC Student Program and Personnel-Program Resource Surveys **(1.05/2.06/2.10/2.14/3.10/4.01/4.08/5.10/5.12)**

COMPLAINTS

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

Directions for organizing / uploading the List of Evidence for the site visit team:

It is best to have **1 folder for Evidence** (Titled the name of program) **with Sub-folders inside** that are organized and **titled the name of the categories of the Evidence List for PSSR/CSSR**. Once all evidence has been filed into the sub folders, turn that one file into a zipped compressed file (just like your self-study) and upload the zipped file to the link provided. (**Please** limit the title of the folders and documents to **4-5 words** (abbreviate when possible) and **do not use special characters in the titles**, such as: underscore, colon, semi-colon, ampersand, parenthesis, etc., as this will make it difficult to compressed the zipped file or the SV Team will not be able to download the file(s).

If the Evidence Folder is too large to upload, **compress each Sub-folder** into a zipped file and upload each folder individually to the link provided.

*Please **do not send** clinical tracking software links as the SV Team cannot access these unless you export the information into a PDF document. *