Accreditation Standards for
Degree Advancement Programs
in Respiratory Care

**Standards initially adopted in 2015;
revised in 2018 and 2023**

**Supports by the
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

**Approved by the
CoARC BOARD**

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Clarifying edits to Eligibility Section

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About CoARC

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the American Medical Association (AMA) adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (American Association for Inhalation Therapy [AAIT], American College of Chest Physicians [ACCP], American Medical Association [AMA], and American Society of Anesthesiologists [ASA]) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education (JRCRTE), the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA) of the AMA. The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The CoARC became a freestanding accreditor of respiratory care programs on November 12, 2009 and in September 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

CoARC's Mission

The mission of the CoARC is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

The Value of Programmatic Accreditation

Accreditation provides consumer protection, advances and enhances the profession of Respiratory Care, and protects against compromise of educational quality. Accreditation also supports the continuous improvement of these educational programs by mandating continuing reassessment of resources, educational processes, and outcomes.

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INTRODUCTION

The practice of Respiratory Therapy has become much more complex in recent years with advancing technology and a need to contribute as team members with skills in leadership, communication, evidence-based inquiry, and an expanded knowledge of cardiopulmonary disease management. To keep pace with a rapidly changing health care environment, the Respiratory Care profession recognizes the need to advance the level of education of its workforce. Fostering degree advancement by the working Respiratory Therapist is an essential part of this effort. Currently, over 80% of entry to practice programs are at the associate level, so educational programs that allow the working associate level therapist to advance to the baccalaureate and/or master level will be required for the workforce to accomplish the goal. Respiratory Therapy Degree Advancement programs arose in the early 2000s to meet this need. They were based on similar programs in Nursing that advanced the RN to the BSN. In 2015, CoARC recognized the need to accredit these programs to ensure transparency for prospective students, curriculum that serves the need of the profession, and external validation of program quality.

CoARC Accreditation Policy 12.03 defines a degree advancement program in Respiratory Care as "*an educational program designed to meet the needs of practicing respiratory therapists who, having already earned an Entry into Respiratory Care Professional Practice degree, wish to obtain advanced training related to Respiratory Care.*" The CoARC and its collaborating organizations work together to establish, maintain, and advance Standards which constitute the requirements to which an accredited degree advancement program in respiratory care is held accountable and provide the basis on which the CoARC will confer or deny program accreditation.

These Standards are designed to acknowledge the "value-added" by degree advancement programs above and beyond the *entry into respiratory care professional practice (Entry)* degree. *Entry* programs that desire to offer an advanced degree to individuals who already have an ASRT or BSRT can apply for accreditation of their degree advancement program as can sponsors offering a free-standing degree advancement program.

Degree advancement programs are different from *Entry* programs in purpose, design and content. *Entry* programs provide individuals who have no respiratory care background or experience with the competencies needed to enter the profession, whereas degree advancement programs expand the depth and breadth of both knowledge and skills *beyond* those of an RRT entering the profession.

Advanced educational experiences, designed to enhance a respiratory therapist's ability to function in clinical, teaching, administrative, or research environments, are essential components of degree advancement programs in respiratory care. While minimal course content and resource requirements are specified in this document, flexibility and innovation in curricular development are encouraged.

Development of an effective degree advancement program requires a thorough assessment of the education experiences typically offered at the *Entry* level. Degree

advancement programs will be able to use this foundation to develop new, advanced, in-depth educational experiences designed to enhance a respiratory therapist's professional practice. Each program must be able to demonstrate specific contributions to the advanced education of respiratory therapists.

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ELIGIBILITY

The CoARC accredits degree-granting programs in respiratory care that have undergone a rigorous process of voluntary peer review and have met or exceeded the minimum accreditation Standards set by the CoARC. To become accredited by the CoARC, degree advancement programs must be established as defined in Standard DA1.1 – either in U.S. accredited postsecondary educational institutions, by a consortium of which one member must be a U.S. accredited postsecondary educational institution, or in facilities sponsored by the U.S. military. Sponsors must apply for accreditation as outlined in the CoARC's Accreditation Policies and Procedures Manual (available at www.coarc.com).

All degree advancement students must have graduated from a CoARC-accredited *Entry into Respiratory Care Professional Practice* degree program or hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential **and** the NBRC RRT credential prior to admission. Additionally, students who do not have the RRT credential upon admission to the program may be admitted as a CRT; however, prior to graduation they must achieve the RRT credential.

PROGRAM REVIEW

Accreditation of degree advancement programs is a voluntary process that requires a comprehensive review of the program relative to these Standards. While the process is voluntary, it provides programs with external validation of their educational offering. Additionally, accreditation offers prospective degree advancement students a means by which they can judge the quality of the educational experience offered by the program.

Decisions regarding initial accreditation are based on the CoARC's assessment of the information in the accreditation application and self-study report and the report of a site visit evaluation team. Ongoing accreditation decisions are based on the CoARC's review of the program's annual Report of Current Status and any reports or documents submitted to the CoARC by the program during each accreditation cycle. To clarify submitted information additional data may be requested at any time during the review process.

FORMAT OF STANDARDS

The Standards are divided into six sections: **(1) Program Administration and Sponsorship; (2) Institutional and Personnel Resources; (3) Program Goals, Outcomes, and Assessment; (4) Curriculum; and (5) Fair Practices and Recordkeeping**. Within each section, specific Standards delineate the CoARC's requirements for accreditation.

Following each Standard, there are items of evidence the program must supply to demonstrate compliance with the Standard. The evidence list is included to facilitate program responses to requests for progress reports and to accreditation actions by the CoARC, to help programs develop self- study reports and prepare for on-site visits, and to support review of the

program by the on-site team and the Commission. These items are the <u>minimum</u> information necessary to determine compliance and each item must be addressed. Additional information that the program believes supports compliance may also be provided.

Where appropriate, the CoARC has added *Interpretive Guidelines* that explain the rationale, meaning and significance of a Standard both for those responsible for educational programs and for those who evaluate these programs for the CoARC. These statements are not exclusive or exhaustive; they are meant to clarify the operational meaning of the Standard to which they refer. Expanded guidance, in the form of examples to help programs understand and interpret the "must" statements within the Standards, is included. The CoARC will periodically review and revise the *Interpretive Guidelines*, based on questions and comments it receives regarding their clarity and usefulness as well as to better reflect evolving educational and clinical practices.

The program must demonstrate its compliance with all components of each Standard. If the program is not in compliance with one component of a Standard, the entire Standard will be cited. In some cases, the CoARC is very prescriptive about what it needs to review to assess compliance. This might include such things as specific materials listed in the application, appendices or required materials for review during a site visit, with the role of site visitors being to verify, validate, and clarify this information. However, the CoARC is not directive regarding many process issues, thereby allowing programs and institutions to develop those that best suit their programs. Examples of process issues include: the program's expected student learning outcomes (ESLO); the number of credits or hours assigned; curriculum and course formats (i.e., traditional vs. problem-based); and curriculum delivery methods. It is the program's responsibility to address these as specified in the Standards; the CoARC reserves the right to request clarification of process issues that may impact accreditation.

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SECTION 1 – PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

DA1.1 An educational sponsor must be a post-secondary academic institution accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or higher degree at the completion of the program.

Evidence of Compliance:
- Documentation of current accreditation status;
- Documentation of authorization by a state agency to provide a post-secondary education program (if applicable).

Interpretive Guideline:
A copy of the educational sponsor's most current institutional accreditation certificate or letter denoting its accreditation status must be submitted with the self-study or Letter of Intent Application. There are additional questions relating to the sponsor's accreditation status and authority under applicable state laws to provide postsecondary education in the Application for Accreditation Services. The sponsor is responsible for notifying the CoARC of any adverse change in its institutional accreditation status as per CoARC Policy 1.07.

Consortium

DA1.2 When more than one institution (a consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard DA1.1. The consortium must be capable of providing all resources necessary for the program. The responsibilities of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority. In the setting of Degree Advancement a consortium may apply in situations where an associate program that has a dual enrollment agreement with a University that may confer the baccalaureate component.

Evidence of Compliance:
- Duly executed consortium agreement, contract or memorandum of understanding;
- One or more organizational charts indicating the program's relationship to the components of the consortium and clearly depicting how the program reports to or is supervised by the various components of the consortium.

Interpretive Guideline:
This Standard is applicable only to programs sponsored by a consortium (see definitions section of the Standards). A copy of a written agreement detailing the relationship between the

institutions involved in the consortium and documenting the responsibilities of each member must be provided. This evidence can be in the form of an affiliation agreement, a Memorandum of Understanding or a Business Agreement. Organizational chart templates and a sample consortium agreement can be found on the CoARC website (www.coarc.com). Additional information used to determine compliance with this Standard is provided with the Application for Accreditation Services.

Sponsor Responsibilities

DA1.3 The sponsor must either be capable of providing the required general education courses or have a process for accepting transfer credit from other institutionally accredited institutions for these courses. The sponsor must be capable of providing all of the didactic and laboratory instruction, (and any necessary clinical experience) requisite to the completion of programmatic and degree requirements.

Evidence of Compliance:
- Institutional academic catalog listing programs of study and course offerings;
- Sponsor policies for credit transfer, if applicable.

Interpretive Guideline:
The program sponsor must provide financial and other support for all laboratory and clinical instruction, as required. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be provided.

DA1.4 The sponsor is responsible for:
a) Curriculum planning, course selection and coordination of instruction by program faculty;
b) Continued professional growth of faculty.

Evidence of Compliance:
- Institutional policies and procedures related to curriculum planning, course selection and coordination of instruction by program faculty;
- Minutes of meetings of Program Faculty for curriculum planning, course selection and instruction coordination;
- Institutional policies demonstrating support for continued professional growth of faculty;
- Documentation of continuing professional development activities of the faculty and institutional support of these activities.

Interpretive Guideline:
Professional development defines faculty efforts to remain current with clinical and academic skills and to develop new skills as needed for position responsibilities. The types of professional development opportunities for faculty members vary, as does institutional support.

Types of institutional support may include, but are not limited to:
● *Funding for maintaining National Board for Respiratory Care (NBRC) credential status;*
● *Funding for attendance at professional organization meetings and/or continuing education conferences;*
● *Providing non-vacation time for professional organizational activities, clinical practice, research/scholarly activities, and review and study related to credential maintenance;*
● *Encouraging faculty to pursue an advanced degree by offering tuition remission or time off;*
● *Programs that are primarily online should minimally provide the following:*
    * *Introductory and continuing faculty development courses for online education;*
    * *Learning management system for online courses;*
    * *Remote library resources;*
    * *Web conferencing capability.*

Evidence for institutional support can include program policies, institutional policies, and listing of the continued professional development activities of the faculty along with documentation of institutional support of these activities.

DA1.5 Program academic policies must apply to all students and faculty regardless of location of instruction.

Evidence of Compliance:
● Student handbook separate and specific to the degree advancement program;
● Published program policies.

Interpretive Guideline:
Program policies must be consistent for all venues of instruction (didactic, laboratory, and clinical). Programs with more than one main program site and programs using distance education must have academic policies that are consistent for all instructional locations. For programs with clinical education, clinical affiliation agreements or MOUs may specify that certain program policies will be superseded by those of the clinical site. Programs that accept CRT credentialed applicants must make students aware that successful completion of the RRT credential is a graduation requirement.

Substantive Changes

DA1.6 The sponsor must report substantive change(s) (see Section 9 of the CoARC Accreditation Policies and Procedures Manual) to the CoARC within the time limits prescribed. Substantive change(s) include:
a) Change of Ownership/Sponsorship/Legal status or Change in Control
b) Change in the degree awarded
c) Addition of an Entry into the Respiratory Care Professional Practice degree track
d) Initiation of (an) Additional Degree Track Program(s)

e) Change in program goal(s)
f) Change in the curriculum or delivery method
g) Addition of the Sleep Specialist Program Option
h) Request for Inactive Accreditation Status
i) Voluntary Withdrawal of Accreditation
k) Requests for increases in Maximum Enrollment
l) Change in Program Location
m) Vacancy in Key Personnel positions
n) Change in Key Personnel
o) Change in institutional accreditor of the educational sponsor
p) Change in accreditation status of the educational sponsor
q) Change in accreditation status of any member of the consortium (where applicable)
r) Transition of a Program Option to a Base Program

Evidence of Compliance:
- Timely submission and subsequent approval of the CoARC Application for Substantive Change or related documentation required by CoARC Policies.

Interpretive Guideline:

The process for reporting substantive changes is defined in Section 9 of the CoARC Accreditation policies and Procedures Manual (available at www.coarc.com). If a program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office. In general, a program considering or planning a substantive change should notify CoARC early in the process. This will provide an opportunity for the program to consult CoARC Executive Office staff regarding the procedures to be followed and the potential effect of the change on its accreditation status.

If during any type of programmatic review substantive changes that have already been implemented without notification of CoARC are discovered, the CoARC Executive Office should be contacted as soon as possible.

SECTION 2 – INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

DA2.1 The sponsor must ensure that fiscal, academic and physical resources are sufficient for the program to achieve its goals and objectives, as defined in Standard DA3.1, at all program locations, regardless of the instructional methodology used.

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC Resource Assessment Matrix (RAM).

Interpretive Guideline:

The sponsor must have the financial and physical resources required to develop and sustain the program. Annual budget appropriations should demonstrate that the program is able to employ and retain sufficient, qualified, competent faculty and to purchase and maintain all the academic resources necessary for the program to meet its goals. Annual appropriations should be sufficient to allow for the innovations and changes, including technological advances, necessary for the program to stay current as education in the profession evolves. The budget should be such that resources are assured for current students to complete the program, even in the event of program closure.

Academic resources include, but are not limited to: audio/visual equipment; instructional materials; laboratory equipment and supplies; and technological resources that provide access to medical information and current books, journals, periodicals and other reference materials related to the curriculum. The convenience of student access to educational materials should be evident, as demonstrated by the physical proximity or online availability of library facilities.

Key Program Personnel

DA2.2 The sponsor must appoint, at a minimum, a full-time Program Director.

Evidence of Compliance:
- Documentation of Employment;
- Written job descriptions including minimal qualifications.

Interpretive Guideline:

The length of the Program Director's full-time appointment (e.g., 10-month, 12- month, etc.) must be sufficient to allow him/her to fulfill the responsibilities as identified in DA2.3. Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). The PD must have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. The names of the PD (and other key personnel, if applicable) and the program faculty should be published (at a minimum on the program's website).

Program Director

DA2.3 The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include fiscal planning, curricular planning and development, continuous review and analysis of outcomes, and the overall effectiveness of the program based on student learning outcomes relative to program expectations. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:
- CoARC Teaching and Administrative Workload Form;
- Institutional job description.

Interpretive Guideline:
PDs often hold other leadership roles within the institution (e.g., PD of Entry Level Program, Dean, Department or Division Chair) or spend non-program time in clinical practice or research. The PD workload should balance these responsibilities with those of program teaching and administration. Documentation of sufficient release time to meet the administrative responsibilities of the program should be provided as additional evidence of compliance with this Standard.

DA2.4 The PD must have earned at least a master's degree from an academic institution accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:
- Academic transcript denoting the highest degree earned.

Interpretive Guideline:
Degrees are acceptable if they were awarded by an institution that is accredited by a USDE-recognized institutional accrediting body. The degree earned can be in any field of study. Degrees from non-accredited institutions do not meet this Standard and individuals with such degrees cannot be Program Directors.

For degrees from institutions in countries other than the United States, the CoARC will use an external review process by a foreign educational credentials evaluation service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to that of the required minimum degree.

DA2.5 The PD must be associated with an accredited respiratory care program, graduate school, or medical school and must have a:

a) valid RRT credential OR be a physician (MD or DO);
b) current professional license or certificate unless exempted from licensure under state or federal law;
c) minimum of four (4) years' experience as an RRT OR physician (MD or DO) with at least two (2) years must include experience in clinical respiratory care, pulmonary medicine, cardiothoracic surgery, critical care, anesthesiology, healthcare administration, healthcare research, or a subject area directly related to the degree conferred;
d) minimum of two (2) years' teaching experience in clinical respiratory care, research, management, education, or a subject area directly related to the degree conferred by the program.

Evidence of Compliance:
- Documentation of a current state license;
- Credential verification by the NBRC, ABMS, AOA, or relevant credentialing agency;
- Curriculum vitae;
- College transcripts.

Interpretive Guideline:

Documentation of credential validation can include a copy of the NBRC, American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA) certificate or an NBRC, ABMS, or AOA Credentials Verification Letter. Expired credentials are not valid. The CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as a curriculum vitae.

If a program is offered by distance education the PD may have a license for any of the states served. In a state or jurisdiction where licensing is not available, a credential comparable to licensing should be used.

Regardless of accreditation status, all programs accepting applications to fill vacancies in Key Personnel positions are required to comply with this Standard.

DA2.6 The PD must have regular and consistent contact with students and program faculty regardless of program location.

Evidence of Compliance:
- Results of student course evaluations;
- Results of the CoARC DA Student and Personnel Program Resource Surveys.

Interpretive Guideline:

Student course evaluations and interview responses should affirm that the PD is accessible to students throughout their course of study and that the extent of interaction between the PD and students facilitates the achievement of program goals. The PD must be available and

accessible (e.g., in-person, phone, or on-line) when students are actively taking professional coursework.

Instructional Faculty

DA2.7 In addition to the Program Director, there must be sufficient personnel resources to provide effective instruction for each course of study.

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC DA RAM;
- Student surveys of faculty performance (e.g., course evaluation);
- Course class lists and faculty teaching schedules.

Interpretive Guideline:
The program should be able to confirm that instructional faculty are qualified in the content areas that they are teaching. Qualified means that faculty have demonstrated a sufficient level of knowledge, skills and competency in those content areas. 'Appropriately credentialed' depends on the topics/skills being taught. Instructional faculty need not be respiratory therapists, and can include professionals with advanced degrees or with experience and training in the requisite field or discipline (e.g., MBAs, physicians, PhDs, pharmacists, nurses, pulmonary function technologists, etc.). Accordingly, this Standard would apply to volunteer faculty, adjuncts, part-time faculty, or full-time faculty.

Administrative Support Staff

DA2.8 There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Section 3.

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC DA RAM.

Interpretive Guideline:
Administrative/clerical support may include "pool" staff who support other programs. This model is used at many institutions. Administrative and clerical support should be sufficient to meet the needs of the program, meaning that the level of support allows the PD to achieve both educational and administrative responsibilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum development, testing, counseling, computer usage, instructional resources and educational psychology, as needed. Secretarial and clerical staff should be available to assist the Program Director and other program faculty in preparing course materials, correspondence, maintaining student records, achieving and maintaining program accreditation, and providing support services for student recruitment and admissions activities.

Assessment of Program Resources

DA2.9 The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard DA2.1. The survey data must be documented using the CoARC DA Resource Assessment Matrix (RAM). The results of resource assessment must be the basis for ongoing planning and appropriate changes in program resources; any deficiency identified requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by ongoing resource assessment.

Evidence of Compliance:
- Results of annual program resource assessment as documented in the CoARC RAM, over sufficient years to document the development and implementation of appropriate action plans and subsequent evaluations of their effectiveness.

Interpretive Guideline:

Resource Assessments must be performed annually using, at a minimum, the CoARC's DA Student and Program Personnel Resource Assessment surveys (SPRS and PPRS) (www.coarc.com). Resource Assessments must be reported separately for each portion of the program with a separate CoARC ID number. Only the approved CoARC DA RAM format can be used for reporting purposes (available at www.coarc.com). The RAM format documents the following for each resource assessed: a) Purpose statements; b) Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans and implementation, and g) Reassessment.

Both surveys should be administered as close to the end of the academic year as possible. The SPRS must be administered annually to all currently enrolled students. The PPRS should be completed by program faculty, the Medical Advisor, and Advisory Committee Members near the end of the academic year, preferably at a meeting of the Advisory Committee with members of each group answering the questions pertaining to that group. For both surveys, at least 80% of survey responses must be 3 or higher for each resource area. Any resource for which this cut score is not achieved is deemed to be suboptimal and an action plan must be developed to address identified deficiencies. The results of the most recent surveys, in RAM format, should be sent to the CoARC with the Annual Report of Current Status. Programs must maintain resource assessment documentation for five years (RAM, SPRS, and PPRS).

SECTION 3 – PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

DA3.1 The program must have the following goal defining minimum expectations: *"To provide graduates of entry into respiratory care professional practice degree programs with additional knowledge, skills, and attributes in leadership, management, education, research, and/or advanced clinical practice that will enable them to meet their current professional goals and prepare them for practice as advanced degree respiratory therapists*."

Evidence of Compliance:
- Published program goal(s) in student handbook and program or institutional website.

Interpretive Guideline:
The CoARC requires that all degree advancement programs have the same goal defining minimum expectations. Programs must have program expected student learning outcomes of the program's choosing, but these have measurable outcomes, and there must be a systematic process to assess achievement of these outcomes. All program goals must be made known to all prospective and currently enrolled students. Program outcome data, faculty and advisory committee meeting minutes, program and sponsor publications, and information made available during on-site interviews should demonstrate compliance with this Standard. It is suggested, but not required, that a program have a culminating experience that demonstrates student mastery of the programmatic student learning outcomes.

DA.3.2 Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. Program goal(s) and expected student learning outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsor.

Evidence of Compliance:
- Documentation of annual review and analysis of goals and outcomes by program personnel, as evidenced in the minutes of faculty meetings and the Annual Report of Current Status (RCS);
- Documentation that the program's expected student learning outcomes (ESLOs) are compatible with the sponsor's mission and program goal.

Interpretive Guideline:
Broad-based, systematic and continuous planning and evaluation designed to promote achievement of program goal(s) is necessary to maximize the academic success of enrolled students in an accountable and cost effective manner. The program should explain, in narrative format, how its ESLOs are compatible with, and help(s) to fulfill or advance, the mission of the sponsor and goals of the program.

Advisory Committee

DA3.3 The communities of interest served by the program must include, but are not limited to: students, graduates, faculty, college administration, employers, physicians, and the public. An advisory committee (AC), with representation from each of the above communities of interest (and others as determined by the program) must meet with key personnel at least annually to assist program and sponsor personnel in reviewing and evaluating program outcomes, instructional effectiveness and program response to change, and to assess the need for the addition of/changes to optional program goals.

Evidence of Compliance:
- Current AC membership list identifying the community of interest with which each member is affiliated;
- Minutes and attendance list of AC meetings.

Interpretive Guideline:

The purpose of an advisory committee (AC) is to provide representatives of the program's communities of interest opportunity for discussion and interaction aimed at improving the program, evaluating program goals, recruiting qualified students and meeting employment needs of the community. The responsibilities of the AC should be defined in writing. Program key personnel should participate in the meetings as non-voting members.

For programs in which the communities of interest are different for the DA programs as compared to the entry level programs, they should consider a separate advisory committee that reflects the communities of interest of that program. A Chair of the Advisory Committee must be elected by its members. Employees of the degree-granting sponsor and program key personnel are prohibited from serving as Chair. The Advisory Committee must include a member of the public who should be an informed person with a broad, community-based point of view and who can contribute an outsider's perspective. The public member cannot be someone who is a current or past member of any health care profession including Respiratory Care or an individual who has/has had any relationship whatsoever with the program or its sponsor.

The AC should review program outcomes, instructional effectiveness, and planned program responses to these and should evaluate proposed changes to/addition of optional goal(s) and any other changes as warranted. Minutes of AC meetings should reflect an annual review of all resources - curriculum, capital equipment, clinical affiliates, etc. In addition, the AC should be asked to review and discuss proposed substantive changes as outlined in Section 9.0 of the CoARC Accreditation Policies and Procedures Manual.   Policies and procedures outlining AC responsibilities, appointments, terms and meeting procedures as well as AC meeting minutes and an ongoing record of its deliberations and activities would demonstrate compliance with this Standard.

Student Learning Outcomes

DA3.4 The program must define and make available to enrolled students and faculty the program expected student learning outcomes (ESLOs) that align with DA Standards 3.1 and 4.3 – 4.9 and address the professional competency expectations determined by the program, as outlined in Section 4. These ESLOs must clearly articulate what students are expected to be able to: do, achieve, demonstrate, or know upon completion of the program. The program must determine how to measure achievement of each of the ESLOs and must ensure that students understand the measurement systems and how/when they will be used.

Evidence of Compliance:
- Documentation of expected ESLOs for each segment of professional coursework that specifies the evidence (direct and indirect) to be used to assess each ESLO;
- Documentation that ESLOs are provided to all enrolled students and faculty;
- Programs must provide an ESLO plan that includes objective and subjective measures of outcomes, where in the course of study the ESLOs are introduced and developed, and where mastery of the competency is demonstrated The ESLO plan should be documented in curriculum map and narrative.

__Interpretive Guideline:__
The program's expected student learning outcomes should reflect the competencies the program faculty expect of a graduate of the program. To that end they are program wide with aspects of the competency introduced early in the curriculum, developed in additional courses, and mastery demonstrated later in the coursework. CoARC does not prescribe ESLOs for a given program, it is the responsibility of the program faculty, with input from the advisory committee, to define the ESLOs of the program and to determine, based on her/his professional goals, which of the ESLOs are applicable to each student. Standards 4.3 – 4.9 can serve as guidance for the content of the ESLOs and are assessed in the graduate surveys. ESLOs must be defined at a level above those of the respiratory therapist entering the profession. ESLOs for each competency should be documented in the course syllabi/manual and must be consistent with the roles and degree requirements for which the program is preparing its graduates. Assessment of student learning outcomes should involve both direct and indirect examination of student performance.

Types of direct evidence that might be used to evaluate expected competencies include (but are not limited to):
- *Faculty-designed comprehensive or capstone examinations and assignments;*
- *Performance on licensing or other external examinations;*
- *Demonstrations of abilities in context, including simulations where applicable;*
- *Portfolios of student work compiled over time;*
- *Case-based examinations or care plans for disease management;*
- *Published or unpublished research/scholarship;*
- *Literature searches involving critical reviews of peer-reviewed publications;*
- *Samples of student work generated for course assignments;*
- *Scores on programmatic tests accompanied by test "blueprints" describing what the tests assess;*

- *Recorded observations of student behavior in learning situations (e.g., presentations, group discussions);*
- *Student self-reflection regarding values, attitudes and beliefs.*

    Types of indirect evidence that might be used to evaluate expected competencies include (but are not limited to):
- *Given the focus on student performance or achievement relative to the other members of the class, course grades provide information about student learning that can vary from class to class, and accordingly may be used inconsistently;*
- *Comparison between admission and graduation rates;*
- *Number or rate of graduating students pursuing their education at the next level;*
- *Employment or placement rates of graduating students into appropriate career positions;*
- *Course evaluation items related to overall course or curriculum quality rather than instructor effectiveness;*
- *Number or rate of students involved in research, collaborative publications, presentations, and/or service learning;*
- *Surveys, questionnaires and focus-group/individual interviews, dealing with faculty and staff members' perception of both student learning as supported by the program and program/sponsor services provided to students;*
- *Quantitative data such as enrollment numbers;*
- *Surveys, questionnaires and focus group/individual interviews dealing with students' perception of their own learning;*
- *Surveys, questionnaires and focus group/individual interviews dealing with alumni's perception of their own learning outcomes or of their current career satisfaction;*
- *Surveys, questionnaires and focus group/individual interviews dealing with faculty and staff perceptions of student learning;*
- *Honors, awards, scholarships, and other forms of public recognition earned by students and alumni.*

Assessment of Program Goals

DA3.5 The program must formulate a systematic assessment process to evaluate the ESLOs defined in DA3.4. Rubrics must be established for each of the ESLOs and made known to the students prior to their evaluations. Based on the results of the assessment process, the program must make adjustments to the curriculum as needed, but no less than annually.

Evidence of Compliance:
- Rubrics for the expectations of the student for each mastery assignment;
- Rubrics for all ESLOs included in all course syllabi and in the student handbook;
- Annual Report of Current Status (RCS) documenting ESLOs;
- Minutes of faculty and advisory committee meetings.

Interpretive Guideline:

The program must establish a method for ensuring that each student will achieve all applicable competencies prior to completion of the program. For example, a declaration of intent to complete all applicable competencies could be developed for students to sign prior to beginning the program. Although the program must demonstrate that it is providing distinct learning experiences for each competency, the emphasis (i.e. the breadth and depth of the experiences) will vary with focus area, the degree awarded, and the professional goal of the individual.

A well designed program assessment process should reflect adequate collection and interpretation of data regarding student learning, program outcomes, and the effectiveness of administrative functions. The process should include an assessment of both the quality of the data collected and its critical analysis by the program. The process should provide evidence that the program is thorough and precise with regards to data collection and its management and interpretation of the data, and that determination of the potential/necessity for improvement or change is based on the relevance of the collected data to the various aspects of the program.

DA3.6 Program outcomes must be assessed annually, using the standardized CoARC DA Graduate and Employer Surveys.

Evidence of Compliance:
- Hard copy or electronic records of completed CoARC DA Graduate and Employer Surveys;
- Results of annual Report of Current Status accepted by CoARC.

Interpretive Guideline:
CoARC requires the use of its Graduate and Employer Surveys for Degree Advancement Programs (available at www.coarc.com) as part of each program's ongoing self-assessment. The program must provide an analysis and action plan to address each deficiency identified in these surveys. The program should also carefully review all pertinent data, such as student evaluations of each course and rotation, student evaluations of faculty and faculty evaluations of students' preparedness for rotations along with failure rates for each course and clinical rotation, student attrition and records of student remediation, analyze these data and prepare focused action plans to address identified deficiencies.

Graduate Surveys should be completed within 12 months of graduation from the program. It is suggested that the program have students submit employer names and email addresses before graduation to assure maximal participation.

Graduate Survey Content*:*
- *Graduate surveys should contain a question for each program ESLO with a declarative statement of the ESLO and a Likert scale following with Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree to assure graduate affirmation that the ESLO was met.*
- *The Graduate Survey should have an assessment regarding whether the attainment of the degree did advance the graduate's professional career advancement. It is understood that*

many students advance while in the program and these advancements should be included. It is suggested a list of outcomes might include the following:
*   *professional advancement to date;*
*   *Promotion to a supervisory or management position;*
*   *Secured a position in my facility or in another facility I prefer;*
*   *Moved to a specialized clinical practice role (this does not include APRT but could include care navigation, critical care transport, ECMO, sleep, or other advanced role. We suggest an open comment section to specify those advanced roles);*
*   *Achieved a specialized Credential (APRT, NPS, ACCS, Asthma Educator [AE-C], SDS, RPSGT, etc.);*
*   *Achieved (or enrolled in) an advanced degree program;*
*   *Obtained a clinical teaching position;*
*   *Involved in clinical research;*
*   *Obtained a position in a respiratory education program;*
*   *Increase in annual salary since inception in the program to the nearest $1,000;*
*   *Other form of Career Advancement, and provide a comment box for type. This might include jobs in industry, rank advancement in one of the Public Health or Military Services, jobs in Canada (most require BS).*
*   *Programs should also include an open question about what aspects in the curriculum were most helpful to the graduate and an open question of suggestions for curricular enhancement.*

Employer Survey Content:

Employer Surveys are important to gauge employer satisfaction with graduates and to get feedback on curricular aspects programs might consider. It is understood that compliance with Employer Surveys is difficult to guarantee, however, CoARC must see a real effort from programs to get feedback.

Student Evaluation

DA3.7   The program must have clearly documented assessment measures by which all students are regularly evaluated for their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct these evaluations equitably and with sufficient frequency to facilitate prompt identification of learning deficiencies and the development of a means for their remediation within a suitable time frame. For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program must provide evidence that such testing is secure, preserves academic integrity and maintains quality and fairness.

Evidence of Compliance:
*   Student handbook, course syllabi or other documents readily available to students that explain the number and frequency of student evaluations as well as remediation policies;

- Student evaluations of instruction documenting satisfaction with the frequency and objectivity of evaluations and with the opportunities for remediation;
- Student evaluations performed by faculty, supporting the equitable administration of the evaluations;
- Records of student academic counseling;
- A description of the means used to assure academic integrity such as proctored exams, locked browser systems, video monitoring, etc.;
- A policy for assuring academic integrity and clear academic policies for faculty/students if violations are identified;
- Faculty meeting minutes that include review of such processes and revisions [if applicable].

Interpretive Guideline:

Evaluation of student performance is necessary to ensure that individual student learning is consistent with expected outcomes. Grading criteria must be clearly defined for each course, communicated to students, and applied consistently. The processes by which evaluations of individual student performance are to be communicated to students must be clearly understood by all concerned. Written criteria for passing, failing, and progress in the program must be given to each student upon his/her entry into the program. For both didactic and applied components the evaluation systems used to assess student progress must be related to the objectives and competencies described in the curriculum. Evaluations must occur with sufficient frequency to provide both students and faculty with timely indications of the students' progress and academic standing and to serve as reliable indicators of the appropriateness of course design and the effectiveness of instruction. Thorough assessment requires both formative and summative evaluations and involves frequent assessments by a number of individuals based on the program's pre-specified criteria. Using this criteria, both students and faculty should be able to assess student progress in relation to the stated goals and objectives of the program. If a student does not meet the pre-specified evaluation criteria, provision should be made for remediation or, following repeated shortcomings, for dismissal.

Overall evaluation of student performance is the responsibility of program faculty. When applicable, faculty should seek input from clinical preceptors who facilitate student learning during clinicals and may perform formative evaluations. However, faculty are ultimately responsible for the summative evaluation of individual student learning outcomes and for subsequent remediation as needed.

When a program uses an examination with a particular cut score which may override prior academic performance, the program has created a "consequential examination result." Under these circumstances the program must justify such use of both the examination and the cut score. For examinations which are simply part of overall academic performance evaluation, such documentation is unnecessary.

Programs providing distance education with on-line exams or quizzes as part of the evaluation process must ensure academic integrity for summative coursework. This might include proctoring for assessments and plagiarism detection for written work.

Reporting Program Outcomes

DA3.8 The program must, at a minimum, meet the outcome thresholds established by CoARC regardless of student location and instructional methodology.

Evidence of Compliance:
- Results of annual Report of Current Status that meet CoARC thresholds.

Interpretive Guideline:

Programmatic summative outcome measures should include graduate achievement on national credentialing specialty examinations (when applicable), and/or program-defined summative outcome measures related to ESLOs (e.g., Capstone project). For students undertaking specialty education in respiratory care (i.e. neonatal, intensive care, sleep disorders, etc.) the program may use results on national credentialing specialty examinations as an outcome measure and these data must be reported annually. However, there will be no CoARC defined outcomes assessment threshold for these examinations.

CoARC has established minimum performance criteria (Thresholds of Success) for each of its established outcomes (see www.coarc.com). Applicable program outcomes must meet these assessment thresholds each year, as documented in the Annual Report of Current Status (RCS). When submitting their RCS, programs must include analysis and action plans to address any subthreshold outcomes.

Retention is defined as the number of students formally enrolled in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements.

Graduate satisfaction surveys must be administered within twelve (12) months after graduation.

Professional advancement: an outcome measure requiring that graduates meet program-defined outcomes criteria related to priorities in the program curriculum, such as management, advanced clinical practice/patient care, teaching, research, professional service, and/or other professional development metrics.

DA3.9 The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC.

Evidence of Compliance:
- Annual Report of Current Status accepted by the CoARC Executive Office.

__Interpretive Guideline:__

All programs must complete and submit an Annual Report of Current Status (RCS) by the July 1 deadline each year. The RCS documents the program's outcomes results (as defined in DA3.9) in relation to the thresholds, where applicable. If applicable, the program/option must also list its current clinical affiliates in the RCS. The Annual Report of Current Status template is available at www.coarc.com.

DA3.10 Programs not meeting all established CoARC outcomes assessment thresholds must develop a plan of action for program improvement that includes addressing each of the identified shortcomings.

Evidence of Compliance:
- Progress report(s) with supporting documents.

__Interpretive Guideline:__

Programs and program options with sub-threshold results, as described in Standard DA3.8, will be required to engage in an accreditation dialogue, which may include the submission of progress report(s), resource assessment, and/or detailed analyses and action plans addressing the sub-threshold results. A focused, on-site evaluation (site visit) may also be deemed necessary. The processes involved and deadlines for the submission of documents will be communicated to the program by the CoARC Executive Office. The process for remediation of outcomes deficiencies is explained in detail in Section 4.0 of the CoARC Accreditation Policies and Procedures Manual. A copy of the program's most recent progress report addressing the shortcoming(s) (including CoARC's program action letter requesting the report) must be included as minimum evidence.

If the program with subthreshold results does not currently have a Referee, one will be assigned. A Referee is a member of the CoARC Board assigned to serve as the liaison between the program and the CoARC. The Referee will provide consultation during the remediation process; analyze all documents for compliance with the Standards and Accreditation Policies and Procedures; help the program to identify ways to meet those Standards; communicate with the program concerning clarification of program matters; and recommend appropriate accreditation action to the CoARC Board.

SECTION 4 – CURRICULUM

Curriculum Consistent with Program Goals

DA4.1 The curriculum must include the integrated content necessary for students to attain their ESLOs and for the program to achieve its stated goal(s).

Evidence of Compliance:
● Course syllabi for all courses: each syllabus must include course description and content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion;
● Published curriculum demonstrating appropriate course sequencing;
● College/program catalog with course descriptions for all required courses in the curriculum.
● Programs that include accepted credentialing exams as demonstration of mastery of an ESLO, should provide a detailed comparison of the program curriculum to the appropriate national credentialing agency specialty exam detailed content outline.

Interpretive Guideline:

To ensure that students benefit from the program, the curriculum should build upon their prior education and professional experiences while remaining congruent with the goal(s) of the program and addressing the needs and expectations of the communities of interest. Course content must be consistent with the roles and degree requirements for which the program is preparing its graduates.

To accommodate student achievement of the skills and knowledge required for their chosen programmatic focus/career plans, the program must individualize the curriculum by developing specific learning opportunities for each student.   These learning activities should be designed to provide the experiences that will advance the student from a competent entry-level practitioner to a proficient advanced practitioner.

The integration of content both horizontally and vertically within a curriculum involves proper course sequencing. Appropriate sequencing should build upon prior student learning and requires both consideration of all necessary content and its subsequent, appropriate integration. Within each subject area, course content should be sequential, connecting topic to topic, concept to concept and one year's work to the next. The progression of the curriculum should match the expected progression of required competencies.

Curriculum Review and Revision to Meet Goals

DA4.2 Curricular content must be annually reviewed and revised to ensure both its consistency with the program's stated goal(s) and its effectiveness in achieving the expected competencies.

Evidence of Compliance:
- Course syllabi for all courses: each syllabus must include course descriptions and content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion;
- Documentation of the matching of the curriculum to the expected competencies/ESLOs;
- Documented analysis of program effectiveness in achieving the expected competencies and evidence that this is reported to the Advisory Committee (AC) annually, along with the AC response/recommendations.
- An action plan and follow-up must be implemented to address deficits noted in any content areas, and/or to address AC recommendations.

Interpretive Guideline:

The program must provide evidence that curricular content is current and reflects the expected competencies for each subject/focus area. When credentialing examinations are used as (an) outcomes measure(s), the program must document comparison of the detailed content outlines for each applicable course with current credentialing exam content matrices, as available.

Continued Professional Practice Competencies

Graduates must demonstrate proficiency with the set of knowledge, skills and attributes specific to the programmatic track or concentration, (e.g., clinical specialization, advanced practice, education, management, research, etc.) chosen by the student.

DA4.3 **Practice-Specific Knowledge and Skills**
The graduate must demonstrate proficiency in his/her course of study by completing a program-defined summative measure (e.g., Capstone project) or a national credentialing specialty examination, as applicable. Graduate competencies may include, but are not limited to:
- Demonstration of proficiencies specific to the track, concentration, or specialization;
- Ability to independently implement programmatic education and training to maintain proficiency in the chosen track, concentration, or specialization;
- Ability to apply skills acquired from the chosen track, concentration, or specialization to continued professional practice.

Evidence of Compliance:
- For each student/track, the syllabus of each required course must demonstrate that the curriculum addresses the required competencies, with related objectives, teaching modules and evaluations;
- List of competencies required for continued professional practice related to each student's/group's chosen domain;
- Documentation of student evaluations that demonstrate his/her achievement of all the competencies established by the program to meet this Standard;

- Results on specialty credentialing exams (if applicable) and/or programmatic summative measures as reported in the Annual Reports of Current Status accepted by CoARC;
- Independent study papers by students documenting their acquisition of advanced skills in their chosen track (i.e., education, research, management, quality improvement, protocol development, etc.).

DA4.4 **Practice Related Knowledge**

Graduates should acquire a greater breadth and depth of knowledge in the care of patients with cardiopulmonary disease. This should provide them with the competencies that would allow them to function better as respiratory care consultants. These competencies should include, but are not limited to, demonstrating an in-depth comprehension of:

- Cardiopulmonary physiology;
- Pathophysiology of common acute & chronic respiratory diseases;
- Pathophysiology and management of common comorbidities of cardiopulmonary disease;
- Cardiopulmonary diagnostics and monitoring;
- The indications and contraindications for, and adverse effects of, advanced respiratory pharmacologic agents (e.g., inhaled nitric oxide, inhaled antibiotics, heliox, inhaled prostaglandins);
- The pharmacology of medications used for common comorbidities of cardiopulmonary disease;
- The indications and contraindications for, as well as adverse reactions to, advanced cardiopulmonary interventions (e.g., high frequency oscillation, airway pressure release ventilation, and extracorporeal membrane oxygenation);
- Cellular biology and genetics relevant to cardiopulmonary disease;
- Interventions effective for patient education and the prevention of common cardiopulmonary disease;
- The use of evidence-based practice as a foundation for the delivery of care;
- Ethical, moral and end-of-life issues

Evidence of Compliance:
- Syllabi of required courses, with related objectives, teaching modules and evaluations demonstrating that the curriculum addresses these competencies;
- Documentation of student evaluations that demonstrate achievement of these competencies;
- CoARC Graduate Survey results that demonstrate satisfaction.

DA4.5 **Professional Attributes**

Professionalism is defined as the exhibition of skill, good judgment and polite behavior as care is delivered. Foremost, it involves prioritizing the interests of those being served. Professionalism requires that graduates understand their personal and professional limitations and that they practice without impairment from substance abuse or mental

illness. Graduates must demonstrate a high level of responsibility, ethical practice, sensitivity to diversity, and adherence to legal and regulatory requirements. Professional attributes may include, but are not limited to:

- Respect, compassion, and integrity;

- Commitment to excellence and ongoing professional development;
- Accountability to patients, society, and the profession;
- Promoting a safe environment for patient care;
- The ability to recognize and correct systems-based factors that negatively impact patient care;
- Professionalism in oral and written communication, including e-mails and on-line discussion forums or blogs;
- Professional relationships with physicians, supervisors and other health care providers;
- An understanding of legal and regulatory requirements, including the role of respiratory therapists;
- A commitment to ethical principles, including those pertaining to the provision or withholding of clinical care, the confidentiality of patient information, informed consent, and business practices;
- A cost-effective approach to health care and resource allocation that does not compromise quality of care;
- The ability to participate effectively in quality improvement activities with other members of the health care delivery team;
- Sensitivity and appropriate responsiveness to issues related to patients' culture, religion, age, gender, and disabilities;
- The ability to recognize and address gaps in medical knowledge and physical limitations in themselves and others.

Evidence of Compliance:
- Syllabi of required courses (with related objectives, teaching modules and evaluations) demonstrating that the curriculum addresses these competencies;
- Student evaluations that demonstrate their achievement of the competencies listed in this Standard;
- Satisfactory CoARC Graduate Survey results.

DA4.6 **Interpersonal and Inter-professional Communication**
Based on his/her professional goals/programmatic track, graduates must demonstrate interpersonal and communication skills that result in effective interaction with others (e.g., patients, patients' families, physicians, other health professionals/ coworkers, students, faculty, and the public). Opportunity to communicate proficiently and appropriately, both orally and in writing must be incorporated into coursework. These competencies may include, but are not limited to, the ability to:
- Use the most effective communication techniques for the intended audience, including innovative formats;

- Maintain a climate of mutual respect and shared values when working with individuals from other professions;
- Understand the importance of promoting compassionate, ethical, and professional relationships with patients and their families;
- Understand how to create a communication environment that respects diversity and cultural differences at all levels;
- Understand the effects of health literacy and the diversity of patient education on both patient health and the treatment of disease;
- Learn the elements of effective inter-professional communication including respect for all members of the healthcare delivery team;
- Communicate with patients, families, communities, and other health professionals in a manner that supports a team approach to the maintenance of health and the treatment of disease;
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.

Evidence of Compliance:
- Syllabi of required courses demonstrating that the curriculum addresses these competencies with related objectives, teaching modules and evaluations;
- Documentation of student evaluations that demonstrate achievement of the competencies listed in this Standard;
- Student essays that provide cohesive, convincing, professional arguments supporting a particular viewpoint, with appropriate grammar, sentence structure and organization;
- Evidence that students have developed sufficient oral presentation skills to convey information effectively;
- Satisfactory CoARC Graduate Survey results.

DA4.7 **Practice-Based Research**
As applicable, based on their professional goals, graduates must demonstrate proficiency in evidence-based research suitable to their programmatic track, concentration, or specialization. These competencies may include, but are not limited to, the ability to:
- Conduct a systematic review of the literature to assess a particular subject, including areas of consensus, inconsistency, and opportunities for further research;
- Produce a scholarly annotated bibliography;
- Use electronic communication technology (i.e. word processing, spreadsheets, statistics and presentation software, file sharing software, webinar technology) to conduct evidence based research;
- Produce a scholarly work, including a cohesive structure, appropriate citations and referencing;
- Produce an abstract/poster presentation and defend it in a public forum;
- Implement the elements of project management in a team environment;
- Participate in a group setting to produce a clinical protocol related to the specialty;
- Use the Scientific Method to formulate appropriate questions, organize and test

hypotheses, and apply research results to the practice of respiratory care;
- Apply knowledge of study design and statistical methods to the evaluation of clinical studies and other data related to diagnostic and therapeutic effectiveness;
- Develop a research project to assess an activity designed to enhance the effectiveness of clinical practice.

Evidence of Compliance
- Syllabi of required courses with related objectives, teaching modules and evaluations, demonstrating that the curriculum addresses these competencies;
- List of expected competencies related to this domain that are required for continued professional practice;
- Student evaluations that demonstrate their achievement of the competencies required to meet this Standard;
- Satisfactory CoARC Graduate Survey results.

DA4.8 **Professional Leadership**
When applicable, based on their professional goals, graduates must demonstrate leadership attributes in their work environments. They should understand how to make contributions to their professional communities and how to effect beneficial changes in institutional policy, professional organizations and government. These competencies may include, but are not limited to, the ability to:
- Use information technology to manage information, access online medical information, and support their own continuing education;
- Recognize and appropriately address: gender, cultural, religious, cognitive, emotional and other biases; gaps in medical knowledge and physical limitations in themselves and others;
- Facilitate the learning of students and/or other health care professionals;
- Understand the funding sources and payment systems that provide coverage for patient care;
- Identify ways to lower the cost of healthcare delivery while maintaining quality of care;
- Facilitate the arrival at a consensus which addresses the concerns of all stakeholders through civil discussion;
- Understand how to manage a professional meeting including developing an agenda, inviting participants, and using Robert's Rules;
- Use the internet, including email, blogs and networking sites, to interact with other professionals;
- Demonstrate an ability to communicate effectively with legislators and lobbyists at all levels of government;
- Increase the public's understanding of the Respiratory Therapy profession;
- Understand the organization, responsibilities and function of the major societies, boards and commissions that affect/govern the specialty of Respiratory Therapy at the state and national level.

Evidence of Compliance:
- Syllabi of courses with related objectives, teaching modules and evaluations demonstrating that the curriculum addresses these competencies;
- List of competencies related to this domain that are expected to be required for professional practice;
- Documentation of student evaluations that the program has determined demonstrate their achievement of the competencies required to meet this Standard;
- Satisfactory CoARC Graduate Survey results.

DA4.9 **Professional Specialty Roles: Practicum**

The typical degree advancement student is licensed, credentialed as an RRT, and practicing as a Respiratory Therapist in a variety of medical settings including: hospitals, clinics, sleep labs, pulmonary rehabilitation, and outpatient care to name a few. They are often called upon to orient to new positions and practice in specialty settings that can create fruitful academic learning experiences, when the experience is paired with academic work under the supervision of a CoARC accredited DA Program. The new work is performed under the student's license and credentials and is under the supervision and auspices of the facility in which the student is performing the role. This activity would occur in the absence of course work, so the elements of clinical supervision for an entry level student do not apply. Practicum must not exceed six (6) credits of the total curriculum credit. Types of activities might include, but are not limited to, the following:

- Transition to practice programs that include rotations in specialty areas of the hospital;
- Orientation to specialty critical care units such as the NICU, Trauma ICU, and Neuro ICU;
- Extra corporeal membrane oxygenator team;
- Critical care transport;
- Support of invasive pulmonology;
- Pulmonary rehabilitation;
- Pulmonary diagnostics;
- Sleep Labs;
- Management teams;
- Clinical educator roles;
- Care navigation roles; and
- Clinical research coordinator.

Evidence of compliance:
- Evidence of hospital facility support
  - Communication from a direct supervisor that the academic work is approved and under the auspices of the facility; or
  - Affiliation agreement with the medical facility;
- All professional practicum opportunities require a formalized written agreement between the student's employer and their corresponding educational institution. The agreement should clearly outline the responsibilities of both parties and provide

transparency of student expectations and desired outcomes..
- Evidence of academic deliverables in the student record documenting the related academic activity. These might include, but are not limited to:
    o Evidence-based research on a topic related to the activity;
    o Annotated bibliographies;
    o Interviews with other professionals involved in the activity;
    o Case discussions and reviews with identifying patient information redacted;
    o Presentations of topics related to the activity;
    o Reflection papers on the experience;
    o Care plans; and
    o Patient education materials.

Interpretive Guideline:
*   The intent of this Standard is to allow DA students the opportunity to link academic work in independent study to new roles in the work environment and sharing that experience with fellow students in the DA Program. This supports employers as many encourage their employees to advance their education, and linking the required orientation to credit within a DA Program encourages the students to pursue an advanced degree. This is beneficial to employee satisfaction and retention for the employer, degree advancement credit for the student, and a fruitful activity that is attractive to students and expands the horizons of other students in the DA Program. Many students would prefer this type of credit to a research track that culminates in a capstone or research paper. For programs with ESLOs that relate to leadership, advanced knowledge, communications, or evidence based research, the mastery assignments in a practicum could mirror mastery assignments in a research track and capstone.*

*   The DA Program will need to keep records (electronic or paper) that document the evidence of compliance as outlined above.*

Length of Study

DA4.10 The program must ensure that the length of the program is commensurate with the degree awarded and sufficient for students to acquire the expected competencies.

Evidence of Compliance:
- Annual Report of Current Status accepted by CoARC, documenting student outcomes that meet program/CoARC thresholds;
- Surveys confirming the satisfaction of both faculty and graduates with the program;
- Curriculum outline for each program track in the academic catalog that documents the length of study required for graduation from the program and the degree conferred;
- Results of CoARC DA Student and Personnel Program Resource Surveys;
- Results of CoARC Graduate Surveys.

Interpretive Guideline:
*   The intent of this Standard is to allow flexibility in the length of study while ensuring that*

the program still meets its stated goal(s).   The curriculum may be structured to allow individual students to achieve the competencies specified for their graduation from the program prior to the expected completion date as well as to provide for students who require more time to complete the program.

Equivalency

DA4.11The program must ensure that course content, learning experiences, and access to learning materials are substantially equivalent for all students in a given track, regardless of location.

Evidence of Compliance:
- Documentation that students at various program locations have access to similar course materials, , and academic support services;
- Results of CoARC DA Student Program Resource Surveys;
- Program action plan and follow-up when results of these evaluations warrant intervention.

Interpretive Guideline:
Regardless of the location of instruction, all curricular activities necessary for the development of a competent graduate should result in comparable learning outcomes.

The program should document equivalency of both student evaluation methods and outcomes when instruction is conducted at geographically distant locations and/or provided by different instructional methods for a portion of the students in the program. Under these circumstances, student access to learning materials should be sufficient to meet program goals and similar at the various locations, but need not be identical.

SECTION 5 – FAIR PRACTICES AND RECORDKEEPING

Disclosure

DA5.1 All published information, such as web pages, academic catalogs, publications and advertising, must accurately reflect each respiratory care program offered.

Evidence of Compliance:
- Published program information documenting the program(s) offered.
- ESLOs listed on programmatic website for public view.

Interpretive Guideline:

Sponsors and programs must provide clear and accurate information to stakeholders about all aspects of the program, including program options. Published information about the program must be accurate and consistent wherever it appears. Published information should be reviewed annually to ensure it is up-to-date and consistent with current CoARC Standards and Accreditation Policies.

DA5.2 At least the following must be defined, published, and readily available to all prospective and enrolled students:
- a) The accreditation status of both the program and its sponsor (including consortium members where appropriate), along with the name and contact information of the accrediting agencies.
- b) Admission and transfer policies.
- c) Policies regarding advanced placement.
- d) All graduation requirements.
- e) Academic calendar.
- f) Academic credit required for program completion.
- g) Estimates of tuition, fees and other costs related to the program.
- h) Policies and procedures for student withdrawal, probation, suspension, and dismissal.
- i) Policies and procedures for refund of tuition and fees.
- j) Policies and procedures for processing student grievances.
- k) Description of expected student learning outcomes, curriculum map, and mastery assignments.

Evidence of Compliance:
- Published program information related to a-k above.

Interpretive Guideline:

The intent of this standard is that clear and accurate program information be readily available to all stakeholders. CoARC Accreditation Policy 11.0 requires both sponsors and programs to provide the public with accurate information regarding the program's accreditation status and that current students and applicants be informed, in writing, of both the current status and any impending changes to that status. Publication of a program's accreditation status must

include the program's full name, mailing address and website address, its CoARC program number and the telephone number of the CoARC. Programs with Provisional or Probationary Accreditation must follow the specific disclosure requirements in Policy 11.0. If a program is in the process of seeking accreditation from the CoARC, its publications must make no reference to accreditation status.

The program must clearly publish pre-requisites, co-requisites, minimum grade point average, and required courses for each segment of the curriculum.

The program director, in cooperation with appropriate sponsor personnel, should establish admission procedures which are non-discriminatory. However, because enrollment is limited, program admission criteria and procedures must ensure that the potential students are aware of all admission requirements, including pre-requisite coursework, and that all students selected have the potential to successfully complete the program.

As additional evidence for its compliance with this Standard, the program may also include information about ranking procedures or other criteria used for selection of applicants, minutes from admissions committee meetings, periodic analyses supporting the validity of its admission criteria and procedures, and sponsor research data that were used to establish admission criteria, interpret admissions data and/or correlate these data with student performance.

Public Information on Program Outcomes

DA5.3 A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, must appear on the website of all CoARC accredited programs.

Evidence of Compliance:
● The program's web page showing the CoARC published URL.

Interpretive Guideline:
The intent of this Standard is that outcomes information from all programs accredited by the CoARC be readily available so that potential students can use this information to assess programmatic quality when selecting a program. The program must publish on its web site (or other program publications if no website is available) a link to the CoARC website (http://www.coarc.com/Students/Programmatic-Outcome-Data.aspx) which provides outcomes data for all accredited programs, along with the following statement explaining the link:

The program must publish on its web site (or other publications readily available to program applicants if no website is available) a link to the CoARC website (https://coarc.com/students/programmatic-outcomes-data/) which provides outcomes data for all its accredited programs, along with the following statement explaining the link:

"CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance

indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented."

Non-discriminatory Practice

DA5.4 All activities associated with the program, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

Evidence of Compliance:
- Academic catalog;
- Institutional/Program policies;
- Program's technical standards.

Interpretive Guideline:
The catalog, website, and/or other published program information provided by the program's educational sponsor must include an official nondiscrimination statement and it must be clear that the program adheres to all applicable non-discrimination policies related to faculty employment and student admissions.

DA5.5 Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensures due process and fair disposition.

Evidence of Compliance:
- Program's appeal policy and procedures;
- Record of complaints (if any) that includes the nature and disposition of each complaint.

Interpretive Guideline:
The sponsor's procedure for filing and responding to student grievances must be clearly stated, published and applicable/available to all students in the institution.

DA5.6 Faculty grievance procedures must be applicable to, and made known to, all faculty in the program.

Evidence of Compliance:
- Sponsor's faculty grievance policy and procedures.

Interpretive Guideline:
If the program has grievance policies in addition to those of the institution, the program must document these and make them readily available to faculty.

DA5.7 Programs granting advanced placement must publish criteria for such placement and have documentation confirming that students receiving advanced placement have:
   a) Met program defined criteria for such placement;
   b) Met sponsor defined criteria for such placement; and
   c) Provided evidence confirming their competence in the curricular components for which advanced placement is given.

Evidence of Compliance:
   ● Program policies and procedures related to advanced placement;
   ● Documentation for all students receiving advanced placement, including confirmation of course equivalency.

Interpretive Guideline:
This Standard is only applicable to programs that offer advanced placement. Program criteria for granting advanced placement may differ from course to course. Program documentation for students granted advanced placement must include all the competencies assessed for the granting of such placement, those competencies for which advanced placement was granted and subsequent student performance in the program.

Programs that do not accept prior respiratory care education or work experience in lieu of required respiratory care course work and/or do not offer advanced placement should communicate this in published program information.

Academic Guidance

DA5.8 The program must ensure that all students, regardless of location of instruction, have timely access to faculty and academic support services for assistance regarding their academic concerns and problems.

Evidence of Compliance:
   ● Hard copy or electronic records of the following:
      a) Program/institutional policies and procedures;
      b) Documentation of advising sessions;
      c) Published schedules of faculty office hours;
      d) CoARC DA Student Program Resource Surveys.

Interpretive Guideline:
Academic support services are those services available to the program that help faculty and students, in any teaching/learning modality including distance education, achieve the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, as well as advising, counseling, and placement services.

The intent of this Standard is that programs should provide developmental guidance for all students who need help with academic problem/concerns, personal/social concerns and career awareness. Guidance may be provided by individual and group counseling as well as classroom guidance lessons. There should be both formal and informal mechanisms in place for student mentoring and advocacy. The role of the program faculty in academic advisement and counseling should be defined and disseminated to students, and faculty should ensure that they are available when scheduled for such sessions.

Student and Program Records

DA5.9 The program must maintain student records, including student evaluations, securely, confidentially, and in sufficient detail to document each student's learning progress, deficiencies and achievement of competencies. These records must remain on file for at least five (5) years, whether or not the student ultimately completes all requirements for graduation.

Evidence of Compliance:
- Hard copy or electronic records of the following:
  a) Proof that the student met applicable published admission criteria;
  b) Student evaluations;
  c) Records of remediation;
  d) Records of disciplinary action;
  e) Official transcripts.

Interpretive Guideline:

The intent of this Standard is to ensure that programs maintain student records for at least five calendar years. Student records should include copies of all admission and acceptance letters, enrollment agreements and records documenting that the matriculated student has met program admission requirements. Programs that offer conditional acceptance must also provide records of such conditions. Records of student evaluations should be retained in sufficient detail to assess their progression toward achievement of program requirements. Unauthorized individuals, including students, should not have access to confidential information of other students or faculty. Programs should check with their sponsor and its accreditor for policies or Standards that may require a longer time frame.

Documentation of student evaluation must include copies of each evaluation instrument (e.g. exams, assignments, and lab and clinical competency check-offs) and each student's score on each of these instruments (e.g. grade book or other records demonstrating competency). Maintaining a single copy of each evaluation instrument and then a spreadsheet grade book showing individual scores is sufficient evidence for compliance.

DA5.10 Program records must provide detailed documentation of program resources and achievement of program goals, outcomes on mastery assignments for ESLOs, and

surveys. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:
- Hard copy or electronic records of the following:
  e) CoARC DA Graduate Surveys;
  f) CoARC DA Student and Personnel Program Resource Surveys;
  g) Course syllabi;
  h) Clinical affiliate agreements and schedules (if applicable);
  i) Advisory Committee meeting minutes;
  j) Program faculty meeting minutes;
  k) Current curriculum vitae of program faculty;
  l) Student files with ESLO mastery assignment outcomes;
  m) Records of program outcomes (Annual RCS, etc.).

Interpretive Guideline:

Program records must be kept for at least five calendar years. Programs should check with their institution and its accreditor for policies or Standards that may require a longer time frame. CVs of faculty must be updated at least annually.

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APPENDIX A – GLOSSARY

Throughout the Standards, terms that have specific definitions are noted below.

NOTE: Where terms are not defined, their definitions are at the discretion of the CoARC.

Academic Catalog	An official publication that describes the academic programs and courses offered by the institution. This may be published electronically and/or in paper format.
Academic Policies	Published rules that govern the operations of academic programs including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.
Academic Support Services	Services available to the faculty and students in all programs offered by the institution, applicable to any teaching/learning format, including distance education, which help programs achieve their expected outcomes. These include, but are not limited to, library, computer and technology resources and advising, counseling, and placement services.
Accurately	Free from error.
Action Plan	A plan developed to address a problem (outcomes, resources) in such a way that progress towards the solution can be determined. At a minimum, an action plan should include methods, evaluation criteria and benchmarks, expected goals or outcomes, and timely re-assessment.
Adequate	Allows the program to achieve its goals and outcomes.
Administrative and Clerical Support Staff	Administrative and clerical personnel provided to programs by their sponsor.
Advanced placement	A term used in higher education to place a student in a higher- level course based on an evaluation of the student's existing knowledge and skills. Similar terms include: advanced standing, prior learning, prior coursework, and credit for life experiences.
Affiliate (Clinical)	Institutions, clinics, or other health settings not under the authority of the sponsor that are used by the program for clinical experiences.
Affiliation Agreement	A legally binding contract between a program's sponsor and a clinical site providing all details of the interaction and the rights and responsibilities of both parties. The agreement must be signed by administrative personnel who have the legal authority to act on behalf of the involved parties. A memorandum of understanding is slightly different but does the same thing.
Annual Report of Current Status (RCS)	A report in a format mandated by CoARC, providing current information regarding personnel, satellite, clinical affiliates, enrollment/retention data and outcomes data from the prior academic year.
Appropriately Credentialed	Refers to an individual associated with a program who has the practice credential(s) (i.e., a state license, state certification or state registration) required to practice his/her specific health care or

	medical profession within the state housing the program. Appropriate credentialing is required for all program Key Personnel and for instructional faculty, whether or not the individual is in current practice.
Assessment	The systematic collection, review, and use of information to evaluate student learning, educational quality, and program effectiveness.
Base Program	When a program sponsor has established a satellite program in addition to the original program, the base program is the one where the Key Personnel are based.
Clinical education experiences	The acquisition of required clinical competencies in a patient care setting under the supervision of a qualified instructor.
Communities of Interest	Groups and individuals with an interest in the mission, goals, and expected outcomes of the program and its effectiveness in achieving them. The communities of interest include both internal (e.g. current students, institutional administration) and external constituencies (e.g. prospective students, regulatory bodies, practicing therapists, clients, employers, the community/public) constituencies.
Competencies	The measurable set of specific knowledge, skills, and affective behaviors expected of program graduates.
Competent	The level of skill displaying ability or knowledge derived from training and experience.
Consortium	A legally binding contractual partnership of two or more institutions (at least one of which is a duly accredited degree-granting institution of higher education) established to offer a program. Consortia must be structured to recognize and perform all the responsibilities and functions of a program sponsor.
Continued Professional Growth	Maintenance and/or enhancement of faculty expertise using activities such as specialty certification or recertification; continuing education; formal advanced education; other scholarly activities such as research or publications.
Credential	Refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the program. Where indicated, an appropriate credential is a required qualification of the program director, the director of clinical education, and instructional faculty whether or not the individual is in current practice.
Critical Thinking	Active and reflective reasoning that integrates facts, informed opinions and observations to explore a problem and form a hypothesis and a defensible conclusion. Accordingly, critical thinking transcends the boundaries of formal education.
Curriculum	Formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies offered by a program.
Distance Education	Education that uses one or more technologies (i.e., internet,

	telecommunication, video link, or other electronic media) to deliver instruction to students have no physical access to the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. CoARC does not allow clinical education or the participation in clinical experiences to be delivered in a distance education format.
Equivalent	Comparable to.
Expected Student Learning Outcomes (ESLOs)	Assessment of the results of the educational process; a determination of the extent to which student skills are consistent with the goals of the program.
Faculty (Clinical)	Individuals who teach, supervise, or evaluate students in a clinical setting but who are not program faculty.
Faculty (Individual/ Full-Time)	An employee of the program sponsor, assigned to teach the respiratory care program, who holds an appointment considered by that institution to be full-time.
Faculty (Program)	The aggregate of individuals responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. In addition to Key Personnel, these individuals include all respiratory care program instructors who are employees of the program.
Goals	Aims of the programs that are consistent with sponsor and program missions and reflect the values and priorities of the program. Should a program decide to pursue an additional goal, it must develop a valid and reliable measurement system to assess its success in achieving this goal.
Graduation Date	The official date of graduation is the date that is posted by the registrar on the student's transcript.
In-depth	Thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding
Institutional Accreditation	Pertains to the academic sponsor of the program. Signifies that the institution as a whole is attaining mandated objectives in a manner acceptable to the institution's accreditor.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of faculty rank or type of appointment.
Inter-rater reliability	A measure of the extent to which raters agree during evaluation of the same thing.
Learning Environment	Places, surroundings or circumstances where knowledge, understanding, or skills are acquired such as classrooms, laboratories and clinical education settings.
Learning Experiences	Curricular activities that substantially contribute to the development of a competent graduate. Also referred to as educational experiences.
Length of Study	Duration of the program. May be stated as total time (academic or calendar year(s)), or as the number of semesters, trimesters, or quarters.

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Mission	A purpose statement defining the unique nature and scope of the sponsoring institution or the program.
Must	Indicates an imperative.
Objectives	Statements specifying knowledge, skills, or behaviors to be developed as a result of educational experiences. Objectives must be measurable.
Outcomes	Results, end products, or effects of the educational process. Outcomes include what the students demonstrated/accomplished and what the program achieved.
Outcomes Assessment	Comprehensive process for evaluating the results of programmatic efforts and student learning.
Outcome Assessment Thresholds	National, statistically based expectations for graduate success established by CoARC including pass rate on the credentialing examinations, attrition, job placement, graduate satisfaction, and on-time graduation rate.
Practicum	Paid clinical experience by a licensed and/or locally credentialed Respiratory Therapist at their place of employment that is linked to defined academic work for college credit, as experiential learning/ independent study.
Professional Development	Activities that facilitate maintenance or enhancement of faculty expertise such as: specialty or recertification; continuing education; formal advanced education; research, publications, and other scholarly activities.
Professional Service	Academically-centered community service, based on the concept of service-learning or community-based learning. Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns (e.g. smoking cessation, COPD screening, etc.) and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens.
Proficient	A level of skill beyond competency acquired through advanced training or when a particular activity is repeated frequently; a more efficient utilization of time to complete a process.
Program	An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession; includes the curriculum and the support systems required to implement the sequence of educational experiences.
Program Outcomes	Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Outcomes include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction.

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Program Improvement	The process of utilizing results of assessments and analyses of program outcomes to validate and revise policies, practices, and curricula as appropriate.
Progress Report	The program response to an official inquiry from CoARC related to one or more specific deficiencies. The response must clearly describe how the program has addressed deficiencies (the action plan) and both how and when it will determine the effectiveness of the plan.
Prospective Students	Individuals who have requested information about the program or submitted information to the program.
Published	Made publicly available in written or electronic format.
Readily available	Made accessible to others in a timely fashion via defined program or institution procedures.
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, so that the correction of these deficiencies can be ascertained and documented.
Resource Assessment Matrix (RAM)	A document developed by the CoARC that programs must use for on-going resource assessment. The matrix evaluates all mandated resources in a set format which includes: purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up.
Sponsor	A post-secondary academic institution, accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE), or a group of institutions (consortium-see previous definition), that is/are responsible for ensuring that its program meets CoARC Standards.
Standards	The Accreditation Standards for Degree Advancement Programs in Respiratory Care as established by the CoARC from time to time.
Student	A graduate of a CoARC-accredited entry into respiratory care professional practice degree program who is enrolled in a CoARC-accredited degree advancement respiratory care program.
Substantive change	A significant modification of an accredited program. The process for reporting substantive changes is in the CoARC Accreditation Policies and Procedures Manual.
Sufficient	Adequate to accomplish or bring about the intended result.
Teaching and Administrative Workload	Quantification of faculty responsibilities. Categories frequently used are teaching, advisement, administration, committee activity, research and other scholarly activity, and service/practice.
Technical Standards	The physical and mental skills and abilities needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
Timely	Without undue delay; as soon as feasible after due consideration.
Understanding	Adequate knowledge with the ability to apply appropriately.