



Accreditation Standards for Entry into Respiratory Care Professional Practice

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revised in 1972, 1977, 1986, 2000, 2003, 2010, 2015, 2016, 2018, 2020, and 2022**

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Clarifying edits to Standard 4.01 Evidence of Compliance and Interpretive Guideline

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Clarifying edits to Definitions Section, definition of "Satellite Campus"

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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 Resolution No. 12, introduced by the Medical Society of the State of New York: "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 the 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 the body that would make accreditation recommendations to the Committee on Allied Health Education and Accreditation (CAHEA). The JRCRTE was dissolved on December 31, 1997 and the Committee on Accreditation for Respiratory Care, its successor, began making its accreditation recommendations 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 and became the Commission on Accreditation for Respiratory Care (CoARC), a freestanding accreditor of respiratory care education programs, on November 12, 2009. In September of 2012, the Council for Higher Education Accreditation (CHEA) granted recognition to the CoARC.

Eligibility

CoARC accredits degree-granting respiratory care educational programs that have undergone a voluntary process of rigorous peer review and have met or exceeded the minimum accreditation Standards set by the CoARC. The CoARC accredits only respiratory care programs offered by institutions accredited by an institutional accrediting agency recognized by the U.S. Department of Education and physically located within the United States or its territories. Students must be located within the United States or its territories during all phases of their education.

CoARC's Mission

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

The Value of Programmatic Accreditation

Accreditation provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality. Accreditation also requires the continuous improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

INTRODUCTION

The CoARC and its collaborating organizations work together to establish, maintain, and promote these Standards, which constitute the requirements to which an accredited entry into respiratory care professional practice program is held accountable and provide the basis on which the CoARC will confer or deny program accreditation. The Standards are used for the development, continuous self-analysis and external evaluation of respiratory care programs.

Respiratory therapists, as members of the team of health care professionals, work in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages who have respiratory illnesses and other cardiopulmonary disorders. As team members, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide a broad range of patient care that includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to, the following *competencies*:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing, or assisting in the performance of, prescribed diagnostic studies such as obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic *goals* for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy, and modifying prescribed therapy to achieve the desired therapeutic objectives
- managing life support activities;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

PROGRAM REVIEW

Accreditation of respiratory care programs is a voluntary process that requires a comprehensive review of the program relative to these Standards. Accreditation decisions are based on the CoARC's *assessment* of information from a number of sources, which vary with a program's accreditation status: an accreditation application, a self-study report, the report of a site visit evaluation team, the *annual Report of Current Status*, as well as any reports or documents submitted to the CoARC by the program during an accreditation cycle. Additional data to clarify submitted information may be requested at any time during the review process.

FORMAT OF STANDARDS

The Standards are divided into five sections: **(I) Program Administration and Sponsorship; (II) Institutional and Personnel Resources; (III) Program Goals, Outcomes, and Assessment; (IV) Curriculum; (V) Fair Practices and Recordkeeping.** Within each section, separate Standards elucidate specific requirements for accreditation.

Following each Standard 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 other 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 on-site teams and the Commission. These items are the minimum information necessary to demonstrate compliance for that Standard and each item must be addressed. Additional information that the program believes supports compliance may also be provided.

The CoARC has also added Interpretive Guidelines to each Standard to explain its rationale as well as its meaning and significance. The Guidelines can also include expanded guidance to assist programs in understanding and interpreting the “must” statements within the Standards. The Guidelines are neither exclusive nor exhaustive; they are intended to clarify the meaning and application of the Standards both for those responsible for the programs and for those who evaluate these programs for the CoARC. The CoARC will periodically review and revise the Interpretive Guidelines based on changes in educational or clinical practices or on questions and comments it receives regarding their clarity and usefulness.

All accreditation Standards must be met in order for a program to obtain and maintain an accredited status. The program must demonstrate its compliance with all components of each Standard. If one component of a Standard is not in compliance, the entire Standard will be cited. In some respects, the CoARC is very prescriptive about what it requires to assess compliance (i.e., specific items in the Evidence Lists or in Self Study appendices) that must be included with applications or reports submitted to the Executive Office, or documents that must be available for review during a site visit. However, the CoARC does not address most process issues, allowing programs and institutions to develop those in a manner that best suits their programs. Examples of process issues include: the number of course credits or hours assigned; course and curriculum formats (i.e., traditional vs. problem-based); and curriculum delivery methods. However, the CoARC reserves the right to request clarification of process issues that may impact accreditation.

A definition or description of words that appear in italics throughout these Standards (outside of the Interpretive Guidelines) may be found in the “Definitions” section.

Throughout these Standards, the terms ‘institution’ and ‘sponsor’ will be used interchangeably.

I. PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

1.01 The educational sponsor of an entry into practice program must be a post-secondary academic institution accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE), and must award program graduates an associate, baccalaureate, or graduate degree upon successful completion of their professional coursework and degree requirements.

Evidence of Compliance:

- Documentation of the sponsor's current accreditation status;
- Documentation of authorization by a state agency to provide a post-secondary education program (if applicable).

Interpretive Guideline:

Academic progression within the profession of respiratory care is focused on benefiting both patients and the profession. Accordingly, the CoARC strongly encourages innovative efforts by accredited programs, especially at the associate degree level, to provide a smooth and simple process for program graduates to attain higher academic degrees, such as by working with institutions that offer degree advancement. Examples of academic progression partnerships include, but are not limited to, articulation and/or transfer agreements, dual or co-admission/enrollment, and accelerated advancement (associate to graduate) models.

Should the program sponsor not support the program's development of relationships with institutions offering higher levels of education, the program should strongly encourage its graduates to use other methods of achieving this goal, such as on-line Degree Advancement options.

A copy of an institutional accreditation certificate or letter, denoting the sponsor's current accreditation status, must be submitted with the program's self-study or Letter of Intent Application. There are additional questions in the Application for Accreditation Services related to the sponsor's institutional accreditation status and its authority under applicable state laws to provide postsecondary education. As noted in the CoARC Accreditation Policies and Procedures, the sponsor is responsible for notifying the CoARC of any adverse change in its accreditation status.

Consortium

1.02 When more than one institution (i.e., a *consortium*) is sponsoring a program, at least one of the members of the *consortium* must meet the requirements in Standard 1.01. The *consortium* must be capable of providing all resources necessary for the program. There must be a formal document (*affiliation agreement*, memorandum of understanding, etc.), which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

Evidence of Compliance:

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- Duly executed *consortium* agreement, contract or memorandum of understanding;
- One or more organizational charts delineating the program's relationship to all members of the *consortium* and clearly depicting how the program reports to, or is supervised by, each component.

Interpretive Guideline:

This Standard is applicable only to programs sponsored by a consortium, which means that more than one institution is sponsoring the program. A copy of the formal agreement detailing the relationship between the institutions involved in the consortium and documenting the responsibilities of each member must be provided. This can be in the form of an affiliation agreement, a Memorandum of Understanding or a Business Contract. Organizational chart templates and a sample consortium agreement can be found on the CoARC website (www.coarc.com). Additional information that can be used to determine compliance with this Standard is provided with the Application for Accreditation Services.

Sponsor Responsibilities

1.03 The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit for these courses from other institutionally accredited institutions. The sponsor must provide the necessary didactic instruction and ensure that students have access to the laboratory and *clinical experience* requisite to the level of respiratory care education mandated by these *Standards*.

Evidence of Compliance:

- Institutional *academic catalog* listing programs of study and course offerings;
- Transfer of credit policies, if applicable;
- A list of all sites used for clinical training;
- Formal, written clinical *affiliation agreements* or memoranda of understanding with each clinical site.

Interpretive Guideline:

This Standard is applicable to all programs, regardless of sponsorship. A list of all courses in the curriculum (and which member of the consortium is responsible for each course, if applicable) must be published.

All required educational resources (didactic, laboratory and clinical) must be established prior to the admission of students into the program. Programs with a distance learning component must make arrangements, prior to each student's enrollment, for all necessary laboratory and clinical instruction/experience. These must be of sufficient quality that all such program locations meet the applicable Standards (such as 3.01, 3.10, 4.02, and 4.08).

There must be a current clinical affiliation agreement, defining the policies governing student access to educational resources and clinical experiences, for all the program's clinical sites. These agreements must include specific notations delineating the terms of participation between the respiratory care program and the clinical affiliate, describe the relationship between the program and the clinical site(s), and clearly define the roles of the program, its sponsor and the clinical site.

For programs offering off-campus laboratory site(s), there must be an agreement, defining the policies governing student access to educational resources and laboratory experiences, for all the program's off-campus laboratory sites. These agreements must include specific notations delineating the terms of participation and describe the relationship between the program and the laboratory site(s), and clearly define the roles of the program, its sponsor and the laboratory site(s).

- 1.04 The sponsor is responsible for ensuring:
- 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 requiring *curriculum* planning, course selection and coordination of instruction by program faculty;
- Minutes of program faculty meetings for *curriculum* planning, course selection and instruction coordination;
- Institutional policies that support *continued professional growth* of faculty;
- Documentation of professional development activities of the faculty and institutional support for these activities.

Interpretive Guideline:

On at least an annual basis, the sponsor should provide program faculty with the time and support needed to evaluate the curriculum based on the most recent Therapist Multiple Choice (TMC) and Clinical Simulation Examination (CSE) Sub Scores by Content Domain report provided by the NBRC and develop action plans to address any shortcomings identified in this evaluation, as well as to reassess curriculum design and course delivery format and enhance the curriculum based on feedback from course evaluations by students, graduates and instructors. During the academic year, program faculty should meet on a regular basis to assess the results of curricular revisions, to discuss student course evaluations and to make any modifications necessary to ensure that the curriculum is up to date and effective. Programs should maintain the minutes of these meetings for five years.

'Professional growth' requires that faculty not only maintain clinical and academic skills but that they develop new skills as needed for their position responsibilities. The types of institutional support for professional development opportunities for faculty members vary. They may include: funding for maintaining National Board for Respiratory Care (NBRC) credential status and for attending professional organizational meetings and/or continuing education conferences; provision of non-vacation time for professional organizational activities, for clinical practice, or for research/scholarly activities; encouraging faculty to pursue an advanced degree by offering tuition remission or time off; payment of dues and fees related to credential maintenance; and/or time off needed for review and study. Evidence of institutional support can include program and/or institutional policies and records of the continued professional development activities of the faculty along with documentation of institutional support for these activities.

1.05 For students and faculty at *satellite* locations, the sponsor must provide access to *academic support services* and other resources *equivalent* to those on the main campus.

Evidence of Compliance:

- Results of CoARC Student and Personnel Program Resource Surveys;
- Results of CoARC Graduate Surveys.

Interpretive Guideline:

This Standard is applicable only to programs offering a satellite option (see Definitions section of the Standards). The types of services and resources that help students reach their academic and career goals typically include academic advising, tutoring, career services, financial aid and access to computing and library resources. Services and resources available to instructional faculty at the main campus include computing and technology resources, library resources, and employee assistance. The program should inform students and faculty if certain services are only available to them on the main (base) campus and when/how they can attain access to these services.

1.06 Program *academic policies* must apply equally to students and faculty at all program locations.

Evidence of Compliance:

- Student handbooks;
- Published program policies.

Interpretive Guideline:

Program policies must be consistent for all venues of instruction (didactic, laboratory, and clinical). Likewise, programs with more than one main program site and programs using distance education must have academic policies that are consistent for all instructional locations. Clinical affiliation agreements or memoranda of understanding may specify that certain program policies will be superseded by those of the clinical site.

1.07 The sponsor must report substantive change(s) to the CoARC prior to such changes, or within the time limits prescribed. For details (including a delineation of such changes), see the CoARC Accreditation Policies and Procedures Manual.

Evidence of Compliance:

- Timely submission of the CoARC Application for Substantive Change or related documentation required by CoARC Policies, and documents confirming CoARC approval of the change.

Interpretive Guideline:

The program must demonstrate compliance with all components of this Standard. As noted, the process for reporting substantive changes is defined in the CoARC Accreditation Policies and

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Procedures Manual (available at www.coarc.com). A program considering or planning any significant change should contact CoARC early in the process. This will provide an opportunity for the program to consult CoARC Executive Office staff regarding whether or not the change is 'substantive', as well as the procedures to be followed and the potential effect of the change on its accreditation status.

If, during program review, a substantive change that has already been implemented without CoARC approval is discovered, the CoARC Executive Office should be contacted as soon as possible.

II. INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

2.01 The sponsor must ensure that fiscal, academic and physical resources are sufficient to achieve the program's *goals*, as defined in Standard III, for 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).
- For distance learning programs, copies of agreements/contracts with laboratories, clinical site(s) and preceptors/instructors for each student enrolled in the program.

Interpretive Guideline:

The sponsor must have the financial resources required both to develop and to sustain the program on a continuing basis. The program must be able to recruit and retain sufficient qualified faculty and to purchase and maintain sufficient and appropriate academic resources, as reflected in annual budget appropriations. Annual appropriations should provide for the innovations and changes, including technological advances, necessary to reflect current concepts in education and in the profession. The budget must be such that adequate resources are assured for all enrolled students, even in the event of program closure (see Accreditation Policies and Procedures.

Academic resources include but are not limited to: audio/visual equipment; instructional materials; laboratory equipment and supplies; technological resources that provide access to medical information and current literature (current books, journals, periodicals and other reference materials related to the curriculum). Physical proximity of library facilities or access to online educational materials in a library or computer lab with extended hours for student use should be evident. Capital equipment (e.g., ventilators, mannequins, etc.), can be purchased or leased, but all laboratory equipment must be available to students when needed. Student access to program labs at times other than those designated in the curriculum can be very beneficial.

Physical resources refer to the space allocated to the program including that for offices, classrooms and laboratories, for confidential counseling of students, for program conferences and meetings and for secure storage of student files and records.

For distance learning programs/components, arrangements for all necessary (see Standards 3.01, 3.10, 4.08, and 4.09) laboratory and clinical instruction/experience for each student must be completed prior to her/his enrollment into the program. Such arrangements must be maintained throughout the student's education in the program.

Key Program Personnel

2.02 The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

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Evidence of Compliance:

- Documentation of Employment;
- Written job descriptions and minimum qualifications;
- One or more organizational charts indicating the relationship of the key personnel to the program faculty, advisory committee, and administration.

Interpretive Guideline:

Full-time faculty includes all persons employed full-time by the institution who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (i.e., full-time laboratory and clinical instructors would be considered faculty). The length of the full-time appointment (e.g., 10-month, 12-month, etc.) for the Program Director and Director of Clinical Education must be sufficient for them to fulfill their responsibilities (identified in 2.03 and 2.07, respectively). Only one individual can assume the responsibilities of either the Program Director or Director of Clinical Education; thus, these full-time positions cannot be shared. The Medical Director (or co-directors) is/are not required to have full-time appointments.

Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). At a minimum, key program personnel must have academic appointments and privileges comparable to other faculty in the institution with similar academic responsibilities. A listing of both the key personnel and the program faculty should be readily available (at a minimum on the program's website).

Program Director

2.03 The Program Director (PD) must provide effective leadership for the program including, but not limited to, responsibility for communication, ongoing program planning and *assessment*, and fiscal management. There must be evidence that sufficient time is allocated to the PD so that all his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

- CoARC Teaching and Administrative Workload Form;
- Institutional job description;
- Appointment Letter/Contractual Agreement.

Interpretive Guideline:

The PD's administrative responsibilities include: fiscal planning; program planning and development; ongoing review and analysis of all program activities; ensuring that, in all aspects, the program meets the requirements of the Standards. Educational responsibilities include continuous curriculum development and review as well as teaching. The PD must work with the DCE to ensure that clinical education for program students is coordinated with didactic and laboratory activities and is sufficient to meet program outcomes required by the Standards. PDs often hold other leadership roles within the institution (e.g., Dean, Department or Division Chair) or spend non-program time in clinical practice, teaching or research. The PD workload must balance these responsibilities with those related to the program. Documentation of sufficient

release time for the PD to discharge the administrative duties of the program must be provided to confirm compliance with this Standard.

While it is preferable that the PD discharge these responsibilities at the main campus location for non-distance learning programs, s/he may prefer to work at a distant location. This is acceptable only if: the program sponsor ensures that sufficient personnel are available to undertake those responsibilities that the PD would be unable to fulfill under such circumstances (i.e. supervising students in the laboratory, ensuring that lab equipment is functioning properly, etc.); all the data and technology necessary for him/her to fulfill these duties are immediately available; and the sponsor makes prospective students aware of this circumstance.

2.04 The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE)¹.

The PD of a program offering a bachelor's or master's degree 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)¹.

Evidence of Compliance:

- Official transcript denoting at least the required degree.

Interpretive Guideline:

Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an institution that is accredited by a USDE-recognized institutional accrediting body. For degrees from institutions in countries other than the United States, the CoARC will utilize an external review service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the required minimum degree. Program Directors with degrees from non-accredited institutions that were awarded prior to June 1, 2010 are considered to meet this Standard provided they remain in that position. The degree can be in any field of study.

Effective January 1, 2020, for vacancies or absences in the Program Director position, a temporary, transitional, or permanent replacement may be named to fulfill all the duties and responsibilities of the position being replaced as specified in CoARC Policy 6.0 (Personnel).

2.05 The PD must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) have a minimum of two (2) years' experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a *clinical instructor/*preceptor for students of such programs;

¹ Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new program director is appointed; or (2) the program requests a change in degree; or (3) the program requests an additional degree track.

d) complete the CoARC Key Personnel Training Program.

Evidence of Compliance:

- Documentation of a valid RRT credential;
- Documentation of a current state license;
- Completed CoARC CV Outline;
- CoARC Key Personnel Training Program certificate of completion.

Interpretive Guideline:

Documentation of credential validity can include a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials are not valid.

If a program utilizes a distance education format and the PD resides in a different state than the base location, or if the program is located near a state border and the PD resides in a neighboring state, s/he may hold a license from his/her state of residence, unless required by the program sponsor to hold a license in the state in which the program is located.

Program Directors appointed after January 1, 2020 must complete the CoARC Key Personnel Academy (KPA), which is available in an online format twice per year. After that date, if the new appointee served in a permanent key personnel role [for at least twelve (12) months] in a CoARC-accredited program (as either PD or DCE) within the 36 months prior to his/her appointment, s/he does not need to complete the KPA. When required, the KPA must be completed within twenty-four (24) months of the appointee's assumption of the position. Should the appointee fail to complete the KPA within this timeframe, the program will be placed on Administrative Probation. Temporary and acting PDs are not required to complete the KPA. Transitional personnel may complete the KPA prior to their permanent appointment, but if this is not accomplished they must complete the KPA, within the above timeline, following their permanent appointment. All programs accepting applications for vacancies in the PD position after this date must comply with this Standard.

2.06 The PD must have frequent, 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 Student and Personnel Program Resource Surveys.

Interpretive Guideline:

Student course evaluations and interview responses during on-site visits 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.

Director of Clinical Education

2.07 The Director of Clinical Education (DCE) must provide effective leadership in developing,

conducting, and ongoing *assessment* of the clinical education program. There must be evidence that sufficient time is allocated to the DCE so that his or her educational and administrative responsibilities can be met.

Evidence of Compliance:

- CoARC Teaching and Administrative Workload Form;
- Institutional job description;
- Appointment Letter/Contractual Agreement.

Interpretive Guideline:

Management of the program's clinical activities include: organization, development and administration of, the clinical curriculum; planning for, acquisition of, and communication with, locations needed for development of evolving practice skills; ensuring that appropriate supervision/assessment of students is available at all clinical sites; and ongoing assessment of the overall effectiveness of the clinical training for all students. The DCE must work with the PD to ensure that student clinical exposures are coordinated with their didactic and laboratory education. The DCE will assume other responsibilities – within the program (administrative, teaching in the classroom and the laboratory) or as determined by the program sponsor – when assigned. There must be documentation that sufficient release time is allocated to the DCE so that all his/her programmatic, educational and administrative responsibilities can be met.

While it is preferable that the DCE discharge these responsibilities at the main campus for non-distance learning programs, s/he may prefer to work at a 'distant location'. Standard 2.10 mandates that the DCE must have 'frequent, regular and consistent contact with students, clinical faculty, and clinical affiliates in all program locations.' While for distance learning (DL) programs this is usually done remotely, it is important that for non-DL programs, which usually have multiple program students on clinical sites at any given time during the school year, the DCE must interact with the sites personally. Accordingly, such a 'distant location' would preferably be in the general area of one of the program's clinical sites; it is important to note that his/her living at a distant location would not absolve her/him of the responsibility for personal interaction with all the program's clinical sites. In addition, the program sponsor would need to ensure that sufficient personnel would be available to undertake any positional responsibilities that the DCE would be unable to fulfill under such circumstances (i.e. supervising program students in the laboratory, ensuring that the laboratory equipment is functioning properly, etc.).

Additionally, the technology necessary for the DCE to fulfill these and any other responsibilities assigned by the program sponsor and the PD would need to be immediately available. This would include on-line access to the main campus with technology sufficient to allow the DCE to teach courses interactively, to communicate with students both privately (for counselling) and in groups, to allow interactive faculty and advisory committee meetings as well as providing access to all appropriate data. Such data would include: assessments of student performance at clinical sites, student assessments of clinical sites and preceptors, information from clinical sites regarding student behavior, etc.

2.08 The DCE of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by an institutional accrediting agency

recognized by the U.S. Department of Education (USDE)².

The DCE of a program offering a bachelor's or master's degree 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)².

Evidence of Compliance:

- Official transcript denoting at least the required degree.

Interpretive Guideline:

Effective June 1, 2010, degrees are only considered acceptable if they were awarded by an institution that is accredited by a USDE-recognized institutional accrediting body. For degrees from institutions in countries other than the United States, the CoARC will utilize an external review service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the required minimum degree. Directors of Clinical Education with degrees from non-accredited institutions that were awarded prior to June 1, 2010 are considered to meet this Standard provided they remain in that position. The degree can be in any field of study.

Effective January 1, 2020, for vacancies or absences in the Director of Clinical Education position, a temporary, transitional, or permanent replacement may be named to fulfill all the duties and responsibilities of the position being replaced as specified in CoARC Policy 6.0 (Personnel).

2.09 The DCE must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) have a minimum of two (2) years' experience teaching either as an appointed faculty member in a CoARC-accredited respiratory care program or as a *clinical instructor/preceptor* for students of such programs;
- d) complete the CoARC Key Personnel Training Program.

Evidence of Compliance:

- Documentation of a valid RRT credential;
- Documentation of a current state license;
- Completed CoARC CV Outline;
- CoARC Key Personnel Training Program certificate of completion.

Interpretive Guideline:

Documentation of credential validity can include a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials are not valid.

² Programs accredited prior to 06/01/2015 will be held to this Standard only when: (1) a new director of clinical education is appointed; or (2) the program requests a change in degree; or (3) the program requests an additional degree track.

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If a program utilizes a distance education format and the DCE resides in a different state than the base location, or if the program is located near a state border and the DCE resides in a neighboring state, s/he may hold a license from his/her state of residence, unless required by the program sponsor to hold a license in the state in which the program is located.

Directors of Clinical Education appointed to the position after January 1, 2020 must complete the CoARC Key Personnel Academy (KPA), which is available in an online format twice per year. After that date, if the new appointee served in a permanent key personnel role [for at least twelve (12) months] in a CoARC-accredited program (as either PD or DCE) within the 36 months prior to his/her appointment, s/he does not need to complete the KPA. When required, the KPA must be completed within twenty-four (24) months of the appointee's assumption of the position. Should the appointee fail to complete the KPA within this timeframe, the program will be placed on Administrative Probation. Temporary and acting DCEs are not required to complete the KPA. Transitional personnel may complete the KPA prior to their permanent appointment, but if this is not accomplished they must complete the KPA, within the above timeline, following their permanent appointment. All programs accepting applications for vacancies in the DCE position after this date must comply with this Standard.

2.10 The DCE must have frequent, regular and consistent contact with students, clinical faculty, and clinical *affiliates* at all program locations.

Evidence of Compliance:

- Results of student course evaluations;
- Documentation of DCE contact with clinical faculty/*affiliates*;
- Results of the CoARC Student and Personnel Program Resource Surveys.

Interpretive Guideline:

*Student course evaluations and interview responses during site visits should affirm that the DCE is accessible to students and that the extent of interaction between the DCE and students facilitates the achievement of program goals. The DCE must be available and accessible to students and clinical faculty at all times when program students are engaged in clinical coursework. Examples of contact documentation between DCE and clinical faculty/*affiliates* can include a communications log, copies of email/texting correspondence, or program faculty meeting minutes.*

Medical Director

2.11 A Medical Director (MD) must be appointed to provide *competent* medical guidance, and to assist the PD and DCE in ensuring that didactic, laboratory and supervised clinical instruction meet current practice guidelines. The MD must be a licensed physician and Board certified (as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA)) in a specialty relevant to respiratory care.

Evidence of Compliance:

- Copy of current state license and board certificate(s);

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- Curriculum vitae;
- Appointment Letter/Contractual Agreement;
- Records of MD interaction with Key Personnel including attendance at Advisory Committee meetings;
- Documentation of all physician interactions with students;
- Results of annual program resource *assessment* as documented in the CoARC RAM.

Interpretive Guideline:

The Medical Director (MD) should work with the Program Director and Director of Clinical Education to ensure that didactic and laboratory instruction and supervised clinical practice experiences meet current practice standards for respiratory therapists. The Medical Director must also be a member of the Advisory Committee. Documentation of her/his appointment as MD of the program must include letters of appointment and acceptance (templates are available on the CoARC website).

A completed CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as a curriculum vitae. The CV or CoARC CV Outline Form must include documentation of the clinical site(s) where the physician is credentialed.

Documentation confirming that a specialty credential is both valid and current can include a copy of the credential or a Credential Verification Letter from the appropriate credentialing agency. Documentation of current licensure can include a copy of the license or a License Verification Letter from the appropriate licensing agency.

Documentation of physician interaction with students can include a physician interaction log in student clinical handbooks, evidence of student presentations to physicians in didactic or clinical settings, or documentation of student participation in research activities supervised by physicians.

Primary Sleep Specialist Instructor

2.12 For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an associate degree, at least three (3) years of *clinical experience* in sleep technology and at least one (1) year of experience in a teaching position.

Evidence of Compliance:

- Valid credential as a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT);
- Completed CoARC CV Outline;
- Appointment Letter/Contractual Agreement;
- Academic transcript denoting at least the required degree.

Interpretive Guideline:

For programs offering the sleep specialist program option, the primary instructor of the

program is considered Key Personnel by the CoARC. Documentation of credential validity can include a copy of the NBRC or BRPT certificate or a NBRC/BRPT Credentials Verification Letter. Expired credentials are not valid. Documentation of employment must include Letters of Appointment and Acceptance (templates are available on the CoARC website). At a minimum, key program personnel should have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.

For academic degrees from institutions in countries other than the United States, the CoARC will utilize an external review service (e.g., www.naces.org) to determine whether the foreign transcript is equivalent to the required minimum degree. The degree can be in any field of study.

Instructional Faculty

2.13 In addition to the Key Personnel, there must be sufficient personnel resources to provide effective instruction and evaluation in all settings – didactic, laboratory, and clinical. In clinical rotations, the student to faculty ratio cannot exceed 6:1 for *clinical instructors* and 2:1 for *clinical preceptors*.

Evidence of Compliance:

- Results of annual program resource *assessment* as documented in the CoARC RAM;
- Student surveys of faculty performance (e.g., course evaluation);
- Course class lists and faculty teaching schedules;
- Appointment Letter(s) for laboratory instructional faculty;
- Evidence of instructional faculty training specifically with regard to use of programmatic instruments and job responsibilities.

Interpretive Guideline:

The program must ensure that sufficient, appropriately trained and credentialed clinical faculty are available for students at each clinical site. The program must be able to confirm that instructional faculty are qualified in the content areas that they are teaching. Qualified means that faculty have demonstrated a sufficiency of knowledge, skills and competency in those content areas. ‘Appropriately credentialed’ depends on the topics/skills being taught.

Programs may determine that lower student to faculty ratios in clinical settings improve the quality of learning experiences for students. In addition, clinical sites may require lower ratios to ensure patient safety or to limit the number of students on site. However, under no circumstances may the student to faculty ratio exceed 6:1 for clinical instructors and 2:1 for clinical preceptors.

Clinical faculty can include off-site clinical supervisors or similar personnel who do not hold employment contracts with the program sponsor. However, all Clinical Preceptors must be employed by the clinical site at which they are supervising students. For all individuals who evaluate students in clinicals, the program must have documentation that program personnel have provided them with orientation regarding their roles and responsibilities, the clinical policies and procedures of the program, and use of program clinical check-offs for student assessment.

Laboratory instructional faculty (at the base program campus and each off-campus location) must have a faculty appointment (voluntary or paid) with the program sponsor. The program must document that laboratory instructional faculty have received appropriate orientation and training regarding their roles and responsibilities, programmatic policies and procedures, and the use of program evaluation instruments that assess student competencies. Off-campus lab instructor(s) must maintain adequate, ongoing communication with the Program Director and Director of Clinical Education.

A variety of instructional faculty may participate in teaching and in the evaluation of student performance. Instructional faculty can include professionals, other than respiratory therapists, with advanced degrees or with experience and training in a field or discipline other than respiratory care (e.g., physicians, pharmacists, nurses, pulmonary function technologists, etc.). Volunteer faculty, adjuncts, part-time faculty, or full-time faculty may meet this Standard.

The program must develop training that promotes consistency among individuals who perform clinical evaluations. Training must include familiarizing them with the use of programmatic clinical check-offs and other programmatic evaluations. The program should review student evaluations of preceptors and clinical sites to determine if inconsistency of clinical evaluations exists. The DCE should work with employer representatives on the program Advisory Committee and/or with department supervisors at clinical sites to include as many clinical instructors and preceptors as possible in the training program. The training/assessment process should be revised when: there are significant changes in the program's clinical evaluations; new clinical competencies are introduced into the curriculum; or there is a significant change in the NBRC content outline.

Satellite Site Coordinator

2.14 Programs with *satellite* location(s) must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. At a minimum, this individual must hold a degree *equivalent* to what the program confers on its graduates. This individual is responsible for ensuring that the educational experiences of students on that site are *equivalent* to those of the *base program* students as well as for maintaining *adequate*, ongoing communication with the Program Director and Director of Clinical Education.

Evidence of Compliance:

- Documentation demonstrating valid RRT credential;
- Academic transcript denoting the required degree;
- Documentation of contact with PD and DCE;
- Results of CoARC Personnel-Program Resource Surveys;
- Curriculum Vitae;
- Institutional letter of appointment or *equivalent* document;
- Institutional job description.

Interpretive Guideline:

Key personnel cannot function as site coordinators, nor can any individual hold that position

at more than one site. Documentation of the RRT credential can include a copy of the NBRC certificate or an NBRC Credentials Verification Letter. Expired credentials are not valid. Documentation of contact with PD/DCE can include a communications log, copies of email or texting correspondence, and program faculty meeting minutes. A completed CoARC Curriculum Vitae Outline for Program Faculty (available on the CoARC website) can be used as curriculum vitae.

Administrative Support Staff

2.15 There must be sufficient *administrative and clerical support staff* to enable the program to meet its *goals* and objectives as defined in Standard III.

Evidence of Compliance:

- Results of annual program resource *assessment* as documented in the CoARC RAM.

Interpretive Guideline:

Administrative/clerical support may include “pool” staff that support other programs. This model is used at many institutions. The level of administrative and clerical support should be sufficient to allow Key Personnel to achieve their programmatic educational and administrative responsibilities. Faculty should have access to instructional resources and specialists, such as those in the areas of curriculum, testing, counseling, computer usage, and educational psychology, as needed. Secretarial and clerical staff should be available to assist the Key Personnel 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

2.16 The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. Survey data must be documented in the CoARC Resource Assessment Matrix (RAM). The results of resource *assessment* must be part of the Program Director’s continuous analysis of the program and used to make appropriate changes to program resources. Identification of any deficiency requires development of an *action plan*, documentation of its implementation, and evaluation of its effectiveness by ongoing resource *assessment*.

Evidence of Compliance:

- Results of annual program resource *assessment*, documented in the CoARC RAM, which leads to the development and implementation of *action plans* to address identified shortcomings and subsequent evaluations of their effectiveness.

Interpretive Guideline:

Only the CoARC 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. All specified resources must be assessed annually using CoARC's Student and Program Personnel Resource Assessment surveys (SPRS and PPRS) (www.coarc.com), and the results must be submitted to the CoARC, using the RAM format, along with the program's Annual Report of Current Status. The Student Program Resource Survey must be administered annually to all currently enrolled students, preferably at the end of each academic year. The Personnel Program Resource Survey must also be administered annually, preferably at the program Advisory Committee (AC) meeting nearest the end of the academic year. If there is no such meeting, the survey may be completed on-line. The Personnel Program Resource Survey must be completed by program faculty, the Medical Director, and Advisory Committee Members, with members of each category answering the questions pertaining to that group.

For both surveys, at least 80% of the responses for each of the seven (7) resource areas must be 3 or higher. Any resource for which this cut score is not achieved is deemed suboptimal and an action plan must be developed. If no specific deficiencies for that area are identified in the surveys, further assessment may be required. Resource Assessments must be reported separately for each portion of the program with a CoARC ID number. Programs must maintain all resource assessment documentation (RAM, SPRS, and PPRS) for five years. Financial resources must be evaluated using the Personnel Program Resource Survey and an itemized budget review by program Key Personnel.

III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

3.01 The program must have the following goal defining minimum expectations: “To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).” For programs offering the sleep specialist program option, the program must have the following additional goal defining minimum expectations: “To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS).”

For programs offering a bachelor’s or master’s degree, the program must have the following additional goal defining minimum expectations: “To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research and advanced clinical practice (which may include an area of clinical specialization).”

Evidence of Compliance:

- Program goal(s), as written in this Standard, published in an institutional catalog, student handbook or on a program or institutional website.

Interpretive Guideline:

The CoARC requires that all Entry into Respiratory Care Professional Practice programs have the same goal, as written in this Standard, defining minimum expectations. Programs offering the sleep specialist program option and/or an advanced degree must have the additional goals specified above. Mandated 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 must demonstrate compliance with this Standard.

3.02 Programs are allowed to have optional program *goals* in addition to the mandated goal(s). Such optional *goals*, and their expected student learning outcomes, must be compatible with nationally accepted standards for the roles and functions of Registered Respiratory Therapists (RRTs), or with those of registered Sleep Disorders Specialists (SDS). Optional *goals* must also be compatible with the mission of the sponsoring educational institution. All optional *goals* must have measurable outcomes and there must be a systematic process to assess achievement of these outcomes. Such optional *goals* must be reviewed and approved annually by the program’s Advisory Committee.

Evidence of Compliance:

- Documented comparison of optional program *goals* and expected student learning outcomes with the current detailed content outline published by the national credentialing agency (NBRC) (when applicable);

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- Documentation of student learning outcomes for each optional goal, along with the methods used by the program to address subthreshold outcomes and the results of these efforts;
- Documentation that the program's optional *goals* are compatible with the mission of the program's sponsor;
- Minutes of Advisory Committee meetings that document review of optional program *goals*.

Interpretive Guideline:

Optional program goals must be made known to all prospective and currently enrolled students. There must be a cut score for each of the outcomes used to assess achievement of an optional goal, as well as an action plan to be used to address outcomes below these cut scores, and documentation of the effectiveness of these action plans. Optional goals should be reviewed at least annually by Key Personnel and revised as needed to ensure consistency with nationally accepted standards of the roles and functions of RRTs, or of registered SDS (when applicable). The TMC Detailed Content Outline Comparison (available on the CoARC website) may be used to document this comparison for optional goals. In addition, optional goals must be reviewed annually by the Advisory Committee to ensure that they are acceptable and/or useful to the program's communities of interest.

Assessment of Program Goals

3.03 Program *goals* must be the basis for continuous program planning, implementation, evaluation and revision. The program must formulate a systematic *assessment* process to evaluate the achievement of its goal(s) and expected student learning outcomes.

Evidence of Compliance:

- Program's *annual Report of Current Status*;
- Documentation of at least annual review and analysis of the program *curriculum* using the Sub Scores by Content Domain of the NBRC TMC and CSE Examinations;
- For baccalaureate and masters programs, the program must develop outcome measures to assess the extent of the program's accomplishment of the required "additional goal".

Interpretive Guideline:

A well-designed assessment process should reflect the ability of the program to collect-and interpret information regarding student learning and program outcomes and to develop methods to address any identified shortcomings. At a minimum, for each content area where scores fall below 85% of the national mean on the new candidate summary, an analysis and action plan for curriculum improvement must be developed and implemented. The process should incorporate both the review of the data collected (qualitative and quantitative) and its critical analysis by program faculty. The process should also provide evidence that data collection is timely and complete, and that the interpretation and management of the data collected are based on its relevance to the various aspects of the program.

3.04 The *communities of interest* served by the program include, but are not limited to,

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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 their evaluation of the *curriculum*, program outcomes, technical standards and program response to change, to consider the addition of/changes to optional program *goals* and to be made aware of any substantive changes reported to the CoARC.

Evidence of Compliance:

- Current membership list, identifying the community of interest with which each member is affiliated;
- Minutes and attendance list of Advisory Committee meetings.

Interpretive Guideline:

The purpose of an advisory committee (AC) is to provide program personnel with the opportunity to improve the program, evaluate program goals, recruit qualified students and meet employment needs of the community through discussions with members of all its communities of interest at meetings of the AC. The responsibilities of the advisory body should be defined in writing. The PD and DCE should participate in the meetings as non-voting members.

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/had any relationship whatsoever with the program or its sponsor.

The AC should evaluate proposed changes to/addition of optional goal(s), and should review program outcomes, program technical standards, and modifications the program is considering to address these and any other issues as they warrant. AC meeting minutes should reflect an annual review of all resources – curriculum, capital equipment, clinical affiliates, etc., – as well as an assessment of the program's annual Report of Current Status. In addition, the AC should be asked to review and approve proposed Substantive Changes as defined in Standard 1.07 (for delineation and process see the CoARC Accreditation Policies and Procedures Manual). Policies and procedures outlining AC responsibilities, appointments, membership terms, and meeting protocols, as well as a record of Committee minutes, deliberations and activities during the most recent 5 years, will demonstrate compliance with this Standard.

Student Evaluation

3.05 The program must have clearly documented *assessment* measures by which all students are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and *competencies* required for graduation. The program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the expected *competencies*, and to allow prompt identification of learning

deficiencies and the development of a means for their remediation within a reasonable time frame. Program faculty must provide evidence of their ongoing review of all *assessment* processes to ensure their integrity, quality and equity.

For programs utilizing on-line exams or quizzes as part of the evaluation process, the program must provide evidence that testing mechanisms or methods assure academic integrity.

Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that describe the number and frequency of student evaluations and related remediation policies;
- Student evaluations of instruction documenting their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation;
- Student evaluations performed by faculty in didactic, laboratory and clinical settings, confirming the equitable administration of the evaluations;
- Records of student academic counseling;
- A description of the method(s) used to assure academic integrity for *assessments* (i.e. proctored exams, locked browser system, video monitoring, etc.);
- Evidence confirming review of the effectiveness of the methods used to ensure academic integrity and a plan to address any shortcomings.

Interpretive Guideline:

Written criteria for passing, failing, and assessing progress in the program must be given to each student upon entry into the program. Evaluation systems must be related to the objectives and competencies described in the curriculum for both didactic and applied (laboratory and clinical) components. Evaluations must occur with sufficient frequency to provide students and faculty with timely indications of the students' progress and academic standing and must also serve as reliable measures of the appropriateness of course design and the effectiveness of instruction. Thorough assessment requires both formative and summative evaluations and involves frequent appraisals by a number of individuals based on the program's pre-specified criteria. Using these criteria, both students and faculty can periodically assess student progress in relation to the stated goals and objectives of the program. When a student does not meet evaluation criteria, provision should be made for remediation or dismissal, as appropriate.

Uniform, objective evaluations of student performance in didactic, laboratory and clinical settings are 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 to be used for evaluation of individual student performance must be clearly understood by all concerned.

While CoARC is very supportive of the use of high-fidelity patient simulation and/or standardized patients in didactic and laboratory competency training and evaluation, it does not sanction the substitution of simulation and/or standardized patients for assessment of clinical competencies.

While clinical faculty are customarily responsible for the formative evaluation of student clinical skills, it is the responsibility of program faculty to ensure that evaluation of student performance in all settings - didactic, laboratory, and clinical – is based solely on programmatic requirements. Accordingly, program faculty must ensure that all individuals who supervise students in the clinical setting are sufficiently cognizant of program requirements. While program faculty should seek input from clinical faculty when appraising student clinical skills, program faculty are ultimately responsible for the summative evaluation of learning outcomes for each student in all settings, and for subsequent remediation when required.

When a program uses an examination with a particular cut score to 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. When examinations are simply part of overall academic performance evaluation, this documentation is unnecessary.

For programs providing distance education with on-line exams or quizzes as part of the evaluation process, any individual proctoring the tests must be an employee of the program’s sponsor or of a reputable third party. The process to be used for conducting proctored examinations must be clear and made available to all students. Proctors must use valid government-issued photo identification to confirm the identity of each person who takes a proctored examination, thereby ensuring that examination results will reflect the knowledge and competence of a specified enrolled student.

Assessment of Program Outcomes

3.06 The program must use the CoARC Employer and Graduate Surveys as part of its annual assessment of program outcomes.

Evidence of Compliance:

- Hard copy or electronic records of completed CoARC Graduate and Employer Surveys;
- Results of the *annual Report of Current Status* accepted by CoARC.

Interpretive Guideline:

CoARC requires that its Graduate and Employer Surveys (available at www.coarc.com) be part of each program’s ongoing self-assessment. The program must provide an analysis and action plan to address any deficiencies identified in these surveys. In addition, the program should critically review: student evaluations for each course and rotation; student evaluations of faculty; failure rates for each course and clinical rotation; results of student remediation; student attrition; and faculty evaluations of student preparedness for rotations. Program faculty should analyze these data and prepare focused action plans to address identified deficiencies.

Reporting Program Outcomes

3.07 Regardless of the degree awarded, all programs must, at a minimum, meet the thresholds established by CoARC for all mandated outcome measures at all program locations,

notwithstanding the instructional methodology used. Program outcomes must be submitted to the CoARC annually, on or before the mandated deadline, using the Report of Current Status (RCS) format.

Evidence of Compliance:

- Outcomes data in the annual RCS accepted by CoARC.

Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds) for each of the mandated outcomes (See www.coarc.com). The data for each outcome are assessed for each year of the most recent three-year period and the threshold determination is based on the average for that cycle. A program must meet all the outcomes assessment thresholds, as documented in its annual Report of Current Status (RCS). Programs must include analysis and action plans to address any subthreshold outcomes when submitting the RCS to the CoARC. A list of all the program's active clinical sites must be included along with the program's RAM and a copy of the most recent NBRC Annual School Summary Report.

Credentialing exam performance is evaluated by what CoARC has defined as 'NBRC TMC High Cut Score success' and 'NBRC RRT credentialing success', which is the percentage of program graduates (not the percentage of those taking the test) achieving the NBRC's High Cut Score and earning the RRT credential, respectively. Programs must include a copy of their NBRC Annual School Summary Report and Graduate Student Performance Report with the RCS. The established threshold for TMC High Cut Score Success is 60%. There is no threshold for RRT Credentialing Success; however, programs are still required to provide RRT outcomes data on annual reports. Programs offering the Sleep Disorders Specialist Program Option must document BRPT/RPSGT credentialing success and/or NBRC SDS credentialing success.

Retention is defined as the number of students who were formally enrolled in a respiratory care program and graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class. The established threshold for retention is 70%, and the basis for CoARC action is a subthreshold retention average for a given three-year cycle.

Graduate and employer satisfaction surveys must be administered six (6) to twelve (12) months after graduation. The established threshold for these surveys is that for each question at least 80% of returned graduate and employer surveys rate overall satisfaction 3 or higher on a 5-point Likert scale. The basis for CoARC action is a subthreshold average of satisfactory responses for a given three-year cycle.

3.08 When applicable, the program must use the CoARC electronic reporting tool to submit an *annual Report of Current Status (RCS)* for each program option with a separate program number. Each Report must include an appropriate analysis of the data and *action plans* to address all subthreshold outcomes.

Evidence of Compliance:

- Annual Reports of Current Status for each program option, accepted by CoARC.

Interpretive Guideline:

All program options with a separate program number (i.e., additional degree tracks, satellites, and polysomnography add-ons) must complete and submit a separate annual Report of Current Status (RCS) by the deadline determined by the CoARC. As noted in the prior standard, the RCS documents the program's results for each of the outcome measures (i.e., credentialing success, job placement, retention, overall graduate satisfaction, and overall employer satisfaction) in relation to the applicable thresholds. Any program option not meeting all the thresholds must document in the RCS a detailed analysis of each deficiency and provide a specific action plan to address that deficiency in the corresponding text boxes. Access to the RCS is available at www.coarc.com.

3.09 Programs not meeting the established outcomes *assessment* thresholds must begin an accreditation dialogue with the CoARC.

Evidence of Compliance:

- Progress report(s) submitted to the CoARC;
- *Annual Report of Current Status*.

Interpretive Guideline:

This Standard is only applicable to programs that have not met one or more of the outcomes assessment thresholds described in Standard 3.07. Programs and program options with subthreshold results will be required to engage in an accreditation dialogue. If the program 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 Report process; analyze all submitted documents for compliance with the Standards and with CoARC Accreditation Policies and Procedures; assist the program in identifying ways to address the outcome deficiency(ies); assess progress; and make accreditation recommendations to the CoARC Board.

The accreditation dialogue may include progress report(s) with detailed analyses and action plans addressing the subthreshold results and/or resource assessment. The process and deadline for the submission of these documents will be communicated to the program by the CoARC Executive Office. The dialogue may also include a focused on-site visit. When it is determined that a focused site visit is necessary, copies of all the program's interactions with the CoARC/Referee related to the shortcoming(s) (including CoARC's program action letter) must be available to the visitor(s). Detailed information regarding remediation of outcomes deficiencies can be found in the CoARC Accreditation Policies and Procedures Manual.

Clinical Site Evaluation

3.10 The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program *goals*.

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Evidence of Compliance:

- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student evaluations of clinical courses, sites, and preceptors;
- Results of CoARC Student and Personnel Program Resource Surveys.

Interpretive Guideline:

The program should have a narrative describing, in concise terms, the type and frequency of the evaluations it uses to assess its clinical sites and preceptors. This narrative should also include any evaluation of the program and its clinical sites by the program's sponsor. The program should not include the actual evaluation documents when submitting a self-study but must have them available for the on-site evaluation team.

Clinical site evaluation by program faculty requires the monitoring of all the sites used for supervised clinical practice experiences and modifying them as necessary (location, duration, skills to be acquired, etc.) to ensure that expected learning outcomes will have been met by each student upon program completion. Faculty should be able to document that differences in the location of clinical training do not affect the overall accomplishment of expected learning outcomes. The evaluation should also show that while students are on supervised clinical practice rotations, clinical faculty are providing satisfactory feedback and mentoring. An effective evaluation process requires that the program establish suitable criteria for evaluation of new sites and clinical faculty as well as for those that have an ongoing relationship with the program.

IV. CURRICULUM

Minimum Course Content

4.01 The *curriculum* must include content in oral and written communication skills, social/behavioral sciences and biomedical/natural sciences as well as respiratory care. This content must be incorporated in a manner that promotes achievement of the *curriculum's* defined *competencies*.

Evidence of Compliance:

- Course syllabi detailing required student *competencies*;
- *Curriculum* published in the college catalog and the program's Student Handbook demonstrating appropriate curriculum sequencing and a description of all courses required for degree conferral;
- Laboratory and clinical evaluation mechanisms that document the acquisition of *competencies* and the progressive independence of the student in the laboratory and clinical settings;
- *Annual Report of Current Status*, accepted by CoARC, documenting program outcomes for the three most recent graduating classes that meet thresholds;
- Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- Results of CoARC Graduate and Employer Surveys.

Interpretive Guideline:

Student familiarity with and understanding of respiratory care principles should be established early in the program. The educational process should be of sufficient scope and depth for students to achieve competence in all components of respiratory care practice. For programs offering the sleep specialist program option, that curriculum should be of sufficient scope and depth to prepare those students to achieve competence in all components of sleep technology.

The core content for each principle may not require a separate course, but all such subject areas must be included within the curriculum, with minimal duplication. Curriculum content and learning experiences should provide a foundation for both continuing professional growth and subsequent formal education.

General education, social/behavioral science, and biomedical/natural science content included in the curriculum should be at a level sufficient to satisfy the degree requirements of the program sponsor as well as to provide the requisite foundation to pass the NBRC credentialing examinations.

*The curriculum must be sequenced in a way that promotes achievement of the defined *competencies*. Content must first be taught in a didactic and/or lab setting with acquisition of the defined *competencies* documented prior to students performing these skills in the clinical setting. Appropriate sequencing requires consideration of both overall program design and the integration of necessary content. While there is no mandated sequence for either pre-professional or professional coursework, both content and sequencing should continuously build upon previous student learning experiences. Within each subject area, course content should be connected topic-to-topic, concept to concept and one year's work to the next. The curriculum*

should match the progression of student professional knowledge with that of the expected clinical competencies.

Each clinical experience should be of sufficient quality and duration to meet the objectives/competencies identified in the clinical syllabi for that rotation. The program must document that each clinical site provides student access to the physical facilities, patient populations, professional interactions, and supervision necessary to fulfill program expectations for the clinical experience at that site. The number of hours per semester devoted to clinical practice should increase as students progress in the program.

Programs must ensure that students are exposed to all the categories of patient encounters necessary to prepare them for entry into practice as Registered Respiratory Therapists. At a minimum, these should include preventive, emergent, acute and chronic patient encounters.

- 4.02 The *curriculum* must include preparation for practice as a Registered Respiratory Therapist with exposure to a broad variety of practice settings (i.e., inpatient care, outpatient care, and home care) and patient populations (i.e., adults, pediatrics, neonates).

For programs offering a bachelor's or master's degree, the program must include content related to leadership development in management, education, research, AND/OR to advanced clinical practice (which may include an area of clinical specialization).

Evidence of Compliance:

- Course syllabus for all respiratory care courses which includes course description, content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion;
- Written documentation of the comparison of the program *curriculum* to the NBRC content outline.

Interpretive Guideline:

Professional content areas provide the knowledge base for respiratory care, and prepare the student to assess patients and to plan, implement and evaluate the outcomes of respiratory care services as an integral member of the health care team. For programs offering the sleep specialist program option, professional content areas should cover the essential knowledge, skills and abilities required of respiratory therapists who choose to practice sleep disorders testing and therapeutic intervention.

While CoARC is very supportive of the use of high-fidelity patient simulation and/or standardized patients in many aspects of student training, it does not sanction the substitution of simulation and/or standardized patients for clinical education experiences.

- 4.03 Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the *competencies* and duties performed by Registered Respiratory Therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications, and

published in the NBRC detailed content outline or matrix. This nationally accepted delineation of the proficiencies required of program graduates must be the basis for formulating the learning objectives of the program's *curriculum*. In addition to a detailed annual analysis of graduate performance on the credentialing exams, the program must conduct an extensive review of curricular content after any revision in the national credentialing agency content outline.

For the sleep specialist program option, curricular content must also be periodically reviewed and revised to ensure its consistency with the *competencies* and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications.

For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program, as specified in Standards 3.01/4.02.

Evidence of Compliance:

- Course syllabi for all respiratory care (or sleep specialist) courses which include course description, content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion;
- Documentation of the comparison of the program *curriculum* to the most current national credentialing agency content outline;
- Documentation confirming annual review by program faculty of the program's NBRC TMC and CSE Sub Scores by Content Domain. For each content area where scores fall below 85% of the national mean on the new candidate summary, an *action plan* for *curriculum* improvement must be developed and implemented;
- Minutes of Advisory Committee meetings confirming that graduate performance on the credentialing exams as well as the results of the TMC and CSE Exam review were conveyed to the Committee.

Interpretive Guideline:

Respiratory Care curricular content should reflect all competencies and responsibilities currently required of Registered Respiratory Therapists. Respiratory therapists provide patient care, which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to the following basic competencies:

- *acquiring and evaluating clinical data;*
- *assessing the cardiopulmonary status of patients;*
- *performing, and/or assisting in the performance of, prescribed diagnostic studies such as: obtaining blood samples; blood gas analysis; pulmonary function testing; and polysomnography;*
- *evaluating data to assess the appropriateness of prescribed respiratory care;*
- *establishing therapeutic goals for patients with cardiopulmonary disease;*
- *participating in the development and modification of respiratory care plans;*
- *case management of patients with cardiopulmonary diseases;*

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- *initiating prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;*
- *managing life support activities;*
- *conducting and evaluating prescribed pulmonary rehabilitation;*
- *providing patient, family, and community education;*
- *promoting cardiopulmonary wellness, disease prevention, and disease management;*
- *promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.*

There must be documentation that faculty have used the current Therapist Multiple Choice (TMC) and Clinical Simulation Examination (CSE) Combined Detailed Content Outline Comparison (available on the CoARC website) to revise and update their program's curriculum, thereby ensuring its compatibility with the current NBRC TMC content matrix.

Core Competencies

4.04 Graduates must be *competent* to perform all diagnostic and therapeutic procedures required of a Registered Respiratory Therapist entering the profession.

Evidence of Compliance:

- Evaluations that document the student's ability to perform all required diagnostic and therapeutic procedures safely and effectively in patient care settings;
- Results of CoARC Graduate and Employer Surveys.

Interpretive Guideline:

Evidence of assessment of student competencies should include both direct and indirect evaluations of student performance.

Examples of direct assessments that might be used to evaluate expected competencies include (but are not limited to):

- *Faculty-designed comprehensive or capstone examinations and assignments;*
- *Performance on credentialing or other external examinations;*
- *Demonstrations of student capabilities in context;*
- *Documentation of the accumulation of competencies for each student as s/he progresses in the program;*
- *Student performance on:*
 - *Case-based examinations;*
 - *Literature searches involving critical reviews of peer-reviewed publications;*
- *Samples of student work generated in response to typical course assignments;*
- *Scores on programmatic tests accompanied by test "blueprints" describing what the tests assess;*

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- *Instructor evaluations confirming student competence in laboratory and clinical skills;*
- *Records of satisfactory student behavior in group learning situations (e.g., presentations, group discussions);*
- *Student reflections on their performance with regard to values, attitudes and beliefs.*

Examples of indirect evidence that might be used to evaluate expected competencies include (but are not limited to):

- *Comparison between admission and graduation rates;*
- *Number (or percentage) of graduating students pursuing their education at the next level;*
- *Placement rates of program graduates into appropriate career positions;*
- *Assessment of the relation of course evaluation methods to overall course or curriculum quality (instead of to instructor effectiveness);*
- *Number (or percentage) of students involved in faculty research, collaborative publications, presentations, and/or service learning;*
- *Surveys, questionnaires, focus-group, or individual interviews assessing faculty and staff members' perception of student learning and the support from programs and services provided to students;*
- *Quantitative data such as enrollment numbers;*
- *Reputation of graduate or post-graduate programs accepting program graduates;*
- *Surveys, questionnaires, focus groups, or individual interviews regarding current students' perception of their learning;*
- *Surveys, questionnaires, focus groups, or individual interviews regarding alumni's perception of their learning while in the program and their current career satisfaction;*
- *Surveys, questionnaires, focus groups, or individual interviews regarding faculty perceptions of student learning;*
- *Honors, awards, scholarships, and other forms of public recognition earned by students and alumni.*

4.05 Graduates must be able to function proficiently within inter-professional teams and communicate effectively with diverse populations. The *curriculum* must prepare students to work with, and care for, a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.

Evidence of Compliance:

- Evaluations that document the ability of students to communicate effectively in a variety of patient care settings and to interact well with all members of the health care team;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

The program must prepare students to work collaboratively in inter-professional patient-centered teams. Such preparation should include curricular content on the roles and responsibilities of other health care professionals with emphasis on the team approach to patient-centered care.

This training must also include ongoing consideration of the constantly changing health care system and the impact of racial, ethnic and socioeconomic disparities on health care delivery. Instruction regarding medical care delivery to diverse populations prepares students to avoid stereotyping. It makes them aware of the differing beliefs, values and expectations of patients and other health care professionals that can influence communication and decision-making by both the health care team and the patients, thereby affecting patient compliance and treatment outcomes. For this reason, efforts should be made to ensure that, as part of their preparation for practice, students have exposure to as diverse a patient population as possible.

The safe and effective provision of respiratory care services requires that therapists communicate effectively with both patients and other members of the health care team. Accordingly, prior to graduation, students must demonstrate effective communication with patients and the other members of the health care team, both as individuals and in groups, regardless of their beliefs, languages and abilities.

As a part of its efforts to address these issues, the program should consider the use of a simulation laboratory. Working together with faculty from other allied health programs at the institution (RNs, CNAs, EMTs, etc.) program faculty can provide students with experience in inter-professional teamwork and in dealing with a variety of patients (language, disability, etc.).

4.06 Program graduates must exhibit *adequate critical thinking* skills and be *competent* in the application of problem-solving strategies in the patient care setting.

Evidence of Compliance:

- Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions in a timely fashion;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

A sufficiency of critical thinking and decision-making skills is necessary for therapists to provide effective and efficient respiratory care services. Critical thinking is defined as active and reflective reasoning that integrates facts, informs opinions and utilizes observations in a manner that enables the student to come up with an action plan, within a reasonable time frame, that is likely to be effective and appropriate in that particular patient care setting. Programs should document the methods used to assess, and to provide feedback for, the development and progression of the student's critical thinking skills and problem solving abilities. This is another area in which simulation could be useful, from both the practice and evaluation perspectives.

4.07 Graduates must demonstrate ethical decision-making skills and an understanding of professional responsibility.

Evidence of Compliance:

- Evaluations that require demonstration of the student's ethical behavior and understanding of professional responsibility;
- CoARC Graduate and Employer Surveys.

Interpretive Guideline:

The program should utilize procedures that assess intellectual honesty and appropriate academic and professional conduct. Group interactions relating to such things as the handling of drugs, professional misconduct, use and misuse of equipment, etc., could be useful for this purpose. This is another area in which simulation could be useful, from both the practice and evaluation perspectives.

Equivalency

4.08 The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are *equivalent* for all students.

Evidence of Compliance:

- Documentation that students at various program locations have access to similar course materials, laboratory equipment and supplies, and *academic support services*;
- Documentation that student exposure to *clinical experiences* is *equivalent* regardless of the clinical sites attended;
- Results of CoARC Student Program Resource Surveys;
- Results of student evaluation of the clinical sites and preceptors;
- Results of student clinical course evaluations.

Interpretive Guideline:

Classroom, laboratory, clinical, and other curricular activities (i.e. research) that substantially contribute to the development of a competent graduate should result in comparable learning outcomes regardless of the location of instruction.

The program should document equivalency of both student evaluation methods and outcomes in all locations of instruction and when different delivery methods are provided for a portion of the students in the program. Under these circumstances, student access to learning materials should be similar at the various locations, and must be sufficient to meet program goals, but need not be identical.

For laboratory and clinical experiences, the program must ensure that, for every class, the sum and quality of each student's laboratory and clinical experiences are equivalent to that of the other students in that class, and sufficient to allow the achievement of all required competencies.

Clinical Practice

4.09 The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of *clinical experiences* are sufficient for students to acquire all required *competencies*. Students must not be responsible for: the selection of clinical sites; determining which *competencies* should be mastered at a given clinical site; or the acquisition of *clinical instructors* at these sites.

Evidence of Compliance:

- Detailed clinical schedules;
- A list of all sites used for clinical training;
- Current, formal, clinical *affiliation agreements* or memoranda of understanding, with all sites;
- Results of CoARC Graduate Surveys.

Interpretive Guideline:

The coordination of clinical experiences involves identifying, contacting and evaluating clinical sites for suitability as a required or elective rotation experience, which is a responsibility usually assigned to the Director of Clinical Education (DCE). When program clinical faculty will not be involved at a given site, the DCE should work with employer representatives on the Advisory Committee (when applicable) and/or with department supervisors at the clinical sites, to identify suitable preceptors to supervise students.

Students may make suggestions to program faculty regarding sites and preceptors but must not be required to do so. Prior to their utilization, student suggested sites and preceptors must be reviewed, evaluated and approved for educational suitability by the program, and subsequent student experience at such sites must be assessed to determine that outcomes are equivalent to those at sites chosen by the program.

V. FAIR PRACTICES AND RECORDKEEPING

Disclosure

5.01 All published information, such as web pages, *academic catalogs* and program handbooks, as well as program and institutional advertising, must *accurately* reflect each respiratory care program offered.

Evidence of Compliance:

- Published information *accurately* documenting the program(s) offered.

Interpretive Guideline:

Institutions and programs are responsible for providing clear, current and accurate information to stakeholders about all aspects of the program, including any program options. Published information about the program must be valid and consistent wherever it appears. This information should be reviewed at least annually to ensure it is up-to-date and consistent with current CoARC Standards and Accreditation Policies.

Information provided on the program website must be readily available to the public. Ease of access includes obvious and accurate labeling of links to pertinent information, no required self-identification or membership and as few steps as possible needed to access the information.

5.02 At least the following must be defined, published, and readily available to all prospective and enrolled students:

- a) The accreditation status of both the sponsor (including *consortium* members where appropriate) and the program, along with the names and contact information of their accrediting agencies;
- b) Admission and transfer policies;
- c) Policies regarding *advanced placement*;
- d) Academic requirements for program admission;
- e) Program technical standards;
- f) All graduation requirements;
- g) Academic calendar;
- h) Academic credit required for program completion;
- i) Accurate estimates of tuition, fees and other costs related to the program;
- j) Policies and procedures related to probation, suspension, dismissal and voluntary student withdrawal;
- k) Policies and procedures for refunds of tuition and fees;
- l) Policies and procedures for processing student grievances;
- m) Policies addressing student employment in the profession while enrolled in the program.

Evidence of Compliance:

- Published program information related to a-m above.

Interpretive Guideline:

Because enrollment is limited by facility capacity, program admission criteria and procedures must ensure that selected students have the potential to successfully complete the program. In addition, the Program Director, in cooperation with appropriate sponsoring institutional personnel, should establish admissions procedures that are non-discriminatory and ensure that prospective students are made aware of all admission requirements, including pre-requisite coursework. The program may include, as additional evidence, ranking procedures or criteria for selection, minutes from admissions committee meetings, periodic analyses of program outcomes supporting the validity of established admission criteria and procedures, and, if applicable, processes used by the sponsoring institution to establish admission criteria, to interpret admissions data, or to correlate these data with student performance.

The intent of this standard is that clear and accurate program information should be readily available to the public. If, during the accreditation process, it is determined that any of the above information is inaccurate or difficult to access, this Standard will be cited.

Prior to admission to the program, students must be informed of the required academic and technical standards necessary for successful completion of the program.

CoARC Accreditation Policies and Procedures require that both the sponsor and the program accurately describe the program's accreditation status in all publications and that current students and applicants be informed, in writing, of both the program's current accreditation status and any impending changes to that status. Publication of a program's accreditation status must include the CoARC's full name and website address, as well as the program's CoARC number. Disclosure requirements for accredited programs and sponsors seeking program accreditation are delineated in the Accreditation Policies.

Technical Standards are the physical requirements (sight, hearing, strength, mobility) deemed necessary by the program/sponsor for a student to acquire the competencies required to successfully complete the program. Students should be made aware of these requirements prior to admission to the program. Program Technical Standards may be different from those used by regional employers to assess the 'employability' of program graduates. The program should consider working with employer representatives on the program Advisory Committee to develop a list of the technical standards required by local employers, and, when appropriate, have students document their awareness of these standards (in addition to those used by the program/sponsor) prior to admission into the program.

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

The sponsor must have clear, specific, published policies related to student privacy and academic integrity. The sponsor must have a student identity verification process that ensures that students who earn academic credits are the same individuals who did the course work and received the assessments.

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 provide statements to this effect in published program information.

Public Information on Program Outcomes

5.03 A link to the CoARC URL, where outcomes for all accredited programs can be found, must appear as a direct link on the program's main webpage and must be available to all program applicants and to the public.

Evidence of Compliance:

- The program's web page showing the CoARC URL.

Interpretive Guideline:

The intent of this Standard is that outcomes information from all programs and program options accredited by the CoARC will be readily accessible so that potential students can use this information to assess programmatic quality when selecting a program. Programs must provide, at a minimum, timely, readily accessible, accurate and consistent aggregate information to the public about programmatic performance and student achievement, based on quantitative or qualitative information with external verification as appropriate.

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

5.04 All activities associated with the program, including faculty 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/institutional technical standards.

Interpretive Guideline:

The college catalog, the program handbook, institutional/program websites, and all other published program information must include an official nondiscrimination statement and it must

ACCREDITATION STANDARDS FOR ENTRY INTO RESPIRATORY CARE PROFESSIONAL PRACTICE

be clear that the program adheres to all applicable non-discrimination policies related to faculty employment and student admissions.

5.05 Student grievance and appeal procedures must include provisions for the submission of both academic and non-academic grievances and mechanisms for their evaluation that ensure due process and fair disposition.

Evidence of Compliance:

- Sponsor/program grievance and appeal policies and procedures;
- Records of complaints (if any) that includes the nature, appraisal and disposition of each complaint.

Interpretive Guideline:

Sponsor/program procedures for the filing of, and response to, student grievances and appeals must be clearly published and applicable/available to all students in the institution.

5.06 Faculty grievance procedures must be applicable and made known to all faculty employed by the program sponsor.

Evidence of Compliance:

- Institutional faculty grievance policies and procedures.

Interpretive Guideline:

If the program has policies related to grievances in addition to those of the institution, they should be documented in a format readily available to all faculty members.

5.07 Programs granting *advanced placement* must document that students receiving *advanced placement* have demonstrated a mastery of the applicable *competencies* that meets both program and sponsor defined criteria for such placement.

Evidence of Compliance:

- Program and sponsor policies and procedures related to *advanced placement*;
- Documented course equivalency of the specific skill(s) for which the student received *advanced placement*.

Interpretive Guideline:

This Standard is only applicable to programs that offer advanced placement. Program/sponsor criteria for granting advanced placement may differ from course to course. The records of students granted advanced placement should include assessment of the competencies for which such placement was granted, and subsequent student performance in the program.

Students with knowledge, experiences and skills gained from previous experience (i.e. CRTs working towards an RRT) may assist faculty in didactic and laboratory sessions and may share

their knowledge and skills with other students during clinical rotations. However, such students may not be the primary instructor or instructor of record for any component of the curriculum.

Safeguards

5.08 The health, privacy, and safety of all individuals (patients, students, and faculty) associated with the educational activities and learning environment of program students must be adequately safeguarded.

Evidence of Compliance:

- Compliance with requirements of all clinical sites, as defined in clinical agreements/memoranda of understanding;
- Documentation from both the program and the clinical sites, confirming that information addressing potential exposure to infectious and environmental hazards is provided to students before they undertake any educational activities that would place them at risk;
- Program policies on immunization of students based on current Centers for Disease Control recommendations for health professionals.

Interpretive Guideline:

The program must have policies and procedures that focus on the provision of a safe environment for students, patients, faculty and staff, regardless of location of instruction. Policies related to infectious and environmental hazards should address: prevention; diagnosis and treatment after exposure (including specification of financial responsibility for these activities); and the potential effects of infectious and environmental ailments on student learning activities.

All individuals who provide patient care, or have any contact with patients, need to follow all standards of risk management, thus ensuring a safe and healthy environment. Clinical site policies and procedures regarding health, safety and security must be outlined in the applicable clinical affiliate agreement/MOU, and they must be provided to students prior to their experience at each clinical site. The curriculum design should ensure that, prior to starting clinicals, students have training in preclinical and clinical asepsis, infection diagnosis and treatment, as well as biohazard control and the disposal of hazardous waste. Additional evidence of compliance may include immunization records and declination forms.

The program should also provide documentation that students have completed HIPAA training provided by either the program, the program sponsor, or the clinical sites. The confidentiality of information pertaining to the health status of individual students/faculty must also be strictly maintained.

5.09 Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students must not receive any form of remuneration in exchange for patient care they provide during programmatic clinical coursework.

Evidence of Compliance:

- Program policies and procedures;
- Contracts/agreements/MOUs with all clinical *affiliates*;
- Contracts/agreements/MOUs with institutions offering internship/apprenticeship programs;
- Results of student course evaluations;
- Work-study safeguards.

Interpretive Guideline:

Programs must include a service work statement in program materials available to both students and clinical supervisors, which specifies that program students must not be substituted for paid staff while they are on clinical rotations, and that they cannot complete clinical coursework or be evaluated on their clinical competencies while functioning as employees at any healthcare facility. This does not prohibit a paid/unpaid 'internship' or 'apprenticeship' in states where this is allowed but is intended to ensure that students are not used as 'back-ups' in the absence of paid staff during clinical rotations. Programs must ensure that students who opt to reinforce competencies and skill sets as 'interns' or 'apprentices' are adequately supervised and that they do not receive educational credit while functioning as a paid employee during their internship/apprenticeship at any healthcare facility.

The program must establish policies governing the wearing of identification badges and appropriate identification of students (by badge and by personal interaction and introduction) in every clinical setting. The program must ensure that students are clearly identified as such in the clinical setting to distinguish them from interns, apprentices, clinical site employees, and other health profession students.

For programs participating in internships/apprenticeships, there must be an MOU/agreement delineating the terms of participation between the program sponsor and the employer offering the internship/apprenticeship program that describes the responsibilities of the program sponsor, the employer, and the interns/apprentices. These programs must be registered or certified by a state or federal agency or organization overseeing apprenticeships.

Academic Guidance

5.10 The program must ensure that, regardless of the location of their instruction, students have timely access to program faculty and to institutional *academic support services* for assistance with their academic concerns and problems.

Evidence of Compliance:

- Program/institutional policies and procedures;
- Documentation of advising sessions;
- Faculty office hours schedules;
- Results of the CoARC Student Program and Personnel Resource Surveys.

Interpretive Guideline:

Academic support services are services 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 to require that the program offer developmental guidance for all students to help them with academic concerns, personal/social concerns and career awareness. The program may achieve this through individual and group counseling as well as classroom guidance lessons. Counseling services should be available to help students deal with issues that are interfering with their ability to learn. There should be both formal and informal mechanisms in place for student mentoring and advocacy. The role and availability of program faculty for academic advisement and counseling must be defined and disseminated to students, and faculty should ensure that they are available when scheduled for such sessions.

Student and Program Records

5.11 Records of student evaluations must be maintained securely and in sufficient detail to document learning progress, deficiencies and achievement of *competencies* for each student. These records must remain on file for at least five (5) years after the student has left the program, whether or not the student ultimately completes all requirements for graduation.

Evidence of Compliance:

- Hard copy or electronic student 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) Records of academic progress.

Interpretive Guideline:

The intent of this Standard is that unauthorized individuals, including students, should not have access to confidential information regarding other students or faculty.

Student records must be kept for at least five calendar years after the student has left the program. Programs should check with their institution for policies or standards that may require a longer time frame.

These records must include student evaluation on all levels, and evidence of their progression toward achievement of program academic requirements. Student evaluation documentation must include copies of each evaluation instrument (e.g. exams, assignments, and lab and clinical competency check-offs) and each student's score on all of these instruments (e.g. grade book or other records demonstrating competency). Maintaining a copy of each evaluation instrument, a spreadsheet grade book showing individual scores related to that evaluation, and documentation of student progression through the curriculum is sufficient evidence of compliance.

Student records should include copies of all admission and acceptance letters as well as enrollment agreements and records documenting that the matriculated student has met program admission requirements. Programs that offer conditional acceptance must maintain records that detail all the provisions of such acceptance, including confirmation of student understanding and agreement.

5.12 Program records must provide detailed documentation of resource *assessment* and the extent to which it has achieved program *goals* and other outcomes, if applicable. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:

- Hard copy or electronic student records of the following:
 - a) CoARC Graduate and Employer Surveys;
 - b) CoARC Student and Personnel Program Resource Surveys;
 - c) Course syllabi and evidence supporting ongoing curricular *assessment*;
 - d) Clinical *affiliate* agreements and schedules;
 - e) Advisory Committee meeting minutes;
 - f) Program faculty meeting minutes;
 - g) Current curriculum vitae of program faculty;
 - h) Copies of the program's RCS, accepted by the CoARC, for the previous three years;
 - i) Copies of the NBRC School Summary Report for the previous 5 years, along with annual program *assessments* of its *curriculum* based on TMC Sub Scores by Content Domain.

Interpretive Guideline:

Program records must be kept for at least five calendar years. Programs should check with their sponsor for institutional policies or standards that may require a longer time frame.

Program records must include CoARC Graduate and Employer Surveys as well as CoARC Student and Personnel Program Resource Surveys. Copies of affiliation agreements/MOUs with all off-campus laboratory sites, current clinical sites and master clinical schedules as well as Advisory Committee meeting minutes and records of all Advisory Committee electronic voting results (when applicable) must also be kept on file. Minutes of scheduled faculty meetings must also be retained along with detailed evidence regarding ongoing analysis of course syllabi and the overall curriculum, based on NBRC School Summary Reports/TMC/CSE sub scores. CVs of faculty must be updated at least annually.

ACCREDITATION STANDARDS FOR ENTRY INTO RESPIRATORY CARE PROFESSIONAL PRACTICE**DEFINITIONS**

Throughout the Standards, terms that have CoARC-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 delineate methods, evaluation criteria and benchmarks, expected goals or outcomes, and timely re-assessment. |
| Adequate | Allows for the delivery of student education in a manner that enables the program to achieve its goals and outcomes. |
| Administrative and Clerical Support Staff | Administrative and clerical personnel provided to institutional programs by the sponsor. |
| Advanced placement | A term used in higher education to place a student in a high-level course based on an evaluation of the student's knowledge and skills. |
| Affiliate | Institutions, clinics, or other health settings, used by the program for clinical experiences, that are not under the authority of the program. |
| Affiliation Agreement | A legally binding contract between a program's sponsor and a clinical site providing all details of the relationship and the rights and responsibilities of both parties. The agreement should be signed by administrative personnel who have the authority to act on behalf of the involved parties. A Memorandum of Understanding is legally slightly different but does the same thing. |
| Annual Report of Current Status | A report submitted by a program, in a format mandated by CoARC, that provides current information regarding personnel, satellite, and clinical affiliates as well as enrollment/retention and outcomes data from the prior academic year, with corresponding analysis and action plans. |
| Appropriately Credentialed | An individual associated with a program who has the practice credential(s) (i.e., a state license, state certification or state |

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| | 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 instructional faculty, whether or not the individual is currently practicing. |
| 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 experiences | The acquisition of required clinical competencies in a patient care setting under the supervision of a qualified instructor. |
| Clinical Instructor | An individual who teaches, supervises, and evaluates students in a clinical setting. S/he may be employed by either the program or the clinical site and does not have an assigned standard patient load when teaching students. The clinical instructor's primary responsibility is to facilitate student achievement of program specified clinical competencies. The assigned student to clinical instructor ratio cannot exceed 6:1. |
| Clinical Preceptor | An individual, employed by the clinical site, who teaches, supervises, and evaluates students while completing an assigned standard patient load. The assigned student to clinical preceptor ratio cannot exceed 2:1. |
| 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 (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 graduates. |
| Competent | A composite term describing the knowledge, skills and values required for new graduates to begin the practice of respiratory care. |
| 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 Respiratory Care education 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 including interaction with other educators; formal advanced education; other scholarly activities such as research or publications. |
| Critical Thinking | Active and reflective reasoning that integrates facts, informed |

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| | opinions and observations to explore a problem, form a hypothesis, and reach 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 through which the program presents the required knowledge, principles, values and competencies. |
| Distance Education | Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students with no physical access to the instructor, and to support regular and substantive interaction between those students and the instructor, either synchronously or asynchronously. CoARC does not allow clinical education to be delivered in a distance education format. |
| Equivalent | Comparable to. |
| Faculty (Clinical) | Individuals who teach, supervise, and/or evaluate students in the clinical setting. This includes clinical instructors and preceptors. |
| Faculty, Individual/Full-Time | An employee of the program sponsor, assigned to teach in the respiratory care program who holds an appointment that is considered by that institution to be full-time. |
| Faculty (Program) | The aggregate of individuals responsible for all aspects of the program including design and implementation of the curriculum, all areas of instruction, and the ongoing evaluation of the program and program outcomes. In addition to Key Personnel, these include all instructors who are employees of the program. |
| Goals | Aims of the program that are consistent with institutional and program missions and reflect the values and priorities of the program. CoARC requires all respiratory education programs to have the following goal defining minimum expectations: to prepare graduates with demonstrated competence in the cognitive, psychomotor and affective learning domains of respiratory care practice as performed by registered respiratory therapists. Should a program decide to pursue an additional (optional) 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 to the student's transcript. |
| 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, with any academic rank or type of employment, who provide instruction or supervision for program students. |
| Learning Environment | Places, surroundings or circumstances where knowledge, understanding, or skills are acquired such as classrooms, laboratories and clinical education settings. |

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| Learning Experiences | Classroom, laboratory, research, clinical, and other curricular activities that 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. |
| Mission | A purpose statement defining the unique nature and scope of the sponsoring institution or the program. |
| Must | Indicates an imperative; a need, duty or requirement; an essential or indispensable item; mandatory. |
| Objectives | Statements specifying desired knowledge, skills, or behaviors to be developed as a result of educational experiences. Objectives must be measurable. |
| Off-Campus Laboratory Site | An off-campus laboratory site (OCLS) is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in CoARC Policy 2.05. |
| Outcome Assessment Thresholds | Outcome thresholds are established by CoARC. They are national, statistically based measures to assess program success including pass rates on the credentialing examinations, retention, job placement, and graduate and employer satisfaction. |
| Outcomes | Results, end products, or effects of the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved. |
| Outcomes Assessment | Comprehensive process for evaluating the results of programmatic efforts and student learning. |
| Post-Secondary Academic Institution | Any accredited school that awards a degree beyond that of a high school education. |
| Program | An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession; it includes the curriculum and the support systems required to implement the sequence of educational experiences. |
| Program Improvement | The process of utilizing results of assessments and analyses of program outcomes to validate and revise policies, practices, and curricula as appropriate. |
| Program Options | Additional educational opportunities that may be offered by a base program holding continuing accreditation with no pending progress reports. Options include the Sleep Specialist Program and Satellite. |
| 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. |
| Progress Report | The program response to an official inquiry from CoARC related to one or more specific deficiencies. The response must clearly |

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| | describe how the program has addressed deficiencies (the action plan) and both how and when it will determine the effectiveness of that 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 | Easily accessible in a timely fashion. May involve both program and institution procedures. |
| Remediation | The program's defined process for addressing deficiencies in a student's knowledge and skills. Correction of these deficiencies must 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 displays all mandated resources in a set format that includes: purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up. |
| Satellite Campus | A location that is geographically separate from the sponsor's base program. A satellite campus must: <ol style="list-style-type: none"> 1. be permanent in nature; 2. be under the governance and lines of authority of the base program's sponsor; 3. offer the same required curriculum as the base program; 4. have a dedicated budget; 5. have a satellite coordinator employed by the base program's sponsor; 6. ensure that students are not required to physically attend the base program's campus for any required course; and 7. not exceed the maximum aggregate enrollment as specified in Policy 2.05. |
| 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 including such an institution (consortium-see previous definition), that is/are responsible for ensuring that its program meets CoARC Standards. <i>Throughout these Standards the terms 'institution' and 'sponsor' will be used interchangeably.</i> |
| Standards | The Accreditation Standards for Entry into Respiratory Care Professional Practice as established by the CoARC from time to time. |
| Student Learning Outcomes | Assessment of the results of the educational process; a determination of the extent to which student skills are consistent with the standards of professional practice. |
| Substantive change | A significant modification of the nature of an accredited program. The process for reporting substantive changes is defined in the CoARC Accreditation Policies and Procedures Manual. |
| Sufficient | Adequate to accomplish or bring about the intended result. |

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| Summative Evaluation | A comprehensive assessment of the learner conducted by the program to assure that upon graduation the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession. |
| 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 should comply with the Americans with Disabilities Act (ADA) and should be reviewed by institutional legal counsel. |
| Timely | Without undue delay; as soon as feasible after due consideration. |