

1 **III. PROGRAM GOALS, ASSESSMENT, AND OUTCOMES**

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3 **Primary and Degree-Specific Program Goals**

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5 3.01 All programs must have the following primary goal defining minimum expectations: “To
6 prepare graduates with demonstrated competence in the cognitive (knowledge),
7 psychomotor (skills), and affective (behavior) learning domains of respiratory care
8 practice as performed by Registered Respiratory Therapists (RRTs).” For programs
9 offering the sleep specialist program option, the program must have the following
10 additional goal defining minimum expectations: “To prepare sleep disorder specialists
11 with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and
12 affective (behavior) learning domains of polysomnography practice as performed by sleep
13 disorder specialists (SDS).”

14
15 In addition to the primary goal, programs offering a baccalaureate degree must provide
16 additional expected competencies (knowledge, skills, and professional behaviors) in one
17 or more topics such as leadership, education, research and/or expanded clinical skills.

18
19 In addition to the primary goal, programs offering a master’s degree must provide an in-
20 depth experience in delivering respiratory care services to patients, focusing on the
21 application of purposeful and meaningful evidence-based practice, applied research and
22 education, and future leadership of the respiratory care profession.

23
24 **Interpretive Guideline:**

25 *The CoARC requires that all Entry into Respiratory Care Professional Practice programs have the*
26 *same primary goal, as written in this Standard, defining minimum expectations. Programs*
27 *awarding the sleep specialist program certificate and/or a baccalaureate/graduate degree must*
28 *have the additional goals specified above. Mandated program goals must be made known to all*
29 *prospective and currently enrolled students. Program outcome data, faculty and advisory*
30 *committee meeting minutes, program and sponsor publications, and information made available*
31 *during on-site interviews must demonstrate compliance with this Standard.*

32
33 **Evidence of Compliance:**

- 34
 - 35 • Program goal(s), as written in this Standard, published in an institutional catalog, student
36 handbook or on a program or institutional website.

37 **Definitions:** goals; competencies

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39 **Resources:**

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42 **Optional Program Goals**

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44 3.02 Programs are allowed to have optional program goals in addition to the primary goal(s)

45 in 3.01. Optional goals must be compatible with the mission of the sponsoring educational
46 institution. All optional goals must have measurable outcomes and there must be a
47 systematic process to assess the achievement of these outcomes. Such optional goals
48 must be reviewed and approved annually by the program's Advisory Committee.
49

50 **Interpretive Guideline:**

51 *Optional program goals must be made known to all prospective and currently enrolled students.*
52 *There must be a cut score for each of the outcomes used to assess achievement of an optional*
53 *goal, as well as an action plan to be used to address outcomes below these cut scores, and*
54 *documentation of the effectiveness of these action plans. Optional goals should be reviewed at*
55 *least annually by Key Personnel and revised as needed to ensure consistency with the roles and*
56 *functions of RRTs, or of registered SDS (when applicable). In addition, optional goals must be*
57 *reviewed annually by the Advisory Committee to ensure that they are acceptable and/or useful to*
58 *the program's communities of interest.*

59
60 Evidence of Compliance:

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

68
69 **Definitions:** goals

70
71 **Resources:**

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73 **Student Evaluations**

74
75 3.03 The program must have clearly documented assessment measures by which all students
76 are regularly evaluated on their acquisition of the knowledge, skills, attitudes, and
77 competencies required for graduation. Formative and summative student evaluation
78 methods:

- 79 a. are utilized throughout the curriculum in all learning environments;
- 80 b. are varied and appropriate for all methods of delivery; and
- 81 c. align with the progression of student learning outcomes and expected
82 competencies.

83
84 **Interpretive Guideline:**

85 *Programs must provide a formal plan that documents their systematic approach to student*
86 *evaluation. It is important that programs clearly connect their assessment and evaluation*
87 *processes to program goals and student learning outcomes. The program's plan for evaluating*
88 *students should be designed by the program faculty and include (1) identifying evaluation*

89 *methods, (3) collecting data on student progression, and (4) review or analysis of data.*

90

91 *Written criteria for passing, failing, and assessing progress in the program must be given to each*
92 *student upon entry into the program. Evaluation systems must be related to the objectives and*
93 *competencies described in the curriculum for both didactic and applied (laboratory and clinical)*
94 *components.*

95

96 *Uniform, objective evaluations of student performance in didactic, laboratory, simulation, and*
97 *clinical settings are necessary to ensure that individual student learning is consistent with*
98 *expected outcomes. Grading criteria must be clearly defined for each course, communicated to*
99 *students, and applied consistently. The processes to be used for evaluation of individual student*
100 *performance must be clearly understood by all concerned.*

101

102 **Evidence of Compliance:**

- 103 • Copy of the program's evaluation plan;
- 104 • Student handbook or other documents readily available to students, such as course
- 105 syllabi, that describe the number and frequency of student evaluations and related
- 106 remediation policies.

107

108 **Definitions:** assessment; competencies

109

110 **Resources:**

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113 **Student Assessment and Remediation**

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115 3.04 The program must conduct and document evaluations with sufficient frequency to keep
116 students apprised of their progress toward achieving the expected competencies, and to
117 allow prompt identification of learning deficiencies and the development of a means for
118 their remediation within a reasonable time frame.

119

120 **Interpretive Guideline:**

121 *Program faculty are expected to define these evaluations, collect data at program-identified*
122 *points throughout each student's curricular plan, and then review and analyze the data for each*
123 *individual student to determine areas where remediation might be needed. For example, feedback*
124 *might be assessed for each student as part of the beginning of the course and again at the*
125 *completion of the course. Programs must also review and analyze the data in the aggregate*
126 *(across all students) to identify possible curricular or programmatic changes that may be needed.*

127

128 *Assessments must occur with sufficient frequency to provide students and faculty with timely*
129 *indications of the students' progress and academic standing and must also serve as reliable*
130 *measures of the appropriateness of course design and the effectiveness of instruction. Thorough*
131 *assessment requires both formative and summative evaluations and involves frequent appraisals*
132 *by a number of individuals based on the program's pre-specified criteria. Using these criteria, both*

133 *students and faculty can periodically assess student progress in relation to the stated goals and*
134 *objectives of the program. When a student does not meet evaluation criteria, provision should be*
135 *made for remediation or dismissal, as appropriate.*

136
137 *While clinical faculty are customarily responsible for the formative evaluation of student clinical*
138 *skills, it is the responsibility of program faculty to ensure that evaluation of student performance*
139 *in all settings - didactic, laboratory, and clinical – is based solely on programmatic requirements.*
140 *Accordingly, program faculty must ensure that all individuals who supervise students in the clinical*
141 *setting are sufficiently cognizant of program requirements. While program faculty should seek*
142 *input from clinical faculty when appraising student clinical skills, program faculty are ultimately*
143 *responsible for the summative evaluation of learning outcomes for each student in all settings,*
144 *and for subsequent remediation when required.*

145
146 **Evidence of Compliance:**

- 147 • Student handbook or other documents readily available to students, such as course
148 syllabi, that describe the number and frequency of student evaluations and related
149 remediation policies;
- 150 • Student evaluations of instruction documenting their satisfaction with the frequency and
151 equitable administration of evaluations and opportunities for remediation;
- 152 • Student evaluations performed by faculty in didactic, laboratory and clinical settings,
153 confirming the equitable administration of the evaluations;
- 154 • Records of student academic counseling.

155
156 **Definitions:** competencies

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158 **Resources:**

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161 **Academic Integrity**

162
163 3.05 Program faculty must provide evidence of their ongoing review of all assessment
164 processes to ensure their integrity, quality and equity.

165
166 For programs utilizing on-line exams or quizzes as part of the evaluation process, the
167 program must provide evidence that testing mechanisms or methods assure academic
168 integrity.

169
170 **Interpretive Guideline:**

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

177 *enrolled student.*

178

179 Evidence of Compliance:

- 180 • A description of the method(s) used to assure academic integrity for assessments (i.e.
- 181 proctored exams, locked browser system, video monitoring, etc.);
- 182 • Evidence confirming review of the effectiveness of the methods used to ensure
- 183 academic integrity and a plan to address any shortcomings.

184

185 **Definitions:** assessment

186

187 **Resources:**

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190 **Assessment of Program Goals and Outcomes**

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192 3.06 Program goals must be the basis for continuous program planning, implementation,

193 evaluation and revision. The program must formulate a systematic assessment process to

194 evaluate the achievement of its goal(s). At a minimum, the program must use the CoARC

195 Employer and Graduate Surveys as part of its annual assessment.

196

197 **Interpretive Guideline:**

198 *A well-designed assessment process should reflect the ability of the program to collect—and*

199 *interpret information regarding effectiveness of student learning and program outcomes and to*

200 *develop methods to address any identified shortcomings. At a minimum, for each of the three (3)*

201 *content sections (I, II, and III) where scores fall below 85% of the national mean on the new*

202 *candidate summary, an analysis and action plan for curriculum improvement must be developed*

203 *and implemented. The process should incorporate both the review of the data collected*

204 *(qualitative and quantitative) and its critical analysis by program faculty. The process should also*

205 *provide evidence that data collection is timely and complete, and that the interpretation and*

206 *management of the data collected are based on its relevance to the various aspects of the*

207 *program.*

208

209 *CoARC requires that its Graduate and Employer Surveys (available at www.coarc.com) be part of*

210 *each program’s ongoing self-assessment. The program must provide an analysis and action plan*

211 *to address any deficiencies identified in these surveys. In addition, the program should critically*

212 *review student evaluations for each course and rotation; student evaluations of faculty; failure*

213 *rates for each course and clinical rotation; results of student remediation; student retention; and*

214 *faculty evaluations of student preparedness for rotations. Program faculty should analyze these*

215 *data and prepare focused action plans to address identified deficiencies.*

216

217 Evidence of Compliance:

- 218 • Hard copy or electronic records of completed CoARC Graduate and Employer Surveys;
- 219 • Results of the annual Report of Current Status accepted by CoARC (RCS);
- 220 • For baccalaureate and master’s programs, the program must develop outcome measures

221 to assess the extent of the program’s accomplishment of the required degree-specific (as
222 defined in 3.01) and optional goal(s) (as defined in 3.02).

223
224 **Definitions:** assessment; Annual Report of Current Status

225
226 **Resources:**

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229 **Reporting Program Outcomes**

230
231 3.07 Regardless of the degree awarded, all programs must, at a minimum, meet the thresholds
232 established by CoARC for all mandated outcome measures at all program locations,
233 notwithstanding the instructional methodology used. Program outcomes must be
234 submitted to the CoARC annually, on or before the mandated deadline, using the Report
235 of Current Status (RCS) format.

236
237 **Interpretive Guideline:**

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

246
247 *Credentialing exam performance is evaluated by what CoARC has defined as ‘NBRC TMC High Cut*
248 *Score success’ and ‘NBRC RRT credentialing success’, which is the percentage of program*
249 *graduates (not the percentage of those taking the test) achieving the NBRC’s High Cut Score and*
250 *earning the RRT credential, respectively. Programs must include a copy of their NBRC Annual*
251 *School Summary Report and Graduate Student Performance Report with the RCS. The established*
252 *threshold for TMC High Cut Score Success is 60%. There is no threshold for RRT Credentialing*
253 *Success; however, programs are still required to provide RRT outcomes data on annual reports.*
254 *Programs offering the Sleep Disorders Specialist Program Option must document BRPT/RPSGT*
255 *credentialing success and/or NBRC SDS credentialing success.*

256
257 *Retention is defined as the number of students who were formally enrolled in a respiratory care*
258 *program and graduated from the program after completing all programmatic and graduation*
259 *requirements, calculated as a percentage of the total number of students initially enrolled in that*
260 *class. The established threshold for retention is 70%, and the basis for CoARC action is a*
261 *subthreshold retention average for a given three-year cycle.*

262
263 *Graduate and employer satisfaction surveys must be administered six (6) to twelve (12) months*
264 *after graduation. The established threshold for these surveys is that for each question at least 80%*

265 of returned graduate and employer surveys rate overall satisfaction 3 or higher on a 5-point Likert
266 scale. The basis for CoARC action is a subthreshold average of satisfactory responses for a given
267 three-year cycle.

268
269 Evidence of Compliance:

- 270 • Outcomes data in the annual RCS accepted by CoARC.

271
272 **Definitions:**

273
274 **Resources:**

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276
277 3.08 When applicable, the program must use the CoARC electronic reporting tool to submit an
278 annual Report of Current Status (RCS) for each program option with a separate program
279 number. Each Report must include an appropriate analysis of the data and action plans
280 to address all subthreshold outcomes.

281
282 **Interpretive Guideline:**

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

292
293 Evidence of Compliance:

- 294 • Annual Reports of Current Status for each program option, accepted by CoARC (RCS).

295
296 **Definitions:** Annual Report of Current Status; action plan

297
298 **Resources:**

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300
301 3.09 Programs not meeting the established outcomes assessment thresholds must begin an
302 accreditation dialogue with the CoARC.

303
304 **Interpretive Guideline:**

305 *This Standard is only applicable to programs that have not met one or more of the outcomes*
306 *assessment thresholds described in Standard 3.07. Programs and program options with*
307 *subthreshold results will be required to engage in an accreditation dialogue. If the program does*
308 *not currently have a Referee, one will be assigned. A Referee is a member of the CoARC Board*

309 assigned to serve as the liaison between the program and the CoARC. The Referee will: provide
310 consultation during the Report process; analyze all submitted documents for compliance with the
311 Standards and with CoARC Accreditation Policies and Procedures; assist the program in identifying
312 ways to address the outcome deficiency(ies); assess progress; and make accreditation
313 recommendations to the CoARC Board.

314
315 *The accreditation dialogue may include progress report(s) with detailed analyses and action plans*
316 *addressing the subthreshold results and/or resource assessment. The process and deadline for the*
317 *submission of these documents will be communicated to the program by the CoARC Executive*
318 *Office. The dialogue may also include a focused on-site visit. When it is determined that a focused*
319 *site visit is necessary, copies of all the program's interactions with the CoARC/Referee related to*
320 *the shortcoming(s) (including CoARC's program action letter) must be available to the visitor(s).*
321 *Detailed information regarding remediation of outcomes deficiencies can be found in the CoARC*
322 *Accreditation Policies and Procedures Manual.*

323

324 Evidence of Compliance:

- 325 • Progress report(s) submitted to the CoARC;
- 326 • Annual Report of Current Status results (RCS).

327

328 **Definitions:** Referee; assessment; Annual Report of Current Status

329

330 **Resources:**

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332

333 **Clinical Site Evaluation**

334

335 3.10 The program must define and maintain consistent and effective processes for both the
336 initial and ongoing evaluation of all clinical sites to ensure that clinical resources and
337 student supervision at each site are sufficient to facilitate achievement of program goals.

338

339 **Interpretive Guideline:**

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

345

346 *Clinical site evaluation by program faculty requires the monitoring of all the sites used for*
347 *supervised clinical practice experiences and modifying them as necessary (location, duration, skills*
348 *to be acquired, etc.) to ensure that expected learning outcomes will have been met by each*
349 *student upon program completion. Faculty should be able to document that differences in the*
350 *location of clinical training do not affect the overall accomplishment of expected learning*
351 *outcomes. The evaluation should also show that while students are on supervised clinical practice*
352 *rotations, clinical faculty are providing satisfactory feedback and mentoring. An effective*

353 *evaluation process requires that the program establish suitable criteria for evaluation of new sites*
354 *and clinical faculty as well as for those that have an ongoing relationship with the program.*
355

356 Evidence of Compliance:

- 357 • Results of the program evaluation for all clinical sites and preceptors;
- 358 • Results of student evaluations of clinical courses, sites, and preceptors;
- 359 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- 360 • Analysis and follow-up plans of these evaluations as necessary.

361

362 **Definitions:**

363

364 **Resources:**

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366