

## CURRICULUM

This section encompasses all aspects of the curriculum, which includes degree-specific courses, general education, and respiratory care professional coursework. The curriculum is built on a foundation of general education and expected professional competencies, aligning with the program's mission and goals. The curriculum must be designed to ensure the breadth and depth of requisite knowledge and skills needed for entry into respiratory care practice as an RRT. Programs are not required to have separate courses for each content area mentioned in this section. However, it is essential that expected student learning outcomes for all content areas are included in the curriculum and course syllabi.

### **Foundational Content**

4.01 The general education curriculum and degree-specific requirements must provide the appropriate foundational/core knowledge and preparation that aligns with the expected competencies. The core curriculum must include content in oral and written communication skills, social/behavioral sciences and biomedical/natural sciences. This content must be incorporated in a manner that promotes achievement of the program's goal(s) as defined in Standard 3.01/3.02 and the curriculum's defined competencies relative to degree level.

#### **Interpretive Guideline:**

*General education (i.e., social/behavioral science, and biomedical/natural science content) must be at a level sufficient to satisfy the degree requirements of the program sponsor, state requirements for general education curricula, as well as to provide the requisite foundation needed to cultivate the core competencies identified in this section. General education requirements differ significantly between associate, bachelor's, and master's degrees, reflecting the varying levels of depth and breadth of knowledge expected at each degree level.*

*General education course syllabi should minimally include:*

- a) Course name,*
- b) Course description,*
- c) Faculty instructor of record,*
- d) Course goals/rationale,*
- e) Outline of topics covered that align with instructional objectives and expected learning outcomes,*
- f) Methods of student assessment/evaluation,*
- g) Grading method and criteria.*

Evidence of Compliance:

- General education course syllabi;
- Curriculum published in the college catalog and the program's Student Handbook demonstrating appropriate curriculum sequencing and a description of all general education courses required for degree conferral;

- 45 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- 46 • Results of CoARC Graduate and Employer Surveys (RCS).

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48 **Definitions:** content areas; general education; competencies; learning outcomes

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50 **Resources:** VALUE Rubrics (<https://www.aacu.org/initiatives/value-initiative/value-rubrics>)

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## 52 **Professional Content**

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54 4.02 The professional curriculum must include the integrated content necessary for students  
55 to attain their student learning outcomes and for the program to achieve its goal(s)  
56 identified in Standard 3.01/3.02. The program must equip students for practice as  
57 Registered Respiratory Therapists in various practice settings (such as acute care, post-  
58 acute care, and ambulatory care) and across the lifespan. The curriculum must include  
59 didactic, laboratory, and clinical education, utilizing information from respiratory care  
60 clinical practice, current literature, practice guidelines, publications, and other evidence-  
61 based resources related to the profession.

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63 Bachelor's degree programs must include professional content in one or more of the  
64 following areas: leadership, education, research and/or expanded clinical skills. This  
65 content must be integrated in a way that supports the program's goal(s) and ensures  
66 students achieve the competencies defined at the bachelor's level.

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68 Master's degree programs must include professional content that focuses on the  
69 application of purposeful and meaningful evidence-based practice, applied research and  
70 education, and future leadership of the respiratory care profession. This content must be  
71 integrated in a way that supports the program's goal(s) and ensures students achieve the  
72 competencies defined at the master's level.

73

### 74 **Interpretive Guideline:**

75 *Professional content areas provide the knowledge base for respiratory care and prepare the*  
76 *student to assess patients and to plan, implement and evaluate the outcomes of respiratory care*  
77 *services in a variety of practice settings. For programs offering the sleep specialist program*  
78 *option, professional content areas must cover the essential knowledge, skills and abilities required*  
79 *of respiratory therapists in the practice of sleep disorders testing and therapeutic intervention.*

80

81 *Each clinical experience must be of sufficient quality and duration to meet the objectives and*  
82 *competencies outlined in the clinical syllabi for that rotation. The program must ensure that each*  
83 *clinical site provides students with access to the necessary physical facilities, patient populations,*  
84 *professional interactions, and supervision to meet program expectations for the clinical*  
85 *experience. The number of hours dedicated to clinical practice should increase as students*  
86 *advance through the program. Programs must also ensure that students are exposed to a*  
87 *comprehensive range of patient encounters necessary for entry into practice as Registered*  
88 *Respiratory Therapists. At a minimum, these encounters should include preventive, emergent,*

89 acute, and chronic patient care.

90

91 *Each program will develop and maintain its own curriculum and unique methods for developing*  
92 *these expected competencies. However, the curriculum must establish a strong foundation in*  
93 *respiratory care while emphasizing the importance of remaining current with professional*  
94 *practice.*

95

96 *Educational experiences, including didactic courses, laboratory, simulation, and clinical practice,*  
97 *and additional experiences such as case conferences, seminars, and journal clubs, must*  
98 *demonstrate breadth and depth to provide students with the necessary knowledge and skills to*  
99 *perform accurately and reliably as Registered Respiratory Therapists entering practice.*

100

101 *CoARC supports the use of simulation in didactic and laboratory competency training and*  
102 *evaluation as a complement to high-quality clinical experiences. A maximum of 25% of program-*  
103 *required clinical hours and clinical competency evaluation may be accomplished using simulation.*  
104 *Simulation should include evidence-based quality assurance approaches that adhere to*  
105 *recognized standards of best practice, including faculty development and structured debriefing.*

106

107 *Professional course syllabi must minimally include:*

108 *a) Course name,*

109 *b) Course description,*

110 *c) Faculty instructor of record and credentials,*

111 *d) Course goals/rationale,*

112 *e) Methods of student assessment/evaluation,*

113 *f) Grading method and criteria.*

114 *g) Outline of topics covered that align with instructional objectives and expected learning*  
115 *outcomes,*

116 *h) Expected learning outcomes and instructional objectives, stated in measurable terms that*  
117 *can be assessed, guiding student acquisition of required competencies*

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119 Evidence of Compliance:

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- Professional course syllabi;
- Curriculum published in the college catalog and the program's Student Handbook demonstrating appropriate curriculum sequencing and a description of all professional courses required for degree conferral;
- Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- Results of CoARC Graduate and Employer Surveys (RCS).

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127 **Definitions:**

128 Acute care; post-acute care; ambulatory care

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130 **Resources:**

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132 **Core Competencies**

133 Standards 4.03 through 4.07 describe five essential core competencies expected of graduates.  
134 These core competencies serve as pillars ensuring that graduates acquire the essential skills,  
135 knowledge, behaviors, and abilities to provide effective and high-quality respiratory care and  
136 achieve success in the profession.

137  
138 4.03 All graduates must be proficient in performing evidence-based diagnostic and therapeutic  
139 procedures essential for a Registered Respiratory Therapist entering practice.

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141 Bachelor's degree graduates must demonstrate additional proficiency in one or more of  
142 the following areas: leadership, education, research, and/or advanced clinical skills while  
143 performing diagnostic and therapeutic procedures of an RRT.

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145 Master's degree graduates must demonstrate additional proficiency in the application of  
146 purposeful and meaningful evidence-based practice, applied research and education, and  
147 leadership skills while performing diagnostic and therapeutic procedures of an RRT.

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149 **Interpretive Guideline:**  
150 *Graduates must be able to apply scientifically supported techniques to assess, treat, and manage*  
151 *patients with respiratory conditions effectively.*

152  
153 *Bachelor's Degree Graduates:*  
154 *Graduates of bachelor's degree programs are expected to expand their proficiency beyond*  
155 *fundamental RRT skills. In addition to performing diagnostic and therapeutic procedures, they*  
156 *must demonstrate proficiency in at least one of the following specialized areas:*

- 157 • *Leadership – Developing the ability to manage teams, guide decision-making, and influence*  
158 *healthcare policies or administrative functions within a respiratory care department.*
- 159 • *Education – Engaging in teaching and training roles, whether for patients, students, or other*  
160 *healthcare professionals, to improve understanding and implementation of respiratory*  
161 *therapy techniques.*
- 162 • *Research – Contributing to the body of knowledge in respiratory care by conducting studies,*  
163 *analyzing clinical data, and integrating new scientific findings into practice.*
- 164 • *Advanced Clinical Skills – Mastering specialized techniques, interventions, or technologies*  
165 *that go beyond standard respiratory therapy practice, such as managing complex ventilatory*  
166 *support systems or working in specialized care units (e.g., neonatal, critical care, or*  
167 *pulmonary rehabilitation).*

168  
169 *Master's Degree Graduates:*  
170 *Graduates of master's degree programs must demonstrate a higher level of proficiency that*  
171 *integrates evidence-based practice, applied research, education, and leadership into their role.*  
172 *They are expected to contribute to the advancement of the respiratory therapy profession by:*

- 173  
174 • *Applying Evidence-Based Practice – Using research and clinical data to optimize patient care,*  
175 *improve protocols, and implement innovative respiratory therapy techniques.*
- 176 • *Engaging in Applied Research – Conducting and applying research that directly impacts*

177 *patient outcomes, respiratory therapy methodologies, or healthcare policies.*

- 178 • *Advancing Education – Taking on leadership roles in academic or clinical education, training*
- 179 *future respiratory therapists, and developing curricula or educational materials.*
- 180 • *Demonstrating Leadership in Healthcare – Influencing organizational decision-making,*
- 181 *advocating for policy changes, and driving improvements in respiratory therapy practices at*
- 182 *institutional or systemic levels.*

183

184 *This tiered approach ensures that all graduates meet the essential requirements of an RRT while*

185 *also encouraging higher-degree holders to take on expanded roles in leadership, education,*

186 *research, and advanced clinical practice. The progressive increase in expectations ensures that*

187 *respiratory therapists are well-equipped to meet the evolving demands of healthcare, improve*

188 *patient outcomes, and contribute to the profession's growth.*

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190 **Evidence of Compliance:**

- 191 • Professional course syllabi;
- 192 • List of evidence-based diagnostic and therapeutic procedures as determined by the
- 193 program faculty and advisory committee;
- 194 • Evaluations that document the student's ability to perform all required diagnostic and
- 195 therapeutic procedures safely and effectively in patient care settings;
- 196 • Examples of student work reflecting student learning outcomes (didactic, laboratory,
- 197 simulation, and clinical);
- 198 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);
- 199 • Results of CoARC Graduate and Employer Surveys (RCS).

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201 **Definitions:** proficient

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203 **Resources:**

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205 4.04 All graduates must demonstrate the ability to find, evaluate, use, and communicate

206 information to develop a respiratory care plan.

207

208 Bachelor's degree graduates must demonstrate additional proficiency by applying

209 information to improve outcomes in one or more of the following areas: expanded clinical

210 practice, education, research, or leadership.

211

212 Master's degree graduates must demonstrate additional proficiency in generating new

213 knowledge, utilizing valid and reliable data, research, and scholarship to further the

214 practice of respiratory care.

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216

217 **Interpretive Guideline:**

218 *To ensure all graduates meet competency expectations, they must possess essential information*

219 *literacy skills. These include the ability to efficiently access, evaluate, and apply information*

220 *relevant to patient care. Graduates should integrate evidence-based data into their knowledge*  
221 *base and translate this information into effective respiratory care plan recommendations that*  
222 *enhance patient outcomes.*

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224 *Information literacy—which encompasses information fluency and proficiency in information*  
225 *technology—is essential for success in higher education, lifelong learning, and the rapidly evolving*  
226 *healthcare landscape. As technology advances and information resources expand, graduates are*  
227 *confronted with an overwhelming array of content in both credible and unverified formats. This*  
228 *abundance raises concerns about the reliability, authenticity, and validity of information, posing*  
229 *challenges in assessing, interpreting, and applying knowledge effectively. In this dynamic*  
230 *environment, graduates play a crucial role in generating new knowledge, navigating the*  
231 *complexities of an ever-changing information world, and ethically utilizing data, research, and*  
232 *scholarship. At the same time, faculty have a heightened responsibility to design curricula and*  
233 *assignments that foster deeper engagement with core concepts of information literacy and*  
234 *scholarship within the profession.*

235  
236 *Bachelor’s degree graduates must demonstrate additional proficiency in:*  
237 

- *Locating and critically evaluating diverse sources of information, ensuring accuracy,*  
238 *credibility, and relevance.*
- *Using evidence-based data to make informed decisions in patient care, education, leadership,*  
239 *or research roles.*
- *Fostering innovation by applying new insights to improve clinical practices, educational*  
241 *methodologies, and healthcare leadership strategies.*
- *Enhancing patient and organizational outcomes by implementing best practices based on a*  
242 *thorough review of current literature and guidelines.*

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246 *Master’s degree graduates must demonstrate additional proficiency in research, data analysis,*  
247 *and scholarly contributions to the field. Their responsibilities include:*  
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- *Generating new knowledge through original research or the synthesis of existing studies to*  
249 *address gaps in respiratory care.*
- *Utilizing valid and reliable data to support evidence-based decision-making in clinical practice,*  
250 *education, research, and leadership.*
- *Engaging in scholarly activities, such as publishing research, contributing to professional*  
251 *discourse, and influencing policy and practice standards.*
- *Advancing the profession by applying advanced analytical and critical thinking skills to shape*  
252 *the future of respiratory care.*

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257 **Evidence of Compliance:**  
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- Professional course syllabi;
- Evaluations that require demonstration of the student’s ability to access and use  
259 information effectively;
- Examples of student work reflecting student learning outcomes (didactic, laboratory,  
260 simulation, and clinical);
- Results of CoARC Student and Personnel Program Resource Surveys (RAM);

  
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- 264 • Results of CoARC Graduate and Employer Surveys (RCS).  
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266 **Definitions:** information literacy; respiratory care plan  
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268 **Resources:**  
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271 4.05 All graduates must demonstrate critical thinking and problem-solving to arrive at  
272 evidence-based decisions that prioritize patient needs, available resources, and social  
273 context.  
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275 Bachelor's degree graduates must demonstrate additional proficiency in applying sound  
276 reasoning and judgment in one or more of the following areas: implementing research,  
277 education, and/or leadership strategies.  
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279 Master's degree graduates must demonstrate additional proficiency in applying  
280 purposeful and meaningful judgment and reasoning when implementing research,  
281 education and leadership strategies.  
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283 **Interpretive Guideline:**

284 *Instruction must prepare students to apply critical thinking and decision-making skills to provide*  
285 *effective, efficient, appropriate, and evidence-based respiratory care services. Critical thinking is*  
286 *defined as active and reflective reasoning that integrates facts, informs opinions, and utilizes*  
287 *observations to enable the student to come up with an action plan within a reasonable time frame*  
288 *that is likely to be effective and appropriate in that particular patient care setting. This is another*  
289 *area in which simulation could be useful from both the practice and evaluation perspectives.*  
290

291 *Master's degree graduates must demonstrate additional proficiency in critical analysis, clinical*  
292 *judgment, and leadership in delivering evidence-based care, translating research into practice,*  
293 *and driving healthcare innovation. They must also be prepared to assume leadership roles,*  
294 *implement strategic initiatives, and contribute to policy development and education to improve*  
295 *patient and system outcomes.*  
296

297 **Evidence of Compliance:**

- 298 • Professional course syllabi;  
299 • Evaluations that document the student's ability to apply knowledge, provide  
300 appropriate patient care, and adapt to changes in clinical conditions in a timely fashion;  
301 • Examples of student work reflecting student learning outcomes (didactic, laboratory,  
302 simulation, and clinical);  
303 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);  
304 • Results of CoARC Graduate and Employer Surveys (RCS).  
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306 **Definitions:** Critical thinking

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**Resources:**

4.06 All graduates must demonstrate ethical decision-making skills and an understanding of professional identity and responsibility.

Bachelor's degree graduates must demonstrate additional proficiency in navigating ethical challenges and upholding their professional responsibilities in one or more of the following areas: educational, research, and/or leadership settings.

Master's degree graduates must demonstrate additional proficiency in navigating ethical challenges and upholding professional responsibilities while conducting applied research, providing education, and assuming leadership roles.

**Interpretive Guideline:**

*All graduates must exhibit a strong foundation in ethical decision-making. This includes the ability to analyze complex situations, apply ethical principles, and make informed choices that align with professional standards and patient-centered care. Additionally, they must develop a clear professional identity, recognizing their role within the healthcare system and embracing their responsibilities to patients, colleagues, and the broader community.*

*Graduates must practice in a manner consistent with all principles in the AARC Statement of Ethics and Professional Conduct. The curriculum must include content and learning experiences in ethics, values, professional responsibilities, service, and leadership in the healthcare environment. The program must utilize procedures that assess intellectual honesty and appropriate academic and professional conduct. Simulation is another method to enhance learning from both the practice and evaluation perspectives.*

*Bachelor's degree graduates must demonstrate a higher level of proficiency in managing ethical dilemmas and fulfilling their professional responsibilities, particularly in specialized settings. Whether working in clinical practice, education, research, or leadership, they must be adept at applying ethical principles in real-world scenarios. This includes addressing patient confidentiality, informed consent, and interprofessional collaboration while upholding the integrity of the profession.*

*Master's degree graduates must build upon these competencies by integrating evidence-based practice, conducting applied research, and taking on leadership roles within the field. They must be proficient in addressing complex ethical challenges in diverse healthcare environments while ensuring high-quality patient care. Additionally, their responsibilities extend to mentoring others, influencing policy, and contributing to the advancement of respiratory care through scholarly activity and education.*

**Evidence of Compliance:**

- Professional course syllabi;



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- Evaluations that require demonstration of the student’s ethical behavior and understanding of professional identity and responsibility;
  - Examples of student work reflecting student learning outcomes (didactic, laboratory, simulation, and clinical);
  - Results of CoARC Student and Personnel Program Resource Surveys (RAM);
  - Results of CoARC Graduate and Employer Surveys (RCS).

357

358 **Definitions:**

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360 **Resources:**

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362 4.07 All graduates must be able to function proficiently within interprofessional teams and  
363 communicate in a responsive, responsible, respectful, and compassionate manner that  
364 meets the needs of the patient, caregiver, and other healthcare professionals.

365

366 Bachelor's degree graduates must demonstrate additional proficiency in one or more of  
367 the following areas: applying evidence-based practices, conducting research, educating  
368 others, and/or using shared leadership abilities to support team effectiveness.

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370 Master’s degree graduates must demonstrate additional proficiency in applying  
371 purposeful and meaningful evidence-based practices, implementing applied research and  
372 education strategies, and shared leadership abilities to support team effectiveness.

373

374 **Interpretive Guideline:**

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

378

379 *This training must also include ongoing consideration of the constantly changing healthcare*  
380 *system and the impact of disparities on healthcare delivery. Instruction must prepare students to*  
381 *minimize bias when providing medical care to diverse patient populations. Students must have*  
382 *exposure to as diverse a patient population as possible as part of their preparation for*  
383 *interprofessional practice. Students must demonstrate effective communication with patients and*  
384 *other healthcare team members, both as individuals and in groups, regardless of their beliefs,*  
385 *languages, and abilities.*

386

387 *As a part of its efforts to address these issues, the program should consider the use of simulation*  
388 *with colleagues from other health profession programs at the institution, to provide students with*  
389 *experiences in interprofessional teamwork.*

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391 **Evidence of Compliance:**

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- 393
- Professional course syllabi;
  - Evaluations that document the student’s ability to communicate effectively in a variety

- 394 of patient care settings and to interact well with all members of the health care team;  
395 • Examples of student work reflecting student learning outcomes (didactic, laboratory,  
396 simulation, and clinical);  
397 • Results of CoARC Student and Personnel Program Resource Surveys (RAM);  
398 • Results of CoARC Graduate and Employer Surveys (RCS).  
399

400 **Definitions:**

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402 **Resources:**

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404 **Curriculum Review and Revision**

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406 4.08 The program must have a formal, written curriculum management plan, which  
407 includes:

- 408 a. A curriculum map that effectively and logically organizes didactic courses, labs, and  
409 clinical experiences, outlining how content is introduced, reinforced, and  
410 competencies are assessed to achieve program goal(s);  
411 b. Evaluating the effectiveness of all courses as they support the program's goals and  
412 expected competencies;  
413 c. A defined mechanism for coordinating instruction among program faculty;  
414 d. An annual curriculum review and evaluation process with input from faculty, students,  
415 administration, AC, and other appropriate sources.  
416

416

417 **Interpretive Guideline:**

418 *Curriculum management should incorporate new information, eliminate unnecessary repetition,*  
419 *and ensure student competence. Annual reviews and revisions by program faculty must align*  
420 *curricular content with program goals and competencies.*

421

422 *The program must cover all necessary content and ensure logical learning progression. Regular*  
423 *reviews and updates of the curriculum map, with input from faculty, students, and assessment*  
424 *results, must address gaps or redundancies and reflect changes in program outcomes. This keeps*  
425 *the curriculum relevant to current practices. Thoughtful sequencing of foundational and*  
426 *professional coursework is essential, considering the overall program structure and content*  
427 *integration.*

428

429 *Curricular content in respiratory care must be reviewed and revised at least annually to ensure its*  
430 *consistency with the competencies and duties performed by Registered Respiratory Therapists*  
431 *entering the workforce, as established by the national credentialing agency through its periodic*  
432 *job analysis and credentialing examination specifications and published in the NBRC detailed*  
433 *content outline or matrix. In addition to a detailed annual analysis of graduate performance on*  
434 *the credentialing exams, the program must conduct an extensive review of curricular content after*  
435 *any revision in the national credentialing agency content outline, which typically occurs every five*  
436 *years.*

437  
438 *For the sleep specialist program option, curricular content must also be reviewed and revised at*  
439 *least annually to ensure its consistency with the competencies and duties performed by sleep*  
440 *disorder specialists in the workforce, as established by the national credentialing agency through*  
441 *its periodic job analysis and outlined in its credentialing examination specifications.*

442  
443 *For programs offering a bachelor's or master's degree, curricular content must also be reviewed*  
444 *and revised at least annually to ensure its consistency with the stated goal(s) of the program, as*  
445 *specified in Standards 3.01/3.02.*

446  
447 **Evidence of Compliance:**

- 448 • Curriculum management plan;
- 449 • Curriculum map that aligns required courses with expected competencies and student  
450 learning outcomes (CoARC Template);
- 451 • Documentation of the comparison of the program curriculum to the most current national  
452 credentialing agency content outline (CoARC Content Outline Comparison Form);
- 453 • Documentation confirming annual review by program faculty of the program's NBRC  
454 TMC and CSE Sub Scores by Content Domain. For each major content area section where  
455 scores fall below 85% of the national mean on the new candidate summary, an action  
456 plan for curriculum improvement must be developed and implemented (RCS);
- 457 • Written policies/procedures for designing, approving, implementing, reviewing, and  
458 changing the curriculum;
- 459 • Minutes of faculty and AC meetings documenting curriculum review and evaluation  
460 relative to program goal(s). An action plan and follow-up to address deficits noted in any  
461 content areas, and/or to address AC recommendations;
- 462 • Examples of tools for curriculum assessment (e.g., course and faculty evaluations, student  
463 and faculty evaluations of clinical experiences);
- 464 • Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of  
465 student and/or faculty evaluations to support ongoing improvement of curriculum and  
466 teaching-learning practices.

467  
468 **Definitions:**

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470 **Resources:** Template curriculum map

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472 **Equivalency**

473  
474 4.09 The program must ensure that course content, learning experiences (didactic, laboratory,  
475 simulation, and clinical), and access to learning materials are equivalent for all students.

476  
477 **Interpretive Guideline:**

478 *The program must ensure the educational equivalence of course content, student experience, and*  
479 *access to didactic and laboratory materials, regardless of whether instruction occurs at different*  
480 *geographic locations or through varied pedagogical and instructional methods or techniques for*  
481 *certain students (for example, via distance education). Didactic, laboratory, simulation, clinical,*  
482 *and other curricular activities (i.e. leadership, education, and research) that substantially*  
483 *contribute to the development of a competent graduate should result in comparable learning*  
484 *outcomes regardless of the location of instruction.*

485  
486 *The program should document equivalency of both student evaluation methods and outcomes in*  
487 *all locations of instruction and when different delivery methods are provided for a portion of the*  
488 *students in the program. Under these circumstances, student access to learning materials should*  
489 *be similar at the various locations, and must be sufficient to meet program goals, but need not*  
490 *be identical.*

491  
492 *The program must ensure that the sum and quality of each student's laboratory, simulation, and*  
493 *clinical experiences are equivalent to that of the other students in that cohort, and sufficient to*  
494 *allow the achievement of all required competencies.*

495  
496 **Evidence of Compliance:**

- 497 • Documentation that students at various program locations have access to similar course
- 498 materials, laboratory equipment and supplies, and academic support services;
- 499 • Documentation that student exposure to laboratory, simulation, and clinical experiences
- 500 is equivalent regardless of the clinical sites attended;
- 501 • Results of CoARC Student Program Resource Surveys (RAM);
- 502 • Results of student evaluation of the clinical sites and preceptors;
- 503 • Results of student clinical course evaluations.

504  
505 **Definitions:** distance education

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507 **Resources:**

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509 **Management of Learning Experiences**

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511 4.10 The sponsor/consortium must maintain written agreements with institutions,  
512 organizations, and/or facilities that provide laboratory, simulation, and clinical practice  
513 experiences. Program policies and procedures must address the selection and periodic  
514 evaluation of the adequacy and appropriateness of facilities to ensure that instructional  
515 sites can provide laboratory, simulation, and clinical practice experiences compatible with  
516 the expected competencies.

517  
518 The program must be solely responsible for the selection and coordination of clinical sites  
519 as well as ensuring that the type, length, and variety of clinical experiences are sufficient  
520 for students to acquire all required competencies. Students must not be responsible for

521 the selection of clinical sites, determining which competencies should be mastered at a  
522 given clinical site, or the acquisition of clinical instructors at these sites.

523

524 **Interpretive Guideline:**

525 *Written agreements with Institutions, organizations, and/or facilities external to the*  
526 *sponsor/consortium identified in Section 1 must be established. This does not include learning*  
527 *experiences for instructional locations on-campus.*

528

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

535

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

541

542 Evidence of Compliance:

- 543 • Detailed laboratory, simulation, and clinical schedules;
- 544 • A list of all sites used for laboratory, simulation, and clinical training;
- 545 • Current, formal, affiliation agreements or memoranda of understanding, with all
- 546 laboratory, simulation, and clinical sites;
- 547 • Results of CoARC Graduate Surveys (RCS).

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549 **Definitions:**

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551 **Resources:**

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