

### III. PROGRAM GOALS, ASSESSMENT, AND OUTCOMES

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

3.01 All programs must have the following primary 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).”

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

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

#### **Interpretive Guideline:**

*The CoARC requires that all Entry into Respiratory Care Professional Practice programs have the same primary goal, as written in this Standard, defining minimum expectations. Programs awarding the sleep specialist program certificate and/or a baccalaureate/graduate 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.*

#### **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.

#### **Definitions:** goals; competencies

#### **Resources:**

#### **Optional Program Goals**

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

in 3.01. Each optional goal must have a measurable outcome, and there must be a systematic process to assess the achievement of each outcome. Such optional goals must be reviewed and approved annually by the program's Advisory Committee.

**Interpretive Guideline:**

*Optional program goals must be made known to all prospective and currently enrolled students. There must be an achievement threshold for each optional goal, an action plan to address outcomes below this threshold, 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 the roles and functions of RRTs, or of registered SDS (when applicable). 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.*

**Evidence of Compliance:**

- 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.

**Definitions:** goals

**Resources:**

**Student Evaluations**

3.03 The program must have clearly documented assessment measures by which each student is regularly evaluated on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. There must be formative and summative student evaluation methods that:

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

**Interpretive Guideline:**

*Programs must provide a formal plan that documents their systematic approach to student evaluation. It is important that programs clearly connect their assessment and evaluation processes to program goals and student learning outcomes. The program's plan for evaluating students should be designed by the program faculty and include (1) identifying evaluation methods, (2) ongoing collection of data to assess student progression, and (3) continuing review*

and analysis of these data.

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.

Uniform, objective evaluations of student performance in didactic, laboratory, simulation, 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 the evaluation of individual student performance must be clearly understood by all concerned.

Evidence of Compliance:

- Copy of the program's evaluation plan;
- 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.

**Definitions:** assessment; competencies

**Resources:**

### **Student Assessment and Remediation**

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

#### **Interpretive Guideline:**

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

Assessments 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 when appropriate.

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 regarding the appraisal of 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.

#### Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that describe the method, 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.

**Definitions:** competencies; remediation

#### **Resources:**

#### **Academic Integrity**

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

#### **Interpretive Guideline:**

For programs using online assessments as part of the evaluation process, a proctor must be an employee of the program's sponsor or from a reputable third party. The process 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 taking a proctored examination, thereby ensuring that examination results accurately reflect the knowledge and competence of the specified enrolled student.

#### Evidence of Compliance:

- 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.

**Definitions:** assessment

**Resources:**

### **Assessment of Program Goals and Outcomes**

3.06 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).

#### **Interpretive Guideline:**

*A well-designed assessment process should reflect the ability of the program to collect information regarding program outcomes and the effectiveness of student learning and to develop methods to address any identified shortcomings. For the [insert exam name], At a minimum, for each of the three (3) content sections (I, II, and III) 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.*

*CoARC requires that its Graduate and Employer Surveys (available at [www.coarc.com](http://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 retention; and faculty evaluations of student preparedness for rotations. Program faculty should analyze these data and prepare focused action plans to address identified deficiencies.*

**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 (RCS);
- For baccalaureate and master's programs, the program must develop outcome measures to assess the extent of the program's accomplishment of the required degree-specific (as defined in 3.01) and optional goal(s) (as defined in 3.02).

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

## Resources:

### 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.

#### Interpretive Guideline:

CoARC has established minimum performance criteria (Thresholds) for each of the mandated outcomes (See [www.coarc.com](http://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, which is the percentage of program graduates (not the percentage of those taking the test) achieving the NBRC's High Cut Score. Programs must include a copy of their NBRC Annual School Summary Report and Graduate Student Performance Report with the RCS. The CoARC-established threshold for TMC High Cut Score Success is 60%. There is no CoARC threshold for RRT Credentialing Success; however, programs are still required to provide RRT outcomes data on annual reports. The CoARC allows programs with international students that do not plan to take the NBRC credentialing exam to be excluded from the exam outcomes calculations. Students that plan to apply for the exam should not be categorized as International. CoARC defines an international student as "an individual on a temporary visa who is enrolled (for credit) in a respiratory care program at an accredited higher education institution in the U.S. This definition does not apply to someone who is a permanent resident with an I-51 visa or Green Card or to someone who has applied for immigration status, to someone with temporary protected status, to an undocumented immigrant or to a refugee." The rationale for excluding international students from credentialing exam performance outcomes is that they must return to their home country quickly after graduation and cannot complete the RRT credentialing process.

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 total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional, or behavioral violations, or violations of academic policies) that resulted in their expulsion from the program prior to graduation. Programmatic enrollment begins when a student enrolls in the first core respiratory care course (non-survey, non-prerequisites) available only to students matriculated in the respiratory care program. This may differ from the institutional definition of the enrollment or matriculation dates. 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.

*Job Placement* is defined as a graduate who, within the three-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession (i.e., full-time, part-time, or per-diem). There is no CoARC threshold for job placement; however, programs are still required to provide job placement on annual reports.

**Evidence of Compliance:**

- Outcomes data in the annual RCS accepted by CoARC.

**Definitions:**

**Resources:**

- 3.08 Each program assigned its own number must use the CoARC electronic reporting tool to submit an annual Report of Current Status (RCS). Each RCS must include an appropriate analysis of the data and action plans to address all subthreshold outcomes.

**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](http://www.coarc.com).

Evidence of Compliance:

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

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

**Resources:**

3.09 Programs that do not meet the CoARC-established outcomes thresholds must engage with CoARC as soon as they receive written notification.

**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 when notified by a CoARC Program Action Letter. 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 resource assessment as well as progress report(s) with detailed analyses and action plans addressing the subthreshold results. 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.*

Evidence of Compliance:

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

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

**Resources:**

**Clinical Site Evaluation**

3.10 The program must have 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.

**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.*

**Evidence of Compliance:**

- Results of the program evaluation 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 (RAM);
- Analysis and follow-up plans of these evaluations as necessary.

**Definitions:**

**Resources:**