

Clarity in Every Standard. Confidence in Every Program

CoARC Cup of Clarity

Video Series

Standard 2.14

Instructor Qualifications, Instructional Capacity, and Student Supervision Requirements

Supervision Ratios

Instructor Qualifications

Competency Checkoffs



Designed for recording as a short educational video or exporting to MP4.

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1

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Why Standard 2.14 matters

Hands-on learning requires more than space and equipment. It requires qualified people, reasonable supervision, and consistent evaluation.

I
Instruction
Enough qualified instructors must be available to support didactic, laboratory, simulation, and clinical learning.

S
Supervision
Students must be reasonably supervised during hands-on learning activities and performance assessment.

E
Evaluation
Programs need consistent evaluation practices across all settings, including checkoffs and clinical assessment tools

Goal: protect the quality, consistency, and safety of student learning experiences

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2

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Core requirement: enough qualified personnel

Standard 2.14 applies in every setting where instruction or evaluation occurs.

Didactic

Laboratory

Simulation

Clinical

Programs must ensure that appropriately trained, licensed, and credentialed faculty or instructors are available at each instructional location.

Qualified means the instructor has demonstrated adequate knowledge, skills, and competence in the content area being taught.

Source: CoARC Standard 2.14 and Interpretive Guideline

3

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Student-to-Instructor Ratios at a glance

The required ratio depends on the activity and setting.

12:1	6:1	2:1	6:1
Laboratory On-campus and off-campus laboratory activities	Clinical instructor Clinical rotations supervised by clinical instructors	Clinical preceptor Clinical rotations supervised by clinical preceptors	Simulation Simulation exercises used as a substitute for clinical experiences

Reminder: Programs may choose lower ratios when needed to improve learning quality, ensure patient safety or meet clinical site expectations.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

4

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Laboratory instruction: apply the ratio to the activity

The label on the schedule is less important than what students are actually doing.

1 Lab ratio applies when students are actively engaged in:

- ✓ hands-on skill instruction
- ✓ supervised practice
- ✓ competency checkoffs
- ✓ instructor-supervised performance activities

2 Lecture during lab time may be different

If a traditional didactic lecture occurs during scheduled lab time and no hands-on skill instruction or evaluation occurs simultaneously, the lab ratio does not apply.

If hands-on instruction or skill evaluation occurs during the same scheduled period, the laboratory ratio requirement applies.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

5

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Simulation: observation and evaluation must be covered

When simulation substitutes for clinical experiences, supervision must support real-time assessment.

6:1

Simulation exercises used as a substitute for clinical experiences

1 Observe

A qualified individual must monitor student actions and decision-making in real time.

2 Evaluate

The evaluator must apply criteria and complete required assessment documentation.

When lab and simulation occur during the same scheduled time, use the applicable ratio based on the activity occurring at that time.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

6

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Clinical instruction: know who is supervising students

Clinical instructors and clinical preceptors have different ratio limits and documentation expectations.

Clinical Instructors

Ratio cannot exceed 6:1. Clinical Instructors may include off-site clinical supervisors or similar personnel who do not hold employment contracts with the sponsor.

Clinical Preceptors

Ratio cannot exceed 2:1. Clinical Preceptors must be employed by the clinical site where they supervise students.

For all individuals involved in clinical student evaluation, the program must maintain documentation confirming orientation and training.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

7

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Training supports consistent evaluation

Programs must develop and implement training for evaluation practices across settings.

Evaluation Tools

Training must include instruction on programmatic checkoffs and other evaluation tools.

Feedback Review

Programs should review student evaluations of clinical preceptors and clinical sites.

Collaboration

The DCE should involve employer representatives, clinical sites, and supervisors in training.

Revise the training and assessment process when:

1 Significant changes are made to the clinical evaluation process

2 New clinical competencies are introduced into the curriculum

3 There is a significant change in the NBRC content outline

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

8

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Who can serve as instructors?

The Standard focuses on qualification, training, and the content being taught.

Qualified for the content

Instructors must have demonstrated knowledge, skills, and competence in the areas they teach.

Current credentials

Appropriate credentials vary by topic and skill. Expired credentials are not valid.

Flexible roles

Volunteer, adjunct, part-time, and full-time instructors may all meet the Standard.

Individuals outside respiratory care may qualify when they have advanced degrees, specialized training, or relevant experience in related disciplines.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

9

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Evidence of compliance: what to have ready

Documentation should show that ratios, qualifications, training, and evaluation practices are **clear and verifiable**.

RATIO & STAFFING RECORDS	TRAINING & EVALUATION RECORDS
- Schedules, rosters, and student assignment records - Laboratory, simulation, and clinical schedules - Qualified individuals assigned to observe, evaluate, & document	- Orientation and training documentation for instructors - Evidence of program policies, roles, and evaluation tools - Student surveys and annual resource assessment results

BEST PRACTICE: Make the documentation clear enough that reviewers can connect each learning activity to the appropriate ratio and assigned evaluator.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

10

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Key takeaways and next steps

Remember the 3 R's for Standard 2.14.

- Ratios**
Verify the correct student-to-instructor ratio for lab, clinical, preceptor, and simulation activities.
- Readiness**
Confirm instructors and evaluators are qualified, oriented, trained, and available.
- Records**
Maintain documentation that clearly connects schedules, rosters, assignments, and evaluation tools.

Program Action Checklist

- ☐ Review lab, clinical, and simulation schedules
- ☐ Confirm instructor/preceptor assignments
- ☐ Update orientation and training records
- ☐ Review evaluation tools and checkoffs
- ☐ Verify evidence before a site visit

For complete guidance, review Standard 2.14 with the Interpretive Guidelines in the 2027 CoARC Entry into Practice Standards.

Source: 2027 CoARC Standard 2.14 and Interpretive Guideline

11

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Thank You For Watching!

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Remember the 3 R's for:

R

R

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Ratios Readiness Records

For complete details, review the full CoARC Standards and Interpretive Guidelines.

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12
