



Training Handout

Standard 2.14

Instructor Qualifications, Instructional Capacity, and Student Supervision Requirements

RATIOS

READINESS

RECORDS

Learning focus

- Apply the correct maximum student-to-instructor ratio to the activity occurring.
- Confirm instructors and evaluators are qualified, oriented, trained, and available.
- Maintain documentation that connects schedules, assignments, supervision, and evaluation.
- Use evidence that is clear and verifiable for program review and site visits.

Maximum student-to-instructor ratios

Setting / role	Maximum ratio	Applies when	Key reminder
Laboratory	12:1	Students are engaged in laboratory activities	Apply the ratio to the activity, not merely the schedule label.
Clinical instructor	6:1	Students are supervised in clinical rotations	Clinical instructors may include qualifying off-site supervisors.
Clinical preceptor	2:1	Students are supervised by a clinical preceptor	The preceptor must be employed by the clinical site.
Simulation instructor	6:1	Simulation substitutes for clinical experience	Supervision must support real-time observation and evaluation.

Important: These are maximum ratios. Programs or clinical sites may use lower ratios to support learning quality, site expectations, or patient safety.

Apply the ratio to the activity

- Hands-on skill instruction, supervised practice, and competency checkoffs are laboratory activities.
- A traditional lecture during scheduled lab time is not laboratory instruction when no hands-on instruction or evaluation occurs simultaneously.
- When laboratory and simulation activities share a scheduled period, use the ratio for the activity occurring at that time.

Qualified for the assigned content

- Qualification is based on demonstrated knowledge, skills, competence, education, experience, and any credentials required for the content.
- Expired credentials are not valid.
- Volunteer, adjunct, part-time, full-time, and appropriately qualified individuals outside respiratory care may serve when they meet the Standard.

Orientation, training, and evaluation

- Document orientation and training for everyone involved in clinical student evaluation.
- Train evaluators to use programmatic checkoffs and evaluation tools consistently.
- Review feedback from students about clinical preceptors and clinical sites to identify inconsistencies.
- Include employer representatives, clinical sites, and department supervisors in the training process when appropriate.
- Revise training and assessment when the clinical evaluation process changes, new competencies are introduced, or the NBRC content outline changes significantly.

Readiness check

- ☐ Assigned personnel are qualified for the content or skill.
- ☐ Required credentials are current.
- ☐ Instructor/preceptor roles and ratio limits are confirmed.
- ☐ Orientation and training are documented.
- ☐ Evaluation tools and checkoffs are current and consistently applied.

Ratio and staffing records

- Schedules, rosters, and student assignment records
- Laboratory, simulation, and clinical schedules
- Identification of qualified individuals assigned to observe, evaluate, and document

Training and evaluation records

- Orientation and training documentation for instructors and evaluators
- Program policies, role descriptions, checkoffs, and evaluation tools
- Student surveys and annual resource assessment results

Program action checklist

- ☐ Review laboratory, clinical, and simulation schedules.
- ☐ Confirm instructor and preceptor assignments and applicable ratios.
- ☐ Update orientation and training records.
- ☐ Review evaluation tools and checkoffs.
- ☐ Verify that the evidence connects each activity to the appropriate ratio and assigned evaluator.
- ☐ Review the complete Standard 2.14 and Interpretive Guideline.

BEST PRACTICE: Organize documentation so a reviewer can connect the learning activity, applicable ratio, assigned qualified person, and evidence of preparation.

Source: CoARC 2027 Entry into Practice Standards, Standard 2.14 and Interpretive Guideline. This handout summarizes the training and does not replace the complete Standard.