COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
ON-SITE REVIEW REPORT (For Use with BASE ENTRY CSSR)

INSTRUCTIONS FOR USE OF ON-SITE REVIEW REPORT

The On-Site Review Report form (OSRR) is designed to allow for standardized review and reporting on Respiratory Care programs. The On-Site Review is an integral component of the accreditation review process. As such, the on-site review team should focus its review on the following:

1. The Evidence of Compliance required at time of on-site evaluation (specific evidence is listed in this report and relevant Standards are <mark>highlighted</mark>);

2. Standards identified as "Appear Not Met" or for which compliance could not be determined at time of self-study review;

3. Specific issues (Form X) identified by the Program Referee;

4. Findings from Self-Study Report questionnaires and on-site interviews.

In order to make the best use of the time available for the on-site review, the site visit team should refrain from reviewing Standards that have been previously determined to be compliant based on evidence submitted during the self-study, unless circumstances dictate. However, should the site visit team identify deficiencies in Standards previously identified by the self-study review to be compliant, the site visit team should check "Not Met" on Form B with a rationale, and provide further comments to the Referee on the second page of Form X.

How to Use the Form:

1. Meet as a team to discuss the agreement with each Standard. Complete the Summary Checklist (Form B) by noting "Standard Appears Met," or "Standard Appears Not Met." Include the Rationale as to how the findings of the Team support the citation. Be specific.

2. List program strengths (Form C).

3. Complete Suggestions for Enhancement (Form D) if appropriate.

4. Complete Additional Comments (Form E) if appropriate.

5. Complete Form X to provide to the Referee comments or possible remedies for each citation listed on Form B. Do <u>not</u> present these recommendations to the program.

6. Circulate Form A to have each Summation Conference attendee print his/her name, so you may type each name on the electronic report.
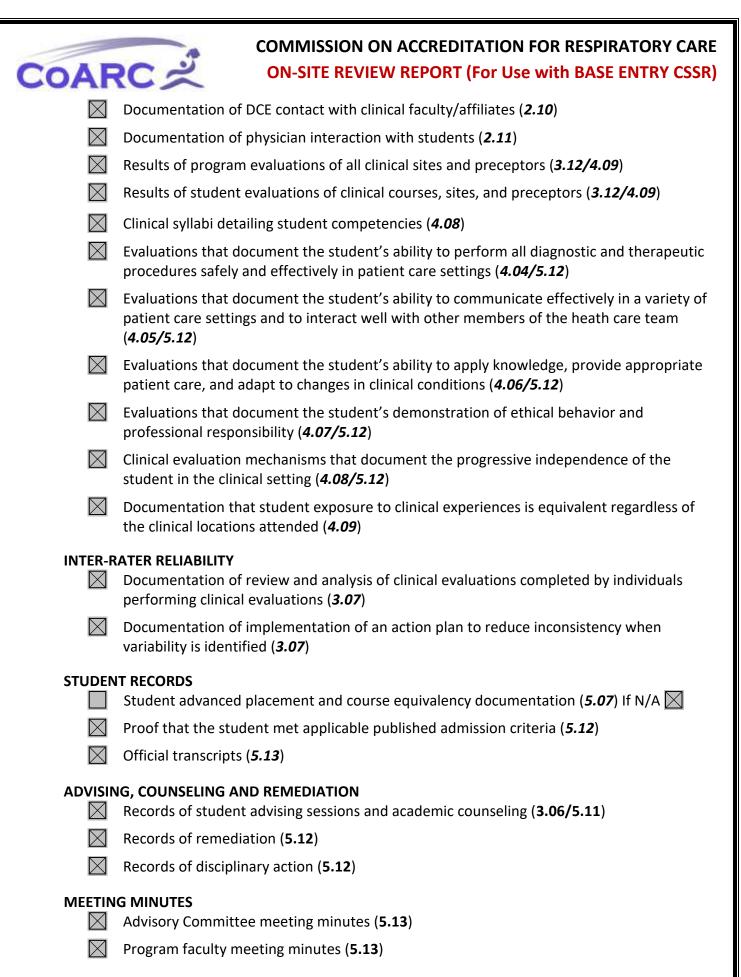
Communication of Findings:

The team should meet with the program personnel prior to the Summation Conference to discuss findings and to eliminate any potential misunderstandings.

Submitting the Report:

Typing in the names of each team member on Form A is considered an electronic signature and both are in agreement with the report findings and submission of the OSRR. The Team Captain is responsible for submitting the report electronically within 5 working days of the visit. All Forms must be returned to the Executive Office. Reimbursement for all trip expenses will not be paid until the report is submitted.

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
ON-SITE REVIEW REPORT (For Use with BASE ENTRY CSSR)

ON-SITE REVIEW REPORT
(For use with the Base Entry Continuing SSR)

Program Name: Weber State University   **Program #:** 200127

On-Site Reviewer Check List:

☒ Read Opening Script

☒ Conduct interviews
- ☒ CEO, Dean/Division Chair
- ☒ Support Personnel
- ☒ Advisory Committee members
- ☒ Key Personnel (PD, DCE, MD)
- ☒ Program Faculty
- ☐ Other: _____

☒ Review documentation
(Including Minimal Evidence of Compliance Available for On-Site Review Team)

COURSE MATERIALS

- ☒ Results of student course evaluations (*2.06/2.10/2.13/5.09*)

- ☒ Student evaluations performed by faculty, including supporting the equitable administration of the evaluations (*3.06*)

- ☒ Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation and the equitable administration of the evaluations (*3.06*)

- ☒ Results of proctored exams and an explanation of means used to assure academic integrity (*3.06*)

- ☒ Course syllabi for all respiratory care and sleep specialist (if applicable) courses which include course description, general and specific course objectives, methods of evaluation, content outline, criteria for successful course completion (*4.02/4.03/5.13*)

KEY PERSONNEL / FACULTY

- ☒ Records of interaction with key personnel including Advisory Committee meetings (*2.11*)

- ☒ Documentation of contact with PD & DCE (*2.14*) If N/A ☐

- ☒ Current curriculum vitae of program faculty (*5.13*)

CLINICAL MATERIALS

- ☒ List of all sites used for clinical training (*4.10*)

- ☒ Detailed clinical schedules (*4.11/5.13*)

- ☒ Formal written clinical affiliation agreements or memoranda of understanding with each clinical site (*4.10/4.11/5.08/5.09*)

☒ Documentation of DCE contact with clinical faculty/affiliates (**2.10**)

☒ Documentation of physician interaction with students (**2.11**)

☒ Results of program evaluations of all clinical sites and preceptors (**3.12/4.09**)

☒ Results of student evaluations of clinical courses, sites, and preceptors (**3.12/4.09**)

☒ Clinical syllabi detailing student competencies (**4.08**)

☒ Evaluations that document the student's ability to perform all diagnostic and therapeutic procedures safely and effectively in patient care settings (**4.04/5.12**)

☒ Evaluations that document the student's ability to communicate effectively in a variety of patient care settings and to interact well with other members of the heath care team (**4.05/5.12**)

☒ Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions (**4.06/5.12**)

☒ Evaluations that document the student's demonstration of ethical behavior and professional responsibility (**4.07/5.12**)

☒ Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting (**4.08/5.12**)

☒ Documentation that student exposure to clinical experiences is equivalent regardless of the clinical locations attended (**4.09**)

INTER-RATER RELIABILITY

☒ Documentation of review and analysis of clinical evaluations completed by individuals performing clinical evaluations (**3.07**)

☒ Documentation of implementation of an action plan to reduce inconsistency when variability is identified (**3.07**)

STUDENT RECORDS

☐ Student advanced placement and course equivalency documentation (**5.07**) If N/A ☒

☒ Proof that the student met applicable published admission criteria (**5.12**)

☒ Official transcripts (**5.13**)

ADVISING, COUNSELING AND REMEDIATION

☒ Records of student advising sessions and academic counseling (**3.06/5.11**)

☒ Records of remediation (**5.12**)

☒ Records of disciplinary action (**5.12**)

MEETING MINUTES

☒ Advisory Committee meeting minutes (**5.13**)

☒ Program faculty meeting minutes (**5.13**)

SURVEYS

☒ Hard copy or electronic records of completed CoARC Graduate and Employer Surveys (*3.08/4.04/4.05/4.06/4.07/4.08/4.11/5.13*)

☒ CoARC Student-Program and Personnel-Program Resource Surveys (*5.13*)

COMPLAINTS

☒ Record of complaints (if any) that includes the nature and disposition of each complaint (*5.05*)

WORK STUDY

☐ Work study contracts (*5.09*)

Additional Documentation:

☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____
☐ _____   ☐ _____

☒ Inspect facilities:

☒ Classrooms   ☒ Student ancillary
☒ Laboratories (respiratory, computer)   ☒ Offices
☒ Simulation Lab   ☐ _____

☒ Prepare preliminary site visit report on site

☒ Consultation Conference

☒ Summation Conference: read Summation Script, including strengths and deficiencies

☒ Finalize site visit report, if necessary

☒ File site visit report with CoARC Executive Office within 5 working days of visit

COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
ON-SITE REVIEW REPORT (For Use with BASE ENTRY CSSR)

FORM A

On-Site Review Attendance List

FORM A

Program #:	200127	Referee: Charles Cowles, MD, MBA, FASA
Name of Program:	Weber State University	
Program Address:	3875 Stadium Way, Dept 3904	
City, State, Zip:	Ogden, UT 84408	
Accreditation Status:	Continuing Accreditation	
Date(s) Visited:	February 21-22, 2019	
Program Director:	Paul Eberle, PhD, RRT	
Director of Clinical Education:	Mich Oki, MS, RRT	
Medical Director:	Christopher Anderson, MD, FRCP	

Summation Conference Attendees:

Print Name and Title	Print Name and Title
Janelle Gardner, Associate Professor, WSU	
Sherri Vasas, Instructor, WSU	
Michell Oki, Associate Professor, DCE, WSU	
Paul Eberle, Professor, PD, WSU	
Cindy Muller, RT student, WSU	
Rachel Johnson, RT student, WSU	
Erin Lanham, RT student, WSU	
Alisa Kimball, Admin Support, RC Program, WSU	
Ken Johnson, Associate Dean, WSU	
Yasmen Simonian, Dean, WSU	

Kathy F Rye, EdD, RRT, RRT-ACCS, RRT-NPS, FAARC	Donna D. Gardner, DrPH, RRT, RR-NPS, FAARC, FCCP
Name/Credentials of Team Captain (PRINT)	Name/Credentials of Team Member (PRINT)

Note: Typing in the on-site reviewer's name represents an electronic signature of this document.

Summary Checklist   FORM B

Program Name: <u>Weber State University</u>   Program #: <u>200127</u>

Instructions: Check the appropriate box indicating the team's judgment of the compliance with each of the Standards based on the review of the evidence obtained from the on-site review. After the report is submitted to CoARC, the program Referee may add, delete, or modify the content of the report prior to sending the report to the program. The program is then allowed the opportunity to respond in writing before final action is taken by the CoARC Board. **Note:** Evidence for compliance with <mark>highlighted Standards</mark> must be made available to on-site review team.

Standard	Standard Description		Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
I	**PROGRAM ADMINISTRATION AND SPONSORSHIP**				
	Institutional Accreditation				
1.01	Sponsor is accredited and authorized to award a minimum of an Associate's degree.		☒	☐ Rationale:	☒
	Consortium				
1.02	Responsibilities of consortium formally documented.	☒ check if not applicable	☐	☐ Rationale:	☒
	Sponsor Responsibilities				
1.03	Required gen ed/transfer credit/didact/lab/clinical.		☒	☐ Rationale:	☒
1.04	Curric planning/course selection/faculty growth.		☒	☐ Rationale:	☒
1.05	Provides equivalent academic support and resources to all program locations (satellite only).	☐ check if not applicable	☒	☐ Rationale:	☒
1.06	Program academic policies apply to all locations.		☒	☐ Rationale:	☒
	Substantive Changes				
1.07	Substantive Changes reported according to CoARC Policy 9.0	☒ check if not applicable	☐	☐ Rationale:	☒

Standard	Standard Description		Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
II	**INSTITUTIONAL AND PERSONNEL RESOURCES**				
	Institutional Resources				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.		☒	☐ Rationale:	☒
	Key Program Personnel				
2.02	Sponsor appoints FT PD and DCE, and MD.		☒	☐ Rationale:	☒
	Program Director				
2.03	Responsibilities.		☒	☐ Rationale:	☒
2.04	Minimum degree qualifications.		Compliance with Standard verified by documentation previously received by EO.		
2.05	Minimum/valid credentials and experience.		☒	☐ Rationale:	☒
2.06	Regular/consistent contact w/faculty & students.		☒	☐ Rationale:	☐
	Director of Clinical Education				
2.07	Responsibilities.		☒	☐ Rationale:	☒
2.08	Minimum degree qualifications.		Compliance with Standard verified by documentation previously received by EO.		
2.09	Minimum/valid credentials and experience.		☒	☐ Rationale:	☒
2.10	Regular/consistent contact w/clin fac, sites, students		☒	☐ Rationale:	☐
	Medical Director				
2.11	Responsibilities/valid credentials and qualifications.		☒	☐ Rationale:	☐
	Primary Sleep Specialist Instructor				
2.12	Minimum/valid credentials, education, and qualifications.	☒ check if not applicable	☐	☐ Rationale:	☒

Standard	Standard Description		Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
2.13	Sufficient faculty; student to clin faculty ratio ≤ 6:1.		☒	☐ Rationale:	☐
2.14	Site coordinator qualifications and responsibilities (satellite only).	☐ check if not applicable	☐	☒ Rationale: The institutional job descriptions for the site directors is not present.	☐
	Administrative Support Staff				
2.15	Sufficient administrative and clerical support.		☒	☐ Rationale:	☒
	Assessment of Program Resources				
2.16	Documented/assessed annually by using RAM.		☒	☐ Rationale:	☒

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT				
	Statement of Program Goals				
3.01	Statements define minimum expectations.		☐	☒ Rationale: The 2 CoARC goals for BSRC programs are not present in the handbook, nor on the website or in catalog.	☐
3.02	Review/analysis of goals and outcomes.		☒	☐ Rationale:	☒
3.03	Optional goals compatible w/ nationally accepted standards.	☒ check if not applicable	☐	☐ Rationale:	☒
3.04	Advisory committee composition & responsibilities.		☐	☒ Rationale: Attendance roster COI must be included in AC Minutes at least annually. The March 29, 2019 minutes must reflect approval of CoARC Goals and the attendance roster with the COI identified.	☐
	Assessment of Program Goals				
3.05	Systematic assessment process formulated.		Reviewed at the time of the annual report submission for compliance.		

Standard	Student Evaluation			
Standard	**Standard Description**	**Standard Appears Met**	**Standard Appears Not Met, including Rationale** (i.e., describe the findings that support the judgment that the Standard appears **Not Met**. Be specific about which elements of a Standard appear **Not Met**.)	**Compliance determined at time of self-study submission**
3.06	Conducted uniformly and equitably; Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.	☒	☐ Rationale:	☐
3.07	Inter-rater reliability for clinical evaluations.	☐	☒ Rationale: No evidence of implementation /training of preceptors or review/analysis and action plan for IRR	☐
3.08	Assessed annually using CoARC surveys.	☒	☐ Rationale:	☐
	Reporting of Program Resources			
3.09	Outcomes meet CoARC assessment thresholds.		Reviewed at the time of the annual report submission for compliance.	
3.10	CoARC Annual RCS reporting tool submitted.		Reviewed at the time of the annual report submission for compliance.	
3.11	Action plan developed for sub-threshold outcomes.		Reviewed at the time of the annual report submission for compliance.	
	Clinical Site Evaluation			
3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	☒	☐ Rationale:	☐

IV	CURRICULUM			
	Minimum Course Content			
4.01	Appropriate course sequencing of content areas.	☒	☐ Rationale:	☐
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.	☒	☐ Rationale:	☐
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies.	☒	☐ Rationale:	☐

Standard	Standard Description	Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
	Core Competencies			
4.04	RC diagnostic and therapeutic procedures.	☐	☒ Rationale: No evidence of evaluation of clinical competencies being performed in the clinical setting	☐
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.	☒	☐ Rationale:	☐
4.06	Application of problem solving strategies.	☒	☐ Rationale:	☐
4.07	Ethical decision-making and prof responsibility.	☒	☐ Rationale:	☐
4.08	Sufficient to acquire knowledge/competencies.	☐	☒ Rationale: Required competencies are not outlined in the clinical syllabi	☐
	Equivalency			
4.09	Course content, learning experiences, and access to learning materials regardless of location.	☐	☒ Rationale: There is no evidence of procedures to ensure inter-rater reliability in the clinical setting.	☐
	Clinical Practice			
4.10	Clinical affiliation agreements/MOUs for each site.	☐	☒ Rationale: The clincial sites listed on the 2018-19 Annual Report are not current (Praxair Medical, Jordan Valley Hospital and Veteran's Medical Center)	☐
4.11	Sufficient quality/duration to meet program goals; Students not responsible for site selection/ determining competencies/acquiring preceptors.	☒	☐ Rationale:	☐

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	☒	☐ Rationale:	☒
5.02	Required info made known to applicants & students.	☒	☐ Rationale:	☒
	Public Information on Program Outcomes			

Standard	Standard Description		Standard Appears Met	Standard Appears Not Met, including Rationale	Compliance determined at time of self-study submission
5.03	CoARC URL on program website/known to public.		☒	☐ Rationale:	☒
	Non-discriminatory Practice				
5.04	Program activities are non-discriminatory and lawful.		☒	☐ Rationale:	☒
5.05	Appeal procedures ensure fairness/due process.		☒	☐ Rationale:	☐
Standard	Standard Description		Standard Appears Met	Standard Appears Not Met, including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met. Be specific about which elements of a Standard appear Not Met.)	Compliance determined at time of self-study submission
5.06	Faculty grievance procedure made known to faculty.		☒	☐ Rationale:	☒
5.07	Advanced placement policies documented.	☒ check if not applicable	☐	☐ Rationale:	☐
	Safeguards				
5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.		☒	☐ Rationale:	☐
5.10	No clinical coursework while in an employee status.		☒	☐ Rationale:	☒
	Academic Guidance				
5.11	Timely access to faculty for assistance/counseling.		☒	☐ Rationale:	☐
	Student and Program Records				
5.12	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.		☒	☐ Rationale:	☐
5.13	Program records maintained in sufficient detail/5 years min.		☒	☐ Rationale:	☐

FORM C   Strengths   FORM C

Program Name: Weber State University   Program #: 200127

Write the Strengths of the program.
Excellent relationship between administration and RC Program.
Administration provides responsive financial support for program and faculty development.
Student success attributed to dedication of faculty in both academic and non-academic areas of student life. The faculty is cohesive, student-centered and very committed to student success.
Excellent clinical affiliations with a variety of experiences available to students.
PD and DCE are dedicated, committed, and well respected in the community.
The program is well-supported by an informed, involved advisory committee.
Student success is clearly demonstrated as evidenced by the job placement of graduates and the high regard for the Program in the community.
Beautiful campus with great physical space dedicated to the RC Program.
State of the art Simulation Center for IPE.
Students appreciate organized schedules and communication for planning.
Programatic outcomes are excellent as evidence by the CoARC RRT Excellence Award.

*Duplicate as Necessary

FORM D

Suggestions for Enhancement

FORM D

Program Name: Weber State University   Program #: 200127

Standard (Reference)	Write the Suggestions for Enhancement. (Note: Programs are <u>not</u> required to respond to Suggestions for Enhancement).
2.11	Ensure students know who the medical director or co medical director is/are from day one of the Program.
3.04	Develop a more specific job description for the Medical Director. The Medical Director should attend Advisory Committee meetings annually. The MD must complete the CoARC Personnel Program Survey. A Co- Medical Director may be necessary.
4.11	Students need to know who to report to at the hospital and who their preceptor will be the day.

Duplicate as Necessary

FORM E

Additional Comments

FORM E

Program Name: Weber State University   Program #: 200127

Write Additional Comments, if any. (Note: Programs are <u>not</u> required to respond to Additional Comments).
The Department received an award for Collaboration - Exemplary Collaboration Award
The workload is high for the program faculty and they would benefit from 1- 2 FTE. We believe that this is being addressed in future budget planning.

*Duplicate as Necessary

Referee's Analysis of the On-Site Review Report- BASE ENTRY CSSR

FORM F   **FORM F**

Program Name: Weber State University   Program #: 200127

Dear Sponsor and Program Director,

I have reviewed the findings documented by the Site Visit team during the recent on-site review of your program and made revisions, as necessary. Please review the entire report. Stated below are required means by which the program must demonstrate compliance with the Standards cited.

In a separate communication, CoARC has informed you of the opportunity and deadline to verify/challenge the accuracy of this report as well as the deadline by which you may submit new information indicating the manner in which the citations have been addressed.

If you have any questions, please feel free to contact me or the Executive Director.

Standard (from Form B)	Rationale for Citation	Documentation to Address Compliance with Standard
2.14	No institutional job descriptions present for site director.	Submission of an institutional job description for site directors of satellite campuses.
3.01	University catalog does not include required goals for RC programs, CoARC address, or CoARC URL for programmatic outcomes.	Submission of a revised university catalog containing all the required language of standard 3.01
3.04	AC minutes do not include communities of interest or attendance.	Submission of minutes of the next AC meeting with the roles and attendance of the representatives required by the standard.
3.07 / 4.09	Clinical instructors do not have complete compliance with training, measurement of inter-rater reliability (IRR). No evidence of review and analysis of clincal evaluations. No action plan identified for when evaluation inconsistencies are identified	Submission of training records for entire clinical faculty / evaluators. Submission of an action plan for review of clinical evaluations and for what action should be taken for inconsistent findings.
4.04 / 4.08	No evidence of which clinical competencies must be completed during the clincal experience.	Submission of a method of documentation for how and when clinical competencies are achieved.
4.10	No affiliation agreements with 3 facilities were present during SV.	Submission of affiliation agreements between the university and 1.) Jordan Valley Hospital, 2.) VA Hospital, and 3.) Praxair Healthcare.

Duplicate as Necessary

Referee Signature Signifying Approval of Document Release to the Program:

Charles E. Cowles, Jr., MD, MBA, FASA   Date: **Mar/01/2019**

Note: Typing in the Referee's name represents an electronic signature of this document.

Executive Director Signature Signifying Approval of Document Release to the Program:

Tom Smalling, PhD, RRT, RPFT, RPSGT, FAARC   Date: **Mar/07/2019**

Note: Typing in the Executive Director's name represents an electronic signature of this document