



## 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 highlighted);
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 not 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.



# ON-SITE REVIEW REPORT

## (For use with the Base Entry Continuing SSR)

**Program Name:** Weber State University

**Program #:** 300029

### 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**)



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

- 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 health 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)



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

**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:

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Inspect facilities:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Classrooms                           | <input checked="" type="checkbox"/> Student ancillary |
| <input checked="" type="checkbox"/> Laboratories (respiratory, computer) | <input checked="" type="checkbox"/> Offices           |
| <input checked="" type="checkbox"/> Simulation Lab                       | <input type="checkbox"/> _____                        |

- 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



FORM A

On-Site Review  
Attendance List

FORM A

Program #: 300029 Referee: Charles Cowles, MD, MBA, FASA  
Name of Program: Weber State University-IHC Campus  
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 J Rye, EdD, RRT, RRT-ACCS, RRT-NPS, FAARC  
Name/Credentials of Team Captain (PRINT)

Donna D Gardner, DrPH, RRT, RRT-NPS, FAARC, FCCP  
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: Weber State University

Program #: 300029

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 **highlighted Standards** must be made available to on-site review team.

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



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<b>II</b>	<b>INSTITUTIONAL AND PERSONNEL RESOURCES</b>			
	<b>Institutional Resources</b>			
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	<b>Key Program Personnel</b>			
2.02	Sponsor appoints FT PD and DCE, and MD.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	<b>Program Director</b>			
2.03	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
2.04	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.		
2.05	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
2.06	Regular/consistent contact w/faculty & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Director of Clinical Education</b>			
2.07	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
2.08	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.		
2.09	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
2.10	Regular/consistent contact w/clin fac, sites, students	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	<b>Medical Director</b>			
2.11	Responsibilities/valid credentials and qualifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	<b>Primary Sleep Specialist Instructor</b>			
2.12	Minimum/valid credentials, education, and qualifications.	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT			
<b>Statement of Program Goals</b>				
3.01	Statements define minimum expectations.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rationale: The 2 CoARC goals for BSRC programs are not present in the handbook, nor on the website or in catalog.	<input type="checkbox"/>
3.02	Review/analysis of goals and outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
3.03	Optional goals compatible w/ nationally accepted standards. <input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/>
<b>Assessment of Program Goals</b>				
3.05	Systematic assessment process formulated.	Reviewed at the time of the annual report submission for compliance.		





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ON-SITE REVIEW REPORT (For Use with BASE ENTRY CSSR)**

Student Evaluation				
Standard	Standard Description	Standard Appears Met	Standard <b>Appears Not Met</b> , including Rationale (i.e., describe the findings that support the judgment that the Standard appears <b>Not Met</b> . Be specific about which elements of a Standard appear <b>Not Met</b> .)	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.07	Inter-rater reliability for clinical evaluations.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rationale: No evidence of implementation/training of preceptors nor the review/analysis and action plan for IRR.	<input type="checkbox"/>
3.08	Assessed annually using CoARC surveys.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
<b>Reporting of Program Resources</b>				
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.		
<b>Clinical Site Evaluation</b>				
3.12	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

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



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

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

<b>V</b>	<b>FAIR PRACTICES AND RECORDKEEPING</b>			
	<b>Disclosure</b>			
5.01	Published info accurately reflects program offered.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
5.02	Required info made known to applicants & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	<b>Public Information on Program Outcomes</b>			



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

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



FORM C

Strengths

FORM C

Program Name: Weber State University

Program #: 300029

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 #: 300029

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.
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 that day.

Duplicate as Necessary



**FORM E**

**Additional  
 Comments**

**FORM E**

Program Name: Weber State University

Program #: 300029

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.
Developing a dedicated laboratory on the IHC campus in the future would be optimal
The Workload is high for the program faculty and they would benefit from 1- 2 FTE. We believe this is in the plans for the future.

\*Duplicate as Necessary



**Referee's Analysis of the**

**FORM F      On-Site Review Report-      FORM F**

**BASE ENTRY CSSR**

Program Name: Weber State University

Program #: 300029

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 clinical 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 clinical 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



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**  
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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/01/2019**

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