



Academic Program Review Self-Study Report 2006-2010

DEPARTMENT OF RESPIRATORY CARE

Academic Program Review Committee:

Dr. Gregg Marshall, Associate Professor and Chair (Committee Chair)

Mr. Kevin Collins, Assistant Professor

Mr. Joshua Gonzales, Assistant Professor

Dr. Lynda Harkins, Clinical Associate Professor

Dr. Peter Petroff, Clinical Professor

Mr. Chris Russian, Associate Professor

Mr. Bill Wharton, Instructor

Table of Contents

I.	Academic Unit Description	3
II.	Degree and Certificate Program Descriptions.....	6
III.	Institutional Data	27
IV.	Students	32
V.	Faculty	38
VI.	Resources	43
VII.	Conclusions and Recommendations	48
VIII.	References	51

APPENDICES

Appendix 1	CoARC Accreditation Standards for the Profession of Respiratory Care
Appendix 2	CoARC Annual Accreditation Reports for 2009
Appendix 3	CoARC Letters of Continuing Accreditation
Appendix 4	Support Course Table
Appendix 5	Undergraduate and Graduate Certificate Course Sequence
Appendix 6	CoARC Standard and Guidelines for Polysomnography Add-on Program
Appendix 7	Curriculum Strengths and Weaknesses Table
Appendix 8	SACS Student Learning Outcomes Assessment Report for BSRC
Appendix 9	Sample of CoARC RC Program Graduate Survey
Appendix 10	Sample of CoARC PSG Program Graduate Survey
Appendix 11	Peer/Chair Evaluation Instruments for Faculty Teaching
Appendix 12	Institutional Research Data
Appendix 13	Texas State Alumni Survey Results
Appendix 14	Departmental M&O Data
Appendix 15	BSRC DAR Report
Appendix 16	Faculty Roster Profile Form
Appendix 17	Faculty Vitae
Appendix 18	Average Faculty Workload Assignment for 2006-2010
Appendix 19	Departmental Library Holdings

I. ACADEMIC UNIT DESCRIPTION

A. List the degree and certificate program(s) offered by the academic unit.

Undergraduate Major: Bachelor of Science in Respiratory Care (B.S.R.C.)

Graduate Certificate: Certificate in Polysomnographic Technology

B. Describe the vision, mission and goals of the academic unit.

Department Mission Statement

The Respiratory Care Program is committed to the development of competent respiratory care practitioners and sleep technologists through academic and clinical learning to master requisite healthcare competencies, stimulate professional growth through scientific curiosity, and promote leadership skill development. The programs are directed toward developing critical-thinking skills in preparation for respiratory care and sleep technology consulting and leadership roles in various healthcare delivery systems. The curriculum is structured to foster habits of research, continuing education, and professional skill growth.

Department Vision and Goals

The Department of Respiratory Care will strive to produce quality graduates who meet the expectations of the communities of interest served by the program, to maintain an excellent national reputation, and to be a leader in innovative educational endeavors in the profession. As a means to accomplish the vision, the Respiratory Care Departmental Goals include:

- Updating the curriculum as national practice standards of care evolve
- Maintaining external accreditation by meeting the new essentials set by CoARC to include polysomnography theory and clinical practice
- Recruiting and maintaining racial, gender, and ethnic diversity in both the faculty and students
- Encouraging faculty to pursue professional development through participation in specialty advanced credentialing and professional continuing education
- Encouraging faculty and students to participate in professional organizations and community service projects
- Increasing external funding for the university, college, and department through grant activities
- Utilizing the Texas State Sleep Center to meet the educational and research needs of the students and faculty while meeting the diagnostic and treatment needs of the Texas State campus faculty, staff and student body
- Utilizing the Texas State Sleep Center to meet the sleep diagnostic and treatment needs of San Marcos and the surrounding region as it pertains to education and research
- Establishing articulation agreements with community colleges and associate degree respiratory care programs throughout Texas

- Encourage students to pursue graduate education to advance competency in education, research management, and professional specialties.

C. Describe how the academic unit's goals relate to the mission of the University and the College. If the academic unit has service course obligations to the general education core curriculum, to academic programs in other units, or to interdisciplinary programs, explain the relationship of these obligations to the unit's strategic plan.

Alignment of the departmental mission, goals, and strategic plan with the mission of the institution is maintained through the unit strategic plan and the departmental mission referenced to Texas State and College of Health Professions mission and shared values as follows:

Texas State University Mission Statement

Texas State University-San Marcos is a public, student-centered, doctoral-granting institution dedicated to excellence in serving the educational needs of the diverse population of Texas and the world beyond.

Shared Values

In pursuing our mission as a premier institution, we, the faculty, staff and students of Texas State University-San Marcos, are guided by a shared collection of values. Specifically, we value:

- An exceptional undergraduate experience as the heart of what we do;
- Graduate education as a means of intellectual growth and professional development;
- A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life;
- The cultivation of character and the modeling of honesty, integrity, compassion, fairness, respect and ethical behavior, both in the classroom and beyond;
- Engaged teaching and learning based in dialogue, student involvement and the free exchange of ideas;
- Research, scholarship and creative activity as fundamental sources of new knowledge and as expressions of the human spirit;
- A commitment to public service as a resource for personal, educational, cultural and economic development;
- Thoughtful reflection, collaboration, planning and evaluation as essential for meeting the changing needs of those we serve.

Goal Statements

Goal 1: Promote academic quality by building a distinguished faculty, developing the university culture of research, and managing enrollment.

Goal 2: Expand access to public university education and contribute to the economic and cultural development of Texas.

- Goal 3: Provide a premier student-centered, educational experience that fosters retention and success and is built on academic programs with clearly defined learning outcomes and a rigorous level of academic challenge.
- Goal 4: Expand educational opportunities, emphasizing doctoral program development, applied scientific and technical programs, and other programs that address critical state needs.
- Goal 5: Enrich our learning and working environment by attracting and supporting a more diverse faculty, staff, and student body.
- Goal 6: Develop and manage human, financial, physical, and technological resources effectively, efficiently, and ethically to support the university's mission.

College of Health Professions

Vision Statement: The Texas State College of Health Professions will be a nationally recognized premier center for educating professionals in a broad array of healthcare fields, increasing the knowledge, research, and community coalitions necessary to enhance and restore the health and well-being of the whole person and of society.

Mission Statement: The College of Health Professions educates and prepares health care professionals in a student centered learning environment. The College excels in teaching, research, and service while responding to the health care needs of the state and nation. To accomplish this, the Texas State University's College of Health Professions unites faculty, students, the health care communities, and consumers in coalitions that nurture the academic, scholarly, and service aspects of health care.

The Department of Respiratory Care does not offer service courses to the general education core curriculum, to academic programs in other units, or to interdisciplinary programs. All courses taught are offered to accepted and enrolled majors only.

D. Provide the website where the academic unit strategic plan may be found.

See: <http://www.health.txstate.edu/rc/about/Academic-Program-Review.html>

II. DEGREE AND CERTIFICATE PROGRAM DESCRIPTIONS

For each program within the academic unit:

A. Include information for all the following:

A.1. Educational goals and how they relate to the academic unit goals:

Major:

Bachelor of Science in Respiratory Care (B.S.R.C.)

The Respiratory Care (RC) program provides students with a highly specialized career goal of becoming a vital part of the healthcare team approach to patient care in hospitals, clinics, rehab centers and many other medical facilities. RC practitioners monitor and assess patients in respiratory distress by administering medications, providing pulmonary therapies and treatments, and providing physicians with lung diagnostics for patients of all ages with respiratory disorders or traumatic chest injuries. Working directly under the physician, the respiratory therapist assesses patient breathing status, provides appropriate treatment, and serves as a consulting member of the healthcare team. From the premature newborn to the elderly, the RC practitioner is involved in every aspect of respiratory care to enhance a speedy recovery. From the emergency room to the general medical/surgical units and from the intensive care units for newborns, pediatric, adult critical to the cardiac care units, the respiratory therapist's job is fast-paced and includes interactions with patients throughout the hospital on a daily basis.

Specialty diagnostic and clinical skills are part of the educational process for respiratory care students as they complete clinical training in surrounding hospitals and in the labs on the San Marcos campus. Critical care skills needed in the emergency room and intensive care units for neonatal, pediatric, and adult patients are essential to the skill set for respiratory therapists. The B.S. in Respiratory Care prepares graduates to be competent decision-makers practicing critical-thinking in the face of critical patient situations. Graduates find employment in many settings such as hospitals, pulmonary rehabilitation clinics, physician offices, sleep labs, home, air-life transport teams, medical equipment sales, homecare, and many other areas.

Educational goals are monitored as a portion of the requirements of the external accreditation agency, the Commission on Accreditation for Respiratory Care (CoARC). The BSRC program is based on the Essential Standards for Accreditation as outlined by CoARC in five major areas: (I) Program Administration and Sponsorship, (II) Institutional and Personnel Resources, (III) Program Goals, Outcomes, and Assessment; (IV) Curriculum; and (V) Fair Practices and Recordkeeping (see Appendix 1 for CoARC Accreditation Standards for the Profession of Respiratory Care). Our curriculum meets all cognitive, affective, and psychomotor domains required by CoARC and goal skills specified are

documented in and reported through annual CoARC reports, self-studies, and site visits required in order to maintain accreditation and eligibility for graduates to sit for national board examinations. By meeting the knowledge and skills specified by CoARC and upon completion of the BSRC degree, graduates are immediately eligible to sit for national board exams through the National Board for Respiratory Care (NBRC) to become Registered Respiratory Therapists (RRT)--a health professions credential recognized in all fifty states, Canada, and Europe.

Certificate:

Graduate Certificate in Polysomnographic Technology

The Polysomnographic Technology (PSG) Program provides students with a unique opportunity to complete training as a sleep technologists at the graduate-level. Sleep technologists fulfill an essential role in providing the diagnostic and treatment protocols under the direct orders of a physician for individuals suffering from sleep disorders. The field of PSG involves the complex evaluation of many physiological parameters during sleep to produce a quantitative sleep study and is required to document sleep disorders to assist physicians in identifying sleep issues and appropriate treatment. The sleep study is considered the diagnostic gold standard for assisting physicians in the diagnosis and treatment of sleep disorders.

The nine-month certificate program for qualified applicants prepares an individual to become nationally credentialed as a Registered Polysomnographic Technologist (RPSGT) through the Board for Registered Polysomnographic Technologists (BRPT) immediately upon completion of the certificate. Educational goals are closely monitored as a portion of the requirements for the external accreditation agency, the Commission on Accreditation for Respiratory Care (CoARC) through cognitive, affective, psychomotor domain assessment. The Texas State graduate certificate in PSG is the first accredited PSG program offered at the graduate-level in the country.

One of the educational goals for the PSG Program is to cultivate and encourage graduate education and research. Because the PSG graduate certificate is offered at the graduate-level, graduates earn 15 graduate hours that may be applied toward continued graduate education. Working with the Occupational Education Department, an articulation with the Master of Science in Interdisciplinary Studies (MSIS) degree program has been made possible for students completing the PSG graduate courses. Student may also apply the 15 graduate hours earned with the PSG graduate certificate as a graduate minor in other master's degree programs at Texas State. Another significant educational goal is the development of the PSG bridge option. Under the oversight of CoARC, a PSG bridge curriculum provides a pathway for non-respiratory care credentialed healthcare professionals seeking transition into polysomnography. Any healthcare profession with a patient-focus that is licensed or credentialed at the state or national level may be eligible including licensed vocational nurses, registered nurses, emergency medical personnel, and many other health professionals.

A.2. Admission requirements and application review process

Admission to the Respiratory Care Programs is a separate process in addition to admission to the university. External professional accreditation requirements include course completion and 1072 clinical clock hours in all areas of respiratory therapy practice in local affiliated healthcare facilities.

Undergraduate Program:

Students must meet university admission requirements and be admitted to the university prior to applying to the undergraduate Respiratory Care Program. To become a major, students must:

1. Maintain an overall GPA of 2.50 to apply to the program
2. Complete RC 1313, Introduction to Respiratory Care, with a grade of C or higher
3. Complete the RC Admission packet and submit the program application by the stated deadline to be considered by the RC Admissions Committee for competitive admission to the limited cohort. Admission packet includes:
 - a. RC Application Form
 - b. Letter of Intent from the applicant stating personal reasons for pursuit of the respiratory therapy profession
 - c. Three letter of reference vouching for the character and integrity of the applicant as a potential healthcare provider
 - d. If applicant holds a respiratory therapy national credential and has completed an associate degree program with the intent of completing the bachelor degree program at Texas State, proof of credentials is required

Following the stated application deadline, the RC Admissions Committee begins the application review process. Cohort size is limited due to accreditation standards for student/teacher ratios in the clinical setting. Successful and unsuccessful candidates are notified by mail and email. Unsuccessful candidates are provided with information regarding the reapplication process. Student selection is made on academic performance and not on the basis of race, color, religion, gender, age, or national origin.

Graduate Certificate Program:

Students must meet graduate college admission requirements and be admitted to the Graduate College prior to applying to the Graduate Certificate Program in Polysomnographic Technology. To become a major, students must:

1. Hold a national credential as a respiratory therapist or possess a state/national credential/license in a healthcare profession with a patient-care focus
2. Hold a bachelor's degree with a 2.50 GPA in the last 60 semester hours of the undergraduate degree. If a student has completed a master's or doctoral degree, a minimum cumulative 3.0 GPA is required

3. Complete the PSG Admission packet and submit the program application by the stated deadline to be considered by the PSG Admissions Committee for competitive admission to the limited cohort. Admission packet includes:
 - a. PSG Application Form
 - b. Letter of Intent from the applicant stating personal reasons for pursuit of the polysomnography/sleep technology profession
 - c. Three letter of reference vouching for the character and integrity of the applicant as a potential healthcare provider
 - d. Proof of national/state credentials/licenses

Following the stated application deadline, the PSG Admissions Committee begins the application review process. Cohort size is limited due to accreditation standards for student/teacher ratios. Successful and unsuccessful candidates are notified by mail and email. Unsuccessful candidates are provided with information regarding the reapplication process. Student selection is made on academic performance and not on the basis of race, color, religion, gender, age, or national origin.

A.3. Pertinent local, state, national and international studies demonstrating need for the program graduates

Status of National Respiratory Therapy Education

As of 2011, there are 435 community and proprietary colleges across the country offering registered respiratory therapist (RRT) programs at the associate degree level and 56 universities offering RRT programs at the baccalaureate degree level. There are currently four graduate programs in respiratory therapy, of which two are entry-level graduate programs and two are advanced studies master's degree programs. Three new graduate degree programs have been approved and are being implemented, as well. There are 27 colleges in Texas offering a RRT program at the associate degree level and five universities in Texas offering a RRT program at the baccalaureate degree level. There are currently no graduate degree programs in respiratory therapy in the State of Texas. At this time, the total enrollment of 135 admitted Respiratory Therapy majors makes the Texas State BSRC Program the largest bachelor's degree program in the nation that is located in a traditional university campus.

In order to meet professional career ladder opportunities in many healthcare settings, associate degree prepared respiratory therapists discover the need to return to higher education to complete the BSRC degree. Many hospitals require facilities department managers possess a bachelor's degree minimally. As a result, the BSRC Program at Texas State provides the "Advanced-Standing RRT" track for potential students who have completed an associate degree education and earned the RRT credential. After being admitted to the university and the RC Program, the BSRC degree can be completed through completion of core general education courses remaining and seven required respiratory care junior and senior courses. An increase in the number of Advanced-Standing RRT applicants is anticipated in the next five to ten years as demands for bachelor-prepared respiratory therapists increases.

National Needs for BSRC Prepared Respiratory Therapists

According to the Occupational Outlook Handbook, 2010-11 Edition, the national employment and need outlook for respiratory therapists is very good. Respiratory therapists held about 105,900 jobs in 2008. About 81 percent of jobs were in hospitals, mainly in departments of respiratory care, anesthesiology, or pulmonary medicine. Most of the remaining jobs were in offices of physicians or other health practitioners, consumer-goods rental firms that supply respiratory equipment for home use, nursing care facilities, employment services, and home healthcare services.

The job outlook projected is faster than average for respiratory therapists. Job opportunities should be very good. Employment of respiratory therapists is expected to grow by 21 percent from 2008 to 2018, much faster than the average for all occupations. The increasing demand will come from substantial growth in the middle-aged and elderly population—a development that will heighten the incidence of cardiopulmonary disease. Growth in demand also will result from the expanding role of respiratory therapists in case management, disease prevention, emergency care, and the early detection of pulmonary disorders. Older Americans suffer most from respiratory ailments and cardiopulmonary diseases, such as pneumonia, chronic bronchitis, emphysema, and heart disease. As the number of older persons increases, the need for respiratory therapists is expected to increase as well. In addition, advances in inhalable medications and in the treatment of lung transplant patients, heart attack and accident victims, and premature infants—many of whom depend on a ventilator during part of their treatment—will increase the demand for the services of respiratory care practitioners.

Job opportunities are expected to be very good, especially for those with a bachelor's degree and certification, and those with cardiopulmonary care skills or experience working with infants. The vast majority of job openings will continue to be in hospitals. However, a growing number of openings are expected to be outside of hospitals, especially in home health care services, offices of physicians or other health practitioners, consumer-goods rental firms, or in the employment services industry as a temporary worker in various settings.

State Needs for Respiratory Therapists

Locally and within the State of Texas, BSRC graduates of Texas State have found prominent positions in leadership roles in many healthcare facilities along the I-35 Corridor. Like nursing, there is no hiring differential between an associate degree prepared respiratory therapists and a baccalaureate degree prepared respiratory therapist. However, like nurses, the opportunities for advancement on a career ladder is dependent upon the bachelor's degree.

Graduates from the Texas State BSRC Program have a history of rapid advancement to supervisory and middle management positions within the first 2-5 years after graduating. Many BSRC graduates hold prominent managerial positions in healthcare facilities in San Antonio, Austin, Dallas/Ft. Worth and Houston. In the Austin area, the two major systems,

the St. David's/Hospital Corporation of American system and the Seton Network System, have recently identified 34 current FTE therapist positions available in this area. Within San Antonio, there are currently 38 current FTE positions available. According to State Occupational projections Long-Term, 2011, the data in the following table suggest that through 2019 in the State of Texas, there will be an expected need of a 37% increase in employment opportunities for respiratory therapists and a 15% increase in employment opportunities for respiratory technicians.

Area	Title	2006 Employment	2016 Employment	Numeric Employment Change	Percent Employment Change	Average Annual Openings
Texas	Respiratory therapists	7,420	10,200	2,780	37	390
Texas	Respiratory technicians	2,540	2,910	370	15	120

The Respiratory Care Profession remains a young profession in the healthcare industry with beginnings in the 1940s. As a developing profession, terminal degrees in the discipline have progressed from a one-year certificate program to the associate, baccalaureate, and masters degree level. Currently, there are 435 associate degree programs in the U.S. and the associate degree is considered the terminal degree for profession at this time. As of January 2011, there are 56 baccalaureate degree programs in the country and currently significant professional organization efforts are being made to advance the terminal degree to the baccalaureate degree level by 2015. Presently, there are only four masters-level degree programs in the US with three new additional graduate programs in the approval process.

As the profession has developed, the need to advance the educational preparation for therapists has become more evident by virtue of career opportunities in middle and higher management, education, research, and professional specialization requiring advanced degrees. Due to the lack of graduate education programs, respiratory therapists aspiring toward advanced job opportunities must satisfy graduate education options outside of their discipline in order to meet terminal degree requirements to be competitive. Graduate degree completion outside of the professional discipline presents a significant problem for those pursuing a career in academe due to the requirement by most university regional accreditation organizations of at least 18 graduate hours be completed in the discipline of instruction for faculty. Recent recommendations to the American Association for Respiratory Care, the professional organization for the discipline, have come in the form of a white paper study conducted by the AARC Steering Committee of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education calling for the advancement of terminal educational standards of the profession to the baccalaureate level.

National Need for Polysomnographic Technologists

There is an increased need for Registered Polysomnographic Technologist (RPSGT) personnel in the healthcare sector at this time due to new requirements for sleep lab accreditation demands. In order for a free-standing sleep lab/center to be accredited, the lab/center must meet requirements for the appropriate number of RPSGT credentialed technicians working in the sleep lab in order to be approved for Medicare, Medicaid and most all third-party reimbursement insurance contractors. The sleep technician profession is closely related to the respiratory care profession with over 70% of all sleep professionals also holding a concurrent respiratory care credential. Over 55% of all sleep labs/centers in the country are managed through the Department of Respiratory Care in hospital facilities. As a result, there are increasing number of sleep professionals that are becoming dually credentialed and cross-trained to meet the workforce needs.

As the number of sleep disturbance issues and sleep disorders are further researched and new treatments are discovered, there is an expected increase in need and demand for sleep professionals. Currently, more than 82 million Americans suffer from sleep disorders—the same incidence rate as diabetes in the US. Additionally, greater than 12 million Americans suffer from obstructive sleep apnea, a debilitating condition that often leads to heart failure and cardiac disability.

According the Board of Registered Polysomnographic Technologists (BRPT), there are more than 7,000 RPSGT professionals internationally. The number of accredited sleep labs and sleep centers in the country will likely strain at the demand for accredited lab/centers to provide diagnostics and treatments for the more than 82 million Americans with sleep disorders. As obesity and other comorbidities increase, the number of individuals with sleep disorders is expected to rise.

Locally, there are consistent opportunities for employment in sleep centers and sleep labs along the I-35 corridor as the population continues to grow in this region. The Hispanic and African-American populations in the U.S. are at even higher risk for developing sleep disorders than Caucasians and it has been estimated that over 40% of the U.S. population remains undiagnosed and untreated for sleep disorders. The Bureau of Labor Statistics projects that the number of jobs for polysomnography technologists is expected to grow rapidly through 2016.

The graduate certificate program in polysomnographic technology (PSG) is the first and only graduate-level accredited polysomnography program in the country. Texas State has demonstrated outstanding leadership in providing the graduate certificate program as a model for other universities. Students completing the certificate program are not only eligible to immediately sit for two different national board credentialing examinations, but they also earn 15 graduate hours that may be applied toward the Master of Science in Interdisciplinary Studies degree at Texas State. The certificate program and graduate degree prepares individuals for unique opportunities in academia, management, and research within the sleep medicine community. The Texas State Sleep Center, located in the Health

Professions Building, is fully accredited by Medicare/Medicaid and the American Academy for Sleep Medicine (AASM) as a center for diagnostics and treatment of sleep disorders for pediatric, adolescent, and adult clients.

References cited:

American Associate for Respiratory Care. Development of Baccalaureate and Graduate Degrees in Respiratory Care. White paper from AARC Steering Committee of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education.

http://www.aarc.org/resources/bacc_edu/index.asp

American Association for Respiratory Care. Job Outlook for Respiratory Therapy.

<http://www.aarc.org/career/succeed.asp#job>

Bureau of Labor Statistics/Occupational Outlook Handbook, 2010-11 Ed.

Registered Respiratory Therapists. <http://www.bls.gov/oco/ocos321.htm>

Registered Polysomnographic Technologists. <http://www.bls.gov/opub/ooq/2006/spring/yawhat.pdf>

State Occupational Projections. 2006-2019 Long Term Projections.

<http://www.projectionscentral.com/default.aspx>

A.4. Changes in market demand

Presently, healthcare has become the focus of national attention with the national healthcare initiative. Healthcare currently represents 18% of the national budget or over \$1,000 billion dollars. With debate as to the right of American's to healthcare, the emphasis and importance of healthcare is certainly forefront and is likely to remain a primary issue for federal, state, and local appropriations. The demand for healthcare providers is increasing. Projections forecast a rising need for respiratory therapists through 2020 and an increasing need for polysomnographic technologists through 2016 due the aging of the "baby boomer" population and the transition of this largest population sector in the country to the Medicare-eligible age group. The American Hospital Association projects that more than 6 out of 10 baby boomers will be managing multiple chronic illnesses by 2030. As patients live with multiple chronic diseases, the demands for services will increase and by 2020 boomers will account for more than four out of ten physician office visits daily.

The aging of respiratory therapists poses a compounding workforce shortage issue. The current mean age of the nation's 145,000 practicing RTs is 45 years of age. By the year 2019, some 40 percent of current therapists will be retiring, thus creating a shortage similar to predictions for nursing. Another significant market need expected is the "aging educator" factor closely linked with the baby boomer population. The mean age of respiratory therapy educators is 56 years old. By 2020, the retirement trend for academic RC professors will place a significant strain on the higher education system with a shortage of potential academicians with the appropriate terminal degree within their discipline to meet regional accreditation standards for colleges and universities.

References cited:

American Hospital Association. Baby Boomers to Challenge and Change Tomorrow's Health Care System. <http://www.aha.org/aha/press-release/2007/070508-pr-boomers.html>

Respiratory Therapists: A Critical Link of Life and Breath. http://career-resources.allhealthcarejobs.com/articles/content/entry/respiratory_therapists_a_critical_link

Workforce Shortages in the Allied Health Professions: Barrier to Health Care Access in Texas. Presented to the Senate Committee on Health and Human Services. www.senate.state.tx.us/75r/senate/commit/c610/h201...

A.5. Name of external accrediting body (if applicable), standards for accreditation, and the latest accreditation report.

The external accrediting body for both the Respiratory Care program and the Polysomnographic Technology program is the Commission on Accreditation for Respiratory Care (CoARC). This external accreditation commission requires extensive annual reports with specific threshold requirements for a rolling three-year average. If an institution has an outstanding annual report history, an exceptional self-study submitted, and a successful visit from the CoARC external site visit team, a 10-year accreditation is awarded. Since the Respiratory Care program began in 1972 at Texas State, the program has had the distinction of being awarded full reaccreditation at the highest number of years awarded for each accreditation cycle. The last CoARC Accreditation site visit was in 2006 and full accreditation was received for ten years. The next scheduled accreditation site visit will be 2016. The Polysomnography Add-on Program was accredited in 2006 during the same time the Respiratory Care Program was accredited and will be reviewed concurrently during the 2016 cycle review. Due to changes in the CoARC annual reporting software used to submit reports, the 2010 Annual Report is not due until July 1, 2011. As a result, the 2009 report is the most current annual report submitted and approved through CoARC. Please refer to Appendix 1 for CoARC Accreditation Standards, Appendix 2 for the most recent CoARC Annual Accreditation Report, and Appendix 3 for the CoARC Letters of Continuing Accreditation for the Respiratory Care and Polysomnography Programs.

A.6. Comparison of Texas State program to similar programs in the state, region, or nation.

Compared to other programs in the country, the Texas State Respiratory Care BSRC Program has the singular distinction of having the largest enrollment of majors located in a university setting in the U.S. Although several on-line, nontraditional programs have larger total enrollments, the Texas State RC Program remains the largest traditional program. There are currently 435 associated degree registry respiratory therapy programs, 56 baccalaureate degree programs, and four graduate degree respiratory therapy programs in the country. The graduate certificate program in polysomnographic technology is the only graduate level program in the country and one of two polysomnography programs in the state.

Currently within the state, there are 27 colleges offering the registered respiratory therapy (RRT) program at the associate degree level and five universities in Texas offering the RRT program at the baccalaureate degree level. We have accepted many graduates from RRT associate degree programs over the past years and work diligently to articulate course credit through transfer acceptance guides and agreements. The career advancement opportunities for a baccalaureate degree RRT graduate is significantly greater over a career lifetime than opportunities of the associate degree RRT graduate. Through the years, many associate degree graduates have realized the value of an advanced degree and have applied to our program for completion of the BSRC degree.

As for the other four BSRC programs in the state, two are located at health science centers, the University of Texas Health Science Center at San Antonio and the University of Texas-Medical Branch at Galveston and the remaining two programs are located at Midwestern State University in Wichita Falls and Texas Southern University in Houston. The collective sum of the respiratory majors at these four universities totals less than 120 students and the total enrolled majors at the Texas State RRT Program is currently 135 students.

The present curriculum is a four-year curriculum in which qualified students may be admitted in their freshman year. The RC major courses are distributed throughout the four years along with general education courses and the additional support courses required by CoARC are strategically placed in each semester. Students admitted to the program with previous general education core courses may choose to add a minor, which is not required for the bachelor's degree, or sequence through the "Fast Track" option to expedite program completion.

Our Respiratory Care Program accepts a maximum of 40 students per cohort. CoARC, approves the maximum number of students per cohort based upon the faculty/student ratio. As long as the clinical instructor-to-student ratio is less than 1:6, respectively, clinical education standards are not in violation. Cohort class size limitations are the result of the required clinical faculty/student ratio. Due to the need to provide direct clinical supervision of students as they deliver therapy and medication to patients in various healthcare settings, CoARC requires the 1:6 ratio for patient safety and optimal student learning.

The Respiratory Therapy Program has an excellent cohort retention and graduation rate as compared to other programs in the state and the nation. Texas State RC students exceed the national mean and CoARC thresholds for national credentialing examinations in the affective, cognitive, and psychomotor domains in recall, application, and analysis.

B. Curriculum and Courses

B.1. Explain how the curriculum meets the educational goals of the program.

Bachelor of Science in Respiratory Care Program

The four-year BSRC Program is developed according to the standards established by the Texas Higher Education Coordinating Board and the Texas State Board of Regents for the general education core requirements to compliment the Respiratory Care major courses.. In

addition to the required bachelor in science core courses that include English (1310 and 1320), college algebra (MATH 1315), political science (POSI 2310 and 2320), history (HIST 1310 and 1320), etc., we also require additional support courses as part of CoARC accreditation standards. Additional required courses includes psychology (PSY 1300), medical terminology (HIM 2360), introductory physics and lab (PHYS 1310 and PHYS 1110), human anatomy and physiology (BIO 2430), microbiology (BIO 2440 or 2400), and chemistry (CHEM 1341 and 1141) to fully prepare graduates for their career in respiratory therapy. This demanding curriculum is currently 139 hours, which ranks third in the number of required degree semester hours out of the five BSRC degree programs in Texas (refer to Appendix 4 for the Support Course listing for the BSRC Program).

Texas State has made a commitment to students who begin their careers at community colleges within the state to provide a pathway for baccalaureate degree completion. Transfer equivalency guides are established for community college students wishing to transfer to Texas State to complete the BSRC degree. The department works closely with the College of Health Professions Advising Center to assist any students who wish to transfer to Texas State to ensure they have the appropriate courses and GPA to begin the BSRC sequence. The department also participates in the Day of Dialogue, which is dedicated to educate advisors and counselors from community colleges about the undergraduate degree to provide them with current course requirements to expedite the transfer process.

Respiratory care courses are sequenced in such a way that theory and principle concepts are presented in lecture courses prior to laboratory and clinical classes experiences. This pedagogy allows the cognitive domain to lead the student forward and follows with the affective and psychomotor domain reinforcement. In addition to theory and laboratory courses, CoARC also requires clinical education experiences. Two to four times per week, students and faculty leave the San Marcos campus and travel to clinical affiliate sites in Austin and San Antonio healthcare facilities to provide the opportunity for direct patient care and interaction with other healthcare professionals. The total number of clinical hours that must be completed by completion of the program is 1,072 clinical clock hours. Clinical faculty must carefully match student skill levels with the appropriate patient care situation in each clinical affiliate to provide the proper clinical experiences needed by the student to complete clinical competency skill development and evaluation. Because the patients are admitted to the hospital and under physician orders to receive a respiratory therapy modality, direct and continuous supervision by clinical faculty is required at all times. As skills are acquired and clinical competencies are assessed and verified, students are afforded increasing independence and latitude with supervision.

Critical-thinking and problem-solving skill development is of the utmost importance through the educational process. These skills are essential in the clinical setting as patients are receiving therapy and being treated for their cardiopulmonary conditions and disorders. In order to obtain the Registered Respiratory Therapist (RRT) national credential, three sequential exams must be successfully completed, including an online patient simulation exam that assesses critical-thinking and problem-solving. The focus of the national board examination is to assess the level of safe patient-related clinical skills and knowledge of the therapist should he/she be asked to serve as a consultant to the attending physician to

recommend a treatment plan. Clinical safety of the patient is the first priority and a thorough knowledge of all treatment modalities and options is required prior to degree completion in order to properly care for patients in various healthcare settings. Additionally, all didactic and laboratory courses are constructed on an spiraling curriculum concept that requires an increasing demonstration of critical-thinking and problem-solving ability of the student through assessment and evaluation (refer to Appendix 5 for the BSRC Course Sequence).

Graduate Certificate in Polysomnographic Technology

The graduate certificate program maintains high standards in the academic, research, and clinical arenas while meeting CoARC requirements for polysomnography and SACS standards for graduate certificate programs. Graduate faculty are the instructor of record for all courses and at the completion of the 15 hour program, students receive a notation on their transcript stating “Certificate of Completion in Polysomnographic Technology” and a Graduate Certificate from the university. Requirements for courses meet all standards and guidelines set forth by the Graduate College at Texas State. The program sequence requires 8 semester hours be completed in the fall and 7 semester hours be completed in the spring. The six courses comprise the didactic, laboratory and clinical education curriculum. Clinical education experiences required by CoARC are provided to students with the option for clinical rotations to be completed at the Texas State Sleep Center located on the San Marcos campus or a clinical affiliate sleep center in either San Antonio or Austin.

In efforts to create a transitional path for healthcare providers from non-Respiratory Care tracks, the PSG curriculum provides a means by which licensed/credentialed healthcare providers may add the sleep profession to their existing healthcare career. CoARC permits any healthcare provider that is licensed or credentialed with a patient-focused profession to be considered for admission into the PSG program. To date, we have had several healthcare providers from other professions take advantage of this specialty track from qualified professions such as nursing, EMT, certified nursing assistant, and pharmacy technician. The majority of PSG students bring with them a respiratory care background.

The PSG curriculum was developed according to the guidelines and standards of CoARC (refer to Appendix 6 for CoARC Standards and Guidelines for the Polysomnography Add-on Program) and the Board of Polysomnographic Technologists (BRPT). The PSG program was originated as a “course of studies” and operated as such from 2006-2010 until approval from the Texas Higher Education Coordinating Board (THECB) was obtained for the graduate certificate status. Because the graduate certificate was only recently approved in 2010, student learning outcomes have only recently been developed and will be reported in 2011. The curriculum also meets the program goals of having the faculty and student engage in research activities due through sleep research projects and assignments (refer to Appendix 5 for the PSG Certificate Program Course Sequence).

B.2. Describe how curriculum is developed, coordinated, and delivered. Provide evidence of sufficient offerings and balance among the various specialties to meet student needs, interests and market demands, i.e., sufficient breadth of course offerings as well as sufficient depth for specialization.

The curriculum is developed in accordance with the CoARC Standards and Guidelines to meet external accreditation requirements in an aligned course sequence. Currently, the curriculum is offered as a four-year curriculum. As the original flagship program in the College of Health Professions in 1972, the Respiratory Therapy Program began as an associate degree program. At the time, there were no baccalaureate degree programs in the country and Texas State, then Southwest Texas State University, sponsored a variety of associate degree offerings. In 1996, matriculation to the baccalaureate degree was a recognized trend in the profession. And after multiple proposals and attempts, the THECB approved the transition to the baccalaureate level and the associate degree program was phased out. Nearing its fortieth year in service, the Respiratory Care curriculum continues to evolve with the changes in healthcare and professional expectations. The curriculum is monitored closely for revision by comparing the current curriculum to the National Board for Respiratory Care (NBRC) exam matrices for registry. CoARC requires a regular comparison of the program curriculum to the NBRC matrices and identification of courses in the curriculum addressing every element found on the national board matrix. CoARC also requires comparison of the polysomnography curriculum to the BRPT national board exam matrix for the RPSGT exam to insure current and contemporary course content.

All tenure-track/tenured faculty are responsible for curricular modifications based on student evaluation feedback upon graduation, as well as semester teacher evaluations and course feedback. Input from surveys sent to alumni and employers of graduates are also utilized to evaluate curriculum effectiveness and recommendations for modifications that would strengthen graduate performance. The Respiratory Care/Polysomnography Advisory Board, composed of Respiratory Care and Polysomnography Department managers from each clinical affiliate in the San Antonio/Austin communities of interest, physicians, faculty, and university administration, meets annually to review curriculum effectiveness as evidenced by the clinical skill proficiencies and graduate performance on national board exams.

A departmental curriculum committee meets regularly to assess needs and discuss content or course development. Faculty is directly involved and responsible for curriculum development with changes in course sequence, title, description, semester hour credit, or content moving forward as a recommendation for approval from the faculty to the department chair, the College Curriculum Committee, the College of Health Professions College Council, the College Dean and the University Curriculum Committee before being submitted to the Provost for final approval.

As the largest baccalaureate degree program offered in a traditional university setting, the Texas State BSRC Program matriculates a cohort that is engaged to meet the growing professional needs at the local region, state, and national levels. The development and offering of the specialization internship course in the senior year provides students with the rare opportunity to pursue a clinical specialty that can lead to in an additional specialty

national credential. Students are encouraged to pay close attention through their four years of clinical learning experience for areas of special interest for potential internship development. Seniors may develop internships in specialty areas such as neonatal/pediatrics, emergent care, critical care, homecare, departmental management/supervision, case management, medical equipment sales, pulmonary rehabilitation, sleep medicine, biomedical research, higher education, hyperbaric medicine, pulmonary function diagnostics, and several other specialties. The breadth of the curriculum prepares students to become generalists and proficient in all specialty areas, but the specialization internship allows students to refine specialty skills and open doors for future employment, as well.

B.3. List courses offered in other academic units that serve the majors and describe what objectives the courses meet.

Refer to Appendix 4 for the table listing the undergraduate support courses offered through other academic units that serve our undergraduate majors. The table includes the course objectives for each of the support courses.

B.4. Describe the program's role in the College and the University in offering developmental courses.

The department does not offer general education courses or service-type courses to students outside the major.

B.5. List general education and other service-type courses the program offers and explain what goals they meet.

Although the department does not offer general education courses to students within the major, service-type courses are required for all respiratory care majors. The Community Service Act of 1990, which authorized the "Learn and Serve America" grant program, defines service-learning as:

"A method under which students or participants learn and develop through active participation in thoughtfully organized service that is conducted in and meets the needs of a community; is coordinated with an elementary school, secondary school, institution of higher education, or community service program, and with the community; and helps foster civic responsibility; and that is integrated into and enhances the academic curriculum of the students, or the educational components of the community service program in which the participants are enrolled; and provides structured time for the students or participants to reflect on the service experience."

Although all Respiratory Care courses are offered to majors only, within the context of this definition of service learning, the required clinical education represents a component of service learning. When students are assigned to clinical rotation groups and clinical instructors, they begin to learn how to work as a team to accomplish the best and most favorable outcome for their patients. Through active participation in the patient's care and

interaction with the patient's family and friends, they interface with the community, while representing the profession and Texas State in a very important manner. Not only are clinical students associated with the healthcare process in the eyes of patients, family and friends, but they also represent a source of information and education that is vital to patients to better understand their condition and, thereby, increase patient compliance.

Through this activity, clinical students are reaching out to various community groups in several cities to meet a community need and help foster responsibility for healthy choices, lifestyles, and behaviors. Clinical education is integrated into and enhances the academic curriculum of respiratory care students. Because our students will accumulate over 1,000 hours of clinical clock time in healthcare facilities delivering patient care, there is much time for reflection. Students are engaged by their clinical instructors daily to reflect on patient experiences. Case studies are a required portion of student reflection and demonstration of experiences. With oral presentation of case studies to fellow students, faculty, and physicians, opportunity is provided for feedback, analysis, and critical-thinking skill development. Since the definition of service-learning incorporates the notion of reflection on services provided, clinical education is an appropriate fit for student service learning applications.

Many community-based service-learning projects are made available for student participation in conjunction with the university and in the community. The Respiratory Care Student Association (RCSA) is a voluntary student organization on campus that responds to community requests for participation in lung screening at healthcare fairs, participation in fund-raising events for national groups such as the National Cystic Fibrosis Foundation, the Texas Asthma Coalition, the American Lung Association, the American Heart Association, the American Cancer Society, and several other worthy causes. Students are encouraged to volunteer for such learning projects and are provided "professional credits" as part of their required clinical courses. Each semester, students are required to document an assigned number of professional credits in order to successfully complete their clinical courses. Failure to accumulate the required number of service credits results in failure of the clinical course regardless of their test and project scores. Service-learning is part of the civic responsibility of healthcare providers and in this way, students are encouraged to engage with their communities.

B.6. Describe strengths and weaknesses of a) curriculum within the program, b) coordination with other units in their delivery of courses serving majors in the program, and c) coordination of general education and other service-type courses the program delivers.

Refer to Appendix 7 for a listing of curriculum strengths and weaknesses within the programs at both the undergraduate and graduate certificate level.

Since the department does not offer general education courses or service-type courses to students outside the major, describing the coordination of these courses does not apply to the RC department.

C. Evidence of Teaching and Learning Effectiveness

C.1. Provide up to five years of student learning outcomes assessment reports. Analyze the findings for the five years (or available timeframe) and describe how the assessment findings have been used to improve the program.

Refer to Appendix 8 for SACS student learning outcomes assessment reports for the undergraduate program over the last four years. The assessment findings have been used to improve the program in the following areas:

- a. Enhance and modify the undergraduate advising processes
- b. Faculty are better documenting current evidence-based practice and integrating additional practices into their courses
- c. Faculty are integrating more technology into the courses
- d. Increased use of problem-based learning and critical-thinking learning
- e. Remediation and review of comprehensive clinical exams at the beginning of each semester to enhance critical-thinking and problem-solving skills
- f. Increased student opportunities to become involved with faculty research
- g. More diverse teaching and assessment methods so that students have more varied learning experiences

C.2. Provide information for the following items (if available/applicable)

a. Placement of graduates in jobs and/or graduate programs;

Refer to the table below for data for the last five years on the number and percentage of Department of Respiratory Care BSRC undergraduate graduates who have been employed in the profession or enrolled in graduate programs within one year of graduation.

Academic year	Employment/Graduate Program Placement	
BSRC	# of graduates	% of graduates
2009-2010	35	100%
2008-2009	32	100%
2007-2008	34	100%
2006-2007	29	100%
2005-2006	17	100%
5 year average		100%

Refer to the table below for data for the last four years on the number and percentage of Department of Respiratory Care PSG graduate certificate graduates who have been employed in the profession or enrolled in graduate programs within one year of graduation.

Academic year	Employment/Graduate Program Placement	
PSG Graduate Certif	# of graduates	% of graduates
2009-2010	7	100%
2008-2009	9	100%
2007-2008	2	100%
2006-2007	2	100%
2005-2006	N/A	N/A
4 year average		100%

b. Student exit surveys

BSRC Undergraduate Students

Graduates from our BSRC undergraduate program were asked to participate in the CoARC Graduate Survey required for accreditation six-months following graduation (refer to Appendix 9 for a sample of the program graduate survey). The following table shows the overall rating of BSRC graduates regarding their educational experience at Texas State collected through the DataArc system utilized for reporting annual accreditation statistics to CoARC.

BSRC Undergraduate CoARC Student Exit Survey Results

Rating of overall educational experience	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006
Excellent	75 %	77 %	65 %	90.1 %	83 %
Above Average	25 %	23 %	35 %	10.6 %	17 %
Average	0 %	0 %	0 %	0 %	0 %
Below Average	0 %	0 %	0 %	0 %	0 %
Poor	0 %	0 %	0 %	0 %	0 %
Effectiveness in job prep					
Extremely Effective	93.8 %	88.8 %	78 %	84.8 %	81 %
Very Effective	6.2 %	11.1 %	22 %	15.9 %	19 %
Effective	0 %	0 %	0 %	0 %	0 %
Somewhat Effective	0 %	0 %	0 %	0 %	0 %
Not Effective	0 %	0 %	0 %	0 %	0 %

According to the Texas State Alumni Surveys, the highest recommendation of the education experience ranges from 67% to 100% of those completing the survey. Alumni appear to be quite satisfied with the educational experience they received in our department; however, not many students responded to the Texas State survey.

PSG Graduate Certificate Students

Graduates of our PSG graduate program have participated in the CoARC Graduate Survey required for accreditation since the beginning of the program four years ago. Surveys are emailed to students six-months following completion of the PSG program (refer to Appendix 10 for a sample of the PSG program graduate survey). The following table shows the overall rating of PSG graduates regarding their educational experience at Texas State.

PSG Graduate CoARC Student Exit Survey Results

Rate overall experience	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006
Excellent	100 %	66.6 %	88.8 %	100 %	N/A
Above Average	0 %	22.2 %	11.1 %	0 %	N/A
Average	0 %	11.1 %	0 %	0 %	N/A
Below Average	0 %	0 %	0 %	0 %	N/A
Poor	0 %	0 %	0 %	0 %	N/A
Effectiveness in job prep					
Extremely Effective	87.5 %	88.8 %	100 %	100 %	N/A
Very Effective	12.5 %	11.1 %	0 %	0 %	N/A
Effective	0 %	0 %	0 %	0 %	N/A
Somewhat Effective	0 %	0 %	0 %	0 %	N/A
Not Effective	0 %	0 %	0 %	0 %	N/A

Because the graduate certificate program has only just been approved and implemented, the PSG students complete the polysomnography technology course of studies were not surveyed by Texas State due to the lack of a degree.

c. Passing rates on professional certification and/or licensure examinations; and

BSRC Program Credentialing/Licensure

In order to be employed as a respiratory therapist, graduates must successfully pass the Certified Respiratory Therapy (CRT) national board exam administered by the NBRC. After completing the CRT exam, therapists must then apply for a state license in the state in which they plan to be employed. Currently, 49 of the 50 states in the U.S. require state licensure in addition to the NBRC national credential. The state licensure provides the Respiratory Care Practitioner (RCP) with the required proof of competency required for

employment. Additionally, CoARC has determined that the programmatic pass rate for the CRT exam represents the critical threshold for program teaching effectiveness. All programs must maintain a minimum CRT pass rate threshold of 80% on a three-year average. In other words, at least 80% of the last three years of graduate cohorts must pass the CRT national board exam in order to meet annual CoARC accreditation standards and guidelines.

Refer to the table below for the NBRC Certified Respiratory Therapist national board pass rate data for the previous five periods/testing cycles for graduates of the BSRC program.

Graduation Year	Graduates Tested	Total First Time Passing	Percent First Time Passing	% of National Passrate
2010	35	34	96%	148.46%
2009	32	31	96.3%	156.54%
2008	34	33	96.90%	167.73%
2007	29	28	96.3%	119.17%
2006	17	17	100%	111.22%
2005	20	20	100%	135%

PSG Graduate Certificate Program

The national board examination for polysomnographic technologists is administered through the Board of Registered Polysomnographic Technologists (BRPT) and those successfully completing the board exam receive the credential Registered Polysomnographic Technologists (RPSGT). The NBRC also provides a national credential for all CRT or RRT therapists as a subspecialty credential known as the Sleep Disorder Specialist (SDS). Both credentials are recognized in all 50 states and internationally. At this time, the RPSGT and SDS exams are considered voluntary credentials and there is no national or state mandate for graduates to sit for the exams before becoming employed. Although the department strongly encourages PSG graduates to sit for the national board exams, graduate pass rates are not required for accreditation annual reports.

d. Percentage of students participating actively in professional activities (e.g., presenting at a conference, officer in professional organizations, student organization participant, volunteer in professional activities).

At the undergraduate level, students are appropriately involved in the RCSA student association at Texas State and participate as student members of the state and national professional associations, the Texas State Society for Respiratory Care (TSRC) and the American Association for Respiratory Care (AARC), respectively. Due to the number of majors and cohorts, resources do not permit the department to sponsor an entire class to attend state or national professional meetings; however, the Dean provides annual funds to provide support for student attendance. Departmental resources are added to support and

encourage student participation in professional conferences. Professional credits are offered to all students attending conferences. In 2010, the AARC International Conference was held in San Antonio and we found opportunities for several of our interested students to serve as registration personnel and as “runners” for the International Congress. As a result, the students were admitted free to the conference and were very intrigued to see the process of a national professional congress at work.

In 2009, the RC Department became a charter member of the Lambda Beta National Honor Society for Respiratory Therapist. That year, there were 15 new inductees and in 2010 there were 11 inductees into the society. These outstanding young men and women are leaders in their class and are proactively involved in the community while demonstrating an outstanding academic performance in the top 25% of their class.

C.3. Describe methods used to evaluate the quality of teaching. Attach evaluation instruments. Provide evidence of assessment results and explain how the results have been used to modify and/or improve the program.

Annual goals are developed individually depending on the faculty member’s status as tenure or non-tenure track. The RC Personnel Committee, as well as the Department Chair, monitors each faculty member’s annual progress. The competencies of the faculty in the areas of teaching are evaluated based on the following: student teaching evaluations, peer teaching evaluations and RC Personnel Committee recommendations. Peer and Chair review of classroom teaching is completed on all tenure-track faculty each semester and curriculum course content may also submitted for Peer and Chair review. Examples of teaching evaluation instruments including a student teaching evaluation form, a peer teaching evaluation form, a chair evaluation teaching form, and the RC Personnel Annual Review forms can be found in Appendix 11.

Teaching evaluation outcomes from the above sources are provided to each individual faculty member as reference to assist in course improvements such as required textbook changes, project modifications, technology additions, etc. Major course changes of objectives/competencies are only made after consulting with faculty at a general faculty meeting and with the chair. Clinical faculty (adjunct/part-time) are evaluated each semester and student evaluation results are shared with all adjunct faculty members with a summative letter from the Director of Clinical Education or the Department Chair. Ultimately, the proof of a successful program curriculum and instructional quality is reflected in graduates’ success on national board examinations, the number of positive job placements, job satisfaction, and the decision to continue graduate education, professional education, or research.

C.4. Describe how assessment results are shared with the faculty, students, and accrediting bodies (if applicable).

The RC Personnel Committee and the Department Chair reviews each faculty member’s annual progress with recommendations and goal setting as part of the process. The accomplishments of the faculty in the areas of teaching, scholarship and service are

evaluated and the Personnel Committee members engage in secret balloting to determine faculty performance and merit. The RC Personnel Committee provides recommendations regarding performance and merit to the Chair. The Chair considers the PC recommendations and provides an additional recommendation to the Dean of the college. Each faculty member receives a copy of RC Personnel Annual Evaluation recommendations and the Chair recommendations. All assessment results are made available to CoARC as part of the ongoing annual report.

Beginning in January 2011, the enactment of HB 2504 now requires public access of all faculty course information to students, parents and the public. From the Texas State website front page, public access is on a few clicks away from each faculty member's curriculum vita, course syllabi, student instructor evaluations, and departmental budget information.

III. INSTITUTIONAL DATA (Provided by Institutional Research unless otherwise noted)

A. Admission scores, retention rates, and annual graduation rates

BSRC Undergraduate Program

Due to CoARC accreditation standards for faculty/student ratios in the clinical setting, cohort size has been set at 40 students per year. In the current four-year curriculum, the freshman cohort is accepted into the BSRC program and attrition is counted for four years, rather than the two-year time frame practiced by most university units. Although careful screening of applicants is employed to determine whether candidates are a good fit for the profession, the largest attrition is seen during the first year of the curriculum as clinical education begins. For some students, the hospital setting offers barriers and obstacles that are difficult to overcome and at this point they may voluntarily withdraw from the program—not for academic reasons, but for personal comfort/interest reasons. During the sophomore year, a second significant transition in the curriculum takes place and may prove to be a difficult transition for some students. Courses taught during the sophomore year require students to utilize critical-thinking and problem-solving skills, rather than depending upon rote memory and recall. The analysis and application of skills to “make patient decisions” in the classroom setting requires a retained knowledge of facts and concepts while making specific treatment decisions based upon patient conditions. By the junior and senior year, there is little to no attrition except due to financial, medical, or personal reasons. The following data are provided through the data collected for CoARC annual reports rather than Institutional Research Data (refer to Appendix 12). Data from the Institutional Research Data does not correctly track newly admitted students to the BSRC four-year program because student total transcript hours may classify them as sophomores or juniors in the department instead of a first-year RC student.

BSRC Undergraduate Retention and Graduation Rates

Cohort	# Freshman BSRC Majors	Students Retained After 1 Year	% Retained After 1 Year	% Cohort Graduating
Spring, 2010	44	40	91 %	NA
Spring, 2009	37	32	87 %	NA
Spring, 2008	34	32	94 %	NA
Spring, 2007	32	30	93 %	NA
Spring, 2006	47	42	95 %	80 %

PSG Graduate Certificate Program

The PSG program has experienced significant fluctuations in cohort size due to market variability in the healthcare sector. Due to changes in third-party reimbursement (insurance companies, Medicare, Medicaid, etc.), career interest in polysomnography has experienced some challenges during the last several years. However, with recent sleep lab/center accreditation requirements for RPSGT staff to process Medicare/Medicaid patient, there is a renewed interest and demand for credentialed sleep technologists. Marketing the PSG graduate certificate option to our BSRC students has proven to be an excellent source for continued growth and an outstanding opportunity for students to pursue a graduate degree that results in additional expertise and a national credential in sleep (refer to Appendix 12 for data from Institutional Research regarding retention rates).

B. Number of students on probation and suspension

According to the Texas State Institutional Data, during 2006 there were 5 students on probation and 6 students on suspension. For 2007, there were 5 students on probation and 2 students on suspension. In 2008, there were 4 students on probation and 1 student on suspension. For 2009 and 2010 there were no students on probation and 1 student on suspension. The graduate improvement in probation and suspension statistics may correlate with the increasing mean GPA for the first-year cohort. For the last two years, the newly admitted cohort has had a 3.30 and a 3.2 mean GPA for 2009 and 2010, respectively. The above numbers represent outstanding data in comparison to the overall number of university-wide Texas State students placed on probation or suspension during the last five academic years (refer to Appendix 12).

C. Number of students who changed majors to majors outside the department

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
BSRC	7	12	11	10	9

The RC faculty is dedicated in ensuring all students enrolled in the RC program are not only dedicated to the field of study, but are clinically safe in the hospital setting, as well. Students must demonstrate outstanding clinical skills before being allowed to matriculate to the next semester in the lock-step sequence. As the difficulty level and clinical responsibilities increase, some students realize they are not a match for the pressures in the healthcare setting and begin to explore other majors. These students are provided with academic advising and career exploration suggestions to find the right fit for their interests and abilities.

D. Number of majors

The number of students enrolled in the BSRC undergraduate program has been stable over the last five years with a range of 121 to 138 majors. The 1st Year cohort has a range of 32 to 47 admitted students, while the PSG graduate certificate cohorts have ranged from 2 to 9 total students. Refer to the table below for the number of majors correlating to the last five years.

	# of BSRC 1 st Year Majors	# of BSRC Majors	# of PSG Graduate Certificate students	Total Department majors
2009-2010	44	125	7	132
2008-2009	37	121	9	130
2007-2008	34	122	2	124
2006-2007	32	133	2	135
2005-2006	47	138	N/A	138

E. SCH trend(s) for the program, the major(s), and the core course(s), if any

Due the restricted cohort size and unchanged degree hour requirements, the SCH trend is stable (refer to Appendix 12 for Institutional Research data). While the SCH production plays an essential role in revenue generation for the university, it is important to note that departmental SCH cannot grow too much due to national accreditation constraints on student-to-faculty ratios. In the future when the BSRC curriculum is converted from the current four-year format to the “2+2” format, all RC major courses will be at the upper-level providing greater funding streams for the university. Again, cohort size will produce a stable SCH generation from year to year unless additional programs or degrees are added.

Level	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Lower	1,720	1,558	1,314	1,311	1,417
Upper	937	1,382	1,324	1,310	1,258
Graduate	NA	144	144	162	129
Total	2,657	3,084	2,782	2,782	2,804

F. Number of degrees awarded

At the undergraduate level the number of annual degrees awarded ranged from 23 graduates to 37 during the past five years. Due to the management of undergraduate enrollment to meet CoARC clinical student/faculty ratios, these numbers will not increase dramatically in the future. The PSG Graduate Certificate Program has seen a range of 2 to 9 students completing the post-bac/graduate certificate program.

G. Alumni surveys

According to the Texas State Alumni Surveys, since 2006 there appears to have been an improvement in the mean in terms of BSRC alumni who have reported being very satisfied with the educational experience they received in our department (refer to Appendix 13 for the alumni surveys). However, a total of only 19 students responded to the Texas State survey; therefore, the data may not represent the complete perspective of BSRC Texas State alumni. The CoARC graduate survey instruments provide a better reflection of alumni satisfaction with their educational experience in the BSRC and PSG programs. See Section C.2.b. for specific results of the CoARC graduate surveys.

H. Operation support and teaching supplement income

Please refer to Appendix 14 for specific departmental M&O data. In tracking changes in M&O from 2006 through 2010 for operational support, an increase was noted from 2006 to 2007 when a faculty line was increased, but adjunct, summer funds, and course fees remained the same. There was no change in the M&O during these two academic years. However, beginning in 2008 when the new Texas State M&O formula was implemented to account for changes in enrollment and number of faculty, there was a significant increase in M&O to bring the department into alignment with expenses. Since 2008, there has been a modest adjustment to M&O as expenses have increased. As for the adjunct teaching supplement, there has been a needed increase from 2006 (\$77,549.24) to 2010 (\$82,657.98). These increases demonstrate the positive support the department has received from administration.

I. Departmental operating expenditures (Departments will be expected obtain their own expenditure data.)

Supplies and Expenses	2005-06	2006-07	2007-08	2008-09	2009-10
Academic Program M & O	\$14,572.20	\$14,605.00	\$33,810.20	\$33,810.20	\$35,547.59
Expenses	\$16,633.36	\$10,479.48	\$24,792.71	\$25,895.16	\$33,314.85

The Respiratory Care Academic M & O account remained unchanged between 2005-06 and 2006-07. Once the new Texas State M & O formula was implemented, which calculates multiple variables to determine a more equitable distribution of M & O funds, the amount allotted to Respiratory Care more than doubled in 2007-2008 with no change in 2008-2009 and a modest increase in 2009-2010. These additions to the departmental M & O account have been essential for proper department function and reflect the growth in clearly the number of tenure-track faculty and clinical faculty, undergraduate and graduate students, and semester credit hours generated (refer to Appendix 14 for complete RC Departmental operating budget data).

The Texas State Sleep Center is an accredited sleep center that operates seven nights a week with up to two patients in the center per night. The purpose of the sleep center is to provide educational opportunities for clinical rotations in sleep for BSRC and PSG students, to provide research opportunities for faculty and students, and to meet the diagnostic needs of

the San Marcos surrounding communities of interest for sleep diagnostics and treatment. The Center is operated through an income-generating account that allows the center to meet the annual budget. Funds generated beyond the budget are placed into a university reserve account. Monies in the reserve account may be used to supplement the sleep center budget, purchase equipment for the sleep center, support faculty involved in respiratory or sleep research, support faculty attendance and presentation of papers at state or national conferences, purchase capital equipment for the respiratory care or the sleep student labs, and more. Since the sleep center opened its doors in 2005, the center has been self-sustaining and has generated reserve funds that has made it possible to purchase over \$200,000 worth of capital equipment for the department's student labs that would not have been possible otherwise. No state E&G funds are used to operate or maintain the sleep center (refer to Appendix 14 for complete Sleep Lab budget data).

IV. STUDENTS (WITHIN THE PROGRAM)

A. Review the student admission standards for each program and assess their implications for the academic unit during the next five years.

BSRC Admission Standards

Current BSRC Admission standards are quite simple. Students must meet university admission requirements and be admitted to the university prior to applying to the undergraduate Respiratory Care Program. To become a major, students must:

1. Maintain an overall GPA of 2.50 to apply to the program;
2. Complete RC 1313, Introduction to Respiratory Care, with a grade of C or higher;
3. Complete the RC Admission packet and submit the program application by the stated deadline to be considered by the RC Admissions Committee for competitive admission to the limited cohort. Admission packet includes:
 - a. RC Application Form;
 - b. Letter of Intent from the applicant stating personal reasons for pursuit of the respiratory therapy profession;
 - c. Three letter of reference vouching for the character and integrity of the applicant as a potential healthcare provider;
 - d. If applicant holds a respiratory therapy national credential and has completed an associate degree program with the intent of completing the bachelor degree program at Texas State, proof of credentials is required.

Following the application deadline, the RC Admissions Committee begins the application review process. Applications must be complete and submitted by November 15 for consideration to begin the program in January. Cohort size is limited due to accreditation standards for student/teacher ratios in the clinical setting. Successful and unsuccessful candidates are notified by mail and email. Unsuccessful candidates are provided with information regarding the reapplication process. Student selection is made on academic performance and not on the basis of race, color, religion, gender, age, or national origin.

The Texas State University Strategic Plan includes projections to relocate the College of Health Professions to the Round Rock campus, the present site of the Round Rock Higher Education Center, as soon as funding is appropriated and the facility can be constructed. The Texas State School of Nursing is currently located at the Round Rock campus. This beautiful new building was completed for the School of Nursing in August, 2010 and is part of the College of Health Professions. Future plans to build two additional health professions buildings is before the 82nd Texas State Legislature at the time of this writing with requests for funds to support academic building projects that would house the Department of Respiratory Care and all academic units within the College of Health Professions currently located in San Marcos.

As a result of this strategic plan, the university administration has asked the Respiratory Care Department to prepare for a future relocation from the San Marcos campus to the Round Rock campus, including all faculty offices, teaching labs, the Texas State Sleep Center, and support staff. This transition is profound and will result in a required transformation of the current curriculum from a four-year sequence to a “2+2” curriculum sequence in which all program core and support courses would be required to be completed before applying for admission to the BSRC program. Currently, the faculty is designing the new “2+2” curriculum to meet university goals and standards, while also satisfying CoARC accreditation requirements. Permission from CoARC to re-sequence the BSRC curriculum has been preliminarily obtained by the chair. The implication of this transformation is extensive and will affect every aspect of the program’s function, as well as the lives of faculty, staff, and students. The opportunities for future research and grant development in this new location is quite exciting with the Texas A&M Medical School and two medical centers adjacent to the Round Rock campus.

Current plans for revision of the curriculum sequence includes submission of the new BSRC curriculum through the university curriculum approval process by the January 2012 to facilitate a new cohort of BSRC students to be admitted in the Fall of 2013. In order to provide “lead time” to build a cohort of students meeting the prerequisite demands, a BSRC four-year cohort will not be accepted during 2012. Current four-year sequenced majors will be completed on time and the last four-year cohort will graduate in May 2014. All students expressing an interest in pursuing Respiratory Care as their major are currently advised to complete all prerequisite courses and apply to the BSRC Program prior to the Fall of 2013. The admission requirements to the new “2+2” curriculum into junior year will be quite rigorous. Student will be required to complete all general education and support courses (65 hours) while maintain a minimum overall GPA of 2.50 in order to apply to the program.

The implications of this drastic change in admission requirements and curriculum sequencing are significant. Currently, a cohort of 40 students is accepted into the four-year sequence with all general education core and additional courses sequenced into the RC major courses. The RC faculty, Personnel Committee, and chair have expressed concerns for the impact on enrollment, but plans to modify recruitment are underway. The new admission policy will certainly have a strong impact, but we are hopeful that the concentrated focus of major courses during the junior and senior years will provide new opportunities for intensive critical-thinking and problem-solving activities with enhanced skill development and research opportunities.

PSG Graduate Certificate Program Admission Standards

Admission standards and qualifications for the PSG Graduate Certificate Program are not expected to change in the next five years. Currently, students must meet graduate college admission requirements and be admitted to the graduate college prior to applying to the Graduate Certificate Program in Polysomnographic Technology. To become a PSG major, students must:

1. Hold a national credential as a respiratory therapist or possess a state/national credential/license in a healthcare profession with a patient-care focus;
2. Possess a bachelor's degree with a 2.50 GPA in the last 60 semester hours of the undergraduate degree. If master's or doctoral degree has been completed, a minimum cumulative 3.0 GPA is required;
3. Complete the PSG Admission packet and submit the program application by the stated deadline to be considered by the PSG Admissions Committee for competitive admission to the limited cohort. Admission packet includes:
 - a. PSG Application Form;
 - b. Letter of Intent from the applicant stating personal reasons for pursuit of the polysomnography/sleep technology profession;
 - c. Three letter of reference vouching for the character and integrity of the applicant as a potential healthcare provider;
 - d. Proof of national/state credentials/licenses.

Following the stated application deadline, the PSG Admissions Committee begins the application review process. Cohort size is limited due to accreditation standards for student/teacher ratios. Successful and unsuccessful candidates are notified by mail and email. Unsuccessful candidates are provided with information regarding the reapplication process. Student selection is made on academic performance and not on the basis of race, color, religion, gender, age, or national origin.

B. Describe and assess the most recent five-year degree completion data provided for the academic unit.

BSRC Undergraduate Program

Students enter the BSRC degree program from a number of areas. Every year, at least 5-15 students enter the program as true freshmen and complete the program in 4 years. The vast majority of students enrolled in the program have spent time at Texas State or a community college complete the general education core while they pursuing their interests in seeking a major. By the time the latter student enters the BSRC Program, he/she may have almost 2 full years of academic courses completed.

Because the RC curriculum is a lock-step sequence, courses must be taken in specific order to meet accreditation requirements. However, a "Fast Track" was developed to allow students who have completed all non-RC course work by the end of their second year in the program to stack the junior and senior RC courses and complete the remaining course concurrently. There are specific criteria the student must satisfy to apply for Fast Track. Not only must all non-RC courses be completed, the student must also have an overall GPA of 2.50 with a 3.0 GPA in all RC coursework. Once accepted for the Fast Track, the student completes the program nine months earlier than the traditional sequence.

Students who make less than a "C" in any major course are required to withdraw from the RC Program for one year until that particular course is offered again. During that time, academic advising is provided for the student so the year can be spent completing other

academic core courses at Texas State. All RC students must reapply to the program and are required to meet the 2.50 GPA requirement they meet during their admission process initially. Once readmitted to the program, the course is repeated and if a “C” or better is earned, the student is back in sequence to complete the degree.

The following table describes the information regarding four year graduation rates and greater than four year completion. It should be emphasized that very few students begin the four-year curriculum as freshman and the majority have spent several semesters taking core courses while seeking a major. Due to the lock-step required sequence of the BSRC curriculum, the fastest a student can complete the major curriculum is three years.

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
# graduated within 4 years	21 (62%)	13 (57%)	14 (52%)	17 (65%)	26 (70%)
# graduated in more than 4 years	13 (38%)	10 (43%)	13 (48%)	9 (35%)	9 (30%)

C. Describe the academic unit’s student recruitment activities. Address any steps taken to obtain a diverse student population.

BSRC Undergraduates

Successful recruitment tools for undergraduate entering freshman include Bobcat Days, Junior College Advisory Days, clinical affiliate encouragement of current therapists and children of therapists to consider Texas State, word-of-mouth at the state and national conferences, brochure mailings, and the departmental website. On the BSRC Application Form is a question regarding how the applicant learned of the Respiratory Care Program at Texas State. During the past five years, we have seen a marked increase in the percentage of applicants that indicate they learned about our program through the Internet and our webpage. In fact, nine out of ten BSRC applicants indicated they learned about the program and the profession from the RC website. As this trend became more apparent, we have taken great efforts to comprehensively present the career opportunities of the profession and the application process on our department website. The entire RC Application Packet is available online along with links to the university Admissions Office, Professional RC Links for career opportunities, future job outlook information, and links to all the faculty for email contact.

Having a diverse faculty has promoted and enhanced our current student diversity and prospective students. The website photos of the faculty demonstrate diversity and faculty presence at Bobcat Days is another way that diversity is demonstrated. Several of our current ethnic minority students have commented that the diversity of our faculty has encouraged them as students in looking forward to their future career. Currently, the 2011 Respiratory Care Department majors are composed of 48% White (non-Hispanic), 29.6% Hispanic, 12.5% Black (non-Hispanic), 7.2% Asian/Pacific Islander, 0.7% American Indian/Alaskan Native, 0.7% non-resident international, and 1.3% Unknown.

The College of Health Professions Academic Advising Office has also provided outstanding support in the recruitment of students “interested in healthcare” among individuals not realizing the healthcare major options offered at Texas State and in the college. The University Advising Office, providing advising for undecided majors within the university, has also been very instrumental in referring students interested in a healthcare career to the college and ultimately to the Respiratory Care Department. In March 2011, the University Advising Office contacted the Department of Respiratory Care and requested information and photos for a spring feature on their website as the “Major of the Month” for undecided majors.

PSG Graduate Certificate Program

The PSG Graduate Certificate Program recruitment is more challenging due to the prerequisites of the CRT or RRT credential plus a bachelor’s degree or a state/national healthcare credential plus a bachelor’s degree. This potential applicant population is very specific, but our primary recruitment has come from our current BSRC students, past BSRC graduates of our program, state and national professional conferences, word-of-mouth, and the RC Department Website. The website provides very specific information regarding the qualifications for applicants with a downloadable PSG Application Packet and a link to the Graduate College application.

D. Describe the advising process and assess its effectiveness. Suggest improvements, if applicable.

Under the current curriculum design, all pre-RC majors are required to take RC 1313, Introduction to Respiratory Care, offered each fall to complete the application process. The new cohort is accepted each January and once students are accepted into the program as a major (719.00), a request to generate a Degree Audit Report (DAR) is signed by each new major and processed (refer to Appendix 16 for a sample of the BSRC DAR document). The chair serves as the academic advisor for each new cohort and works with the CHP Academic Advising Office to make sure all transfer general education and support courses meet the BSRC curriculum requirements. The chair conducts a general academic advising session during a lecture course in which all the new cohort are attending. Following a detailed explanation of the DAR process to the entire cohort, the chair invites any student with specific questions to make an appointment with the chair to discuss his/her particular degree requirements. All major courses are offered in a lock-step sequence and variation outside the sequence is not permitted. Students sign a statement affirming they have received their personal copy of the DAR contract and a permanent copy is retained in the Dean’s Office and in the RC Department.

The following semesters as the cohort matriculates to the sophomore, junior, or senior years, the RC faculty member teaching the primary didactic course to the cohort provides academic advising prior to each pre-registration session. Specific requests are directed to the chair for clarification or approval. The chair remains in contact with the CHP Advising Office for DAR updates and special approval circumstances. When the student is in the last

30 semester hours of the degree, the student submits the Degree Summary Application and the final DAR is generated. All students are confirmed for degree completion and are advised on an individual basis if there are any questions or concerns regarding the courses needed to confirm graduation candidacy.

Through the years, the advising process has been modified and refined to better serve the students. DARs are no longer mailed to the student permanent address, rather they are individually handed to the student. Students sign a statement stating he/she has received the student copy of the DAR and the signed form is kept in the department student file as proof of receipt. The benefit of having the chair serve as the initial advisor is consistency in DAR approval and course waivers for specific curriculum requirements of the general core and pre-requisite courses. Once the initial DAR is established, advising is simply following the sequential BSRC curriculum. In the future, the chair's workload associated with advising would best be assumed by a trained faculty member serving as departmental adviser and given specific workload release (refer to Appendix 15 for the BSRC DAR Form).

E. Describe the financial support provided by the academic unit, college, and/or University to students presenting scholarly papers.

The Dean of the College of Health Professions allocates approximately \$600 per year to each of the academic units to support student travel. The Respiratory Care Department has provided the additional funding in the past for any student who is a co-author on a paper or poster presentation with a faculty member at state or national conferences. Reserve funds generated through the Sleep Center have greatly helped to offset additional travel expenses in support of student presentations.

F. Describe the efforts the academic unit has undertaken to maintain a relationship with alumni.

Although the department does not have a formal program in place, alumni are contacted during the year following graduation to complete the required CoARC Graduate Survey instrument and provide feedback to the program regarding education and clinical preparation provided during the education process. Alumni are frequently asked by faculty to return as guest speakers and many RC alumni are asked to consider clinical adjunct teaching positions as needed. In the future, organization of a social network group for Texas State BSRC Graduates is being considered.

V. FACULTY (WITHIN THE ACADEMIC UNIT)

A. Complete the Faculty Profile Table and include current faculty vitae of all faculty.

Refer to Appendix 16 for the Faculty Profile Roster form and Appendix 17 for the current faculty vitae. The table below lists individual faculty accomplishments.

							Last 5 Academic Years (2006-2010)		
Teaching Awards and Honors for past 5 years				Scholarly Presentations	Publications		Research Internal Grants	Teaching Internal Grants	External Grants
	Recognized by Students	Awarded	Nominations		Non-Refereed	Refereed			
Collins	0	0	0	0	0	1	0	0	0
Gonzales	0	0	0	4	0	2	1	2	1
Harkins	1	0	1	8	0	2	1	0	0
Marshall	3	2	3	21	0	6	0	0	0
Russian	2	0	2	16	1	10	3	4	1
Stokes	0	0	0	4	0	3	0	1	0
Wharton	0	0	0	0	0	0	0	0	0
TOTALS	6	2	6	53	1	24	5	7	2

B. Summarize faculty achievements in teaching during the past five years.

The Respiratory Care faculty have an usual appointment as compared to traditional academic tenured and tenure-track faculty in a liberal arts university. Due to accreditation requirements, faculty are required to teach both didactically and clinically. This means their time spent on the San Marcos campus on Monday, Wednesday, and Friday is augmented by clinical teaching responsibilities in our clinical affiliate hospitals each Tuesday and Thursday. Students and faculty report to off-campus hospitals at around 6 am on clinic days and leave those facilities about 3 pm. This provides 16 hours of direct, continual contact time for a small clinical group of 4-6 students for every faculty member. CoARC accreditation standards require no greater than a 1:6 faculty/student ratio in the clinical setting due to the serious nature of providing direct patient care and performing medical procedures as ordered by the patient's physician in all areas of patient care and for all populations served in that facility.

On campus, faculty are assigned lecture and lab courses to instruct, required to keep regular office hours, and be available to students for appointments by phone, in person, and via email. For each given fall and spring semester, RC faculty have 16 contact hours per week due to clinical teaching and 3-6 contact hours of lecture/lab per week. Faculty must learn early on how to economize time in the office to accommodate research activity along with teaching and service responsibilities. During the summers, faculty are required to deliver

the curriculum with 32 contact hours in the clinical setting or 12 contact hours on campus per week. Faculty workload for the department has a history of being excessive due to the amount of student/faculty contact time (refer to Appendix 18 for Average Faculty Workload Assignments for 2006-2010).

Despite the intense teaching loads, several faculty members have received recognition in the area of teaching. Five RC faculty members have been recognized by graduating students as having contributed significantly to their academic careers and nominated for teaching awards by students and other colleagues. Student evaluation of classroom instruction has been outstanding overall for both clinical and didactic instruction. The faculty continue to participate in teaching workshops as they strive to improve their classroom pedagogy and instructional technology skill set.

C. Summarize faculty achievements in research/creative activities during the past five years.

RC faculty members participate in various scholarly accomplishments and continue to develop individual and collective research agendas. During the past 5 years, an increased interest in applied clinical, bench-top, and pedagogical research has resulted in over 50 scholarly presentations at the local, state, national, and international levels and 24 referred scholarly publications. Because most biomedical respiratory care research involves clinical trials and require close proximity to medical centers and healthcare facilities, the faculty have worked hard to find other avenues of research and creative activities to contribute to the professional body of knowledge in a liberal arts university setting. Should the department be relocated to the Round Rock campus in the future, potential research in collaboration with the A&M Medical School and adjacent medical centers may open new doors for clinical trial research.

Successful external grantsmanship for masters-prepared faculty is quite difficult to obtain, but numerous attempts have been made to team with other researchers with doctoral degrees to submit proposals for federal and state grants. During the past 5 years, the faculty have not been successful in obtaining an external grant, but internal grants have provided initial investigative research in several areas. With five internal research grants and seven internal teaching grants in the past 5 years, these funded internal grants has paved the way to begin preliminary research in several key areas.

D. Summarize faculty achievements in professional and public service during the past five years.

RC faculty members continue to engage in many professional and public service commitments. All faculty serve as active members of state and national professional organizations in their respective disciplines and are engaged in presentations, invited lectures, continuing education, and professional service in multiple organizations. Due to the nature of the respiratory therapy and polysomnography/sleep medicine disciplines, there are many opportunities to provide community service, community education, and diagnostic

screening at various health fairs and health checks events. Faculty members also served on numerous professional, university, college, and departmental committees and internal/external advisory boards (refer to Appendix 18 for the faculty vitae).

E. Describe faculty development programs.

Faculty members engage in a variety of activities to develop their skills in teaching, scholarship, and service. Listed below are some of the activities in which faculty participate in efforts to continue to improve their teaching, scholarship, and service skills:

1. CHP Faculty Advancement Committee
2. Teaching and Learning Workshops for Tenure Track Faculty
3. Professional Development at Texas State
4. Texas Society for Respiratory Care Conferences
5. American Association for Respiratory Care Conferences
6. Grant writing workshops
7. Service learning projects
8. Faculty Retreats
9. Chair/Peer Review of Classroom Teaching
10. Chair/Peer Review of Course Curriculum

F. Describe how the typical profile has changed during the past five years and how it is expected to change during the next five years.

Five years ago, the program had approximately 5 full-time faculty members with terminal degrees and 10 clinical adjunct faculty. Following the last CoARC accreditation site visit, faculty workload was identified as an issue the administration was recommended to address. The Provost authorized and provided a new full-time tenure-track faculty line to address workload and there are currently 6 full-time tenure/tenure-track faculty members in the department with terminal degrees and 12 clinical adjunct faculty. Two faculty members hold doctoral degrees and a third faculty member is ABD with plans for doctoral completion in the near future. Enrollment growth of native applicants, transferring students from associate degree respiratory therapy programs from within and without the state, and the recently added polysomnographic technology graduate certificate program has justified the need to increase faculty; however, the enlarged enrollment has returned faculty to the previous teaching overload challenges.

Explicit university, college, and departmental expectations associated with tenure/promotion have resulted in a shift from many previous activities associated with service and presentation activities related to the advancement of the respiratory and sleep professions to a concentrated focus on scholarship and grantsmanship. As a result of this important shift, the faculty have developed additional research agendas that are being addressed through collaborative and individual research. During the past five years, the number of scholarly activities has increased more than ten-fold compared to the previous five year period and last Academic Program Review. Faculty research has involved students at many levels and inspired an increasing number of graduates to continue their graduate education and to engage in active research.

During the next five years, the faculty will continue to pursue bench-top original research in the RC labs and the Texas State Sleep Center with collaborative and independent approaches. Grantsmanship will increase with a new focus on external private grants and contracts. As the graduate certificate program grows and as other graduate courses are added to the curriculum, student and GA involvement with faculty in evidence-based practice research will continue to grow to demonstrate greater national leadership in research in the respiratory and sleep professions through scholarship publications and presentations.

G. Describe the criteria for appointment to the Graduate Faculty in the academic unit or provide a copy of the unit's current policy, if available.

The department defers to the Texas State PPS 7.09 "Nomination and Evaluation Procedure for Graduate Faculty" for appointment to the Graduate Faculty. Currently, three faculty serve as graduate instructors of record for the graduate certificate program in polysomnographic technology.

Minimum Graduate College criteria for faculty teaching graduate courses include:

- Completion of the doctorate or other recognized terminal degree from an accredited institution;
- Doctorate/recognized terminal degree in a discipline in or related to the assigned graduate course(s);
- Proven record of scholarship or creative activity.

Individuals nominated must meet minimum Graduate College criteria. Although the PPS states that each unit may develop additional criteria and guidelines for eligibility that conform to unit and college expectations in scholarly/creative activity in place for tenure requirements, the RC department has not seen the need to develop additional guidelines. The PPS further states any exceptions to the minimum criteria must be clearly justified and approved by the department chair/school director, college dean and Dean of the Graduate College.

Because there are currently no doctoral degree programs in respiratory care or in polysomnography in the U.S., the doctoral degree required for graduate faculty status may be in a related field of study such as curriculum & instruction, education, instructional technology, or adult education. In addition to the doctoral degree, the faculty member must hold the appropriate respiratory, polysomnography, or medical credentials required to meet CoARC accreditation requirements for faculty.

H. List ways the faculty and graduate students contribute to institution-wide instructional efforts, i.e., general education, honors program, RRHEC and other off-campus instructional outreach programs.

This is not applicable to our department.

I. Describe activities that the academic unit provides in the community for the purpose of sharing knowledge or information, e.g., faculty presentations in the community, etc.

The RC faculty and students engage in numerous activities for the purpose of disseminating knowledge regarding asthma, chronic lung diseases such as emphysema and chronic bronchitis, cystic fibrosis, and the various respiratory and sleep disorders. The faculty have presented approximately 53 regional, state, national, and international papers. Over the past 5 years, several faculty have provided over 50 in-service/continuing education lectures directly for respiratory therapists in our clinical affiliate hospitals in Austin and San Antonio. In many cases, the facility requests the faculty member present a specific topic as a result of a faculty member's expertise and clinical skill. This partnership in sharing knowledge and expertise strengthens the support of Texas State students and faculty within the facility and opens new doors for clinical rotations and internships.

The Respiratory Care Student Organization (RCSA) at Texas State has participated in multiple philanthropic activities that include community awareness activities. Students and faculty have participated in more than 100 university and community health fairs and the faculty continues to participate in Bobcat Days to distribute program information and brochures highlighting both the undergraduate and graduate certificate programs. Additionally, the Texas State Sleep Center has hosted multiple open house events for the San Marcos and surrounding communities while providing educational medical information about sleep disorders through the "Sleepless in San Marcos" and "Sleepless in Wimberley" presentations series.

VI. RESOURCES (WITHIN THE ACADEMIC UNIT)

A. Describe and assess the following resources:

A1. Staff

During the past five years, the previous administrative assistant accepted another position within the university and Ms. Maria Beltran-Rodriguez accepted the position of Administrative Assistant III for the department on 06/23/2008. Ms. Beltran-Rodriguez is an outstanding employee and is very supportive of the faculty and students. Faculty members continue to rave about her skills as an administrative assistant and the timely way in which she supports faculty requests. Her personal skills with students, visitors, faculty, and patients in the Texas State Sleep Center endear her to all. She facilitates my activities as chair, schedules appointments and meetings for the faculty, assists me in following all current university guidelines for policies and procedures, and goes beyond GOJA job requirements to ensure the department is operating smoothly. She serves the Texas State Sleep Center through staff support of the sleep techs and interacts with patients and physician offices routinely. She also provides excellent supervision of student workers and GA students. The department regards her as an essential part of the unit and her highly efficient and creative skills remains an outstanding and profession reflection for the department, college, and university.

The Texas State Sleep Center is an accredited sleep center and Mr. Bill Wharton serves as Director and full-time faculty for the department. Mr. Wharton receives one-quarter workload release for his service as director, although the day-to-day activities of processing patient personal healthcare record data, insurance processing, and patient scheduling requires nearly 3-4 hours of his day--seven days a week. As Director, he interacts with physician offices and patients on a regular basis and provides in-service opportunities for the sleep tech staff. He consistently demonstrates an exemplary job of maintaining sleep center accreditation standards to provide excellent patient diagnostics and in meeting third-party reimbursement protocols.

A2. Equipment

The classroom teaching technology in the Health Professions Building continues to be excellent and certainly meets our current classroom teaching needs. Dedicated first-call classrooms are all well-equipped with standardized “smart classroom” teaching cabinets that provide a digital document projector, computer, VCR player, and audio system. The systems are maintained through the university Information Technology Assistance Center (ITAC) department.

Four specialty labs are part of the Respiratory Care Department and include a Basic Instrumentation Lab, the Advanced Instrumentation Lab, the Special Procedures Lab, and the Texas State Sleep Center. The three labs are equipped as lecture/lab facilities with appropriate equipment for all didactic, clinical, and laboratory instructional use by faculty and students. CoARC accreditation standards and guidelines require appropriate equipment for each lab and standards are all met and exceeded with the equipment in each lab.

Due to revenues produced through the Texas State Sleep Center, funds are available to purchase capital equipment for the labs that would not be ordinarily possible. Through these revenues, the respiratory and sleep labs have realized state-of-the-arts equipment additions of over \$265,000 in capital value during the past 5 years. Student learning and faculty research has been greatly enhanced through the additional capital equipment purchased for the respiratory and sleep labs.

A3. Facilities

Current office space is adequate, but there is no room for continued growth of faculty. Due to the nature of curriculum delivery, lab classroom space is essential for student learning and skill practice prior to providing direct patient care in hospital affiliates. Because the largest lab only holds 24 students, multiple sections for the same course must be taught to deliver the curriculum for our preset cohorts of 40 students each.

The Texas State Sleep Center is a 1, 000 square foot, state-of-the-arts sleep center that is fully accredited by the American Academy of Sleep Medicine (AASM). Medicare/Medicaid recently completed the second site visit in 5 years and the center exceeded federal government requirements. The two-bedroom, two half-bath facility offers premier surroundings for patient/client comfort during diagnostic and treatment sleep studies. The control room is equipped with three computers and five monitors to provide excellent visualization of all diagnostic and treatment parameters utilized to complete the physician-ordered study. HIPAA compliance has been certified through the university with the installation of specific firewalls around patient-sensitive information, as required by federal law.

A4. Library (holdings and annual unit allocations)

Library material allocation funds:

Fiscal Year	Total allocation	Serials Estimate	Remainder
2006	\$ 23,603	\$ 16,419	\$ 0
2007	\$ 24,624	\$ 17,431	\$ 0
2008	\$ 28,954	\$ 19,614	\$ 0
2009	\$ 30,807	\$ 22,143	\$ 0
2010	\$ 32,498	\$ 30,317	\$ 0

Summary of call number holdings: total titles **1,172**

Serial subscriptions: total titles **27**

Subject related research databases: total titles **41**

Please refer to Appendix 19 for Departmental Library Holdings.

A5. Budgets

Refer to the following table (and Appendix 14) for the total RC budget for each of the previous five years.

Source of Support	2006	2007	2008	2009	2010
Institutional Support					
Faculty Salaries (9 months)	\$290,754	\$334,644	\$334,644	\$401,567	\$423,263
Faculty Summer Salaries	\$ 77,549	\$ 78,633	\$ 78,633	\$ 78,633	\$ 82,657
Graduate Assistant Salaries	\$ 0	\$ 0	\$ 8,961	\$ 5,076	\$ 13,536
Supplies and Expenses					
Academic Program M & O	\$ 14,572	\$ 14,605	\$ 33,810	\$ 33,810	\$ 35,547
TOTAL	\$382,875	\$413,423	\$456,048	\$519,086	\$555,003

B. Income versus Expenditure Analysis

B1. Based on operation support and teaching supplement income versus expenditures over the last five years, describe and assess the trend.

Since the implementation of the new university M&O formula, which calculates multiple variables to provide a more proportional support to academic units in 2007, the rate of support has grown and provided much needed instructional and operational revenues. The growth in the RC M&O account is a reflection of additional faculty and an increase in undergraduate and graduate enrollment.

The Texas State Sleep Center account has seen significant growth since opening in 2005. Funded through a special Income Generating (IG) account, the center must replace the budgeted amount requested by the end of the university fiscal year. Although the first two years of operation showed a deficit, by the third year previous funds owed to the university were repaid and the reserve account began to grow (Note: the increase in the 2007 M&O* reflects the carryover debt from 2006 that was owed the university). It is through the IG reserve account that the respiratory and sleep labs have realized significant capital equipment purchases to enhance student learning and faculty/student research.

	2006	2007	2008	2009	2010
Respiratory Care Academic Program M&O	\$ 14,572	\$ 14,605	\$ 33,810	\$ 33,810	\$ 35,547
Texas State Sleep Center M & O	\$51,000	\$77,056*	\$51,000	\$51,000	\$51,000

B2. Describe what actions, if any, are planned to improve income versus expenditures in the next five years.

During the next five years, the department plans to improve income in the following ways:

1. Continue to slowly increase the sleep center patient population to meet clinical education requirements of students and to provide addition IG funding to advance research and meet capital equipment needs;
2. Submit and obtain indirect funds through external private grant proposals and contracts;
3. Pursue contracts for sleep center services with external entities in the region;
4. Pursue establishing a Respiratory Care Alumni Group to assist in the collection of private donations.

C. Internal/External Funding Regarding Grants and Contracts

C1. Describe and assess internal and external grants and contracts funding during the last five years identifying the sources of funds. Examples are: Research Enhancement Grants; Local, State, Federal grants; Foundation grants, etc.

	Respiratory Care 2006-2010		
Funding Sources	Research Internal Grants	Teaching Internal Grants	External Foundation Grants <u>Submitted</u>
Fund Amounts	\$15,481.00	\$6,559.00	\$696,192
Grants Received	3	2	0

All research grants were internal and part of the Research Enhancement Grant program at Texas State during the past five years. Grantsmanship development during the next five years is a specific goal and with additional tenured faculty, the opportunities should increase for external grantsmanship. Faculty workload remains an issue and even when there is release time for grant-funded research, the likelihood of finding appropriate degreed and credentialed adjunct faculty is extremely difficult. Because the faculty is dedicated to deliver the curriculum, the faculty some angst at the prospect of being removed from the didactic or clinical teaching portion of the program to conduct research. Few departments outside the health professions experience this difficulty and answers are being sought.

C2. Describe the role these grants and contracts play in the strategic plan and in the scholarship/creative activity goals.

One of the departmental, college, and university goals is to continue to increase scholarly activities and to include efforts to reach the college target goal for external grant applications. The funding of external grants is considered to be very important in the scholarship/creative activity goals. Funding of external research grants and personnel training grants would provide the unit with funding to continue to expand the curriculum

and provide additional research funds for scholarly/creative activities. As mentioned above, the barrier to advancing the department in this area is finding qualified adjunct faculty to temporarily fill the teaching roles in the curriculum and partnering with doctoral degreed experienced researchers.

C3. Describe expectations for grant and contracts funding during the next five years.

During the next five years, it is expected that assistant professors will continue to write grant proposals as partial fulfillment of the requirements for the promotion and tenure process. In order for faculty to be promoted to full professor, it is expected that the faculty member have external funding. Specially, a departmental goal is to identify external private foundations that would perhaps be more obtainable for faculty with the terminal master's degree. There is a certain degree of difficulty in obtaining grants for medical research in a liberal arts university setting in the absence of a health science center. As a result, departmental faculty have turned to pedagogical research, which is certainly warranted in the development and maturation of the respiratory care discipline.

D. Development Activities

D1. Describe and assess the special resources available through endowment and gifts.

The department does not have a formal mechanism in place to request donations; however, we are involved in the following activities which allow us to have access to special resources:

- Sam W. Marshall Respiratory Care Student scholarship
- Participation in "Discover Texas State" to draw attention and potential donors to respiratory and sleep disorders
- Reach for the Stars campaign

D2. Describe any special development efforts to expand these resources.

Without a formal mechanism in place, the faculty members have discussed establishing or continuing to work on the following projects:

- Develop an alumni regional advisory group to address development and networking
- Continue to request faculty and student donations to the department and scholarship fund
- Continue with Reach for the Stars annual campaign

VII. CONCLUSIONS AND RECOMMENDATIONS

In summary, the Department of Respiratory Care has undergone numerous changes since the last Academic Program Review in 2006. The department has grown in terms of recruitment and retention of academic and clinical adjunct faculty members. We have continued to grow in the number of undergraduate and graduate certificate cohort students admitted. The number of pre-majors and those interested in the respiratory and sleep professions also continues to grow. Additionally, significant growth has been realized through the development of the Texas State Sleep Center as a center for education, research, and diagnostic services to the university, San Marcos, and surrounding communities. The curriculum and the profession continue to evolve toward a more evidence-based practice and students are being prepared to be leaders in the profession as motivated, critical-thinking, problem-solving members of the healthcare team. With the current national emphasis on healthcare, there is a greater need than ever for Texas State to demonstrate leadership in producing healthcare providers, healthcare executives, academicians, and researchers to play a major role in this rapidly evolving service industry.

The expertise and program commitment of the academic and clinical adjunct faculty is exemplary. Curriculum progression intensifies from the freshman to the senior year with a capable faculty teaching in multiple areas of clinical specialties and credentialed expertise. Students are required to develop critical thinking skills and apply them in true-to-life patient scenarios. Program graduates are well prepared to face the challenges of the healthcare industry, as affirmed by alumni on annual exit surveys. Overall student educational satisfaction, success on national board exams, and job placement demonstrate our programs continue to perform at a premier level.

The commitment of the faculty to the profession and the university is evidenced by their willingness to teach extensive overloads in order to deliver the curriculum with excellence and their extensive professional and university service obligations. Validation of their student-centered perspective is the outstanding retention, graduation, national board exam achievement, and employment rates of graduates. Texas State BSRC and PSG graduates are among the most sought after for employment throughout the state and nation.

The department goals and documentation of the last five years of activities highlighted in this document are insightful. These goals address our profession, the university, and the local workforce. Maintaining our accreditation standards will ensure that our graduates are well prepared for the workplace and eligible to sit for the national board exams. Our long-range research plans move the faculty toward a professional leadership role in the respiratory care community. Securing external funds will provide financial stability to achieve our program goals. Building partnerships among colleges and universities will strengthen our academic relationships and enhance resources.

There has been a steady improvement in the scholarly productivity of the faculty. The increased scholarship and creative activity demonstrates a significant departmental paradigm shift over the last five years with more than a 10-fold increase in scholarly activities. A new focus on grants and contracts offers a new challenge for the faculty as we look for additional methods of funding research.

Although the scholarship expectations are impressive, resources are needed in order to reach grantsmanship and publication goals. Accomplishing those admirable goals will be a monumental task. Effective university support must include personnel resources and release time. The reality is that finding respiratory care adjunct support continues to be a challenge. Faculty cannot possibly develop and submit successful grant proposals or conduct publishable research without sufficient university support and appropriate coverage of course offerings.

Ongoing review of the curriculum is demonstrated through regular reviews and updates of the undergraduate and graduate curriculum to reflect the ongoing changes in the profession. A recent comparison of the BSRC curriculum to the National Board for Respiratory Care (NBRC) board exam matrix for the RRT exam demonstrated only five elements out of over 800 elements that required addition to the curriculum. The current curriculum is solid in its delivery and student-learning outcomes are excellent.

The increase to the overall RC budget since 2006 is a clear indication of significant departmental growth in the number of faculty, undergraduate and graduate students enrolled, semester credit hours generated, and the excellent support of administration. The Texas State Sleep Center is thriving and has an outstanding reputation in the medical community for sleep diagnostic and treatment services provided by the sleep technicians and students while being supervised by an outstanding clinical faculty.

The NBRC is charged with developing and administering national credentialing exams to signify the practice level of respiratory therapists. As a result, NBRC has developed specialty exams for neonatal and pediatric respiratory care, e.g. Neonatal Pediatric Specialist (NPS), pulmonary diagnostics testing, e.g. Registered Pulmonary Function Technologist (RPFT), sleep disorders testing and therapeutic interventions, e.g. Sleep Disorders Specialist (SDS), and adult critical care, e.g. Adult Critical Care Specialist (ACCS, in-preparation). The Department of Respiratory Care at Texas State has the potential and resources to develop graduate education centered in each of the specialty areas supported by the NBRC and other pertinent credentialing organizations.

As part of the current strategic plan, the department has already begun this process with the development of the Graduate Certificate in Polysomnographic Technology. In addition to students obtaining graduate hours, the certificate program prepares students to successfully pass the NBRC SDS exam and the Board of Registered Polysomnographic Technologist (BRPT) Registered Polysomnography Technologist (RPSGT) exam. Completion of the graduate certificate and success specialty credentialing brings national recognition to graduates as a specialty practitioner within the sleep and respiratory care communities. These students will be well-versed in the most up-to-date education and research, while providing the best possible care for their patients.

Working through our strategic plan, the development of additional graduate coursework will provide advanced education in the areas of the neonatal-pediatric respiratory care, pulmonary function diagnostics and adult critical care. BSRC students would be the primary feeder population for such a graduate program, as well as practicing therapists, to further their knowledge of respiratory therapeutics and evidence-based practice. These

graduates would be qualified to enter leadership roles as physician-extender within healthcare facilities across the nation, provide leadership in research, and serve as a source of future academicians.

Although the Department of Respiratory Care has numerous strengths, there are several areas of opportunity for improvement and further development of our programs. One of these areas is the need to reduce faculty workload--in reality--not just in numbers. The amount of clinical contact time required of faculty in the hospital setting is unprecedented in comparison to other academic units. Faculty colleagues in other liberal arts academic areas would be hard pressed to juggle the scholarship requirements for the tenure/promotion process with the teaching load. We are searching for creative ways to actually reduce workload to afford the faculty more time to increase academic and scholarly success.

Another area of recognized need is the current health professions physical facility. Although it is well documented that the Health Professions Building classrooms are utilized over 100%, future program expansion is hampered by current facility limitations. For example, the addition of a dedicated space for Pulmonary Diagnostic testing would present an opportunity to develop maximum utilization of the MedGraphics® equipment for teaching, research, and diagnostic testing. Such a lab could provide a new level of diagnostic services to area physicians and other healthcare providers in the area leading to new contracts. Currently, the department provides all lung function studies required by OSHA Safety Regulations and Standards for university staff, faculty, and graduate students at a greatly reduced cost as a service to each unit. As in most health science centers, a developed pulmonary diagnostics lab could also serve as another source of income generating revenue for the department while serving patients and physicians in the area.

With the Baby Boomers advancing in age, the “aging educator” factor will result in a shortage of potential academicians by the year 2020. With 56 years being the current national mean age of respiratory therapy educators, Texas State has a unique opportunity to prepare academicians in respiratory care through graduate education. We are studying models of academic career pathway being implemented by graduate programs in respiratory care outside the State of Texas. By incorporating these goals into our strategic plan, we believe Texas State is poised for opportunities to “plant the seed” of future educators.

In reviewing the departmental programs through this self-study, the recurrent theme that resounds is “change.” The department has experience much change, but must endeavor to keep pace with dynamic world of health care. Further change will bring new ones. With new innovations driving the health care profession forward and a university in the midst of a transition toward a research institution, we strive to improve and increase our services to students, our profession, and the university community.

VIII. References

References listed within text content.



Accreditation Standards

for the

Profession of Respiratory Care

**Essentials/Standards initially adopted in 1962;
revised in 1972, 1977, 1986, 2000, 2003, and 2010**

Adopted by the

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN THORACIC SOCIETY
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

SCHEDULED DATE THESE STANDARDS WILL GO INTO EFFECT IS JUNE 1, 2010

CoARC Standards for the Profession of Respiratory Care

Table of Contents

Revision of Standards: What’s Different?.....	4
About CoARC.....	5
CoARC’s Mission.....	5
The Value of Programmatic Accreditation	5
Introduction	6
Program Review	6
Definitions	7
Format of Standards	12
CoARC Accreditation Standards	
Standard I - Program Administration and Sponsorship	12
Institutional Accreditation.....	12
Consortium	12
Sponsor Responsibilities.....	13
Program Location	13
Substantive Changes	14
Affiliate Agreements.....	14
Standard II - Institutional and Personnel Resources	15
Institutional Resources	15
Personnel Resources	15
Key Program Personnel	15
Program Director	15
Director of Clinical Education	16
Medical Director	17
Instructional Faculty	17
Administrative Support Staff	18
Standard III - Program Goals, Outcomes, and Assessment.....	19
Statement of Program Goals	19
Assessment of Program Goals.....	20
Assessment of Program Resources	20
Student Evaluation	21
Assessment of Program Outcomes	22
Reporting Program Outcomes.....	22
Clinical Site Evaluation.....	22
Standard IV - Curriculum	23
Minimum Course Content	23
Minimum Competencies	24
Length of Study.....	25
Equivalency.....	25
Clinical Practice.....	26

Standard V - Fair Practices and Recordkeeping..... 27
 Disclosure 27
 Non-discriminatory Practice..... 27
 Safeguards 29
 Academic Guidance 29
 Student Identification..... 30
 Student Records 30
 Program Records 31
Appendix A - Initiation and Maintenance of Accreditation 32
 Applying for Accreditation..... 32
 Program and Sponsoring Institution Responsibilities 32

Revision of Standards: What's Different?

- **Philosophy and emphasis** – The Standards have been changed to ensure that all programs prepare students at a competency level consistent with the national credentialing examination for registered respiratory therapists. This level of preparation better equips graduates to begin practice with the professional competencies needed to work effectively in partnership with other healthcare providers. This revision places greater emphasis on the desired foundation and practice, the manner in which programs must assess student achievement of competencies, and the importance of the development of the student as a health care professional. The Standards focus on the development of core and professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. The revised CoARC Standards reflect an appropriate balance between the processes to be followed and outcomes to be achieved. Such a balance allows the CoARC to assist programs in meeting high quality accreditation standards and in complying with policies while respecting the institution's mission, governance, innovative efforts, and prerogative to set its priorities.
- **Standards revision processes developed** – The CoARC, in preparation for becoming a freestanding accreditor, has developed a revision process for the Standards. The Standards will be reviewed as needed, but no less than every five (5) years.
- **Standards: volume and terminology** – The Standards have been renumbered, restructured, and clarified. The standards are organized into five sections. The Guidelines used in the previous Standards have either been incorporated into the Standards or removed altogether.
- **Evidence of Compliance**- As a result of feedback received from stakeholders requesting better clarification of the Standards, sections called Evidence of Compliance have been provided to clarify the requirements for compliance with each standard.
- **Definitions** – the use of a definitions list provides clarification of key terms.

About CoARC

The Medical Society of the State of New York formed a Special Joint Committee in Inhalation Therapy on May 11, 1954. One of its purposes was "... to establish the essentials of acceptable schools of inhalation therapy (not to include administration of anesthetic agents) ..." In June 1956, the House of Delegates of the AMA adopted its Resolution No. 12, introduced by the Medical Society of the State of New York. The delegates "Resolved, that the Council on Medical Education and Hospitals is hereby requested to endorse such or similar 'Essentials' and to stimulate the creation of schools of inhalation therapy in various parts of these United States of America." A report entitled, "Essentials for an Approved School of Inhalation Therapy Technicians," was adopted by sponsor participants (AAIT, ACCP, AMA, and ASA) at an exploratory conference in October 1957. The AMA's House of Delegates granted formal approval in December 1962. The first official meeting of the Board of Schools of Inhalation Therapy Technicians was held at AMA's Chicago headquarters on October 8, 1963.

The Joint Review Committee for Respiratory Therapy Education, the successor group to the Board of Schools came into being on January 15, 1970 as a recommending body to the Committee on Allied Health Education and Accreditation (CAHEA). The JRCRTE was dissolved in 1996 and the Committee on Accreditation for Respiratory Care became its successor organization, as a recommending body to the newly formed Commission on Accreditation for Allied Health Education Programs (CAAHEP). In 2008, the Committee on Accreditation for Respiratory Care began the process of becoming an independent accrediting body: the Commission on Accreditation for Respiratory Care (CoARC). The Commission on Accreditation for Respiratory Care became a freestanding accreditor of respiratory care programs on November 12, 2009.

CoARC accredits degree-granting programs in respiratory care that have undergone a rigorous process of voluntary peer review and have met or exceeded the minimum accreditation Standards as set by the professional association in cooperation with CoARC. These programs are granted accreditation status by CoARC, which provides public recognition of such achievement.

CoARC's Mission

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to serve the public by promoting high quality respiratory care education through accreditation services.

The Value of Programmatic Accreditation

Accreditation provides consumer protection, advances and enhances the profession, and protects against compromise of educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

These accreditation Standards constitute the minimum requirements to which an accredited program is held accountable and provide the basis on which the CoARC will confer or deny program accreditation.

INTRODUCTION

The CoARC and its sponsoring organizations cooperate to establish, maintain, and promote educational standards of quality to prepare individuals for respiratory care practice, and to provide recognition for postsecondary educational programs that meet the minimum requirements outlined in these Standards. These Standards are to be used for the development, evaluation, and self-analysis of respiratory care programs.

Respiratory therapists are members of a team of health care professionals working in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders. As members of this team, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide patient care which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to the following basic competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies such as: obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, managing life support activities, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management; and
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

PROGRAM REVIEW

Accreditation of respiratory care programs is a voluntary process that includes a comprehensive review of the program relative to the Standards. Accreditation decisions are based on the CoARC's review of information contained in the accreditation application and self-study report, the report of site visit evaluation teams, the annual Report of Current Status, and any additional requested reports or documents submitted to the CoARC by the program. Additional data to clarify the information submitted by the program may be requested at any time in the review process.

DEFINITIONS

Throughout the Standards, terms that have specific definitions are noted below.

NOTE: Where terms are not defined, their definitions are at the discretion of the CoARC.

Academic Catalog	The official publication of the institution that describes the academic programs and courses offered by the institution. This may be published electronically and/or in paper format.
Academic Policies	Published rules that govern the implementation of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.
Academic Support Services	Services available to the program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.
Affiliation Agreement	A legally binding document outlining the terms and details of an agreement between parties, including each parties' requirements and responsibilities. The agreement is signed by administrative personnel who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as a memorandum of understanding.
Adequate	Allows for the delivery of student education that does not negatively impact program outcomes.
Administrative and Clerical Support Staff	Professional administrative and clerical personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Accurately	Free from error.
Advanced placement	A term used in higher education to place a student in a higher level course based on an evaluation of the student's knowledge and skills.
Affiliate	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the program for clinical experiences.
Annual Report of Current Status	A report submitted by a program that contains current personnel, satellite, and clinical affiliate information. In addition, enrollment and retention data and outcomes data each with corresponding analysis and action plans are reported.
Appropriately Credentialed	Refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the program. Where indicated, an appropriate credential is a required qualification of the program director, the director of clinical education, and instructional faculty regardless of whether the individual is currently practicing his/her profession.

Assessment	The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.
Action Plan	Provides direction for actions and is a way to determine progress. At a minimum, an action plan should include goals, evaluation criteria and benchmarks, outcomes, actions, and re-assessment.
Base Program	A respiratory care program established by the sponsoring educational institution-where the Program Director and Director of Clinical Education are based.
Consortium	A legally binding contractual partnership of two or more sponsoring institutions (at least one of which is a duly accredited degree-granting institution of higher education) that come together to offer a program. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.
Clinical education experiences	Experiences that involve patient care and the application of respiratory care under the supervision of a qualified instructor. They comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom and laboratory knowledge, skills, and professional behaviors in the clinical environment.
Communities of Interest	Groups and individuals who have an interest in the mission, goals, and expected outcomes of the program and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing therapists, clients, employers, the community/public).
Competent	The knowledge, skills and values required by new graduates to begin the practice of respiratory care.
Competencies	Written statements describing the measureable set of specific knowledge, skills, and affective behaviors expected of graduates.
Continued Professional Growth	Activities that facilitate faculty maintenance or enhancement of expertise: such as specialty or recertification; continuing education; formal advanced education; research, publications, and other scholarly activities.
Curriculum	Formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies that are intended consequences of the formal education offered by a program.
Critical Thinking	Active and reflective reasoning that integrates facts, informed opinions and observations. Critical thinking transcends the boundaries of formal education to explore a problem and form a hypothesis and a defensible conclusion.

Distance Education	Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. Distance education does not include clinical education or the participation in clinical experiences.
Equivalent	Not exact but can be documented as comparable with other similar situations or resources.
Faculty (Program)	The aggregate of individuals responsible for the design, implementation, instruction, and evaluation of the program and its curriculum. These individuals include program faculty members (tenure-track and non-tenure-track), lecturers, clinical supervisors, and all other instructional staff members who are employees of the program.
Faculty (Clinical)	These individuals include off-site clinical supervisors, preceptors, or similar personnel who do not hold employment contracts with the sponsoring institution.
Faculty, Individual/ Full-Time	A qualified paid employee of an institution to teach specific content in the respiratory care curriculum who holds an appointment that is considered by that institution to constitute full-time service. Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the respiratory care program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty).
Geographically distant locations	Also known as Satellite campuses. Locations outside the institution at which the Respiratory Care core didactic and laboratory courses of the program are offered (does not pertain to sites used by a completely on-line/distance education program for individual students). Geographically distant location(s) function under the direction of the Key Personnel of the program.
Goals	Aims of the programs that are consistent with the institutional and program missions and reflect the values and priorities of the program.
Institutional Accreditation	Applies to the total institution and signifies that the institution as a whole is achieving satisfactory educational objectives.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of length of time of instruction or faculty rank.
Inter-rater reliability	A measure of the extent to which raters agree.
Learning Environment	Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.
Learning experiences	Classroom, laboratory, research, clinical, and other curricular

	activities that substantially contribute to the development of a competent graduate. Also referred to as educational experiences.
Length of Study	Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.
Mission	A statement of purpose defining the unique nature and scope of the sponsoring institution or the program.
Must	Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.
Objectives	Statements specifying desired knowledge, skills, or behaviors to be developed as a result of educational experiences. Objectives must be measurable.
Outcomes	Results, end products, or effects of the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.
Outcomes Assessment	Comprehensive process for evaluating the results of programmatic efforts and student learning.
Outcome Assessment Thresholds	Outcome thresholds are established by CoARC and are related to expectations for graduate success for example, pass rate on the credentialing examinations, attrition, job placement, and graduate and employer satisfaction.
Program	An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession; includes the curriculum and the support systems required to implement the sequence of educational experiences.
Program Outcomes	Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction.
Program Improvement	The process of utilizing results of assessments and analyses of program outcomes to validate and revise policies, practices, and curricula as appropriate.
Program Options	Additional offerings by a base program holding continuing accreditation with no pending progress reports. Options include Polysomnography Specialty, Satellite (U.S. and International), and Scheduling.
Progress Report	A written report that the CoARC requires from a program to file to demonstrate that the program has addressed deficiencies specified in a decision letter from the CoARC.
Prospective Students	Individuals who have requested information about the program or submitted information to the program.
Published	Made publicly available in written or electronic format.
Readily available	Made accessible to others in a timely fashion via defined program

	or institution procedures.
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Resource Assessment Matrix (RAM)	A document developed by the CoARC that programs must use to evaluate and maintain on-going resource assessment including purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up.
Satellite campus	A campus geographically separate from the base program at which didactic or preclinical instruction occurs for all or some of the students enrolled.
Sufficient	Adequate to accomplish or bring about the goal, objective or intended result.
Substantive change	A significant modification or expansion of the nature and scope of an accredited program. The process for reporting substantive changes are defined in the CoARC Accreditation Policies and Procedures Manual.
Sponsoring Institution	A post-secondary academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE) that is wholly responsible for meeting these Standards, or a consortium (see previous definition), in which case the consortium members collectively function as the sponsoring institution.
Standards	The Accreditation Standards for the Profession of Respiratory Care.
Summative Evaluation	A comprehensive assessment of the learner conducted by the program to assure that a learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession.
Student Learning Outcomes	Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.
Teaching and Administrative Workload	The manner in which the sponsoring organization defines and quantifies the nature of faculty responsibilities. Categories frequently used are teaching, advisement, administration, committee activity, research and other scholarship activity, and service/practice.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.

FORMAT OF STANDARDS

The Standards are divided into five sections: **(I) Program Administration and Sponsorship; (II) Institutional and Personnel Resources; (III) Program Goals, Outcomes, and Assessment; (IV) Curriculum; and (V) Fair Practices and Recordkeeping.** Within each section, specific Standards elucidate the Commission’s requirements in order for a program to be accredited.

Following each Standard, there are items of evidence to be supplied in order for the program to demonstrate compliance with the Standard. The evidence list is included to facilitate response to progress reports and accreditation actions by the Commission, development of self-study reports, preparation for the on-site visit and review of the program by the on-site team and the Commission. Each item of evidence represents the minimal information necessary to determine compliance. Each item must be addressed. Additional information that the program believes supports compliance may also be provided.

CoARC ACCREDITATION STANDARDS

I. PROGRAM ADMINISTRATION AND SPONSORSHIP

Institutional Accreditation

- 1 .01 The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree at the completion of the program.

Evidence of Compliance:

- Valid institutional accreditation letter.

Consortium

- 1.02 When more than one institution (e.g., consortium) is involved in the provision of academic and clinical education, at least one of the members of the consortium must meet the requirements in Standard 1.01. The responsibilities of the consortium and of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates instruction, supervision of students, resources, reporting, governance and lines of authority.

Evidence of Compliance:

- Signed, duly executed consortium agreement;
- Organizational chart indicating reporting mechanisms.

- 1.03 The consortium must be capable of providing basic science education, clinical instruction and experience requisite to respiratory care education.

Evidence of Compliance:

- Institutional academic catalog listing programs of study and course offerings;
- Valid institutional accreditation certificates.

Sponsor Responsibilities

- 1.04 The institution (or consortium) must be responsible for:
- a) Assuring that the provisions of these Standards are met;
 - b) Supporting curriculum planning, course selection and coordination of instruction by program faculty;
 - c) Appointment of qualified faculty and staff, including key personnel;
 - d) Supporting continued professional growth of faculty and staff;
 - e) Maintaining student transcripts permanently;
 - f) Managing and processing applications for admission;
 - g) Assuring appropriate supervision for students in all locations where instruction occurs;
 - h) Assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs;
 - i) Granting the degree documenting satisfactory completion of the educational program.

Evidence of Compliance:

- Duly executed consortium agreement, contract or memorandum of understanding;
- Program policies and procedures;
- Clinical affiliate agreements.

Program Location

- 1.05 Educational programs shall be located in accredited postsecondary institutions, or a consortium member institution, or in facilities sponsored by the U.S. military (as defined in 1.01).

Evidence of Compliance:

- Published institutional academic catalogs and program information.

- 1.06 The sponsoring institution must provide students and faculty at geographically distant locations access to academic support services and resources equivalent to those on the main campus.

Evidence of Compliance:

- Results of CoARC student resource assessment surveys;
- Results of CoARC graduate satisfaction surveys.

- 1.07 Program academic policies must apply to all students and faculty regardless of location of instruction.

Evidence of Compliance:

- Student handbooks;
- Published program policies.

Substantive Changes

- 1.08 The sponsor must report substantive change(s) as described in Section 9 of the CoARC Accreditation Policies and Procedures Manual in a timely manner. Substantive change(s) to be reported to the CoARC within the time limits prescribed include:

- a) Change of Ownership/Sponsorship/Legal status
- b) Change in degree awarded
- c) Change in program goal(s)
- d) Change in the curriculum or delivery method
- e) Addition of the Polysomnography option
- f) Request for Inactive Accreditation Status
- g) Voluntary Withdrawal of Accreditation
- h) Addition of (a) Satellite location(s)
- i) Requests for increases in Enrollment
- j) Change in Program Location or Clinical Affiliates
- k) Vacancy in Key Personnel positions
- l) Change in Key Personnel
- m) Addition of scheduling option(s)
- n) Change in institutional accreditation status

Evidence of Compliance:

- Timely submission and subsequent approval of the CoARC Application for Substantive Change or related documentation required as per CoARC Policies.

Affiliate Agreements

- 1.09 There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationships, roles, and responsibilities between the sponsor and that entity.

Evidence of Compliance:

- Copies of duly executed agreement, contract or memorandum of understanding for each affiliate.

II. INSTITUTIONAL AND PERSONNEL RESOURCES

Institutional Resources

- 2.01 The sponsoring institution must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives as defined in Standard III, regardless of location and instructional methodology used.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Personnel Resources

- 2.02 The sponsoring institution must ensure the program has a sufficient number of appropriately qualified faculty members, clinical preceptors, administrative and technical support staff to achieve the program's goals as defined in Standard III.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Key Program Personnel

- 2.03 The sponsoring institution must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

Evidence of Compliance:

- Documentation of Employment;
- Academic Catalog;
- Written job descriptions including minimal qualifications for key program personnel.

Program Director

- 2.04 The Program Director must be responsible for all aspects of the program, including the management, administration, continuous review and analysis, planning, development, and general effectiveness of the program.

Evidence of Compliance:

- Teaching and administrative workload;
- Institutional job description.

- 2.05 The Program Director must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

Evidence of Compliance:

- State license and RRT verification by the National Board for Respiratory Care.

2.06 The Program Director must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:

- Academic transcript denoting the degree earned.

2.07 The Program Director must have a minimum of four (4) years experience as a Registered Respiratory Therapist; of which at least two (2) years must include experience in clinical respiratory care.¹ The Program Director must have a minimum of two (2) years experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

Evidence of Compliance:

- Personnel records including a curriculum vitae.

2.08 The Program Director must have regular and consistent contact with students and faculty regardless of program location.

Evidence of Compliance:

- Results of student course evaluations.

Director of Clinical Education

2.09 The Director of Clinical Education must be responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experiences for students enrolled in the respiratory care program.

Evidence of Compliance:

- Teaching and administrative workload schedule;
- Institutional job description.

2.10 The Director of Clinical Education must hold a valid Registered Respiratory Therapist (RRT) credential and hold such professional license or certificate as is required by the state in which he or she is employed.

Evidence of Compliance:

- State license and RRT verification by the National Board for Respiratory Care.

¹ *Programs accredited prior to 06/01/2010 will be held to this Standard only when a new program director is appointed.*

- 2.11 The Director of Clinical Education must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE).

Evidence of Compliance:

- Academic transcript denoting the degree earned.

- 2.12 The Director of Clinical Education must have a minimum of four (4) years experience as a Registered Respiratory Therapist; of which at least two (2) years must include clinical respiratory care.² The Director of Clinical Education must have a minimum of two (2) years experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

Evidence of Compliance:

- Personnel records, including a curriculum vitae.

- 2.13 The Director of Clinical Education must have regular and consistent contact with students, faculty, and clinical affiliates regardless of program location.

Evidence of Compliance:

- Results of student course evaluations.

Medical Director

- 2.14 The program must appoint a Medical Director to provide and ensure direct physician interaction and involvement in student education in both the clinical and non-clinical settings; the Medical Director must be a Board certified, licensed physician, credentialed at one of its clinical affiliates, with recognized qualifications, by training and/or experience, in the management of respiratory disease and in respiratory care practices.

Evidence of Compliance:

- Curriculum Vitae;
- Appointment Letter/Contractual Agreement;
- Schedules of physician teaching interaction with students;
- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

Instructional Faculty

- 2.15 In addition to the key personnel, there must be sufficient faculty to provide effective instruction in the didactic, laboratory, and clinical setting. In clinical rotations, the student to faculty ratio cannot exceed 6:1.

² *Programs accredited prior to 06/01/2010 will be held to this Standard only when a new director of clinical education is appointed.*

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix;
- Institutional student surveys of instruction (e.g., course evaluation);
- Course class lists and faculty teaching schedules.

2.16 Instructors must be appropriately credentialed for the content areas they teach, knowledgeable in subject matter through training and experience, and effective in teaching their assigned subjects.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix;
- Institutional student surveys of instruction (e.g., course evaluations);
- Faculty curriculum vitae.

Administrative Support Staff

2.17 There must be sufficient administrative and clerical support staff to meet the program's goals and objectives as defined in Standard III.

Evidence of Compliance:

- Results of annual program resource assessment as documented in the CoARC resource assessment matrix.

III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

- 3.01 The program must have the following 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 polysomnography 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).”

Evidence of Compliance:

- Published program goals in program promotional materials, student handbook, advisory committee minutes, CoARC annual Report of Current Status, and/or other locations.

- 3.02 The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

Evidence of Compliance:

- Documentation that the program’s goals are compatible with the sponsoring institution’s mission;
- Documentation of the program’s outcomes;
- Documentation of annual review of the goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings.

- 3.03 Program goals must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and registered sleep disorders specialists for programs offering the polysomnography option.

Evidence of Compliance:

- Documented comparison of program goals and objectives with the periodic job analysis report by the national credentialing agency.

- 3.04 An advisory committee, with representation from each of the communities of interest and key personnel must meet at least annually to assist the program and sponsoring institutional personnel in reviewing and evaluating any changes to educational goals, program outcomes, instructional effectiveness, and program response to change. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public.

Evidence of Compliance:

- Current advisory committee membership list identifying the community of interest with which each member is affiliated;
- Minutes and attendance list of advisory committee meetings.

Assessment of Program Goals

3.05 The program must formulate a systematic assessment process to evaluate the achievement of its mission, goals and objectives.

Evidence of Compliance:

- Results of the program's annual Report of Current Status, with supporting documentation (NBRC Annual School Summary).

3.06 Programs that include distance education components must document and report instructional effectiveness and program outcomes separately for base programs and program options.

Evidence of Compliance:

- Results of student outcome assessments by cohort groups separately for base programs and program options;
- Results of student course and faculty evaluations by cohort groups separately for base programs and program options.

Assessment of Program Resources

3.07 The program must, at least annually, assess the appropriateness and effectiveness of the resources described in Standard II. The results of resource assessment must be the basis for ongoing planning and appropriate change. Any deficiency identified in program resources requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by subsequent ongoing resource assessment.

Evidence of Compliance:

- Results of annual program resource assessment (using the CoARC resource assessment matrix), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness.

3.08 At a minimum, the following components must be documented for each resource assessed: a) Purpose statements; b) Measurement systems; c) Dates of measurement; d) Results; e) Analysis of results; f) Action plans and implementation, and g) Reassessment.

Evidence of Compliance:

- Results of annual program resource assessments (using the CoARC resource assessment matrix), over sufficient years to document the implementation of action plans and subsequent reevaluations of their effectiveness.

Student Evaluation

3.09 The program must conduct and document evaluations with sufficient frequency to keep students apprised of their progress toward achieving the curriculum competencies, and to allow immediate identification of learning deficiencies and the development of a means for their remediation in a reasonable time frame.

Evidence of Compliance:

- Student handbook or other documents readily available to students, such as course syllabi, that explains remediation policies and the number and frequency of student evaluations;
- Student evaluations performed by faculty;
- Student evaluations of instruction documenting satisfaction with the frequency of evaluations and opportunities for remediation;
- Records of student academic counseling.

3.10 The program must administer evaluations uniformly and equitably to all students in the program for didactic, laboratory, and clinical education components.

Evidence of Compliance:

- Student evaluations performed by faculty, supporting the uniform and equitable administration of the evaluations;
- Student evaluations of instruction documenting satisfaction with the uniform and equitable administration of evaluations.

3.11 The program must develop processes that facilitate the development of inter-rater reliability among those individuals who perform student clinical evaluations.

Evidence of Compliance:

- Records of training participation by clinical evaluators;
- Results of a review of student evaluations for the purpose of determining inter-rater reliability.

Assessment of Program Outcomes

3.12 Programs must assess their outcomes annually, using standardized CoARC surveys of employers, faculty, students and graduates.

Evidence of Compliance:

- Hard copy or electronic records of completed CoARC survey instruments;

- Results of annual Report of Current Status submitted to CoARC.

3.13 The program must, at a minimum, meet the assessment thresholds established by CoARC for the following program outcomes, regardless of location and instructional methodology used: a) Graduate performance on the national credentialing examination for entry into practice; b) Programmatic retention/attrition; c) Graduate satisfaction with program; d) Employer satisfaction with program; and e) Job placement.

Evidence of Compliance:

- Results of annual Report of Current Status submitted to CoARC.

3.14 Programs not meeting the established CoARC outcomes assessment thresholds must begin a dialogue with CoARC to develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

Evidence of Compliance:

- Results of annual Report of Current Status submitted to CoARC;
- Progress reports with supporting documents;

Reporting Program Outcomes

3.15 The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC containing its goal(s), learning domains, evaluation systems (including type, cut score, appropriateness, validity, and reliability), outcomes, analysis of the outcomes and an appropriate action plan based on the analysis.

Evidence of Compliance:

- Annual Report of Current Status submitted to CoARC.

Clinical Site Evaluation

3.16 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences. The program must apply comparable evaluation processes to all clinical sites regardless of geographic location.

Evidence of Compliance:

- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student evaluations of clinical courses, sites, and preceptors;
- Results of student and program personnel resource assessment surveys.

IV. CURRICULUM

- 4.01 The program must prepare students to meet the recognized competencies for registered respiratory therapists identified in these standards.

Evidence of Compliance:

- Documentation of competencies encompassing knowledge, technical proficiency, and behaviors expected of program graduates;
- Evaluation mechanisms designed to monitor knowledge, performance, and behavior.

- 4.02 The program must define and list the competencies it requires for graduation. The program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Evidence of Compliance:

- Evaluation mechanisms designed to monitor knowledge, performance, and behavior;
- Published materials demonstrating communication of competencies to students.

- 4.03 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures must be provided to students at the initiation of each respiratory care course.

Evidence of Compliance:

- Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning outcomes, and evaluation procedures for each respiratory care course;
- Published materials demonstrating communication of course descriptions, instructional objectives, learning outcomes, and evaluation procedures to students.

Minimum Course Content

- 4.04 The curriculum must include content in the following areas: oral and written communication skills, social/behavioral sciences, biomedical/natural sciences, and respiratory care. This content must be integrated to ensure achievement of the curriculum's defined competencies.

Evidence of Compliance:

- Course syllabi for all respiratory care courses;
- Published curriculum demonstrating appropriate course sequencing;
- Catalog course descriptions for all required courses in the curriculum.

- 4.05 Biomedical/natural sciences content must include human anatomy and physiology, cardiopulmonary anatomy and physiology, cardiopulmonary pathophysiology, chemistry, physics, microbiology, and pharmacology.

Evidence of Compliance:

- Catalog course descriptions for all required biomedical/natural sciences courses.

4.06 Respiratory Care content must include respiratory care of the adult, pediatric, and newborn patient, health promotion, education, and disease management; fundamental principles of healthcare reimbursement; fundamental principles of evaluating current scientific literature; medical ethics; provision of health care services to patients with transmissible diseases; provision of services for and management of patients with special needs; community respiratory health; medical emergencies; and legal and ethical aspects of respiratory care practice.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, and criteria for successful course completion.

4.07 Curricular content in the respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists in the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the polysomnography option, curricular content must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards provide the basis for formulating the objectives and competencies of the program's curriculum. A review of the curricular content must be conducted after any revision in the credentialing examination specifications.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the most current credentialing exam specifications;
- Annual Report of Current Status submitted to CoARC documenting program outcomes on credentialing examinations.

Minimum Competencies

4.08 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Evidence of Compliance:

- Documentation of relevant course content;
- CoARC employer surveys.

4.09 Graduates must be competent in the application of problem solving strategies in the patient care setting.

Evidence of Compliance:

- Summary of course evaluation mechanisms designed to evaluate the student's ability to apply knowledge, perform appropriate patient care, solve problems, and demonstrate appropriate behavior;
- Results of CoARC employer satisfaction surveys.

Length of Study

4.10 The program must ensure that the length of study in the respiratory care program is sufficient for students to acquire the expected knowledge and competencies. The minimum length of the program must be two academic years of full-time instruction or its equivalent.

Evidence of Compliance:

- Annual Report of Current Status submitted to CoARC documenting successful student achievements that meet thresholds;
- Annual Report of Current Status submitted to CoARC documenting the satisfaction of faculty, graduates and employers with the program;
- Published curriculum outline in the academic catalog documenting the length of study required for graduation from the program.

Equivalency

4.11 The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are substantially equivalent for each student regardless of location.

Evidence of Compliance:

- Documentation showing that each clinical site, or collection of sites, provides sufficient breadth and depth of clinical exposure to ensure achievement of all clinical competencies;
- Documentation that students at various program locations have access to similar course materials, laboratory equipment and materials, and academic support services;
- Results of student resource assessment surveys.

Clinical Practice

- 4.12 The program must document that clinical education experiences at each clinical site are of sufficient quality and duration to enable students to meet program goals and acquire the competencies needed for clinical practice.

Evidence of Compliance:

- Clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting;
- Clinical syllabi detailing student competencies;
- CoARC graduate and employer surveys;
- Program evaluation plan and results of these evaluations for all clinical sites and preceptors;
- Results of student clinical course, site, and preceptor evaluations;
- Results of student and program personnel resource assessment surveys.

V. FAIR PRACTICES AND RECORDKEEPING

Disclosure

- 5.01 Web pages, academic catalogs, publications and advertising must accurately reflect each respiratory care program offered.

Evidence of Compliance:

- Published program information documenting the program(s) offered.

- 5.02 At least the following must be defined, published, and readily available to all prospective and enrolled students:

- a) The sponsor's institutional and programmatic accreditation status, including the name and contact information of the accrediting agencies.
- b) Admissions and transfer policies.
- c) Requirements for prior education or work experience.
- d) Policies regarding advanced placement.
- e) Required academic and technical standards.
- f) Requirements for completion of each segment of the program.
- g) All graduation requirements.
- h) Academic calendar.
- i) Academic credit required for program completion.
- j) Estimates of tuition, fees and other costs related to the program.
- k) Policies and procedures for student withdrawal, probation, suspension, and dismissal.
- l) Policies and procedures for refunds of tuition and fees.
- m) Policies that may allow students to work in clinical settings outside of formal educational activities outlined in the curriculum.
- n) Policies and procedures for processing student grievances.

Evidence of Compliance:

- Published program information related to a-n above.

- 5.03 A link to the CoARC website, or published URL, where student/graduate outcomes for all programs can be found must appear on the program's website and be available to the public and to all applicants.

Evidence of Compliance:

- Screenshot of program's website showing link.

Non-discriminatory Practice

- 5.04 All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

Evidence of Compliance:

- Program non-discriminatory policies.
- Program's technical standards.

5.05 Appeal procedures must include provisions for academic and non-academic types of grievances and a mechanism for neutral evaluation that ensures due process and fair disposition.

Evidence of Compliance:

- Program's appeal policy and procedures.

5.06 There must be a faculty grievance procedure made known to all faculty.

Evidence of Compliance:

- Institutional faculty grievance policy and procedures.

5.07 All personnel and student policies must be consistent with federal and state statutes, rules, and regulations.

Evidence of Compliance:

- Academic catalog;
- Program's policies and procedures.

5.08 Admission of students must be made in accordance with clearly defined and published practices of the institution and program.

Evidence of Compliance:

- Academic catalog and other published materials;
- Admission pre-requisites and rationale;
- Admission policies and procedures, including minimal technical standards.

5.09 The program must secure formal written, duly executed agreements with all clinical education sites for students and must designate preceptors for students at each site; the program shall not require students to secure their own clinical education sites or preceptors for required clinical rotations.

Evidence of Compliance:

- Detailed clinical schedules;
- Formal written affiliation agreements.

5.10 Programs granting advanced placement must document that students receiving advanced placement have: a) Met program-defined criteria for such placement; b) Met institution-defined criteria for such placement, and c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

Evidence of Compliance:

- Program's policies and procedures related to advanced placement;
- Student advanced placement and course equivalency documentation.

Safeguards

5.11 The health and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

Evidence of Compliance:

- Affiliate contracts/agreements;
- Published institutional and programmatic policies.

5.12 Students must not be used to substitute for clinical, instructional, or administrative staff.

Evidence of Compliance:

- Results of student course evaluations;
- Work study contracts;
- Program policies and procedures with reference to the clinical sites.

5.13 Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experiences.

Evidence of Compliance:

- Program's policies and procedures.

Academic Guidance

5.14 The program must ensure that guidance is available to assist students in understanding and abiding by program policies and practices.

Evidence of Compliance:

- Program orientation documentation;
- Program's policies and procedures.

5.15 Students must have access to the academic support services that are provided to other students in the institution.

Evidence of Compliance:

- Academic catalog;
- Student manuals;

- Clinical policies and procedures for students;
- Advisement meetings with students;
- Documented Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.

5.16 The program must ensure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems.

Evidence of Compliance:

- Program/institutional policies and procedures;
- Documentation of counseling sessions;
- Faculty office hours schedules.

Student Identification

5.17 The program must ensure that students are clearly identified as such in the clinical setting to distinguish them from clinical site employees and other health profession students.

Evidence of Compliance:

- Policies governing the wearing of identification badges and appropriate identification of students (by badge and by personal interaction and introduction) in every clinical setting.

Student Records

5.18 Records must be securely maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Evidence of Compliance:

- Program/institutional policies and procedures;
- Hard copy or electronic student records;
- Description of procedure, including location, for maintaining security of records.

5.19 Records of student evaluations must be maintained in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file (in electronic or hard-copy format) for at least five (5) years regardless of whether the student ultimately completes or fails to complete all requirements for graduation.

Evidence of Compliance:

- Hard copy or electronic student records.

- 5.20 Student records kept by the institution must include the following documentation:
- a) That the student has met published admission criteria;
 - b) Student evaluations (see 5.19);
 - c) Records of remediation;
 - d) Records of disciplinary action;
 - e) Official transcripts.

Evidence of Compliance:

- Hard copy or electronic student records.

Program Records

- 5.21 Program records (as defined in 5.22) must be maintained in sufficient detail to document program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

Evidence of Compliance:

- Program/institutional policies and procedures;
- Hard copy or electronic student records.

- 5.22 Program records kept by the institution must include the following documentation:
- a) Annual Report of Current Status and supporting documentation;
 - b) Course syllabi;
 - c) Resource assessment surveys;
 - d) Clinical Affiliate Agreements and schedules;
 - e) Advisory Committee minutes.

Evidence of Compliance:

- Hard copy or electronic copy of 5.22 a-e.

APPENDIX A
INITIATION AND MAINTENANCE OF ACCREDITATION

Applying for Accreditation

- A.01 The accreditation review process conducted by the CoARC can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution. This process is initiated by requesting a CoARC Accreditation Services Application from:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244
Tel: (817) 283-2835
Fax: (817) 354-8519

The CoARC Accreditation Services Application can also be completed online at www.coarc.com.

- A.02 The accreditation review process includes submission of the Accreditation Services Application, completion and submission of self-study reports, payment of appropriate fees, and agreement to an on-site evaluation.
- A.03 An institution sponsoring a program may voluntarily withdraw from the accreditation process at any time.

Program and Sponsoring Institution Responsibilities

- A.04 In accordance with CoARC policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the CoARC, ultimately to an accreditation action of Withdrawal of Accreditation.
- A.05 The program must inform the CoARC within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional or national accrediting agency.
- A.06 The program must agree to periodic comprehensive review that may include a site visit as determined by the CoARC.
- A.07 The program must submit self-study reports or progress reports as required by the CoARC.
- A.08 The program must inform the CoARC in writing of changes in the key personnel or other substantive changes in the program (see Standard 1.08) within 15 days of the date of the effective change.

- A.09 The program must obtain the CoARC approval four months prior to implementing any intended program expansion to a satellite campus.
- A.10 The sponsoring institution must inform the CoARC in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.
- A.11 The program and the sponsoring institution must pay CoARC accreditation fees as determined by the CoARC.

**2009 Report of Current Status for an Education Program
in
Respiratory Therapy
at
Texas State University-San Marcos
CoA Program Reference:200197**

Sponsoring Institution and Personnel

Sponsoring Institution

Texas State University-San Marcos
601 University Dr
San Marcos, TX 78666 Phone: (512) 245-8243
Institution Type: Four-year College or University

Dean/Administrator

Ruth Welborn PhD
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-3300
Fax:(512) 245-3791
Email:rw01@txstate.edu

Billing Contact

S Gregory Marshall PhD, RRT, RPSGT
Texas State University-San Marcos
601 University Drive/Dept. of Resp Care
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:sm10@txstate.edu

Didactic/Lab Faculty

Lynda Harkins PhD, RRT
Texas State Univ-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:LT01@txstate.edu

Didactic/Lab Faculty

Thomas Stokes MEd, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:ts26@txstate.edu

President/CEO

Denise Trauth PhD
601 University Dr
San Marcos, TX 78666
Phone:(512) 245-2121
Fax:(512) 245-8088
Email:dt14@txstate.edu

Program Director

Gregory Marshall PhD RRT RCP RPSGT
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:SM10@txstate.edu

Medical Director

Peter Petroff M.D.
28247 Ruffian
Fair Oaks Ranch, TX 78015
Phone:(210) 614-5855
Fax:(210) 614-6240
Email:PET319@dnamail.com

Didactic/Lab Faculty

Bill Wharton BS, RRT, RPSGT
Texas State Univ-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:BW02@txstate.edu

Didactic/Lab Faculty

Joshua Gonzales MA, RRT-NPS
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:jg61@txstate.edu

Didactic/Lab Faculty

Bruce Adcock BSRC, RRT-NPS
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Kevin Collins BSRC, RRT, RPFT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Frank Mazza MD
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Alejandro Gomez AAS, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Mando Morzaes MBA, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Ronald Boultinghouse BS, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Aamir Malik MD
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

David Garza AAS, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

Elizabeth Jendzrey BSRC, RRT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:

Didactic/Lab Faculty

James Spector BSRC, RRT, RPSGT
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:js208@txstate.edu

Didactic/Lab Faculty

Andy Rodriguez BSRC, RRT
Texas State University-San Marcos
601 University Drive/Dept. of Resp Care
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:arkhangelsk@earthlink.net

Director of Clinical Education

Christopher Russian MEd, RRT-NPS, RPSGT
Texas State Univsity-San Marcos
601 University Drive
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:cr23@txstate.edu

Didactic/Lab Faculty

Nicholas Henry BSRC, RRT
Texas State University-San Marcos
601 University Drive/Dept. of Resp Care
San Marcos, TX 78666
Phone:(512) 245-8243
Fax:(512) 245-7978
Email:nhenry@seton.org

Affiliates

Brackenridge Hospital - Clinical Affiliate - Austin, TX

Christus Santa Rosa - Clinical Affiliate - San Antonio, TX

Seton Medical Center - Clinical Affiliate - Austin, TX

South Austin Medical Center - Clinical Affiliate - Austin, TX

St. David's Medical Hospitals - Clinical Affiliate - Austin, TX

University Healthcare System - Clinical Affiliate - San Antonio, TX

Heart Hospital of Austin - Clinical Affiliate - Austin, TX

Dell Childrens Medical of Austin - Clinical Affiliate - Austin, TX

Satellites

Examination Results

Evaluation System: NBRC CRT Credentialing
Cut Score: 75
Analysis: With 2008 CRT pass-rate of 90.6%, exceeds CoARC Threshold. One non-attempt at CRT is working full-time in polysomnography.
Action: Will continue to monitor. Continue to offer CRT review and preparatory comprehensive testing prior to CRT eligibility.

Evaluation System: NBRC RRT Credentialing
Cut Score: 70
Analysis: Percent RRT Credentialed grads to date of 56.3% exceeds CoARC Threshold.
Action: Will continue to monitor and encourage graduates to sit for RRT exams immediately upon graduation. Continue to offer RRT Written and RRT CSE review with preparatory comprehensive testing prior to RRT eligibility.

Evaluation System: Comp Written RRT SAE
Cut Score: 55
Analysis: Comp Written RRT SAE pass-rate of 93.8% exceeded CoARC Threshold of 80%.
Action: Continue to provide review for RRT exam and require students to meet program cut-score in order to matriculate.

Surveys - Cognitive Domain

Evaluation System: Employer Surveys - Cognitive
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: None needed.
Action: Will continue to monitor.

Evaluation System: Graduate Survey - Cognitive
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: Above threshold.
Action: Will continue to monitor.

Surveys - Psychomotor Domain

Evaluation System: Employer Surveys - Psychomotor
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: None needed.
Action: Will continue to monitor.

Evaluation System: Graduate Survey - Psychomotor
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: Above threshold.
Action: Will continue to monitor.

Surveys - Affective Domain

Evaluation System: Employer Surveys - Affective
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: None needed.
Action: Will continue to monitor.

Evaluation System: Graduate Survey - Affective
Cut Score: 3 or greater on a 5-point Likert scale
Analysis: Above threshold.
Action: Will continue to monitor.

Attrition / Retention

Evaluation System: Attrition / Retention
Analysis: With attrition of 21.3% and retention of 78.7% within four years, program meets/exceeds CoARC Threshold for Attrition/Retention. Two of the 10 students dropping out were the result of deaths. All remaining 8 students dropping out of the RC Program were redirected to other academic majors and graduated from Texas State University with other degrees.
Action: Continue to recruit students with RC admission standards for GPA greater than university standards, retain students through remediation, require readmission standards for returning students that match admission standards. Will continue to closely monitor and provide academic advising with mentoring.

Positive Placement

Evaluation System: Positive Placement
Analysis: With 93.8% positive job placement, exceeds CoARC Threshold.
Action: Will continue to monitor and utilize internships for possible student placement upon graduation, post job opportunities online and on RC department bulletin boards, invite healthcare facilities for presentation/recruitment as guest lectures during senior year, and require students to attend career fairs sponsored by the university.

Current Program Statistics

CoA Reference: 200197

Program Enrollment and Attrition Table with Current and Past Five Years' Data(if available):

Enrollment Year	Enrollment Date	Graduation Date	Estimated Number of Applicants	Maximum Number of Students	Number Initially Enrolled	Number Enrolled After Class Start	Total Enrollment Number	'In Progress' To-Date	Non-Academic Attrition	General Education Courses Attrition	Professional Courses Attrition	Attrition	Percent Attrition	# Grads to Date
2009	1/1/2009	5/15/2012	0	0	0	0	0	0	0	0	0	0	NaN	0
2008	1/1/2008	5/14/2011	60	40	34	0	34	34	0	0	0	0	0.0 %	0
2007	1/1/2007	5/15/2010	55	40	32	0	32	32	0	0	0	0	0.0 %	0
2006	1/1/2006	5/15/2009	55	40	47	0	47	47	0	0	0	0	0.0 %	0
2005	1/1/2005	5/15/2008	55	40	44	3	47	5	10	0	0	10	21.3 %	32
2004	1/1/2004	5/15/2007	50	40	25	1	26	4	2	0	3	5	19.2 %	17
2003	1/1/2003	5/15/2006	60	40	27	2	29	5	5	0	0	5	17.2 %	19
2002	1/1/2002	5/15/2005	54	40	30	5	35	0	3	0	0	3	8.6 %	32
2001	1/1/2001	5/15/2004	35	40	30	1	31	0	6	0	11	17	54.8 %	14
2000	1/1/2000	5/15/2003	50	40	37	5	42	0	12	1	3	16	38.1 %	26

Graduates by Enrollment Cohort

			Graduated in (year)								
Enrollment Year	Enrollment Date	On-time Graduation Date	2009	2008	2007	2006	2005	2004	2003	2002	# Grads to Date
2009	1/1/2009	5/15/2012									0
2008	1/1/2008	5/14/2011									0
2007	1/1/2007	5/15/2010									0
2006	1/1/2006	5/15/2009									0
2005	1/1/2005	5/15/2008		32							32
2004	1/1/2004	5/15/2007			17						17
2003	1/1/2003	5/15/2006				19					19
2002	1/1/2002	5/15/2005					32				32
2001	1/1/2001	5/15/2004						14			14
2000	1/1/2000	5/15/2003							26		26
Total Graduates by Year =			0	32	17	19	32	14	26	0	140

Outcomes Summary

	Graduation Year. Class of...								Threshold	3 yr Total 2008 to 2006	5 yr Total 2008 to 2004
	2009	2008	2007	2006	2005	2004	2003	2002			
Graduates	0	32	17	19	32	14	26	0		68	114
Outcomes Assessments										3 yr Avg 2008 to 2006	5 yr Avg 2008 to 2004
Attrition	0.0 %	21.3 %	19.2 %	17.2 %	8.6 %	54.8 %	38.1 %	0.0 %	30%	19.6 %	23.8 %
Retention	100.0 %	78.7 %	80.8 %	82.8 %	91.4 %	45.2 %	61.9 %	0.0 %		80.4 %	76.2 %
Positive Placement	0.0 %	93.8 %	100.0 %	100.0 %	93.8 %	92.9 %	100.0 %	Infinity	70 %	97.1 %	95.6 %
NBRC CRT Credentialing % grads Success	0.0 %	90.6 %	94.1 %	100.0 %	93.8 %	100.0 %	92.3 %	0.0 %	80 %	94.1 %	94.7 %
NBRC RRT Credentialing % grads Success	0.0 %	56.3 %	82.4 %	100.0 %	90.6 %	71.4 %	92.3 %	Infinity	50 %	75.0 %	78.9 %
Comp Written RRT SAE % grads Success	0.0 %	93.8 %	100.0 %	100.0 %	93.8 %	100.0 %	0.0 %	0.0 %	80 %		
Employer Survey - % returned	0 %	63.3 %	75.0 %	63.2 %	28.6 %	76.9 %	40.0 %	0.0 %	50 %	66.2 %	57.5 %
Employer Survey - Cognitive - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		
Employer Survey - Psychomotor - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		
Employer Survey - Affective - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		
Graduate Survey - % returned	0 %	71.9 %	82.4 %	73.7 %	59.4 %	92.9 %	46.2 %	0 %	50 %	75.0 %	72.8 %
Graduate Survey - Cognitive - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		
Graduate Survey - Psychomotor - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		
Graduate Survey - Affective - Success	0.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	0.0 %	100.0 %		

	Enrollment Year								Threshold	3 yr Total 2008 to 2006	5 yr Total 2008 to 2004
	2009	2008	2007	2006	2005	2004	2003	2002			
Enrollment	0	34	32	47	47	26	29	35		113	186

2009 CoARC Annual Report for Polysomnography Option

PSG Annual Report Certifier, Preparer and Submission Process

Polysomnography Annual Report Submission Process

The PSG annual report submission process is similar to the annual report process for your respiratory care program. However, until this process can be adapted for use online, you must fill out this report completely and submit it by **September 15th, 2009**. The data contained in this report should pertain to the graduates of your polysomnography program for the years 2005, 2006, and 2007.

If you have not graduated any students in a particular year, place **N/A** where appropriate.

Please make every effort to fill out each section of this report. If you have any questions about the submission process or any item in the report, please contact Tom Smalling, Ph.D., RRT, RPFT RPSGT, FAARC Executive Director
(**tom@coarc.com**)
817-283-2835 ext. 101

What happens once the annual report is submitted to the committee?

When you have completed this report, email it to Jana Anderson (**jana@coarc.com**). She will also forward a copy of this report to your referee for review. Once an annual report is submitted, it is considered "complete." No changes can be made to the data that makes up the annual report within the Annual Report itself.

What if I need to change the data in the annual report?

You can change any of the information in this document up until the date that you submit it to CoARC Executive Office.

2009 CoARC Annual Report for Polysomnography Option

Name of Institution:	Texas State University-San Marcos
Name of Program:	Texas State University-San Marcos Polysomnography Program
CoARC Polysomnography Add-on Program ID#:	400 197
Report Completed by:	S. Gregory Marshall, PhD, RRT, RPSGT

Step 1. Assign Key Personnel

...assign people to COA defined roles.

Step 2. Enter Satellites and Affiliates

...enter name, city and state of any clinical affiliates or satellite campuses if there are any.

Step 3. Cohort Management

...enter and edit information about enrollment, graduation and attrition per cohort of students.

Step 4. Enter Student Performance

...enter student performance on enrollment measures and evaluation systems.

Step 5. Enter Analyses & Action Plans

...enter the analyses and action plans based on student performance measures and evaluation system for the annual report period.

Step 6. Submit Annual Report

... When you have completed this report, email it to
Jana Anderson (jana@coarc.com)

2009 CoARC Annual Report for Polysomnography Option

Key Personnel

Role	Name of Individual
Medical Director	Dr. Peter A. Petroff / Dr. J. Douglas Hudson
Program Director	S. Gregory Marshall, PhD, RRT, RPSGT
Director of Clinical Education	Chris Russian, Med, RRT-NPS, RPSGT
Primary Instructor	Bill Wharton, BS, RRT, RPGST

CLICK HERE for Main Page

Medical Director Info

INSERT PERSONAL DATA					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	Peter	Middle	A	Last	Petroff
Credentials	MD, Board Certified in Pulmonary Critical Care and Internal Medicine << Examples: PhD, MA, RRT, etc.				
Title	Medical Director/Clinical Professor	Salutation	Dr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Diagnostic Clinic of San Antonio			
		2833 Babcock, Suite 435			
City	San Antonio	State	TX	Zip	78229
Postal Code		Country	USA		
Phone	210/614-6378	Ext.		Fax	210/614-6240
E-Mail	PET319@dnamail.com				

Co-Medical Director Info

INSERT PERSONAL DATA					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	J.	Middle	Douglas	Last	Hudson
Credentials	MD, DAASM, Board Certified in Neurology and Sleep Medicine << Examples: PhD, MA, RRT, etc.				
Title	Co-Medical Director/Associate Professor	Salutation	Dr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Sleep Med Consultants			
		4200 Marathon Blvd			
		Suite 310			
City	Austin	State	TX	Zip	78756
Postal Code		Country	USA		
Phone	512/420-9900	Ext.		Fax	512/420-9944

2009 CoARC Annual Report for Polysomnography Option

E-Mail | jdh@sleepdoc.net

Program Director Info

INSERT PERSONAL DATA					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	S.	Middle	Gregory	Last	Marshall
Credentials	PhD, RRT, RPSGT	<< Examples: PhD, MA, RRT, etc.			
Title	Chair/ Associate Professor	Salutation	Dr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Texas State University-San Marcos			
		Department of Respiratory Care			
		601 University Drive			
City	San Marcos	State	TX	Zip	78666
Postal Code	4616	Country	USA		
Phone	512/245-8243	Ext.		Fax	512/245-7978
E-Mail	Sm10@txstate.edu				

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Director of Clinical Education Info

INSERT PERSONAL DATA					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	Christopher	Middle	J.	Last	Russian
Credentials	Med, RRT-NPS, RPSGT	<< Examples: PhD, MA, RRT, etc.			
Title	DCE / Associate Professor	Salutation	Mr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Texas State University-San Marcos			
		Department of Respiratory Care			
		601 University Drive			
City	San Marcos	State	TX	Zip	78666
Postal Code	4616	Country	USA		
Phone	512/245-8243	Ext.		Fax	512/245-7978
E-Mail	Cr23@txstate.edu				

2009 CoARC Annual Report for Polysomnography Option

Primary Instructor Info

INSERT PERSONAL DATA					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	Bill	Middle	J.	Last	Wharton
Credentials	BS, RRT, RPSGT < < Examples: PhD, MA, RRT, etc.				
Title	Instructor	Salutation	Mr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Texas State University-San Marcos			
		Department of Respiratory Care			
		601 University Drive			
City	San Marcos	State	TX	Zip	78666
Postal Code	4616	Country	USA		
Phone	512/245-8243	Ext.		Fax	512/245-7978
E-Mail	Bw02@txstate.edu				

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Faculty Member Info (not already reported above)

INSERT PERSONAL DATA,					
Important: Use upper and lower case characters as though addressing an envelope to this person!					
First	James	Middle	S.	Last	Spector
Credentials	BSRC, RRT, RPSGT < < Examples: PhD, MA, RRT, etc.				
Title	Lecturer	Salutation	Mr.		
Mailing Address: (Use address lines from top-to-bottom as needed.)		Texas State University-San Marcos			
		Department of Respiratory Care			
		601 University Drive			
City	San Marcos	State	TX	Zip	78666
Postal Code	4616	Country	USA		
Phone	512/245-8243	Ext.		Fax	512/245-7978
E-Mail	jspector@txstate.edu				

2009 CoARC Annual Report for Polysomnography Option

Faculty Member Info (not already reported above)

INSERT PERSONAL DATA Important: Use upper and lower case characters as though addressing an envelope to this person!					
First		Middle		Last	
Credentials	<< Examples: PhD, MA, RRT, etc.				
Title		Salutation			
Mailing Address: (Use address lines from top-to-bottom as needed.)					
City		State		Zip	
Postal Code		Country			
Phone		Ext.		Fax	
E-Mail					

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Faculty Member Info (not already reported above)

INSERT PERSONAL DATA Important: Use upper and lower case characters as though addressing an envelope to this person!					
First		Middle		Last	
Credentials	<< Examples: PhD, MA, RRT, etc.				
Title		Salutation			
Mailing Address: (Use address lines from top-to-bottom as needed.)					
City		State		Zip	
Postal Code		Country			
Phone		Ext.		Fax	
E-Mail					

2009 CoARC Annual Report for Polysomnography Option

CLINICAL SITE - CLINICAL AFFILIATE DATA FORM

(Complete one form for each clinical site)

Name	Sleep Therapy & Research Center		
Address	4211 Medical Parkway Austin, Texas 78756		
Telephone #	512/452-3806		
Type of clinical site (hospital or free-standing):	free standing		
Date of last institutional accreditation (if applicable):	2007		
Type of institutional accreditation:	AASM		
Distance from sponsoring institution:	30 Miles		
Is there a signed, written agreement with this affiliate?	<input checked="" type="checkbox"/> X	Yes	<input type="checkbox"/> No
Number of patient beds for student learning:	6		
Do any other respiratory care programs use this affiliate as well? If yes, please list.	No.		
Number of students from the program assigned to this affiliate for each semester/quarter:	1-2		
Number and credentials of clinical instructors supplied by this affiliate for the program:	1/RPSGT		
Actual days of the week and hours of the day of clinical instruction for each program for each semester/quarter:	As needed 1 day/wk for 12 hrs for 15 week semester		
What clinical competencies does the program accomplish at this affiliate?	Patient history, assessment, setup/hookup, diagnostic/titrating PSG study, MSLT, record keeping, scoring, archiving, reporting		
Does this clinical affiliate have the clinical resources to accommodate all the requirements of the program without affecting those of existing programs? Please provide details.	Yes. No other accredited clinical PSG program exists in this area.		

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2009 CoARC Annual Report for Polysomnography Option

CLINICAL SITE - CLINICAL AFFILIATE DATA FORM

(Complete one form for each clinical site)

Name Sleep Therapy & Research Center		
Address 5115 Medical Drive Bld B San Antonio, Texas 78229		
Telephone # 210/860-6000		
Type of clinical site (hospital or free-standing): free-standing		
Date of last institutional accreditation (if applicable): 2005		
Type of institutional accreditation: AASM		
Distance from sponsoring institution: 50 Miles		
Is there a signed, written agreement with this affiliate?	<input checked="" type="checkbox"/> X Yes	<input type="checkbox"/> No
Number of patient beds for student learning: 6		
Do any other respiratory care programs use this affiliate as well? If yes, please list. No.		
Number of students from the program assigned to this affiliate for each semester/quarter: 1-2		
Number and credentials of clinical instructors supplied by this affiliate for the program: 1 / RPSGT		
Actual days of the week and hours of the day of clinical instruction for each program for each semester/quarter: As needed 1 day/wk for 12 hrs for 15 week semester		
What clinical competencies does the program accomplish at this affiliate? Patient history, assessment, setup/hookup, diagnostic/titration PSG study, MSLT, record keeping, scoring, archiving, reporting		
Does this clinical affiliate have the clinical resources to accommodate all the requirements of the program without affecting those of existing programs? Please provide details. Yes. No other accredited clinical PSG programs exist in this area.		

CLICK HERE for Main Page

2009 CoARC Annual Report for Polysomnography Option

CLINICAL SITE - CLINICAL AFFILIATE DATA FORM

(Complete one form for each clinical site)

Name		
Texas State Sleep Center		
Address		
601 University Drive San Marcos, Texas 78666-4616		
Telephone #512/245-8243		
Type of clinical site (hospital or free-standing): free-standing		
Date of last institutional accreditation (if applicable): 9/26/2008		
Type of institutional accreditation: AASM		
Distance from sponsoring institution: 0 miles (onsite in Health Professions Building)		
Is there a signed, written agreement with this affiliate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of patient beds for student learning: 2		
Do any other respiratory care programs use this affiliate as well? If yes, please list.		
No.		
Number of students from the program assigned to this affiliate for each semester/quarter: 3-5		
Number and credentials of clinical instructors supplied by this affiliate for the program: 4 / RPSGT		
Actual days of the week and hours of the day of clinical instruction for each program for each semester/quarter:		
3-4 days/wk for 12 hrs for 15 week semesters		
What clinical competencies does the program accomplish at this affiliate?		
Patient history, assessment, setup/hookup, diagnostic/titration PSG study, MSLT, record keeping, scoring, archiving, reporting.		
Does this clinical affiliate have the clinical resources to accommodate all the requirements of the program without affecting those of existing programs? Please provide details.		
Yes. No other accredited clinical PSG program exists in the area.		

CLICK HERE for Main Page

Cohort	Status	
For class(es) starting between 01/01/2006 - 12/31/2006	"In progress" (not graduated to-date):	0
	Stop-Outs who started with this cohort, but who graduated with FUTURE cohort(s):	0
	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
	Total graduates with this cohort to-date:	2

Enrollment and Graduation Data			
Enrollment Date:	9/1/2006	Graduation Date:	5/15/2007
Estimated Applicants:	3	Attrition: Non-Academic:	1
Maximum enrollment capacity:	10	Attrition: General Ed Classes:	0
Initial Number Enrolled:	3	Attrition: Core (Discipline/Major) Courses:	0
Students Added to Group:	1	"On Time" Graduates:	2
"In progress" (not graduated to-date):	0	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
Stop-Outs who started with this cohort, but who graduated with FUTURE cohorts:	0	Total graduates with this cohort to-date:	2
Positive, post-graduate job placements within 10 months of cohort graduation date:			2

CLICK HERE for Main Page

Cohort	Status	
For class(es) starting between 01/01/2007 - 12/31/2007	"In progress" (not graduated to-date):	0
	Stop-Outs who started with this cohort, but who graduated with FUTURE cohort(s):	0
	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
	Total graduates with this cohort to-date:	2

Enrollment and Graduation Data			
Enrollment Date:	9/1/2007	Graduation Date:	5/15/2008
Estimated Applicants:	4	Attrition: Non-Academic:	0
Maximum enrollment capacity:	10	Attrition: General Ed Classes:	0
Initial Number Enrolled:	2	Attrition: Core (Discipline/Major) Courses:	0
Students Added to Group:	0	"On Time" Graduates:	2
"In progress" (not graduated to-date):	0	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
Stop-Outs who started with this cohort, but who graduated with FUTURE cohorts:	0	Total graduates with this cohort to-date:	2
Positive, post-graduate job placements within 10 months of cohort graduation date:			2

CLICK HERE for Main Page

Cohort	Status	
For class(es) starting between 01/01/2008 - 12/31/2008	"In progress" (not graduated to-date):	0
	Stop-Outs who started with this cohort, but who graduated with FUTURE cohort(s):	0
	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
	Total graduates with this cohort to-date:	9

Enrollment and Graduation Data			
Enrollment Date:	9/1/2008	Graduation Date:	5/15/2009
Estimated Applicants:	10	Attrition: Non-Academic:	1
Maximum enrollment capacity:	10	Attrition: General Ed Classes:	0
Initial Number Enrolled:	10	Attrition: Core (Discipline/Major) Courses:	0
Students Added to Group:	0	"On Time" Graduates:	9
"In progress" (not graduated to-date):	0	Students enrolled in a PRIOR cohort, but who graduated with THIS cohort to-date:	0
Stop-Outs who started with this cohort, but who graduated with FUTURE cohorts:	0	Total graduates with this cohort to-date:	9
Positive, post-graduate job placements within 10 months of cohort graduation date:			9

CLICK HERE for Main Page

Student Performance
For ALL Graduates between
01/01/2006 - 12/31/2006

Important:

You must provide performance data for All Required Evaluation Systems.

Evaluation Systems

	Learning Domain	Required	TGA*	PFA*	PSA*	
Affective						
Employer Survey - Affective	Affective	Required	NA	NA	NA	View
Graduate Survey - Affective	Affective	Required	NA	NA	NA	View
Cognitive						
Employer Survey - Cognitive	Cognitive	Required	NA	NA	NA	View
Graduate Survey - Cognitive	Cognitive	Required	NA	NA	NA	View
RPSGT Credentialing Success (#Credentialed / # of Grads)	Cognitive	Required***	NA	NA	NA	View
Psychomotor						
Employer Survey - Psychomotor	Psychomotor	Required	NA	NA	NA	View
Graduate Survey - Psychomotor	Psychomotor	Required	NA	NA	NA	View

TGA*: Total Graduates Attempting

PFA*: Passed First Attempt

PSA*: Passed Subsequent Attempts

*****Programs must report the BRPT examination results and must analyze the results; however, no adverse accreditation actions would be taken based on those results.**

Student Performance
For ALL Graduates between
01/01/2007 - 12/31/2007

Important:

You must provide performance data for All Required Evaluation Systems.

Evaluation Systems

	Learning Domain	Required	TGA*	PFA*	PSA*	
Affective						
Employer Survey - Affective	Affective	Required	1	4.0	NA	View
Graduate Survey - Affective	Affective	Required	2	5.0	NA	View
Cognitive						
Employer Survey - Cognitive	Cognitive	Required	1	3.5	NA	View
Graduate Survey - Cognitive	Cognitive	Required	2	4.3	NA	View
RPSGT Credentialing Success (#Credentialed / # of Grads)	Cognitive	Required***	1	0	1	View
Psychomotor						
Employer Survey - Psychomotor	Psychomotor	Required	1	3.75	NA	View
Graduate Survey - Psychomotor	Psychomotor	Required	2	4.88	NA	View

TGA*: Total Graduates Attempting

PFA*: Passed First Attempt

PSA*: Passed Subsequent Attempts

*****Programs must report the BRPT examination results and must analyze the results; however, no adverse accreditation actions would be taken based on those results.**

**Student Performance
For ALL Graduates between
01/01/2008 - 12/31/2008**
Important:

You must provide performance data for All Required Evaluation Systems.

Evaluation Systems

	Learning Domain	Required	TGA*	PFA*	PSA*	
Affective						
Employer Survey - Affective	Affective	Required	2	4.5	NA	View
Graduate Survey - Affective	Affective	Required	2	4.98	NA	View
Cognitive						
Employer Survey - Cognitive	Cognitive	Required	2	4.3	NA	View
Graduate Survey - Cognitive	Cognitive	Required	2	5.0	NA	View
RPSGT Credentialing Success (#Credentialed / # of Grads)	Cognitive	Required***	1	1	0	View
Psychomotor						
Employer Survey - Psychomotor	Psychomotor	Required	2	4.5	NA	View
Graduate Survey - Psychomotor	Psychomotor	Required	2	5.0	NA	View

TGA*: Total Graduates Attempting**PFA***: Passed First Attempt**PSA***: Passed Subsequent Attempts

*****Programs must report the BRPT examination results and must analyze the results; however, no adverse accreditation actions would be taken based on those results.**

CoARC Thresholds of Success - Polysomnography Option

Evaluation System	Cut Score	Percent Success or Participation
RPSGT Credentialing Success ***	BRPT passing score.	≥ 60% of total number of graduates obtaining BRPT RPSGT credential (3-year average)
Retention/Attrition	Student is no longer enrolled in the program and is not expected to return (attrition)	≤ 30% attrition of the total number of students in the enrollment cohort. (3-year average)
Job Placement	<ul style="list-style-type: none">• "Positive Placement": defined as a graduate who within ten (10) months after graduation is:<ul style="list-style-type: none">a. employed full or part-time in respiratory care and/orb. continuing his/her education full or part-time and/orc. enlisted in the militaryd. full or part-time employment in polysomnography or respiratory therapy for graduates of the polysomnography option of programs offering same.	≥ 70% positive placement (3-year average)
Graduate Survey – Success	A rating of 3 or higher on a 5-point Likert scale for each item/statement.	Each item/statement has at least 80% of the responses rated 3 or higher.
Graduate Survey – Participation		≥ 50% of the graduates have returned surveys (3-year average)
Employer Survey – Success	A rating of 3 or higher on a 5-point Likert scale for each item/statement.	Each item/statement has at least 80% of the responses rated 3 or higher.
Employer Survey – Participation		≥ 50% of the employers have returned surveys (3-year average)

***Programs must report the BRPT examination results and must analyze the results; however, no adverse accreditation actions would be taken based on those results.

[CLICK HERE](#) for Main Page

Cohort/Graduating Class	01/01/2006 - 12/31/2006
Evaluation System	RPSGT Credentialing Success (# Credentialed/ # of Graduates)
Number Attempting	NA
Number Passing (First Attempt)	NA
Number Passing (Subsequent Attempts)	NA
Total Number of Graduates	NA
Total Passing	NA
Success/Positive Response (Percentage)	%
Percent Participation	%

Cohort/Graduating Class	01/01/2006 - 12/31/2006
Evaluation System	Employer Survey - Psychomotor
Number Responding	NA
Number Responding (First Attempt)	NA
Number Responding (Subsequent Attempts)	NA
Total Number of Graduates	NA
Total Responding	NA
Success/Positive Response (Percentage)	%
Percent Participation	%

Cohort/Graduating Class	01/01/2006 - 12/31/2006
Evaluation System	Graduate Survey - Psychomotor
Number Responding	NA
Number Responding (First Attempt)	NA
Number Responding (Subsequent Attempts)	NA
Total Number of Graduates	NA
Total Responding	NA
Success/Positive Response (Percentage)	%
Percent Participation	%

CLICK HERE for Main Page

Cohort/Graduating Class	01/01/2007 - 12/31/2007
Evaluation System	RPSGT Credentialing Success (# Credentialed/ # of Graduates)
Number Attempting	1
Number Passing (First Attempt)	0
Number Passing (Subsequent Attempts)	1
Total Number of Graduates	2
Total Passing	1
Success/Positive Response (Percentage)	50 %
Percent Participation	50 %

Cohort/Graduating Class	01/01/2007 - 12/31/2007
Evaluation System	Employer Survey - Psychomotor
Number Responding	1
Number Responding (First Attempt)	1
Number Responding (Subsequent Attempts)	0
Total Number of Graduates	2
Total Responding	1
Success/Positive Response (Percentage)	50%
Percent Participation	50%

Cohort/Graduating Class	01/01/2007 - 12/31/2007
Evaluation System	Graduate Survey - Psychomotor
Number Responding	2
Number Responding (First Attempt)	2
Number Responding (Subsequent Attempts)	0
Total Number of Graduates	2
Total Responding	2
Success/Positive Response (Percentage)	100%
Percent Participation	100%

CLICK HERE for Main Page

Cohort/Graduating Class	01/01/2008 - 12/31/2008
Evaluation System	RPSGT Credentialing Success (# Credentialed/ # of Graduates)
Number Attempting	1
Number Passing (First Attempt)	1
Number Passing (Subsequent Attempts)	0
Total Number of Graduates	2
Total Passing	1
Success/Positive Response (Percentage)	50 %
Percent Participation	50 %

Cohort/Graduating Class	01/01/2008 - 12/31/2008
Evaluation System	Employer Survey - Psychomotor
Number Responding	2
Number Responding (First Attempt)	1
Number Responding (Subsequent Attempts)	1
Total Number of Graduates	2
Total Responding	2
Success/Positive Response (Percentage)	100%
Percent Participation	100%

Cohort/Graduating Class	01/01/2008 - 12/31/2008
Evaluation System	Graduate Survey - Psychomotor
Number Responding	2
Number Responding (First Attempt)	2
Number Responding (Subsequent Attempts)	0
Total Number of Graduates	2
Total Responding	2
Success/Positive Response (Percentage)	100%
Percent Participation	100%

CLICK HERE for Main Page

Analyses and Action Plans

Measures ()

Attrition

Analysis
Two students enrolled with both completing curriculum and graduating.
Action Plan
0% attrition. Will continue to monitor.

Enrollment

Analysis
Two applicants with maximum capacity for 10 students. Special approval obtained from university administration to approve funding of "small class" enrollment due to initial program startup.
Action Plan
Will continue to market PSG Program to current RC students enrolled in Texas State BSRC program and other area RC programs through website and direct contact.

Job Placement

Analysis
100% employment with 1 graduate employed in RC as BSRC/RRT and 1 graduate employed in sleep lab as BSRC/RPSGT.
Action Plan
No action plan needed, but will continue to monitor.

Evaluation Systems ()

Affective - Employer Survey - Affective

Analysis
Employer rated graduates 4.5 on 5-point Likert scale.
Action Plan
PD/DCE will continue to monitor.

Affective - Graduate Survey - Affective

Analysis
Graduates rated preparation in Affective Domain at 4.98 on Likert 5-point scale.
Action Plan
No action plan needed, but will continue to monitor.

Cognitive - Employer Survey - Cognitive

Analysis
Employer rated graduates 4.3 on 5-point Likert scale.
Action Plan
PD/DCE will continue to monitor.

Cognitive - Graduate Survey - Cognitive

Analysis
Graduates rated preparation in Cognitive Domain at 5.0 on a 5-point Likert scale.
Action Plan

No action plan needed, but will continue to monitor.

Cognitive - RPSGT Credentialing Success (# of Grads & # Credentialed)

Analysis

50% of graduates attempted voluntary BRPT exam. The one graduate not attempting accepted RRT position in a hospital working as special RC in Cath Lab. He states he may attempt the BRPT exam in the future.

Action Plan

Encourage all graduates to sit for BRPT and NBRC board exams immediately upon graduation. Mock exams given to students to encourage readiness for board exams.

Psychomotor - Employer Survey - Psychomotor

Analysis

Employee rated graduates 4.5 on 5-point Likert scale.

Action Plan

PD/DCE will continue to monitor.

Psychomotor - Graduate Survey - Psychomotor

Analysis

Graduates rated preparation in Psychomotor Domain at 5.0 on a 5-point Likert scale.

Action Plan

No action plan needed, but will continue to monitor.

CLICK HERE for Main Page



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

February 26, 2010

Gregory Marshall, PhD, RRT, RPSGT, Program Director
Texas State University-San Marcos
Polysomnography Specialty Option
601 University Drive
San Marcos, TX 78666

RE: Program Number 400197

Dear Dr. Marshall:

Thank you for submitting your 2009 Annual Report of Current Status. Based on the outcomes you reported, your program has met or exceeded all currently set "thresholds" for success on each of the required outcome measures.

This is an accomplishment of which you, your staff, and institution should be proud. No further action is required on your part. Please continue your current program "Resource Assessment" and "Outcomes Assessment" activities in preparation for your next Annual Report due April 15, 2011.

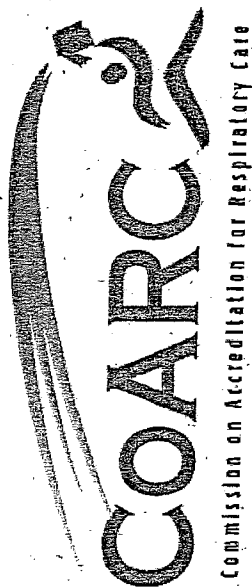
Please keep in mind the new CoARC Accreditation Standards for the Profession of Respiratory Care will go into effect on June 1, 2010. Visit the CoARC website at www.coarc.com for a copy of the Standards.

Should you have specific questions or concerns involving the annual reporting process and/or the Commission's feedback on your Annual Report of Current Status, please do not hesitate to contact the CoARC Executive Office.

Sincerely,

Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC
CoARC Executive Director

cc: Ruth Welborn, PhD, Dean (emailed)
Denise Trauth, PhD, President (emailed)
Bill Wharton, Polysomnography Faculty



CERTIFICATE OF ACCREDITATION

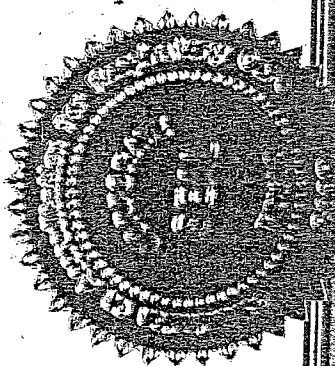
Date of Issue: November 12, 2009

This Certificate of Accreditation is hereby issued by the Commission on Accreditation for Respiratory Care (CoARC), in accordance with the Accreditation Standards for the Profession of Respiratory Care and CoARC Accreditation Policies and Procedures.

Texas State University-San Marcos
Respiratory Care Program
San Marcos, TX
BS Degree
CoARC ID#: 200197

This Certificate of Accreditation is valid until 9/30/2016. The program will be notified of the next comprehensive evaluation approximately two (2) years prior to the date above.

Shelley Miske
CoARC Chair



[Signature]
CoARC Executive Director



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

February 26, 2010

Gregory Marshall, PhD, RRT, RCP, RPSGT, Program Director
Texas State University-San Marcos
Respiratory Care Program
601 University Drive, HSC 350A
San Marcos, TX 786664616

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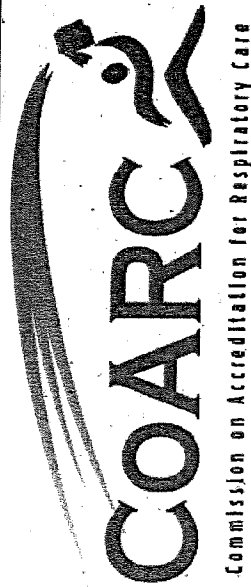
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Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC
CoARC Executive Director

cc: Ruth Welborn, PhD, Dean (emailed)
Denise Trauth, PhD, President (emailed)



CERTIFICATE OF ACCREDITATION

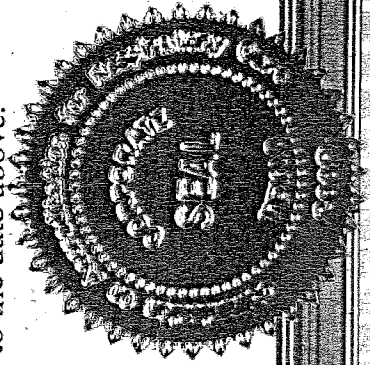
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Texas State University-San Marcos
Respiratory Care Program (200197)
Polysomnography Specialty Option
San Marcos, TX
Polysomnography Certificate
CoARC ID#: 400197

This Certificate of Accreditation is valid until 9/30/2016. The program will be notified of the next comprehensive evaluation approximately two (2) years prior to the date above.

Shelley Miskoe
CoARC Chair



[Signature]
CoARC Executive Director

Undergraduate Required Course (not RC)	Course Name	Justification for Requiring Course on Degree Plan	Information Found in Course
University Seminar 1100	University Seminar	Core	Introduction to aims of university education
Biology 1320 or 1421	Modern Biology I or II	Core (Natural Science Component)	General Biology Background including cellular biology and background
English 1310, English 1320	College Writing (parts 1 and 2)	Core(Communication component)	Basic Reading and writing
Health Information Management 2360	Medical Terminology	Support Course	Basic Medical vocabulary
Biology 2430	Human Physiology and Anatomy	Support Course	Certification statement; Background information needed for the study of anatomy and physiology major
Psychology 1300	Introduction to Psychology	Core (Social and behavioral science component)	Certification requirement
History 1310, History 1320	History of the United States	Core (Social and behavioral science component)	Basic American history
Math 1315	College algebra	Core (Mathematics component); pre-requisite to statistics	Certification requirement; logic algebraic manipulation
2 Physical Fitness/Wellness		Core	Personal fitness and wellness
Philosophy 1305 or 1320	Philosophy and critical thinking OR Ethics and Society	Core (Humanities and Visual and performing arts component)	
Physics 1310, 1110 lab	Elementary physics with lab course	Core (Natural science component)	Certification requirement; Background information needed for the study of acoustics in major
Biology 2440 or 2400	Principles of Biology or Microbiology	External accreditation requirement	Introductory Microbiology
Political Science 2310, 2320	Principles and Functions of American Government	Core (Social and behavioral science component)	
Chemistry 1341, 1141 lab	General Chemistry I and Lab I	External accreditation requirement	Basic inorganic chemistry
ART, DAN, MU or TH 2313	Introduction to Fine Arts	Core (Humanities and Visual and performing arts component)	
Literature (one of the following: ENG 2310, 2320, 2330, 2340, 2359, 2360)	American Literature, British literature or World Literature	Core (Humanities and Visual and performing arts component)	
Statistics (one of the following: HP 3302, SOC 3307, PSY 3301, or MATH 2328)		Support course	Certification requirement; Basic stats background to understand professional literature
Communication Studies 1310	Fundamentals of Human Communication	Core (Communication component)	Speaking and listening principles needed for human communication
CS 1308	Computer Science	Core	
Foreign language		Core	

Undergraduate Required Course (not RC)	Course Name	Justification for Requiring Course on Degree Plan	Information Found in Course
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Foreign language		Core	

Department of Respiratory Care Graduate Certificate in Polysomnographic Technology

Prospective Students: Individuals with the CRT or RRT credential and a bachelor degree OR individuals with a bachelor degree and credentials (state or national) as an allied health professional with a patient-care focus. Upon completion of the certificate, 15 graduate hours will be awarded. Course hours may be applied toward a Masters of Science in Interdisciplinary Studies (MSIS) degree at Texas State. The PSG Program is fully-accredited by the Commission on Accreditation for Respiratory Care (CoARC) through 2016.

FALL

RC 5310 Fundamentals of Polysomnography. (3-0) Introduction to the physiology of sleep including sleep neurology, sleep architecture, classification of sleep disorders. Review of basic cardiac physiology and ECG arrhythmia recognition. Sleep pathologies will be discussed according to etiology, pathophysiology, symptoms, diagnosis, treatment and prognosis.

RC 5211 Polysomnography Instrumentation I. (2-0) Designed to teach the function, operation and design of electroneurodiagnostic equipment. Monitoring devices, electrode application and patient connection will be covered in detail.

RC 5312 Clinical Polysomnography-Sleep Staging I. (0-10) Direct patient diagnostic monitoring is performed under close supervision in a sleep lab. Differential amplifiers, amplifier calibration, artifact correction and the professional role of the sleep tech will be demonstrated.

Fall Semester: 8 hours

SPRING

RC 5313 Polysomnographic Therapeutic Intervention. (3-0) In-depth study of the treatments available for sleep apnea including CPAP, BiPAP, oxygen therapy, patient adjunctive fitting, surgical intervention and the role of the sleep tech in titration. Special attention will be given titration algorithms, nocturnal seizure disorder studies, REM behavior disorder studies, MSLT's and MWT's.

RC 5214 Polysomnography Instrumentation II. (2-0) Advanced study of waveform characteristics and montage development, filters and PSG electronics. Signal pathways, reference electrodes, impedance checking and filter settings in calibration waves will be covered.

RC 5215 Clinical Polysomnography-Sleep Staging II. (0-10) Advanced clinical education in sleep staging rules, light, delta and REM sleep scoring and analysis. EEG, EMG, ECG and respiratory events will be discussed in depth are components of the polysomnogram report.

Spring Semester: 7 hours

Total: 15 graduate certificate hours

How to Apply

Applicants to the certificate program must possess the Registered Respiratory Therapist (RRT) or Certified Respiratory Therapist (CRT) credential and a bachelor's degree, or a bachelor's degree and a credential (state or national) in a healthcare profession with a patient-care focus (RN, LVN, LPN, EMT-P).

Healthcare professionals who do not have respiratory care credentials may qualify for admission through the PSG bridge curriculum. See the section titled "Non-Respiratory Care Applicants" for more information.

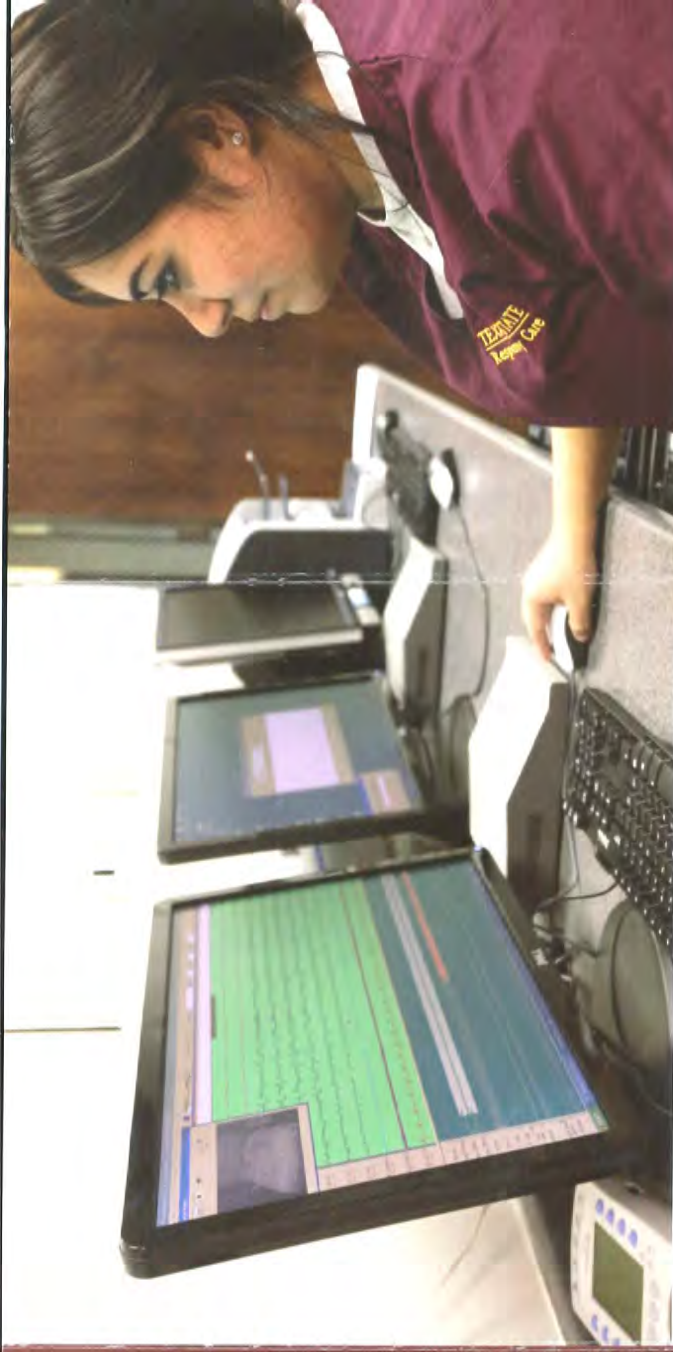
To complete the application process, submit:

- an official Texas State Graduate College application form
- a \$10 non-refundable application fee made payable to Texas State University
- one official transcript from each senior-level, post-secondary institution attended. These transcripts must be mailed directly from the institution to the Graduate College. Applicants must have a 2.5 GPA on the last 60 semester hours of undergraduate work. If a student has completed a master's or doctoral degree, a minimum cumulative 3.0 GPA is required.
- a department application

Visit www.gradcollege.txstate.edu/apply for access to an online application, required documents, where to submit application materials and additional information.

This brochure is a general information publication that does not constitute a contract, expressed or implied, between any applicant, student or faculty member, and the Texas State University-San Marcos College of Health Professions. The faculty and the administration reserve the right to make changes in admission requirements.

Texas State University-San Marcos is an equal opportunity educational institution. This information is available in alternate format upon request from the Office of Disability Services.



Non-Respiratory Care Applicants

A PSG bridge curriculum has been developed to provide a pathway for non-respiratory care credentialed healthcare professionals seeking to transition into polysomnography.

Qualified non-respiratory therapist applicants are those holding a bachelor's degree and a credential (state or national) in a healthcare profession with a patient-care focus (RN, LVN, LPN, EMT-P, CNA, etc.). Applicants will be assessed for academic and professional course completion of basic sciences and specific professional patient experience. Transcripts will be used to verify course completion.

Non-RC healthcare professionals lacking prior respiratory therapy education will be evaluated for domain knowledge in each required content area. Individuals requiring remediation in a basic science or specific RC content area will register for RC 4246, Respiratory Care Internship, during the summer preceding the fall semester. Modular studies also will be provided.

Candidates will be retested following modular studies until minimal competency can be demonstrated. Successful completion of all required modular exams for RC 4246 will result in a "CR" (credit) on the individual's Texas State transcript. If all other admission criteria are met, the individual will then be considered qualified to begin PSG studies in the fall.

For questions regarding this process, please contact the chair of the Department of Respiratory Care at 512.245.8243.

Course Work

The following classes make up the nine-month certification program.

FALL

RC 5310 Fundamentals of Polysomnography
RC 5211 Polysomnography Instrumentation I
RC 5312 Clinical Polysom-Sleep Staging I

SPRING

RC 5313 Polysom Therapeutic Intervention
RC 5214 Polysomnography Instrumentation II
RC 5215 Clinical Polysom-Sleep Staging II

Master of Science in Interdisciplinary Studies (MSIS)

Upon completion of the graduate certificate program in polysomnographic technology, individuals may continue their MSIS degree offered at Texas State. This degree allows the graduate student to choose other areas of graduate studies to complement the polysomnography studies.

Graduate courses in business, education, clinical psychology, healthcare administration, health services research and other areas of interest may be chosen to prepare the graduate for all aspects of sleep laboratory management and research.

The MSIS degree is offered through the Occupational Education Program.

Graduate Certificate Program in Polysomnographic Technology

Polysomnographic technology is an exciting area of healthcare that has emerged as a unique profession for performing the technical evaluation of a broad range of sleep disorders. The field of polysomnography (PSG) involves the complex evaluation of many physiological parameters during sleep to produce a quantitative "sleep study." PSG evaluations are necessary to document sleep disorders and to assist physicians in identifying sleep issues and the appropriate treatment. The disruption of proper sleep can complicate or cause many chronic disorders and conditions.

Texas State University-San Marcos offers the first graduate certificate program in polysomnographic technology in the nation and is fully accredited by the Commission on Accreditation for Respiratory Care.

The nine-month program, offered each fall and spring, prepares individuals to earn national credentials as a registered polysomnographic technologist and a sleep disorder specialist. Upon completion of the program, the national board exams can be taken immediately without further internship requirements.



Graduate Certificate Program in Polysomnographic Technology

TEXAS STATE[®]
UNIVERSITY
SAN MARCOS
The rising STAR of Texas

Department of Respiratory Care
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666
Phone: 512.245.8243
E-Mail: mb64@txstate.edu
www.health.txstate.edu/rc

TEXAS STATE[®]
UNIVERSITY
SAN MARCOS
The rising STAR of Texas

A member of The Texas State

BSRC Curriculum

Recommended Course Sequence

FRESHMAN YEAR

FALL

US 1100	University Seminar
BIO 1320	Modern Biology I OR
BIO 1421	Modern Biology II
ENG 1310	College Writing I
HIM 2360	Medical Terminology
RC 1313	Introduction to Respiratory Care
13 or 14 hours	

Admission to BSRC Program

SPRING

BIO 2430	Human Physiology & Anatomy
ENG 1320	College Writing II
PSY 1300	Introduction to Psychology
RC 1135	RC Clinical Lab I
RC 1314	RC Instrumentation I
RC 1315	Basic Technology in RC
17 hours	

SUMMER I & II

RC 1316	RC Instrumentation II
RC 1445	RC Clinical Lab II
7 hours	

SOPHOMORE YEAR

FALL

HIST 1310	History of US to 1877
MATH 1315	College Algebra
RC 1321	Pharmacology
RC 2355	RC Practice I
RC 3331	Advanced RC Instrumentation
15 hours	

SPRING

HIST 1320	History of US 1877 to Date
PFW	1 hour Physical Fitness
PHIL 1305	Philosophy & Critical Thinking
RC 2352	Cardiopulmonary-Renal A&P
RC 2365	RC Practice II
RC 3330	Advanced RC Technology
16 hours	

SUMMER I & II (10 weeks)

PHYS 1310	Elementary Physics
PHYS 1110	Elementary Physics Lab
RC 2311	Cardiopulmonary Disease I
RC 4220	CV & Pulmonary Diagnostics
9 hours	

* "Fast Track Option" begins for qualified students

JUNIOR YEAR

FALL

BIO 2440	Principles of Microbiology OR
BIO 2400	Microbiology
POSI 2310	Principles of American Government
RC 2375	RC Practice III
RC 3311	Applied Pathology
RC 4315	Neonatal Respiratory Care
16 hours	

SPRING

CHEM 1341	General Chemistry I
CHEM 1141	General Chemistry Lab I
POSI 2320	Functions of American Government
RC 3352	Advanced Ventilator Concepts
RC 3365	RC Practice IV
RC 4341	RC Seminar
16 hours	

SUMMER I or II

RC 3375	ICU Internship
3 hours	

****Advance-Level Therapist Completion – RRT Eligible**

SENIOR YEAR

FALL

3 hours	2313-Introduction to Fine Arts
	choose from ART,DAN,MU, or TH*
3 hours	***English Literature
3 hours	****Statistics
RC 3310	Cardio/Renal Gross Anatomy
RC 4330	Pulmonary Rehabilitation
15 hours	

SPRING

COMM 1310	Fundamentals of Human Communication
PFW	1 hour Physical Fitness
RC 4246	Respiratory Care Internship
RC 4320	Contemporary Issues in CP Care
RC 4350	Respiratory Care Research
12 hours	

TOTAL HOURS for BSRC – 139 or 140

*Fast Track requires major GPA of 3.0 and overall GPA of 2.5 to apply. Approval required.

**Advance-Level Therapist Completion if all required courses completed with overall GPA of 2.0 and major GPA 2.25, as approved by CoARC.

***Refer to General Education Core requirements

****SOC 3307, HP 3302, PSY 3301, or MATH 2328

*R*espiratory therapists are important members of the healthcare team. The field of respiratory care includes exciting and challenging career opportunities in the fields of acute care, critical care, home care, extended care, pulmonary rehabilitation, diagnostic testing, research, polysomnography (sleep studies), and education. Respiratory therapists have a well-defined scope of practice in the medical field with direct patient care. They are considered specialists in the area of life support equipment and its applications.

Bachelor of Science in Respiratory Care

The Bachelor of Science in Respiratory Care program offers an intellectually stimulating and demanding educational experience. Offered through the College of Health Professions, the degree is designed for completion in three or four years, depending on previous courses taken.

Respiratory Care Majors

Respiratory care majors complete academic coursework on campus and gain clinical experience in area hospitals. Clinical procedures are initially practiced in a laboratory setting with the first hospital rotation during the summer at the end of the freshman year. Faculty will accompany students to all clinical courses.



Program Information

Texas State's respiratory care program is fully accredited by the Commission on Accreditation for Respiratory Care (CoArc). Graduates are eligible to attempt nationally standardized examinations specified by the National Board for Respiratory Care that lead to the Registered Respiratory Therapist (RRT) credential.

All respiratory care courses must be taken in the prescribed sequence. Non-respiratory care courses should also be taken in sequence, if possible. Pre-respiratory care majors taking non-respiratory care courses prior to applying to the program must receive approval of a respiratory care faculty advisor each semester.

Students who have completed an associate degree entry- or advanced-level program at another institution may be eligible to transfer into Texas State's baccalaureate program. For individual counseling for transfer students, contact the Chair of the Department of Respiratory Care at 512/245-8243 to schedule an appointment.

Admission Requirements

To be considered for admission to the Respiratory Care program, applicants must meet or exceed the following requirements:

- ♦ Be a high school graduate or equivalent.
- ♦ Be admitted to Texas State.
- ♦ Have an overall scholastic grade point average of 2.5 or higher.
- ♦ Complete Introduction to Respiratory Care (RC 1313), with a minimum grade of "C".

Application Procedures

- ♦ Obtain an application packet from the Department of Respiratory Care. A downloadable version is located at: <http://www.health.txstate.edu/rc/admissions/requirements.html>
- ♦ Return the completed packet to the Department of Respiratory Care by May 15 for early acceptance or by November 15 for regular acceptance consideration.
- ♦ Make an appointment for an interview with the Chair of the Department of Respiratory Care

Notification of final admission to the program will be mailed in December after fall semester grades have been posted.



Helpful Quicklinks:

Texas State Respiratory Care Home Page
<http://www.health.txstate.edu/rc/index.html>

Texas State Home Page
www.txstate.edu

Respiratory Care Application
<http://www.health.txstate.edu/rc/degrees-programs/bsrc/BSRC-Application.html>

Texas State Admissions
<http://www.admissions.txstate.edu/>

College of Health Professions
www.health.txstate.edu

Academic Calendar
<http://www.registrar.txstate.edu/persistent-links/academic-calendar.html>

Undergraduate Catalog
<http://www.txstate.edu/curriculum/services/catalogs/undergraduate/catalogs.html>

The University

Texas State University-San Marcos is a comprehensive university with an enrollment of over 30,000 students. Located at the foot of the Texas Hill Country, Texas State enjoys a setting that is unique among Texas universities. The beauty of the crystal clear San Marcos River and many sprawling cypress and pecan trees on the campus add to the charm of the picturesque locale. Located 30 miles south of Austin and 40 miles north of San Antonio, San Marcos has managed to retain the charm of a smaller community. Texas State maintains an atmosphere where faculty and students take the processes of teaching and learning seriously.

Texas State University-San Marcos, an equal opportunity educational system, is a member of the Texas State University System.

Average Yearly Fees and Costs

Program costs include standard Texas State University-San Marcos tuition, books, uniforms, travel to and from clinical rotation sites, etc. Tuition, dormitory fees, and meal plans are described in the university's undergraduate catalog.

Tuition Fees: <http://catsweb.txstate.edu/catsweb/sa/index.htm>

For additional information:

Chair, Department of Respiratory Care
Texas State University-San Marcos
601 University Drive
San Marcos, TX 78666-4616
512/245-8243

E-Mail: mb64@txstate.edu

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BSRC Curriculum
Recommended Course Sequence

FRESHMAN YEAR	
Fall	
US 1100	University Seminar
BIO 1320	Modern Biology OR
BIO 1421	Modern Biology II
ENG 1310	College Writing I
HIM 2360	Medical Terminology
RC 1313	Introduction to Respiratory Care

Admission to BSRC Program

Spring	
BIO 2430	Human Physiology & Anatomy
ENG 1320	College Writing II
PSY 1300	Introduction to Psychology
RC 1135	RC Clinical Lab I
RC 1314	RC Instrumentation I
RC 1315	Basic Technology in RC

Summer I & II	
RC 1316	RC Instrumentation II
RC 1445	RC Clinical Lab II

SOPHOMORE YEAR	
Fall	
HIST 1310	History of US to 1877
MATH 1315	College Algebra
RC 1321	Pharmacology
RC 2355	RC Practice I
RC 3331	Advanced RC Instrumentation

Spring	
HIST 1320	History of US 1877 to Date
PFW	1 hour Physical Fitness
PHIL 1320	Ethics & Society OR
PHIL 1305	Philosophy & Critical Thinking
RC 2352	Cardiopulmonary-Renal A&P
RC 2365	RC Practice II
RC 3330	Advanced RC Technology

Summer I & II	
PSYS 1310	Elementary Physics
PSYS 1110	Elementary Physics Lab
RC 2311	Cardiopulmonary Disease I
RC 4220	CV & Pulmonary Diagnostics

*“Fast Track” option begins for qualified students

JUNIOR YEAR	
Fall	
BIO 2440	Principles of Microbiology OR
BIO 2400	Microbiology
POSI 2310	Principles of American Government
RC 2375	RC Practice III
RC 3311	Applied Pathology
RC 4315	Neonatal Respiratory Care

Spring	
CHEM 1341	General Chemistry I
CHEM 1141	General Chemistry Lab I
POSI 2320	Functions of American Government
RC 3352	Advanced Ventilator Concepts
RC 3365	RC Practice IV
RC 4341	RC Seminar

Summer I & II	
RC 3375	ICU Internship

****Advanced-Level Therapist Completion
RRT Eligible**

SENIOR YEAR	
Fall	
3 hours	2313-Introduction to Fine Arts Choose from ART, DAN, MU, or TH
3 hours	***English Literature
3 hours	****Statistics
RC 3310	Cardio/Renal Gross Anatomy
RC 4330	Pulmonary Rehabilitation

Spring	
COMM 1310	Fundamentals of Human Communication
PFW	1 hour Physical Fitness
RC 4246	Respiratory Care Internship
RC 4320	Contemporary Issues in CP Care
RC 4350	Respiratory Care Research

*Fast Track requires major GPA of 3.0 and overall GPA of 2.5 to apply. Approval Required

**Advanced-Level therapist completion if all required courses completed with overall GPA of 2.0 and major GPA 2.25, as approved by CoARC

***Refer to general education core requirements
****SOC 3307, HP 3302, PSY 3301, or MATH 2328

TEXAS STATE
UNIVERSITY
SAN MARCOS

*The rising STAR of Texas
A member of The Texas State University System*

Respiratory Care Program
601 university Drive
San Marcos, Texas 78666-4616

RESPIRATORY
CARE



Bachelor of Science
in Respiratory Care

TEXAS STATE
COLLEGE OF HEALTH PROFESSIONS

A member of The Texas State University System



Accreditation Standards
for the
Profession of Respiratory Care

Essentials/Standards initially adopted in 1962;
revised in 1972, 1977, 1986, 2000, 2003, and 2010

Adopted by the

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN THORACIC SOCIETY
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

SCHEDULED DATE THESE STANDARDS WILL GO INTO EFFECT IS JUNE 1, 2010

III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT

Statement of Program Goals

- 3.01 The program must have the following 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 polysomnography 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)."

Evidence of Compliance:

- Published program goals in program promotional materials, student handbook, advisory committee minutes, CoARC annual Report of Current Status, and/or other locations.

- 3.02 The program goals must form the basis for program planning, implementation and evaluation. Program goals with measurable outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

Evidence of Compliance:

- Documentation that the program's goals are compatible with the sponsoring institution's mission;
- Documentation of the program's outcomes;
- Documentation of annual review of the goals and outcomes by the program personnel, as evidenced in the minutes of faculty meetings.

- 3.03 Program goals must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and registered sleep disorders specialists for programs offering the polysomnography option.

Evidence of Compliance:

- Documented comparison of program goals and objectives with the periodic job analysis report by the national credentialing agency.

- 3.04 An advisory committee, with representation from each of the communities of interest and key personnel must meet at least annually to assist the program and sponsoring institutional personnel in reviewing and evaluating any changes to educational goals, program outcomes, instructional effectiveness, and program response to change. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public.

Evidence of Compliance:

- Catalog course descriptions for all required biomedical/natural sciences courses.
- 4.06 Respiratory Care content must include respiratory care of the adult, pediatric, and newborn patient, health promotion, education, and disease management; fundamental principles of healthcare reimbursement; fundamental principles of evaluating current scientific literature; medical ethics; provision of health care services to patients with transmissible diseases; provision of services for and management of patients with special needs; community respiratory health; medical emergencies; and legal and ethical aspects of respiratory care practice.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, and criteria for successful course completion.
- 4.07 Curricular content in the respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists in the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the polysomnography option, curricular content must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards provide the basis for formulating the objectives and competencies of the program's curriculum. A review of the curricular content must be conducted after any revision in the credentialing examination specifications.

Evidence of Compliance:

- Course syllabus for all respiratory care courses which include course description, learning goals, objectives, methods of evaluation, content outline, criteria for successful course completion;
- Written documentation of the comparison of the program curriculum to the most current credentialing exam specifications;
- Annual Report of Current Status submitted to CoARC documenting program outcomes on credentialing examinations.

Minimum Competencies

- 4.08 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.



ACCREDITATION POLICIES AND PROCEDURES MANUAL

Policies Approved by CoARC Board on
November 13, 2010

Policies in Effect as of December 1, 2010

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1248 Harwood Road
Bedford, TX 76021-4244

817-283-2835
Fax: 817-354-8519
Web Page: www.coarc.com

ACCREDITATION POLICIES

Table of Contents

SECTION 1.0: INTRODUCTION	5
1.01 Mission Statement.....	5
1.02 Purpose.....	5
1.03 Scope of Accreditation	5
1.04 Good Faith	5
1.05 Statuses of Public Recognition	6
1.06 Accreditation Classifications Table	10
1.07 Reconsideration and Appeal Policy	11
1.08 Program Accreditation Status in Relation to State and other Accrediting Agency Actions	19
1.09 Transfer of/Change in Sponsorship or Ownership or Change in Control*	20
1.10 Initial Accreditation Guidelines – Respiratory Care Programs and Specialty Option	20
1.11 Assignment of Program Referee	21
1.12 Applying for Accreditation	22
1.13 Submission Deadlines.....	22
1.14 Third-Party Comments	22
1.15 Teach-Out Plans and Agreements:.....	23
SECTION 2.0: INITIATION OF ACCREDITATION	24
2.01 Description	24
2.02 Initiation of Accreditation –Respiratory Care Program	24
2.03 Initiation of Accreditation: Polysomnography Specialty Option (PSO)	29
2.04 Initiation of Satellite Option	31
SECTION 3.0: ONGOING REVIEW	34
3.01 Ongoing Review.....	34
SECTION 4.0: ACCREDITATION REMEDIATION.....	35
4.01 Remediate Deficiencies	36
4.02 Remediations may include:	36
4.03 Submission of Necessary Documentation	36
4.04 Correspondence to Programs.....	36
SECTION 5.0: SITE VISITS	37
SECTION 6.0: PERSONNEL	37

6.01	Key Personnel.....	37
SECTION 7.0: CLINICAL AFFILIATES		39
SECTION 8.0: FISCAL.....		40
SECTION 9.0: REQUEST FOR SUBSTANTIVE CHANGES.....		40
9.01	Change of Ownership/Sponsorship/Legal status	41
9.02	Change in degree awarded.....	42
9.03	Change in program goal(s)	42
9.04	Change in the curriculum or delivery method.....	42
9.05	Addition of the Polysomnography option.....	42
9.06	Request for Inactive Accreditation Status	42
9.07	Withdrawal of Accreditation – Voluntary	42
9.08	Key Personnel Vacancy/Replacement.....	42
9.09	Addition of (a) Satellite location(s)	42
9.10	Increase in Enrollment Request.....	43
9.11	Change in Program Location or Clinical Affiliates.....	43
SECTION 10.0: COMPLAINT PROCEDURE.....		43
10.09	Complaint Process against a Respiratory Care Program.....	44
10.10	Complaint Process against CoARC	46
SECTION 11.0: CoARC DISCLOSURE OF ACCREDITATION		47
11.03	Public use of CoARC Accreditation Status by Programs and Sponsoring Institutions.....	47
SECTION 12.0: ACCREDITED AND DEGREE ADVANCEMENT PROGRAMS		48
12.01	Institutions Offering both Accredited and Degree Advancement Programs in Respiratory Care	49
12.02	First-Professional Degree Programs.....	49
12.03	Degree Advancement Programs.....	49
12.04	CRT to RRT Completion Programs.....	50
SECTION 13.0: SPECIAL CERTIFICATE OF COMPLETION FOR CRT/RRT ELIGIBILITY....		50
SECTION 14.0: ETHICAL STANDARDS OF PRACTICE		51
14.01	Ethical Standards.....	51
14.02	Conflict of Interest	51
14.03	Confidentiality.....	51
14.04	Discrimination.....	51
14.05	Ownership of Records.....	52

14.06	<i>Cost of Compliance with Third-Party Discovery Requests.....</i>	52
SECTION 15.0: RESEARCH USING THE EXECUTIVE OFFICE.....		52
SECTION 16.0: USE OF COARC LOGO.....		53
16.04	<i>Link to the CoARC Website</i>	53
16.05	<i>Unauthorized Use of CoARC Logo</i>	53
GLOSSARY		54

Note: Throughout the document, there are hyperlinks of words and phrases to the Glossary and Sections of the manual.

SECTION 1.0: INTRODUCTION

1.01 Mission Statement

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to serve the public by ensuring high quality respiratory care education through accreditation services.

1.02 Purpose

The purpose of these Policies is to provide direction and detailed information for accreditation of educational programs in Respiratory Care and its associated program options.

1.03 Scope of Accreditation

The CoARC provides accreditation services to educational programs in Respiratory Care (including its associated program options). The accreditation process is voluntary and is initiated only at the request of an institution that meets the criteria for sponsorship as identified in the 2010 CoARC *Accreditation Standards for the Profession of Respiratory Care* (hereafter referred to as the "Standards"). CoARC delegates to its Commissioners the responsibility for assuring that accreditation actions follow fair procedures and comply with the accreditation Standards. *CoARC has final decision-making authority for accreditation actions.* Any student who completes a program that was accredited by CoARC at any time during his/her matriculation is deemed by CoARC to be a graduate of a CoARC accredited program. Any student who completes a program that held a Letter of Review from CoARC at any time during his/her matriculation is deemed by the National Board for Respiratory Care (NBRC) to meet that admission requirement for its respiratory care credentialing examinations.

1.031 Accreditation Cycle

The maximum length of time between comprehensive on-site evaluations for respiratory care programs on Continuing Accreditation is 10 years. The maximum length of time before the next site visit after a program's initial accreditation period ends is 5 years.

A program, once accredited, remains accredited until the program formally terminates its accreditation status or the CoARC Board terminates the Program's accreditation through a formal action. Accreditation does not end merely because a certain length of time has elapsed, but continues unless subject to formal termination by either the program or the CoARC Board. When the CoARC withdraws or withholds accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases.

1.04 Good Faith

CoARC requires each program seeking accreditation, or currently holding an accreditation status, to engage in the accreditation process in good faith. Programs must provide accurate and truthful information throughout the accreditation process. Any program that fails to participate in good faith by falsifying information presented in the accreditation process may be subject to a decision by the CoARC of either withhold or withdrawal of accreditation.

For the purpose of this requirement, falsification is defined as the fabrication, in whole or in part, and through commission or omission, of any information provided by a program to CoARC. This includes but is not limited to providing false or misleading data related to its accreditation status; providing false or misleading program information; providing false or misleading outcomes data; providing false or misleading information in an effort to receive a postponement or an extension on an accreditation action; forging signatures of authorization; or engaging in any false or misleading advertising with respect to the accreditation status. However, the

program may submit additional material that summarizes or otherwise explains the original information submitted to CoARC. These additional materials must be properly identified, dated, and accompanied by the original documents.

1.05 Statuses of Public Recognition

The CoARC confers the following Statuses of Public Recognition as they apply to the *Standards* and these Policies:

- 1) Letter of Review
- 2) Revocation of Letter of Review
- 3) Initial Accreditation
- 4) Continuing Accreditation
- 5) Probationary Accreditation
- 6) Administrative Probation*
- 7) Withhold of Accreditation
- 8) Withdrawal of Accreditation – Voluntary*
- 9) Withdrawal of Accreditation – Involuntary
- 10) Inactive Accreditation – Voluntary*

*The statuses of Administrative Probation, Voluntary Withdrawal of Accreditation and Voluntary Inactive Accreditation do not require a vote by the CoARC Board.

1.050 Letter of Review

This status signifies that a program seeking Initial Accreditation has demonstrated sufficient compliance with the *Standards* through the Letter of Review Self Study Report (LSSR) and other documentation. The conferral of Letter of Review status denotes a developmental program, in which assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated. The conferral of a Letter of Review also authorizes the sponsor to admit its first class of students. It is recognized by the National Board for Respiratory Care (NBRC) toward eligibility to the Respiratory Care Credentialing Examination(s). Graduates of a program designated as having Letter of Review status have the same rights and privileges as graduates of an accredited program. Following the completion of the first on-site evaluation, the Board will confer Initial Accreditation or Withhold Initial Accreditation.

1.051 Revocation of Letter of Review

If, during the period between conferral of the Letter of Review and the completion of the first on-site evaluation, the CoARC has reason to believe that a program is no longer in compliance with one or more *Standards* and/or these Policies, the sponsor(s) will be notified in writing of such reason(s) and will be required to provide a response to the CoARC and will be given the opportunity to correct any deficiencies in a timely manner. If the program fails to provide sufficient evidence that the deficiencies have been corrected, the CoARC may confer a Revocation of Letter of Review. The Revocation of Letter of Review begins with the notification to the sponsor(s) as to the reason(s) why the *Revocation of Letter of Review* is being conferred. A focused on-site evaluation may be scheduled to verify the evidence of non-compliance with the *Standard(s)* in question. If the program's response is not adequate or if the results of a focused on-site evaluation confirm non-compliance with *Standards*, the Letter of Review Status will be revoked. (See Section 1.07 for Reconsideration and Appeal Policy)

1.052 Initial Accreditation

This status is conferred for a limited defined period of time (five years) to a developing program that, at the time of the initial site visit, has demonstrated compliance with the *Standards*. During this time, the program may be subject to Probationary Accreditation or Withdrawal of Accreditation (see 1.054 and 1.058). At the end of the allotted time, the CoARC may confer either Continuing Accreditation or Withhold of Accreditation.

1.053 Continuing Accreditation

Continuing Accreditation is conferred when 1) an established, currently accredited program demonstrates continued compliance with the *Standards* following submission of a continuing self-study report and completion of an on-site visit, or 2) a program holding Initial Accreditation has demonstrated continued compliance with the *Standards* during the Initial Accreditation period. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*.

1.054 Probationary Accreditation

Probationary Accreditation is a temporary status of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies following submission of one or more progress reports, and has not corrected deficiencies identified earlier by the CoARC Board. The program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time during the year, the program is able to rectify all the deficiencies that resulted in Probationary Accreditation and achieve compliance with the *Standards*, the CoARC Board will consider removing the probationary status when review of the Probation Report so warrants. If compliance with the *Standards* is not demonstrated within 1 year, accreditation will be withdrawn. A program may remain on probation for no longer than one year without demonstrable and remarkable extenuating circumstances, in which case probation may be extended for an additional year. In no case will probation status exceed 2 years. A program on probation maintains its current accreditation status and is required to submit an Annual Report of Current Status (RCS) on the original due date. However, review and approval of the Annual RCS does not affect the probationary status. Because probation is not a decision to reaccredit, the original accreditation cycle remains in effect until the CoARC makes a decision, based on the Probation Report, to withdraw accreditation. If the decision is to reaccredit, the original accreditation cycle is continued. A probation decision can be subject to reconsideration but cannot be appealed (See Policy 1.07). Enrolled students completing the program under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed.

1.055 Withhold of Accreditation

A program seeking Initial Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of a on-site evaluation, the accreditation review process confirms that the program is not in compliance with the *Standards*. A program that has had its accreditation status withheld shall no longer be allowed to admit students. Enrolled students completing the program that has been conferred a Withhold of Accreditation are considered graduates of a CoARC accredited program. (See Section 1.07 for Reconsideration and Appeal Policy)

1.056 Administrative Probation

Administrative Probation will be automatic when a program (i.e. any program option with a separate CoARC ID number) does not comply with any of the administrative requirements. The placement of a program on Administrative Probation will not affect the eligibility for the NBRC Examinations of those students in the program.

The initial request (for required documentation, fees, etc.) will include the warning that should the information/fees not be submitted prior to the applicable deadline, the program will be placed on Administrative Probation. Should the material/fees etc. not be received in the Executive Office by the deadline, a second request will be sent by certified mail, return receipt requested, to responsible individuals at the program's sponsor as well as to the program director, again informing the program that failure to submit the required material (within ten (10) days of the date on the return receipt) will result in the program being placed on Administrative Probation. During a period of Administrative Probation, all listings of a program's accreditation status must include the words "Administrative Probation". Following conferral of Administrative Probation, failure to receive the requested material/fees etc. will result in the program being placed on the next scheduled CoARC Board meeting agenda for Withdrawal of Accreditation. For programs holding a Letter of Review such action shall be either revocation of the Letter of Review or Withhold of Initial Accreditation (see CoARC Accreditation Policy 1.050 and 1.051).

Administrative requirements include:

- 1) Filing all required documents in a timely and truthful manner (Self Study Report, Annual Report of Current Status, Progress Reports, Key Personnel Change Forms, etc) by the date determined by the CoARC and communicated electronically or in writing to the program.
- 2) Agreeing to reasonable on-site review dates within the time frame established by the Executive Office.
- 3) Payment of fees within the time frame established by the Executive Office.

1.057 Withdrawal of Accreditation or Letter of Review– Voluntary

1.057(a) Programs may notify CoARC of Voluntary Withdrawal of Accreditation or Letter of Review at any time for all activities of the program or for any program options.

1.057(b) A letter of notification of Voluntary Withdrawal of Accreditation or Letter of Review, signed by the Chief Executive Officer or officially designated representative must be submitted to the Executive Office.

This letter must contain:

- (1) the program number(s) for which voluntary withdrawal is being requested;
- (2) the desired effective date of the voluntary withdrawal;
- (3) the last date on which currently enrolled students will expect to graduate;
- (4) the most recent date on which students were enrolled;
- (5) a stipulation that as of the effective date of the voluntary withdrawal no new students will be matriculated in the program for which accreditation or Letter of Review is being voluntarily withdrawn, and
- (6) the location where all records will be kept for students who completed the program.
- (7) a list of all students enrolled in the program as of the effective date of the notification that includes their name, address, phone number, and unique student identification number.

1.057(c) Annual fees will not be prorated for the year in which voluntary withdrawal occurs.

1.058 Withdrawal of Accreditation - Involuntary

The CoARC may withdraw accreditation of a program, regardless of its current accreditation status, under the following circumstances:

- A program on probation that has failed in the prescribed probationary timeline to bring itself into substantial compliance with the *Standards*.
- The program refuses to comply with one or more CoARC accreditation actions or procedures, including refusal to:
 1. undergo a site visit
 2. follow directives associated with an accreditation action
 3. supply the CoARC with requested information
 4. pay required fees within the timeframe established by the Executive Office
- The program has submitted falsified information to the CoARC.
- The program has demonstrated grossly unethical business or educational practices such that the health, welfare, or safety of the students and/or public is in jeopardy.
- The program has been inactive for more than two years.
- The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged no longer to be in compliance with the *Standards*.

A program that has had its accreditation status withdrawn shall no longer be allowed to admit students. Enrolled students completing the program that has been conferred a Withdraw of Accreditation are considered graduates of a CoARC accredited program (See Section 1.07 for Reconsideration and Appeal Policy).

1.059 Inactive Accreditation – Voluntary

Programs with continuing accreditation may request an inactive status for up to two years. During this time the program is required to pay full CoARC fees. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. Those programs offering additional options may request voluntary inactive status for these options without affecting the accreditation status of the base program. The date of the next scheduled site visit is not changed due to inactive status. During inactive status, programs must continue to submit documents (e.g., annual reports, progress reports) and pay fees that are due during that time, unless otherwise directed by the CoARC Board. To request an inactive status a program must submit the appropriate CoARC request for Inactive Status letter.

1.059(a) A letter of notification of the request for inactive status, signed by the Chief Executive Officer or officially designated representative must be submitted to the CoARC Executive Office.

This letter must contain:

- (1) the program number(s) for which inactive status is being requested;
- (2) the desired effective date of the inactive status;
- (3) the last date on which currently enrolled students will expect to graduate;
- (4) the most recent date on which students were enrolled;

- (5) a stipulation that as of the effective date of the inactive status no new students will be matriculated in the program during the time of inactive status, and
- (6) the location where all records will be kept for students who completed the program during such time.
- (7) a list of all students enrolled in the program as of the date of the request that includes their name, address, phone number, and unique student identification number.

1.059(b) To reactivate the program any time during the two (2) year period, the Chief Executive Officer or an officially designated representative of the sponsor must notify CoARC in writing. An updated Annual Report of Current Status will be required prior to the admission of students. For programs that are under continuing accreditation with deficiencies (e.g., pending progress report) at the time of request for inactive status, a satisfactory progress report correcting the deficiencies must be submitted before any new students may be enrolled. The CoARC Board may require a focused on-site review before granting approval to resume active status. The sponsor will be notified by CoARC of additional requirements, if any, that must be met to restore active status.

1.059(c) If a sponsor has not notified CoARC of its intent to re-activate a program by the end of the two-year period, CoARC will withdraw accreditation.

1.059(d) If a sponsor wishes to voluntarily withdraw at any time during the two (2) year period, it must follow the procedures outlined in Policy 1.057.

1.06 Accreditation Classifications Table

All programs hold one of the four (4) accreditation statuses or Letter of Review listed as column headers in the following table. The "X's" designate potential accreditation actions that can be made for programs in each category.

Statuses of Public Recognition				
A program holding the status listed in a column may be conferred a new status by CoARC as indicated by an "X".				
Possible Status Change	Letter of Review	Initial Accreditation	Continuing Accreditation	Probationary Accreditation
Initial Accreditation	X			
Continuing Accreditation		X	X	X
Probationary Accreditation		X	X	X
Administrative Probation		X	X	X
Withhold of Initial Accreditation	X			
Withhold of Continuing Accreditation		X		
Withdrawal of Accreditation		X	X	X
Revoke Letter of Review	X			

1.07 Reconsideration and Appeal Policy

The following adverse accreditation actions by the CoARC are subject to reconsideration and appeal pursuant to the CoARC's Reconsideration and Appeal Policy:

1. Deny or Revoke a Letter of Review status
2. Deny a Request for Reactivation
3. Probation (subject to Reconsideration only)
4. Withhold of Initial Accreditation
5. Withhold of Continuing Accreditation
6. Withdraw Accreditation

All other CoARC decisions, including Administrative Probation and Deny Approval of a Request for Substantive Change, are final and not subject to reconsideration or appeal.

Adverse accreditation decisions may be appealed only if the sponsoring institution has first exercised its option to undergo reconsideration of the adverse decision by the CoARC and the reconsideration process has been completed.

Programs receiving any of the accreditation actions (1 through 6 above) shall be notified in writing (via certified mail, return receipt requested) of their right to reconsideration and appeal at the time of their accreditation status notification. The basis for the adverse action and the sponsoring institution's right to request reconsideration and appeal shall be clearly stated in the notification letter. Adverse decisions and the review of those decisions shall be carried out in a timely and expeditious manner so as to ensure protection of the public interest and fairness to the sponsoring institution.

When the CoARC reconsiders an adverse action, the action shall not become final, nor shall it be published, until the sponsoring institution has been afforded an opportunity to request reconsideration and/or file a written appeal. If the sponsoring institution does not initiate the reconsideration or appeal processes by the date specified in CoARC's written communication notifying the institution of the adverse action, the sponsoring institution's rights to further reconsideration or appeal are terminated.

During the reconsideration/appeal period, the accreditation status of the program shall remain the same as it was prior to the adverse action. Following reconsideration and appeal, if the CoARC sustains the adverse action, the effective date of the action will be the date on which the action is sustained. If the CoARC reverses the adverse action, the effective date of the accreditation action will be the date on which the previous action was taken by the CoARC.

All correspondence referred to herein shall be sent by certified mail, return receipt requested. All days refer to calendar days. *In extenuating circumstances and to ensure a fair and impartial review*, the specified time limits and/or procedures may be adjusted with the mutual consent of Chair of CoARC and the sponsoring institution requesting the appeal.

1.071 RECONSIDERATION BY A RECONSIDERATION PANEL

Reconsideration is the process that allows the sponsoring institution the opportunity to request that the CoARC review an adverse accreditation decision for the purpose of determining whether (a) CoARC procedures described in the Accreditation Policies and Procedures Manual were followed, and (b) substantive matters related to the adverse accreditation action were decided correctly based on the accreditation record at the time of the initial adverse decision.

Request for Reconsideration

A written Request for Reconsideration must be submitted to the CoARC Executive Office by certified mail, return receipt requested, within thirty (30) days following receipt of the adverse decision notification letter.

If a Request for Reconsideration is not received by the CoARC within thirty (30) calendar days, the CoARC's initial adverse action shall constitute final action by the CoARC, effective immediately.

The Request for Reconsideration must identify the procedure(s) in question and/or any disputed matters of substance relating to the accreditation decision.

At a minimum, the Request for Reconsideration shall include:

1. A statement of the accreditation decision to be reviewed,
2. A description of the modification or reversal sought by the sponsoring institution,
3. A complete and concise description of any inaccurate, incomplete or erroneous fact(s), or incorrect interpretation of the *Standards and/or Accreditation Policies*, on which the sponsoring institution believes the decision was based,
4. A description of any CoARC procedures which the sponsoring institution believes were not followed,
5. Pertinent detailed supporting documentation for items 3 and 4 above.

Any new documentation must be limited to that which addresses the departure by CoARC from its established procedures and/or factually incorrect information relied upon by CoARC at the time of its original decision and no additional information or evidence will be considered after the submission of the Request for Reconsideration.

The sponsoring institution should submit its request electronically, as an attachment, to **tom@coarc.com** and mail one (1) original and three (3) copies (numbered pages, two sided, three hole-punched, in a binder) to:

Thomas Smalling
Executive Director
Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244

Following administrative review by the CoARC Executive Director, the Request for Reconsideration shall be considered by a 5-member Reconsideration Panel consisting of 3 members of the Executive Committee, a public member of CoARC and one other commissioner appointed by the Chair of CoARC.

No person shall serve on the Reconsideration Panel if he or she has participated in a site visit that triggered the adverse action, is serving as the program Referee, or has a conflict of interest as determined under the CoARC Conflict of Interest Policy.

Each member of the Reconsideration Panel and the sponsoring institution will be provided with a copy of the following materials, which shall constitute the Reconsideration Record: portions of the minutes and relevant documentation from the CoARC meeting resulting in the original adverse action, the CoARC letter informing the sponsoring institution of the original adverse action, and the sponsoring institution's Request for Reconsideration.

The Reconsideration Panel members will consider the materials independently before

discussing the program via telephone conference call. The Reconsideration Panel and/or Executive Office staff may find it necessary to consult with the program director, Referee, or site visit team members to verify, validate or clarify information submitted. The Panel may also find it necessary to consult with CoARC staff or legal counsel regarding CoARC policy and procedural issues.

Reconsideration Decision

Based on its review of the Reconsideration Record, the Reconsideration Panel shall make one of the following decisions:

1. Affirm the initial adverse action;
2. Modify the initial adverse action in whole or in part; or
3. Reverse the initial adverse action.

The Panel's determination shall be made by majority vote.

The Panel will develop a written report to include the following:

1. Activities: A brief summary of the activities of the Panel pertaining to the case, including dates and contents of any meetings or conference calls, the purpose of these meetings or conference calls and the persons involved.
2. Findings: A statement responding to each of the issues brought forth in the program's reconsideration letter, including a brief description of reasons for the Panel's determination regarding each issue.
3. Decision: The decision of the Reconsideration Panel.
4. Signatures: The report will be signed by each member of the Reconsideration Panel.

The sponsoring institution will be notified of the Reconsideration Panel decision by the CoARC no later than ten (10) calendar days following the submission of the Reconsideration Panel's Decision and Report to the CoARC Executive Office.

If the adverse action being reconsidered is probation, the decision of the Reconsideration Panel shall constitute final action by the CoARC, effective immediately. The Program may not request an Appeal.

If the program disagrees with a decision relating to Deny or Revoke a Letter of Review status, Deny a Request for Reactivation, Withhold of Initial Accreditation, Withhold of Continuing Accreditation, Withdraw Accreditation, it may request an Appeal hearing before a CoARC Appeal Panel.

1.072 APPEAL PROCEDURE

Criteria for Appeal

The grounds on which an appeal may be taken are limited to the following (a) departure by the CoARC from its established procedures which is of such significance as to affect materially the CoARC's adverse decision; or (b) the citing by the CoARC of factually incorrect information as basis for its decision which is of such significance as to affect materially the CoARC's adverse decision.

Initiation of an Appeal

A written Request for Appeal must be submitted to the CoARC Executive Office by certified mail, return receipt requested, within thirty (30) calendar days following receipt of notification of the Reconsideration Panel decision.

If a Request for Appeal is not received by the CoARC within thirty (30) calendar days, the Reconsideration Panel's decision shall constitute final action by the CoARC, effective immediately.

The Notice of Appeal shall include:

- 1) A statement of the Reconsideration Panel decision which is being appealed,
2. A complete and concise description of any departure by the CoARC from its established procedures which is of such significance as to affect materially the CoARC's adverse decision,
3. A complete and concise description of any factually incorrect information that was cited by CoARC as the basis for its decision which is of such significance as to affect materially the CoARC's adverse decision,
4. A description of the modification or reversal sought by the sponsoring institution,
5. Pertinent detailed supporting documentation, for items 3 and 4 above.

The Appeal shall be based upon the time and the circumstances that triggered the CoARC adverse action (e.g., a site visit, progress report, etc). Descriptions of changes made since that time will not be considered.

Any new documentation must be limited to that which addresses the departure by CoARC from its established procedures and/or factually incorrect information relied upon by CoARC at the time of its original decision and no additional information or evidence shall be submitted after the submission of the Request for Appeal.

The sponsoring institution should submit its Request electronically, as an attachment, to **tom@coarc.com** and mail one (1) original and three (3) copies (numbered pages, two sided, three hole-punched, in a binder) to:

Thomas Smalling
Executive Director
Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244

Composition of an Appeal Panel

The CoARC Executive Office staff shall maintain a list of at least 20 individuals who are qualified by prior service to the CoARC (e.g., former Board member, current site visit team member) to serve on an ad hoc Appeal Panel. Qualified individuals must be familiar with the accreditation process, have a working knowledge of the CoARC Accreditation Standards and Policies, and an understanding of the functional components of the specific type of institution sponsoring the educational program under review (e.g., community college, career-college, or university).

The list shall be reviewed and modified, as appropriate, on an annual basis by the Chair of CoARC and in consultation with the CoARC Executive Director. All members of ad hoc Appeal Panels shall be selected from that list.

No person shall serve on an Appeal Panel if he or she has participated in a site visit that triggered the adverse action, has been previously involved with the sponsoring institution or the accreditation review activity that led to the specific CoARC action, is a current

member of CoARC's Board of Commissioners, or has a conflict of interest as determined under the CoARC Conflict of Interest Policy.

Process for Selecting an Appeal Panel

Five (5) individuals qualified to serve as members of an Appeal Panel shall be selected from the list under the direction of CoARC from recommendations submitted by the Chair of CoARC. If the Chair of CoARC has a conflict of interest with the sponsoring institution, the Chair-Elect of CoARC shall be designated to make the selections for the appeal panel.

After determining the willingness of these persons to serve, the list shall be sent to the sponsoring institution. Within ten (10) calendar days of receipt of the list, the sponsoring institution shall select three (3) individuals from the list to constitute the Appeal Panel and shall notify the CoARC Executive Office of the names of the persons selected. If the sponsoring institution does not provide its selections within the 10-day period, the Chair of CoARC shall select the individuals to serve on the Appeal Panel.

Appeal Hearing Date and Participants

The hearing shall be held no sooner than forty-five (45) or later than one hundred and twenty (120) calendar days after the Appeal Panel has been selected, provided, however, the time may be extended for good cause by the mutual agreement of the sponsoring institution and the Chair of CoARC. After consultation with the chief executive officer of the sponsoring institution, and the Appeal Panel members, the Executive Director of CoARC shall establish the date, time, and place for the hearing, and shall notify the sponsoring institution and the Appeal Panel members in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the sponsoring institution that it:

- a. May send representatives to appear before the panel;
- b. May be represented by legal counsel; and
- c. Will have the opportunity to make a presentation before the Appeal Panel.

The sponsoring institution's written intent to send representatives to appear before the panel, and the names of the representatives and the legal counsel, if any, who will attend the hearing, must be received by the Executive Director of CoARC no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The CoARC Executive Director or his/her designee shall serve as the staff for the Appeals Panel. The appeal panel may request CoARC representatives familiar with the issue on appeal to testify at the hearing to provide information as necessary.

Once an appeal is filed, the sponsoring institution shall communicate with the Appeal Panel only at the hearing or in writing through the Executive Director or CoARC or CoARC legal counsel.

The sponsoring institution shall not under any circumstances contact or communicate with panel members. This may result in denial of the Appeal as determined by the Appeal Panel.

Preparation for the Hearing

The CoARC Executive Director shall send to the sponsoring institution, the members of

the Appeal Panel, and the members of the CoARC who shall participate in the hearing the following materials, which shall constitute the Appeal Record: portions of the minutes from the CoARC meeting resulting in the original adverse action, the Decision and Report from the Reconsideration Panel, and the sponsoring institution's Request for Appeal. The Chair of the CoARC may choose to submit a written statement further explaining the CoARC's accreditation decision, which also will be included in the Appeal Record. The Appeal Record shall be provided at least fourteen (14) calendar days prior to the scheduled hearing date.

The CoARC will provide all Appeal Panel members with instructions regarding the duties and functions of the Appeal Panel;

- a. The Panel will elect a chairperson from its members (if not appointed previously).
- b. The CoARC Executive Director and legal counsel will review the hearing procedures, policies, correspondence, and documents related to the issues in the hearing and respond to questions from panel members.
- c. The Panel chairperson shall prepare a preliminary statement which shall be reviewed by the panel.

Hearing Format

The hearing shall be limited to a consideration of the time and circumstances that triggered the initial adverse action.

The sponsoring institution shall not present, and the Appeal Panel shall not consider, descriptions of changes or new evidence that was not reviewed initially by the Reconsideration Panel.

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall abide by the following general format:

- a. Introductory statement of the Appeal Panel Chair.
- b. Each person present will be identified and the Chair will describe the procedures.
- c. An oral presentation may be made by the sponsoring institution's representative, not to exceed sixty (60) minutes in length, and shall be limited to clarification of the record, presentations that address compliance by the program with the published accreditation standards, and review of the administrative procedures leading to the adverse accreditation action.
- d. The sponsoring institution's presentation shall be relevant to the issues to be decided by the panel (i.e., the existence of the cited areas of noncompliance and observation of proper accreditation procedures).
- e. Although the sponsoring institution's legal counsel may participate in the proceedings, witnesses may not be cross-examined, and objections to testimony are not permitted.
- f. Following the sponsoring institution's presentation, CoARC shall have an opportunity to reply to the sponsoring institution's presentation. CoARC may be represented by legal counsel.
- g. Following CoARC's reply, members of the Appeal Panel shall have the opportunity to ask questions of any party.
- h. Panel executive session (15 minutes).
- i. Closing statement by the sponsoring institution (15 minutes).
- j. Closing statement by the CoARC (15 minutes).
- k. Adjournment.

An electronic record of the above hearing proceedings will be made. A record of the

hearing may be made by a certified court reporter at the option of any party at its cost.

If the sponsoring institution, without good cause, fails to appear before the panel or fails to advise the CoARC Executive Director in writing more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the CoARC may elect to notify the sponsoring institution that no further opportunity for a personal appearance will be provided. Any costs related to the sponsoring institution's failure to appear or to cancel the hearing will be billed to the sponsoring institution.

Appeal Panel Decision

At the conclusion of the hearing, the Appeal Panel members shall meet in executive session to review the proceedings and to reach a decision. The decision of the Panel shall be based on the Appeal Record and the oral and written presentations to the panel. The Panel's considerations shall be limited to the conditions that existed at the time of the adverse accreditation action decision.

The Panel shall determine whether each of the cited areas of noncompliance with the Standards is supported by substantial credible evidence, and whether the initial adverse action was taken in accordance with the CoARC's policies and procedures as follows:

- a. The Panel shall consider whether the procedures used to reach the adverse action were consistent with established CoARC procedures, policies, or practices and whether any procedural error prejudiced CoARC's consideration.
- b. Each area of concern or cited area of noncompliance shall be considered separately and the Panel shall determine whether each concern or area of noncompliance is supported by substantial evidence.
- c. The Panel shall determine whether the concerns and areas of noncompliance that are supported by substantial evidence are sufficient to support the adverse action of the CoARC.
- d. The Panel shall determine whether the initial adverse action should be affirmed, modified or reversed.

The Panel's determination shall be made by a majority vote and shall constitute final action by the CoARC, effective immediately, and is not subject to further appeal.

The Appeal Panel shall issue its findings and decision in a Report to the CoARC which shall be submitted to the CoARC Executive Office. The Appeal Panel Report shall contain the Panel's decision together with the reasons therefore, as well as, any additional information deemed pertinent by the Appeal Panel and shall constitute the report on the matter of the CoARC. The sponsoring institution shall be sent the Report of the Appeal Panel within ten (10) calendar days of the CoARC's receipt of the Report.

1.073 NOTIFICATION OF FINAL ACCREDITATION STATUS

If the CoARC's final action is to assign probationary status, deny or revoke a Letter of Review, allow initial accreditation to expire, withdraw accreditation, or withhold accreditation, the program must notify in writing all students enrolled, those accepted for

enrollment, and those seeking enrollment of its accreditation status. The program shall provide the CoARC Executive Office with a copy of such notifications no later than seven (7) calendar days after receiving notice of the final action by the CoARC. The program also shall notify others, on request, of its accreditation status. The United States Department of Education, the appropriate state regulatory authority, and the appropriate institutional accrediting agency shall be notified of final CoARC decision at the same time as the sponsoring institution. The public will be notified of final adverse actions via CoARC's web site within twenty-four (24) hours of confirmation that the sponsoring institution has received notification of CoARC's final decision.

1.074 PUBLIC RELEASE OF ACCREDITATION STATUS

If the CoARC is requested or required to provide information to a third party regarding the accreditation status of a sponsoring institution that is pursuing the appeal process, the CoARC shall advise those inquiring that the program's accreditation status remains as it was prior to the appeal. The accreditation status of the program shall not change until all rights of appeal pursuant to the Policy and Procedure are exhausted or the program withdraws its appeal.

1.075 FINANCIAL RESPONSIBILITY

At the time the sponsoring institution submits its request for reconsideration, it shall also submit to the CoARC Executive Office a nonrefundable Reconsideration Fee of \$1,000 payable to the CoARC.

At the time the sponsoring institution submits its Notice of Appeal, it shall also submit to the CoARC Executive Office a nonrefundable Appeal Fee of \$5,000 payable to the CoARC, to cover CoARC's reasonable costs attributable to the Appeals process. The sponsoring institution shall be responsible for its own costs and expenses.

1.076 LIMITATIONS

If a sponsoring institution fails to file its notice of intent to request reconsideration or appeal within the time specified, or it fails to provide its required fees, the reconsideration or appeal process shall end and the CoARC's initial adverse decision shall be considered final.

A sponsoring institution may withdraw its request for an appeal at any time during the appeal process; however they will be responsible for any expenses, including attorney fees and expenses, incurred by CoARC as of the date of withdrawal.

1.077 NOTICE AND FILINGS WITH THE COARC EXECUTIVE DIRECTOR

Whenever, under any of the provisions of this procedure, there is a requirement for a written notice, request, or other writing to be submitted to the CoARC, said writing shall be addressed to the following:

Thomas Smalling, Executive Director
Commission on Accreditation for Respiratory Care
1248 Harwood Road, Bedford, TX 76021-4244

- 1.078 Following completion of the reconsideration process and/or appeals process, the sponsor will be notified of the final decision on the accreditation status made by CoARC. If such a decision is for Withhold of Initial or Continuing Accreditation, Withdrawal of Accreditation, or Revocation of the Letter of Review, a letter of response of such a

decision, signed by the Chief Executive Officer or officially designated representative must be submitted to the CoARC Executive Office.

This letter must contain:

- (1) The program number(s) for which the accreditation decision applies;
- (2) The last date on which currently enrolled students will expect to graduate;
- (3) The most recent date on which students were enrolled;
- (4) A stipulation that as of the effective date of the final accreditation decision no new students will be matriculated in the program;
- (5) The location where all records will be kept for students who completed the program; and
- (6) A list of all students enrolled in the program as of the effective date of the decision that includes their name, address, phone number, and unique student identification number.

Annual fees will not be prorated for the year in which Withhold of Initial or Continuing Accreditation, Withdrawal of Accreditation, or Revocation of the Letter of Review occurs.

1.079 Reapplication Following Withhold or Withdraw of Accreditation (voluntary or involuntary) or Revocation of Letter of Review or Voluntary Withdraw of Letter of Review

Institutions reapplying for accreditation of a program must follow the procedures outlined in Section 2 of this document. CoARC will not consider a reapplication from an institution that has had accreditation withheld or withdrawn (voluntary or involuntary) or had a Letter of Review revoked or Voluntarily Withdrew its Letter of Review until the following have been met:

1. All information requested by CoARC in Policies 1.057, 1.058, 1.059 and 1.078 has been submitted to the CoARC Executive Office;
2. A period of 12 months has elapsed since the final decision that was adverse to the program.

CoARC will not consider a re-application for accreditation from a sponsoring institution or consortium failing to execute an approved teach-out agreement (see Policy 1.15).

1.08 Program Accreditation Status in Relation to State and other Accrediting Agency Actions

The CoARC does not grant Letter of Review, initial accreditation, or continuing accreditation status to a program when the sponsoring institution has been:

- Subject to an adverse action by an institutional accrediting agency potentially leading to the suspension, revocation, or termination of its accreditation.
- Subject to an adverse action by a state agency potentially leading to the suspension, revocation, or termination of its legal authority to provide postsecondary education.
- Subject to an adverse action by the U.S. Department of Education.

If the CoARC becomes aware that a sponsoring institution has received an adverse action or been placed on probationary status by a recognized institutional accrediting agency, a state agency, or the U.S. Department of Education, the CoARC will promptly review the action to determine what action, if any, should be taken.

1.09 Transfer of/Change in Sponsorship or Ownership or Change in Control*

* This includes, for example, merger or consolidation with another institution; sale of more than 50% of the stock or the interest or membership in an institution; or beginning or ending of non-profit status.

Accreditation cannot be transferred from one program to another. However, sponsorship or ownership or change in control of an accredited program may be transferred from one educational institution to another without affecting the accreditation status of the program, provided the *Standards* continue to be met.

A request for transfer of/change in sponsorship or ownership or change in control will be considered only if significant aspects of the program will remain unchanged following the transfer/change.

If critical factors such as administration, funding sources, curriculum, faculty and facilities will remain unchanged, then the request for transfer of sponsorship or ownership or change in control will be considered. If most of these factors will be significantly altered following the change in sponsorship or ownership or change in control, then the program cannot be considered as a continuation of the same program under different sponsorship or ownership or change in control. Rather the program to be offered by the new sponsor will be considered as a new program and will be required to complete the established process for initial accreditation. If the program is viewed as a new program, the accreditation status of the previous program will be discontinued at an appropriate time.

Programs requesting Transfer/Change of Sponsorship or Ownership or Change in Control must follow the procedure in Section 9.01.

1.10 Initial Accreditation Guidelines – Respiratory Care Programs and Specialty Option

1.10(a) Initial Accreditation is the first status of accreditation conferred by CoARC to a new Respiratory Care base program operating under a CoARC Letter of Review. Initial Accreditation may also be granted to Polysomnography Specialty Options operating in conjunction with an accredited Respiratory Care program that has demonstrated substantial compliance with the *Standards*. Since CoARC subscribes to outcomes oriented programmatic accreditation, these new programs will not be granted Initial Accreditation status unless the following requirements have been met:

- 1) For Respiratory Care (RC) programs (including all Satellite Options): Satisfactory outcomes (i.e. meets the CoARC thresholds) on the NBRC CRT Credentialing Examination and all other CoARC outcome threshold measures.
- 2) For Polysomnography Specialty Options (PSO): Satisfactory outcomes must include all current non-exam CoARC outcome threshold measures. Additional outcome measures may include results of the NBRC Sleep Disorders Specialty Exam or the Board of Registered Polysomnographic Technologists (BRPT) RPSGT Exam. Upon CoARC's granting of Initial Accreditation, the cohort of Respiratory Care graduates will be eligible for the NBRC Sleep Disorders Specialty Exam following successful passing of the CRT exam or be immediately eligible for the BRPT credentialing exam provided that they graduated from the PSO no more than 12 months prior to the date of that Initial Accreditation.
- 3) The Initial Accreditation site visit has uncovered no significant *Standards* violations.

- 1.10(b) Commencing with the Letter of Review to the RC program and awarding of Initial Accreditation to the PSO, each will be required to submit separate Resource Assessment Matrices (if requested) and separate Annual Reports of Current Status (RCS).
- 1.10(c) The RC program and PSO will be reviewed by means of their Reports of Current Status (RCS) for compliance with the *Standards*. Programs with sub-threshold results (magnitude, number, or duration) will be required to engage in an accreditation dialogue, which may include progress report(s), focused Self Study Report or focused on-site evaluation, resource assessment, and/or detailed analyses and action plans addressing the sub-threshold results. The process and deadline for the submission of these documents will be communicated to the program by the CoARC Executive Office.
- 1.10(d) At least twelve months prior to expiration of Initial Accreditation cycle all available information will be evaluated by CoARC to ascertain progress towards meeting the *Standards*, including outcome thresholds. Any new concerns will be communicated in writing to the program at this time and the program will be reminded of the specific date on which Initial Accreditation will expire.
- 1.10(e) Programs on Initial Accreditation that are also on administrative probation will not receive consideration for Continuing Accreditation until the administrative probation is removed. If the program is on administrative probation one hundred and twenty (120) days prior to expiration of Initial Accreditation, the program will be notified (certified mail, return receipt requested) that Continuing Accreditation will be withheld unless administrative probation is removed within that time.
- 1.10(f) In order that it may demonstrate consistency in meeting the *Standards*, a program shall not initiate the process to offer program options unless it is holding Continuing Accreditation with no pending Progress Reports. (See Section 2.0)

1.11 Assignment of Program Referee

- 1.11(a) The Executive Office will assign a Referee (current or past Commissioner) when a program submits:
- 1) Any Letter of Intent.
 - 2) A Continuing Accreditation Self Study Report (CSSR).
 - 3) An Annual Report of Current Status that indicates the program has not met one or more *Standards*.
 - 4) Addition of Domestic Satellite Option
- 1.11(b) This assignment will be made so as to distribute the programs evenly amongst the referees with the following considerations:
- A. Whenever possible, the Referee assigned to a program will have had previous Referee experience with that program.
 - B. A Referee will not be assigned to a program if there are any perceived or actual conflicts of interest. Pertinent conflicts of interest include, but are not limited to:
 - 1) A professional relationship with the program at any time before the assignment (graduate, employee, paid consultant, advisory committee member)
 - 2) A program that is within his/her state of residence or employment or within a 50-mile radius of the location of the base program or satellite option(s).
- 1.11(c) Referees shall not meet (face-to-face) with program personnel to provide on-site consultative services to assigned programs. This policy does not apply to CoARC's Meet the Referee sessions.

1.12 Applying for Accreditation

- 1.12a The accreditation review process conducted by the CoARC can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution. This process is initiated by requesting a *CoARC Accreditation Services Application* from:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244
Tel: (817) 283-2835
Fax: (817) 354-8519

- 1.12b The *CoARC Accreditation Services Application* is available online at www.coarc.com.
- 1.12c The accreditation review process requires the completion and submission of self-study reports (which includes the *Accreditation Services Application*), payment of appropriate fees, and agreement to an on-site evaluation.
- 1.12d An institution sponsoring a program may voluntarily withdraw from the accreditation process at any time (see Policy [1.057](#)).

1.13 Submission Deadlines

The CoARC Board makes accreditation decisions three times per year. Deadlines are set for submission of all materials for consideration by the Commission. The following are the established submission deadlines for satisfactorily completed materials and the earliest possible corresponding Board meeting dates for consideration of the program. (Note: actual Board meeting dates will vary slightly from year-to-year. Board meeting dates are established a year in advance and are posted on the website.)

<u>Submission Deadline</u>	<u>Earliest possible CoARC Board Meeting for consideration</u>
January 20	March/April
May 20	June/July
September 20	November/December

All programs are subject to the submission deadlines noted above, unless specified otherwise in written correspondence from CoARC. Failure of the program to meet any of the established deadlines or submission of incomplete materials will result in postponement of the process to the next scheduled Board meeting or may result in Administrative Probation if documentation has been required and has not been submitted (see Policy [1.056](#)). A Letter of Review status is required prior to student enrollment, thus postponement to the next Board meeting is likely to require the program to postpone the planned date for enrollment/matriculation of students and the planned graduation date of the first cohort. Postponement of the graduation date will affect the timing of the initial on-site visit for accreditation and is highly likely to affect the timing of CoARC's decision to confer initial accreditation.

1.14 Third-Party Comments

CoARC invites third-party comment on those institutions undergoing an evaluation for Approval of Intent, Letter of Review, Initial, or Continuing accreditation. The purpose of CoARC's review is limited to assessing the institution's ability to meet CoARC's accreditation Policies and Accreditation Standards for the Profession of Respiratory Care. Comments must be written and signed (i.e., not anonymous) and must include contact information. Submission of a comment grants permission for the comment to be shared with the program. Comments should specifically address one or more of CoARC's accreditation Policies or accreditation Standards.

Although CoARC actively invites comments during the self-study processes for Initial or Continuing accreditation, comments submitted at other times will be considered during the next scheduled accreditation review.

CoARC publishes the names of programs seeking an Approval of Intent, Letter of Review, Initial, or Continuing accreditation through appropriate CoARC mechanisms; programs are encouraged to publicize self-study activities and invite third party comment to assist them in the self-study process.

1.141 Notification and Invitation by the Commission

CoARC publishes on its website a list of programs seeking an Approval of Intent, Letter of Review, Initial, or Continuing accreditation scheduled for on-site evaluation in the next 12 months. CoARC may also invite comments through other means, such as letters or announcements to specific groups, including federal or state agencies and regional or national accrediting organizations.

CoARC's notice will include at least the name of the sponsoring institution and program, the academic year in which the on-site evaluation is scheduled, the address of CoARC to which comments and information can be sent. Comments must be submitted no later than six weeks prior to the visit. Contact the CoARC office for exact visit dates. Comments received after this deadline will not be reviewed.

1.142 Review and Response

The CoARC Executive Office will review all third party comments received prior to the deadline and forward to the program those comments that pertain to the accreditation Standards or Policies. Comments that may be defamatory, in restraint of trade, or addressed to matters not pertaining to the accreditation or application status of the program will not be shared with the program or CoARC Referee.

Because third-party comments provide CoARC with information or evidence regarding a program's ability to meet accreditation Standards, the sponsor is afforded the opportunity to respond to the comments and/or provide evidence to demonstrate whether the program can or does meet the accreditation Policies and Standards. Submission of a comment grants permission for the comment to be shared with the program.

The program must respond to the comments prior to the site visit.

1.15 Teach-Out Plans and Agreements:

CoARC requires submission and approval of the Programmatic Teach-out Plan Form (available at www.coarc.com) and required attachments from any program in jeopardy of losing

accreditation. Such a plan must detail how the sponsor will provide the remaining course of study for the currently enrolled students. Failure to submit a teach-out plan form and agreements will result in notification of the institutional administration and accreditor of our intent to withdraw accreditation immediately.

1.151. CoARC requires a sponsor to complete a teach-out plan upon the occurrence of any of the following events:

- a. When a program is placed on probation, requests inactive status, voluntarily withdraws, or has the Letter of Review revoked;
- b. When the sponsor receives notice that its license or legal authorization to operate will be or has been revoked;
- c. When CoARC takes action to withhold or withdraw a program's accreditation;
- d. When the sponsor receives notice from the U.S. Department of Education that an action has been initiated to limit, suspend, or terminate a sponsor's participation in any Title IV program under the Higher Education Act and that a Teach-Out Plan is required pursuant to federal regulations;
- e. When the sponsor receives notice from the U.S. Department of Education that an emergency action has been initiated; or
- f. When CoARC otherwise determines that the submission of a Teach-Out Plan is appropriate.

1.152 Should the program's accreditation status be withdrawn or withheld, then the sponsor must execute its stated plan into a teach-out agreement and provide CoARC a copy of the agreement. Both the plan and the agreement must give careful attention to equitable treatment of students and notification of any additional charges the remaining students will incur.

1.153 CoARC will not consider a re-application for accreditation from a sponsor institution or consortium failing to execute an approved teach-out agreement.

SECTION 2.0: INITIATION OF ACCREDITATION

2.01 Description

All sponsors must have an accredited base program. A base program holding continuing accreditation with no pending progress reports may expand its offerings by adding a Polysomnography Specialty, or Satellite (U.S. or International).

2.02 Initiation of Accreditation –Respiratory Care Program

2.021 Letter of Intent Application

To initiate the accreditation process, a Letter of Intent Application (available at www.coarc.com), signed by the Chief Executive Officer (CEO) of the sponsor and the academic administrator (e.g. Dean) who will be directly overseeing the proposed program, must be sent to the CoARC along with the nonrefundable fee (see Fee Schedule at www.coarc.com). The application should be addressed to the Executive Director of the CoARC. If the sponsor is a consortium, the application must be signed by the Chief Executive Officers of all consortium members.

The Letter of Intent Application:

- 1) Declares the intention of the sponsor to develop and seek accreditation for an educational program in Respiratory Care.

- 2) Provides the name of the sponsor's institutional accrediting agency, the current accreditation status of the institution, the date of last accreditation action, and the anticipated date of the next accreditation cycle. The sponsor must include a copy of the most recent institutional accreditation letter and approval from or registration with the appropriate state agency (if applicable). For consortium sponsors, this information must be provided for each member of the consortium.
- 3) Requests initial review of the proposed program.
- 4) States that the sponsor agrees not to admit students into the proposed program until CoARC issues a Letter of Review.
- 5) States the requested target date for admission of the first class of students.

For programs that submitted a Letter of Intent prior to June 1, 2010, the required documentation (as described in 2.022) must be sent to the CoARC Executive Office within twelve (12) months after the date of the receipt of the Letter of Intent. Failure to submit the required documentation within this time period will result in forfeiture of the fee sent with the Letter of Intent. The sponsoring institution will then be required to resubmit the Letter of Intent and fee.

2.022 Required Documentation

A. Sponsor's Responsibilities:

- 1) The sponsor must assemble a Study Group composed of individuals from an independent, external, community of interest (employers) for the purpose of evaluating the need for a new educational program in Respiratory Care. Invitations to the Study Group must be sent thirty (30) days in advance of the scheduled meeting. If the meeting time or location changes, at least two weeks notice must be provided.
- 2) This Study Group must include representatives from a majority of institutions under consideration as sites for clinical training of future students of the program. It is recommended that other potential employers of future program graduates be included.
- 3) The sponsor must provide evidence that more than one Program Director from an accredited, unaffiliated respiratory care educational program from the groups listed below was invited to participate in the Study Group.
 - Any program within a 50-mile radius (regardless of state jurisdiction) of the proposed program or in the area from which the proposed program expects to draw a majority of its students (whichever is larger);
 - Any clinical site that the new program proposes to use which is currently being used by another respiratory care program;
 - A program whose qualified graduates could expect to become employees of any of the employers represented on the Study Group.

A list of all Respiratory Care programs included in the above groups and the program directors invited must be included in the Study Group's submission.

- a) The sponsor must provide evidence (i.e., Certified mail with return receipt, FedEx, or other carrier delivery receipt from each of the respiratory care programs) that all respiratory care programs in the drawing area have been

notified of its intention to develop and seek accreditation for an educational program in Respiratory Care.

- b) This notification of intent must be sent at least thirty (30) days prior to the first scheduled meeting of the Study Group and must include the names of the program directors that were invited.

(Note: Information regarding locations of accredited educational programs in Respiratory Care may be obtained from the CoARC web site, www.coarc.com).

- 4) A Chair with neither present nor past affiliation with the program sponsor(s) must be elected by the Study Group. This individual will oversee all responsibilities of the Study Group identified in 2.022B.
- 5) The sponsor must ensure that the appropriate administrative officer and the Director/Manager of Respiratory Care of each proposed clinical site affirms, in writing, that her/his institution has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of any existing respiratory programs at that clinical site. Signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed new program must be mailed or faxed directly to the CoARC Executive Office. Sponsors must use the CoARC-approved Clinical Affirmation Form available at www.coarc.com. The Clinical Site Affirmation Forms required with the Letter of Intent Application must be received by the CoARC Executive Office within thirty (30) days after the date of the receipt of the Letter of Intent Application. Failure to meet this deadline may result in a delay of consideration of approval.
- 6) The sponsor of the proposed program must:
 - a) State the maximum number of students it intends to admit per cohort and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval.
 - b) Affirm that should the proposed program receive a Letter of Review that the stated maximum number of students per cohort and number of cohorts admitted annually shall not be increased until Continuing Accreditation is granted.
 - c) Explain how the clinical slots guaranteed by the administrators of the clinical sites (see 2.022A5 above) will be used to schedule the first and second year students in the clinical courses. The sponsor must also include a description of any overlaps in clinical schedules with multiple cohorts.
 - d) Affirm that after Continuing Accreditation is granted, should the sponsor wish to increase the maximum number of students, it will follow the procedures delineated in Section 9 of this Policy Manual.

B. Study Group Responsibilities

- 1) The Study Group must generate a Statement of Support that outlines the need for the program. A list of all members of the Study Group, that includes job titles and contact information, must be appended to the Statement of Support. The Statement of Support must be signed and dated by a majority of the Study Group members, including the Study Group Chair.
- 2) The Study Group must complete a needs and clinical resources assessment as outlined in the application.

- 3) The Study Group must review and provide all required documentation (see 2.022.A.3, 4, 5, and 6. The sponsor must include a statement signed by a majority of the Study Group members affirming review of all required documentation.
- 4) A quorum (defined as a majority of the members of the Study Group) must be present at all study group meetings. Minutes from the meetings of the Study Group must be included in the application along with a signed roster which identifies the Chair and the names, credentials, affiliations, job titles, and contact phone numbers of all the members who were present at each meeting of the Study Group.
- 5) No individuals representing the sponsor of the potential program may be involved in the writing of the Statement of Support.
- 6) With the exceptions of Program Director(s) from the neighboring Respiratory Care Educational Program(s) and non- clinical site employer representatives, all members of this group, or colleagues from the same institutions, must be included in the initial appointments to the program's Advisory Committee (*Standard 3.04*) should the proposed program receive a Letter of Review.
- 7) Members of the study group shall not be paid with the exception of meals during the meeting and reimbursement of mileage expenses using the current IRS guidelines for business travel.

2.023 Approval of Intent

Upon receipt of the fee and satisfactory documentation (Letter of Intent, Statement of Support and all other requested documentation), the Executive Office will assign a Referee. A copy of the Letter of Intent Application and all submitted documentation will be forwarded to the Referee assigned to the applicant program. Following review of all submitted documentation, the Referee will submit a recommendation for action at the next scheduled CoARC Board meeting. The CoARC Board will either grant an Approval of Intent or deny the Approval of Intent. The sponsor will be notified of the CoARC Board's decision following the meeting. If the decision is to deny the Approval of Intent, the CoARC Board will include in its correspondence to the sponsor, the rationale for its decision, and the documentation/evidence required from the sponsor to receive an Approval of Intent. Upon Approval of Intent, the program will be assigned a unique program identification number by the CoARC Executive Office. The conferral of an Approval of Intent does not guarantee a conferral of a Letter of Review. The Approval of Intent will expire two (2) years from the date of issue. Applicant programs that fail to receive a Letter of Review prior to the expiration of the Approval of Intent must reapply for accreditation following the process outlined in Section 2.0: Initiation of Accreditation and be required to submit all applicable fees.

2.024 Appointment of Permanent Full-time Program Director

Should a qualified, permanent full-time Program Director (*Standards 2.03-2.07*) not already be employed, the sponsor must appoint one within three months following the date of the

Approval of Intent. The Program Director will be responsible for the remainder of the Initiation of Accreditation process.

2.025 Letter of Review (First) Self Study Report and Letter of Review

A. Letter of Review Self Study Report (LSSR)

- 1) Following the Approval of Intent, the Program Director must complete an LSSR as delineated on the web site (See www.coarc.com). The completed LSSR (one (1) paper copy and three (3) USB Drive copies) must be sent to the CoARC Executive Office, along with the LSSR Fee (see Policy 1.13 Submission Deadlines). A completed *CoARC Accreditation Services Application* must also be submitted with the LSSR. Failure to submit the LSSR, CoARC Accreditation Services Application and appropriate fees or failure to comply with these Accreditation Policies will result in a denial of a Letter of Review. An LSSR submitted prior to the Approval of Intent will not be reviewed.
- 2) The sponsor must arrange for employment of a permanent, full-time Director of Clinical Education (DCE) and for the services of a Medical Director, in accordance with *Standards 2.03, 2.09-12, and 2.14*. Copies of signed letters of agreements/faculty contracts with Key Personnel must be included with the LSSR. The employment of the DCE and the appointment of the Medical Director must begin no later than the starting date of the first class of respiratory care students.
- 3) Representatives of all communities of interest listed in Standard 3.04 (except students and graduates) and each Study Group member (or a representative from his or her respective employer) as stated in 2.022.A.(2) must be appointed to the program Advisory Committee, must validate the program's proposed Goals, and must document approval in its meeting minutes.

B. Letter of Review

- 1) A copy of the LSSR and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the *Standards*.
- 2) The Referee will communicate with the Program Director, as necessary, until s/he is satisfied that the program appears to meet the *Standards* and is in compliance with the Accreditation Policies. The Referee will recommend to the Board at its next scheduled meeting to either confer or deny a Letter of Review. A Board decision to deny a Letter of Review is subject to reconsideration and appeal as described in Policy 1.07. A conferral of a Letter of Review gives the program the authority to admit its first class. The program will subsequently be required to meet all *Standards*, applicable administrative requirements as described in the *Standards (Appendix A– Initiating and Maintaining Accreditation)* and this Policy Manual. Programs holding a Letter of Review are required to submit Reports of Current Status (RCS) annually and follow proper disclosure as per Policy 11.0.
- 3) Following the issuance of a Letter of Review programs are responsible for all reporting requirements and are subject to ongoing review as described in CoARC Policy 3.0.
- 4) Failure to comply with these policies and other administrative policies will result in a Revocation of the Letter of Review.

2.026 Initial Accreditation (Second) Self Study Report and Initial Accreditation On-Site Visit

A. Initial Accreditation Self Study Report (ISSR) – Base Programs

- 1) Within one hundred and eighty (180) days after the graduation of the program's first class, the Program Director must submit one (1) paper copy and four (4) USB Drive) copies of an ISSR to the Executive Office. A completed *CoARC Accreditation Services Application* must also be submitted with the ISSR. Failure to submit the ISSR, *CoARC Accreditation Services Application* and appropriate fees within this time period or failure to comply with these Accreditation Policies will result in a Revocation of the Letter of Review. The Executive Office will forward a copy of the ISSR to the Referee, who will review the information and evaluate the program for compliance with the Standards.
- 2) The program must submit an Annual Report of Current Status (RCS) annually and as noted above.

B. Initial On-Site Visit and Initial Accreditation

When the Referee deems the ISSR to be acceptable, the Executive Office will schedule an On-Site Visit, which must occur within one (1) calendar year following the graduation date of the first class. If the accreditation record confirms substantial compliance with the Standards, the Referee will recommend the program for "Initial Accreditation" at the next meeting of the CoARC. If the CoARC Board approves the Referee's recommendation, it will confer Initial Accreditation which will replace the Letter of Review.

C. Initial On-Site visit and Withhold of Accreditation

Should the site visit reveal significant *Standards* violations, the Referee will recommend to the CoARC Board "Withhold of Initial Accreditation." If the CoARC Board approves this recommendation the Sponsor will be notified of the adverse action. The conferral of Withhold of Initial Accreditation is subject to reconsideration and appeal as described in Policy 1.07.

2.03 Initiation of Accreditation: Polysomnography Specialty Option (PSO)

2.031 Letter of Intent and Required Documentation

A. Letter of Intent Application - PSO

CoARC accredited Respiratory Care programs with no pending Progress Reports or no adverse accreditation status are eligible to request accreditation review for a Polysomnography Specialty Option (PSO).

Eligibility for the Board of Registered Polysomnographic Technologists (BRPT) Credentialing Exam and the NBRC Sleep Disorders Specialist (SDS) Exam as a result of CoARC accreditation applies only to PSO graduates who are also graduates of an accredited respiratory care program.

To initiate the accreditation process, a Letter of Intent Application - PSO, signed by both the administrator (e.g. Dean) overseeing the program, the Program Director, and the Chair of the Respiratory Care program's Advisory Committee must be sent to the CoARC with the appropriate non-refundable fee (See Fee Schedule www.coarc.com). The application should be addressed to the Executive Director of the CoARC at the CoARC's current place of business.

The Letter of Intent Application – PSO and required documentation must:

- 1) Declare the intention of the sponsor and the program to develop and seek accreditation for the addition of a Polysomnography Specialty Option to an eligible Respiratory Care program.
- 2) Request Initial Review of the proposed program.
- 3) State a target date for admission into the new PSO.
- 4) State the maximum number of students it intends to admit per cohort and the maximum number of cohorts it intends to admit annually (defined as January 1 through December 31) should it receive CoARC approval.
- 5) Affirm that should the proposed PSO receive an Approval of Intent that the stated maximum number of students per cohort and number of cohorts admitted annually shall not be increased until Continuing Accreditation is granted.
- 6) Provide evidence that the Respiratory Care program's advisory committee supports the Polysomnography Specialty Option.
- 7) Ensure that each proposed clinical site affirms, in writing that her/his facility has sufficient clinical resources to support its share of the clinical activities of the proposed program without adversely affecting the clinical activities of any existing accredited-polysomnography programs at that clinical site. Copies of signed affirmation letters from each proposed clinical site stating the maximum number of clinical slots available for students from the proposed PSO must be sent to the CoARC office. Sponsors must use the CoARC-approved Clinical Affirmation Form for the Polysomnography Option available at www.coarc.com.
- 8) Explain how the clinical slots guaranteed by the clinical sites (see 2.031A7 above) will be used to schedule the PSO students in the clinical courses.

2.032 Approval of Intent

Upon receipt of the fee and satisfactory documentation (Letter of Intent, Statement of Support and all other requested documentation), the Executive Office will assign a Referee. A copy of the Letter of Intent and all submitted documentation will be forwarded to the Referee assigned to the applicant program. Following review of all submitted documentation, the Referee will submit a recommendation for action at the next scheduled CoARC Board meeting. The CoARC Board will either grant an Approval of Intent or deny the Approval of Intent. The sponsor will be notified of the CoARC Board's decision following the meeting. If the decision is to deny the Approval of Intent, the CoARC Board will include in its correspondence to the sponsor, the rationale for its decision, and the documentation/evidence required from the sponsor to receive an Approval of Intent. Enrollment of students for the first class must occur within two (2) years of the date of the Approval of Intent. Upon Approval of Intent, the program will be assigned a unique program identification number by the CoARC Executive Office. The Approval of Intent will expire two (2) years from the date of issue. Applicant programs that fail to receive a Letter of Review prior to the expiration of the Approval of Intent must reapply for accreditation following the process outlined in Section 2.03: Initiation of Accreditation and be required to submit all applicable fees.

2.033 Polysomnography Initial Accreditation Self Study Report (PSSR) and Focused Site Visit

A. Polysomnography Initial Accreditation Self-Study Report

- 1) After receiving the Approval of Intent, the Program Director must submit one (1) completed paper copy and four (4) USB Drive) copies to the Executive Office, along with the appropriate fee (See Fee Schedule www.coarc.com). A completed *CoARC Accreditation Services Application* must also be submitted with the PSSR. Failure to submit the PSSR, *CoARC Accreditation Services Application* and appropriate fees will result in a revocation of the Approval of Intent. A PSSR submitted prior to the Approval of Intent will not be reviewed.
 - 2) A copy of the PSSR and any other pertinent information will be sent to the Referee, who will review the information and evaluate the program's compliance with the Standards. The Referee will communicate with the Program Director, as necessary, until s/he is satisfied that the program meets the Standards.
 - 3) When the Referee deems that the submissions are acceptable, s/he will authorize the Executive Office to notify the program's sponsor to schedule a focused site visit.
- B. Polysomnography Site Visit
- 1) A polysomnography site visit will be scheduled approximately 4 months after authorization of the site visit.
 - 2) A copy of the Polysomnography Site Visit Report will be forwarded to the Referee.
 - 3) If the Polysomnography Site Visit Report confirms substantial compliance with the *Standards*, the Referee will recommend the Polysomnography Specialty Option for Initial Accreditation at the next scheduled meeting of the CoARC Board. Accredited Polysomnography Specialty Options are responsible for all reporting requirements and are subject to ongoing review as described in CoARC Policy 3.0.
 - 4) Should the Polysomnography_Site Visit Report reveal significant *Standards* violations, the Referee will recommend to the CoARC Board "Withhold of Initial Accreditation." If the CoARC Board approves the recommendation the Sponsor will be notified of the adverse action. The conferral of Withhold of Initial Accreditation is subject to reconsideration and appeal as described in Policy 1.07.

2.04 Initiation of Satellite Option

2.041 Satellite Option – United States

Satellite is a location outside the institution (and within the 50 U.S. States) at which the Respiratory Care core didactic and laboratory courses of the program are offered (does not pertain to sites used by a completely on-line/distance education program for individual students). Satellite location(s) function under the direction of the Key Personnel of the program.

- A. Only programs with a status of Continuing Accreditation without any pending Progress Reports are eligible for CoARC approval of a U.S. satellite option. A maximum of two U.S. satellite options are permitted for each accredited base program. Each satellite shall not exceed a maximum aggregate enrollment of twenty (20) students. The maximum aggregate enrollment is defined as the maximum potential number of first and second year students enrolled simultaneously at any point in time. As of June 1, 2010, no applications will be accepted for satellites with

more than twenty (20) students (aggregate enrollment). On or before January 1, 2015, sponsors with satellites with more than twenty (20) students (aggregate enrollment) must either:

1. Reduce maximum aggregate enrollments to twenty (20) or fewer students; or
 2. Apply for accreditation of the satellite as a base program (see Policy 2.02) and submit a Voluntary Withdrawal of Accreditation of the satellite program (see Policy 1.057).
- B. At least 6 months prior to the intended date of implementation, the sponsor wishing to establish a new U.S. satellite option must submit to the Executive Office an Application for Substantive Change along with the appropriate non-refundable application fee for each satellite location. The application and fee schedule can be found on the CoARC website and programs can contact the CoARC Executive Office for further assistance.
- C. If not already in place, the program will be assigned a referee until such time as the satellite program has submitted an Annual Report of Current Status (RCS) that demonstrates outcomes that meet or exceed thresholds.
- D. Upon receipt of the fee and approval by the Program Referee of the Application for Substantive Change, a separate CoARC program number will be assigned to each satellite location.
- E. U.S. satellites are responsible for all reporting requirements and are subject to ongoing review as described in CoARC Policy 3.0. The sponsor must separately evaluate resources for each satellite location. An Annual RCS must be filed under the satellite program number.

2.042 Satellite Option – International

International Satellites are located outside the United States.

- A. Only programs with a status of Continuing Accreditation without any pending Progress Reports are eligible for CoARC approval of an international satellite option.
- B. At least 6 months prior to the enrollment of students in the first respiratory care course, the sponsor wishing to establish an International Satellite option must submit to the Executive Office an Application for International Satellite Option along with the appropriate non-refundable application fee. The application and fee schedule can be found on the CoARC website and programs can contact the CoARC Executive Office for further assistance.

The application requires that the sponsor describe and affirm that:

- 1) The graduates of the International Satellite will receive a minimum of an Associate Degree from the sponsor (i.e. United States educational institution).
- 2) The Advisory Committee of the sponsoring program's endorsement of the development of the International satellite must be documented in the minutes of the meeting.
- 3) There will be a local Advisory Committee with appropriate representation.
(*Standard 3.04*)

- 4) There will be sufficient local resources to allow the program to meet its goals, standards and outcomes (*Standard 2.01*)
 - 5) The scope and standards of medical practice in the location under consideration will allow the program to meet its goals and outcomes (*Standard 4.01*)
 - 6) An adequate means of communication (teleconference, interactive video) between the satellite and the sponsor will be readily available.
 - 7) The sponsor agrees not to admit students into the proposed program until CoARC issues a Letter of Review for the International Satellite Location.
- C. Should the International satellite option be approved, the sponsor must submit an International Satellite Self Study Report as delineated on the web site (See www.coarc.com). The completed Self Study Report (one (1) paper copy and four (4) USB Drive copies) and fees must be submitted to the CoARC Executive Office. Failure to submit the Self Study Report and fees will result in a revocation of the approval of the Application. A Self Study Report submitted prior to the approval of Application will not be reviewed.

The International SSR includes documentation (submitted in English) of:

- 1) An individual, who meets the qualifications of *Standards 2.03-2.07*, with a job description written by the sponsor to function as the local program director.
 - 2) An individual, who meets local qualifications, with a job description written by the sponsor to function as the local Medical Director fulfilling the responsibilities of *Standard 2.14*.
 - 3) The composition of a local advisory committee in accordance with *Standard 3.04* (except for student and graduate representatives until such time as there are those individuals).
 - 4) The admission policies and procedures, including minimum requirements.
 - 5) The sponsor's stated maximum enrollment by number of students per cohort and number of cohorts per calendar year (defined as January 1 through December 31).
- D. Upon receipt of the fee and satisfactory documentation (International Satellite and all other requested documentation), the Executive Office will forward the International SSR to the Referee, who will evaluate the submission in the light of the *Standards*, and communicate with the program as necessary. Once s/he is satisfied that the program appears to meet the *Standards* and is in compliance with the Accreditation Policies, s/he will recommend to the Board at its next scheduled meeting to either confer or deny a Letter of Review. A Board decision to deny a Letter of Review is subject to reconsideration and appeal as described in Policy *1.07*. A conferral of a Letter of Review gives the program the authority to admit its first class. The program will subsequently be required to meet all *Standards*, applicable administrative requirements as described in the *Standards (Appendix A– Initiating and Maintaining Accreditation)*, and this Policy Manual. Programs holding a Letter of Review are required to submit Reports of Current Status (RCS) annually and follow proper disclosure as per Policy 11.0.

- E. International satellites are responsible for all reporting requirements and are subject to ongoing review as described in CoARC Policy 3.0.

2.043 Initial (Second) Self Study Report and Initial On-Site Visit

- A. Initial Self-Study Report (ISSR) – International Satellite
Within six (6) months after the graduation of the program's first class, the Program Director must submit one (1) paper copy and three (3) electronic (CD/flash drive) copies of the self study to the Executive Office. The Executive Office will forward a copy of the self study to the Referee, who will review the information and evaluate the program for compliance with the Standards.
- B. Initial On-Site Visit and Initial Accreditation
When the Referee deems the self study to be acceptable, the Executive Office will schedule an On-Site Visit, which must occur within 12 months following the graduation date of the first class. If the site visit confirms compliance with the *Standards*, the Referee will recommend the program for "Initial Accreditation" at the next scheduled meeting of the CoARC Board.
- C. Initial On-Site Visit and Withhold of Accreditation
Should the site visit reveal significant *Standards* violations, the Referee will recommend to the CoARC Board "Withhold of Initial Accreditation." If the CoARC Board approves this recommendation the Sponsor will be notified of the adverse action. The conferral of Withhold of Initial Accreditation is subject to reconsideration and appeal as described in Policy 1.07.

SECTION 3.0: ONGOING REVIEW

3.01 Ongoing Review

- 3.011 "Ongoing review" means that programs will be reviewed annually by means of their Annual Report of Current Status and/or such other reporting requirements as CoARC may establish. CoARC reserves the right to consider other factors besides the Annual Report of Current Status in making its accreditation decisions and may at its discretion request a Self Study, other data and/or perform a site visit.
- 3.012 Outcomes Assessments include but are not limited to national credentialing examinations performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures (*Standard 3.13*).
 - National credentialing exam performance is evaluated by NBRC CRT credentialing success, which is the percentage of graduates earning the NBRC's CRT credential (applicable to all graduates of accredited educational programs in Respiratory Care, including those programs under a Letter of Review) Programs must also submit the NBRC Annual School Summary Report. Programs offering the polysomnography option must document BRPT RPSGT credentialing success or NBRC SDS credentialing success. Programs shall include analysis and action plans to address any shortcomings revealed by these evaluation systems.
 - Attrition is defined as students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in program attrition. (See also the definition for Programmatic Enrollment.)

- Graduate and employer satisfaction surveys shall be administered on or about six (6) months after graduation.
 - "Positive Placement": defined as a graduate who within ten (10) months after graduation is:
 - a. employed in respiratory care (i.e. full- or part-time, per diem, etc.), or
 - b. enrolled full- or part-time in another degree program, or
 - c. serving in the military, or
 - d. employed in the polysomnography field (i.e. full- or part-time, per diem, etc. for graduates of the polysomnography option of programs offering same).
 - Program summative measures such as course evaluations, final exams, laboratory competency sheets, clinical case studies, etc. must be available for site visitors during on-site reviews.
- 3.013 All outcomes assessment data/documentation must be maintained (electronic or hardcopy) for at least five (5) years.
- 3.014 CoARC has established minimum performance criteria (thresholds) for each of the outcomes assessments (See www.coarc.com). The program must meet the outcomes assessment thresholds, as documented in the Annual Report of Current Status.
- 3.015 Resource assessment must be performed annually (*Standards 3.07 and 3.08*) using CoARC's Student and Program Personnel Resource Assessment surveys (www.coarc.com). Resource Assessment data from any portion of the program with a separate ID number (base and program options must be derived separately, using evaluation instruments that are appropriately modified (e.g., CoARC Polysomnography Resource Assessment Surveys), or specially developed for this purpose. Programs must maintain on-going resource assessment documentation including purpose, measurement system, dates of measurement, results and analysis, action plans and follow-up. Programs must assess each resource using a minimum of two evaluation instruments.
- 3.016 Periodically the Commission may verify data/documentation related to outcomes and resource assessment through an audit and/or unannounced on-site review.
- 3.017 Each program must undergo a comprehensive evaluation (i.e. a Continuing Accreditation Self Study and On-Site Review) at least every ten (10) years. Two (2) years prior to the CoARC reaffirmation date, the program will receive notification to prepare a Continuing Accreditation Self Study Report, which must be completed and returned within six (6) months. A completed *CoARC Accreditation Services Application* must also be submitted with the CSSR. Failure to submit the CSSR, *CoARC Request for Accreditation Services Application* and appropriate fees within this time period or failure to comply with these Accreditation Policies will result in Administrative Probation and may lead to Withdrawal of Accreditation.
- 3.018 For those programs with a separate CoARC ID number for program options, the options are treated as separate entities for accreditation decisions by CoARC. An adverse accreditation decision of any of these options will not necessarily affect the accreditation status of the base program. However, a decision of Withdrawal of Accreditation of the base program will trigger an automatic Withdrawal of Accreditation for all program options.

SECTION 4.0: ACCREDITATION REMEDIATION

4.01 Remediate Deficiencies

CoARC stands ready to assist the program in identifying deficiencies and implementing action plans to remediate any deficiencies. The nature of the remediation is related to the deficiencies in meeting the *Standards* and program outcome thresholds. The Commission may change an accreditation status based on the program's ability to remediate deficiencies in a timely manner.

4.02 Remediations may include:

- Annual Report of Current Status (RCS) with Analyses and Action Plans
The RCS shows the program's outcomes results in relation to the thresholds. Any program 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.
- Progress report
CoARC requires a program to submit documentation addressing any *Standard* not met (i.e. citation) as a progress report. A Standardized Progress Report (series of questions developed by the CoARC) may be requested by CoARC for a variety of deficiencies including attrition, job (positive) placement, and credentialing success (www.coarc.com). The decision to request a progress report is made by the Program Referee or Board after review of the recommendation(s) and other documents associated with the accreditation review process. The progress report must be submitted within the specified period of time addressing the standard(s) with which the program has been found to be in non-compliance. The Progress report will constitute the basis for Commission action. The action is either to accept the report, finding the program in compliance with all CoARC Standards, or if the program does not demonstrate compliance with the *Standards*, within the specified time frame stated on the progress report, the Commission may either (1) request an additional progress report or (2) confer a Probationary Accreditation status.
- Focused On-Site Review
When a program has not made sufficient progress in addressing citation(s) and/or a RCS shows substantial sub-threshold performance, the Commission may conduct an on-site review focusing on those deficiencies.
- Comprehensive Review
If a program fails to meet the *Standards* and outcome thresholds, the Commission may conduct a comprehensive review prior to the ten (10) year reaffirmation date.

4.03 Submission of Necessary Documentation

All requested and scheduled documentation (Progress Reports, Self Study Reports, Reports of Current Status, etc.) must be submitted to the Executive Office and Program Referee in a timely manner. To ensure that the Commission has adequate time to review this information, the CoARC shall determine the date by which documentation must be received. While addenda to and revisions of submitted documentation will be accepted up to the due date, the CoARC and Program Referee will **ONLY** consider requested revisions of documentation received after the due date.

Failure to submit necessary information within the time frame established by the Referee will result in administrative probation.

4.04 Correspondence to Programs

All CoARC correspondence relative to the programmatic accreditation status will be directed to the Chief Executive Officer of the sponsoring institution and copied to the Dean, and Program Director. General correspondence from the Executive Office/Referee will be directed to the author of the inquiry and, if appropriate, copied to the Chief Executive Officer or Program Director. By Commission action or Executive Committee directive the CoARC may require correspondence to be addressed to individuals for specific purposes.

SECTION 5.0: SITE VISITS

Please refer to the Site Visitor Manual (www.coarc.com).

SECTION 6.0: PERSONNEL

6.01 Key Personnel

6.011 Key Personnel are the Program Director, the Director of Clinical Education, and the Medical Director.

[Note: as of January 1, 2002 all Program Directors and Directors of Clinical Education assuming new positions must possess a minimum of a baccalaureate degree. Program Directors and Directors of Clinical Education hired prior to January 1, 2002 who possess an Associate Degree continue to be approved, but only in that position in that program.]

- A. Program Director: Programs must have a Program Director who is full-time and qualified as defined by *Standards 2.03, 2.05-2.07*.
- B. Director of Clinical Education: Programs must have a Director of Clinical Education who is full-time and qualified as defined by *Standards 2.03, 2.10-2.12*.
- C. Medical Director: Programs must have a Medical Director who should be an appropriately licensed physician with qualifications as defined by *Standard 2.14*.
- D. An individual cannot concurrently hold more than one key personnel position at that program or at another CoARC accredited program or a program holding a Letter of Review.
- E. Polysomnography option: For those programs offering the polysomnography option, there must be a Sleep Disorders Specialist (CRT-SDS or RRT-SDS) or a Registered Polysomnographic Technologist (RPSGT), (who is preferably also a Registered Respiratory Therapist), designated as the primary instructor for that portion of the program. While this individual may be either of the two Key Personnel noted above, (should s/he meet polysomnography qualifications), under those circumstances the program must show that these additional responsibilities are not adversely affecting the education of those students enrolled in the base Respiratory Care program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must possess at least an Associate Degree, and have at least two (2) years of clinical experience in sleep technology. It is recommended that the individual should have at least one (1) year's experience in an appropriate teaching position.
- F. Vacancies of Key Personnel:
 - 1) For purpose of this section, a vacancy is defined as the permanent loss (e.g., resignation) of an individual in a key personnel position, or a situation in which the Program Director or Director of Clinical Education accepts and assumes the duties of another full-time position at the educational institution or consortium.
 - 2) The Executive Office must be notified of the vacancy as soon as possible, but in no event later than fifteen (15) calendar days following the effective date of the vacancy.
 - 3) Key Personnel vacancies must be filled within thirty (30) days following the effective date of the vacancy. Programs on Letter of Review must use only permanent personnel to fill the vacancy. Programs under Initial or Continuing

accreditation may use either temporary or permanent personnel to fill the vacancy.

- a) For the purpose of this section, the individual responsible for the polysomnography option in programs offering that option shall be considered a 'key person'.
- b) For the purpose of this section, the individual responsible for the international satellite, who meets the qualifications of *Standards 2.03, 2.05-2.07*, with a job description written by the sponsor to functioning as the local program coordinator, shall be considered a 'key person'.

G. Absences of Key Personnel

- 1) For the purpose of this section an absence means that the permanent employee holding the position is on approved leave (e.g., sabbatical, illness).
- 2) When an absence is expected to last more than thirty (30) calendar days, the program must notify the Executive Office of that absence no later than fifteen (15) calendar days following the start of the absence.
- 3) If the absence is expected to exceed sixty (60) days, an acting or temporary replacement must be appointed within thirty (30) days following the start of the vacancy.

H. Temporary Replacement:

- 1) In the case of vacancies or absences of key personnel, a temporary replacement must be named to fulfill all of the duties and responsibilities of the position being replaced as outlined in the applicable *Standards*.
- 2) Temporary personnel must possess a valid registered respiratory therapist (RRT) credential.
- 3) Temporary personnel may not meet all of the qualifications required by the *Standards*.
- 4) Temporary personnel must fulfill all of the duties and responsibilities of the vacated position.
- 5) Programs may have a key personnel position filled on a "Temporary" basis for a maximum of seven (7) months. This seven (7) month period begins from the date of the vacancy and cannot be extended. The temporary position can only be replaced by an individual who meets all of the qualifications for the vacated position.

I. Acting Replacement:

- 1) "Acting" means that the replacement's qualifications meet the *Standards*, but the individual is filling in for the person permanently appointed to that key personnel position.
- 2) Programs may have a key personnel position absence filled on an "Acting" basis for up to six (6) months. This six (6) month period begins when the vacancy or absence commences.
- 3) If it appears that the absence of the permanent key person is going exceed six (6) months, the program may request prior approval from the Executive Office for an additional six (6) months.
- 4) If it appears that the absence of the permanent key person is going to exceed twelve (12) months, a request for prior approval of a further extension of up to six (6) months may be submitted to the Executive Office for consideration. However, in no event may a key personnel position be held by acting personnel for more than eighteen (18) months.
- 5) The Executive Office must confer with the Chair of the Commission prior to approving any extension beyond the initial six (6) month period.

J. Failure of the program to meet any of the above notification requirements (6.011) will result in Administrative Probation. In addition, the deficiency will be brought

before the Commission and may result in an adverse accreditation decision. (For programs holding a Letter of Review such action shall be either revocation of the Letter of Review or Withhold of Initial Accreditation (see CoARC Accreditation Policy 1.050 and 1.051).

6.012 Replacement Notification:

- A. When there is a change in key personnel (Medical Director, Program Director, Director of Clinical Education, or Primary Polysomnography Instructor), whether on a permanent, temporary, or acting basis, the following information for the replacement must be forwarded to the Executive Office no later than fifteen (15) calendar days following the effective date of replacement.
 - 1) New Program Director, Director of Clinical Education, and Primary Polysomnography Instructor:
 - a) Copy of the institution's *Letter of Appointment*, signed by both, the President/CEO and the appointee, describing the position being offered, effective (start) date, and guarantee of a full time faculty appointment;
 - b) Copy of the individual's college transcript (baccalaureate degree or higher for PD and DCE; associates degree or higher for Primary Polysomnography Instructor) and
 - c) Current CV.
 - 2) Medical Director:
 - a) Copy of letter of acceptance and
 - b) Copy of current CV.
- B. Failure of the program to meet any of the above requirements (6.013) will result in Administrative Probation Failure to fill a vacancy in a timely manner may result in an adverse accreditation decision after the deficiency is identified.

6.013 Documentation on Key Personnel:

(For definition of 'key personnel', programs with the polysomnography option - see Section 6.011.E).

All programs are required to have on site the most recent letter of appointment, letter of agreement, memorandum of agreement, or other such documentation describing the relationship between the sponsoring institution and each of the key program personnel. Any such documents must be signed by both parties, thus confirming offer and acceptance of the appropriate position.

6.014 Additional Personnel

Based on the Annual Report of Current Status a program should provide at least one additional full-time equivalent faculty who meet the qualifications of *Standard 2.15* for each 100 students and/or each 30 clinical/satellite locations.

SECTION 7.0: CLINICAL AFFILIATES

- 7.01 Educational programs in Respiratory Care must establish and maintain written affiliation agreements with all clinical sites. These agreements must delineate the relationship, role, and responsibilities of both parties, and address the conditions for renewal/cancellation. They must be signed by both parties and periodically reviewed to ensure that they are compatible with current practices. All clinical affiliation agreements must be available for inspection by site visitors during on-site evaluations.
- 7.02 The program must list its current clinical affiliates each year in the Annual Report of Current Status (RCS).

- 7.03 Only approved international satellites are permitted to use clinical affiliates outside the 50 U.S. States.

SECTION 8.0: FISCAL

- 8.01 The current Fee Schedule is available on the CoARC web site. Programs will be notified of changes in fees a minimum of twelve (12) months before implementation. All fees are non-refundable.
- 8.02 A fee (See www.coarc.com) will be charged for new programs at the time of the submission of the Letter of Intent Application (See Section 2.00). This fee will also be due when a program requests the Executive Office to establish an additional option.
- 8.03 There will be an evaluation fee (See www.coarc.com) due with the Letter of Review Self-Study Report.
- 8.04 There will be an evaluation fee due with the Continuing Accreditation Self Study Report (CSSR).
- 8.05 There will be an annual fee for accreditation services set by the Commission (See www.coarc.com) including those for any additional options. Fee(s) is/are billed for each program offering with a CoARC ID number.
- 8.06 Payment of accreditation fees and other charges must be made within a reasonable period of time as determined by the Commission.
- 8.061 Invoices are e-mailed on or before December 1st of each year and are due by January 31st of following year. A notification will be included that states if the invoice is not paid by March 1st the program will be placed on Administrative Probation. Once all fees and/or penalties have been submitted the Administrative Probation status will be removed. (For programs holding a Letter of Review failure to pay fees will result in either revocation of the Letter of Review or Withhold of Initial Accreditation (see CoARC Accreditation Policy 1.050 and 1.051).
- 8.062 Any program that has not paid the original invoice by March 1st will be assessed an additional 10% of the original invoice amount as a late fee and will be notified by certified mail, return receipt requested, that they have been placed on Administrative Probation.
- 8.063 Programs that have not paid their annual fee by April 1st will be e-mailed an updated invoice assessing an additional 5% of the original invoice amount as a late fee.
- 8.064 Programs that have not paid their annual fee by May 1st will be e-mailed an updated invoice assessing an additional 5% of the original invoice amount as a late fee.
- 8.065 Programs that have not paid their annual fee by June 1st will be assessed an additional 5% of the original invoice amount as a late fee and will be placed on the agenda of CoARC's next meeting for a recommendation of Withdrawal of Accreditation, Withhold of Accreditation, or Revocation of Letter of Review. This notification will be made by certified mail, return receipt requested.
- 8.07 Failure to pay fees associated with submission of self-studies will result in a postponement of the review process until such fees are paid.

SECTION 9.0: REQUEST FOR SUBSTANTIVE CHANGES

A substantive change is one that the CoARC believes is significant enough to require the program to notify the Commission of its occurrence. The sponsor must report substantive change(s) to the appropriate parties no less than six (6) months prior to the intended date of implementation, with the exception of an adverse action by appropriate institutional accrediting agency or a change in the program's institutional accreditation status. Such a change requires an immediate notification to the CoARC.

If a sponsoring institution that offers a CoARC-accredited respiratory care program has a change in its institutional accreditation status, the sponsor shall immediately submit to the CoARC Executive Office a report explaining the reason(s) for the status change, the effect of the decision on the program, and plans made by the sponsoring institution, if any, to address the change in status.

CoARC is responsible for reviewing all substantive changes that occur between regularly scheduled comprehensive on-site evaluations to determine whether or not the change has affected the quality of the total program and to ensure the public that all aspects of the professional program continue to meet defined standards. While the decision to implement a substantive change is an institutional prerogative and responsibility, CoARC is obligated to determine the effect of any substantive change on the program's ability to meet the *Standards* and *Policies*.

It is the responsibility of the sponsor to follow the Substantive Change policies and procedures of CoARC and to inform CoARC of such changes in accord with those procedures. In general, a program considering or planning a substantive change should notify CoARC early in the institution's planning. Such notification will provide an opportunity for a program to seek consultation from CoARC Executive Office staff regarding the potential effect of the change on the accreditation status and the procedures to be followed. If an accredited program is unclear as to whether a change is substantive in nature, it should contact the CoARC Executive Office for consultation.

If a program fails to follow this substantive change policy and its procedures, the program may be subject to an adverse accreditation action.

The information provided by the program need not be extensive but must provide sufficient detail about the change so that the effect of the change on the accredited program can be assessed.

The CoARC Executive Office will review the substantive change application to ensure all questions of compliance with the *Standards* and *Policies* are met with the implementation of the change. Approval of the change is granted when compliance is demonstrated.

After reviewing the information that the program has submitted regarding a substantive change, the CoARC Executive Office will notify the program of:

1. The need for additional information or clarification;
2. The need to arrange a focused site visit or change the date of the next scheduled site visit;
3. A recommendation being made to the CoARC Board to require a progress report;
4. Approval of the change with no further documentation required.

An Application for Substantive Change (available at www.coarc.com) along with a cover letter on institutional letterhead must be sent to the Executive Office prior to implementing any of the following changes describing the nature of the change and the projected implementation date. In addition to the above, the sponsor must follow any additional procedures described below. Substantive Changes to be reported to CoARC within the time limits prescribed include:

9.01 Change of Ownership/Sponsorship/Legal status or Change in Control (See *Standards 1.01 and 1.02*)

Prior to a change in sponsorship or ownership or change in control the following must be submitted to the Executive Office:

- 1) The proposed date of the change

- 2) Name of the new sponsor(s); identification of the consortium members (when appropriate)
- 3) The Chief Executive Officer of the new sponsoring organization(s)
- 4) Address and phone number of the new sponsoring institution(s).
- 5) Depending on the changes occurring in conjunction with the change in sponsorship or ownership or change in control
 - a) If the program key personnel change the sponsor must submit key personnel information (See Section 6.0)
 - b) If the program relocates to a new physical location within the same community the sponsor must submit an updated Resource Assessment Matrix (RAM) and a Clinical Site Affirmation Form for all new clinical sites.
 - c) If the program relocates to a new community, the sponsor must reinitiate accreditation by submitting a Letter of Intent Application and required documentation (See Section 1.09 & 2.02). Such a change is not considered to be simply a change in sponsorship or ownership or change in control by CoARC. CoARC will assign a new program ID number and the program will be required to submit a new Annual Report of Current Status (RCS).

9.02 Change in degree awarded

The documentation submitted must include evidence that these changes have been approved by the program's Advisory Committee as well as an explanation of the new degree requirements. (See *Standard 1.01*).

9.03 Change in program goal(s)

This includes any change in the established mission or goals of the institution or program. The documentation submitted must include evidence that these changes have been approved by the program's Advisory Committee.

9.04 Change in the curriculum or delivery method

Curricular revisions that represent a significant departure in either content or method of delivery, from those that were offered during the program's previous accreditation cycle including:

1. A substantial change in the number of clock or credit hours required for successful completion of the program;
2. A significant change in the length of the program;
3. The use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g. 25% or higher).

The documentation submitted must also include evidence that these changes have been approved by the program's Advisory Committee.

9.05 Addition of the Polysomnography option

(See Accreditation Policy 2.03)

9.06 Request for Inactive Accreditation Status

(See Accreditation Policy 1.059)

9.07 Withdrawal of Accreditation – Voluntary

(See Accreditation Policy 1.057)

9.08 Key Personnel Vacancy/Replacement

(See Accreditation Policy 6.0)

9.09 Addition of (a) Satellite location(s)

(See Accreditation Policy 2.04)

9.10 Increase in Enrollment Request

A Substantive Change in enrollment is defined as an increase in maximum annual enrollments by more than 20% or 6 students, whichever is larger. Only base programs and program options with a status of Continuing Accreditation without any pending Progress Reports are eligible to request an increase in their annual enrollment. Base programs and program options that increase their enrollments below 20% or 6 students can do so only once every three (3) years without submitting a Request for Substantive Change. Programs on Probationary Accreditation are prohibited from increasing the number of cohorts or enrollment numbers per cohort until Probationary Accreditation is removed. Prior to implementing the increase in the proposed maximum enrollment the sponsor of the program must:

- 1) Notify the CoARC of the size of the proposed increase;
- 2) Submit supportive documentation from the program's Advisory Committee;
- 3) Submit a resource assessment matrix documenting how program resources will accommodate the increased enrollment;
- 4) Submit the CoARC Clinical Site Affirmation Form for Existing Programs (available at www.coarc.com) from each new clinical site that the program proposes to use, as well as from those existing clinical sites that are increasing the number clinical slots.

9.11 Change in Program Location or Clinical Affiliates

- A. When the program changes its campus location and/or teaching facilities (i.e. lab, classrooms, etc.) or
- B. When there are changes to the clinical affiliates, the sponsor must submit the CoARC Clinical Site Affirmation Form for Existing Programs (available at www.coarc.com) from each new clinical site that the program proposes to use.

SECTION 10.0: COMPLAINT PROCEDURE

- 10.01** It is the policy of CoARC to review all complaints received from any source, including students, against either an accredited program or CoARC itself that are related to compliance with CoARC's standards, policies, and procedures and to resolve any such complaints in a timely, fair, and equitable manner using established timelines for each step of the complaint procedure. Furthermore, it is the policy of CoARC to retain all documentation associated with any such complaint received against an accredited program for a period of not less than one accreditation cycle (typically ten years), and for a period of not less than five (5) years for any complaints received against CoARC itself.
- 10.02** Unless the complaint of conduct potentially constitutes a violation of the *Standards* or established Accreditation Policies or Procedures, CoARC will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, grades, appointment, promotion, or dismissal. CoARC cannot assume authority for enforcing the policies of programs or institutions regarding faculty, professional staff, or student rights. The CoARC's role is to ensure that the policies and procedures of an institution regarding complaints are implemented fairly and as written, or if policies are not present, to make certain that such policies and procedures of a program are developed and implemented. A copy of the *Standards* may be obtained through the CoARC Web site (www.coarc.com) or by contacting the CoARC Executive Office.
- 10.03** Before submitting allegations, the individual should first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to CoARC:

Executive Director
Commission on Accreditation for Respiratory Care

1248 Harwood Road, Bedford, TX 76021-4244
Ph: (817) 283-2835 Fax: (817) 354-8519
E-mail: tom@coarc.com

10.04 To receive formal consideration, all complaints must be submitted in writing to the CoARC Executive Office that:

- a. describes the nature of the allegation and the related accreditation *Standards* or accreditation policies or procedures that the complainant believes are not being met by the program;
- b. documents that the complainant has made reasonable efforts to resolve the complaint, or alternatively that such efforts would be unavailing; and
- c. is signed and dated by the complainant.
- d. contains a return postal address and phone number.

10.05 If the complaint indicates circumstances which, if substantiated, would indicate areas of noncompliance with accreditation standards, the Executive Director will contact the complainant to (1) obtain additional documentation or corroboration, if needed, and (2) request a signed release form granting permission to CoARC to send a copy of the complaint to the sponsoring institution's Chief Executive Officer and Program Director for a response. If the complainant does not comply with either request, the file will be closed and no further action will be taken. The CoARC will not contact the sponsoring institution concerning the complaint until such permission is received. However, the CoARC cannot proceed with its review unless the institution is permitted to see the complaint and to respond to specific charges in the complaint.

10.06 The CoARC shall attempt to maintain the confidentiality of complaints and any corroborating material. However:

- A. Any information about a program may be released to the Chief Executive Officer or Program Director, members and staff of the CoARC, their respective attorneys, and other persons authorized by the sponsoring institution, required by law or necessity, at the discretion of the CoARC, to fully investigate the complaint; and
- B. The complainant will be required to sign an authorization to release the written complaint and corroborating materials to the sponsoring institution, staff and Board members of the CoARC, their respective attorneys, and appropriate outside parties.

10.07 CoARC will not investigate complaints that are not in writing or that are anonymous. Receipts of all complaints will be acknowledged within fourteen (14) days.

10.08 If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

10.09 Complaint Process against a Respiratory Care Program

Procedure	Timeline
The complaint is submitted to the CoARC Executive Office as a written, signed, and dated statement using the method specified in Policy 10.04. The CoARC Executive Director	

will make an initial determination of whether the complaint or comment contains issues relating to the program's compliance with accreditation Standards.	
The CoARC Executive Office responds to the complainant in writing that a copy of the complaint is being forwarded to the program director and the chief executive officer of the sponsoring institution. The complainant will be notified only whether an investigation will be undertaken or not. The complainant will not be informed of the result of any such investigation.	Within fourteen (14) days of receipt of the complaint.
The CoARC Executive Office sends a copy of the complaint to the program director and chief executive officer for a response.	Within fourteen (14) days of receipt of the complaint.
The institution's response to the complaint is submitted to the CoARC Executive Office for review by the CoARC Executive Committee.	Within thirty (30) days.
If the analysis by the CoARC Executive Committee finds that the Standards have not been violated and policies and procedures have been implemented fairly and as written, the Executive Office will complete the file by sharing this finding in writing with the institution.	Within fourteen (14) days.
If the analysis by the CoARC Executive Committee finds that (a) one or more <i>Standards</i> were violated, or (b) the CoARC policies and procedures were not being followed or (c) the CoARC policies and procedures were not implemented fairly and/or completely, the complaint will be submitted to the CoARC Board of Commissioners for further action. The program will be informed of the Executive Committee's findings and be allowed to provide a written response to include any corrective action the program has taken and/or plans to take to address the findings.	Within fourteen (14) days.
The CoARC Board can (a) accept the recommended corrective action, (b) request additional documentation of corrective action, (c) request a focused site visit, and/or (d) place the program on probationary accreditation. The CoARC reserves the right to notify the program's institutional accreditor of the final action taken.	At the next scheduled meeting, complaints are to be referred to a subsequent CoARC Board meeting if the next scheduled meeting does not allow the fourteen (14) to thirty (30) day response time by the CoARC Executive Office and the thirty (30) day response time by the program director.

10.10 Complaint Process against CoARC

10.10(a) The Executive Committee of the CoARC receives complaints made against the CoARC staff, Commissioners, program referees, or site visitors with respect to monitoring a program's compliance with CoARC Standards or adherence to accreditation policies or procedures. When such a complaint is received, the Executive Committee, operating under the Conflict of Interest Policy, appoints a special committee to investigate the complaint in a timely, fair, and equitable manner. Commissioners shall not participate in any capacity on the special committee.

10.10(b) CoARC is dedicated to providing a sustained quality of program evaluation and review. Established procedures are followed when complaints are received alleging that CoARC has not complied with established accreditation practices, including noncompliance with its own policies and procedures, exceeding its scope as defined by the *Standards*, the behavior of its on-site evaluation team members, or noncompliance with the *Standards*. CoARC will not consider complaints that include matters pertaining to an adverse accreditation action or citing of areas of noncompliance. If a program wishes to appeal an adverse action, it should refer to the Requests for Reconsideration and Appeal in Section 1.07.

No institution or person who, in good faith, makes a complaint against CoARC, its members, agents, or its staff will be subject to harassment, retaliation, or adverse accreditation decisions by virtue of having lodged the complaint.

10.10 (c) Procedure and Timeline

Procedure	Timeline
The complaint is submitted to the CoARC Executive Office as a written, signed, and dated statement with supporting evidence.	
The CoARC Executive Office shall forward the complaint to the CoARC Chair.	Within fourteen (14) days of receipt of the complaint.
The CoARC Chair shall review the complaint and may request, as necessary, additional information from the complainant or the CoARC staff.	Within fourteen (14) days of receipt of the complaint.
The Chair will appoint a special committee of three persons composed of: <ul style="list-style-type: none">• 2 representatives from COARC accredited programs;• 1 public member.	Within thirty (30) days.
If the analysis by the CoARC Executive Office finds that the policies and procedures have been implemented fairly and as written, the Executive Office will complete the file by sharing this finding in writing with the complainant and the program director.	Within fourteen (14) days.
The special committee presents its findings to	At the next scheduled Board meeting.

the CoARC Board for action.	
<p>The CoARC Board can:</p> <p>(a) Affirm that policies and procedures have been applied appropriately and/or</p> <p>(b) Recommend changes to be made.</p>	The special committee report is to be referred to a subsequent CoARC Board meeting if the next scheduled meeting does not allow a thirty (30) day review time by the special committee.
The complainant will be notified of action taken by the CoARC Board.	Within thirty (30) days of the Board meeting.

SECTION 11.0: CoARC DISCLOSURE OF ACCREDITATION

11.01 The CoARC requires institutions and programs to be accurate in reporting to the public the program's accreditation status.

11.01(a) Publication of a program's accreditation status must include the full name, mailing address and telephone number of the CoARC.

11.01(b) The CoARC requires a program to inform all current students and applicants in writing of the program's accreditation status including changes to its accreditation status.

11.01(c) If a program has not yet been accredited by the CoARC, it must make no reference to accreditation status.

11.02 If a program holds a CoARC Letter of Review the program's sponsor, in at least one of its comprehensive publications customarily used to officially convey institutional information must use the following language when referring to that status:

"The *[name of program, campus location, if applicable]* holds a Letter of Review from the Commission on Accreditation for Respiratory Care (www.coarc.com)."

Commission on Accreditation
for Respiratory Care
1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-2835

11.03 Public use of CoARC Accreditation Status by Programs and Sponsoring Institutions

A. If a program has not yet been accredited by CoARC, the sponsor must make no reference to an accreditation status for that program.

B. If a program has CoARC accreditation, the sponsor must use the following language when referring to that accreditation:

1. In at least one of its comprehensive publications customarily used to officially convey institutional information, it must state:

"The *[name of program, campus location, if applicable]* is accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com)."

Commission on Accreditation
for Respiratory Care

1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-2835

2. Provided the requirements of paragraph B.1 have been met, when the sponsor additionally publishes the accreditation status of the program, it must state:

"The *[Name of Program, campus location, if applicable]* is accredited by the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com)."

Commission on Accreditation
for Respiratory Care
1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-2835

3. Provided the requirements of paragraph B.1 have been met, the sponsor may choose, but is not required, to include the program accreditation statement in small publications such as newspaper ads, flyers, pamphlets, etc.
- C. If a program has been placed on Probationary Accreditation by CoARC, it must inform all students and applicants in writing, and must disclose this sanction whenever reference is made to its accreditation status, by including the statement:

"*[Name of Program, campus location, if applicable]* is accredited by the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com). The program has been placed on Probationary Accreditation as of *[date of Probation action]*".

Commission on Accreditation
for Respiratory Care
1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-2835

Since **Probationary Accreditation** is a temporary status, publications that are published less frequently than once a year (e.g., catalogues) are not required to carry the above wording. However, whenever such publications are distributed to the program's current students or potential applicants, they must include an insert containing the above language. Any promotional pieces, print advertisements or areas on the program's website that make reference to accreditation status must include the above language about **Probationary Accreditation**."

NOTE: The failure of a program to disclose its CoARC accreditation status in an accurate and timely fashion is a violation of *Standard 5.02*.

SECTION 12.0: ACCREDITED AND DEGREE ADVANCEMENT PROGRAMS

12.01 Institutions Offering both Accredited and Degree Advancement Programs in Respiratory Care

Institutions offering both accredited first-professional degree programs and degree advancement programs (other than continuing education programs) have an obligation to explain program differences to potential students and the community. Therefore, any information publicizing the institution's programs should indicate which programs are accredited by the CoARC and which are not. Because establishment of a degree advancement program may dilute the instructional resources available for the accredited program, the CoARC reserves the right to request information about such a program and its relationship to the accredited program. Institutions currently offering a degree advancement program must provide information related to the program as requested.

Institutions planning to offer such a program must provide information about the program and its relationship to the accredited program in compliance with the CoARC's policy on reporting substantive changes (see Section 9.0).

12.02 First-Professional Degree Programs

A First-Professional Degree Program is an educational program designed to provide students who possess no prior competence in respiratory care, with the knowledge and clinical skills required to function competently as a registry-eligible respiratory therapist. Conferral of the first-professional degree requires completion of a program that meets all of the following criteria: completion of the academic prerequisites to become a registry-eligible respiratory therapist; requires at least two years of college-level study upon completion of the program; and is awarded after a period of study such that the total registered time to the degree, including both pre-professional and professional study, is equivalent to the acceptable level required of an associate's degree. A first-professional degree program must adhere to the CoARC Accreditation Standards for the Profession of Respiratory Care. A first professional degree in respiratory care is generally required by law or custom to practice the profession.

12.03 Degree Advancement Programs

A Degree Advancement Program is an educational program designed especially to meet the needs of the practicing respiratory therapist who, having already completed an accredited respiratory care program with an earned first professional degree is returning to school to obtain an advanced degree.

Degree advancement programs in respiratory care should only admit students who have already completed an accredited associate's degree program in respiratory care. Emphasis in degree advancement programs is placed on teaching professional skills at an advanced, intensive level. Degree advancement programs shall not include in its curriculum, respiratory care coursework designed to prepare graduates to be eligible for either the NBRC CRT or RRT examinations. Such coursework should already have been covered in the first professional degree program that the student completed. CoARC does not accredit degree advancement programs. Sponsoring institutions that offer degree advancement programs are not required to report outcomes data to CoARC. However, the sponsor must not include outcomes data for graduates of degree advancement programs when reporting outcomes data for graduates of first professional degree programs. A sponsor that offers a degree advancement program AND a first professional degree program must provide CoARC with an explanation of any discrepancies between the NBRC Annual School Summary and Annual Report of Current status as a result of offering both programs.

12.04 CRT to RRT Completion Programs

A *CRT to RRT Completion Program* is an educational program designed especially to meet the needs of the practicing respiratory therapist who, having already completed an accredited (100-level) respiratory care program is returning to school to complete program (200-level) requirements in order to meet eligibility requirements of the NBRC RRT examination. Emphasis in CRT to RRT completion programs is placed on teaching the didactic, laboratory, and clinical competencies required of a registered respiratory therapist. Sponsoring institutions that offer CRT to RRT completion programs are not required to report outcomes data to CoARC. However, the sponsor must not include outcomes data for graduates of CRT to RRT programs when reporting outcomes data for graduates of first professional degree programs. A sponsor that offers a CRT to RRT completion program AND a first professional degree program must provide CoARC with an explanation of any discrepancies between the NBRC Annual School Summary and Annual Report of Current status as a result of offering both programs. CoARC will accept a Credential Verification letter from the NBRC, a copy of the CRT certificate issued by the NBRC or a report from the NBRC showing the name of each individual student receiving the CRT credential as evidence of students attaining the CRT credential prior to enrollment in a program.

SECTION 13.0: SPECIAL CERTIFICATE OF COMPLETION FOR CRT/RRT ELIGIBILITY

13.01 Accredited baccalaureate degree programs or higher offered as the first professional degree may grant specific certificate(s) of completion allowing students to apply for the CRT and/or RRT Practitioner credentialing exams after completion of science, general academic and respiratory care coursework commensurate with the requirements for an associate degree in their state/region.

13.02 A program seeking CoARC approval to implement issuing a Certificate to enter the NBRC credentialing system must submit the following to the CoARC Executive Office:

- A. A cover letter requesting approval to issue a "Special Certificate of Completion" from the program. The signatures of the Program Director and Dean (or administrator that is responsible for the program) must be included on this letter.
- B. Provide the requirements mandated by the state that must be met for an institution to award an Associate Degree. Include copies of any approval letters obtained from state agencies.
- C. Provide the requirements mandated by the institution's "institutional accrediting agency" that must be met for an institution to award an Associate Degree.
- D. Provide a "complete" Degree Plan of the entire program and "BOLD" all courses (both general academic and respiratory core courses) necessary to meet state requirements and institutional accreditor, requirements. The program must also provide the Detailed Content Outline Comparison for the NBRC CRT Test Matrix.
- E. State the number of credit hours and the point in the Degree Plan at which the program wishes to routinely award the "Special Certificate of Completion."
- F. Submit the completed request to the CoARC Executive Office for review. Upon approval by the CoARC Board, a "Letter of Special Certificate of Completion" will be awarded to the program and the NBRC will be notified of the program's authorization to award this certificate.

13.03 The Special Certificate of Completion Option is a provision made only available to accredited baccalaureate degree programs or higher offered as the first professional degree. The option to

award a Special Certificate of Completion is at the discretion of the program and not a CoARC requirement.

SECTION 14.0: ETHICAL STANDARDS OF PRACTICE

14.01 Ethical Standards

The CoARC Commissioners, staff and volunteers adhere to ethical standards of practice in all CoARC- related activities.

14.02 Conflict of Interest

Conflict of interest refers to any situation in which a Commissioner, committee member, staff or site visitor of the CoARC stands to gain materially from his or her association with the CoARC.

14.02(a) A conflict of interest also exists when any Commissioner, staff or volunteer (or immediate family) of the CoARC is directly associated with or stands to realize financial or similar tangible personal or proprietary gain as a result of any action of the CoARC. Similarly, any Commissioner, staff, or volunteer shall not enter into employment relationships with persons or activities directly or indirectly detrimental to the CoARC.

14.02(b) All Commissioner and committee members of the CoARC will sign annually a statement that acknowledges they have read and understand CoARC's Conflict of Interest and Confidentiality Statements [See Appendices]. Signed statements are maintained in the Executive Office.

14.03 Confidentiality

All non-public information generated or received by the CoARC that relates to a program's accreditation status (including but not limited to accreditation letters, survey reports and progress reports) is confidential and will not be released unless authorized by the program or required by law. The following information will not be treated as confidential and may be released to the public:

- CRT credentialing success;
- RRT credentialing success;
- Attrition;
- Job placement;
- Total number of program enrollees;
- Total number of program graduates
- On-time Graduation Rate
- Current Status of Public Recognition
- Programs that have submitted a Letter of Intent application
- Programs holding an Approval of Intent

14.04 Discrimination

As a national accreditor of respiratory care education programs, the CoARC values equality of opportunity, human dignity, gender, age, race, sexual orientation, cultural and ethnic diversity in all aspects related to the accreditation process. Accordingly, the CoARC prohibits and does not engage in discrimination or harassment of individuals, programs, or institutions on the basis of

race, color, religion, national origin, gender, age, sexual orientation, disability or status as a veteran or disabled veteran, affiliation, status, size or fiduciary resources.

14.05 Ownership of Records

All materials submitted to the CoARC (e.g. Self Study documents, Progress Reports, Annual Reports, and Reconsideration and Appeals materials) shall become the property of the CoARC and may not be returned.

14.06 Cost of Compliance with Third-Party Discovery Requests

The cost of compliance with third-party discovery requests made on the Commission with regard to accredited programs or Letter of Review programs can be high and cannot be reasonably anticipated for budgeting purposes. To defray these costs in part, where reimbursement for copying and delivery costs is not offered to the Commission by the party serving the subpoena or document request, the Commission may charge copying and delivery costs at a reasonable rate to the accredited program or Letter of Review program the documents of which are the object of the subpoena or request.

SECTION 15.0: RESEARCH USING THE EXECUTIVE OFFICE

The Commission encourages the use of Executive Office program records for legitimate research purposes under the following conditions:

- 15.01** Requests for authorization shall be submitted in writing to the Executive Director, along with documentation of prior approvals (e.g., institutional human subject committee) as applicable.
- 15.02** Requests will specify the purpose of the research project, the sponsorship of the project, if any, the names of all the individuals involved and the proposed use of the completed report.
- 15.03** The records requested for review and the estimated time required to complete the review will also be specified.
- 15.04** The Executive Director will provide the Commission via email with a summary of the proposal, his comments, and recommendations.
- 15.05** The Commission will review the proposal and advise the applicant in writing if the project is approved. The estimated cost will be provided to the applicant.
- 15.06** If the project is approved, the applicant will receive and sign an agreement providing that:
 - 15.06(a) Information obtained from program records must not be used in such a way that specific programs can be identified;
 - 15.06(b) The project may not be disruptive to routine office activities;
 - 15.06(c) Expenses incurred by the CoARC as a result of the project (e.g. personnel costs, use of copiers, telephones, etc.) shall be reimbursed to the CoARC at cost;
 - 15.06(d) The finished report will be promptly submitted to the Executive Director upon completion and will not be disseminated without the written consent of the CoARC, and;
 - 15.06(e) The finished report contains the following disclaimer:

"The author wishes to thank the CoARC for permission to use program records and for technical assistance. The analysis and opinions contained in the report are those of the author(s). All compilations of data from the records made available were prepared by the author(s) who is/are solely responsible for the accuracy and completeness of the compilations. CoARC is not a party to nor does it sponsor or endorse the report."

- 15.07 The CoARC reserves the right to review and comment on the finished report before any publication.

SECTION 16.0: USE OF COARC LOGO

- 16.01 The Commission on Accreditation for Respiratory Care (CoARC) logo is the exclusive property of CoARC and is protected by law. It may not be reproduced or published outside of the authorized uses listed below without prior written approval from the Commission on Accreditation for Respiratory Care.
- 16.02 This policy is for use by CoARC accredited professional programs in respiratory care and other parties wishing to use CoARC's logo, marks or images in promotional, advertising, instructional or reference materials; or on their web sites, products, labels or packaging. Any person or entity using a CoARC trademark, in whole or in part, acknowledges that CoARC is the sole owner of the trademark and agrees that it will not interfere with CoARC's rights in the trademark, including challenging CoARC's use, registration of, or application to register such trademark, alone or in combination with other words, anywhere in the world, and that it will not harm, misuse, or bring into disrepute any CoARC trademark. The goodwill derived from using any part of a CoARC trademark exclusively inures to the benefit of and belongs to CoARC. Except for the limited right to use as expressly permitted under this policy, no other rights of any kind are granted hereunder, by implication or otherwise. Use of the logo is subject to revocation and withdrawal by CoARC when, in its sole judgment, its continued use would not serve the best interests of CoARC or the public.
- 16.03 A CoARC-accredited first professional degree program in respiratory care may use the CoARC logo in printed and electronic formats. Such use must always be in close conjunction with a prescribed statement identifying the name of institution's program and its accreditation status as defined in Section 11 of this document. The CoARC Logo shall display the appropriate registration designation; i.e., ®.

If there are any questions regarding this policy or any user would like to receive camera-ready or electronic copies of the CoARC logo, please contact the Executive Office at:

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244
Tel: (817) 283-2835
Fax: (817) 354-8519

16.04 Link to the CoARC Website

Web sites that serve as noncommercial electronic informational forums concerning CoARC policies, procedures and services may use the CoARC logo to indicate a link to CoARC's web site at www.coarc.com. The area around the CoARC logo must be clean and uncluttered and the CoARC logo must not be altered, used as a design element or incorporated into any other design, graphic, illustration, or logo on the web site.

16.05 Unauthorized Use of CoARC Logo

CoARC logo: Programs shall not use the CoARC logo in connection with web sites, products, packaging, manuals, promotional/advertising materials, presentations or for any other purpose

except as authorized above without prior written approval from the Commission on Accreditation for Respiratory Care. The CoARC logo may only be used by currently accredited respiratory care programs. The logo may NOT be used by programs that have applied for but not yet received accreditation, *including programs granted a Letter of Review*.

Company, Product, or Service Name: Programs shall not use or register, in whole or in part the CoARC logo, or an alteration thereof, as or as part of a company name, trade name, product name, or service name except as specifically noted in this policy.

Variations, Takeoffs or Abbreviations: Programs shall not alter or use the CoARC logo as design elements or incorporate them into any other design, graphic or illustration for any purpose.

Disparaging Manner: Programs shall not use the CoARC logo in a disparaging manner or in any manner that would impinge upon the integrity of CoARC.

Endorsement or Sponsorship: Programs shall not use CoARC logo in a manner that would indicate or imply CoARC's affiliation with or endorsement, sponsorship or support of a third party product or service.

Merchandise Items: Programs shall not manufacture, sell or give-away merchandise items, such as T-shirts and mugs, bearing the CoARC logo, except pursuant to express, prior written approval of CoARC.

GLOSSARY

While CoARC recognizes and supports the prerogative of institutions to use and adopt the terminology of their choice, it is necessary for the Commission and staff to have a consistent understanding of terminology. With that purpose in mind, the Commission will use the following basic definitions:

Accreditation: is granted when a program is in substantial compliance with the accreditation *Standards*. It remains in effect until due process has demonstrated cause for its withdrawal.

Accreditation Record: All written materials available to the CoARC Board when it formulated its status of public recognition. It contains accumulated evidence germane to establishing an accreditation decision.

Administrative Probation: a status of accreditation when a program has not complied with administrative requirements.

Approval of Intent: an authorization by CoARC indicating that a sponsor's plan to start a Respiratory Care program is acceptable and that the sponsor may submit a Letter of Review Self Study Report (LSSR).

Attrition: Students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in program attrition. (See also Programmatic Enrollment.)

Base program: a Respiratory Care program established by the sponsoring educational institution where the Program Director and Director of Clinical Education are based.

Calendar year (also referred to as 'reporting year'): defined as January 1 through December 31.

CHEA: the Council for Higher Education Accreditation.

Citation: a statement describing non-compliance with an accreditation Standard. The citation includes the text of the relevant Standard, the Rationale for the non-compliance, and the Suggested Documentation to address the non-compliance.

Continuing Accreditation: is conferred when 1) an established, currently accredited program demonstrates continued compliance with the *Standards* following submission of a continuing self-study report and completion of an on-site visit, or 2) a program holding Initial Accreditation has demonstrated continued compliance with the *Standards* during the Initial Accreditation period. Continuing Accreditation remains in effect until the program withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*.

Control: Control means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a corporation, partnership, or individual, whether through the ownership of voting securities, by contract, or otherwise.

Degree Advancement Program: An educational program designed especially to meet the needs of the practicing respiratory therapist who, having already completed an accredited respiratory care program with an earned first professional degree is returning to school to obtain an advanced degree.

Distance Education: Education that uses one or more technologies (i.e. internet, telecommunication, video link, or other electronic media) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. Distance education does not include clinical education or the participation in clinical experiences.

Distance Learning Technologies: Teaching-learning activities characterized by the separation, in time or place, between instructor and student. Courses may be offered through the use of print, electronic, or other media.

Enrolled: Registered for and participating in academic course(s).

International Satellite: see Satellite

Inactive (voluntary) Status: Programs with continuing accreditation may request a period of inactive status. No students may be enrolled or be matriculated in the program during the time period in which the program is inactive. A program may remain inactive for up to two years, after which, if not re-activated, will have accreditation involuntarily withdrawn.

Initial Accreditation: This status is conferred for a limited defined period of time (five years) to a developing program that, at the time of the initial site visit, has demonstrated compliance with the *Standards*. During this time, the program may be subject to Probationary Accreditation or Withdrawal of Accreditation (see [1.054](#) and [1.058](#)). At the end of the allotted time, the CoARC may confer either Continuing Accreditation or Withhold of Accreditation.

Letter of Intent: a written communication from a sponsor to the CoARC that declares the sponsor's intention to start a new Respiratory Care program. Supplementary materials are required as part of the Letter of Intent process.

Letter of Review: This status signifies that a program seeking Initial Accreditation has demonstrated sufficient compliance with the *Standards* through the Letter of Review Self Study Report (LSSR) and other documentation. The conferral of Letter of Review status denotes a developmental program, in which assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated. The conferral of a Letter of Review also authorizes the sponsor to admit its first class of students. It is

recognized by the National Board for Respiratory Care (NBRC) toward eligibility to the Respiratory Care Credentialing Examination(s). Graduates of a program designated as having Letter of Review status have the same rights and privileges as graduates of an accredited program. Following the completion of the first on-site evaluation, the Board will confer Initial Accreditation or Withhold Initial Accreditation.

Matriculated: Officially recognized by a post-secondary academic institution as admitted to and pursuing a degree or certificate in a particular course of study.

Maximum Aggregate Enrollment: is defined as the maximum potential number of first and second year students enrolled simultaneously at any point in time.

Ownership: Ownership or ownership interest means a legal or beneficial interest in an entity, or a right to share in the profits derived from the operation of an entity. The term does not include the interests of a mutual fund that is regularly and publicly traded, of an institutional investor, or of a profit-sharing plan in which all employees of an entity may participate. A change in ownership of an institution that results in a change of control may include, but is not limited to merger of two or more eligible institutions, conversions of the institutions from a for-profit to a nonprofit institution, sale of the institution, transfer of the controlling interest of stock of the institution or its parent corporation, transfer of the liabilities of an institution to its parent corporation, or transfer of assets that comprise a substantial portion of the educational business of the institution (except where the transfer consists exclusively in the granting of a security interest in those assets).

Probationary Accreditation: is a temporary status of accreditation conferred when an accredited program is not in compliance with one or more *Standards* and/or Policies following submission of one or more progress reports, and has not corrected deficiencies identified earlier by the CoARC Board. The program must file a Probation Report as directed by the CoARC Executive Office. However, if at any time during the year, the program is able to rectify all the deficiencies that resulted in Probationary Accreditation and achieve compliance with the *Standards*, the CoARC Board will consider removing the probationary status when review of the Probation Report so warrants. If compliance with the *Standards* is not demonstrated within 1 year, accreditation will be withdrawn. A program may remain on probation for no longer than one year without demonstrable and remarkable extenuating circumstances, in which case probation may be extended for an additional year. In no case will probation status exceed 2 years. A program on probation maintains its current accreditation status and is required to submit an Annual Report of Current Status (RCS) on the original due date. However, review and approval of the Annual RCS does not affect the probationary status. Because probation is not a decision to reaccredit, the original accreditation cycle remains in effect until the CoARC makes a decision, based on the Probation Report, to withdraw accreditation. If the decision is to reaccredit, the original accreditation cycle is continued. A probation decision can be subject to reconsideration but cannot be appealed (See Policy 1.07). Enrolled students completing the program under Probationary Accreditation are considered graduates of a CoARC accredited program. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed.

Program: An organized system designed to provide students with the opportunity to acquire the competencies needed to participate in the respiratory care profession; includes the curriculum and the support systems required to implement the sequence of educational experiences. A sponsor must establish, at a minimum, a base program.

Program Options: additional offerings by a base program holding continuing accreditation with no pending progress reports. Options include Polysomnography Specialty and Satellite (U.S. and International).

Program Outcomes: Performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Examples include but are not limited to: program completion rates, job placement rates, certification pass rates, and program satisfaction.

Programmatic Enrollment: Begins at the point at which the respiratory student enrolls in the first core respiratory care course (non-survey) that is available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used only for calculating programmatic attrition and on-time graduation rates.

Progress Report: A written report that the CoARC requires a program to file to demonstrate that the program has addressed deficiencies specified in a decision letter from the CoARC.

Program Referee: A board member of the Commission on Accreditation for Respiratory Care assigned to a program to serve as the liaison between the program and the Commission. A Referee will provide consultation during the self study process and preparation of the self study report; analyze all documents for compliance with the *Standards* and Accreditation Policies and Procedures; assist the program to identify ways to meet those Standards; communicate with the program concerning clarification of program matters; and recommend appropriate accreditation action to the Commission.

Reporting Year: (see Calendar Year).

Retention: Percentage of students who started on the enrollment date (who began fundamental respiratory care coursework) who are enrolled, graduated, or stopped-out (i.e., reasonably expected to re-enroll at a later date).

Revocation of Letter of Review: If, during the period between conferral of the Letter of Review and the completion of the first on-site evaluation, the CoARC has reason to believe that a program is no longer in compliance with one or more *Standards* and/or these Policies, the sponsor(s) will be notified in writing of such reason(s) and will be required to provide a response to the CoARC and will be given the opportunity to correct any deficiencies in a timely manner. If the program fails to provide sufficient evidence that the deficiencies have been corrected, the CoARC may confer a Revocation of Letter of Review. The Revocation of Letter of Review begins with the notification to the sponsor(s) as to the reason(s) why the *Revocation of Letter of Review* is being conferred. A focused on-site evaluation may be scheduled to verify the evidence of non-compliance with the *Standard(s)* in question. If the program's response is not adequate or if the results of a focused on-site evaluation confirm non-compliance with *Standards*, the Letter of Review Status will be revoked. (See Section 1.07 for Reconsideration and Appeal Policy).

Satellite (U.S. and International): A campus geographically separate from the base program at which didactic or preclinical instruction occurs for all or some of the students enrolled.

Standards: the 2010 CoARC *Accreditation Standards for the Profession of Respiratory Care*, which are the minimum requirements to which an accredited program (or program holding a Letter of Review) is held accountable.

Teach-out plan: A written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.

Withdrawal of Accreditation-Involuntary: a status of accreditation when a program is no longer in compliance with the accreditation *Standards* (See Section 1.07 for Reconsideration and Appeal Policy).

Withdrawal of Accreditation-Voluntary: a status of accreditation when a sponsor notifies CoARC that its program(s) be removed from the accreditation process.

Withhold of Accreditation: A program seeking Initial Accreditation or Continuing Accreditation may have such accreditation status withheld if, following submission of a self-study and completion of a on-site evaluation, the accreditation review process confirms that the program is not in compliance with the

Standards. A program that has had its accreditation status withheld shall no longer be allowed to admit students. Enrolled students completing the program that has been conferred a Withhold of Accreditation are considered graduates of a CoARC accredited program. (See Section 1.07 for Reconsideration and Appeal Policy).

Curriculum Strengths and Weaknesses

UNDERGRADUATE	
Strengths	Weaknesses
Data from last three years relating to student learning outcomes is excellent. Goals are being met in all areas and stretch goals projected to advance student learning outcome expectations. Action Plans have been successful in meeting each Outcome through the listed Methods through mastery testing.	Mastery of comprehensive exam may encourage some students to not fully prepare for the first round of testing knowing they will have additional opportunities to retest until cut-scores are reached.
Outstanding faculty with a combination of PhD faculty and masters-level degrees teaching which helps to bridge the gap between theory and clinical application.	
Department exceeds the SAC minimum 25% of undergraduate classes taught by terminal degree (masters) faculty.	Continue to seek master's degree prepared clinical adjunct faculty.
No RC major courses are taught by GA or TA	
Four-year curriculum design allows students to access the major regardless of completed general education core or support courses due to the integrated nature of the BSRC curriculum.	Previous semesters completed may prolong graduation due to the lock-step sequence required in the major courses
Extensive critical-thinking and problem-solving skill development through clinical simulation software that is incorporated in courses at the sophomore, junior, and senior levels.	Mastery of clinical simulation exercises with specific cut-scores requires students to retest for the same simulation. Some gaming of the system is possible.
Curriculum presented with theoretical courses leading laboratory and clinical learning experiences to enhance theoretical concept learning first.	Semester time lag may promote student forgetting and the need to remediate prior to a laboratory or clinical learning experience.
Extensive clinical education courses with 1,072 clinical clock hours required and no clinical absences permitted to provide a comprehensive generalist clinical skill acquisition.	Lack of local clinical educational facility in San Marcos requires students and faculty to drive to San Antonio or Austin for clinical rotations in carpools.
Multiple clinical rotations through several healthcare facilities provide a diverse experience and a comparison of policy & procedure between various hospitals.	Students must be oriented at each healthcare facility, which takes clinical time away from patient care and skill assessment.
Student mentoring program allows junior majors to instruct and evaluate clinical skills of freshman majors. Provides excellent review for upper classmen and encourages collegial networking.	Faculty supervision of junior-freshman assessment of skills required for continuity and accuracy of evaluation.
Internship during senior year opens avenues for employment of graduating cohort with opportunities made available at the local, state, national, and international levels.	Internships require the student to arrange for housing and lodging on own expenses.
Faculty are all credential, experience respiratory therapists and polysomnographic sleep technologists with current clinical experiences that can be relayed to students for clinical pertinence and evidence-based practice.	

GRADUATE CERTIFICATE PROGRAM

Strengths	Weaknesses
First and only graduate-level accredited polysomnography program in the country.	
Faculty appropriately credentialed in polysomnographic sleep technology and respiratory therapists.	
Students completing senior year of BSRC Program with 12 or less hours remaining can concurrently enroll in the PSG Certificate Program to simultaneously complete the BSRC degree and become RRT eligible and RPSGT eligible.	
PSG Bridge Option allows state/national credentialed healthcare practitioners to transition to sleep technology directly.	Non-RT healthcare practitioners must have a bachelor's degree plus credentials as healthcare provider to qualify for admission.
Texas State Sleep Center is an accredited sleep center that provides on-campus clinical education for students	Merit in observing the operation other sleep labs/centers is forfeited if the San Marcos location is utilized exclusively.
Provides 15 graduate hours that may apply toward the Master of Science in Interdisciplinary Studies (MSIS) degree program through Occupational Education	The 15 graduate hours may apply toward other master's degree programs at Texas State but serve only as a minor and do not count toward the degree requirement
Graduate faculty as instructor of record	Difficulty in finding doctoral prepared credentialed polysomnographic technologists to serve on faculty
Opportunities for students to collaborate with faculty on research projects	
Expertise of the clinical and academic faculty	

Texas State University-San Marcos
Academic Program Student Learning Outcomes Assessment

Year 2009-2010
College/Division Health Professions
Department/Unit Respiratory Care
Program Name/Department Respiratory Care
Program Code 719
Contact Dr. Gregg Marshall, Chair

Mission Statement

The Respiratory Care Program is committed to the development of competent respiratory care practitioners through academic and clinical learning to master requisite healthcare competencies, stimulate professional growth through scientific curiosity, and promote leadership skill development. The program is directed toward developing critical-thinking skills in preparation for respiratory care consulting and leadership roles in various healthcare delivery systems. The curriculum is structured to foster habits of research, continuing education, and professional skill growth.

Evidence of Improvement

Faculty assessed comprehensive exam score results with recommendations made to provide additional review sessions and specific content-area review for students scoring below the set cut-score on the cognitive comprehensive exam. An improvement in the percentage of first-attempt passers was noted. Faculty assessment resulted in an increased use of computerized clinical simulation exercise assignments in three courses to better assess decision-making and information-gathering skills. Repetition and mastery of clinical skills analysis by faculty was found to be at the appropriate level for each clinical group. Faculty identified additional areas for Phase 1 skill practice to enhance mastery. 100% of the graduates and employers of graduates were surveyed with faculty review of survey comments and curriculum adjustments discussed. 100% of students eligible to sit for national board exams successfully completed the board exam with a 100% pass-rate for first-time entry-level exam takers, which is higher than the first-attempt pass-rate for 2008-2009.

Outcome Number 1

All students will demonstrate a comprehensive cognitive knowledge of respiratory care.

Method 1

All students will meet or exceed the cognitive comprehensive exam cut score for the following clinical courses: RC 2355, RC 2365, RC 2375, RC 3365, RC 3375.

Result 1

Students enrolled in RC 2355, RC 2365, RC 2375, RC 3365, and RC 3375 were given comprehensive exams on the first clinical day for each semester the sequenced courses were offered. Cut scores were established at the appropriate level of clinical skill acquisition for each course and students were required to meet mastery cut score requirements or retest until the mastery was reached. In 2009-10, 100% of the students met the cut score and matriculated to the next clinical course.

Method 2

All students will pass each comprehensive exam given at the beginning of each semester.

Result 2

During 2009-10, 68% of all students taking the comprehensive exam met the cut the first time the exam was taken with the remaining 32% retaking a different comprehensive exam until the mastery cut-score was reached before the end of the semester.

Action Plan

Departmental policy requires students to sit for comprehensive (comp) exams the first clinical day of each semester. Students are aware of the policy and program requirements, but are aware that if the exam is not passed the first time they will be given additional opportunities to pass the exam; therefore, some student come unprepared to sit the comp exams. In 2008-09, there was a 72% pass rate for all first-time comp exam takers. The RC faculty is meeting to determine what incentives can be developed to encourage a higher pass rate for first-time takers. The stretch goal for department is set for 75% of all students to reach the set cut-score on the first comp exam taken.

Outcome Number 2

All students will demonstrate clinical proficiency in the psychomotor, cognitive and affective domains for all patient care and equipment procedures specified for each clinical rotation.

Method 1

All students will be clinically evaluated in each domain by clinical faculty utilizing the DataArc system of assessment, which assesses components for each domain.

Result 1

100% of the students were required to purchase DataArc access as a one-time purchase for clinical assessment. The on-line program for data assessment/record-keeping is utilized throughout the 10 semesters of clinical courses. The program is utilized by clinical instructors/preceptors and students to document and track psychomotor, cognitive and affective domain assessment for students in general medical/surgical, pediatric,

neonatal, adult critical care, emergent care, pulmonary rehab, pulmonary function diagnostics, and several other clinical skill assessment aspects. 100% of the students completed required DataArc assessment and evaluations for each clinical course during 2009-10 and matriculated to the next clinical level.

Method 2

All students will successfully complete the computerized clinical simulation exercise assigned to assess decision-making and information-gathering skills specific for each clinical course.

Result 2

Computerized clinical simulations are required in several didactic, clinical, and lab courses. The simulation exams document student ability in two primary areas: Information Gathering (IG) and Decision Making (DM). Simulation exams are set for specific cut-scores for each course and students must complete all assigned clinical simulations successfully meeting designated mastery in both IG and DM areas. 100% of the students completed computerized clinical simulation case studies during 2009-2010.

Action Plan

Mastery of Method 1 is required in the clinical setting and students must be re-evaluated with additional patient therapies until mastery can be demonstrated. For Method 2, the faculty will continue to monitor student progress of IG and DM in preparation for national board examinations in which the program graduate must demonstrate similar proficiency and mastery. The faculty is reviewing new clinical simulation modules that address additional patient conditions and pathology than we currently possess for recommendations for a future software purchase.

Outcome Number 3

Prior to graduation, all students will demonstrate cognitive competencies in evidence-based respiratory therapy clinical practices and procedures.

Method 1

All RC seniors will sit for the National Board for Respiratory Care (NBRC) Secure Assessment Exam (SAE) for the RRT Written Registry exam during the last clinical course. Students must meet/exceed the set cut-score on the SAE RRT Written Registry exam before receiving credit for RC 3375 and completion of BSRC degree requirements.

Result 1

During 2009-10, 100% of the RC seniors were required to complete the NBRC-SAE exams as part of the course requirements for RC 3375. The cut-score for the SAE exam is set at 70%. Sixty-eight percent of the students achieved the 70% cut-score with the remaining 32% meeting the cut-score upon repeated testing. Repeat testing was completed with similar, but different SAE exams.

Method 2

All students must successfully complete all sequenced clinical courses and be evaluated at the mastery level in a three-phase assessment with Phase 1 assessment in a non-patient/lab setting, Phase 2 assessment in a patient care setting with direct clinical supervision, and Phase 3 assessment in a patient care setting with indirect clinical supervision for each clinical modality practiced in respiratory care according to DataArc clinical assessment procedures.

Result 2

DataArc procedures require mastery at all three-phase assessment for each procedure. The instructor in the lab evaluates phase 1 and the procedures are either performed on manikins or fellow students. Phase 2 is evaluated by the clinical instructor under direct supervision in the hospital while the student performs the procedure on the patient. Phase 3 is evaluated by the clinical instructor under direct supervision in the clinical setting, as well. Mastery must be demonstrated to complete each phase of evaluation. 100% of the students successfully completed all sequenced clinical courses and were assessed at the appropriate phase levels for mastery performance of each clinical skill.

Action Plan

The faculty will continue to assess senior RC students enrolled in RC 3375 using the NBRC-SAE exams with the mastery cut-score of 70%. Review sessions will be offered for exams to increase for a stretch goal of 70% of first-time students passing at the mastery level. DataArc will continue to be used to affirm cognitive competencies in evidence-based respiratory therapy clinical practices and procedures at the Phase I, II and III levels.

Outcome Number 4

All students will be adequately prepared upon graduation to competently perform all respiratory care procedures in the workplace.

Method 1

All graduates will be surveyed using the DataArc Graduate Survey instrument six-months following graduation to assess their perception of academic preparation as advanced respiratory care practitioners for the cognitive, psychomotor, and affective domains.

Result 1

100% of the graduates were sent graduate surveys distributed through the DataArc system six-months following graduation. The survey assessed graduates' perception of academic preparation as respiratory therapists in the cognitive, psychomotor and affective domains. The return rate on the surveys was 85% and the results of the survey showed that on a 5-point Likert scale, no graduate rated their perception of practice skills below a 3 (accreditation threshold level).

Method 2

All employers of graduates will be surveyed using the DataArc Employers of Graduates Survey instrument six-months following graduation to assess graduate academic preparation as advanced respiratory care practitioners for the cognitive, psychomotor, and affective domains.

Result 2

Six-months following graduation, 100% of the employers of graduates were contacted, as provided by graduate surveys, through the DataArc system requesting an evaluation of graduate performance in the cognitive, psychomotor, and affective domains. The survey return rate was 67% and no employers of graduates rated student performance below a 3 (accreditation threshold) on a 5-point Likert scale.

Action Plan

Assessment of graduates and employers of graduates is essential to evaluate program effectiveness in academic and clinical preparation. The faculty will continue to monitor graduate and employer satisfaction of skills on an annual basis.

Outcome Number 5

All students will demonstrate proficient respiratory therapy knowledge and critical-thinking skills by integrating patient information/assessment and decision-making skills.

Method 1

All students will successfully complete ten clinical simulation exams assigned in the senior capstone course for national board exam readiness.

Result 1

100% of the students enrolled in RC 4320 successfully completed 10 clinical simulation exams during 2009-10 as part of a comprehensive review for the national board examinations. Strengths and weaknesses were identified in both information-gathering and decision-making categories and students were remediated appropriately.

Method 2

All students will successfully complete the national board examination after becoming registry-eligible.

Result 2

100% of all students eligible to sit for national board exams successfully completed the credentialing exam and received their national credential.

Action Plan

Ongoing assessment for the use of clinical simulation practice in other courses is underway by the faculty to provide additional practice and remediation in the class. An expanded use of simulation exams will be in place by next year.

Chair	Dean	Chair	Dean
Outcomes Status	Outcomes Status	Results Status	Results Status

Texas State University-San Marcos
Academic Program Student Learning Outcomes Assessment

Year 2008-2009
College/Division Health Professions
Department/Unit Respiratory Care
Program Name/Department Respiratory Care
Program Code 719
Contact Dr. Gregg Marshall, Chair

Mission Statement

The Respiratory Care Program is committed to the development of competent respiratory care practitioners through academic and clinical learning to master requisite healthcare competencies, stimulate professional growth through scientific curiosity, and promote leadership skill development. The program is directed toward developing critical-thinking skills in preparation for respiratory care consulting and leadership roles in various healthcare delivery systems. The curriculum is structured to foster habits of research, continuing education, and professional skill growth.

Evidence of Improvement

Comprehensive exam score results were assessed by the faculty with recommendations made to provide additional review sessions and specific content-area review for students scoring low on the cognitive comprehensive exam. An improvement in the percentage of first-attempt passers was noted. Faculty increased the use of computerized clinical simulation exercise assignments in three courses to better assess decision-making and information-gathering skills. Repetition and mastery of clinical skills was assessed by faculty and found to be at the appropriate level for each clinical group. Faculty identified additional areas for Phase 1 skill practice to enhance mastery. All 2008-2009 graduates and employers of graduates were surveyed with faculty review of survey comments and curriculum adjustments discussed. All students eligible to sit for national board exams successfully completed the board exam with a 100% pass-rate for first-time entry-level exam takers, which is higher than the first-attempt pass-rate for 2007-2008.

Outcome Number 1

All students will demonstrate a comprehensive cognitive knowledge of respiratory care.

Method 1

All students will meet or exceed the cognitive comprehensive exam cut score for the following clinical courses: RC 2355, RC 2365, RC 2375, RC 3365, RC 3375.

Result 1

Students enrolled in the clinical courses RC 2355, 2365, 2375, 3365, 3375 are required to take a comprehensive cognitive exam on the first class day. Each exam is unique and obtained through the National Board for Respiratory Care in preparation for the national board exam taken upon graduation. The national cut-score for this exam is 70% to receive the credential. Departmental policy requires students to take these "mock board exams" during each semester as they progress through the BSRC curriculum to emphasize the cumulative knowledge required to successfully pass national board exams. The cut score is set low for the first clinical course (RC 2355) and raised progressively higher for the next course to reflect a greater body of knowledge the student is expected to master. The final cut score of 70% is required for RC 3375 completion. This score represents evidence of student cognitive preparation for competencies required for the national board exam. In 2008-09, all students met the cut score and were matriculated to the next clinical course.

Method 2

All students will pass each comprehensive exam given at the beginning of each semester.

Result 2

All students are required to sit for the comprehensive exam at the beginning of the semester and all must meet the set cut score for their level of clinical training/education. During 2008-2009, 72% of all students taking the comprehensive exam met the cut score the first time the exam was taken. The remaining 28% were required to retest until mastery at the set cut-score was demonstrated. The repeat testing was accomplished with a different exam of similar reliability provided by the National Board for Respiratory Care.

Action Plan

Because students are aware of the departmental policy for retesting until mastery is reached, some students come unprepared to sit for the comprehensive exam. 1) Students are encouraged to study and prepare for the exam between semester breaks. 2) Students are provided with study guides of the national board exam matrix. 3) A review session is held following the first exam administration and faculty review the exam question-by-question to provide critical-thinking training and discussion. 4) The stretch goal for the department is for 75% of the students to reach the set cut-score on the initial testing.

Outcome Number 2

All students will demonstrate clinical proficiency in the psychomotor, cognitive and affective domains for all patient care and equipment procedures specified for each clinical rotation.

Method 1

All students will be clinically evaluated in each domain by clinical faculty utilizing the DataArc system of assessment, which assesses components for each domain.

Result 1

The DataArc system of assessment is an on-line system that each student is required to purchase and utilize during his or her clinical program tenure. The system provides step-by-step assessment for each clinical procedure performed by respiratory therapists in any clinical setting for neonates, pediatrics and adults in critical care, general medical/surgical, emergent care, rehab, or diagnostic services. Students must demonstrate cognitive, psychomotor, and affective domain expertise at the required levels for each clinical procedure identified in their clinical course syllabi. Using PDA devices with the DataArc system, clinical faculty provide on-site clinical evaluation of students performing procedures on actual patients in assigned clinical settings. All students completed DataArc assessment and evaluations for each clinical component assigned during 2008-09 and all students were matriculated to the next clinical course.

Method 2

All students will successfully complete the computerized clinical simulation exercise assigned to assess decision-making and information-gathering skills specific for each clinical course.

Result 2

Students are required to complete case studies based on computerized clinical simulations for various disease entities and to demonstrate appropriate decision-making and information-gathering skills. The case studies also include a significant disease pathology literature review and pathophysiological research paper. All students completed computerized clinical simulation case studies during 2008-09 and were matriculated to the next clinical course.

Action Plan

The faculty will continue to monitor student progress of clinical skills and as new procedures are added to the role of the respiratory therapist in the clinical setting, new DataArc procedures will be added to the bank of modalities. Faculty feedback is provided throughout the clinical rotation with opportunities to repeat procedures until mastery is demonstrated for Method 1. Clinical faculty feedback is provided during case study development to guide the student through Method 2.

Outcome Number 3

Prior to graduation, all students will demonstrate cognitive competencies in evidence-based respiratory therapy clinical practices and procedures.

Method 1

All RC seniors will sit for the National Board for Respiratory Care (NBRC) Secure Assessment Exam (SAE) for the RRT Written Registry exam during the last clinical course. Students must meet/exceed the set cut-score on the SAE RRT Written Registry exam before receiving credit for RC 3375 and completion of BSRC degree requirements.

Result 1

During 2008-09, all students completing the program were required to complete the course requirements for RC 3375, which included sitting for the NBRC Secure Assessment Exam (SAE). The cut-score for the SAE exam is 70%. All students met the cut-score with 65% of the students meeting the cut-score on their first attempt and 35% of the students meeting the cut-score upon repeated attempts. Repeat testing was accomplished with different SAE exams provided by NBRC.

Method 2

All students must successfully complete all sequenced clinical courses and be evaluated at the mastery level in a three-phase assessment with Phase 1 assessment in a non-patient/lab setting, Phase 2 assessment in a patient care setting with direct clinical supervision, and Phase 3 assessment in a patient care setting with indirect clinical supervision for each clinical modality practiced in respiratory care according to DataArc clinical assessment procedures.

Result 2

All DataArc procedures require mastery at the three-phase assessment levels for each procedure. Students enrolled in clinical courses are required to perform the procedure for faculty to demonstrate mastery. All students successfully completed all sequenced clinical courses and were assessed at the appropriate phase level for mastery of each clinical skill.

Action Plan

The faculty will continue to assess students using the NBRC Secure Assessment Exam (SAE) with the imposed cut-score of 70%. Students passing the exam at 70% have increased confidence of their ability to successfully sit for the national board exam immediately upon graduation. Students performing at the cut-score demonstrate program effectiveness in meeting the mission of the department to produce competent respiratory therapists that are fully credentialed at the national level. NBRC study guide matrices will continue to be provided to students preparing for the SAE exam.

Outcome Number 4

All students will be adequately prepared upon graduation to competently perform all respiratory care procedures in the workplace.

Method 1

All graduates will be surveyed using the DataArc Graduate Survey instrument six-months following graduation to assess their perception of academic preparation as advanced respiratory care practitioners for the cognitive, psychomotor, and affective domains.

Result 1

Graduate surveys generated through DataArc were electronically distributed to all program graduates six-months following graduation. Because the university does not allow students to retain their university email, students are encouraged to obtain a non-university email address so that contact can be maintained following graduation. The survey assessed the graduate's perception of academic preparation as a respiratory therapist in the cognitive, psychomotor, and affective domains. The return rate on the surveys was 82%. The results of the survey showed that on a 5-point Likert scale, no graduate rated their perception of practice skills below a 3.

Method 2

All employers of graduates will be surveyed using the DataArc Employers of Graduates Survey instrument six-months following graduation to assess graduate academic preparation as advanced respiratory care practitioners for the cognitive, psychomotor, and affective domains.

Result 2

On the DataArc graduate survey, the graduate is asked to provide the employer and direct supervisor's contact information. A DataArc Employer's Survey is sent electronically to assess the employer's perception of the academic preparation of the graduate as a respiratory care practitioner in the cognitive, psychomotor, and affective domains. Of the surveys distributed, there was a 62% return rate. The results of the survey showed that on a 5-point Likert scale, no employer rated their perception of the graduate's practice skills below a 3.

Action Plan

Assessment of graduates and employers of graduates is essential to better understand the relevance of the academic and clinical preparation of the program. The faculty set cut-score of 3.0 was not associated with any graduate or employer survey results. The faculty will continue to monitor graduate and employer satisfaction of clinical skills on an annual basis.

Outcome Number 5

All students will demonstrate proficient respiratory therapy knowledge and critical-thinking skills by integrating patient information/assessment and decision-making skills.

Method 1

All students will successfully complete ten clinical simulation exams assigned in the senior capstone course for national board exam readiness.

Result 1

All students successfully completed 10 clinical simulation exams during 2008-09 in preparation for the national board examinations. Strengths and weaknesses were identified in decision-making and information-gathering skills. Faculty discussed critical-thinking skills in the classroom and students received reinforcement through remediation.

Method 2

All students will successfully complete the national board examination after becoming registry-eligible.

Result 2

All students eligible to sit for national board exams successfully completed the credentialing exam and received their national credential.

Action Plan

The faculty plans to expand the use of clinical simulation practice in several courses to provide additional practice for senior students. The senior capstone course, RC 4320, provides practice tests, remediation, lecturing, and specific content studies to provide support for student success on national board exams.

Chair	Dean	Chair	Dean
Outcomes Status	Outcomes Status	Results Status	Results Status

Texas State University-San Marcos
Academic Program Student Learning Outcomes Assessment

Year 2007-2008
College/Division Health Professions
Department/Unit Respiratory Care
Program Name/Department Respiratory Care
Program Code 719
Contact Dr. Gregg Marshall, Chair

Mission Statement

The Respiratory Care Program is committed to the effective development and preparation of individuals as respiratory therapists through academic and clinical opportunities to develop requisite competencies, stimulate professional growth through scientific curiosity and promote leadership skills. The program is designed to encourage students to participate in activities, which encourage their potential placement in leadership positions in the profession. The curriculum is structured to foster habits of continued study and professional growth for its graduates.

Evidence of Improvement

Assessment results have been used to evaluate student learning outcomes as a function of performance on comprehensive exams, clinical skill assessment, and national board exams. Graduates have been surveyed for their subjective input as to the degree of professional and clinical preparation received at Texas State compared to the skill demands of their jobs. The faculty have utilized the assessment outcomes to evaluate the relevance and efficacy of the curriculum for professional preparation of students as respiratory therapists. This process mirrors accreditation requirements for the same and has been in place for 35 years. We value the importance of the assessment process and will continue to monitor.

Outcome Number 1

All students will meet the appropriate clinical comprehensive exam cut score for each semester in which they are enrolled in a clinical course.

Method 1

Students will complete a comp exam at the beginning each clinical semester.

Result 1

Comp exams were administered to 100% of Respiratory Care majors enrolled in clinical courses at the beginning of each fall, spring and summer sessions during the past year.

Method 2

Students will meet the cut score set by the faculty for each semester. Students not meeting the cut score will retest during the semester until the cut score is reached. If the cut score is not reached, the student will be given an "I" in the course, according to departmental policy and the RC Student Handbook.

Result 2

According to departmental policy, appropriate cut scores were set for each cohort and all students in that particular cohort were required to meet the set score. Students not meeting the cut score were given opportunities to retest using a similar comp exam until the required cut score was reached. 100% of the RC majors either passed the comp exam with the appropriate cut score initially or after retesting.

Action Plan

Continue to monitor student progress. Comp review sessions are held at the end of each semester to review major concepts. A different cohort comp exam is administered each semester.

Outcome Number 2

Students will demonstrate clinical proficiency for all procedures specified for each clinical rotation.

Method 1

Students will be individually evaluated by clinical faculty utilizing the DataArc system of assessment in the clinical setting.

Result 1

100% of students enrolled in clinical courses were evaluated utilizing the DataArc system of assessment.

Method 2

Students will demonstrate clinical proficiency to an acceptable level in order to successfully complete each clinical course. Failure to complete a clinical course will result in a one-year suspension from the RC Program, according to departmental policy and the RC Student Handbook.

Result 2

All students demonstrated clinical skill proficiency to the acceptable and safe clinical level for all modalities assessed. No students were suspended from the RC Program due to a lack of clinical skill proficiency.

Action Plan

Continue to monitor student clinical skills.

Outcome Number 3

100% of RC seniors will sit for the National Board for Respiratory Care (NBRC) Secure Assessment Exam (SAE) for the RRT Written Registry exam during the last clinical rotation.

Method 1

RC seniors must score a minimum of 75% on the SAE RRT Written Registry exam before receiving credit for RC 3375 and completion BSRC requirements.

Result 1

100% of all RC seniors met the minimum cut score for the SAE RRT Written Registry exam and completed the requirements for RC 3375.

Method 2

Performance of RC seniors on the SAE exam in all competency areas will be reviewed and compared to the NBRC matrix of competencies. Any content areas of consistent weakness on the SAE exam will be reviewed for curriculum assessment/revision.

Result 2

Results from SAE exams were compared to NBRC matrix competencies to identify any consistent areas of weakness in the curriculum.

Action Plan

No consistent areas of weakness were noted in when the SAE exams results were compared to the NBRC matrix of competencies. Will continue to monitor student progress.

Outcome Number 4

100% of graduates will be surveyed to assess whether they were adequately prepared for advanced-practitioner jobs.

Method 1

Yearly graduate follow-up questionnaires will reflect adequate preparation for employment from the perspective of the graduate.

Result 1

Graduate surveys were sent to 100% of graduating seniors to assess program appropriateness in professional preparation.

Method 2

Questionnaires will assessment perceived strengths and weaknesses of RC curriculum for employment preparation. Areas of perceived weakness will be used to provide curriculum feedback for revision.

Result 2

Questionnaires were reviewed by the faculty and results reported to our accreditation agency. No individual student evaluation category result fell below a "3" on a 5-point Likert scale, thus meeting accreditation threshold requirements.

Action Plan

The RC faculty reviewed all comments and suggestions made by graduates. The faculty did not feel the need to change the present curriculum emphasis. Will continue to monitor.

Outcome Number 5

Pass rate on the NBRC national certification and registry exams will be above the national mean

Method 1

Will review yearly report provided by testing agency on pass rates and will compare Texas State grads scores with the national mean scores provided.

Result 1

Annual report for national board exams for the CRT, RRT-Written and the RRT-CSE exams were reviewed and compared to Texas State grade scores on each exam. Texas State graduates scored significantly higher than the national mean score for all three exams.

Method 2

Will review Texas State student scores in each of the content areas to compare with students performance in the related course where content covered.

Result 2

Category/content national board exam scores compared to each curricular content area for appropriate course.

Action Plan

No significant weakness in a particular content area linked to a particular course could be identified. Will continue to monitor.

Chair	Dean	Chair	Dean
Outcomes Status	Outcomes Status	Results Status	Results Status

Texas State University-San Marcos
Academic Program Student Learning Outcomes Assessment

Year 2006-2007
College/Division Health Professions
Department/Unit Respiratory Care
Program Name/Department Respiratory Care
Program Code 719
Contact Dr. Gregg Marshall, Chair

Mission Statement

The Respiratory Care Program is committed to the effective development and preparation of individuals as respiratory therapists through academic and clinical opportunities to develop requisite competencies, stimulate professional growth through scientific curiosity and promote leadership skills. The program is designed to encourage students to participate in activities, which encourage their potential placement in leadership positions in the profession. The curriculum is structured to foster habits of continued study and professional growth for its graduates.

Evidence of Improvement

Outcome Number 1

Annual faculty evaluation will reflect high quality teach with a minimum score of 4.0 on teaching evaluations.

Method 1

Students will complete the College of Health Professions Course Evaluation form for each course in the fall and spring semesters.

Result 1

Student evaluations completed for each Respiratory Care course for fall and spring. All Respiratory Care faculty were evaluated by student majors above 4.0 on all teaching evaluations.

Method 2

Faculty will complete either a peer or chair evaluation of classroom performance assessment annually.

Result 2

Faculty completed either a peer or chair evaluation of classroom performance assessment.

Action Plan

Continue to monitor classroom teaching through peer/chair evaluations.

Outcome Number 2

Adequate financial support to fund full-time faculty the opportunity to attend one national or one state-level professional meeting each year.

Method 1

Evaluate initial budget and final expenses and travel applications for year.

Result 1

All Respiratory Care faculty offered the opportunity to attend one national or one state-level profession meeting this year.

Method 2

Monitor faculty annual evaluation and Continuing Education Units (CEUs) reports yearly.

Result 2

All faculty maintained at least 12 CEUs during the past year and kept RCP license current for the State of Texas.

Action Plan

Continue to monitor faculty CEUs and RCP license annually.

Outcome Number 3

100% of RC seniors will sit for the National Board for Respiratory Care (NBRC) Secure Assessment Exam (SAE) for the RRT Written Registry exam during the last clinical rotation.

Method 1

RC seniors must score a minimum of 75% on the SAE RRT Written Registry exam before receiving credit for RC 3375 and completion BSRC requirements.

Result 1

All RC seniors complete SAE RRT Written Registry Exam with the minimum required score before completing RC 3375 and BSRC degree requirements.

Method 2

Performance of RC seniors on the SAE exam in all competency areas will be reviewed and compared to the NBRC matrix of competencies. Any content areas of consistent weakness on the SAE exam will be reviewed for curriculum assessment/revision.

Result 2

RC senior results from SAE exam reviewed and compared to NBRC matrix of competencies. Areas of weakness were identified and discussed with faculty.

Action Plan

Increased attentions to areas of weakness were discussed and curricular revisions made in attempts to strengthen areas of need.

Outcome Number 4

100% of graduates will be surveyed to assess whether they were adequately prepared for advanced-practitioner jobs.

Method 1

Yearly graduate follow-up questionnaires will reflect adequate preparation for employment from the perspective of the graduate.

Result 1

All graduates were assessed through survey questionnaires regarding their perception of job preparedness for employment.

Method 2

Questionnaires will assessment perceived strengths and weaknesses of RC curriculum for employment preparation. Areas of perceived weakness will be used to provide curriculum feedback for revision.

Result 2

Areas of strength and need discussed with RC faculty with suggestions for curricula improvements noted.

Action Plan

Areas of perceived need by graduates reviewed with consideration for curricular revision.

Outcome Number 5

Pass rate on the NBRC national certification and registry exams will be above the national mean

Method 1

Will review yearly report provided by testing agency on pass rates and will compare Texas State grads scores with the national mean scores provided.

Result 1

Texas State grade passrate continues to be well above national passrates for board examination at the certification and registry levels.

Method 2

Will review Texas State student scores in each of the content areas to compare with students performance in the related course where content covered.

Result 2

Content areas receiving low scores for the entire testing group assessed for possible curriculum revision.

Action Plan

Curriculum adjustments made in areas of lower performance on national board examinations.

Chair	Dean	Chair	Dean
Outcomes Status	Outcomes Status	Results Status	Results Status

Graduate Survey

Texas State University - San Marcos CoARC Accredited Program #200197

NOTE: Completion of this survey is required as part of outcomes assessment by the program's accreditation body (CoARC).

The purpose of this survey is to help faculty evaluate the Program's success in preparing graduates to function as competent respiratory therapists. Compiled data from all returned surveys will be used to evaluate program quality; data from individual surveys will be held in strict confidence.

NOTE: You have 60 minutes to complete and submit this survey. After 60 minutes, the system will no longer recognize you as a valid user and the information will not be recorded.

Text and Textbox Fields - Only the following characters are allowed: a to z, A to Z, 0 to 9, space, underscore, minus sign, comma, semi-colon, colon, period, forward slash, plain single quotation, pound sign, and parentheses _ , ; : . / ' # ()

BACKGROUND INFORMATION:

- ☐ Your name is required below for tracking purposes, however, if you would prefer to remain anonymous and unlink your name from the survey please check this box.

REQUIRED: Your Name: Please select your name from the cohort drop down lists or enter it in the textbox.

- Dropped RC Program -	- Graduated 2010 -	- Graduated PSG 2008 -
- Graduated PSG 2009 -	- Graduated PSG 2010 -	- Graduated RC 2008 -
- Graduated RC 2009 -	- Graduated RC 2010 -	

OR: First Name: Last Name:

OPTIONAL: Name while a student (if different from that above):

First Name: Last Name:

REQUIRED: Phone: () - extension:

REQUIRED: Email:

REQUIRED: In what month and year did you graduate? - Month - - Year -

REQUIRED: I am filling out this form as a graduate of the following type of program (check current or highest level only):

- ☐ Entry Level Resp. Care ☐ Advanced Level Resp. Care

REQUIRED: Direct Supervisor's Name:

REQUIRED: Facility Name: Please select the facility name from the drop down list or enter it in the textbox.

- CoARC Facilities List -

OR: Facility:

REQUIRED: Your Job Title with a brief description and include specialty area, if appropriate:

OPTIONAL: Current Yearly Salary: \$

REQUIRED: Length of employment at time of evaluation: - Years - - Months -

REQUIRED: Graduate's Eligibility/Credential Status (check all that apply):

- | | | | | | |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> CRT eligible | <input type="checkbox"/> CRT | <input type="checkbox"/> CPFT | <input type="checkbox"/> RPFT | <input type="checkbox"/> CRT-SDS | <input type="checkbox"/> RRT-SDS |
| <input type="checkbox"/> RRT eligible | <input type="checkbox"/> RRT | <input type="checkbox"/> NPS | <input type="checkbox"/> RPSGT | Other: | |

REQUIRED: I am a member of the following specialty sections (check all that apply; if none, leave blank):

- ☐ Adult Acute Care ☐ Continuing Care/Rehabilitation ☐ Diagnostics ☐ Education
☐ Home Care ☐ Long-Term Care ☐ Management ☐ Neonatal-Pediatrics ☐ Transportation

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree

NOTE: Please provide detailed comments for any item rated 1 or 2.

I. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Taught me the professional knowledge base required to function effectively on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Taught me the general medical knowledge base required to function effectively on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Taught me to interpret pertinent clinical information from medical records and physical findings. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Prepared me to recommend appropriate therapeutic interventions based on physiological data and physical findings. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| E. Trained me to make sound clinical judgments. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Helped me become proficient in the clinical skills required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Taught me to perform patient assessment accurately and efficiently. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Taught me to perform the therapeutic procedures and modalities required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Taught me to perform the diagnostic procedures required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

III. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Helped me develop effective oral communication skills. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Helped me develop effective written communication skills. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Encouraged me to conduct myself in an ethical and professional manner. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Taught me how to manage my time effectively in the clinical setting. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| E. Taught me to respect the beliefs and values of all persons, regardless of cultural background, religion, age, or lifestyle. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| F. Strongly encouraged me to apply for and pass my: | | | | | |
| NBRC Certification Exam (CRT). | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| NBRC Registry Exams (RRT). | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

IV. OVERALL RATING OF THE GRADUATE:

OVERALL RATING: Please rate and comment on the OVERALL quality of your preparation as a therapist.

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Additional Comments:

CoARC Survey View Links: [Graduate](#) [Employer](#) [Student](#) [Program Personnel](#)

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Monday, April 4, 2011 at 9:58 AM Central Time

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Graduate Survey
Texas State University - San Marcos
CoARC Polysomnography Accredited Program #400197

NOTE: Completion of this survey is required as part of outcomes assessment by the program's accreditation body (CoARC).

The purpose of this survey is to help faculty evaluate the Program's success in preparing graduates to function as competent polysomnographers. Compiled data from all returned surveys will be used to evaluate program quality; data from individual surveys will be held in strict confidence.

NOTE: You have 60 minutes to complete and submit this survey. After 60 minutes, the system will no longer recognize you as a valid user and the information will not be recorded.

Text and Textbox Fields - Only the following characters are allowed: a to z, A to Z, 0 to 9, space, underscore, minus sign, comma, semi-colon, colon, period, forward slash, plain single quotation, pound sign, and parentheses _ , : ; . / ' # { }

BACKGROUND INFORMATION:

- ☐ Your name is required below for tracking purposes, however, if you would prefer to remain anonymous and unlink your name from the survey please check this box.

REQUIRED: Your Name: Please select your name from the cohort drop down lists or enter it in the textbox.

- Dropped RC Program -	- Graduated 2010 -	- Graduated PSG 2008 -
- Graduated PSG 2009 -	- Graduated PSG 2010 -	- Graduated RC 2008 -
- Graduated RC 2009 -	- Graduated RC 2010 -	

OR: First Name: Last Name:

OPTIONAL: Name while a student (if different from that above):

First Name: Last Name:

REQUIRED: Phone: () - extension:

REQUIRED: Email:

REQUIRED: In what month and year did you graduate?

- Month - - Year -

REQUIRED: I am filling out this form as a graduate of the following type of program (check current or highest level only):

- ☐ Advanced Level Resp. Care with Polysomnography ☐ Polysomnography Only

REQUIRED: Direct Supervisor's Name:

REQUIRED: Facility Name: Please select the facility name from the drop down list or enter it in the textbox.

- CoARC Facilities List -

OR: Facility:

REQUIRED: Your Job Title with a brief description and include specialty area, if appropriate:

OPTIONAL: Current Yearly Salary: \$

REQUIRED: Length of employment at time of evaluation:

- Years - - Months -

REQUIRED: Graduate's Eligibility/Credential Status (check all that apply):

- | | | | | | |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> CRT eligible | <input type="checkbox"/> CRT | <input type="checkbox"/> CPFT | <input type="checkbox"/> RPFT | <input type="checkbox"/> CRT-SDS | <input type="checkbox"/> RRT-SDS |
| <input type="checkbox"/> RRT eligible | <input type="checkbox"/> RRT | <input type="checkbox"/> NPS | <input type="checkbox"/> RPSGT | Other: | |

REQUIRED: I am a member of the following specialty sections (check all that apply; if none, leave blank):

- ☐ Adult Acute Care ☐ Continuing Care/Rehabilitation ☐ Diagnostics ☐ Education
☐ Home Care ☐ Long-Term Care ☐ Management ☐ Neonatal-Pediatrics ☐ Transportation

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree

NOTE: Please provide detailed comments for any item rated 1 or 2.

I. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Taught me the professional knowledge base required to function effectively on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Taught me the general medical knowledge base required to function effectively on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Taught me to interpret pertinent clinical information from medical records and physical findings. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Prepared me to recommend appropriate therapeutic interventions based on physiological data and physical findings. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| E. Trained me to make sound clinical judgments. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Helped me become proficient in the clinical skills required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Taught me to perform patient assessment accurately and efficiently. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Taught me to perform the therapeutic procedures and modalities required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Taught me to perform the diagnostic procedures required on the job. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

III. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| A. Helped me develop effective oral communication skills. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| B. Helped me develop effective written communication skills. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| C. Encouraged me to conduct myself in an ethical and professional manner. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| D. Taught me how to manage my time effectively in the clinical setting. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| E. Taught me to respect the beliefs and values of all persons, regardless of cultural background, religion, age, or lifestyle. | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| F. Strongly encouraged me to apply for and pass my: | | | | | |
| NBRC Certification Exam (CRT). | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |
| NBRC Registry Exams (RRT). | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input checked="" type="radio"/> 2 | <input type="radio"/> 1 |

Comments:

IV. OVERALL RATING OF THE GRADUATE:

OVERALL RATING: Please rate and comment on the OVERALL quality of your preparation as a therapist.

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Additional Comments:

CoARC Polysomnography Survey View Links: [Graduate](#) [Student](#) [Program Personnel](#)

CoARC Employer Survey View Link: [Employer](#) - NOTE: At the request of CoARC, there is no specific Employer Polysomnography data collection.

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DataArc
Home Page

STUDENT EVALUATION OF INSTRUCTOR

Department of Respiratory Care
College of Health Professions
Texas State University-San Marcos

This evaluation will be used to assess your instructor's effectiveness as a teacher. It will be used as part of this instructor's annual evaluation for promotion, tenure, and salary considerations. Please complete the questionnaire carefully, honestly, and candidly. A designated individual will be assigned by your instructor to collect and seal these forms in an envelope, and return to the departmental administrative assistant.

Please use a No. 2 pencil on the scantron provided, stay within the boundaries, and make no stray marks. Indicate your ratings for each item 1-31 by using the following scale. The Comment Form is for you to add additional comments.

A = Almost Always

B = Very Often

C = Occasionally

D = Seldom

E = Almost Never

A. Learning

1. I found the course challenging and stimulating
2. I have learned something which I consider valuable
3. My interest in the subject has increased as a consequence of this course
4. I have learned and understood the subject materials in this course

B. Enthusiasm

5. Instructor's style of presentations held my interest during most of the class time
6. Instructor seemed interested in teaching the course

C. Organization

7. Instructor's explanations were clear
8. The assignments were carefully explained
9. Instructor spoke clearly
10. Instructor spoke at a comfortable speed

D. Individual Rapport

11. Instructor made me feel welcome in seeking help/advice in or outside of class
12. Instructor was adequately accessible to me during office hours or after class
13. Instructor was helpful when contacted outside of class

E. Examinations

14. Feedback on examinations was useful to me
15. Feedback on graded materials was useful to me
16. Methods on evaluating student work were fair
17. Examinations tested course content as emphasized by the instructor
18. Examinations reflected course content covered

F. Assignments

19. Required readings were useful to me
20. Required tests were useful to me

See Questions 21-31 on reverse side

Student and Course Characteristics

Answer the next eleven questions on the scantron using the scale that follows each question.
LEAVE BLANK IF NO RESPONSE APPLIES.

21. What grade in the course did you expect to earn when you enrolled in the class?
a. **A** b. **B** c. **C** d. **D** e. **F**
22. Course difficulty, relative to other courses, was:
a. **very easy** b. **easy** c. **medium** d. **hard** e. **very hard**
23. Course workload, relative to other courses, was:
a. **very light** b. **light** c. **medium** d. **heavy** e. **very heavy**
24. Course pace was:
a. **about right** b. **too fast** c. **too slow**
25. Hours per week required outside of class:
a. **0-2** b. **3-4** c. **5-7** d. **8-12** e. **over 12**
26. Level of interest in the subject prior to this course:
a. **very high** b. **high** c. **medium** d. **low** e. **very low**
27. Level of interest in the subject at this time:
a. **very high** b. **high** c. **medium** d. **low** e. **very low**
28. Overall Grade Point Average at SWT:
a. **above 3.7** b. **3.5 to 3.7** c. **3.0 to 3.4** d. **2.5 to 2.9** e. **below 2.5**
29. Expected final grade in this course:
a. **A** b. **B** c. **C** d. **D** e. **F**
30. Reason for taking the course: (Select the one which is best)
a. **major required** b. **major elective** c. **minor/related field** d. **general interest only**
31. Year in school:
a. **Freshman** b. **Sophomore** c. **Junior** d. **Senior** e. **Other**

Write any additional comments on the Comment Form provided.

STUDENT EVALUATION OF INSTRUCTOR
Comment Form

Course Number RC _____ Instructor _____

1) Was there anything (within the control of the instructor) which prevented you from learning? Please explain.

2) What, if anything, could the instructor do to make this course better? Please explain.

3) Other comments:

Faculty _____
 Course _____
 Rator _____
 Date _____
 Location _____
 Time _____
 No. of Students _____

CHAIR / PEER EVALUATION FOR CLASSROOM PERFORMANCE

Introduction: Have a preliminary conference with the faculty member to be observed to discuss a time or times for the classroom visitation. If the faculty member has written classroom objectives, it would be helpful to review these before the classroom visit. After you have made your assessment, share the appraisal with the faculty member in a follow-up conference. If the professor feels that your ratings are unfair or inaccurate, all this view to be expressed in writing and become a part of the evaluation report. (A second evaluation session with the same or one additional reviewer may be indicated and can be initiated by either party.)

Directions: Rate the teaching level observed on each item, giving the highest scores only to universally effective performance. If you didn't observe a behavior write "don't know" or "not applicable" across the line and omit from total mean score.

- | | | | |
|----|---|-------------------------------------|--|
| | -----5-----4-----3-----2 | -----1----- | |
| 1. | Class objectives were identified and followed | Objectives could be easily deduced | Did not appear to have learning objectives |
| | -----5-----4-----3-----2 | -----1----- | |
| 2. | Well organized | Organization O.K. | Very disorganized |
| | -----5-----4-----3-----2 | -----1----- | |
| 3. | Important ideas were clearly explained | Important ideas were easily deduced | Important ideas were blurred |
| | -----5-----4-----3-----2 | -----1----- | |
| 4. | Appeared very knowledgeable of content | Appeared knowledgeable of content | Obvious gaps in knowledge base |

5. -----5-----4-----3-----2 -----1-----
 Class time was used Class time portioned Considerable time
 effectively adequately wasted
6. -----5-----4-----3-----2 -----1-----
 Encouraged student Allowed student Discouraged student
 involvement involvement involvement
7. -----5-----4-----3-----2 -----1-----
 Structuring of learning Structuring of learning Learning activities
 activities very effective activities somewhat did not appear
 effective structured
8. -----5-----4-----3-----2 -----1-----
 Selection of methodologies Selection of methodologies Selection of methodo-
 very effective somewhat effective logies not effective

Do you believe that your visitation was at a time when you were able to fairly judge the nature and tenor of the teaching/learning process?

yes_____ no_____ uncertain_____ Mean score_____

Comments: 1. Use this page to write comments which support your rating and/or provide additional information.

2. On a separate sheet of paper write comments relevant for the faculty member's personal growth and development which will be for his/her eyes only.

 Rator Signature

 Observed Faculty Signature

 Date

 Date

Policy and Procedure Statement 01.02
Effective Date: January, 2008
Review Cycle: E2YRS, June 2010

Department of Respiratory Care
College of Health Professions
Annual, Reappointment,
Post-Tenure Review, and
Adjunct Faculty Review

PURPOSE

This Department Policy and Procedure Statement sets forth criteria and guidelines for Annual Review (January-December) in the Department of Respiratory Care (RC). The expectations described are minimum expectations only. Although annual evaluations will form part of a faculty member's file for tenure and promotion, meeting or exceeding these expectations by a faculty member does not assure reappointment. These annual evaluation criteria are based on the following sources:

1. VPAA/PPS 8.01: Development/Evaluation of Tenure-Track Faculty
2. VPAA/PPS 8.09: Performance Evaluation of Faculty and Post-Tenure Review
3. College of Health Professions/PPS 1.01: Tenure and Promotion Review
4. American Association of State Colleges and Universities, The Core of Academe:
6. Teaching, Scholarly Activity, and Service.
7. Faculty Handbook, Texas State University-San Marcos.

PROCESS

1. All RC faculty will be evaluated annually by RC department. The evaluation, which covers the preceding calendar year, must be completed by March 1. The chair will give each faculty member a summative evaluation letter or the completed Chair's Evaluation Form to provide evaluation feedback. A copy of the summative evaluation from the RC Personnel Committee and the Chair will be placed in the faculty's personnel file.
2. The RC department will perform an annual evaluation of all adjunct and clinical faculty. Following a review of student, peer or chair classroom/clinical evaluations, a copy of the evaluations along with a summative evaluation from the chair will be given to all adjunct and clinical faculty with a cover letter from the chair. Teaching performance as documented by the evaluations will be considered for future reappointment of adjunct faculty subject to departmental needs.
3. The purposes of annual faculty evaluation are to provide for self-development; to identify, reinforce, and share the strengths of faculty; to extend opportunities for continuous professional development; and to provide for identifying and strengthening the role of faculty members within their departments. The evaluation also provides information that may be used in tenure and promotion recommendations, in the awarding of performance and merit raises, and in decisions regarding the retention of faculty or of tenure itself.

4. This annual evaluation of faculty is the responsibility of faculty governance, a duty shared by RC department chair and the RC departmental personnel committee.

5. Definitions for this policy follow the definitions set forth in VPAA/PPS 8.09.

TEACHING

Both the Personnel Committee of the Department of Respiratory Care and the Chair will annually evaluate the teaching of every RC faculty member, based on work performed from January-December. The evaluation is based on 1) evidence of scholarly preparation, 2) dedication as measured by commitment to class attendance, office hours, and course duties, 3) official peer evaluations by faculty members, 4) official student class evaluations, and 5) the faculty member's annual/self-evaluation. Tenure-track faculty should request that tenured faculty conduct a peer evaluation of their classroom teaching every semester. Tenured faculty may also request peer evaluations.

The RC Department defines teaching as including not only classroom performance, but other factors such as preparing courses, creating effective testing strategies, developing curriculum, preparing syllabi and teaching materials, clinical education & teaching, maintaining a minimum of five office hours per week for students enrolled in classes and additional hours during registration periods, advising students appropriately, timely on academic and career matters, maintaining competency in the profession by obtaining professional CEU'S, maintaining licensure and national credentials, sponsoring student organizations/activities outside of the classroom, and mentoring students.

Required Teaching Elements: All faculty are expected to show, in their annual reviews, that they:

- Have a majority of student evaluations which reflect acceptable teaching standards (very high quality=4.0+ on 5-point scale; high quality =3.75; adequate quality = 3.5)
- Maintain at least five office hours per week for advising
- Provide additional office hours during registration periods and are accessible to students for advising as needed
- Maintain professional competence by securing appropriate CEU'S
- Maintain licensure and national credentials

Additional Teaching Elements: Elements which further demonstrate teaching quality are:

- Positive peer evaluations of teaching by tenured faculty members (required for tenure-track faculty)
- University Mentor status
- Sponsorship of student organization
- Sponsorship of outside student activities or student research
- Teaching overloads, large classes, or writing intensive courses
- Teaching courses by distance education strategies
- Overseeing independent studies or student research
- Developing library or other learning resources

- Developing or using challenging instructional methods over and above normal classroom expectation (such as audio production or software development)
- Successfully procuring grants for student stipends or curriculum development (such as leading study tours)
- Conducting guest lectures
- Conducting student RC orientation sessions, clinical instructor workshops, or Bobcat Days
- Winning a teaching award
- Demonstrating progress toward a relevant advanced degree
- Providing meaningful input into curriculum development
- New course curriculum development
- Major revision of course curriculum
- Other elements as approved

TEACHING LEVEL I

A Level I rating in Teaching indicates that all of the following elements were present:

- Weighted-mean student evaluations of teaching ≥ 4.40 on a 5-point scale
- All **Required Teaching Elements** (see above list) are evident
- Three (3) **Additional Teaching Elements** (see above list) as determined by the Personnel Committee and the Chair.

TEACHING LEVEL II

A Level II rating in Teaching indicates that all of the following elements were present:

- Weighted-mean student evaluations of teaching of 4.25 on a 5-point scale
- All **Required Teaching Elements** are evident
- Two (2) **Additional Teaching Elements** (see above list) as determined by the Personnel Committee and the Chair..

TEACHING LEVEL III

A Level III rating in Teaching indicates that all of the following elements were present:

- Weighted-mean student evaluations of teaching of 4.0 on a 5-point scale
- All **Required Teaching Elements** are evident
- One (1) **Additional Teaching Elements** (see above list) as determined by the Personnel Committee and the Chair..

TEACHING LEVEL IV

A Level IV rating in Teaching indicates a failure to meet the following criteria:

- Weighted-mean student evaluations of teaching of 3.75 on a 5-point scale
- All **Required Teaching Elements**

TEACHING LEVEL V

A Level V rating in Teaching indicates a failure to meet the following criteria:

- Weighted-mean student evaluations of teaching of 3.50 on a 5-point scale
- All **Required Teaching Elements**

SCHOLARLY AND CREATIVE ACTIVITY

Faculty in the Department of Respiratory Care recognize that their commitment to teaching cannot be fulfilled apart from a similar commitment to scholarship. Scholarship is defined as original research (quantitative or qualitative), applied research, and pedagogical research.

In no case will "equivalent activities" be considered to replace completely traditional refereed scholarly activities. Referred means blind peer review in the case of a journal article. In the case of a book, chapter in a book, or monograph, it means peer review, but not necessarily blind peer review.

Articles, books, or monographs "in press" can be counted in annual review only once. (For example, a document cannot be counted "in press" during one annual review cycle and counted again in subsequent years when it is actually in print. The faculty member must indicate in which annual review cycle he or she wants the document "in press" to be counted and must document its status.)

In addition to the quantitative requirement, there is an important qualitative requirement. The Chair and Personnel Committee will provide a qualitative assessment of the candidate's scholarship based on such factors as acceptance rates of journals in which articles have appeared, prestige of organizations to which papers were presented, and opinions of experts outside the university. They will also examine whether a presentation or written work is refereed or not, and the source, award amount, and educational or research significance of any grant or contract.

Elements Demonstrating Scholarly and Creative Activity including but are not limited to the following list:

- One (1) approved but not funded grant or contract
- One (1) funded grant or contract
- One (1) publication in a refereed book or an article in a refereed journal
- Serving on one (1) editorial board of a national journal (with documentation to demonstrate substantial activity)
- One (1) international or national scholarly presentation
- Two (2) regional or state scholarly presentations
- Two (2) Discussant or Presenter (panel discussion or workshop leader at the international, national, regional, or state level)
- Four (4) book review and/or newsletter articles

- One (1) international, national, regional, or state-level recognition for scholarly contribution through a variety of media (such as developing software)
- One (1) referred chapter in a book, textbook, or monograph
- One (1) technical report or monograph based on grant activity
- Editing one (1) book
- Two (2) publications in non-peer reviewed journal
- Submitted or approved IRB
- Ongoing research with significant documentation of progress including target date of completion
- Or any combination of equivalent activities (for example, 1 scholarly presentation and 1 panel discussion meets the criteria)

SCHOLARLY AND CREATIVE ACTIVITY LEVEL I

- One (1) publication in a refereed book or a refereed journal
- Any two (2) additional **Elements Demonstrating Scholarly and Creative Activity**

SCHOLARLY AND CREATIVE ACTIVITY LEVEL II

- One (1) publication in a refereed book or a refereed journal
- Any one (1) additional **Elements Demonstrating Scholarly and Creative Activity**

SCHOLARLY AND CREATIVE ACTIVITY LEVEL III

- Two (2) items of **Elements Demonstrating Scholarly and Creative Activity**

SCHOLARLY AND CREATIVE ACTIVITY LEVEL IV

- One (1) item of **Elements Demonstrating Scholarly and Creative Activity**

SCHOLARLY AND CREATIVE ACTIVITY LEVEL V

- No activity documented in the Scholarly and Creative area.

SERVICE

The Department of Respiratory Care defines service and service leadership as professionally related activity, other than teaching or scholarship, which contributes to the college, university, community, or profession. Service activities encompass those performed using competencies relevant to the faculty member's role as a respiratory care or polysomnography educator. For a

faculty member to receive a ranking of adequate or above during the annual review process, he/she must demonstrate service and/or leadership at the Departmental level.

In addition to the requirement that the faculty person must engage in service and/or service leadership at various levels, including the Department level, the Personnel Committee and Chair also assess the quality of the service or leadership, based on the documentation that the faculty member provides. Examples of service activities include but are not limited to 1) active membership and participation in professional organizations, 2) active membership on committees, 3) training, volunteering, supervising, and consulting with social service agencies and organizations.

The Chair and the Personnel Committee assess the quality of service leadership based on the faculty member's documentation. Examples of service leadership include but are not limited to 1) holding office in professional organizations, 2) directing university, college, or department committees, 3) organizing a task force, 4) initiating a special project, 5) engaging in legislative or public sector advocacy.

SERVICE LEVEL I

Documented quality contributions on five (5) of the following levels, or documented quality contributions on three (3) of the levels with documented extraordinary service or leadership on at least one (1) additional level

- Leadership and service at the Department level
- Leadership and/or service at the College level
- Leadership and/or service at the University level
- Leadership and/or service at the community level
- Leadership or active participation in an international, national, or state professional organization
- Active participation in advisory board meetings and activities

SERVICE LEVEL II

Documented quality contributions on four (4) of the following levels, or documented quality contributions on two (2) of the levels with extraordinary service or leadership on at least one (1) additional level

- Leadership and service at the Department level
- Leadership and/or service at the College level
- Leadership and/or service at the University level
- Leadership and/or service at the community level
- Leadership or active participation in an international, national, or state professional organization
- Active participation in advisory board meetings and activities

SERVICE LEVEL III

Documented quality contributions on three (3) of the following levels or documented quality contributions on one (1) of the levels with extraordinary service or leadership on at least one (1) additional level

- Leadership and service at the Department level
- Leadership and/or service at the College level
- Leadership and/or service at the University level
- Leadership and/or service at the community level
- Leadership or active participation in an international, national, or state professional organization
- Active participation in advisory board meetings and activities

SERVICE LEVEL IV

Documented quality contributions on two (2) of the following levels or documented quality contributions on only one (1) level

- Service at the Department level
- Service at the College level
- Service at the University level
- Service at the community level
- Participation in an international, national, or state professional organization
- Active participation in advisory board meetings and activities

SERVICE LEVEL V

Documented quality contributions at only one (1) level or no documented service contributions at any level

- Service at the Department level
- Service at the College level
- Service at the University level
- Service at the community level
- Participation in an international, national, or state professional organization
- Participation in advisory board meetings and activities

LEVELS OF EXPECTATION FOR REAPPOINTMENT OF TENURE-TRACK FACULTY

The Department of Respiratory Care has defined in the document “Annual Review Procedures” the definition of Teaching Levels I, II, III, IV, and V; Scholarly and Creative Activity Levels I-V; and Service Levels I-V. These definitions were approved by the faculty on 6/20/2007 to conform to language used in current University policy statements and the 2006 faculty handbook*.

Reappointment. Non-tenured faculty may be appointed either as continuing faculty, temporary faculty or clinical faculty. According to the 2006 Faculty Handbook*, continuing faculty include those who are hired in a traditional academic rank with the clear understanding that they may be rehired for one or more additional years. Eligibility for reappointment is contingent upon a continuing faculty member achieving satisfactory annual evaluations (Faculty Handbook, pg. 36; PPS 8.09**).

Annual Review. The purposes of annual review include providing an opportunity for self-development; identifying, reinforcing, and sharing the strength of faculty; extending opportunities for continuous development; and identifying and strengthening the role of the faculty members in the unit (Faculty Handbook, page 39).

Faculty annual reviews are separate from but related to the tenure and promotion reviews. Cumulative annual reviews inform the Personnel Committee and Director about the body of work that the faculty person is developing over time. Annual evaluations form part of a faculty member’s file in tenure and promotion decisions (Faculty Handbook, pg. 39). Specific guidelines for evaluating tenure-track faculty members are found in PPS 8.01***.

According to our Department policy, in general:

Level I equates excellent activity and progress toward meeting Department and personal professional goals

Level II equates very good activity and progress toward meeting Department and personal professional goals

Level III equates good activity and progress toward meeting Department and personal professional goals

Level IV equates poor activity and progress toward meeting Department and personal professional goals

Level V equates inadequate activity and progress toward meeting Department and personal professional goals

Post-Tenure Review. Faculty are expected to meet teaching, scholarly/creative activity, and service levels outlined in “Levels of Expectation” following. Faculty failure to meet Post-tenure expectations will be reviewed according to guidelines per PPS 8.09. The calendar for chair and personnel committee action will be followed culminating in a professional development plan for the faculty member under review. If departmental expectations are not met, the chair will notify the college dean for further action through the college review group as described in PPS 8.09.

Levels of Expectation. To be deemed eligible for reappointment, performance, or merit, a faculty person's activities should meet the following minimum levels of expectations of Teaching Levels, Scholarly and Creative Activity Levels, and Service Levels:

	Teaching	Scholarly and Creative Activity	Service
Reappointment	III	III	III
Post-Tenure Review	III	III	III

*The faculty handbook is available at <http://www.txstate.edu/academicaffairs/> (click on Faculty Handbook).

** Policy and Procedure Statement 8.09 "Performance Evaluation of Faculty and Post-Tenure" is found at <http://www.txstate.edu/academicaffairs/pps/pps8/8-09.htm>.

***Policy and Procedure Statement 8.01 "Development/Evaluation of Tenure-Track Faculty" is found at <http://www.txstate.edu/academicaffairs/pps/pps8/8-01.html>

ANNUAL REVIEW
Department of Respiratory Care
College of Health Professions
Texas State University-San Marcos

SUMMARY FORM

Faculty Member: _____
Calendar Year of _____

All faculty members are required to include a current Texas State vita, highlighting the items relevant to this calendar year (January-December). You are also required to document those items marked with an asterisk. You may provide additional documentation as well.

1. Teaching Area

A. Student Evaluation of Teaching*
Spring Semester Courses

Rating

Number of Students

_____	_____
_____	_____
_____	_____

Summer Semester (if indicated) Courses

_____	_____
_____	_____
_____	_____

Fall Semester Courses

_____	_____
_____	_____
_____	_____

Weighted Mean: (course evals x student #s summed/total student #s) _____

- B. **Peer Evaluation of Teaching** (mandatory for tenure-track faculty)
 - C. **Director Evaluation of Teaching**
 - D. **Advising Responsibilities** (include number of advisees, if indicated, and other relevant information)
 - E. **Professional Development** (Licensure, continuing education, pursuit of advanced degree)
 - F. **Other activities** (Student research or theses, writing-intensive courses, large classes, overload)
2. **Scholarly and Creative Activities**
- a. External Grants*
 - b. Internal Grants*
 - c. Publications (refereed articles, books, book chapters, book reviews)*
 - d. Editorial Board activity
 - e. Presentations*
 - f. Discussant or Presenter at panel or workshop
3. **Service** (indicate and document participation)
- A. Service to professional organizations
 - B. Community service
 - C. University service
 - D. College service
 - E. Department of Respiratory Care service
4. **Other areas** (Use this area to provide additional information not addressed in the above categories, and document at your discretion.)

SELF-EVALUATION AND GOALS
ANNUAL REVIEW PROCESS
Department of Respiratory Care
College of Health Professions
Texas State University-San Marcos

Faculty Member's Name: _____

Tenure-Track _____ Tenured _____ Non-tenure-track _____

SELF-EVALUATION: CALENDAR YEAR OF JANUARY _____ THROUGH DECEMBER _____.

Please carefully consider your performance as a faculty member over the last calendar year, and assess both your strengths and areas you wish to enhance.

× TEACHING

× **RESEARCH AND SCHOLARSHIP

× SERVICE

× OVERALL PERFORMANCE

GOALS FOR CALENDAR YEAR OF JANUARY _____ THROUGH DECEMBER _____.

Please carefully consider your goals as a faculty member for the coming calendar year, assessing what are your aspirations, what you can realistically accomplish, and how you plan to accomplish the goals you set.

× TEACHING

× **RESEARCH AND SCHOLARSHIP

× SERVICE

✕ OVERALL PERFORMANCE

Personnel Committee's Evaluation of Faculty
(Performance Rating covering _____ to _____)

Faculty member's name _____

Tenured _____ Tenure-track _____ Not tenure-track _____ Rank _____

Please distinctly circle or check the appropriate category.

Teaching. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Scholarship. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Service. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Personnel Committee Recommendations:

Performance and Reappointment for calendar year 200_

<i>Yes</i>	<i>No</i>
------------	-----------

Merit for calendar year 200_

<i>Yes</i>	<i>High</i>
	<i>Medium</i>
	<i>Low</i>
<i>No</i>	

RC Personnel Committee, Department of Respiratory Care

Date

Chair's Evaluation of Faculty
(Performance Rating covering _____ to _____)

Faculty member's name _____

Tenured _____ Tenure-track _____ Not tenure-track _____ Rank _____

Please distinctly circle or check the appropriate category.

Teaching. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Scholarship. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Service. This faculty member's performance was:

I <i>Excellent</i>	II <i>Very good</i>	III <i>Good</i>	IV <i>Poor</i>	V <i>Inadequate</i>
--------------------	---------------------	-----------------	----------------	---------------------

Explanation:

Chair's Decisions:

Reappointment for calendar year 200_____

<i>Yes</i>	<i>No</i>
------------	-----------

Chair, Department of Respiratory Care

Date

APR Table 1. Admission Scores and Retention & Graduate Rates for First-time, Full-time Freshmen*

Texas State University-San Marcos, a member of The Texas State University System

* This is the federal standard that is typically used for student-right-to-know (SRTK) retention and graduation rates.

Cohort	SRTK full-time cohort
LastMajor1	College of Health Professions
LastMajor1	Respiratory Care
LastMajor1	Respiratory Care (719.00BSRC)
Ethnicity	(All)
Gender	(All)

		Cohort Size													
Status	Status_Sel	Data	Fall 1990	Fall 2000	Fall 2001	Fall 2002	Fall 2003	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009	Fall 2010	
Retained	Baseline	Sum of Headcount	3	11	15	16	15	13	11	17	12	12	8	4	
		Percent of Headcount	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		Average of HS_rank	68	77	78	72	81	78	80	82	84	82	85	72	
		Average of HighSAT	960	1090	994	1063	1024	1041	1028	1035	1054	1029	987	1007	
		Average of HighACT		23	21	21	22	21	22	23	19	22	27	24	
		Average of TxStateGPA	2.34	2.66	2.77	2.90	3.00	2.91	2.51	2.91	3.17	3.18	3.15	3.46	
	1.0 year	Sum of Headcount	3	9	14	14	15	12	9	16	12	12	8		
		Percent of Headcount	100.0%	81.8%	93.3%	87.5%	100.0%	92.3%	81.8%	94.1%	100.0%	100.0%	100.0%	0.0%	
		Average of HS_rank	68	75	78	72	81	77	83	84	84	82	85		
		Average of HighSAT	960	1090	996	1064	1024	1041	1034	1023	1054	1029	987		
	Average of HighACT		24	21	21	22	21	22	23	19	22	27			
	Average of TxStateGPA	2.18	2.88	2.93	2.72	2.91	2.81	2.68	2.91	3.06	3.00	3.06			
	6.0 years	Sum of Headcount	3	1	1			1							
		Percent of Headcount	100.0%	9.1%	6.7%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		Average of HS_rank	68	66	53			77							
		Average of HighSAT	960		1050										
		Average of HighACT		25				19							
		Average of TxStateGPA	1.72	2.42	2.83			2.25							
Graduated	Baseline	Sum of Headcount	3	11	15	16	15	13	11	17	12	12	8	4	
		Percent of Headcount	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		Average of HS_rank	68	77	78	72	81	78	80	82	84	82	85	72	
		Average of HighSAT	960	1090	994	1063	1024	1041	1028	1035	1054	1029	987	1007	
		Average of HighACT		23	21	21	22	21	22	23	19	22	27	24	
		Average of TxStateGPA	2.34	2.66	2.77	2.90	3.00	2.91	2.51	2.91	3.17	3.18	3.15	3.46	
	6.0 years	Sum of Headcount		9	13	13	13	10							
		Percent of Headcount	0.0%	81.8%	86.7%	81.3%	86.7%	76.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
		Average of HS_rank		77	79	70	82	76							

APR Table 1. Admission Scores and Retention & Graduate Rates for First-time, Full-time Freshmen*
Texas State University-San Marcos, a member of The Texas State University System

* This is the federal standard that is typically used for student-right-to-know (SRTK) retention and graduation rates.

Cohort	SRTK full-time cohort
LastMajor1	College of Health Professions
LastMajor1	Respiratory Care
LastMajor1	Respiratory Care (719.00BSRC)
Ethnicity	(All)
Gender	(All)

Status	Status Sm	Data	Cohort Semester											
			Fall 1990	Fall 2000	Fall 2001	Fall 2002	Fall 2003	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009	Fall 2010
Graduated	6.0 years	Average of HighSAT		1090	988	1077	1023	1041						
		Average of HighACT		23	21	20	22	22						
		Average of TxStateGPA		3.16	3.01	3.22	3.15	3.07						
Dropped	Baseline	Sum of Headcount	3	11	15	16	15	13	11	17	12	12	8	4
		Percent of Headcount	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		Average of HS_rank	68	77	78	72	81	78	80	82	84	82	85	72
		Average of HighSAT	960	1090	994	1063	1024	1041	1028	1035	1054	1029	987	1007
		Average of HighACT		23	21	21	22	21	22	23	19	22	27	24
		Average of TxStateGPA	2.34	2.66	2.77	2.90	3.00	2.91	2.51	2.91	3.17	3.18	3.15	3.46
1.0 year		Sum of Headcount		1	1	1		1	2	1				
		Percent of Headcount	0.0%	9.1%	6.7%	6.3%	0.0%	7.7%	18.2%	5.9%	0.0%	0.0%	0.0%	0.0%
		Average of HS_rank		85	75	88		97	67	49				
		Average of HighSAT			980	1080			1005	1180				
		Average of HighACT		24				19						
		Average of TxStateGPA		3.42	3.10	3.68			2.67	2.36				
6.0 years		Sum of Headcount						1						
		Percent of Headcount	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		Average of HS_rank						97						
		Average of HighSAT												
		Average of HighACT												
		Average of TxStateGPA						19						

APR Table 2. Probation and Suspension Status of Undergraduates as of End of Semester
Texas State University-San Marcos, a member of The Texas State University System

Major1_College	College of Health Professions
Major1_Depart	Respiratory Care
Major1	Respiratory Care (719.00BSRC)
Level	(All)
Class	(All)

			Status			
			Not suspended		Suspended	Grand Total
		Data	Good standing	Probation		
1999	Fall	Sum of Headcount	117	11	1	129
		Percent of Headcount	90.7%	8.5%	0.8%	100.0%
	Spring	Sum of Headcount	96	3	5	104
		Percent of Headcount	92.3%	2.9%	4.8%	100.0%
2000	Fall	Sum of Headcount	120	3	3	126
		Percent of Headcount	95.2%	2.4%	2.4%	100.0%
	Spring	Sum of Headcount	103	3	1	107
		Percent of Headcount	96.3%	2.8%	0.9%	100.0%
2001	Fall	Sum of Headcount	100	7	4	111
		Percent of Headcount	90.1%	6.3%	3.6%	100.0%
	Spring	Sum of Headcount	86	9	2	97
		Percent of Headcount	88.7%	9.3%	2.1%	100.0%
2002	Fall	Sum of Headcount	70	4	2	76
		Percent of Headcount	92.1%	5.3%	2.6%	100.0%
	Spring	Sum of Headcount	68	1	3	72
		Percent of Headcount	94.4%	1.4%	4.2%	100.0%
2003	Fall	Sum of Headcount	78	3	1	82
		Percent of Headcount	95.1%	3.7%	1.2%	100.0%
	Spring	Sum of Headcount	73	3		76
		Percent of Headcount	96.1%	3.9%	0.0%	100.0%
2004	Fall	Sum of Headcount	78		1	79
		Percent of Headcount	98.7%	0.0%	1.3%	100.0%
	Spring	Sum of Headcount	94	3	1	98
		Percent of Headcount	95.9%	3.1%	1.0%	100.0%
2005	Fall	Sum of Headcount	65	3	1	69
		Percent of Headcount	94.2%	4.3%	1.4%	100.0%
	Spring	Sum of Headcount	109	2		111
		Percent of Headcount	98.2%	1.8%	0.0%	100.0%
2006	Fall	Sum of Headcount	106	3	2	111
		Percent of Headcount	95.5%	2.7%	1.8%	100.0%
	Spring	Sum of Headcount	120	2	4	126
		Percent of Headcount	95.2%	1.6%	3.2%	100.0%
2007	Fall	Sum of Headcount	107	4	1	112
		Percent of Headcount	95.5%	3.6%	0.9%	100.0%
	Spring	Sum of Headcount	137	1	1	139
		Percent of Headcount	98.6%	0.7%	0.7%	100.0%
2008	Fall	Sum of Headcount	95	3		98
		Percent of Headcount	96.9%	3.1%	0.0%	100.0%
	Spring	Sum of Headcount	125	1	1	127
		Percent of Headcount	98.4%	0.8%	0.8%	100.0%
2009	Fall	Sum of Headcount	87		1	88
		Percent of Headcount	98.9%	0.0%	1.1%	100.0%
	Spring	Sum of Headcount	87		1	88
		Percent of Headcount	98.9%	0.0%	1.1%	100.0%
2011	Fall	Sum of Headcount	97			97
		Percent of Headcount	100.0%	0.0%	0.0%	100.0%
	Spring	Sum of Headcount	128			128
		Percent of Headcount	100.0%	0.0%	0.0%	100.0%

APR Table 3. Undergraduate Changes of Department
Texas State University-San Marcos, a member of The Texas State University System

Current_Major1_College	College of Health Professions
Current_Major1_Dept	Respiratory Care
YearLater_Major1_College	(All)
Class	(All)

Sum of Headcount		TxSt_FYear										
Status	YearLater_Major1_Dept	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Same department	Same department	80	65	63	76	63	70	104	101	82	94	88
Change of department	Accounting			1								
	Art & Design								1			
	Biology	1				1			1			
	Chemistry & Biochemistry				1							
	CIS and Quantitative Methods		1									
	Clinical Laboratory Science	1					1					
	Communication Disorders	1			1							
	Communication Studies		1						1			
	Curriculum and Instruction		1		1		2			2		1
	Dean, Health Professions			1			1			4	2	1
	Dean, University College	2		1	1				1			
	English		1					1				
	Family & Consumer Sciences	1			1			1				
	Finance and Economics		1		1							
	Geography	1										
	Health & Human Performance				1		1	1	3	1	1	2
	Health Administration			1		3	3	1		1	2	
	Health Information Managem			1	1		1	1			1	2
	Health, P.E. and Recreation				2		1	1				
	International Studies			1								
	Journalism & Mass Comm		2			1			2			
	Modern Languages				1							
	Occupational Education								3	2		1
	Political Science				1	1				1		
	Psychology	1	2	1			1				2	2
	Radiation Therapy										1	
	Social Work										1	
	Sociology			1					1			
Graduated from TxState	Graduated from TxState	36	27	24	9	31	27	20	23	27	27	30
Not attending Texas State	Not attending Texas State	14	15	16	13	12	10	12	17	17	14	14

APR Table 4. Majors by Level
Texas State University-San Marcos, a member of The Texas State University System

Major1_College	College of Health Professions																			
Major1_Dept.	Respiratory Care																			
Major1	Respiratory Care (719.00BSRC)																			
Sum of Headcount	Class	TxSt_Semester	TxSt_FYear	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011				
Undergraduate	Freshman	Fall		7	4	13	6	11	1		3	1								
		Spring		2	4	8	3	2	2	5	2	3	5		1	5				
		Summer			2					1		1								
	Sophomore	Fall		18	20	13	10	12	7	5	13	7	5	3	4	2				
		Spring		10	14	11	5	6	12	18	20	17	13	2	19	6				
		Summer		4	2	8	4	4	3	7	6	4	3	5	4					
Post-baccalaureate	Junior	Fall		26	24	21	15	21	15	13	39	25	20	18	20	24				
		Spring		25	20	15	16	12	14	30	34	29	28	12	29	35				
		Summer		18	15	11	13	10	12	25	26	18	18	19	20					
	Senior	Fall		78	78	64	45	38	56	50	54	77	72	67	61	65				
		Spring		67	69	63	48	56	69	56	68	87	81	73	76	71				
		Summer		66	67	53	45	42	66	48	79	82	78	70	77					
Post-baccalaureate	Post Bacc	Fall								1	2	2	1		2	6				
		Spring							1	2	2	3		1	6	11				
		Summer							1	2	2	3		2	6					

APR Table 5. Semester Credit Hours by Level

Texas State University-San Marcos, a member of The Texas State University System

(For simplicity, level is based only on the level of the course. But, for funding purposes the Texas legislature assigns level by whichever is lower of the student level or course level.)

Course_College	College of Health Prof
Course_Dept	Respiratory Care
Course_Prefix	Respiratory Care (RC)
Course_Number	(All)
Course_Level	Upper
Course_Location	(All)

Sum of SCH	TxSt_FYear											
TxSt_Semester	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Fall	455	302	314	275	341	358	364	560	520	481	473	440
Spring	574	422	498	316	580	495	490	675	643	624	609	531
Summer-I	68	49	59	40	73	59	46	83	112	157	139	
Summer-II	33	34	59	16	64	25	37	64	49	48	37	

Texas State University-San Marcos, a member of The Texas State University System

Course_College	College of Health Prof
Course_Dept	Respiratory Care
Course_Prefix	Respiratory Care (RC)
Course_Number	(All)
Course_Level	Lower
Course_Location	(All)

Data source: University database and CBM004 report to Texas Higher Education Coordinating Board.
Compiled by Institutional Research on 19-Oct-2007.

Texas State University-San Marcos, a member of The Texas State University System

Course	College	College of Health Prof
Course_Dept		Respiratory Care
Course_Prefix		Respiratory Care (RC)
Course_Number		(All)
Course_Level		(All)
Course_Location		(All)

Data source: University database and CBM004 report to Texas Higher Education Coordinating Board.
Compiled by Institutional Research on 19-Oct-2007.

APR Table 6. Graduates by Level

Texas State University-San Marcos, a member of The Texas State University System

(Because a few students enrolled in a home department may have earned their degrees in a different department, the count of degrees awarded by a department should be taken this APR Table 4 instead of APR Tables 6 or 9.)

Major1_College	College of Health Professions
Major1_Dept	Respiratory Care
Major1	Respiratory Care (719.00BSRC)

Sum of Headcount	TxSt FYear	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Level		2000											
Bachelors		35	28	26	11	33	30	22	25	32	33	33	2
Grand Total		35	28	26	11	33	30	22	25	32	33	33	2

APR Table 8. Estimated Operations Support & Teaching Supplement Income by Level*
Texas State University-San Marcos, a member of The Texas State University System

Course_College	College of Health Prof
Course_Dept	Respiratory Care
Course_Prefix	Respiratory Care (RC)
Course_Number	(All)
Course_Level	(All)
Course_Location	(All)

TxSt_Semester		TxSt_FYear											
Data		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Fall	Sum of SCH	743	761	806	800	835	961	1,241	1,057	1,072	1,055	1,004	
	Sum of Course_FormulaIncome	\$133,582	\$135,754	\$151,030	\$151,819	\$143,310	\$163,916	\$182,011	\$159,587	\$147,090	\$142,187	\$107,829	
	Sum of Course_DesignatedTuition	\$28,234	\$31,962	\$35,464	\$36,800	\$50,935	\$73,036	\$109,208	\$116,270	\$128,640	\$139,260	\$141,564	
	Sum of Course_ElectronicFee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,550	\$8,400	\$12,300	\$12,300	
	Sum of Course_OffCampusFee	\$2,967	\$2,691	\$3,243	\$3,450	\$3,036	\$4,002	\$7,740	\$5,490	\$5,220	\$5,850	\$5,940	
Spring	Sum of SCH	646	781	642	965	1,094	1,164	1,287	1,112	1,180	1,190	1,012	
	Sum of Course_FormulaIncome	\$121,287	\$151,832	\$123,990	\$170,811	\$188,613	\$167,497	\$190,304	\$144,524	\$152,693	\$131,984	\$109,312	
	Sum of Course_DesignatedTuition	\$24,548	\$32,802	\$28,248	\$54,040	\$83,144	\$88,464	\$113,256	\$122,320	\$141,600	\$157,080	\$142,692	
	Sum of Course_ElectronicFee	\$0	\$0	\$0	\$0	\$0	\$0	\$13,650	\$8,850	\$13,500	\$12,250	\$9,150	
	Sum of Course_OffCampusFee	\$3,105	\$5,037	\$4,209	\$4,485	\$2,829	\$3,933	\$6,930	\$5,760	\$5,400	\$5,580	\$5,580	
Summer-I	Sum of SCH	178	220	196	255	267	329	287	356	375	371		
	Sum of Course_FormulaIncome	\$30,495	\$39,810	\$35,110	\$42,231	\$43,631	\$42,435	\$39,799	\$42,611	\$44,591	\$35,801		
	Sum of Course_DesignatedTuition	\$6,764	\$9,240	\$8,624	\$0	\$20,292	\$25,004	\$25,256	\$39,160	\$45,000	\$48,972		
	Sum of Course_ElectronicFee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,400	\$3,900	\$2,600		
	Sum of Course_OffCampusFee	\$1,173	\$2,323	\$1,380	\$2,047	\$2,645	\$2,852	\$3,150	\$4,620	\$3,930	\$4,710		
Summer-II	Sum of SCH	74	169	98	145	165	203	161	158	165	194		
	Sum of Course_FormulaIncome	\$13,638	\$31,711	\$16,469	\$24,678	\$26,822	\$27,388	\$22,267	\$18,523	\$20,315	\$18,084		
	Sum of Course_DesignatedTuition	\$2,812	\$7,098	\$4,312	\$0	\$12,540	\$15,428	\$14,168	\$17,380	\$19,800	\$25,608		
	Sum of Course_ElectronicFee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
	Sum of Course_OffCampusFee	\$920	\$2,323	\$1,610	\$2,208	\$2,323	\$2,783	\$3,000	\$2,370	\$2,700	\$3,090		
Total Sum of SCH		1,641	1,931	1,742	2,165	2,361	2,657	2,976	2,683	2,792	2,810	2,016	
Total Sum of Course_FormulaIncome		\$299,002	\$359,107	\$326,599	\$389,539	\$402,376	\$401,236	\$434,381	\$365,245	\$364,689	\$328,056	\$217,141	
Total Sum of Course_DesignatedTuition		\$62,358	\$81,102	\$76,648	\$90,840	\$166,911	\$201,932	\$261,888	\$295,130	\$335,040	\$370,920	\$284,256	
Total Sum of Course_ElectronicFee		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Sum of Course_OffCampusFee		\$8,165	\$12,374	\$10,442	\$12,190	\$10,833	\$13,570	\$20,820	\$18,240	\$17,250	\$19,230	\$11,520	



Current user:

2006 Alumni Survey Results

The Department of Respiratory Care

Total Respondents:4

Demographic Data		
Gender		
Category	Count	Percent
Male		0 %
Female	4	100 %
Ethnicity		
Category	Count	Percent
White, non-Hispanic	4	100 %
Black, non-Hispanic		0 %
Hispanic		0 %
Asian		0 %
American Indian/Alaskan Native		0 %
International		0 %
Unknown		0 %
Department		
Category	Count	Percent
Respiratory Care	4	100 %
Majors:		
Category	Count	Percent
719.00 Respiratory Care	4	100.00 %
Which of the following best describes your current primary employment status? (asked of all alumni)		
Category	Count	Percent
Employed full time	4	100 %

Employed part time	0 %
Serving in the Armed Forces	0 %
Unemployed, not seeking employment	0 %
Unemployed, seeking employment	0 %

From which source did you receive most of your assistance with career development issues? (asked of employed alumni)		
Category	Count	Percent
Faculty	2	50 %
Another student or friend	1	25 %
Academic advisor	1	25 %
Career Services office		0 %
Internet career website		0 %
Parent or relative		0 %
Other university staff		0 %
Other, (please specify: see table below)		0 %

From which source did you learn about the first job you held after graduating from Texas State? (asked of employed alumni)		
Category	Count	Percent
Internship	1	25 %
Employer Website	1	25 %
Recruited by employer	1	25 %
Held the job while enrolled at college	1	25 %
Academic department or faculty		0 %
Internet job board (other than Jobs4Cats)		0 %
Career Services Job Fair		0 %
Networking with alumni		0 %
Professional meeting/organization		0 %
Career Services office		0 %
Public or private agency		0 %
Newspaper or trade publication		0 %
Career Services Jobs4Cats online		0 %
Other, (please specify: see table below)		0 %

Indicate whether each of the following was a major problem, minor problem, or not a problem in obtaining your first job after graduation (asked of employed alumni)					
			Major	Minor	Not a

Item	Mean	Count	Problem (1)	Problem (2)	Problem (3)
Completing job applications	3.00	4	(0 %)	(0 %)	4 (100 %)
Deciding what I wanted to do	3.00	4	(0 %)	(0 %)	4 (100 %)
Race/sex discrimination	3.00	4	(0 %)	(0 %)	4 (100 %)
Finding the kind of job I wanted	3.00	4	(0 %)	(0 %)	4 (100 %)
Find a job where I wanted to live	2.75	4	(0 %)	1 (25 %)	3 (75 %)
Writing a resume, vita, or letter of introduction	2.75	4	(0 %)	1 (25 %)	3 (75 %)
Scheduling interviews	2.75	4	(0 %)	1 (25 %)	3 (75 %)
Knowing how to find job openings	2.75	4	(0 %)	1 (25 %)	3 (75 %)
Finding a job for which I was trained	2.75	4	(0 %)	1 (25 %)	3 (75 %)
Finding a job that paid enough	2.50	4	(0 %)	2 (50 %)	2 (50 %)

How long did it take you to obtain your first full-time job after graduating? (asked of alumni employed full-time)		
Category	Count	Percent
I obtained a job prior to graduating from Texas State	3	75 %
Less than one month	1	0 %
1 to 3 months		25 %
4 to 6 months		0 %
7 to 12 months		0 %
More than 12 months		0 %

How many full-time jobs have you held since graduation? (asked of alumni employed full-time)		
Category	Count	Percent
1	4	100 %
2		0 %
3		0 %
4		0 %
5		0 %
6 or more		0 %

How many part-time jobs have you held since graduation? (asked of alumni employed part-time)		
Category	Count	Percent
1		0%
2		0%
3		0%
4		0%
5		0%
6 or more		0%

What is your current annual salary? (asked of alumni employed full-time)		
Category	Count	Percent
\$9,999 or less		0 %
\$10,000 to \$19,999		0 %
\$20,000 to \$29,999		0 %
\$30,000 to \$39,999	1	25 %
\$40,000 to \$49,999	2	50 %
\$50,000 to \$59,999	1	0 %
\$60,000 to \$69,999		25 %
\$70,000 to \$79,999		0 %
\$80,000 to \$89,999		0 %
\$90,000 to \$99,999		0 %
\$100,000 to \$109,999		0 %
\$110,000 to \$119,999		0 %
\$120,000 or more		0 %

What is the primary reason you are currently employed part-time? (asked of alumni employed part-time)		
Category	Count	Percent
Do not desire full-time employment		0%
Cannot find full-time employment		0%
Health/personal reasons		0%
Other (please specify: see table below)		0%

How closely is your current job related to your college major? (asked of employed alumni)		
Category	Count	Percent
Highly related	4	100 %
Moderately related		0 %
Slightly related		0 %

Not related	0 %
-------------	-----

To what extent did your education at Texas State allow you to be competitive with peers at your current place of employment?
(asked of employed alumni)

Category	Count	Percent
Very well	2	50 %
Well	2	50 %
Adequately		0 %
Poorly		0 %
Very poorly		0 %

How satisfied are you with your current job?
(asked of alumni employed full-time)

Category	Count	Percent
Very satisfied		0 %
Satisfied	2	50 %
Neutral	2	50 %
Dissatisfied		0 %
Very dissatisfied		0 %

How satisfied are you with your current job?
(asked of alumni employed part-time)

Category	Count	Percent
Very satisfied		0%
Satisfied		0%
Neutral		0%
Dissatisfied		0%
Very dissatisfied		0%

Do you feel you are currently underemployed?
(asked of alumni employed full-time)

Category	Count	Percent
Yes	1	25 %
No	3	75 %

Do you feel you are currently underemployed?
(asked of alumni employed part-time)

Category	Count	Percent
Yes		0%
No		0%

In addition to your full-time employment, have you held a part-time job since graduation?
(asked of alumni employed full-time)

Category	Count	Percent
Yes	2	50 %
No	2	50 %

In addition to your part-time employment, have you held a full-time job since graduation?
(asked of alumni employed part-time)

Category	Count	Percent
Yes		0%
No		0%

Are you currently seeking full-time employment?
(asked of alumni employed part-time)

Category	Count	Percent
Yes		0%
No		0%

Have you held a job since graduation?
(asked of alumni that are unemployed)

Category	Count	Percent
Yes, I have worked full-time		0%
Yes, I have worked part-time		0%
Yes, I have worked both full and part-time		0%
No, I have not held a job since graduating		0%

Please indicate the primary reason you are now unemployed:
(asked of alumni that are unemployed)

Category	Count	Percent
Have been unable to find a full-time job since college		0%
Was laid off by employer		0%
Quit to find another job		0%
Health/personal reasons		0%
Do not desire employment at this time		0%
Other (please specify: see table below)		0%

How long have you actively been seeking employment?
(asked of alumni that are unemployed)

Category	Count	Percent
Not seeking employment		0%

Less than 1 month	0%
1 to 3 months	0%
4 to 6 months	0%
7 to 12 months	0%
More than 12 months	0%

Have you sought employment help form Texas State's Career Services Office? (asked of alumni that are unemployed)		
Category	Count	Percent
Yes, it has been helpful		0%
Yes, but it has not been helpful (please explain: see table below)		0%
No (please explain: see table below)		0%

Since graduating from Texas State, have you continued your education for any of the following reasons? Please click all that apply: (asked of all alumni)		
Category	Count	Percent
To meet certification, licensing or continuing education requirements	2	50 %
For general education or self-improvement	2	50 %
To prepare for a future career change	2	50 %
To improve skills related to my job	2	50 %
To increase earning power	1	25 %
To earn a graduate or professional degree	1	25 %

Are you currently enrolled in a degree or certificate program? (asked of all alumni)		
Category	Count	Percent
Yes		0 %
No	4	100 %

How well did Texas State prepare you for your continuing education? (asked of alumni currently enrolled)		
Category	Count	Percent
Very well		0%
Well		0%
Adequately		0%
Poorly		0%
Very Poorly		0%

Are you planning to enroll in a degree program within the next five years?		

Category	Count	Percent
Yes	3	75 %
No	1	25 %

Are you planning to enroll in a certificate program within the next five years?		
Category	Count	Percent
Yes	1	25 %
No	3	75 %

How would you rate Texas State on the following characteristics? (Mean, count and percent omits "No opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Reputation of your major department	1.00	4	4 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Opportunities to participate in extracurricular activities	1.25	4	3 (75 %)	1 (25 %)	(0 %)	(0 %)	(0 %)	
Quality of instruction	1.25	4	3 (75 %)	1 (25 %)	(0 %)	(0 %)	(0 %)	
Quality of social life	1.25	4	3 (75 %)	1 (25 %)	(0 %)	(0 %)	(0 %)	
Availability of recreational facilities on campus	1.25	4	3 (75 %)	1 (25 %)	(0 %)	(0 %)	(0 %)	
Location of campus	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	
Academic reputation overall	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	
Quality of academic facilities (library, classrooms, etc.)	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	
Personal attention to students	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	
Attractiveness of campus	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	
Quality of on-campus housing	1.75	4	2 (50 %)	1 (25 %)	1 (25 %)	(0 %)	(0 %)	
Opportunities for leadership development	1.75	4	1 (25 %)	3 (75 %)	(0 %)	(0 %)	(0 %)	
Cost of tuition and fees	2.25	4	1 (25 %)	1 (25 %)	2 (50 %)	(0 %)	(0 %)	

How satisfied are you with the educational experience you had at Texas State?		

Category	Count	Percent
Very satisfied	3	75 %
Satisfied	1	25 %
Neutral		0 %
Dissatisfied		0 %
Very dissatisfied		0 %

To what extent did your education at Texas State affect your personal development in each of the following areas?					
Item	Mean	Count	Very much (1)	Somewhat (2)	Very little (3)
Learning on your own	1.25	4	3 (75 %)	1 (25 %)	(0 %)
Critical and logical thinking	1.50	4	2 (50 %)	2 (50 %)	(0 %)
Ability to use computers/information technology	1.50	4	2 (50 %)	2 (50 %)	(0 %)
Ability to use mathematics	1.50	4	2 (50 %)	2 (50 %)	(0 %)
Understanding your ethics/values	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Writing skills	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Appreciation for life-long learning	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Physical and mental health	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Leading others	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Career planning	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Planning and carrying out projects	1.75	4	1 (25 %)	3 (75 %)	(0 %)

Creative thinking	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Self-confidence in expressing your own ideas	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Appreciating the arts	1.75	4	1 (25 %)	3 (75 %)	(0 %)
Appreciating global perspectives	2.00	4	(0 %)	4 (100 %)	(0 %)
Working as part of a team	2.00	4	(0 %)	4 (100 %)	(0 %)
Understanding other cultures, races or ethnic groups	2.00	4	(0 %)	4 (100 %)	(0 %)
Appreciating diversity	2.00	4	(0 %)	4 (100 %)	(0 %)
Compassion for others	2.00	4	(0 %)	4 (100 %)	(0 %)
Oral communication/speaking	2.00	4	(0 %)	4 (100 %)	(0 %)

Please rate the quality of advising you received from: (Mean and percent omits "No Opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Professional advisors in your College Advising Center	1.00	4	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	2 (0 %)
Faculty in your major department	1.00	4	4 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	(0 %)

Please rate each of the following aspects of the classes in your major at Texas State. (Mean and percent omits "No Opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Quality of instruction	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	(0 %)
Appropriateness of subject matter in major courses	1.50	4	2 (50 %)	2 (50 %)	(0 %)	(0 %)	(0 %)	(0 %)
Challenge of course material	2.00	4	1 (25 %)	2 (50 %)	1 (25 %)	(0 %)	(0 %)	(0 %)

Has your education at Texas State improved your quality of life?		
Category	Count	Percent
Definitely yes	2	67 %
Probably yes	1	33 %
Uncertain		0 %
Probably no		0 %
Definitely no		0 %

Would you recommend your major department at Texas State to others considering college?		
Category	Count	Percent
Definitely yes	3	75 %
Probably yes	1	25 %
Uncertain		0 %
Probably no		0 %
Definitely no		0 %

If you could choose your major again, would you select the same major?		
Category	Count	Percent
Definitely yes	3	75 %
Probably yes	1	25 %
Uncertain		0 %
Probably no		0 %
Definitely no		0 %

What is your current zipcode or country if outside the U.S.A.?	
1. 78666	
2. 77388	
3. 75035	
4. 78666	

From which source did you receive most of your assistance with career development issues? Responses to Other, (please specify:)

From which source did you learn about the first job you held after graduating from Texas State? Responses to Other, (please specify:)

What is your current job title? (asked of alumni employed full-time)
1. Respiratory Therapist
2. Registered Respiratory Therapist

3. respiratory therapist II

4. Registered Respiratory Therapist

What type of business do you work in? (asked of alumni employed full-time)
(Examples: restaurant, law firm, hospital, electronics manufacturer, airline, high school, etc.)

1. hospital

2. Healthcare

3. hospital and rehabilitation facility

4. hospital

What is the primary reason you are currently employed part-time? Responses to Other (please specify:)

Please indicate the primary reason you are now unemployed. Responses to Other (please specify:)

Have you sought employment help form Texas State's Career Services Office? Yes, but it has not been helpful (please explain:) (asked of unemployed alumni)

Have you sought employment help form Texas State's Career Services Office? No (please explain:) (asked of unemployed alumni)

What degree or certificate are you currently working toward?

What is your major?

What is the name of the institution at which you are enrolled?

Are you planning to enroll in a degree program within the next five years? If yes, in what degree program do you intend to enroll?

1. Master's in Education

2. physician assistant

3. Masters in Public Health

Are you planning to enroll in a degree program within the next five years? If yes, at what institutions are you considering enrollment?

1. Texas State

2. ut southwestern

3. Texas A & M School of Rural Public Health, UT-Houston School of Public Health

Are you planning to enroll in a certificate program wihtin the next five years? If yes, what

certificate would you like to earn?

1. Education

Are you planning to enroll in a certificate program within the next five years? If yes, at what institutions are you considering enrollment?

1. Texas State

What were the one or two things you liked best about your overall experience at Texas State?

1. I enjoyed how I could always depend on my Professor's when I was confused about a certain subject. They would always be appropriate in explaining the situation or problem that I was having in my coursework.

2. Friendly students and faculty

3. the size of the school. it was big enough yet small enough.

4. I love the atmosphere @ Texas State. I grew up in a conservative moderately sized town, and at Texas State I learned about the way other's think and feel. There was always an openness with faculty and students to where I always felt like I could share how I honestly felt. There is never a worry that people would judge you.

What were the one or two things you liked best about your major department at Texas State?

1. I loved All of my Professors in the R.C. department. We would all have fun learning about our Major. I experienced a great deal of hands on activities which is vital in my field.

2. Very straight forward and to the point, very helpful

3. how available and supportive the faculty is. the door was always open

4. I loved the small size and the closeness with students to faculty.

What do you suggest should be improved at Texas State?

1. N/A

2. parking on campus (of course)

3. preserve what is left of the original campus. improve what needs to be fixed. parking. more commuter parking on campus

4. I think this has improved since I was a freshman, but I think there needs to be more of an effort to get the kids in the dorms to sports events. If it is pushed more as a freshman maybe people will start going to more of the athletic events.

TEXAS ★ STATE

Institutional Research

The Official Source of University Data
A Member of The Texas State University System



Current user: mb64

2007 Alumni Survey Results

The Department of Respiratory Care

Total Respondents:2

Demographic Data		
Gender		
Category	Count	Percent
Male	1	50 %
Female	1	50 %
Ethnicity		
Category	Count	Percent
White, non-Hispanic	2	100 %
Black, non-Hispanic		0 %
Hispanic		0 %
Asian		0 %
American Indian/Alaskan Native		0 %
International		0 %
Unknown		0 %
Department		
Category	Count	Percent
Respiratory Care	2	100 %
Majors:		
Category	Count	Percent
719.00 Respiratory Care	2	100.00 %

Employment

Which of the following best describes your current primary employment status?
(asked of all alumni)

Category	Count	Percent
Employed full time	2	100 %
Employed part time		0 %
Serving in the Armed Forces		0 %
Unemployed, not seeking employment		0 %
Unemployed, seeking employment		0 %

From which source did you receive most of your assistance with career development issues?

(asked of employed alumni)

Category	Count	Percent
Internet career website	1	50 %
Parent or relative	1	50 %
Another student or friend		0 %
Career Services office		0 %
Other university staff		0 %
Academic advisor		0 %
Faculty		0 %
Other, (please specify: see table below)		0 %

From which source did you learn about the first job you held after graduating from Texas State?

(asked of employed alumni)

Category	Count	Percent
Employer Website	1	50 %
Academic department or faculty		0 %
Internet job board (other than Jobs4Cats)		0 %
Career Services Job Fair		0 %
Networking with alumni		0 %
Professional meeting/organization		0 %
Career Services office		0 %
Public or private agency		0 %
Newspaper or trade publication		0 %
Career Services Jobs4Cats online		0 %
Internship		0 %
Recruited by employer		0 %
Held the job while enrolled at college		0 %
Other, (please specify: see table below)	1	50 %

Indicate whether each of the following was a major problem, minor problem, or not a problem in obtaining your first job after graduation

(asked of employed alumni)					
Item	Mean	Count	Major Problem (1)	Minor Problem (2)	Not a Problem (3)
Completing job applications	3.00	2	(0 %)	(0 %)	2 (100 %)
Race/sex discrimination	3.00	2	(0 %)	(0 %)	2 (100 %)
Writing a resume, vita, or letter of introduction	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Scheduling interviews	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Knowing how to find job openings	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Finding a job for which I was trained	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Deciding what I wanted to do	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Finding a job that paid enough	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Finding the kind of job I wanted	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Find a job where I wanted to live	1.50	2	1 (50 %)	1 (50 %)	(0 %)

How long did it take you to obtain your first full-time job after graduating? (asked of alumni employed full-time)		
Category	Count	Percent
I obtained a job prior to graduating from Texas State		0 %
Less than one month	1	50 %
1 to 3 months		0 %
4 to 6 months		0 %
7 to 12 months		0 %
More than 12 months	1	50 %

How many full-time jobs have you held since graduation? (asked of alumni employed full-time)		
Category	Count	Percent
1	1	50 %
2		0 %
3	1	50 %
4		0 %
5		0 %

6 or more	0 %
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How many part-time jobs have you held since graduation?
(asked of alumni employed part-time)

Category	Count	Percent
1		0%
2		0%
3		0%
4		0%
5		0%
6 or more		0%

What is your current annual salary?
(asked of alumni employed full-time)

Category	Count	Percent
\$9,999 or less		0 %
\$10,000 to \$19,999		0 %
\$20,000 to \$29,999		0 %
\$30,000 to \$39,999	1	50 %
\$40,000 to \$49,999	1	50 %
\$50,000 to \$59,999		0 %
\$60,000 to \$69,999		0 %
\$70,000 to \$79,999		0 %
\$80,000 to \$89,999		0 %
\$90,000 to \$99,999		0 %
\$100,000 to \$109,999		0 %
\$110,000 to \$119,999		0 %
\$120,000 or more		0 %

What is the primary reason you are currently employed part-time?
(asked of alumni employed part-time)

Category	Count	Percent
Do not desire full-time employment		0%
Cannot find full-time employment		0%
Health/personal reasons		0%
Other (please specify: see table below)		0%

How closely is your current job related to your college major?
(asked of employed alumni)

Category	Count	Percent

Highly related	1	50 %
Moderately related	1	50 %
Slightly related		0 %
Not related		0 %

To what extent did your education at Texas State allow you to be competitive with peers at your current place of employment? (asked of employed alumni)		
Category	Count	Percent
Very well	1	50 %
Well	1	50 %
Adequately		0 %
Poorly		0 %
Very poorly		0 %

How satisfied are you with your current job? (asked of alumni employed full-time)		
Category	Count	Percent
Very satisfied		0 %
Satisfied	2	100 %
Neutral		0 %
Dissatisfied		0 %
Very dissatisfied		0 %

How satisfied are you with your current job? (asked of alumni employed part-time)		
Category	Count	Percent
Very satisfied		0%
Satisfied		0%
Neutral		0%
Dissatisfied		0%
Very dissatisfied		0%

Do you feel you are currently underemployed? (asked of alumni employed full-time)		
Category	Count	Percent
Yes		0 %
No	2	100 %

Do you feel you are currently underemployed? (asked of alumni employed part-time)		

Category	Count	Percent
Yes		0%
No		0%

In addition to your full-time employment, have you held a part-time job since graduation? (asked of alumni employed full-time)		
Category	Count	Percent
Yes		0 %
No	2	100 %

In addition to your part-time employment, have you held a full-time job since graduation? (asked of alumni employed part-time)		
Category	Count	Percent
Yes		0%
No		0%

Are you currently seeking full-time employment? (asked of alumni employed part-time)		
Category	Count	Percent
Yes		0%
No		0%

Have you held a job since graduation? (asked of alumni that are unemployed)		
Category	Count	Percent
Yes, I have worked full-time		0%
Yes, I have worked part-time		0%
Yes, I have worked both full and part-time		0%
No, I have not held a job since graduating		0%

Please indicate the primary reason you are now unemployed: (asked of alumni that are unemployed)		
Category	Count	Percent
Have been unable to find a full-time job since college		0%
Was laid off by employer		0%
Quit to find another job		0%
Health/personal reasons		0%
Do not desire employment at this time		0%
Other (please specify: see table below)		0%

How long have you actively been seeking employment?

(asked of alumni that are unemployed)		
Category	Count	Percent
Not seeking employment		0%
Less than 1 month		0%
1 to 3 months		0%
4 to 6 months		0%
7 to 12 months		0%
More than 12 months		0%

Have you sought employment help from Texas State's Career Services Office? (asked of alumni that are unemployed)		
Category	Count	Percent
Yes, it has been helpful		0%
Yes, but it has not been helpful (please explain: see table below)		0%
No (please explain: see table below)		0%

Continuing Education

Since graduating from Texas State, have you continued your education for any of the following reasons? Please click all that apply: (asked of all alumni)		
Category	Count	Percent
To earn a graduate or professional degree	1	50 %
To prepare for a future career change	1	50 %
To increase earning power		0%
To meet certification, licensing or continuing education requirements		0%
For general education or self-improvement		0%
To improve skills related to my job		0%
To earn another bachelor's degree		0%

If you have not already, are you planning to enroll in a graduate or professional degree program within the next five years?		
Category	Count	Percent
Yes		0 %
No	1	50 %
Uncertain		0 %
Have already enrolled	1	50 %

If you have not already, are you planning to enroll in certification/licensing or continuing

education training within the next five years?		
Category	Count	Percent
Yes	1	50 %
No	1	50 %
Uncertain		0 %
Have already enrolled		0 %

Graduate School

In which field are you pursuing a graduate or professional degree?		
Graduate/Professional Field	Count	Percent
Sciences (Biology, Chemistry, Physics, Math, etc.)		0 %
Fine Arts (Art, Theatre, Music, Dance, etc.)		0 %
Veterinary Medicine		0 %
Law		0 %
Liberal Arts (History, Literature, Political Sci., etc.)		0 %
Public Administration		0 %
Education		0 %
Dentistry		0 %
Engineering		0 %
Business		0 %
Theology		0 %
Medicine		0 %
Other, see comments below:	1	100 %

On what degree are you working?		
Degree	Count	Percent
Master's	1	100 %
Doctorate		0 %
Professional		0 %
Other, see comments below		0 %

At what institution are you working on your graduate or professional degree?		
Institution	Count	Percent
Texas State University-San Marcos	1	100 %
University of Texas at San Antonio		0 %
University of Texas at Arlington		0 %
University of Texas at Dallas		0 %
University of North Texas		0 %
Texas Tech University		0 %

University of Texas at Austin	0 %
Texas A&M University	0 %
University of Houston	0 %
Other, see comments below:	0 %

Certification, Licensing, and Continuing Education Requirements

In which field are you pursuing certification/licensing or continuing education requirements?		
Certification/Licensing Field	Count	Percent
Information Technology		0%
Medical/Healthcare		0%
Real Estate		0%
Law/Paralegal		0%
Counseling & Guidance		0%
Educational Administration		0%
Teaching/Education Specialist		0%
Accounting/Finance		0%
Other, see comments below:		%

At what agency/institution are you working on certification/licensing or continuing education requirements?		
Agency/Institution	Count	Percent
University of Texas at San Antonio		0%
University of Texas at Arlington		0%
University of Texas at Dallas		0%
University of North Texas		0%
Texas Tech University		0%
University of Texas at Austin		0%
A Community College		0%
Texas State University-San Marcos		0%
An Independent School District		0%
Texas A&M University		0%
University of Houston		0%
An Education Service Center		0%
Other, see comments below:		0%

How well did Texas State prepare you for your continuing education? (asked of alumni currently enrolled)		
Category	Count	Percent
Very well	1	100 %

Well	0 %
Adequately	0 %
Poorly	0 %
Very poorly	0 %

Future Plans for Continuing Education Requirements

Plans for Graduate or Professional School

In which field would you pursue a graduate or professional degree in the next five years?		
Graduate/Professional Field	Count	Percent
Sciences (Biology, Chemistry, Physics, Math, etc.)		0%
Fine Arts (Art, Theatre, Music, Dance, etc.)		0%
Veterinary Medicine		0%
Law		0%
Liberal Arts (History, Literature, Political Sci., etc.)		0%
Public Administration		0%
Education		0%
Dentistry		0%
Engineering		0%
Business		0%
Theology		0%
Medicine		0%
Other, see comments below:		0%

On which degree would you work?		
Degree	Count	Percent
Master's		0%
Doctorate		0%
Professional		0%
Other, see comments below		0%

At what institutions are you considering enrollment for a graduate or professional degree?		
Institution	Count	Percent
University of Texas at San Antonio		%
University of Texas at Arlington		0%
University of Texas at Dallas		0%
University of North Texas		0%
Texas Tech University		0%
University of Texas at Austin		0%

Texas State University-San Marcos	0%
Texas A&M University	0%
University of Houston	0%
Other, see comments below:	%

Plans for Certification, Licensing, or Continuing Education Requirements

In which field are you considering pursuing certification/licensing or continuing education requirements in the next five years?		
Certification/ Licensing Field	Count	Percent
Medical/Healthcare	1	100 %
Information Technology		0 %
Real Estate		0 %
Law/Paralegal		0 %
Counseling & Guidance		0 %
Educational Administration		0 %
Teaching/Education Specialist		0 %
Accounting/Finance		0 %
Other, see comments below:		0 %

At what agency/institution would you enroll for certification/license or continuing education requirements?		
Agency/Institution	Count	Percent
University of Texas at San Antonio		0%
University of Texas at Arlington		0%
University of Texas at Dallas		0%
University of North Texas		0%
Texas Tech University		0%
University of Texas at Austin		0%
A Community College		0%
Texas State University-San Marcos		0%
An Independent School District		0%
Texas A&M University		0%
University of Houston		0%
An Education Service Center		0%
Other, see comments below:		0%

Satisfaction Ratings

How would you rate Texas State on the following characteristics?

(Mean, count and percent omits "No opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Reputation of your major department	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Quality of academic facilities (library, classrooms, etc.)	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Personal attention to students	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Quality of instruction	1.50	2	1 (50 %)	1 (50 %)	(0 %)	(0 %)	(0 %)	
Attractiveness of campus	1.50	2	1 (50 %)	1 (50 %)	(0 %)	(0 %)	(0 %)	
Location of campus	2.00	2	(0 %)	2 (100 %)	(0 %)	(0 %)	(0 %)	
Academic reputation overall	2.00	2	1 (50 %)	(0 %)	1 (50 %)	(0 %)	(0 %)	
Opportunities to participate in extracurricular activities	2.50	2	(0 %)	1 (50 %)	1 (50 %)	(0 %)	(0 %)	
Opportunities for leadership development	2.50	2	(0 %)	1 (50 %)	1 (50 %)	(0 %)	(0 %)	
Quality of social life	2.50	2	(0 %)	1 (50 %)	1 (50 %)	(0 %)	(0 %)	
Availability of recreational facilities on campus	2.50	2	(0 %)	1 (50 %)	1 (50 %)	(0 %)	(0 %)	
Quality of on-campus housing	3.00	2	(0 %)	(0 %)	2 (100 %)	(0 %)	(0 %)	
Cost of tuition and fees	3.50	2	(0 %)	(0 %)	1 (50 %)	1 (50 %)	(0 %)	

How satisfied are you with the educational experience you had at Texas State?		
Category	Count	Percent
Very satisfied	1	50 %
Satisfied	1	50 %
Neutral		0 %
Dissatisfied		0 %
Very dissatisfied		0 %

To what extent did your education at Texas State affect your personal development in each of the following areas?					
Item	Mean	Count	Very much (1)	Somewhat (2)	Very little (3)
Ability to use computers/information technology	1.50	2	1 (50 %)	1 (50 %)	(0 %)
Learning on your own	2.00	2	(0 %)	2 (100 %)	(0 %)
Working as part of a team	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Physical and mental health	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Leading others	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Planning and carrying out projects	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Creative thinking	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Self-confidence in expressing your own ideas	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Appreciating the arts	2.00	2	1 (50 %)	(0 %)	1 (50 %)
Appreciating global perspectives	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Understanding your ethics/values	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Writing skills	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Appreciation for life-long learning	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Critical and logical thinking	2.50	2	(0 %)	1 (50 %)	1 (50 %)

Career planning	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Understanding other cultures, races or ethnic groups	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Appreciating diversity	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Compassion for others	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Oral communication/speaking	2.50	2	(0 %)	1 (50 %)	1 (50 %)
Ability to use mathematics	3.00	2	(0 %)	(0 %)	2 (100 %)

Please rate the quality of advising you received from: (Mean and percent omits "No Opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Professional advisors in your College Advising Center	1.50	2	1 (50 %)	1 (50 %)	(0 %)	(0 %)	(0 %)	
Faculty in your major department	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	

Please rate each of the following aspects of the classes in your major at Texas State. (Mean and percent omits "No Opinion" responses.)								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poorly	Very poorly	No opinion
Quality of instruction	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Appropriateness of subject matter in major courses	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	
Challenge of course material	1.00	2	2 (100 %)	(0 %)	(0 %)	(0 %)	(0 %)	

Has your education at Texas State improved your quality of life?

Category	Count	Percent
Definitely yes	1	50 %
Probably yes	1	50 %
Uncertain		0 %
Probably no		0 %
Definitely no		0 %

Would you recommend your major department at Texas State to others considering college?

Category	Count	Percent
Definitely yes	2	100 %
Probably yes		0 %
Uncertain		0 %
Probably no		0 %
Definitely no		0 %

If you could choose your major again, would you select the same major?

Category	Count	Percent
Definitely yes		0 %
Probably yes	1	50 %
Uncertain		0 %
Probably no		0 %
Definitely no	1	50 %

What is your current zipcode or country if outside the U.S.A.?

1. 77070

From which source did you receive most of your assistance with career development issues? Responses to Other, (please specify:)**From which source did you learn about the first job you held after graduating from Texas State? Responses to Other, (please specify:)**

1. friend

What is your current job title? (asked of alumni employed full-time)

1. Marketing Coordinator

2. Respiratory Therapist

**What type of business do you work in? (asked of alumni employed full-time)
(Examples: restaurant, law firm, hospital, electronics manufacturer, airline, high school,**

etc.)

1. accounting firm

2. Hospital

What is the primary reason you are currently employed part-time? Responses to Other (please specify:)

Please indicate the primary reason you are now unemployed. Responses to Other (please specify:)

Have you sought employment help from Texas State's Career Services Office? Yes, but it has not been helpful (please explain:) (asked of unemployed alumni)

Have you sought employment help from Texas State's Career Services Office? No (please explain:) (asked of unemployed alumni)

In which field are you pursuing a graduate or professional degree? Other, please specify:

1. Interdisciplinary Sciences

What is your major?

1. INterdisciplinary Sciences

On what degree are you working? Other, please specify:

At what institution are you working on your graduate or professional degree? Other, please specify:

In which field are you pursuing certification/licensing or continuing education requirements? Other, please specify:

On what certification/license or continuing education requirements are you working?

At what agency/institution are you working on certification/licensing or continuing education requirements? Other, please specify:

In which field would you pursue a graduate or professional degree in the next five years? Other, please specify:

In what will you major?

On which degree would you work? Other, please specify:

At what institutions are you considering enrollment for a graduate or professional degree?
Other, please specify:

In which field are you considering pursuing certification/licensing or continuing education requirements in the next five years? Other, please specify:

On what certification/license or continuing education requirements will you work?

1. RRT

At what agency/institution would you enroll for certification/license or continuing education requirements? Other, please specify:

What were the one or two things you liked best about your overall experience at Texas State?

1. The professors in the College of Journalism and Mass Communications and all the wonderful classmates I met.

2. Was able to obtain a good job.

What were the one or two things you liked best about your major department at Texas State?

1. The instructors and my Advertising Campaigns class.

2. Small classes and nice teachers.

What do you suggest should be improved at Texas State?

1. On and Off campus transportation

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Alumni Survey Results 2008

The Department of Respiratory Care

Total Respondents:9

Gender		
Category	Count	Percent
Male	1	11 %
Female	8	89 %

Ethnicity		
Category	Count	Percent
Anglo American	3	33 %
African American	2	22 %
Hispanic American	2	22 %
Asian American	1	11 %
American Indian	0	0 %
International	1	11 %
Unknown	0	0 %

Department		
Category	Count	Percent
Respiratory Care	9	100 %

Major		
Category	Count	Percent
719.00 Respiratory Care	9	100%

Which of the following best describes your current primary employment status?		

Category	Count	Percent
Employed full time	8	89 %
Employed part time	1	11 %
Unemployed, seeking employment	0	0 %
Unemployed, not seeking employment	0	0 %
Serving in the Armed Forces	0	0 %

From which source did you receive most of your assistance with career development issues?		
Category	Count	Percent
Faculty	6	67 %
Career Services Office	0	0 %
Academic advisor	0	0 %
Other university staff	0	0 %
Parent or relative	1	11 %
Internet career website	0	0 %
Another student or friend	2	22 %
Other, please specify:	0	0 %
Other, please specified below:		

From which source did you learn about the first job you held after graduating from Texas State?		
Category	Count	Percent
Held the job while enrolled at college	2	22 %
Career Services Jobs4Cats online	0	0 %
Career Services Job Fair	0	0 %
Career Services office	0	0 %
Internship	3	33 %
Academic department or faculty	2	22 %
Internet job board (other than Jobs4Cats)	1	11 %
Employer Website	0	0 %
Newspaper or trade publication	0	0 %
Recruited by employer	0	0 %
Public or private agency	0	0 %
Professional meeting/organization	0	0 %
Networking with alumni	0	0 %
Other, please specify:	1	11 %
Other, please specified below:		

1. My respiratory care teacher

Indicate whether each of the following was a major problem, minor problem, or not a problem in obtaining your first job after graduation						
Item	Major Problem		Minor Problem		Not a Problem	
	Count	Percent	Count	Percent	Count	Percent
Deciding what I wanted to do	0	0 %	1	11 %	8	89 %
Knowing how to find job openings	0	0 %	0	0 %	9	100 %
Writing a resume, vita, or letter of introduction	0	0 %	3	33 %	6	67 %
Completing job applications	0	0 %	1	11 %	8	89 %
Scheduling interviews	0	0 %	1	11 %	8	89 %
Finding a job that paid enough	1	11 %	1	11 %	7	78 %
Finding a job for which I was trained	0	0 %	0	0 %	9	100 %
Find a job where I wanted to live	1	11 %	0	0 %	8	89 %
Finding the kind of job I wanted	0	0 %	2	22 %	7	78 %
Race/sex discrimination	0	0 %	1	11 %	8	89 %

How long did it take you to obtain your first full-time job after graduating?		
Category	Count	Percent
I obtained the job prior to graduating from Texas State	4	50 %
Less than one month	3	38 %
1 to 3 months	1	12 %
4 to 6 months	0	0 %
7 to 12 months	0	0 %
More than 12 months	0	0 %

How many full-time jobs have you held since graduation?(asked of those employed full-time)		
Category	Count	Percent
One	6	75 %
Two	2	25 %
Three	0	0 %
Four	0	0 %
Five	0	0 %
Six or more	0	0 %
What is your current job title?		
Respiratory therapist at UHS san antonio, Respiratory Therapist, RRT, CRT/Sleep Technician, Registered Respiratory Therapist, RRT, Respiratory Care Practitioner, respiratory care practitioner,		

How many part-time jobs have you held since graduation?(asked of those employed part-time)

Category	Count	Percent
One	1	100 %
Two	0	0 %
Three	0	0 %
Four	0	0 %
Five	0	0 %
Six or more	0	0 %

What is your current job title?

Respiratory Therapist,

What is your current annual salary? (asked of those employed full-time)

Category	Count	Percent
\$9,999 or less	0	0 %
\$10,000 to \$19,999	0	0 %
\$20,000 to \$29,999	0	0 %
\$30,000 to \$39,999	2	25 %
\$40,000 to \$49,999	3	38 %
\$50,000 to \$59,999	2	25 %
\$60,000 to \$69,999	1	12 %
\$70,000 to \$79,999	0	0 %
\$80,000 to \$89,999	0	0 %
\$90,000 to \$99,999	0	0 %
\$100,000 to \$109,999	0	0 %
\$110,000 to \$119,999	0	0 %
\$120,000 or more	0	0 %

What is the primary reason you are currently employed part-time? (asked of those employed part-time)

Category	Count	Percent
Do not desire full-time employment	1	100 %
Cannot find full-time employment	0	0 %
Health/personal reasons	0	0 %
Other, please specify:	0	0 %
Other, please specified:		

How closely is your current job related to your college major?

Category	Count	Percent
Highly related	9	100 %

Moderately related	0	0 %
Slightly related	0	0 %
Not related	0	0 %

To what extent did your education at Texas State allow you to be competitive with peers at your current place of employment?		
Category	Count	Percent
Very well	6	67 %
Well	3	33 %
Adequately	0	0 %
Poorly	0	0 %
Very poorly	0	0 %

How satisfied are you with your current job? (response of those employed full-time)		
Category	Count	Percent
Very satisfied	3	38 %
Satisfied	4	50 %
Neutral	1	12 %
Dissatisfied	0	0 %
Very dissatisfied	0	0 %

How satisfied are you with your current job? (response of those employed part-time)		
Category	Count	Percent
Very satisfied	0	0 %
Satisfied	1	100 %
Neutral	0	0 %
Dissatisfied	0	0 %
Very dissatisfied	0	0 %

Do you feel you are currently underemployed? (response of those employed full-time)		
Category	Count	Percent
Yes	2	25 %
No	6	75 %

Do you feel you are currently underemployed? (response of those employed part-time)		
Category	Count	Percent
Yes	0	0 %
No	1	100 %

In addition to your full-time employment, have you held a part-time job since graduation?		
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Category	Count	Percent
Yes	3	38 %
No	5	62 %

In addition to your part-time employment, have you held a full-time job since graduation?		
Category	Count	Percent
Yes	0	0 %
No	1	100 %

Are you currently seeking full-time employment? (asked of those employed part-time)		
Category	Count	Percent
Yes	0	0 %
No	1	100 %

Have you held a job since graduation? (asked of those unemployed)		
Category	Count	Percent
Yes, I have worked full-time	0	0%
Yes, I have worked part-time	0	0%
Yes, I have worked both full and part-time	0	0%
No, I have not held a job since graduating	0	0%

Please indicate the primary reason you are now unemployed. (asked of the unemployed)		
Category	Count	Percent
Have been unable to find a full-time job since college	0	0%
Was laid off by employer	0	0%
Quit to find another job	0	0%
Health/personal reasons	0	0%
Do not desire employment at this time	0	0%
Other	0	0%
Other(please specify:)		

How long have you actively been seeking employment?		
Category	Count	Percent
Not seeking employment	0	0%
Less than 1 month	0	0%
1 to 3 months	0	0%
4 to 6 months	0	0%
7 to 12 months	0	0%
More than 12 months	0	0%

Have you sought employment help from Texas State's Career Services Office?		
Category	Count	Percent
Yes, it has been helpful	0	0%
Yes, but it has not been helpful(please explain:)	0	0%
No (please explain:)	0	0%
Yes, but it has not been helpful, (please explain):		
No (please explain):		

Since graduating from Texas State, have you continued your education for any of the following reasons? Please click all that apply:		
Category	Count	Percent
To earn a graduate or professional degree	2	22 %
To improve skills related to my job	3	33 %
To meet certification, licensing or continuing education requirements	5	56 %
To prepare for a future career change	3	33 %
For general education or self-improvement	2	22 %
To increase earning power	2	22 %
To earn another bachelor's degree	0	0 %

If you have not already, are you planning to enroll in a graduate or professional degree program within the next five years?		
Category	Count	Percent
Yes	9	100 %
No	0	0 %
Uncertain	0	0 %
Have already enrolled	0	0 %

If you have not already, are you planning to enroll in certification/licensing or continuing education training within the next five years?		
Category	Count	Percent
Yes	8	89 %
No	1	11 %
Uncertain	0	0 %
Have already enrolled	0	0 %

In which field are you pursuing a graduate or professional degree?		
Category	Count	Percent
Business	0	0 %
Engineering	0	0 %
Law	0	0 %

Public Administration	0	0 %
Medicine	2	100 %
Veterinary Medicine	0	0 %
Dentistry	0	0 %
Theology	0	0 %
Education	0	0 %
Fine Arts (Art, Theatre, Music, Dance, etc.)	0	0 %
Liberal Arts (History, Literature, Political Sci., etc.)	0	0 %
Sciences (Biology, Chemistry, Physics, Math, etc.)	0	0 %
Other, please specify:	0	0 %
Other, please specify:		

What is your major?

On what degree are you working?		
Category	Count	Percent
Masters	0	0 %
Doctorate	0	0 %
Professional	1	100 %
Other, please specify:	0	0 %
Other, please specify:		

At what institution are you working on your graduate or professional degree?		
Category	Count	Percent
Texas State University-San Marcos	0	0 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	0	0 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	1	100 %
Other, please specify:		
1. cummunity college		

In which field are you pursuing certification/licensing or continuing education requirements?		
Category	Count	Percent

Accounting/Finance	0	0 %
Counseling & Guidance	0	0 %
Educational Administration	0	0 %
Information Technology	0	0 %
Medical/Health care	4	80 %
Law/Paralegal	0	0 %
Real Estate	1	20 %
Teaching/Education Specialist	0	0 %
Other, please specify:	0	0 %
Other, please specify:		
On what certification/license or continuing education requirements are you working?		
1. neonatal pedi specialist		
2. Registered Respiratory Therapist		
3. Real Estate		

At what agency/institution are you working on certification/licensing or continuing education requirements?		
Category	Count	Percent
An Education Service Center	1	50 %
An Independent School District	0	0 %
A Community College	0	0 %
Texas State University-San Marcos	0	0 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	0	0 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	1	50 %
Other, please specify:		

How well did Texas State prepare you for your post graduate education?		
Category	Count	Percent
Very well	2	40 %
Well	3	60 %
Adequately	0	0 %
Poorly	0	0 %
Very poorly	0	0 %

In which field would you pursue a graduate or professional degree in the next five years?		
Category	Count	Percent
Business	3	33 %
Engineering	0	0 %
Law	0	0 %
Public Administration	0	0 %
Medicine	3	33 %
Veterinary Medicine	0	0 %
Dentistry	0	0 %
Theology	0	0 %
Education	2	22 %
Fine Arts (Art, Theatre, Music, Dance, etc.)	0	0 %
Liberal Arts (History, Literature, Political Sci., etc.)	0	0 %
Sciences (Biology, Chemistry, Physics, Math, etc.)	0	0 %
Other, please specify:	1	11 %
Other, please specify:		
1. Health care administration		
In what will you major?		
1. healthcare administration		
2. undecided		
3. Health		
4. Not Sure		
5. health administration		
6. business administration		

On which degree would you work?		
Category	Count	Percent
Masters	8	89 %
Doctorate	0	0 %
Professional	1	11 %
Other, please specify:	0	0 %
Other, please specify:		
1. MD		

At what institution are you considering enrollment for a graduate or professional degree?		
Category	Count	Percent
Texas State University-San Marcos	3	50 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %

University of Houston	0	0 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	3	50 %
Other, please specify:		
1. Univ of Incarnate Word		
2. Not Sure		
3. not decided		

In which field are you considering pursuing certification/licensing or continuing education requirements in the next five years?		
Category	Count	Percent
Accounting/Finance	0	0 %
Counseling & Guidance	0	0 %
Educational Administration	0	0 %
Information Technology	0	0 %
Medical/Health care	7	88 %
Law/Paralegal	0	0 %
Real Estate	1	12 %
Teaching/Education Specialist	0	0 %
Other, please specify:	0	0 %
Other, please specify:		
On what certification/license or continuing education requirements will you work?		
1. same		

At what agency/institution would you enroll for certification/licensing or continuing education requirements?		
Category	Count	Percent
An Education Service Center	1	25 %
An Independent School District	0	0 %
A Community College	0	0 %
Texas State University-San Marcos	2	50 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	0	0 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	1	25 %

University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	0	0 %
Other, please specify:		

How would you rate Texas State on the following characteristics?								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Reputation of your major department	1.33	9	7 78 %	1 11 %	1 11 %	0 0 %	0 0 %	0
Quality of instruction	1.33	9	6 67 %	3 33 %	0 0 %	0 0 %	0 0 %	0
Location of campus	1.56	9	4 44 %	5 56 %	0 0 %	0 0 %	0 0 %	0
Quality of academic facilities (library, classrooms, etc.)	1.67	9	4 44 %	4 44 %	1 11 %	0 0 %	0 0 %	0
Academic reputation overall	1.67	9	4 44 %	4 44 %	1 11 %	0 0 %	0 0 %	0
Quality of social life	1.78	9	4 44 %	3 33 %	2 22 %	0 0 %	0 0 %	0
Attractiveness of campus	1.78	9	5 56 %	2 22 %	1 11 %	1 11 %	0 0 %	0
Opportunities for leadership development	1.86	7	2 29 %	4 57 %	1 14 %	0 0 %	0 0 %	1
Opportunities to participate in extracurricular activities	1.86	7	2 29 %	4 57 %	1 14 %	0 0 %	0 0 %	1
Personal attention to students	1.89	9	3 33 %	5 56 %	0 0 %	1 11 %	0 0 %	0
Availability of recreational facilities on campus	1.89	9	2 22 %	6 67 %	1 11 %	0 0 %	0 0 %	0
Quality of on-campus housing	2.00	6	1 17 %	4 67 %	1 17 %	0 0 %	0 0 %	3
Cost of tuition and fees	2.33	9	1 11 %	4 44 %	4 44 %	0 0 %	0 0 %	0

How satisfied are you with the educational experience you had at Texas State?

Category	Count	Percent
Very satisfied	5	56 %
Satisfied	4	44 %
Neutral	0	0 %
Dissatisfied	0	0 %
Very dissatisfied	0	0 %

To what extent did your education at Texas State affect your personal development in each of the following areas?

Item	Mean	Value	1	2	3
		Count	Very much	Somewhat	Very little
Oral communication/speaking	1.00	9	9 100 %	0 0 %	0 0 %
Planning and carrying out projects	1.11	9	8 89 %	1 11 %	0 0 %
Learning on your own	1.11	9	8 89 %	1 11 %	0 0 %
Working as part of a team	1.11	9	8 89 %	1 11 %	0 0 %
Self-confidence in expressing your own ideas	1.22	9	7 78 %	2 22 %	0 0 %
Appreciation for life-long learning	1.22	9	7 78 %	2 22 %	0 0 %
Career planning	1.22	9	7 78 %	2 22 %	0 0 %
Critical and logical thinking	1.22	9	7 78 %	2 22 %	0 0 %
Creative thinking	1.33	9	6 67 %	3 33 %	0 0 %
Leading others	1.33	9	6 67 %	3 33 %	0 0 %
Compassion for others	1.33	9	6 67 %	3 33 %	0 0 %
Appreciating diversity	1.44	9	5 56 %	4 44 %	0 0 %
Understanding other cultures, races or ethnic	1.44	9	5	4	0

groups			56 %	44 %	0 %
Ability to use computers/information technology	1.56	9	4 44 %	5 56 %	0 0 %
Understanding your ethics/values	1.56	9	5 56 %	3 33 %	1 11 %
Appreciating the arts	1.56	9	5 56 %	3 33 %	1 11 %
Writing skills	1.67	9	3 33 %	6 67 %	0 0 %
Appreciating global perspectives	1.67	9	4 44 %	4 44 %	1 11 %
Physical and mental health	1.67	9	4 44 %	4 44 %	1 11 %
Ability to use mathematics	1.89	9	2 22 %	6 67 %	1 11 %

Please rate the quality of advising you received from:								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Faculty in your major department	1.22	9	7 78 %	2 22 %	0 0 %	0 0 %	0 0 %	0
Professional advisors in your College Advising Center	2.50	8	1 12 %	4 50 %	2 25 %	0 0 %	1 12 %	1

Please rate each of the following aspects of the classes in your major at Texas State.								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Challenge of course material	1.33	9	6 67 %	3 33 %	0 0 %	0 0 %	0 0 %	0
Appropriateness of subject matter in major courses	1.33	9	6 67 %	3 33 %	0 0 %	0 0 %	0 0 %	0
Quality of instruction	1.44	9	5 56 %	4 44 %	0 0 %	0 0 %	0 0 %	0

Has your education at Texas State improved your quality of life?

Category	Count	Percent
Definitely yes	6	67 %
Probably yes	2	22 %
Uncertain	1	11 %
Probably no	0	0 %
Definitely no	0	0 %

Would you recommend your major department at Texas State to others considering college?

Category	Count	Percent
Definitely yes	6	67 %
Probably yes	3	33 %
Uncertain	0	0 %
Probably no	0	0 %
Definitely no	0	0 %

If you could choose your major again, would you select the same major?

Category	Count	Percent
Definitely yes	4	44 %
Probably yes	2	22 %
Uncertain	1	11 %
Probably no	2	22 %
Definitely no	0	0 %

Zipcode and General Comments**What is your current zipcode (or name of country if outside of the U.S.A.)?**

78232, 76548, 78108, 78216, 78732, 78745, 77479, 55405, 78727,

What were the one or two things you liked best about your overall experience at Texas State?

1. Dept staff
2. the location. the variety of majors
3. FRIENDLY PEOPLEMY MAJOR
4. Great campus.

What were the one or two things you liked best about your major department at Texas

State?

1. They were very passionate in what they taught and they never had a problem staying late or meeting you during lunch if you had any problems learning the material or just needed some professional guidance.

2. Quality of teaching

3. the faculty and the hands on experience(clincals).

4. the dedication of the teachers to help students understand

5. OPENED UP ALOT OF DOORS TO MANY JOB OPPORTUNITES

6. Faculty was very friendly and helpful.

What do you suggest should be improved at Texas State?

1. The academic advising center was unsatisfactory when it came to advising. I tried to see them many times for advice on my major and maybe other paths to take and each time, they told me they couldn't advise me b/c I was a respiratory care major and only the chair of the department could help me even when it was non-health realated major I was looking at.

2. improvement of respiratory major. it needs to compare to utsa

TEXAS★STATE

Institutional Research

The Official Source of University Data
A Member of The Texas State University System



Current user: mb64

Alumni Survey Results 2009

The College of Respiratory Care

Total Respondents:4

Gender		
Category	Count	Percent
Male	1	25 %
Female	3	75 %

Ethnicity		
Category	Count	Percent
White, non-Hispanic	2	50 %
Black, non-Hispanic	0	0 %
Hispanic	2	50 %
Asian/Pacific Islander	0	0 %
American Indian/Alaskan	0	0 %
International	0	0 %
Unknown	0	0 %

Department		
Category	Count	Percent
Respiratory Care	4	100 %

Major		
Category	Count	Percent
719.00 Respiratory Care	4	100%

Which of the following best describes your current primary employment status?		

Category	Count	Percent
Employed full time	4	100 %
Employed part time	0	0 %
Not employed, seeking employment	0	0 %
Not employed, not seeking employment	0	0 %
Serving in the Armed Forces	0	0 %

From which source did you receive most of your assistance with career development issues?		
Category	Count	Percent
Faculty	3	75 %
Career Services Office	0	0 %
Academic advisor	0	0 %
Other university staff	0	0 %
Parent or relative	0	0 %
Internet career website	1	25 %
Another student or friend	0	0 %
Other, please specify:	0	0 %
Other, please specified below:		

From which source did you learn about the first job you held after graduating from Texas State?		
Category	Count	Percent
Held the job while enrolled at college	0	0 %
Career Services Jobs4Cats online	0	0 %
Career Services Job Fair	0	0 %
Career Services office	0	0 %
Internship	0	0 %
Academic department or faculty	1	25 %
Internet job board (other than Jobs4Cats)	1	25 %
Employer Website	2	50 %
Newspaper or trade publication	0	0 %
Recruited by employer	0	0 %
Public or private agency	0	0 %
Professional meeting/organization	0	0 %
Networking with alumni	0	0 %
Other, please specify:	0	0 %
Other, please specified below:		

Indicate whether each of the following was a major problem, minor problem, or not a problem in obtaining your first job after graduation						
Item	Major Problem		Minor Problem		Not a Problem	
	Count	Percent	Count	Percent	Count	Percent
Deciding what I wanted to do	0	0 %	1	25 %	3	75 %
Knowing how to find job openings	0	0 %	0	0 %	4	100 %
Writing a resume, vita, or letter of introduction	0	0 %	2	50 %	2	50 %
Completing job applications	0	0 %	1	25 %	3	75 %
Scheduling interviews	0	0 %	0	0 %	4	100 %
Finding a job that paid enough	1	25 %	0	0 %	3	75 %
Finding a job for which I was trained	0	0 %	0	0 %	4	100 %
Find a job where I wanted to live	0	0 %	1	25 %	3	75 %
Finding the kind of job I wanted	0	0 %	0	0 %	4	100 %
Race/sex discrimination	0	0 %	0	0 %	4	100 %

How long did it take you to obtain your first full-time job after graduating?		
Category	Count	Percent
I obtained the job prior to graduating from Texas State	0	0 %
Less than one month	2	50 %
1 to 3 months	2	50 %
4 to 6 months	0	0 %
7 to 12 months	0	0 %
More than 12 months	0	0 %

How many full-time jobs have you held since graduation?(asked of those employed full-time)		
Category	Count	Percent
One	3	75 %
Two	1	25 %
Three	0	0 %
Four	0	0 %
Five	0	0 %
Six or more	0	0 %
What is your current job title?		
Certified Respiratory Therapist, Respiratory Therapist, Respiratory Therapist I, Registered respiratory therapist,		

How many part-time jobs have you held since graduation?(asked of those employed part-time)		
Category	Count	Percent

One	0	0%
Two	0	0%
Three	0	0%
Four	0	0%
Five	0	0%
Six or more	0	0%
What is your current job title?		

What is your current annual salary? (asked of those employed full-time)		
Category	Count	Percent
\$9,999 or less	0	0 %
\$10,000 to \$19,999	0	0 %
\$20,000 to \$29,999	1	25 %
\$30,000 to \$39,999	0	0 %
\$40,000 to \$49,999	2	50 %
\$50,000 to \$59,999	1	25 %
\$60,000 to \$69,999	0	0 %
\$70,000 to \$79,999	0	0 %
\$80,000 to \$89,999	0	0 %
\$90,000 to \$99,999	0	0 %
\$100,000 to \$109,999	0	0 %
\$110,000 to \$119,999	0	0 %
\$120,000 or more	0	0 %

What is the primary reason you are currently employed part-time? (asked of those employed part-time)		
Category	Count	Percent
Do not desire full-time employment	0	0%
Cannot find full-time employment	0	0%
Health/personal reasons	0	0%
Other, please specify:	0	0%
Other, please specified:		

How closely is your current job related to your college major?		
Category	Count	Percent
Highly related	4	100 %
Moderately related	0	0 %
Slightly related	0	0 %
Not related	0	0 %

To what extent did your education at Texas State allow you to be competitive with peers at your current place of employment?

Category	Count	Percent
Very well	2	50 %
Well	1	25 %
Adequately	1	25 %
Poorly	0	0 %
Very poorly	0	0 %

How satisfied are you with your current job? (response of those employed full-time)

Category	Count	Percent
Very satisfied	1	25 %
Satisfied	3	75 %
Neutral	0	0 %
Dissatisfied	0	0 %
Very Dissatisfied	0	0 %

How satisfied are you with your current job? (response of those employed part-time)

Category	Count	Percent
Very satisfied	0	0%
Satisfied	0	0%
Neutral	0	0%
Dissatisfied	0	0%
Very Dissatisfied	0	0%

Do you feel you are currently underemployed? (response of those employed full-time)

Category	Count	Percent
Yes	0	0 %
No	3	100 %

Do you feel you are currently underemployed? (response of those employed part-time)

Category	Count	Percent
Yes	0	0%
No	0	0%

In addition to your full-time employment, have you held a part-time job since graduation?

Category	Count	Percent
Yes	1	25 %
No	3	75 %

In addition to your part-time employment, have you held a full-time job since graduation?

Category	Count	Percent
Yes	0	0%
No	0	0%

Are you currently seeking full-time employment? (asked of those employed part-time)

Category	Count	Percent
Yes	0	0%
No	0	0%

Have you held a job since graduation? (asked of those unemployed)

Category	Count	Percent
Yes, I have worked full-time	0	0%
Yes, I have worked part-time	0	0%
Yes, I have worked both full and part-time	0	0%
No, I have not held a job since graduating	0	0%

Please indicate the primary reason you are now unemployed. (asked of the unemployed)

Category	Count	Percent
Have been unable to find a full-time job since college	0	0%
Was laid off by employer	0	0%
Quit to find another job	0	0%
Health/personal reasons	0	0%
Do not desire employment at this time	0	0%
Other	0	0%
Other(please specify:)		

How long have you actively been seeking employment?

Category	Count	Percent
Not seeking employment	0	0%
Less than 1 month	0	0%
1 to 3 months	0	0%
4 to 6 months	0	0%
7 to 12 months	0	0%
More than 12 months	0	0%

Have you sought employment help from Texas State's Career Services Office?

Category	Count	Percent
Yes, it has been helpful	0	0%
Yes, but it has not been helpful(please explain:)	0	0%

No (please explain:)	0	0%
Yes, but it has not been helpful, (please explain):		
No (please explain):		

Since graduating from Texas State, have you continued your education for any of the following reasons? Please click all that apply:		
Category	Count	Percent
To earn a graduate or professional degree	1	25 %
To improve skills related to my job	1	25 %
To meet certification, licensing or continuing education requirements	1	25 %
To prepare for a future career change	1	25 %
For general education or self-improvement	0	0 %
To increase earning power	0	0 %
To earn another bachelor's degree	0	0 %

If you have not already, are you planning to enroll in a graduate or professional degree program within the next five years?		
Category	Count	Percent
Yes	3	75 %
No	0	0 %
Uncertain	1	25 %
Have already enrolled	0	0 %

If you have not already, are you planning to enroll in certification/licensing or continuing education training within the next five years?		
Category	Count	Percent
Yes	4	100 %
No	0	0 %
Uncertain	0	0 %
Have already enrolled	0	0 %

In which field are you pursuing a graduate or professional degree?		
Category	Count	Percent
Business	0	0 %
Engineering	0	0 %
Law	0	0 %
Public Administration	0	0 %
Medicine	0	0 %
Veterinary Medicine	0	0 %
Dentistry	0	0 %

Theology	0	0 %
Education	0	0 %
Fine Arts (Art, Theatre, Music, Dance, etc.)	0	0 %
Liberal Arts (History, Literature, Political Sci., etc.)	0	0 %
Sciences (Biology, Chemistry, Physics, Math, etc.)	0	0 %
Other, please specify:	1	100 %
Other, please specify:		
1. Nurse anesthesiology		

What is your major?
1. Certified Registered Nurse Anesthesiologist

On what degree are you working?		
Category	Count	Percent
Masters	1	100 %
Doctorate	0	0 %
Professional	0	0 %
Other, please specify:	0	0 %
Other, please specify:		

At what institution are you working on your graduate or professional degree?		
Category	Count	Percent
Texas State University-San Marcos	0	0%
Texas A&M University	0	0%
Texas Tech University	0	0%
University of North Texas	0	0%
University of Houston	0	0%
University of Texas at Arlington	0	0%
University of Texas at Austin	0	0%
University of Texas at Dallas	0	0%
University of Texas at San Antonio	0	0%
Other, please specify:	0	0%
Other, please specify:		
1. Texas Wesleyan		

In which field are you pursuing certification/licensing or continuing education requirements?		
Category	Count	Percent
Accounting/Finance	0	0 %

Counseling & Guidance	0	0 %
Educational Administration	0	0 %
Information Technology	0	0 %
Medical/Health care	1	100 %
Law/Paralegal	0	0 %
Real Estate	0	0 %
Teaching/Education Specialist	0	0 %
Other, please specify:	0	0 %
Other, please specify:		
On what certification/license or continuing education requirements are you working?		
1. PALS- pediatric advance life support; NPS- neonatal practitioner specialty		

At what agency/institution are you working on certification/licensing or continuing education requirements?		
Category	Count	Percent
An Education Service Center	1	100 %
An Independent School District	0	0 %
A Community College	0	0 %
Texas State University-San Marcos	0	0 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	0	0 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	0	0 %
Other, please specify:		
1. National Board of Respiratory Care		

How well did Texas State prepare you for your post graduate education?		
Category	Count	Percent
Very well	1	50 %
Well	1	50 %
Adequately	0	0 %
Poorly	0	0 %
Very poorly	0	0 %

In which field would you pursue a graduate or professional degree in the next five years?

Category	Count	Percent
Business	0	0 %
Engineering	0	0 %
Law	0	0 %
Public Administration	0	0 %
Medicine	1	33 %
Veterinary Medicine	0	0 %
Dentistry	0	0 %
Theology	0	0 %
Education	1	33 %
Fine Arts (Art, Theatre, Music, Dance, etc.)	0	0 %
Liberal Arts (History, Literature, Political Sci., etc.)	0	0 %
Sciences (Biology, Chemistry, Physics, Math, etc.)	0	0 %
Other, please specify:	1	33 %
Other, please specify:		
1. Physicians assistant		
In what will you major?		
1. Education		

On which degree would you work?		
Category	Count	Percent
Masters	1	50 %
Doctorate	0	0 %
Professional	1	50 %
Other, please specify:	0	0 %
Other, please specify:		

At what institution are you considering enrollment for a graduate or professional degree?		
Category	Count	Percent
Texas State University-San Marcos	0	0 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	1	50 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	1	50 %
Other, please specify:		

1. UT Health Science Center

In which field are you considering pursuing certification/licensing or continuing education requirements in the next five years?

Category	Count	Percent
Accounting/Finance	0	0 %
Counseling & Guidance	0	0 %
Educational Administration	1	33 %
Information Technology	0	0 %
Medical/Health care	2	67 %
Law/Paralegal	0	0 %
Real Estate	0	0 %
Teaching/Education Specialist	0	0 %
Other, please specify:	0	0 %
Other, please specify:		
On what certification/license or continuing education requirements will you work?		
1. to be a registered respiratory therapist		
2. Teaching certificate		

At what agency/institution would you enroll for certification/licensing or continuing education requirements?

Category	Count	Percent
An Education Service Center	0	0 %
An Independent School District	0	0 %
A Community College	0	0 %
Texas State University-San Marcos	0	0 %
Texas A&M University	0	0 %
Texas Tech University	0	0 %
University of North Texas	0	0 %
University of Houston	1	50 %
University of Texas at Arlington	0	0 %
University of Texas at Austin	0	0 %
University of Texas at Dallas	0	0 %
University of Texas at San Antonio	0	0 %
Other, please specify:	1	50 %
Other, please specify:		
1. none just need to take the test		

How would you rate Texas State on the following characteristics?

--	--	--	--	--	--	--	--	--

Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Reputation of your major department	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Quality of academic facilities (library, classrooms, etc.)	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Opportunities for leadership development	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Opportunities to participate in extracurricular activities	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Location of campus	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Attractiveness of campus	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Quality of social life	1.50	4	2 50 %	2 50 %	0 0 %	0 0 %	0 0 %	0
Personal attention to students	1.75	4	2 50 %	1 25 %	1 25 %	0 0 %	0 0 %	0
Availability of recreational facilities on campus	1.75	4	1 25 %	3 75 %	0 0 %	0 0 %	0 0 %	0
Cost of tuition and fees	2.00	4	2 50 %	0 0 %	2 50 %	0 0 %	0 0 %	0
Quality of instruction	2.25	4	1 25 %	1 25 %	2 50 %	0 0 %	0 0 %	0
Academic reputation overall	2.75	4	0 0 %	1 25 %	3 75 %	0 0 %	0 0 %	0
Quality of on-campus housing	2.75	4	0 0 %	3 75 %	0 0 %	0 0 %	1 25 %	0

How satisfied are you with the educational experience you had at Texas State?		
Category	Count	Percent
Very satisfied	4	100 %
Satisfied	0	0 %
Neutral	0	0 %
Dissatisfied	0	0 %
Very Dissatisfied	0	0 %

To what extent did your education at Texas State affect your personal development in each of the following areas?					
Item	Mean	Value	1	2	3
		Count	Very much	Somewhat	Very little
Learning on your own	1.00	4	4 100 %	0 0 %	0 0 %
Self-confidence in expressing your own ideas	1.25	4	3 75 %	1 25 %	0 0 %
Planning and carrying out projects	1.25	4	3 75 %	1 25 %	0 0 %
Working as part of a team	1.25	4	3 75 %	1 25 %	0 0 %
Compassion for others	1.25	4	3 75 %	1 25 %	0 0 %
Appreciation for life-long learning	1.50	4	2 50 %	2 50 %	0 0 %
Career planning	1.50	4	2 50 %	2 50 %	0 0 %
Physical and mental health	1.50	4	2 50 %	2 50 %	0 0 %
Critical and logical thinking	1.50	4	2 50 %	2 50 %	0 0 %
Appreciating diversity	1.50	4	2 50 %	2 50 %	0 0 %
Leading others	1.50	4	3 75 %	0 0 %	1 25 %
Understanding your ethics/values	1.67	3	2 67 %	0 0 %	1 33 %
Reading and comprehending materials on a variety of topics	1.75	4	1 25 %	3 75 %	0 0 %
Creative thinking	1.75	4	2 50 %	1 25 %	1 25 %
Ability to use computers/information technology	1.75	4	1 25 %	3 75 %	0 0 %
Oral communication/speaking	1.75	4	1 25 %	3 75 %	0 0 %

Understanding other cultures, races or ethnic groups	1.75	4	2 50 %	1 25 %	1 25 %
Writing skills	2.00	4	1 25 %	2 50 %	1 25 %
Appreciating the arts	2.00	4	1 25 %	2 50 %	1 25 %
Ability to use mathematics	2.00	4	1 25 %	2 50 %	1 25 %
Appreciating global perspectives	2.25	4	1 25 %	1 25 %	2 50 %

Please rate the quality of advising you received from:								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Faculty in your major department	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Professional advisors in your College Advising Center	1.75	4	2 50 %	1 25 %	1 25 %	0 0 %	0 0 %	0

Please rate each of the following aspects of the classes in your major at Texas State.								
Item	Mean	Value	1	2	3	4	5	0
		Count	Very good	Good	Fair	Poor	Very poor	No Opinion
Quality of instruction	1.25	4	3 75 %	1 25 %	0 0 %	0 0 %	0 0 %	0
Challenge of course material	1.50	4	2 50 %	2 50 %	0 0 %	0 0 %	0 0 %	0
Appropriateness of subject matter in major courses	1.50	4	2 50 %	2 50 %	0 0 %	0 0 %	0 0 %	0

Has your education at Texas State improved your quality of life?		
Category	Count	Percent
Definitely yes	3	75 %
Probably yes	1	25 %
Uncertain	0	0 %
Probably no	0	0 %

Definitely no	0	0 %
---------------	---	-----

If you borrowed money to help pay for college expenses, estimate how much you owed at the time you graduated from Texas State:

Number in debt	Average indebtedness
3	\$ 25333.33

Would you recommend your major department at Texas State to others considering college?

Category	Count	Percent
Definitely yes	3	75 %
Probably yes	1	25 %
Uncertain	0	0 %
Probably no	0	0 %
Definitely no	0	0 %

If you could choose your major again, would you select the same major?

Category	Count	Percent
Definitely yes	2	50 %
Probably yes	2	50 %
Uncertain	0	0 %
Probably no	0	0 %
Definitely no	0	0 %

Zipcode and General Comments

What is your current zipcode (or name of country if outside of the U.S.A.)?

78629, 78666, 77039, 78727,

What were the one or two things you liked best about your overall experience at Texas State?

1. My major class size was small which helped with teacher relationships and getting help after class. The overall environment, many different kinds of students and most people were really friendly and helpful.

2. The location of the university and all of the beautiful girls.

3. The opportunity to get involved with Greek Life truly was the best overall experience for me. It allowed me to improve my social skills, network and build self-confidence.

4. San Marcos is a beautiful and fun town and the campus is really starting to look great with all of the construction! Texas State was also great because it is becoming a very large school but it

still feels small and you do get the chance to know your faculty and staff.

What were the one or two things you liked best about your major department at Texas State?

1. Class size and how the professors showed interest in helping the student learn the subject matter.

2. The faculty was excellent.

3. I liked the size of my major department at Texas State. The number of people enrolled in the Respiratory Therapy program was adequate to allow for one on one mentoring from faculty.

4. I could find a job anywhere

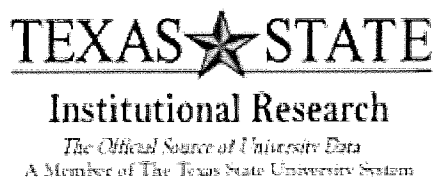
What do you suggest should be improved at Texas State?

1. Core class sizes. Some core classes were so big that the teacher didn't get to learn your name and made it harder to approach them for additional help.

2. Nothing

3. The dominant language back home is spanish, however, much of the paperwork that was sent home for parents such as Dean List notifications and award letters were in English. Giving students the option to have paperwork addressed to parents in a language other than English would have been nice.

4. Make more parking lots and garages by the dorms. Parking is absolutely horrible, especially in the valley! To have to live on campus and never have anywhere to park is ridiculous.



Appendix 14

Departmental Operating Budget

RC Department	2011	2010	2009	2008	2007	2006
Personnel	\$425,822.71	\$423,263.41	\$401,567.76	\$334,644.09	\$334,644.69	\$290,754.06
Adjunct	\$102,639.58	\$82,657.98	\$78,632.98	\$78,633.06	\$78,633.06	\$77,549.24
Summer Funding	\$ 117,431.61	\$119,229.00	\$101,818.35	\$99,536.00	\$83,059.00	\$81,505.00
Course Fees					\$10,617.00	\$5,826.00
GIA	\$10,152.00	\$13,536.00	\$5,076.00	\$8,961.37		
M&O	\$35,547.59	\$35,547.59	\$33,810.20	\$33,810.20	\$14,605.00	\$14,572.20
Expenses		\$33,314.84	\$25,895.16	\$24,792.71	\$10,479.48	\$16,633.36
Sleep Lab	2011	2010	2009	2008	2007	2006
Personnel	71,598.96	35,004.00	35,100.00	54,267.54		
M&O	51,096.00	51,096.00	51,000.00	51,000.00	77,056.13	51,000.00
Total	122,694.96	86,100.00	86,100.00	105,267.54	77,056.13	51,000.00
Revenue	to date-\$85,417.28	109,745.35	130,690.99	178,313.19	103,370.61	0.00
Expenses	71,387.40	107,173.24	83,992.99	103,996.54	73,836.11	

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Phone: (

Phone: (

Texas State user ---- generated this page on April 04, 2011 at 10:13AM and is responsible for ensuring that only authorized individuals view its contents.

PROGRAM CODE: 719.00

CATALOG YEAR: 2010

OVERALL GPA: 0.00

TXST GPA: 0.00

Bachelor of Science in Respiratory Care with
Major in Respiratory Care

-----> AT LEAST ONE REQUIREMENT HAS NOT BEEN SATISFIED <-----

Approved by:

College Of Health Professions

Date

Note: Audits are unofficial until reviewed by an advisor.

Additional Audit Signatures Required

Advisor

Date

Department Chair/School Director

Date

NO Foreign Language Proficiency Status:
Required.

*** Language requirements vary by degree, SEE ADVISOR.

NO Computer Proficiency Status:
Required.

Overall Minimum Texas State Graduation Requirements

Minimum Texas State GPA of 2.00

Minimum Major GPA: 2.25

Minimum Minor GPA: 2.00

Note: All bachelor's degrees require a minimum
of 120 semester hours, including 36 advanced hours.
Some degrees may require more than 120 hours.
To learn more about your specific degree or major,
including required hours, please contact your
departmental advisor.

Junior College hours: Texas State will apply up to 66 hours from an accredited junior/community college.
(At the approval of the individual college dean, 6-8 hours may be added.)

Honors: You must have 60 semester hours at Texas State to be eligible to graduate with honors if your GPA meets the criteria. See the Academic Policies section of the undergraduate catalog.

* DUE TO DEGREE REQUIREMENT CHANGES WITHIN THE CATALOG, *
THIS AUDIT IS SUBJECT TO REVISION.

** Note: Depending on minor and/or prerequisite hours, **
additional elective hours may be required.
CONTACT YOUR ACADEMIC ADVISOR.

TOTALS:

- R 1) Minimum Texas State GPA ≥ 2.0 (not satisfied).
- R 2) Minimum of 36 overall advanced hours.
NEEDS: 36.0 HOURS
- R 3) Minimum of 24 Texas State advanced hours.
NEEDS: 24.0 HOURS
- R 4) Minimum of 30 residency hours. Additional rules:
 - * 12 hours of the advanced work included in major must be at Texas State.
 - * 24 semester hours of the last 30 hours offered toward graduation must be at Texas state.
(See advisor for clarification of residency rules.)
NEEDS: 30.0 HOURS
- R 5) Minimum of 9 Writing Intensive hours.
NEEDS: 9.0 HOURS

TOTAL TRANSFER HOURS:

JC COURSE HOURS: (Maximum: 66)

REJECTED JC COURSE HOURS (any hours above 66 hours)
=====

NO Minimum Graduation Requirements for BSRC
Respiratory Care
Minimum hours for this degree: 139 hours.

This is the minimum number of hours needed to fulfill the minimum hours required for this degree and may not reflect the total number of hours remaining to fulfill specific requirements.

EARNED: .0 HOURS
--> NEEDS: 139.0 HOURS
=====

NO Communication (Core Code - 010)
--> NEEDS: 2 COURSES 1 SUB-GROUP
- 1) Both courses required.
NEEDS: 6.0 HOURS 2 COURSES
Course(s): ENG 1310, 1320
=====

NO Communication-2 (Core Code - 011)
- 1) One required course.
NEEDS: 3.0 HOURS 1 COURSE
Course(s): COMM 1310
=====

NO Mathematics (Core Code - 020)

--> NEEDS: 1 COURSE
- 1) One required course.
NEEDS: 1 COURSE
Course(s): MATH 1315

NO Natural Science requirements for BSRC
--> NEEDS: 4 COURSES
- 1) Four courses required.
NEEDS: 4 COURSES
Course(s): CHEM 1341,1141 PHYS 1310,1110

NO Humanities (Core Code - 040)
--> NEEDS: 1 COURSE
- 1) One required course.
Course(s): ENG 2310,2320,2330,2340,2359,2360

NO Humanities-2 (Core Code - 041)
--> NEEDS: 1 COURSE
- 1) One required course.
Course(s): PHIL 1305,1320

NO Visual and Performing Arts (Core Code - 050)
--> NEEDS: 1 COURSE
- 1) One required course.
NEEDS: 3.0 HOURS
Course(s): ART 2313 DAN 2313 MU 2313 TH 2313

NO U.S. History (Core Code - 060)
--> NEEDS: 2 COURSES
- 1) Two courses required.
NEEDS: 2 COURSES
Course(s): HIST 1310,1320

NO Political Science (Core Code - 070)
--> NEEDS: 2 SUB-GROUPS
- 1) One required course.
NEEDS: 1 COURSE
Course(s): POSI 2310
- 2) One required course.
NEEDS: 1 COURSE
Course(s): POSI 2320

NO Social Science for Respiratory Care
- 1) One required course.
NEEDS: 1 COURSE
Course(s): PSY 1300

NO Physical Fitness and Wellness (Core Code - 090)
Choose two courses from Group 1, OR take one course
from Group 1 and one course from Group 2.
EARNED: .0 HOURS 0 COURSES
--> NEEDS: 2 COURSES
-R 1) Group 1:
Course(s): PFW 1101 TO 1139,1150 TO 1164,1166 TO
PFW 1225 DAN 1160,1161,1162,1170,1180,1181,1182,
DAN 1190,1191,1192
2) Group 2:
Course(s): PFW 1140,1149,1165 MUSE 3120

NO Institutional Option (Core Code - 090)
--> NEEDS: 1 COURSE
- 1) One required course.

Course(s): US 1100

```
=====
NO      Major - Respiratory Care
--> NEEDS:      26 COURSES      2.25 GPA
- 1) Twenty-six courses required. (All Respiratory Care
    courses must be taken in sequence and must be passed
    with at least a "C" grade.)
    NEEDS:      26 COURSES
Course(s): RC 1135,1313,1314,1315,1316,1321,1445,
           RC 2311,2352,2355,2365,2375,3310,3311,3330,3331,
           RC 3352,3365,3375,4220,4246,4315,4320,4330,4341,
           RC 4350
=====
```

```
NO      Additional Requirements for Respiratory Care
--> NEEDS:      5 COURSES
- 1) Five courses required.
    NEEDS:      5 COURSES
Course(s): HIM 2360 HP 3302 OR SOCI 3307 OR
           MATH 2328 OR PSY 3301 BIO 1320 OR 1421,2430,2440
           OR 2400
=====
```

```
=====
Failed Courses and Incomplete Courses
EARNED:      .0 HOURS
=====
```

```
=====
ADDITIONAL COURSES-
=====
```

```
=====
***** END OF ANALYSIS *****
=====
```

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V. FACULTY (WITHIN THE ACADEMIC UNIT)

A. FACULTY PROFILE AND VITAE

FACULTY ROSTER FORM
QUALIFICATIONS OF FULL-TIME and PART-TIME CORE FACULTY

NAME OF INSTITUTION: TEXAS STATE UNIVERSITY-SAN MARCOS
NAME OF ACADEMIC AREA, DISCIPLINE, DEPARTMENT/SCHOOL: DEPARTMENT OF RESPIRATORY CARE
ACADEMIC TERM(S) 2006 -2011

Employee Last Name	Employee First Name	Middle Name	FT/PT	Degree Year	Degree	Degree Title	Other Credentials
--------------------	---------------------	-------------	-------	-------------	--------	--------------	-------------------

Collins	Kevin	P	FT	1988	Bachelors	BSED	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Certified Pulmonary Function Technologist (CPFT), Registered Pulmonary Function Technologists (RPFT), Asthma Education-Certified (AE-C)
				1996	Bachelors	BSRC	
				2010	Masters	MS	
Gonzales	Joshua	F	FT	2004	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Neonatal Pediatric Specialty (NP-S)
				2007	Masters	MHA	
Harkins	Lynda	T	PT	1981	Bachelors	BS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT)
				1988	Masters	MSHP	
				1993	Doctorate	PHD	
Marshall	S	Gregory	FT	1975	Bachelors	BS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Registered Polysomnographic Technologists (RPSGT)
				1978	Associates	AAS	
				1983	Masters	MSHP	
				1994	Doctorate	PHD	
Martinez	Amanda	C	FT	2009	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT) and Sleep Disorder Specialist (SDS) Other: Pediatric Advanced Life support (PALS); Neonatal Registered Practitioner (NRP), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS)
				2009	Post-Baccalaureate	RSPGT	
				2010	Masters	MSIS	

Employee Last Name	Employee First Name	Middle Name	FT/PT	Degree Year	Degree	Degree Title	Other Credentials
Russian	Christopher	J	FT	1995	Bachelors	BS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Registered Polysomnographic Technologists (RPSGT), Neonatal Pediatric Specialty (NP-5)
				1998	Bachelors	BSRC	
				2002	Masters	MED	
Stokes	Thomas	J	FT	1988	Associates	AAS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT)
				1989	Bachelors	BSHP	
				2005	Masters	MA	
Wharton	Billy	J	FT	1969	Associates	AAS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Registered Polysomnographic Technologists (RPSGT)
				1974	Bachelors	BSHP	

FACULTY ROSTER FORM
QUALIFICATIONS OF PART-TIME FACULTY ADJUNCT AND TEMPORARY FACULTY

NAME OF INSTITUTION: TEXAS STATE UNIVERSITY-SAN MARCOS
NAME OF ACADEMIC AREA, DISCIPLINE, DEPARTMENT/SCHOOL: DEPARTMENT OF RESPIRATORY CARE
ACADEMIC TERM(S) 2006 -2011

Employee Last Name	Employee First Name	Middle Name	FT/PT	Degree Year	Degree	Degree Title	Other Credentials
Adcock	Bruce		PT	2003	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT)
Alvarado	Alicia	E	PT	2004	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT) Other: Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life support (PALS)
Bhatti	Sidra		PT	2010	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Registered Therapist (CRT); Registered Respiratory Therapist (RRT); Other: Neonatal and Pediatric Specialist (NPS), Neonatal Resuscitation Program Instructor (NRP); Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life support (PALS); Neonatal Registered Practitioner (NRP)
Bartek	William	M	PT	1992 1992 1996	Bachelors Bachelors Doctorate	BA BA MD	State licensed as medical doctor and nationally board-certified in pulmonary/critical care medicine and internal medicine
Boultinghouse	Ronald	L	PT	1978 1993	Bachelors Masters	BS MBA	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT)
Farmer	Timothy		PT	2007	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Certified in Basic Cardiac Life Support (BCSL), Advanced Cardiac Life Support (ACLS), Neonatal Resuscitation (NRP) Other: Neonatal Transport Team member

Employee Last Name	Employee First Name	Middle Name	FT/PT	Degree Year	Degree	Degree Title	Other Credentials
Gilbey	Sean	C	PT	1991 1995	Bachelors Doctorate	BS MD	State licensed as medical doctor and nationally board-certified in pulmonary/critical care medicine and internal medicine.
Gomez	Alex		PT	1984	Associates	AAS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT)
Henry	Nicholas		PT	2006	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist
Jimenez	Sandy		PT	2003	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Registered Therapist (CRT); Registered Respiratory Therapist (RRT); Other: Neonatal Resuscitation Program Provider (NRP); Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life support (PALS)
Malik	Aamir		PT	1989	Special Professional	MD	State licensed as medical doctor and nationally board-certified in pulmonary/critical care medicine and internal medicine
Mazza	Frank		PT	1978	Special Professional	MD	State licensed as medical doctor and nationally board-certified in pulmonary medicine.
Obidos	Anna		PT	1998	Associates	AAS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist–Neonatal/Pediatric (RRT-NPS). Other: Neonatal Resuscitation Program Provider (NRP), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life support (PALS), S.T.A.B.L.E Program provider, and Neonatal Transport Therapist
Petroff	Peter	A	PT	1964 1968	Bachelors Special Professional	BS MD	State licensed as medical doctor and nationally board-certified in pulmonary medicine and internal medicine.
Redmon	Rita		PT	1979	Associates	AAS	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Basic Life Support-American Heart Association.

Employee Last Name	Employee First Name	Middle Name	FT/PT	Degree Year	Degree	Degree Title	Other Credentials
Smith	Courtney		PT	2007	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Certified in Basic Cardiac Life Support (BCSL), Advanced Cardiac Life Support (ACLS) Pediatric Advanced Life Support (PALS)
Webb	Tara	L	PT	2007	Bachelors	BSRC	State: Respiratory Care Practitioner (RCP) National: Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT), Certified in Basic Cardiac Life Support (BCSL), Advanced Cardiac Life Support (ACLS)

TEXAS STATE VITA**I. Academic/Professional Background**

A. Name: S. Gregory Marshall

Title: Associate Professor & Chair

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
Ph.D.	1994	University of Texas at Austin	Education	Interactive Effects Between Advance Organizers/Preferred Learning Styles
M.S.H.P	1983	Texas State University-San Marcos	Healthcare Admin/ Allied Health Educ	
A.A.S.	1978	Texas State University-San Marcos	Respiratory Care	
B. S.	1975	Baylor University	Biology	

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Chair, Department of Respiratory Care	Texas State University-San Marcos	2003 – present
Associate Professor	Texas State University-San Marcos	1986 – present
Adjunct Doctoral Graduate Faculty	Texas State University-San Marcos	2009 – 2012
Graduate Faculty/Graduate College	Texas State University-San Marcos	2006 – present
Associate Scientist	Southwest Foundation for Biomedical Research	1995 – present
Director of Clinical Education	Texas State University-San Marcos	1983 – 2003
Instructor	The University of Texas at Austin	1994 – 1997
RC Outreach Area Coordinator	Texas State University-San Marcos	1986 – 1999
Director, Health Resource Center	Texas State University-San Marcos	1982 – 1986
Tenure Awarded	Texas State University-San Marcos	1986
Assistant Professor	Texas State University-San Marcos	1984 – 1986
Instructor	Texas State University-San Marcos	1982 – 1984
Lecturer	Texas State University-San Marcos	1980 – 1982

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
RC Supervisor	Hillcrest Medical Center, Waco, Texas	1979 – 1980
RC Intensive Care Specialist	Hillcrest Medical Center, Waco, Texas	1978 – 1979
RC Staff Therapist	Holy Cross Hospital, Austin, Texas	1977 – 1978

E. Other Professional Credentials (licensure, certification, etc.)

Registered Polysomnographic Technologist (RPSGT)	National Board for Polysomnographic Technologists	2006 – present
Registered Respiratory Therapist (RRT)	National Board for Respiratory Care	1979 – present
Certified Respiratory Therapist (CRT)	National Board for Respiratory Care	1983 – present
Respiratory Care Practitioner (RCP)	Texas Dept of State Health Services	1983 – present

II. TEACHING

A. Teaching Honors and Awards:

Texas State Presidential Award for Excellence in Teaching 2002 Runner-up
 College of Health Professions “Faculty Excellence for Outstanding Service” Award, 1997
 College of Health Professions “Outstanding Teacher of the Year” Award, 1988
 College of Health Professions “Excellence in Teaching” Award, 1987

B. Courses Taught:

RC 1313	Introduction to Respiratory Care
RC 1315	Basic Technology in Respiratory Care
RC 1445	RC Clinical Lab II
RC 2355	RC Practice I
RC 2365	Clinical Practice II / Adult ICU
RC 2375	Clinical Practice III / Adult ICU
RC 3310	Cardiopulmonary/Renal Gross Anatomy
RC 3311	Applied Pathology
RC 3331	Advanced Respiratory Therapy Instrumentation
RC 3352	Advanced Ventilator Concepts
RC 3411	Applied Pathology/Gross Anatomy
RC 4246	Respiratory Care Internship
RC 4350	Respiratory Care Research
RC 5211	Polysomnography Instrumentation I
RC 5214	Polysomnography Instrumentation II
RC 5310	Fundamentals of Polysomnography
RC 5313	Polysom Therapeutic Intervention
RC 5412	Clinical Polysom-Sleep Staging I
RC 5415	Clinical Polysom-Sleep Staging II
RT 1314	Respiratory Therapy Instrumentation I
RT 1316	Respiratory Therapy Instrumentation II
RT 1330	Respiratory Therapy Clinical Lab I
RT 1340	Respiratory Therapy Clinical Lab II
RT 1430	Respiratory Therapy Clinical Practice I
RT 1440	Respiratory Therapy Clinical Practice II
RT 2220	Respiratory Therapy Literature
RT 2310	Medical Surgical Rounds I
RT 2312	Clinical Internship I / Adult ICU
RT 2313	Clinical Internship II / Adult ICU/NICU

RT 2340	Clinical Practice III / Adult ICU
RT 2411	Applied Pathology
HA 4346	Recognition & Management of Childhood Diseases
EDC 385G	Learning Theories (Doctoral course at UT-Austin, Dept. of C&I)

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

LaBuhn RW. Doctoral Dissertation Committee: "Green Schools and their Effect on Student Learning, Attendance, and Health: A Study of Four L.E.E.D. Gold Elementary Schools in the United States." College of Education, Texas State University-San Marcos. Final Defense 11/10/2010.

D. Courses Prepared and Curriculum Development:

RC 1313	Introduction to Respiratory Care
RC 1315	Basic Technology in Respiratory Care
RC 3331	Advanced Respiratory Therapy Instrumentation
RC 3411	Applied Pathology/Gross Anatomy
RC 3352	Advanced Ventilator Concepts
RC 4350	Respiratory Care Research
RC 4211	Polysomnography Instrumentation I
RC 4214	Polysomnography Instrumentation II
RC 4310	Fundamentals of Polysomnography
RC 4313	Polysomnography Therapeutic Intervention
RC 4412	Clinical Polysomn-Sleep Staging I
RC 4415	Clinical Polysomn-Sleep Staging II
RC 5211	Polysomnography Instrumentation I
RC 5214	Polysomnography Instrumentation II
RC 5310	Fundamentals of Polysomnography
RC 5313	Polysomnography Therapeutic Intervention
RC 5412	Clinical Polysomn-Sleep Staging I
RC 5415	Clinical Polysomn-Sleep Staging II
HA 4346	Recognition & Management of Childhood Diseases

III. SCHOLARLY/CREATIVE

A. Works in Print

d. Chapters in Books:

Marshall, SG. Chapter 12: The Respiratory Therapy Department. Griffin, DJ. *Hospitals: What They Are and How They Work*, 4th Edition. Jones & Bartlett Learning. 2012.

Marshall, SG. Chapter 19: Assessment of Sleep and Breathing. Wilkins RL, Dexter JR, Heuer AJ. *Clinical Assessment in Respiratory Care*, 6th Edition. Mosby/ Elsevier. 2010.

2. Articles

a. Refereed Journal Articles:

Gonzales JF, Marshall SG, Russian CJ, Stokes, TJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **Respiratory Care Education Annual**. 2010;19(Fall):57-62.

Stokes TJ, Marshall SG, Russian CF. Attitudes Toward Death Anxiety and Dying Among Respiratory Care Students: A Pilot Study. **Respiratory Care Education Annual**. 2010;19(Fall):43-55.

Russian CF, Harkins, L, Marshall, SG, Engelhardt, J, Shamrock, BA. Inter-Rater Reliability Among Respiratory Instructors: Pilot Study. **Respiratory Care Education Annual**. 2008;17(Fall):7-12.

Marshall, SG, Shaw, DK, Honles, GL, and Sparks, KE. Rehabilitation of an 18-Year-Old Patient with Bronchopulmonary Dysplasia. **Journal of Respiratory Care**. 2008;53(3).

Davis, JD, Harkins, CJ, Marshall, SG. Detection of Submaximal Effort in Spirometry. **Journal of Respiratory Management**. 1990;20(3).

Clark, DA, Marshall, SG. Mixed Venous Oxygen Saturation Measurement: Part 2: Clinical Use and Application. **Journal of Respiratory Therapy**. 1986;16(6).

Clark, DA, Marshall, SG. Mixed Venous Oxygen Saturation Measurement: Part 1: Clinical Use and Application. **Journal of Respiratory Therapy**. 1986;16(5).

b. Non-referred Articles:

Marshall, SG. Respiratory Care Education: An Upclose Look at a Distance Interactive Symposium. **InterVENTions**. 1998;5(1).

3. Conference Proceedings

a. Refereed Conference Proceedings:

Marshall, SG. "Sleep Pharmacology." **Texas Society for Respiratory Care Annual Conference**. Austin, Texas. 2010

Marshall, SG. Patient/Client Care Partnerships: An Industry Perspective. **Texas Society of Allied Health Professions, 32nd Fall Conference & Annual Meeting**. San Antonio, Texas, 2009.

Gonzales, JF, Marshall, SG, Russian, CJ, Wharton, BJ. The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems. **American Association of Respiratory Care, 55th Annual International Congress**. San Antonio, Texas. 2009.

Stokes, TJ, Marshall, SG, Russian, CF. Coping with Loss and Death And Dying Issues of Respiratory Students. **American Association of Respiratory Care, 55th Annual International Congress.** San Antonio, Texas, 2009.

Marshall, SG. The use of Graphics for Mechanical Ventilation in the ICU. **Texas Society for Respiratory Care Rio Grande Valley District Annual Conference.** South Padre Island, Texas, 2009.

Marshall, SG. Behavioral Changes in Pediatric Sleep Apnea. **Victoria College & Lambda Beta Annual Respiratory Seminar.** Victoria, Texas, 2009.

Stokes, TJ, Marshall, SG. Coping with Loss and Death and Dying Issues in Respiratory Care. **College of Health Professions Research Forum,** Texas State University-San Marcos, Texas, 2009.

Marshall, SG. Sleep Disordered Breathing: Sleepless in San Antonio. **The Fourteenth Annual Respiratory Care Symposium/University of Texas Health Science Center at San Antonio,** San Antonio, Texas, 2009.

Gonzales, JK, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **54th Annual International Respiratory Congress Convention and Exhibition of the American Association for Respiratory Care.** Anaheim, California, 2008.

Stokes, TJ, Marshall, SG. Coping with Loss and Death and Dying Issues in Respiratory Care. **Texas Society of Allied Health Professions: 31st Conference and Annual Meeting.** El Paso, Texas, 2008.

Gonzales, JF, Stokes, TJ, Marshall, SG, Russian CF. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **Texas Society of Allied Health Professions: 31st Conference and Annual Meeting.** El Paso, Texas, 2008.

Marshall, SG, Russian, CF, Hudson, JD. Prevalence of Sleep Disturbances among Collegiate Football Players: Polysomnography Section. **Texas Society for Respiratory Care: 37th Annual Convention and Exhibition.** South Padre Island, Texas, 2008.

Marshall, SG, Russian, CJ. Prevalence of Sleep Disturbance Among Collegiate Football Players. **College of Health Professions Research Forum,** Texas State University-San Marcos, Texas, 2008.

Marshall, SG, Gonzales, JF, Stokes, TJ, Russian, CJ. The Interactive Effects of Clinical Thinking Skill Development and Preferred Learning Styles. **College of Health Professions Research Forum,** Texas State University-San Marcos, Texas, 2008.

Russian, CJ, Harkins, LT, Marshall, SG. Inter-rater Reliability Among Respiratory Care Clinical Instructors: A Pilot Study. **College of Health Professions Research Forum,** Texas State University-San Marcos, Texas, 2008.

Marshall, SG, Shaw, DK, Interdisciplinary Approach to a Patient with Chronic Lung Disease using Telehealth Technology. **American Physical Therapy Association Sections Conference**, San Diego, CA, 2006.

Marshall, SG, Shaw, DK, Interdisciplinary Approach to a Patient with Chronic Lung Disease using Telehealth Technology. **College of Health Professions Research Forum**, Texas State University-San Marcos, Texas, 2006.

Marshall, SG, Shaw, DK, Interdisciplinary Approach to a Patient with Bronchopulmonary Dysplasia using Telehealth Technology: Pulmonary Rehabilitation Section. **Texas Society for Respiratory Care**, San Antonio, Texas, 2006.

Russian, CJ, Shaw, DK, Marshall, SG, Evaluation of Exercise-Induced Bronchospasm Using Telehealth Technology. **College of Health Professions Research Forum**, Texas State University-San Marcos, Texas, 2006.

Russian, CJ, Shaw, DK, Marshall, SG, Evaluation of Exercise-Induced Bronchospasm Using Telehealth Technology. **Texas Society for Respiratory Care 2006 State Convention & Annual Meeting**, San Antonio, Texas, 2006.

Marshall, SG, Shaw, DK, Honles, GL, and Sparks, KE. Interdisciplinary Approach to the A Patient with Chronic Lung Disease Using Telehealth Technology. **Texas Physical Therapy Association Conference Proceedings, Annual Meeting**, The Woodlands, Texas, 2005. (Peer Reviewed)

b. Non-refereed:

Marshall. SG. "Sleep Disorders and COPD." **American Lung Association Respiratory Rally and Conference**. Austin, Texas. 2010.

Marshall, SG. Panel Discussion: Current Issues in the Polysomnography Profession. **Texas Society for Respiratory Care 37th Annual State Convention & Exhibition**, South Padre Island, Texas, 2008.

Marshall, SG. Panel Discussion: Issues in Respiratory Care Education. **Texas Society for Respiratory Care 35th Annual State Convention**, San Antonio, Texas, 2006.

Marshall, SG. Developing a CoARC Polysomnography Program. **Texas Society for Respiratory Care 2005 State Convention, Annual Meeting**, South Padre Island, Texas, 2005.

Marshall, SG. Contemporary Pulmonary Treatment Methods. **Texas State Telehealth Program Seminar: Cardiopulmonary Rehabilitation for Therapists From Acute Care to Home Health**, San Marcos, Texas, 2004.

Marshall, SG. Quiet Killer #2: Sleep Apnea. **Texas State Telehealth Seminar: Cardiopulmonary Rehabilitation for Therapists From Acute Care to Home Health**, San Marcos, Texas, 2004.

- Marshall, SG. Cardiopulmonary Medications. **Texas State Telehealth Seminar: Cardiopulmonary Rehabilitation for Therapists From Acute Care to Home Health**, San Marcos, Texas, 2004.
- Marshall, SG. Case Study Presentation: Pulmonary Rehab. **Texas State Telehealth Seminar: Cardiopulmonary Rehabilitation for Therapists From Acute Care to Home Health**, San Marcos, Texas, 2004.
- Marshall, SG. Telehealth & Polysomnography at Texas State. **Texas State Telehealth Seminar: Cardiopulmonary Rehabilitation for Therapists From Acute Care to Home Health**, San Marcos, Texas, 2004.
- Marshall, SG. Ventilator Waveforms: Are you waving yet? **Texas Society for Respiratory Care Fall Forum, Annual Meeting**, Austin, Texas, 2002.
- Marshall, SG. Asthma Medications: Not enough, too much, or just enough? **Sizzlin' Summer Symposium Teleconference**, San Marcos, Texas, 2001.
- Marshall, SG. Ventilator Graphic Waveform Recognition. **Sizzlin' Summer Symposium Teleconference**, San Marcos, Texas, 2000.
- Marshall, SG. Troubleshooting Adequate Mechanical Ventilation Through Graphic Waveforms, **Sizzlin' Summer Symposium Teleconference**, San Marcos, Texas, 1999.
- Marshall, SG. Closed Loop Ventilation. **SWTelelectures**, San Marcos Texas, 1999.
- Marshall, SG. Management of the Ventilated Patient with Non-Invasive Techniques. **Managing New Frontiers in Respiratory Care Spring Symposium**, San Marcos, Texas, 1996.
- Marshall, SG. End-tidal CO₂ (etCO₂) Monitoring: Principles of Operation and Clinical Application. **Critical Care Symposium - Texas Society for Respiratory**, Victoria, Texas. 1996
- Marshall, SG. Fine Tuning Respiratory Assessment Skills: Monitoring Auto-PEEP, Compliance and Overdistention. **Critical Care Symposium - Texas Society for Respiratory Care**, Victoria, Texas. 1996.
- Marshall, SG. BiPAP - Noninvasive Ventilation. **University of Texas Health Science Center at San Antonio National Teleconference**, San Antonio, Texas, 1995.

4. Abstracts:

- Gonzales, JK, Marshall, SG, Russian, CJ., Wharton, BJ. The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems. **Journal of Respiratory Care**. 2009;54(11):1564. (Peer Reviewed)

Stokes, TJ, Marshall, SG, Russian, CJ. Attitudes Towards Death Anxiety and Dying Among Respiratory Care Students: A Pilot Study. **Journal of Respiratory Care.** 2009:54(11):1578. **(Peer Reviewed)**

Gonzales, JK, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **Journal of Respiratory Care.** 2008:53(11):1512. **(Peer Reviewed)**

Marshall SG, Shaw, DK, Honles, GL, and Sparks, KE. Interdisciplinary Approach to the Rehabilitation of a Patient with Chronic Lung Disease using Telehealth Technology. **Cardiopulmonary Physical Therapy Journal.** 2005:16(4):31. **(Peer Reviewed)**

5. Reports:

The Chronicle of Higher Education. "As Football Players Get Bigger, More of Them Risk a Dangerous Sleep Disorder," March 9, 2007.

6. Book Reviews:

White, GC. *Equipment Theory for Respiratory Care, 5e.* Delmar. 2010.

Wyka, KA, Mathews, PJ, Rutkow, KA. *Foundations of Respiratory Care, 2e.* Delmar. 2010.

Cairo, JM and Pilbeam, SP. *Mosby's Respiratory Care Equipment, 6th Ed.* Mosby. 1999.

7. Other: Manuscript Reviews:

Bouffard, M. Quality Sleep Evaluation, Chronotype, Sleepiness And Anxiety of Brazilian Paralympic Athletes: Beijing 2008 Paralympic Games. **Adapted Physical Activity Quarterly.** 2010.

Russian, CJ. Comparison of Two Concurrent Respiratory Resistance Devices on Pulmonary Function and Time-Trial Performance in Wheelchair Rugby Athletes. **Adapted Physical Activity Quarterly.** 2009.

B. Works not in Print

1. Papers Presented:

Millian, T, Barrios, Y, Johnson, N, Seigala, I, Bezner, J, Marshall, SG. The Effects of Thoracic Myofascial Release Techniques On Pulmonary Function Measures in Individuals with Asthma. 2002.

2. Invited Talks, Lectures, and Presentations:

Marshall SG. "Sleepless in San Antonio—What Respiratory Therapists Need to Know about Sleep Disorders." Lecture for University of Texas Health Science Center at San Antonio, Department of Respiratory Care. San Antonio, Texas. October 2010.

Marshall SG. "Sleepless in San Antonio—What Respiratory Therapists Need to Know about Sleep Disorders." Lecture for University of Texas Health Science Center at San Antonio, Department of Respiratory Care. San Antonio, Texas. October 2009.

Marshall SG. "Sleepless in San Antonio—What Respiratory Therapists Need to Know about Sleep Disorders." Lecture for University of Texas Health Science Center at San Antonio, Department of Respiratory Care. San Antonio, Texas. November 2008.

Marshall SG. "Sleepless in San Marcos." Health Brains Seminar--Heads Up campaign for Brain Awareness Week: The DANA Alliance for Brain Initiatives. Texas State University-San Marcos. March 2008.

3. Consultancies:

University of Texas Medical Branch-Galveston, "Development of Case-base Management System for Clinical Evaluation." Department of Respiratory Care, Galveston, TX, November 2010-present.

Medical/Legal Consult for Templeton Smittee Hayes Heinrich & Russell, LLP, 320 South Polk, Suite 1000-L.B. 5, Amarillo, Texas 79101, July 2008-present.

Medical/Legal Consult for Shallcross Law Firm, Richard A. Shallcross, 1645 S. Cheyenne Ave, Tulsa, OK 74119, March 2008-present.

Consultant for Interactive Distance Grant: "The Center for Interactive Learning Respiratory Care Outreach," Health & Human Services Federal Grant (\$300,000 grant), 1994-1997.

C. Grants and Contracts

2. Submitted, but not Funded, External Grants and Contracts:

2010 PI—Selber, K. Co-Investigator-Marshall, SG. "Texas State Vet-to-Vet Center of Excellence." US Department of Education Fund for the Improvement of Secondary Education. Amount requested: \$396,192 Submitted July 2010.

2010 PI---Gobert, D, Associate PI's: Marshall, SG, Komogortsev O, Honles, G, & Etherton J. "Characterizing Sleep and Oculomotor Function in Persons with Mild Traumatic Brain Injury in Response to Exercise. Submitted to National Institutes of Health- Academic Research Enhancement Award (R15).Amount Requested: \$300,000.00, Direct Costs. Submitted 10/20/10.

2009 PI—Selber, K. Co-Investigator-Marshall, SG. "Project Walking With Heroes: Resource Center." Texas Resources for Iraq-Afghanistan Deployment (TRIAD) Fund. Amount requested: \$262,099. Submitted 10/14/09.

- 2009 PI-Gobert, D, Associate-PI-Marshall, SG. "ARRA Gender-specific Recovery in Veteran Students after mTBI." National Institute of Health-National Institute of Neurological Disorders. Amount requested: \$880,063. Submitted 09/15/09.
- 2009 PI-Hustvedt, HM, Associate-PI-Marshall, SG. "Sleep Efficiency of Texas Wool in Pediatric Populations," Texas Department of Agriculture/Good and Fibers Research (FF-100). Amount requested: \$24,198. Submitted 03/02/09.
- 2008 PI-Gobert, D, Associate-PI-Marshall, SG. "Oculomotor and Sleep Function in Mild Traumatic Brain Injury," National Institute of Child Health and Human Development/Small Research Grants (R03). Amount: \$221,251. Submitted 10/25/2008.

3. Funded Internal Grants and Contracts:

- 2000 PI-Marshall, SG. "Prevalence of Asthma Education & Pulmonary Rehabilitation Programs in Texas Hospitals," ORSP Research Enhancement Grant, Texas State University-San Marcos. Amount Funded: \$6640.75.

IV. SERVICE

A. University:

Texas State University/College of Fine Arts & Communication Review Group, 2010-2011
 Texas State University Task Force on Internationalization, 2010
 Texas State University CHP Director of Nursing Search Committee, Chair, 2007-2008
 Texas State University Instructional Technology Advisory Committee, 2006-present
 Texas State University Commencement Student Speaker Committee, 2004-2006
 Texas State University Media Relations Committee, 2006-2007
 Texas State University Facilities Committee, 2004-2005
 Texas State University Council of Chairs, 2003-present
 Texas State University Commencement Marshall, 2002-present
 Texas State University Review Group for College of Education, 2004
 Texas State University Muir Mentoring Award Selection Committee, 2002-2003
 Texas State University Temporary Faculty Committee, Chair, 2002-2003
 Beta Upsilon Chi, Faculty Advisor 1997-present
 Respiratory Care Student Association, Faculty Advisor 2002-2003
 Texas State University Commencement Student Speaker Committee, 2000-2001
 Texas State University Grievance Committee, 2000
 Texas State University Student Commencement Speaker Committee, 1998 - 2004
 Texas State University Suspension & Appeals Committee, 1993 - 2000
 Texas State University Library Committee, 1987-94
 Texas State University Tribunal Hearing Committee, 1992
 Texas State University Faculty Senate Liaison for Allied Health Sciences, 1991
 Texas State University Search Committee for Dean of School of Health Professions, 1991
 Texas State University Testing & Advanced Standing Examination Committee, 1985-87
 Texas State University Audio-Visual Committee, 1983-86

Texas State University Academic Computing Task Force, 1984-85
 Texas State University Faculty Focus Group for Continuing Education, 1983-84
 Texas State University Academic Advisor for Undeclared Majors, 1983-84, 1986-87

CHP College Council, 2003-present
 CHP Task Force for HSC Facilities Planning, 2004-2005
 CHP Review Group, 2002-present
 CHP Strategic Planning Committee, 2003-present
 CDIS Personnel Committee, 2000-2003
 HIM Personnel Committee, 2000-2003
 CLS Personnel Committee, 2001-2003
 CHP Awards Day Committee, 2002-2003
 CHP Lecture Series Committee, Chair, 2001-2002
 College of Health Professions Lecture Series Committee, Co-Chair, 2000-2001
 College Ad Hoc Clinical Advisory Task Force, 1999
 College of Health Professions Clinical/Preceptor Faculty Committee, 1997
 College of Health Professions Faculty Recognition Awards Committee, Chair, 1995-96
 College of Health Professions Research Enhancement Grant Committee, 1996
 College of Health Professions Clinical Faculty/Preceptor Committee, 1996
 College of Health Professions Awards Committee, Chair, 1986-90
 College of Health Professions Computer Committee, 1987-90
 College of Health Professions 20th Anniversary Committee, 1991-92
 College of Health Professions Recruitment and Retention Committee, 1991-93
 College of Health Professions Strategic Planning Committee, 1992-93
 College of Health Professions School Review Group, 1992-94, 1996 - present
 Health Information Systems Faculty Search Committee, 1995-96
 Physical Therapy/Respiratory Therapy Faculty Search Committee, Chair, 1994
 Medical Records Administration Faculty Search Committee, Chair, 1990-91
 Respiratory Therapy Faculty Search Committee, 1990-91
 Physical Therapy Advisory Committee, 1989-93
 AV Management Committee, 1986-88
 Public Relations Committee, 1985-86
 Research of Contracts, Word Processing, & Computer Applications Committee, 1986-86
 Faculty Development Committee, 1984-85
 PT/RC Faculty Search Committee, 1993

B. Departmental:

RC Strategic Planning Committee, chair, 2005-2011
 Texas State Sleep Lab Development Committee, chair, 2004-2005
 Sam W. Marshall Respiratory Care Scholarship Fund Committee, Chair, 2000 - present
 Texas State University/Hendrick Medical Center/Cisco Junior College
 Consortium/Chair, 2002-2007
 Respiratory Care Department Chair, 2003-present
 Director of Clinical Education for San Antonio Clinical Affiliates, 1983 - 2003
 RC Student Selection Committee, 1980 - present
 RC Medical Advisory Committee, 1983- present
 RC Curriculum Committee, 1980- present
 RC Scholarship Committee, 1985- present

D. Professional:

National Steering Committee of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) for the American Association for Respiratory Care (AARC), 2009- present
 Virginia College, Respiratory Therapy Study Group, 2009-2010
 Baptist Health System School of Health Professions, Respiratory Therapy Study Group, 2009
 University of Texas Health Science Center, Department of Respiratory Care Advisory Board, 2003-present
 St Philips College-San Antonio, Respiratory Therapy Program Advisory Board, 2003-present
 Texas Society for Respiratory Care, State Education Committee Co-Chair, 2004-2005
 Texas Society for Respiratory Care, Nominations Committee, 2002-2003

E. Organizations

1. Honors:

Annual Founders Award, Texas Society for Sleep Professionals, 2008

2. Professional:

American Academy of Sleep Medicine, 2007-present
 American Association of Sleep Technologists, 2007-present
 American Association for Respiratory Care, 1978-present
 American Association of Sleep Technologists, 2006-present
 Lambda Beta National Honor Society for Respiratory Care, Texas State charter member, 2008
 Texas Society for Respiratory Care, 1980-present
 Texas Society for Sleep Professionals, Vice-President, 2007-2009
 Texas Society for Respiratory Care, Polysomnography Section, Chair, 2007-08
 Texas Society for Respiratory Care, State Education Committee Co-Chair, 2004-2005
 Texas Society for Respiratory Care, Nominations Committee, 2002-2003
 Texas Society for Sleep Professionals, Vice-President, 2007-2009
 Texas Society for Respiratory Care, Capital Region Treasurer, 1999-2000

F. Services Honors and Awards:

Professor of the Year, Non-Traditional Student Organization, Texas State University-San Marcos, 2009
 Texas Society for Sleep Professionals Annual Founders Award, 2008
 Texas Society for Respiratory Care Award/Polysomnography Section Chair, 2007
 Texas State Service Award for "Twenty-Five Years" of service, September 1, 2006.
 Faculty Excellence in Service Award, College of Health Professions, Texas State University-San Marcos, 1996-97
 Teacher of the Year Award, College of Health Professions, Texas State University-San Marcos, 1987-88

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: Kevin P. Collins

Title: Assistant Professor

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
MS	2010	Northeastern University Boston, Massachusetts	Respiratory Care	N/A
BSRC	1996	Texas State University San Marcos, Texas	Leadership Respiratory Care	N/A
BSED	1988	Stephen Austin State University Nacogdoches, Texas	Education	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Assistant Professor	Texas State University-San Marcos	June, 2010-Present
Per Course Lecturer	Texas State University-San Marcos	August, 2007-Present

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
<i>Respiratory Therapist</i> – Responsibilities include patient assessment, respiratory care protocols, pulmonary function testing, cardiac stress testing, ventilator management, airway management, arterial blood gases, oxygen therapy, electrocardiograms, aerosol delivery of medications, and chest physical therapy. Respiratory Care educator duties include training staff in performing pulmonary function tests and cardiac stress testing. Responsible for the design and presentation of nursing orientation discussing the services offered by the Cardiopulmonary Department.	Cedar Park Regional Medical Center Cedar Park, Texas	2007-Present
<i>Respiratory Therapist</i> - Responsibilities include patient assessment, respiratory care protocols, pulmonary function testing, ventilator management, arterial blood gases,	Heart Hospital of Austin	2006-Present

oxygen therapy, airway management, aerosol therapy, IPPB, and chest physical therapy. Responsible for training staff in performing pulmonary function tests and the design of a course on COPD and Asthma for RNs.

Austin, Texas

Respiratory Therapist – Responsibilities include performing pulmonary function tests, arterial blood gases, aerosol delivery of medications, and airway clearance. Supervision of the exercise sessions of patients in the Pulmonary Rehabilitation program. Patient education session presented on respiratory medications, drug delivery devices, oxygen therapy, and oxygen delivery devices.

Seton Southwest Healthcare Center
Austin, Texas

2005-2007

Manager – Responsible for sales and marketing, hiring and firing of employees, management of all subcontractors, ordering equipment and supplies for a fast-paced home improvement company. Generated a positive cash flow for four consecutive years with gross sales over \$600,000 per year.

Collins Contracting, Inc.
Austin, Texas

2000-2005

Respiratory Therapist – Responsibilities include serving as the Pulmonary Rehab Coordinator for the multidisciplinary hospital based program. Other duties included performing pulmonary function testing, cardiopulmonary stress testing, ventilator management, airway management, arterial blood gases, and aerosol delivery of medications and chest physical therapy.

Seton Medical Center
Austin, Texas

1996-1999

Respiratory Therapist/Cardiology

Technician – Responsibilities include performing electrocardiograms, cardiac stress testing, medical transcription of cardiology reports, arterial blood gases, aerosol delivery of medications, and chest physical therapy.

St. David's Medical Center
Austin, Texas

1991-1996

E. Other Professional Credentials (licensure, certification, etc.)

Credentials and License

Registered Respiratory Therapist (RRT)
Registered Pulmonary Function Technologist (RPFT)
Certified Asthma Educator (AE-C)
Licensed Respiratory Care Practitioner (RCP)

Current Certifications

BLS Provider – Basic Life Support
ACLS Provider - Advanced Cardiac Life Support
PALS Provider - Pediatric Advanced Life Support
NRP Provider - Neonatal Resuscitation Program

II. TEACHING

A. Teaching Honors and Awards:

B. Courses Taught:

RC 1445 Respiratory Care Clinical Lab I – Clinical teaching and supervision of respiratory care students on the Medical/Surgical and Telemetry Units at St. David's Medical Center. Instruction and practice of basic respiratory care procedures to include hand washing, isolation procedures, small volume nebulizer, dry powder inhalers, meter dose inhalers, hyperinflation therapy, pulse oximetry, oxygen therapy, peak flow monitoring, and bronchial hygiene.

RC 2365 Respiratory Care Practice II – Clinical teaching and supervision of respiratory care students in the Intensive Care Unit at the Heart Hospital of Austin. Instruction and practice of critical care procedures including advanced mechanical ventilator modes, airway management, oxygen therapy, humidification techniques, patient suctioning, arterial blood gases, respiratory mechanics, ventilator weaning protocols, ventilator set up and calibration, extubation procedure, aerosol delivery devices, and airway clearance devices.

RC 2375 Respiratory Care Practice III – Instructor for the Pulmonary Diagnostics section of this course. This course covers the performance, calibration, and interpretation of pulmonary function tests including spirometry, pre and post bronchodilator studies, diffusion capacity, airway resistance, and static lung volumes utilizing the national standards set forth by the American Thoracic Society. PFT equipment, quality assurance in the PFT Lab, and reference equations are also discussed. This course provided hands-on practice in the Pulmonary Function Lab at Texas State University and clinical rotations at area hospital PFT Labs.

RC 4330 Pulmonary Rehabilitation – Instructor for this senior level course that covers the introduction of the medical, ethical, and reimbursement issues of pulmonary rehabilitation and home care. The role of the therapist in cost containment, treatment requirements, and discharge planning is addressed. Guest speakers arranged for this course included a registered dietician, social worker, hospice specialist, home care nurse, durable medical equipment representative, and the pulmonary rehabilitation coordinator for the Seton Healthcare Network. Coordination of site visits to Pulmonary Rehab programs for student observation of hospital based outpatient programs in Austin and San Antonio.

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

Graduate courses completed at Northeastern University:

Respiratory Care Courses

RPT 7200 - Advanced Cardiopulmonary Physiology

RPT 7210 - Research Design

RPT 7215 - Applied Research in Respiratory Care

RPT 6970 - Respiratory Care Leadership Seminar

RPT 7250 - The Evolving Roles of Respiratory Care Professionals

Education Courses*EDU 6211 - Adult Learning Theory**EDU 6212 - Needs and Competencies Assessment**EDU 6213 - Curriculum and Program Development**EDU 6214 - Facilitation and Instruction***Leadership Courses***LDR 6100 - Developing Your Leadership Capability**LDR 6110 - Leading Teams**LDR 6135 - The Ethical Leader**LDR 6140 - Developing the Strategic Leader**HMG 6120 - Human Resource Management in Healthcare***D. Courses Prepared and Curriculum Development:**

RC 2375 Respiratory Care Practice III - The instructional strategy of the Pulmonary Diagnostics section of RC 2375 was redesigned to include powerpoint guided lectures, hands-on pulmonary function lab experience, and a spirometry practical assessment. One of the major instructional goals of the pulmonary diagnostics course is to develop the junior level student's knowledge, skills, and abilities enabling them to become competent in the performance, calibration, and interpretation of the spirometry procedure utilizing the national standards set forth by the American Thoracic Society.

III. SCHOLARLY/CREATIVE**A. Works in Print**

1. Books (if not refereed, please indicate)
2. Articles
3. Conference Proceedings
4. Abstracts:
5. Reports:
6. Book Reviews:
7. Other:

B. Works not in Print

1. Papers Presented at Professional Meetings:
2. Invited Talks, Lectures, and Presentations:

- I. June, 2008 – Lecture presentation for the Medical Technologists and the Laboratory Director at Cedar Park Regional Medical Center. The Lecture discussed the acquisition, transportation, measurement, and interpretation of Arterial Blood Gas samples. Also discussed were the types of

hemoglobin, including Methemoglobin and Carboxyhemoglobin and the effect that these dyshemoglobins have on the oxygen carrying capacity of the blood.

- II. November, 2007 - Presentation on the use of Spirometry in the early detection of Chronic Obstructive Pulmonary Disease (COPD) was presented to the Medical Residents at University Medical Center at Brackenridge Hospital. This lecture was given in conjunction with the American Lung Association's multi-faceted initiative to raise awareness among medical professionals about early detection of, and treatment for, COPD.
- III. 2006 – 2007: This presentation discussed the respiratory medications and drug delivery devices commonly used by patients with Asthma and Chronic Obstructive Pulmonary Disease. The target audience included patients and their family members participating in the Seton Southwest Healthcare Center's Outpatient Pulmonary Rehabilitation program.
- IV. December 2006 – Heart Hospital of Austin continuing education course designed for registered nurses covering the topic of chronic diseases. This lecture discussed the national guidelines for the diagnosis, treatment, and management of Chronic Obstructive Pulmonary Disease and Asthma.

3. Consultancies:

- I. October, 2008 - Paid consultant for the design and instruction of a spirometry training course for Williamson Pulmonary and Sleep Associates in Cedar Park, Texas. This course covered indications and contraindications of spirometry, calibration of the spirometer, coaching techniques, administration of pre and post bronchodilator studies, interpretation of results, quality assurance, and the American Thoracic Society standards for Spirometry.
- II. May, 2007 – Paid consultant for spirometry training of a physician, registered nurse, and physician assistant at the Dewitt Family Care Clinic in Lakeway, Texas. The training session included the calibration, performance, quality assurance, and interpretation of spirometry utilizing the American Thoracic Society standards.
- III. May, 1999 – Paid consultant for the research and written report on the salary ranges of a Respiratory Therapist in the United States, including detailed data for respiratory therapists employed in the Austin metro area. The ten page report was compiled for an Austin law firm in preparation for a court case.

4. Workshops:

5. Other:

C. Grants and Contracts

1. Funded External Grants and Contracts:
2. Submitted, but not Funded, External Grants and Contracts:
3. Funded Internal Grants and Contracts:
4. Submitted, but not Funded, Internal Grants and Contracts:

D. Fellowships, Awards, Honors:

IV. SERVICE

A. University:

B. Departmental:

Faculty Search Committee Member

C. Community:

American Lung Association, Volunteer Asthma Educator

Facilitated the “Counting on You” program. This program is offered to teachers and care providers in childcare centers. It teaches the child care providers how to recognize the signs of respiratory difficulty so they can take action to prevent an asthma attack. The program also teaches the childcare center how to identify common asthma triggers that are present in their center and how to make their center as healthy as possible for children with asthma.

D. Professional:

Seton Healthcare Network, Austin, Texas

Pulmonary Rehabilitation Program volunteer for annual health fairs in the community and World COPD Day Lung Screenings in the Austin metro area.

E. Organizations

Active Member - American Association of Respiratory Care

Active Member - Texas Society for Respiratory Care

Active Member – Asthma Coalition of Texas

1. Honorary:

2. Professional:

F. Services Honors and Awards:

I. Voted in 1996 by my peers, “Most Outstanding Respiratory Care Student”, at Southwest Texas State University-San Marcos Respiratory Care Program

G. Grants and Contracts

1. Funded External Grants and Contracts:
2. Submitted, but not Funded, External Grants and Contracts:

3. Funded Internal Grants and Contracts:

4. Submitted, but not Funded, Internal Grants and Contracts:

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: JOSHUA GONZALES

Title: ASSISTANT PROFESSOR

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
M.A.	2007	Webster University	Health Administration	None
B.S.R.C.	2004	Texas State University	Respiratory Care	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Assistant Professor	Texas State University	2007 -Present
Clinical Instructor	Texas State University	Spring 2007

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Respiratory Care Charge Therapist	University Hospital-UHS San Antonio, Texas	2004-2008
Respiratory Therapist	Christus Santa Rosa, San Antonio, Texas	2004-2005
Respiratory Care Assistant	Brakenridge Hospital, Austin Texas	2003-2004
Respiratory Care Assistant	American Homepatient Austin, Texas	2002-2003

E. Other Professional Credentials (licensure, certification, etc.)

Registered Respiratory Therapist, RRT
 Neonatal and Pediatric Specialist, NPS
 Round Table Group, Inc., consultant
 Respiratory Care Practitioner, RCP, Texas
 Advanced Cardiac Life Support (ACLS) Provider Card
 Pediatric Advance Life Support (PALS) Provider Card
 Neonatal Resuscitation Provider Card (NRP)
 Basic Life Support Provider Card (BLS)

II. TEACHING**A. Teaching Honors and Awards:****B. Courses Taught:**

RC 3311 Applied Pathology
 RC 2375 RC Practice III
 RC 3352 Advanced Ventilator Concepts
 RC 2365 RC Practice II
 RC3365
 RC2355

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):**D. Courses Prepared and Curriculum Development:**

RC 3311 Applied Pathology. This course was designed to familiarize students to the pathology of selected pulmonary disease entities utilizing classroom lectures, case presentations, and clinical simulation software.

RC 2375 RC Practice III. The student gains skill in clinical procedures, interactions with patients and professional personnel as he/she practices respiratory care therapeutic modalities under supervision in a health care setting.

RC 3352 Advanced Ventilator Concepts. This course is an in-depth study of specific ventilators used in adult ventilation to include traditional and proposed ventilator classification, method of operation, parameter interrelationships and ventilator patient monitoring.

RC 2365 RC Practice II. The student gains skill in clinical procedures, interaction with patients and professional personnel as he/she practices respiratory care therapeutic modalities under supervision in a health care setting. He/she becomes familiar with various RC aspects of patient care as presented in medical/surgical and pediatric situations.

E. Funded External Teaching Grants and Contracts:

F. Submitted, but not Funded, External Teaching Grants and Contracts:

G. Funded Internal Teaching Grants and Contracts:

H. Submitted, but not Funded, Internal Teaching Grants and Contracts:

I. Other:

III. SCHOLARLY/CREATIVE

A. Works in Print

1. Books (if not refereed, please indicate)

a. Scholarly Monographs:

b. Textbooks:

c. Edited Books:

d. Chapters in Books:

e. Creative Books:

2. Articles

a. Refereed Journal Articles:

b. Non-refereed Articles:

3. Conference Proceedings

a. Refereed Conference Proceedings:

b. Non-refereed:

4. Abstracts:

Gonzales, JF, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. *Journal of Respiratory Care*. 2008;53(11):1512.

Gonzales, JF, Marshall, SG, Russian, CJ. The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems. *Journal of Respiratory Care* 2009; 54(11):1564

5. Reports:

6. Book Reviews:

7. Other:

Reviewer of *The Role of a Respiratory Therapist in Public Health*, 2009
Jones and Bartlett Publishers

Reviewer of *Respiratory Care Case Studies*, 2008
Delmar Cengage Learning

Reviewer of *Anatomy and Physiology of Respiration and Circulation*, 2007
Jones and Bartlett Publishers

Reviewer of *Infant / Toddler Clinical Practice Guidelines*, 2007
Developed by the American Association of Respiratory Care

B. Works not in Print

1. Papers Presented at Professional Meetings:

Gonzales, JF, Marshall, SG, Russian, CJ. The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems. **American Association of Respiratory Care, 55th Annual International Congress**, San Antonio, TX, December 6th, 2009 . **Poster Presentation**

Gonzales, JF, Harkins, L, Cardenas, A, Caitlin, C, Hammond, L and McCarty, J. Comparison of Lifestyle Choices Between Smokers and Non Smokers, **13th Annual Faculty Student Research Forum, College of Health Professions**, Texas State University-San Marcos, April 24th, 2009

Gonzales, JF, Marshall, SG, Russian, CJ. The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems, **13th Annual Faculty Student Research Forum, College of Health Professions**, Texas State University-San Marcos, April 24th, 2009

Gonzales, JF, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **American Association of Respiratory Care, 54th Annual International Congress**, Anaheim, CA December 13, 2008 **Poster Presentation**

Gonzales, JF, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students, **Texas Society of Allied Health Professions**, El Paso, TX September 26, 2008

Gonzales, JF, Marshall, SG, Stokes, TJ, Russian, CJ. The Interactive Effects of Clinical Simulation Exam Practice with Critical Thinking Skill Development and Preferred Learning Styles, **12th Annual Faculty Student Research Forum, College of Health Professions**, Texas State University-San Marcos, April 25, 2008

Gonzales, JF. Current Practice in Adult Critical Care, **Texas Society of Respiratory Care Symposium**, Seton Medical Center, Austin, TX, November 30, 2007

2. Invited Talks, Lectures, and Presentations:

Introduction to the Patient Assessment, Seton Medical Center, Austin, TX, March 19, 2009

The Role of a Respiratory Therapist, Texas State University – San Marcos, Department of Health Information Management. October 27th, 2008.

Ideal Tidal Volume Ranges for Mechanically Ventilated Patients, Victoria College, Victoria, TX, March 7, 2008

3. Consultancies:

4. Workshops:

5. Other:

Research in progress: The Interactive Effects of Clinical Simulations Exam Practice With Critical Thinking Skill Development and Preferred Learning Styles. Texas State University-San Marcos, Department of Respiratory Care

Research in progress: The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems

C. Grants and Contracts

1. Funded External Grants and Contracts:

2. Submitted, but not Funded, External Grants and Contracts:

2009 PI-Gonzales, JF. The NBRC/ AMP H. Frederic Helmolz, Jr., MD Educational Research Endowment, American Respiratory Care Foundation. Amount requested: \$2,882.00 Submitted 6/15/09

3. Funded Internal Grants and Contracts:

2009 PI-Gonzales, JF, Associate PI-Russian, CJ. Improvement of Critical Thinking Skills of Respiratory Care Students. Library Grant: Amount requested: \$2,535.00. Submitted 10/6/08

2009 PI-Gonzales, JF, Associate-PI- Stokes, TJ. College of Health Professions Monitor Upgrade. Computing Resources Proposal: Request amount \$3024.00. Submitted 1/26/09

4. Submitted, but not Funded, Internal Grants and Contracts:

2008 PI-Gonzales, JF, Associate-PI- Stokes, TJ. Critical Thinking Skills and the Preferred Learning Styles of Respiratory Care Students. Research Enhancement Grant: Request amount \$8,027.00 Submitted 10/1/08

D. Fellowships, Awards, Honors:

IV. SERVICE

A. University:

Bobcat Days/University Exchange, Fall 2007
Health Careers Job Fair, Faculty Representative, Fall 2007
Health Careers Job Fair, Faculty Representative, Fall 2008
Health Careers Job Fair, Faculty Representative, Fall 2009

B. Departmental:

Student Scholarship Committee, 2007
RC Scholarship Committee, 2007
RC Student Selection Committee, 2007
RC Medical Advisory Committee, 2007
Computer Resources Committee, 2007
Commencement Speaker Selection, 2007
Computer Resources Committee, 2008
Student Scholarship Committee, 2008
Student Scholarship Committee, 2009
Computer Resources Committee, 2009
Research Forum Committee, 2009

C. Community:

Bobcat Build, 2009

D. Professional:

Texas Society for Respiratory Care, Active Member, 2006-present
American Association of Respiratory Care, present
Texas Society of Allied Health Professions, 2007-present

E. Organizations

1. Honorary:

Lambda Beta Society: National Honor Society for Respiratory Care. Faculty Sponsor/ Charter Member.

2. Professional:

Texas Society for Respiratory Care, member
American Association of Respiratory Care, member
National Board for Respiratory Care
Registered Respiratory Therapist, RRT
Neonatal and Pediatric Specialist, NPS
Round Table Group, Inc., consultant
Respiratory Care Practitioner, RCP, Texas

Advanced Cardiac Life Support (ACLS) Provider Card
Pediatric Advance Life Support (PALS) Provider Card
Neonatal Resuscitation Provider Card (NRP)
Basic Life Support Provider Card (BLS)

F. Services Honors and Awards:

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: Lynda Tompkins Harkins, PH.D., RRT

Title: Associate Clinical Professor

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
Ph.D.	1993	University of Texas	Education: Curriculum & Instruction	Gender Differences in Math and Science
M.S.H.P	1988	Texas State University	Allied Health Education	N/A
B.S.R.T.	1981	Medical College of Georgia	Respiratory Care	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Director of Clinical Education	McLennan Community College	1/09 - present
Associate Clinical Professor	Texas State University – San Marcos	9/09 - present
Associate Professor	Texas State University – San Marcos	9/94 – 9/09
Associate Dean, ORSP	Texas State University – San Marcos	9/99 – 5/00
Assistant Professor	Texas State University – San Marcos	9/88 – 8/94
Lecturer	Texas State University – San Marcos	8/84 – 9/88
Instructor	Medical College of Georgia	6/82 – 9/84
Coordinator & Instructor	J. Sargeant Reynolds Community College	1/82 - 4/82
Clinical Instructor	J. Sargeant Reynolds Community College	1/82 – 4/82

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Respiratory Consultant	Professional Medical Services – Augusta, Georgia	7/83 – 9/84
Respiratory Therapist	St. Luke's Hospital, Richmond, Virginia	9/81 - 6/82
Respiratory Therapist	University Hospital, Augusta, Georgia	6/81 – 9/81
Respiratory Technician	St. Luke's Hospital, Richmond, Virginia	8/79 – 6/80

E. Other Professional Credentials (licensure, certification, etc.)

Texas Department of Health, Respiratory Care Practitioner (RCP)
NBRC, Registered Respiratory Therapist (RRT)
NBRC, Certified Respiratory Therapy Technician (CRTT)

II. TEACHING**A. Teaching Honors and Awards:**

Nominated, NISOD Excellence Award, September, 2010
 Graduating Student Recognition, Texas State, August 2009
 Graduating Student Recognition, Texas State, May 2008
 Graduating Student Recognition, Texas State, May 2008
 Nominated Professor Appreciation, Texas State Panhellenic Association, 2007
 Excellence Award for Teaching, College of Health Professions, 2003
 Alkek Innovative Teaching Award – Digital Curriculum, 2003
 Favorite Professor Award, Alpha Chi Honor Society, 2002-03
 Nominated, Piper Award, 2002
 "Best Practices" Recognition, Bureau of Health Professions, 2001
 Nominated, Piper Award, 2000
 Outstanding Service Award, School of Health Professions, 1999
 Nominated, CHP Excellence Award, Teaching, Research, and Service, 1999
 Nominated, Piper Award, 1997
 Favorite Professor Award, Alpha Chi Honor Society, 1997
 Favorite Professor Award, Alpha Chi Honor Society, 1996
 Outstanding Teacher in the School of Health Professions 1989
 Excellence in Teaching Awards 1987 and 1988
 Graduated with "All A's" (MSHP), 1988
 Academic Excellence Award, 1988
 Outstanding Student Award, 1988
 Alpha Eta Honor Society, 1981
 Graduated "Cum Laude" (BSRT), 1981

B. Courses Taught:

RC 4220	RC Cardiovascular Diagnostics (Web-based – 2009)
RC 4350	Respiratory Care Research (Web-based -2004 - present)
RC 1321	Introduction to Pharmacology (Web-based – 2003 - present)
RC 2352	Cardiopulmonary Renal Anatomy and Physiology (Web-based – 2003 – present)
RC 3411	Gross Anatomy Lab (Web Augmented, 2001 - present)
RC 1134	RC Clinical Practice I
RC 4330	Pulmonary Rehabilitation (Interactive Television, 1999 - 2001)
RC 1314	Instrumentation Lab I (Interactive Television, 1996 - 1998, Web Augmented, 2002))
RC 1316	Instrumentation Lab II (Interactive Television, 1996 - 1998)
RC 1245	RC Clinical Lab II (Interactive Television, 1996 - 1998)
RC 2355	RC Practice I
RC 2365	RC Practice II
AHS 3351	Application of Computers in the Health Professions
HR 5365	Applications of Computers in Health Administration
AHS 3341	Interdisciplinary Issues, Techniques, and Applications.
AHS 1310	The Health Care System and Professionals
AHS 3302	Statistics for the Health Professional
RT 1314	Instrumentation Lab I
RT 1440	Clinical Practice II
RT 1316	Instrumentation Lab II
RT 1330	Clinical Lab I
RT 1340	Clinical Lab II
RT 2330	Advanced Respiratory Therapy Technology
RT 2220	Respiratory Therapy Literature
RT 1314	Instrumentation Lab I

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

D. Courses Prepared and Curriculum Development:

RC 4220	Cardiovascular Diagnostics (Web-based, 2008)
RC 4350	Respiratory Care Research (Web-based -2004)
RC 1321	Introduction to Pharmacology (Web-based – 2003 - present)
RC 2352	Cardiopulmonary Renal Anatomy and Physiology (Web-based – 2003 – present)
RC 1134	RC Clinical Practice I
RC 4330	Pulmonary Rehabilitation (Interactive Television, 1999 - 2001)
RC 3411	Gross Anatomy Lab (Web Augmented, 2001)
RC 1314	Instrumentation Lab I (Interactive Television, 1996 - 1998, Web Augmented, 2002))
RC 1316	Instrumentation Lab II (Interactive Television, 1996 - 1998)
RC 1245	RC Clinical Lab II (Interactive Television, 1996 - 1998)

RC 2355	RC Practice I
RC 2365	RC Practice II
AHS 3351	Application of Computers in the Health Professions
HR 5365	Applications of Computers in Health Administration
AHS 3341	Interdisciplinary Issues, Techniques, and Applications.
AHS 1310	The Health Care System and Professionals
AHS 3302	Statistics for the Health Professional
RT 1314	Instrumentation Lab I
RT 1440	Clinical Practice II
RT 1316	Instrumentation Lab II
RT 1330	Clinical Lab I
RT 1340	Clinical Lab II
RT 2330	Advanced Respiratory Therapy Technology
RT 2220	Respiratory Therapy Literature
RT 1314	Instrumentation Lab I

E. Funded External Teaching Grants and Contracts:

The Texas Higher Education Coordinating Board, Nursing and Allied Health and other Health-Related Grant Program, (Tobacco Settlement Funds), Improving Access to Asthma Care, \$157,000.

The Texas Higher Education Coordinating Board, Nursing and Allied Health and other Health-Related Grant Program, (Tobacco Settlement Funds), SWTelehealth Project, \$550,000.

Texas Telecommunications Infrastructure Board (TIFB), SWTelehealth Project, \$372,000

Department of Health & Human Services, \$350,000 Training Grant, 1998 – 99

Department of Health & Human Services, \$280,000 Training Grant, 1994, 1995, 1996

F. Submitted, but not Funded, External Teaching Grants and Contracts:

National Institute of Health, Obstructive Sleep Apnea and Cardiovascular Dysfunction, \$275,000 (submitted 9/2005)

G. Funded Internal Teaching Grants and Contracts:

School of Health Professions Grant, \$500, 1992

Merrick Grant, \$1,500, 1991

School of Health Professions Grant, \$500, 1991

School of Health Professions Grant, \$500, 1988.

H. Submitted, but not Funded, Internal Teaching Grants and Contracts:

*Faculty Research Enhancement, Fall, 2008, The Net Generation – They’re Here – What do the Want?

I. Other:

III. SCHOLARLY/CREATIVE

A. Works in Print

1. Books (if not refereed, please indicate)

a. Scholarly Monographs:

b. Textbooks:

c. Edited Books:

d. Chapters in Books:

e. Creative Books:

2. Articles

a. Refereed Journal Articles:

Russian, CJ, Harkins, LT, Marshall, SG, Engelhardt, M, Shamrock, BA (2008). *Inter-Rater Reliability Among Respiratory Care Clinical Instructors: Pilot Study*, Respiratory Care Education Annual, Vol 17, 7 – 12.

Harkins, LT & Carter, M (1999). *Teaching through the peephole: the challenges of interactive television*, College & University Media Review, 6(1), 43 – 59.

Harkins, LT & Harkins, CH (1997) *Respiratory Care education goes the distance*, Journal of Allied Health, 26(4), 163-168.

Harkins, CJ & Harkins, LT (1995). *Texas program receives grant to develop interactive classroom*, AARC Times, 19(1), p. 48.

Harkins, LT & Herkimer, AG (1995). *Texas hospital chief executive officers evaluate content areas in health administration education*, The Journal of

Health Administration Education, 13(3), pp 485 - 495.

Tompkins, L.S. (1993) A new light on distance learning -- fiber optics, Journal of Educational Technology Systems, 21(3), 265 - 275 .

Burke, G., Tompkins, L.S., Summers, J., & Jagmin, C. (1993). Role stress among physician executives: a study of members of the American college of physician executives, Physician Executive, Journal of Management, 19(5), 9 - 14.

Burke, G.C., Tompkins, L.S., Davis, J.D. (1991) Role Conflict and Role Ambiguity Among Respiratory Care Managers. Respiratory Care, 36 (8), 829-836.

Tompkins, L.S. & Harkins, C.J. (1990). Predicting Academic Success In A Non-traditional Program. Journal of Allied Health, 19 (1), 15 - 24.

Tompkins, L.S. (1989, September). Graduate Program Offers Career Mobility. Texas Society for Healthcare Educators Newsletter, pp 4 - 5.

b. Non-refereed Articles:

Harkins, LT & Harkins, CJ (1999) SWTelehealth project Launched, *The TSAHP Chronicle*, May, 4 – 5.

3. Conference Proceedings

a. Refereed Conference Proceedings:

b. Non-refereed:

4. Abstracts:

5. Reports:

6. Book Reviews:

Hitner, Henry, & Nagle, Barbara. (2011) Pharmacology, An Introduction, 6th edition, McGraw-Hill, Columbus, Ohio. (Chapter Reviewer)

Harkins, LT (2001). Exam Review and Study Guide for Perinatal/Pediatric Respiratory Care, Harwood, R., Journal of Allied Health, 30 (2), 127 – 128.

7. Other:

TEXTBOOKS REVIEWED

Focus on Pharmacology, Essentials for Health Professionals, J. Moini, Prentice Hall, 2007, Media Reviewer
 Texas Department of Health, Management of Tracheostomy Tubes, Session Five
 Gravetter/Wallnau: Statistics for the Behavioral Sciences, 4e, Three chapters
 Gravetter/Wallnau: Statistics for the Behavioral Sciences, 4e, entire book
 Gravetter/Wallnau: Statistics for the Behavioral Sciences, 3e, Chapter 16.

B. Works not in Print

1. Papers Presented at Professional Meetings:

STUDENT RESEARCH PAPERS PRESENTED
CHP Research Forum, April, 2009

Minerva Rodriguez, et.al. (2009). Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems

Christa Brooks, et.al (2009). The Relationship of One 8.4-ounce Red Bull® on Heart Rate, Respiratory Rate, and Blood Pressure

Christie Huber IRB (2009). Correlation of Internet Addiction Among College Students and Faculty

Caitlin Curren, et.al. (2009). Comparison of Lifestyle Choices between Smokers and Non-Smokers

Karlie Cruise, et.al (2009). The Change In Lung Volumes in a Person Sitting Up or in Tripod Position

Tamara Bauer, et.al (2009). Nail Polish and Pulse Oximetry

STUDENT RESEARCH PAPERS PRESENTED

CHP Research Forum, April, 2008

- Fechhelm, K., Castillo, A., Holtman, S. (2008) Redefining Ventilation – Is Nasal Cycle Real?
- Guadalupe L. Martinez, RRT RCP (2008) Using the Toy Flute Recorder to Stimulate Cough While on the Vest Airway Clearance Therapy in Cystic Fibrosis Children: A Pilot Study
- King, Dirk, Rodrigues, N., Lopinski, P. (2008) The Effect of Internet Addiction on GPA among College Students
- Schmidt, J. & Taylor, K. (2008) Texas State University-San Marcos Student Health Behavior Analysis.

2. Invited Talks, Lectures, and Presentations:

- Harkins, Lynda (2009) – *Respiratory Care Research – Is it Junk Science?* – Hillcrest Baptist Medical Center, Waco
- Russian, CJ, Harkins, LT, Marshall, SG. Inter-rater Reliability Among Respiratory Care Clinical Instructors: A Pilot Study. (2008) College of Health Professions Research Forum, Texas State University-San Marcos.
- Harkins, LT & Russian, C. (2006) “An Effective New Therapy in the Treatment of Obstructive Sleep Apnea,” College of Health Professions Research Forum, San Marcos.
- Harkins, LT & Russian, C. (2006) “An Effective New Therapy in the Treatment of Obstructive Sleep Apnea,” Texas Society for Respiratory Care, Summer Forum, San Antonio.
- Harkins, LT. (2003). Customize Your On-Line Course. Instructional Technology’s “Showcase of Faculty Use of Technology in Teaching and Learning”. San Marcos
- Harkins, LT (2001) Asthma Management in Texas, Where Are We? – Health Information Management Winter Conference, San Marcos.
- Welborn, R., Harkins, L, Zemkosky, D. (2000). A Cost Evaluation of the Use of Telemedicine in Respiratory Care – The SWTelehealth Project. College of Health Professions Research Forum, San Marcos, Texas.
- Harkins, LT, (2000). Funding Initiatives in Pulmonary Rehabilitation. The 10th Annual Texas Association of Cardiovascular and Pulmonary Rehabilitation meeting, Corpus Christi, Texas.
- Harkins, LT, (1999). Telemedicine, Implications for Respiratory Care.

SWTelelecture series, Southwest Texas State University, San Marcos.

Harkins, LT, Cohen, P, Farr, J (1998). "Using Technologies in Humanities, Science, and Professional Studies: Pedagogically Sound?" International Consortium for Educational Development in Higher Education, Austin, Texas.

Harkins, LT & Harkins, CJ (1998). "Center for Interactive Respiratory Care Program." Leadership in Collaborative Practice, Las Vegas, Nevada.

Harkins, LT (1998). "Telemedicine: Where Are We Now?" Respiratory Care Sizzlin' Summer Symposium, San Marcos, Texas.

Harkins, LT (1997). "Distance Education", (Keynote Address), North Texas Articulation Council, Dallas, Texas.

Harkins, LT (1996). "SWT Center for Interactive Respiratory Care Outreach Program." US Department of Health and Human Services, "Re-Engineering Allied Health". Bethesda, Maryland.

Harkins, LT (1995). "SWT Center for Interactive Respiratory Care Outreach Program." US Department of Health and Human Services, Allied Health in the 21st Century: Sharing the vision, Charting the course. Baltimore, Maryland.

Tompkins, L.S. "Predicting Academic Success of Non-traditional Respiratory Therapy Students." 12th Annual Meeting of the Texas Society of Allied Health Professionals. San Antonio, September, 1989.

3. Consultancies:

2004 - 2008	Research consultant – ACOBA, LLC
2002	Developed a web-based course for Respiratory Care Department, University of Texas Health Science Center at San Antonio
2002 – 2004	Designed and developed a multimedia recruitment CD, University of Texas Health Science Center at San Antonio

4. Workshops:

5. Other:

C. Grants and Contracts

1. Funded External Grants and Contracts:

2. Submitted, but not Funded, External Grants and Contracts:

3. Funded Internal Grants and Contracts:

4. Submitted, but not Funded, Internal Grants and Contracts:

D. Fellowships, Awards, Honors:

IV. SERVICE

A. University:

Texas State University-San Marcos - Institutional Review Board, 2009
 Presidential Award for Excellence in Scholarly/Creative Activities, member, 2005-08
 Telecommunications Advisory Board, Acting Chair, 2000
 UPPS Subcommittee of Telecommunications Advisory Board, 1999
 Telecommunications Advisory Board, Member, 1995 - 2000
 Faculty Mentor, Telecommunications Course Development, 1998
 System Development Life Cycle Methodology, Ad Hoc Committee, 1998
 SACs Committee: Distance Learning, 1997-98
 Faculty Research Committee, Reviewer, SWT Grant Proposals, 1996 - 98
 General Studies Council, Alternate, 1995-99
 Equestrian Sports Association, Faculty Sponsor, 1997-98
 Parking Appeals Committee, Alternate, 1995 - 97
 Presidential Seminar Committee, 1992 - 94
 Traffic and Parking Committee, 1991
 Committee to Study the General Studies Math Requirements, 1991
 Student Learning Assistance Center, 1986-90
 General Studies Advisor, 1987

B. Departmental:

College of Health Professions
 CHP, College Review Board, 1999 - 09
 CHP Curriculum Committee, Member 2006 - 2009
 CHP Grade Appeals Committee, Member, 1998 – 09

CHP Research Forum Planning Committee, 2004 – 2009
 Nursing Program Faculty Search Committee, Chair 2007
 Faculty Research Enhancement Grant Proposal Reviewer, 2002-03, 2005 – 07
 HIM Personnel Committee, 2005 – 09
 Clinical Lab Sciences University Review Team, 2005
 Health Services Research Review Task Force, 2005
 Grant and Contract Reviews, Dean's Office, 2002-03
 HCOP Committee Member, 1994 – 01
 Central/South Texas ENLACE Partnership, Planning Committee, 1999
 SWT College Days Faculty representative, October 1999
 Building Remodeling Committee, Chair, 1998 - 99
 Grade Appeals, Chair, 1997-98
 Radiation Therapy Chair Search Committee, 1997-98
 Faculty Excellence Awards Committee, Chair, 1996 - 97
 Department Liaison Faculty Senate, 1996 - 97
 Computer Lab Advisory Committee, 1988-1995
 Health Careers Opportunity Program, Instructor, 1995 - 96
 Grade Appeals Committee, 1993-94
 School Review Group, 1993-95
 Long Term Care Research Task Force, 1993

Respiratory Care

Advisory Board

Respiratory Care/Physical Therapy Personnel Committee, 2006 -07

C. Community:

Scholastic Judge, Junior Miss Program, San Marcos, 1997 - 2001
 Webmaster, Bluebonnet Barrel Racing Association, 2001 - 2002
 President, Bluebonnet, Barrel Racing Association, 2000 - 2001
 Editor, Bluebonnet Barrel Racing Association Newsletter, 1990, 1993, 1994, 1998-99
 Healthfair, University of Texas, San Antonio, Participant, 1996
 Healthfair, University of Texas, San Antonio, Participant, 1989
 Healthfair, Hays Memorial Hospital, Participant, 1988
 Healthfair, University of Texas, San Antonio, Participant, 1988
 SWTSU Career Day, Representative, 1987
 Palo Alto Community College Career Day, SWTSU Representative, 1987

D. Professional:

National

Cross Program Conference Planning Committee, Division of Public Health and Allied Health, Bureau of Health Professions, Health Resources and Services Administration, Member, 2000
 Journal of Allied Health, Peer Reviewer, 1999-2001
 Allied Health Training Grants Workshop Planning Committee, Member, 1996

Professional

Texas Society of Allied Health Professionals, Newsletter, Co-Editor, 1989-90

E. Organizations

National Board for Respiratory Care, 2009 – present
American Association for Respiratory Care 2009 - present
International Webmasters Association, 2001 - 2009
Texas Asthma Coalition, 2000 - 2007
Texas Association of CV and Pulmonary Rehabilitation, 2000
Texas Thoracic Society, 1988- 2000
Texas Society of Allied Health Professional, 1988 - 92
Texas Society for Hospital Educators, 1988-92
American Association of Respiratory Therapy, 1978-84
Georgia Society for Respiratory Therapy, 1978-84
Virginia Society for Respiratory Therapy, 1982-83

1. Honorary:

2. Professional:

F. Services Honors and Awards:

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: Peter A. Petroff

Title: Clinical Professor

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
MD	1968	University of Illinois Medical School	Medicine	N/A
BS	1964	DePaul University	Biology	N/A
	1976	Mayo Clinic	Pulmonary Fellowship	N/A
	1972	Mayo Clinic	Internal Medicine Residency	N/A
	1969	St. Mary's Hospital San Francisco	Internship	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Medical Director for Polysomnography Course of Studies	Texas State University-San Marcos	Sept. 2006 – Present
Medical Director for Bachelor of Science in Respiratory Care Program	Texas State University-San Marcos	Sept. 2003 – Present
Clinical Professor	Texas State University-San Marcos	Sept. 2005 – Present
Associate Professor	Texas State University-San Marcos	1978 - 2005

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Physician	Independent Medical Associates, PA	1996 - Present
Physician	Diagnostic Clinic of San Antonio, PA	1976 -1996
Chief	Pulmonary Section, Burn Unit Fort Sam Houston, Texas	1973 -1976

E. Other Professional Credentials (licensure, certification, etc.)

II. TEACHING

A. Teaching Honors and Awards:

B. Courses Taught:

RC 2311 Cardiopulmonary Disease I

RC 3365 RC Practice IV

RC 3375 ICU Internship

RC 4341 RC Seminar

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

D. Courses Prepared and Curriculum Development:

E. Funded External Teaching Grants and Contracts:

F. Submitted, but not Funded, External Teaching Grants and Contracts:

G. Funded Internal Teaching Grants and Contracts:

H. Submitted, but not Funded, Internal Teaching Grants and Contracts:

I. Other:

III. SCHOLARLY/CREATIVE

A. Works in Print

1. Books (if not refereed, please indicate)

a. Scholarly Monographs:

b. Textbooks:

c. Edited Books:

d. Chapters in Books:

Burns, A Team Approach, Chapter 5, "Pulmonary Disease in the Burn Patient" Edited by Artz, Monchrief and Pruitt, Saunders Pub, 1979

Petroff, Hander, and Mason: Ventilatory Patterns Following Burn Injury and the Effect of Sulfamylon: J Trauma: 15:650; 1975

Petroff, Hander, Clayton, and Pruitt; Pulmonary Function Studies after Smoke Inhalation: Am. J. Surgery: 132, 346, 1976

B. Works not in Print

1. Papers Presented at Professional Meetings:

2. Invited Talks, Lectures, and Presentations:

“Asbestosis: Medical Disease, Legal Disease or Both”, San Antonio Internal Medicine Club, 2005

“Lung Cancer”

St. Philip’s College, Respiratory Care Program, 2005

“COPD”

St. Philip’s College, Respiratory Care Program, 2005

3. Consultancies:

4. Workshops:

5. Other:

C. Grants and Contracts

D. Fellowships, Awards, Honors:

IV. SERVICE

A. University:

B. Departmental:

Medical Director of Department of Respiratory Care, August 2003

Medical Advisory Committee, 1976

1. Honorary:

2. Professional:

Fellow, American College of Physicians

Fellow, American College of Chest Physicians

Bexar County Medical Society

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: THOMAS J. STOKES

Title: ASSISTANT PROFESSOR

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
M.Ed.	2005	University of Phoenix	Distance Education in Adult Ed	N/A
B.S.H.P	1989	Texas State University-San Marcos	Healthcare Administration	N/A
A.A.S.	1987	Texas State University-San Marcos	Respiratory Care	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Assistant Professor, Department of Respiratory Care	Texas State University-San Marcos	2005 - present
Lecturer, Department of Respiratory Care	Texas State University-San Marcos	2002 - 2005

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Respiratory Care Charge Therapist	University Hospital – UHS, San Antonio, Texas	2002 - 2004
Dental Consultant/Account Manager for Pharmaceutical Sales	Block Drug Corporation / Glaxo Smith Kline	1999 -2002

Home Health Account Manager	Home Health Corporation of America Medical Sales	1997 -1999
Respiratory Care Shift Supervisor	Christus Santa Rosa Medical Center, San Antonio, Texas	1992 -1997

E. Other Professional Credentials (licensure, certification, etc.)

Registered Respiratory Therapist	National Board for Respiratory Care	1995 - present
Certified Respiratory Therapist	National Board for Respiratory Care	1988 - present
Respiratory Care Practitioner	Texas Department of State Health Services	1988 - present

II. TEACHING

A. Teaching Honors and Awards:

None

B. Courses Taught:

RC 1314	Respiratory Therapy Instrumentation I /Spring 2005-2009
RC 1445	RC Clinical Lab II /Summer 2005-2009
RC 2355	RC Practice I /Fall 2005-2009
RC 2365	Clinical Practice II /Spring 2005-2009
RC 3331	Advanced Respiratory Therapy Instrumentation /Fall 2005-2009

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

D. Courses Prepared and Curriculum Development:

RC 1314	Respiratory Therapy Instrumentation I
RC 1445	RC Clinical Lab II
RC 3331	Advanced Respiratory Therapy Instrumentation

E. Funded External Teaching Grants and Contracts:

None

F. Submitted, but not Funded, External Teaching Grants and Contracts:

None

G. Funded Internal Teaching Grants and Contracts:

None

H. Submitted, but not Funded, Internal Teaching Grants and Contracts:

None

I. Other:

III. SCHOLARLY/CREATIVE

A. Works in Print

1. Books (if not refereed, please indicate)

None

a. Scholarly Monographs:

None

b. Textbooks:

None

c. Edited Books:

None

d. Chapters in Books:

None

e. Creative Books:

None

2. Articles

a. Refereed Journal Articles

b. Non-refereed Articles:

3. Conference Proceedings

a. Refereed Conference Proceedings:

None

b. Non-refereed:

None

4. Abstracts:

Stokes, TJ, Marshall, SG, Russian, CJ. Coping With Loss And Death And Dying
Issues Of Respiratory Students. J. of Respir Care 2009; 54 (11): 1578

Gonzales, JK, Marshall, SG, Stokes, TJ, Russian, CJ. Critical Thinking Skills
and Preferred Learning Styles of Respiratory Care Students. J. of Respir Care.
2008;53(11):1512

5. Reports:

None

6. Book Reviews:

None

7. Other:

None

B. Works not in Print

1. Papers Presented at Professional Meetings:

Stokes, TJ, Marshall, SG, Russian, CJ. Coping With Loss And Death And Dying Issues Of Respiratory
Students. AARC 55th International Respiratory Congress Annual Convention – Open Forum #15. San
Antonio, Texas 2009

Poster presentation

Coping with loss and death and dying issues in respiratory care, Texas Society of Allied Health
Professions, El Paso, TX September 26, 2008

College of Health Professions – Faculty Student Research Forum

Refereed Symposium – “The Interactive Effects of Clinical Simulation Exam Practice with Critical
Thinking Skill Development and Preferred Learning Styles” April 25th, 2008 - Presented by RC students
Halie Pittsford and Maria Cuestas On behalf of research results of Critical Thinking/Preferred Learning
Research Grant conducted by Faculty: Gregg Marshall, Josh Gonzales, and Tom Stokes.

2. Invited Talks, Lectures, and Presentations:

TSRC Capital Area District 2007 Annual Symposium,
Seton Medical Center –Mcfadden Auditorium. Austin, Texas.

“Update on Respiratory Medications: What’s Old and What’s New”

November 30, 2007 – Presented a 1 hour presentation on the latest updates and clinical applications of Respiratory Pharmacology

Guest Lecturer – PT 7363 (Pedi Neurology), February 22, 2010 – “Auscultation and Chest Exam and ABG Interpretation” – 4 hour lecture and demonstration on the use of the stethoscope for auscultation of select breath sounds and all aspects of the physical chest exam from inspection, to palpation, to percussion, to auscultation and ABG interpretation.

Guest Lecturer – PT 7336 (Pedi Neurology), April 2, 2009 – “ A Newborn ICU/Pediatric ICU Introduction” – 4 hour presentation on the structure and operation of a NICU/PICU, patient population, clinical care givers, and what respiratory equipment and therapy is needed by infants and children

Victoria College – Annual Respiratory Care Seminar

Victoria College Student Center. Victoria, Texas

“Bi-Level Ventilation” March 7, 2008 –1 hour presentation on the indications for bi-level (APRV) ventilation, including specific ventilator settings and applications.

Smoking Cessation, Tower Residence Hall. Presented PowerPoint presentation on the risks and effects of smoking and the steps to successfully quitting. Performed lung volume tests on participants to show effects of their own smoking. 2006

3. Consultancies:

None

4. Workshops:

5. Other:

Manuscripts out for review:

Stokes, TJ, Marshall, SG, Russian, CJ. Coping With Loss And Death And Dying Issues Of Respiratory Students. Manuscript submitted to RC Ed Annual on March 15th, 2010. Awaiting editorial review

C. Grants and Contracts

1. Funded External Grants and Contracts:

N/A

2. Submitted, but not Funded, External Grants and Contracts:

Texas State Tobacco Control Project- Priority Populations Phase II grant proposal submitted to the American Legacy Foundation, December 2006

Principal Investigators:

Dr. Gregg Marshall

Mr. Thomas Stokes

3. Funded Internal Grants and Contracts:

Computing Resources Proposal: College of Health Professions Monitor Upgrade. Was submitted on January 26, 2009. Requested amount: \$3024.00. Funding results: Awarded full amount of \$3024.00

Principal proposer – Joshua Gonzales, PI

Secondary proposer – Thomas Stokes, Co-PI

4. Submitted, but not Funded, Internal Grants and Contracts:

Research Enhancement Grant: Critical Thinking Skills and the Preferred Learning Styles of Respiratory Care Students. Amount requested: \$2,535.00

Principal Investigators:

Dr. Gregg Marshall, PI

Mr. Josh Gonzales, Co-PI

Mr. Thomas Stokes, Co-PI

Mr. Chris Russian, Co-PI

D. Fellowships, Awards, Honors:

N/A

IV. SERVICE

A. University:

Bobcat Days/University Exchange, Fall 2009

Bobcat Days/University Exchange, Fall 2008

Bobcat Days/University Exchange, Fall 2007

Bobcat Days/ University Exchange, Spring 2007

Bobcat Days/University Exchange, Spring 2006

Bobcat Days/ University Exchange, Spring 2005

B. Departmental:

College of Health Professions Grade Appeals Committee, Fall 2009

College of Health Professions Career Day, Faculty Representative, Fall 2008

College of Health Professions Diversity Committee, 2008

College of Health Professions Awards Day Committee, 2005-present

College of Health Professions Safety and Building Maintenance Committee, 2005-present

Texas Society of Allied Health Professions- 30th Conference and Annual Meeting, Fall 2007
 College of Health Professions Career Day, Oct 3rd, 2007
 College of Health Professions Diversity Committee, 2007
 Laerdal – Simulator User Network (SUN) Forum. Del Mar College, Oct 26th, 2007
 METI - Nursing/RT Simulation Day. Collin County Community College, Sept 7th, 2007
 College of Health Professions Student Scholarship Committee, 2005-2006
 PT Faculty Search Committee, 2006-2007
 Blaney Scholarship Committee, 2007
 Presidential Upper Level Scholarship Committee, 2007
 RC Medical Advisory Committee, 2005- present
 RC Curriculum Committee, 2005- present
 RC Scholarship Committee, 2005- present
 RC Faculty Search Committee, 2006- present

C. Community:

Bobcat Build - March 27, 2010. Participated as faculty representative

D. Professional:

Texas Society for Respiratory Care, State Education Committee, 2005 - present

E. Organizations

1. Honorary:

Lambda Beta Society, National Honor Society for the Profession of Respiratory Care – Charter Faculty Member, 2008 - present

2. Professional:

American Association for Respiratory Care, 1988-present
 Texas Society for Respiratory Care, 1988-present
 Texas Society of Allied Health Professions 2007

F. Services Honors and Awards:

Graduating Student Recognition of Campus Support Program

- Received letter of recognition from Vice President for Student Affairs
- Named by August 2009 RC graduate as a “Person at Texas State University-San Marcos who made a contribution to their academic career”
- Named by May 2008 RC graduate as a “Person at Texas State University-San Marcos who made a contribution to their academic career”
- Named by August 2007 RC graduate as a “Person at Texas State University-San Marcos who made a contribution to their academic career”

Texas State Vita

I. Academic/Professional Background

A. Name: Chris Russian Title: Associate Professor

B. Educational Background:

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
Ph.D.	In-progress	Texas State University-San Marcos.	Adult, Professional, Community Education	Undecided at this time.
M.Ed.	2002	Southwest Texas State University (name changed to Texas State University-San Marcos)	Physical Education	None
B.S.R.C.	1998	Southwest Texas State University	Respiratory Care	NA
B.S.	1995	Sam Houston State University	Kinesiology	NA

C. University Experience:

<i>Position</i>	<i>University</i>	<i>Dates</i>
Associate Professor (Tenured - 2008)	Texas State University–San Marcos	2008 - Present
Director of Clinical Education	Texas State University–San Marcos	2003 - Present
Assistant Professor	Texas State University–San Marcos	2002 - 2008
Lecturer	Southwest Texas State University	2000 – 2002

D. Relevant Professional Experience:

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Respiratory Therapist	Brackenridge Hospital	1/99- 2006
Respiratory Therapist	St. David's Hospital	8/98 - 9/99
Respiratory Therapist	Specialty Hospital of Austin	1/98 - 8/98
Respiratory Therapist	Santa Rosa Hospital	12/97 - 8/98

E. Other Professional Credentials (licensure, certification, etc.)

Registered Respiratory Therapist, RRT, National Board for Respiratory Care
 Neonatal, Pediatric Specialist, NPS, National Board for Respiratory Care
 Respiratory Care Practitioner License, RCP, Texas
 Registered Polysomnographic Technologist, RPSGT
 Basic Life Support Provider Card (BLS)

II. Teaching

A. Teaching Honors and Awards:

Graduating Student Recognition Award: Named as a person at Texas State University-San Marcos who made a contribution to the academic career of a graduate (2007, 2008, 2009, 2010)

Adjunct Graduate Faculty, Texas State University-San Marcos, Department of Respiratory Care, January 2006.

Program for Excellence in Teaching and Learning 2003-04

B. Courses Taught:

RC 1316 Instrumentation II, Summer 2000, 2001

RC 1445 Clinical Lab I, summer 2002-2007

RC 2355 Respiratory Care Practice II, Fall 2000-2002

RC 2375 Respiratory Care Practice III, fall 2003-

RC 3331 Advanced Respiratory Care Instrumentation, Fall 2000-2004

RC 3365 Respiratory Care Practice IV, spring 2003-2007

RC 3411 Applied Pathology (Gross Anatomy Laboratory Assistant), fall 1998

RC 4315 Neonatal Respiratory Care, spring 2000-

RC 4320 Contemporary Issues in Cardiopulmonary Care, spring 2003-2007

Health Care Opportunities Program (HCOP), Instructor, Summer 2001

RC 5310 Fundamentals of Polysomnography, Fall 2006-

RC 5313 Polysomnography Therapeutic Intervention, Spring 2007

RC 5412 Clinical Polysomnography-Sleep Staging I, Fall 2006-

RC 5415 Clinical Polysomnography-Sleep Staging II, Spring 2007

C. Graduate Theses/Dissertations or Exit Committees:

Tenure Track Mentoring Committee for Dr. Lyn Litchke, Assistant Professor, Department of Health and Human Performance, Texas State University-San Marcos.

D. Courses Prepared and Curriculum Development:

RC 5415 Clinical Polysomnography-Sleep Staging II. Advanced clinical education in sleep staging rules, light, delta and REM sleep scoring and analysis. EEG, EMG, ECG and respiratory events will be discussed in depth are components of the polysomnogram report. A research project and presentation will be assigned by the faculty.

RC 5313 Polysomnography Therapeutic Intervention. This course was designed to review the therapeutic modalities and procedures for diagnostic and treatment polysomnography. Lectures were prepared in assistance with the assigned faculty Lynda Harkins.

RC 5412 Clinical Polysomnography-Sleep Staging I. Direct patient diagnostic monitoring is performed under close supervision in a sleep lab. Differential amplifiers, amplifier calibration, artifact correction and the professional role of the sleep tech will be demonstrated. A research project and presentation will be assigned by the faculty.

RC 5310 Fundamentals of Polysomnography. This course was designed to explain the fundamentals of polysomnography and polysomnography testing. Lectures were prepared in assistance with the assigned faculty Lynda Harkins.

RC 4320 Contemporary Issues in Cardiopulmonary Care/Advanced Cardiac Life Support/Polysomnography. Students participate in managing cardiac arrest and life threatening arrhythmia scenarios, and receive instruction on sleep disorders and sleep study procedures.

RC 4315. Neonatal Respiratory Care. This class was developed to familiarize students with the proper care of the neonatal and pediatric patient population. Course curriculum was designed to prepare students for success on the Neonatal/Pediatric Specialty Exam.

E. Funded External Teaching Grants and Contracts:

Russian, C.J. (PI). Advanced Respiratory Educational Grant, \$20,000. The Department received an Airway Clearance System, vests for all patient populations, and the PI attended a weekend training course on airway clearance. Spring 2002

F. Submitted, but not Funded, External Teaching Grants and Contracts:

None

G. Funded Internal Teaching Grants and Contracts:

Russian, C.J. (PI). Improvement of Critical Thinking Skills of Respiratory Care Students. Educational resources will be purchased to assist the respiratory care student in preparing for a national board exam. Resources will be utilized in two senior level RC courses.

Library Research Grant. Accepted 2008. Amount Awarded: \$2535.00

Russian, C.J. (PI). Upgrade for the Specialty Lab Computer Resources in the Department of Respiratory Care. This proposal will allow for necessary upgrades in computer equipment in the Specialty Care Lab and will pave the way for new computer software integral to student learning and success. *Academic Computing Committee*. (Submitted fall 2006, Accepted March 2007. Awarded 8,514.00)

Russian, C.J. (PI). Clinical Simulation Software to Increase Critical Thinking Among Respiratory Care Students. *Library Research Grant*. Submitted. This proposal will utilize clinical simulation software in the Neonatal/Pediatric course to assist in the development of critical thinking skills. (Fall 2006, Accepted January 2007. Awarded 767.88)

Russian, C.J. (PI). Development of Critical Thinking and Clinical Simulation Exercises for Respiratory Care Students enrolled in Intensive Care Unit Courses. *Instructional Technology Program*. Submitted April 21, 2006. (No dollar amount awarded. Instructional Technology offered technical assistance from staff to review and assist with creation of simulation exercises describe in the grant proposal.)

H. Submitted, but not Funded, Internal Teaching Grants and Contracts:

Russian, C.J. (PI). Upgrade for the Specialty Lab Computer Resources in the Department of Respiratory Care. *Student Computing Resources* through the *Academic Computing Committee*. Submitted January 2006.

I. Other:

Online Course Management and Communication Panel Presentation. Instructional Technologies Support. Friday, September 11, 2009. Alkek 118. Presenters: Sally Jones, Social Work

and Alejandro Sorto, Mathematics. Topics included: effective communication, online community, student participation, feedback, and managing instructor and student workload.

Survival Skills for Online Teaching Workshop. Instructional Technologies Support. Monday, August 17, 2009. Alkek 118. Presenter Patrick Smith, Instructional Designer. Topics included: the basics of teaching in the online environment, developing online lessons and assessments, facilitating online discussions, what to include in your syllabus, and tips for supporting your students in the online classroom.

Registered Polysomnographic Technologist (RPSGT), December 10, 2005. The RPSGT is internationally recognized and represents the highest credential for those who clinically assess patients with sleep disorders.

III. Scholarly/Creative

A. Works In Print

1. Books

a. Scholarly Monographs:

None

b. Textbooks

None

c. Edited Books

None

d. Chapters in Books

Russian, C.J., & Sanders, B. (2008). Enhancement of Breathing and Pulmonary Function. In: W.D. Bandy & Sanders B (Eds.), Therapeutic Exercise for Physical Therapist Assistants: Techniques for Intervention (2nd Edition) (pp. 294-316). New York: Lippincott, Williams, & Wilkins.

e. Creative Books

None

2. Articles

a. Refereed Journals

- Stokes, T.J., Marshall, S.G., & Russian, C.J. (2010). Attitudes toward death anxiety and dying among respiratory care students: A pilot study. *Respiratory Care Education Annual*, 19, 43-55.
- Gonzales, J.F., Marshall, S.G., Russian, C.J., & Stokes, T.J. (2010). Critical thinking skills and preferred learning styles of respiratory care students. *Respiratory Care Education Annual*, 19, 57-62.
- Russian, C.J. (May 17, 2010). Certified Respiratory Therapist Exam Item Writer. *Applied Measurement Professionals/National Board for Respiratory Care*. Questions Peer Reviewed prior to acceptance and publication.
- Litchke, L.G., Russian, C.J., Lloyd, L.K., & Schmidt, E.A. (2010). Review of respiratory resistance training in persons with tetraplegia. *US Respiratory Disease*, 5(1), 75-80.
Retrieved from:
<http://www.touchbriefings.com/ebooks/A1nep3/usresp51/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.touchbriefings.com%2Febooks%2F>
- Litchke, L.G., Lloyd, L.K., Schmidt, E.A., Russian, C.J., & Reardon, R. (2010). The effects of two types of concurrent respiratory resistance training devices on measures of physiological performance in wheelchair rugby athletes. *Therapeutic Recreation Journal*, 44(1), 51-62.
- Speight, E., Russian, C.J., Ross-Gordon, J.M., & Muñoz, L. (2008). Hispanic Adults at a Southwestern University: Reasons They Come, Reasons They Stay. *The Journal of Continuing Higher Education*, 56(3), 26-37.
- Russian, C.J., Harkins, L., Marshall, S.G., Engelhardt, M., & Shamrock, B.A. (2008). Inter-Rater Reliability Among Respiratory Care Clinical Instructors: Pilot Study. *Respiratory Care Education Annual*, 17, 7-12.
- Litchke, L.G., Russian, C.J., Lloyd, L.K., Schmidt, E.A., Price, L., & Walker, J.L. (2007). The effects of respiratory resistance training with a concurrent flow device on wheelchair athletes. *The Journal of Spinal Cord Medicine*, 31(1), 7-13.
- Russian, C.J. (2005). Preferred Learning Styles for Respiratory Care Students at Texas State University-San Marcos. *Internet Journal of Allied Health Sciences and Practice*, 3(4).
Retrieved from: <http://ijahsp.nova.edu/articles/vol3num4/russian.pdf>

b. Non-refereed Articles:

- Gonzales, J.F. & Russian, C.J. (2011). Clarifying rise time and inspiratory cycling criteria settings. *Respiratory Therapy: The Journal of Pulmonary Technique*, 6(1), 34-35.

3. Abstracts

- Gonzales, J.F., Marshall, S.G., Russian, C.J., & Wharton, B.W. (2009). The relationship between the Mallampati Scoring System, the Berlin Questionnaire, and the Epworth Sleepiness Scale. *Respiratory Care*, 54(11), 1564.
- Stokes, T.J., Marshall, S.G., & Russian, C.J. (2009). Attitudes towards death Anxiety and Dying among Respiratory Care students: A Pilot Study. *Respiratory Care*, 54(11), 1578.
- Gonzales, J.F., Marshall, S.G., Stokes, T.J., & Russian, C.J. (2008). Critical thinking skills and preferred learning styles of respiratory care students. *Respiratory Care*, 53(11), 1512.

Litchke, L.G., Russian, C.J., Lloyd, L.K., & Walker, J.L. (2006). The Effects of Concurrent Respiratory Resistance Training on Wheelchair Athletes. *The Journal of Spinal Cord Medicine*, 29(3), 312.

4. Reports
None

5. Book Reviews

Whitaker, K. (January 2009). Comprehensive Perinatal and Pediatric Respiratory Care (4th Edition).

Cairo, J.M. & Pilbeam, S. (February 2009). Respiratory Care Equipment (8th Edition).

White, G.C. (Spring 2008). Basic Clinical Laboratory Competencies for Respiratory Care.

6. Other

a. Acknowledgement:

Rohde, R.E. Denham, R., & Brannon, A. (2009). Methicillin Resistant Staphylococcus aureus: Nasal Carriage Rate and Characterization in a Texas University Setting. *Clinical Laboratory Science*, 22(3): 176-184.

b. Reviewer:

Infant/Toddler Pulmonary Function Tests, Clinical Practice Guideline. Developed by the American Association for Respiratory Care. Submitted December 10, 2007.

c. Newspaper:

As Football Players Get Bigger, More of Them Risk a Dangerous Sleep Disorder. Featured article in *The Chronicle of Higher Education*. Volume LIII, (27), March 9, 2007.

B. Works Not In Print

1. Papers Presented At Professional Meetings

Marshall, S.G., Russian, C.J., & Hudson, J.D. (2008). Prevalence of Sleep Disturbances among Collegiate Football Players: Polysomnography Section. **Texas Society for Respiratory Care: 37th Annual Convention and Exhibition**. South Padre Island, Texas.

Marshall, S.G. and Russian, C.J. (April 20, 2007). Prevalence of Sleep Disorders Among Collegiate Football Players. **College of Health Professions Research Forum**.

Russian, C.J., Shaw, D.K., & Marshall, S.G. (June 15, 2006). Evaluation of Exercise-Induced Bronchospasm using Telehealth Technology. **Texas Society for Respiratory Care. Annual State Meeting**. Pulmonary Rehabilitation Section.

Russian, C.J. & Harkins, L.T. (June 15, 2006). A Comparison of FloPAP vs. CPAP in the Treatment of Obstructive Sleep Apnea – A Case Study. **Texas Society for Respiratory Care. Annual State Meeting. Pulmonary Rehabilitation Section**.

Russian, C.J., Shaw, D.K., & Marshall, S.G. (April 28, 2006). Evaluation of Exercise-Induced Bronchospasm Using Telehealth Technology. Departments of Respiratory Care and Physical Therapy. **College of Health Professions Research Forum**. This is the only known case involving the evaluation of EIB using Telehealth monitoring.

Harkins, L.T. & Russian, C.J. (April 28, 2006). An Effective New Therapy in The Treatment of Obstructive Sleep Apnea. Department of Respiratory Care. **College of Health**

Professions Research Forum. Results from this study demonstrate an alternative treatment device to the traditional treatment of OSA.

Harkins, L.T. & Russian, C.J. (April 2005). A Comparison of FloPAP vs CPAP in the Treatment of Obstructive Sleep Apnea: Case Study, **College of Health Professions Research Forum.** This case study demonstrated a remarkable treatment effect using a newly developed device for OSA.

2. Invited Talks, Lectures, Presentations

Seton Healthcare Network Lecture Series. Respiratory Pharmacology: What drugs can be mixed? This lecture was presented to the Seton Network Respiratory Care staff on October 28, 2010. This presentation was part of a 6 CEU seminar at Seton Medical center Williamson County.

American Lung Association. Respiratory Rally and Conference. Management of COPD. A continuing education conference for healthcare practitioners. November 14, 2009.

Seton Healthcare Network Lecture Series. The Importance of Humidification During Mechanical Ventilation. This lecture was presented to the Seton Network Respiratory Care staff on October 9, 2009. This presentation was part of a 6 CEU seminar.

Gonzales, J.G., Marshall, S.M., & Russian, C.J. (April 24, 2009). The Relationship Between the Mallampati Scoring System and the Berlin and Epworth Scoring Systems. **College of Health Professions, 13th Annual Faculty Research Forum.** Texas State University-San Marcos. **Peer-Reviewed, Local-Level Conference.**

Seton Healthcare Network Lecture Series. Chest Radiographic Interpretation. This lecture was presented to the Seton Network Respiratory Care staff on March 12, 2009. This presentation was part of a 3 CEU series.

Seton Healthcare Network Lecture Series. Airway Clearance Therapies: A Review of the Evidence and Recommendations. This lecture was presented to the Seton Network Respiratory Care staff on March 12, 2009. This presentation was part of a 3 CEU lecture series.

Stokes, T.J., Marshall, S.G., & Russian, C.J. (2008). Attitudes Towards Death Anxiety and Dying among Respiratory Care students: A Pilot Study. **Texas Society of Allied Health Professions: 31st Conference and Annual Meeting.** El Paso, Texas. **Peer-Reviewed, State-Level Conference.**

Gonzales, J.F., Stokes, T.J., Marshall, S.G., & Russian, C.J. (2008). Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **Texas Society of Allied Health Professions: 31st Conference and Annual Meeting.** El Paso, Texas. **Peer-Reviewed, State-Level Conference.**

Marshall, S.G., Gonzales, J.F., Stokes, T.J., Russian, C.J. (2008). The Interactive Effects of Critical Thinking Skill Development and Preferred Learning Styles. **College of Health Professions Research Forum,** Texas State University-San Marcos. **Peer-Reviewed, Local-Level Conference.**

Russian, C.J., Harkins, L., & Marshall, S.G. (April 25, 2008). Inter-rater Reliability Among Respiratory Care Clinical Instructors: Pilot Study. **College of Health Professions Research Forum.** **Peer-Reviewed, Local-Level Conference.**

The basics of breath sound interpretation. This is a lecture designed for the first-year Physical Therapy Doctoral students. October 22, 2008. Contact Karen Gibbs. Physical Therapy faculty.

- Introduction to Respiratory Care and Polysomnography. This talk is designed for the students enrolled in US 1100. October 14, 2008. Contact: Shannon Williams. Physical Therapy faculty.
- Oxygen Administration Devices. This is an annual lecture for first-year Radiation Therapy students. October 1, 2008. Contact Margaret Kendrick. Radiation Therapy faculty.
- Airway Clearance Therapies. This is a lecture developed for the PT students. September 16, 2008. Contact Rick Nauert. Physical Therapy faculty.
- Breath Sound Interpretation. This is a lecture developed for the PT students. September 16, 2008. Contact Rick Nauert. Physical Therapy faculty.
- Arterial Blood Gas sampling and analysis. This is a lecture developed for the PT students. September 16, 2008. Contact Rick Nauert. Physical Therapy faculty.
- Ventilator Graphic Waveform Analysis. Brackenridge Hospital Monthly Lecture Series. April 2008.
- Speight, E., Russian, C.J., Ross-Gordon, J.M., & Muñoz, L. (September 27-28, 2007). Recruitment and Retention of Adult Hispanic Students. **Texas Society of Allied Health Professions: 30th Fall Conference and Annual Meeting. Peer-Reviewed, State-Level Conference.**
- Airway Clearance Therapies: Evidence Based Medicine. Texas Society for Respiratory Care, Capital Area District Fall 2007 Symposium. November 30, 2007.
- Overview of Sleep. University Seminar. Texas State University - San Marcos. Contact: Catherine Hawkins. November 12, 2007.
- Pediatric/Neonatal Care in the Intensive Care Units. This lecture covers issues related to the neonatal and pediatric patient populations and nuances of proper management. Audience: PT Students. November 13, 2007. Contact: Mary Elizabeth Parker. PT Faculty.
- Airway Clearance Therapies. This is a lecture developed for the PT students. September 11, 2007. Contact Rick Nauert. PT faculty
- Breath Sound Interpretation. This is a lecture developed for the PT students. September 11, 2007. Contact Rick Nauert. Physical Therapy faculty.
- Arterial Blood Gas sampling and analysis. This is a lecture developed for the PT students. September 11, 2007. Contact Rick Nauert. Physical Therapy faculty.
- Russian, C.J., Shamrock, B., & Engelhardt, M. (April 20, 2007). Inter-rater Reliability Among Respiratory Care Clinical Instructors. **College of Health Professions Research Forum. Peer-Reviewed, Local-Level Conference.**
- Learning Styles: Respiratory Care Educators and Students. Texas Society for Respiratory Care. Winter Forum. Educators Section. February 9, 2007.
- Neonatal Intensive Care Unit Introduction. This 1.5 hours lecture covered the layout of an NICU and the patient population admitted to these units. This course was taught for the Physical Therapy students. Contact Jason Hardage, Physical Therapy Faculty. Fall 2006.
- Litchke, L.G., Russian, C.J., Lloyd, L.K., Schmidt, E.A., Price, L., & Walker, J.L. (June 15, 2006). Evaluation The Effects of Concurrent Respiratory Resistance Training on Wheelchair Athletes. **Texas Society for Respiratory Care. Annual State Meeting. Pulmonary Rehabilitation Section. Peer-Reviewed, State-Level Conference.**
- Blast Lung Injury. Texas Society for Respiratory Care Symposium. Seton Medical Center. Austin, TX. May 2006.
- Litchke, L.G., & Russian, C.J. (April 28, 2006). The Effects of Concurrent Respiratory Resistance Training on Wheelchair Athletes. Department of Physical Education,

Recreation, and Dance, and Department of Respiratory Care. **College of Health Professions Research Forum.** This presentation addressed the results from a pilot study conducted at Texas State. **Peer-Reviewed, Local-Level Conference.**

Russian, C.J. (April 2005). Preferred Learning Styles Among Respiratory Care Students at Texas State University-San Marcos, **College of Health Professions Research Forum.** Results from this study demonstrate a pattern of critical thinking development among respiratory care students. **Peer-Reviewed, Local-Level Conference.**

Sleep Apnea and Polysomnography, Health Information Management Winter Conference, January 14, 2005

Obstructive Sleep Apnea, Primedia Corporation. Educational piece on OSA and broadcast on Primedia closed circuit television. Audience included physicians, nurses, and other allied health practitioners. 2004

Respiratory Management of Pediatric Head Injury, Texas Society for Respiratory Care, Corpus Christi Conference, 2004

Texas Society for Respiratory Care, Capital District Annual Symposium, Introductions and Speaker, 2004

Clinical Effects of Tissue Hypoxia, Texas Society for Respiratory Care, Capital Area District Annual Symposium, 2004

Oxygen Administration Devices, ACLS Instructor Course, McKenna Memorial Hospital, 2003

Oxygen Devices/Cylinders for Radiation Therapy students, Fall 2002-2007, contact: Margaret Kendrick. Radiation Therapy students are instructed on different oxygen modalities and the use of oxygen cylinders.

Pediatric Closed Head Injury, Victoria College Symposium, This lecture was part of a 6 continuing education seminar. 2001.

Intrapulmonary Percussive Ventilation, Department of Respiratory Care, Monthly Lecture Series, 2000

3. Consultations

None

4. Workshops

Organizer and Master of Ceremonies for the Dell Children's Medical Center Texas Society for Respiratory Care Capital Area District Seminar. Arranged the location, set the theme, recruited the speakers, developed the brochure, completed CEU paperwork requirements, and introduced all presenters. January 16, 2010.

Panel Discussion. Issues in Respiratory Care Education. Texas Society for Respiratory Care. Winter Forum. Educators Section. February 9, 2007. **Panelist.**

Focus Group Member: Developing a Mobile Monitoring System for Drug Compliances in Outpatient Clinical Trial – Functionality and Quality-of-Service Requirement Study. Ju Long, Moderator.

5. Other

a. Poster Presentations:

Gonzales, J.F., Russian, C.J., Marshall, S.M., Farmer, T. (May 15, 2011). Comparing the effects of rise time and inspiratory cycling criteria between four different mechanical ventilators.

American Thoracic Society International Conference, Denver, CO. **Peer-Reviewed International Conference.**

- Gonzales, J.F., Marshall, S.G., Russian, C.J., & Wharton, B.W. (December 2009). The Relationship Between the Mallampati Scoring System, the Berlin Questionnaire, and the Epworth Sleepiness Scale. **The 55th AARC International Respiratory Congress.**
- Stokes, T.J., Marshall, S.G., & Russian, C.J. (December 2009). Attitudes Towards Death Anxiety and Dying among Respiratory Care students: A Pilot Study. **The 55th AARC International Respiratory Congress.**
- Gonzales, J.K., Marshall, S.G., Stokes, T.J., & Russian C.J. (2008). Critical Thinking Skills and Preferred Learning Styles of Respiratory Care Students. **54th Annual International Respiratory Congress Convention and Exhibition of the American Association for Respiratory Care.** Anaheim, California.
- Litchke, L.G. & Russian, C.J. (June 24-28, 2006). The effects of concurrent respiratory resistance training on wheelchair athletes. Poster Presentation. **American Spinal Injury Association and the International Spinal Cord Association; conference title: "A Global Spinal Cord Injury Conference".**

b. Manuscripts out for review:

- Gonzales, J.F., Marshall, S.G., Russian, C.J., & Wharton, B.W. (). The relationship between the Mallampati Scoring System, the Berlin Questionnaire, and the Epworth Sleepiness Scale. *Internet Journal of Allied Health*, **Revisions made, Out-for-review.**
- Gonzales, J.F., Russian, C.J., Marshall, S.M., & Farmer, T. (). Comparing the effects of rise time and inspiratory cycling criteria between four different mechanical ventilators. *American Journal of Respiratory Care and Critical Care Medicine*. **Tentative Publication Date: May 2, 2011. Peer-Reviewed. Abstract.**
- Jackson, M.E., Verano, J.X., Fry, J.E., Rodriguez, A.P., & Russian, C.J. Skin Preparation Process for the Prevention of Skin Breakdown in Patients Who are Intubated and Treated with Rotoproning: Teaching Case. *Respiratory Care Journal*. **Revisions submitted spring 2011.** Awaiting decision from editor.
- Russian, C.J., & Sanders, B. (2008). Enhancement of Breathing and Pulmonary Function. In: W.D. Bandy & Sanders B (Eds.), *Therapeutic Exercise for Physical Therapist Assistants: Techniques for Intervention* (3rd Edition) (pp. NA). New York: Lippincott, Williams, & Wilkins. **Book set for publication in 2011.**
- Russian, C.J., Litchke, L.G., & Hudson, J.D. Concurrent Respiratory Resistance Training and Changes in Respiratory Muscle Strength and Sleep in an individual with Spinal Cord Injury: Case Report. *Journal of Spinal Cord Medicine*. **(Submitted spring 2010; accepted, awaiting publication)**
- Litchke, L.G., Lloyd, L.K., Schmidt, E.A., Russian, C.J., & Reardon, R. Effects of Concurrent Respiratory Resistance Training on Health-Related Quality of Life in Wheelchair Rugby Athletes: A Pilot Study. *Topics in Spinal Cord Injury Rehabilitation* **(Submitted December 2010-Out for Review).**
- Litchke, L.G., Lloyd, L.K., Schmidt, E.A., & Russian, C.J. Enhancing Self-Efficacy and Health-Related Quality of Life through Sport Participation: Accounts of Five Wheelchair Rugby Athletes. **(Preparing manuscript for submission)**

C. Grants and Contracts

1. Funded External Grants and Contracts:

None

2. Submitted, but not Funded, External Grants and Contracts

Russian, C.J. (PI), Litchke, L.G. (Co-PI) (HPER Dept.). Concurrent Respiratory Resistance Training and Changes in Respiratory Muscle Strength, Sleep Quality, and Quality of Life in Persons with Spinal Cord Injury. Paralyzed Veterans of America Research Foundation, Submitted fall 2008. **(Requested amount 73,407.00)**

3. Funded Internal Grants and Contracts:

Litchke, L.G. (PI) (HPER Dept), & Russian, C.J. (Co-PI). Concurrent Respiratory Resistance Training and Changes in Respiratory Muscle Strength, Sleep Quality, and Quality of Life in Persons with Spinal Cord Injury. *Research Enhancement Program Grant*. Submitted fall 2008. The goal of this project is to determine the effect of a lung trainer device on respiratory muscle strength and sleep quality. This project is a continuation of two previous projects involving lung training with individuals with spinal cord injury. **(funded 2009. Amount: \$15,481.27)**

Russian, C.J. (PI), & Harkins, L.T. (Co-PI). Comparison of 3 methods to diagnose obstructive sleep apnea. This project focused on comparing 3 methods to properly diagnose Obstructive Sleep Apnea. *Research Enhancement Program Grant*. Submitted fall 2006. The goal was to provide alternate means of diagnosis of OSA thus alleviating costs for duplicate testing and wait times for sleep lab access. **(funded Summer 2007. Amount: \$7000.00)**

4. Submitted, but not Funded, Internal Grants and Contracts

Russian, C.J. (PI), & Marshall, S.G. (Co-PI), & Wharton, B.J. (Co-PI). The use of transcutaneous carbon dioxide pressure assessment and end-tidal carbon dioxide assessment during polysomnography. *One-Time Research Support from the Associate vice President for Research*. Submitted fall 2009. **Amount Request: \$19806.00.**

Russian, C.J. (PI), & Harkins, L.T. (Co-PI). Affects of daytime sleepiness on GPA among Health Profession students at Texas State University-San Marcos. *Research Enhancement Program Grant*. Submitted fall 2004. **Amount Requested: \$7635.00**

Russian, C.J. (PI). Assessing the Learning Style of Respiratory Care Students at Texas State University - San Marcos. *Research Enhancement Program Grant*. Submitted fall 2003. **Amount Requested: \$7825.55.**

5. Fellowship, Awards, Honors

Faculty Excellence Award in Scholarship at the Associate Professor level 2008. College of Health Professions.

D. Other

Marshall, S.G. & Russian, C.J. Sleep Wellness Program for Texas State Football Athletes. Program consists of polysomnography screening and pulmonary function testing for the Texas State Football players. Program started summer 2006.

IV. Service**A. University**

Student Commencement Speaker Committee, 2005-present
 Bobcat Day/University Exchange, Fall 2003-present
 Presidential Award for Excellence in Service, Selection Committee, 2004-05
 Health Careers Job Fair, Faculty Representative, 2001-present

B. DEPARTMENTAL/COLLEGE

Director of Clinical Education, Department of Respiratory Care, 2003- present
 College of Health Professions, General Education Committee alternate. 2009-present
 METC Clinical Assignment Group for San Antonio, Texas. 2009-2010
 Faculty Senate Department Liaison, 2008-present
 Texas State Health Fair, Pulmonary Screenings 2002-present
 Faculty Development and Advancement Committee, 2005-present
 Radiation Therapy New-Hire Search Committee, fall 2008
 Respiratory Care Consortium, Texas State-HMC-CJC, meeting Secretary, 2004
 Commencement Usher, Summer 2004
 Awards Day Committee, 2003-05
 Faculty Advisor, Respiratory Care Student Association, 2003-2009
 Presidential Award for Excellence in Service selection committee, 2003
 Commencement Usher, Summer 2003
 Department Strategic Plan, Fall 2003
 RC Curriculum Committee, 2002-present
 RC Scholarship Committee, 2002-present
 RC Student Selection Committee, 2002-present
 RC Medical Advisory Committee, 2002-present
 Student recruitment, Retention, and Marketing Committee, 2002
 Student Scholarship Committee, 2002-05
 Freshman Orientation 2001-02

C. COMMUNITY

Texas Society for Respiratory Care, Capital Area District, Fall 2007 Symposium. Location: Seton Medical Center. Symposium Committee: Chris Russian-Chair/President, Matt Schmid-Treasurer, and Joe Russian-Secretary. November 30, 2007.
 American Lung Association (ALA) Blow the Whistle on Asthma Walk, Austin, TX, Team Captain, Spring 2003-08
 Texas Society for Respiratory Care, District Presidents Meeting, January, 2004
 Texas Society for Respiratory Care, Capital District meeting, December 2003
 Texas Society for Respiratory Care Capital Area District President, 2003-5

D. PROFESSIONAL

President Capital Area District, Texas Society for Respiratory Care, 2003-
 Adjunct Faculty, California College for Health Sciences, Respiratory Care Department

E. ORGANIZATIONS**1. Honorary**

Lambda Beta National Honor Society, 2008-

2. Professional

Respiratory Care Consortium member, Texas State-HMC-CJC

Respiratory Care Student Association, Faculty Advisor, 2003-2009

American Association of Respiratory Care, member

Texas Society for Respiratory Care, member

National Board for Respiratory Care, member

Asthma Camp Counselor for American Lung Association, 1993, 1994

F. Services, Honors, and Awards

College of Health Professions' Faculty Excellence Awards in Scholarship at the Associate Professor level.

Graduating Student Recognition of Campus Support Program, 2009

TEXAS STATE VITA

Please note: For all entries, list most recent items first. Headings without entries may be eliminated, but the heading lettering/numbering should remain consistent with this template.

I. Academic/Professional Background

A. Name: Billy J. Wharton

Title: Instructor

B. Educational Background

<i>Degree</i>	<i>Year</i>	<i>University</i>	<i>Major</i>	<i>Thesis/Dissertation</i>
Certificate	2004	Atlanta School of Polysomnography	Polysomnography	NA
B.S.H.P	1974	Texas State University-San Marcos	Health Professions	N/A
Certificate.	1969	University of Kentucky	Respiratory Care	N/A
A.A.	1966	Temple Junior College	N/A	N/A

C. University Experience

<i>Position</i>	<i>University</i>	<i>Dates</i>
Director, Texas State Sleep Center, Respiratory Care Department	Texas State University-San Marcos	2004 - present
Instructor, Department of Respiratory Care	Texas State University-San Marcos	1975 - present
Austin Clinical Coordinator, Department of Respiratory Care	Texas State University-San Marcos	1975 - 2003

D. Relevant Professional Experience

<i>Position</i>	<i>Entity</i>	<i>Dates</i>
Registered Polysomnographic Technologist	Board for Registered Polysomnographic Technologists	2005 - present
Registered Respiratory Therapist	National Board for Respiratory Care	1970 - present
Director of Respiratory Therapy	Brackenridge Hospital, Austin, Texas	1971 -1975
Respiratory Care Supervisor	Scott & White Memorial Hospital, Temple, Texas	1969 -1971

Respiratory Care Practitioner	Good Samaritan Hospital,	1968 -1969
	Lexington, Kentucky	
Respiratory Care Practitioner	Scott & White Memorial Hospital,	1964 - 1966
	Temple, Texas	

E. Other Professional Credentials (licensure, certification, etc.)

II. TEACHING

A. Teaching Honors and Awards:

B. Courses Taught:

RC 1135	Respiratory Care Clinical Laboratory I
RC 1245	Respiratory Care Clinical Laboratory I
RC 1313	Introduction to Respiratory Care
RC 1314	Respiratory Care Instrumentation I
RC 1315	Basic Technology in Respiratory Care
RC 1316	Respiratory Care Instrumentation II
RC 1321	Introduction to Pharmacology
RC 2355	Respiratory Care Practice I
RC 2365	Respiratory Care Practice II
RC 2375	Respiratory Care Practice III
RC 3330	Advanced Respiratory Care Technology
RC 3331	Advanced Respiratory Care Instrumentation
RC 3365	Respiratory Care Practice IV
RC 3375	Clinical Observation
RC 4220	Cardiovascular & Pulmonary Diagnostics
RC 5211	Polysomnography Instrumentation I
RC 5214	Polysomnography Instrumentation II

C. Graduate Theses/Dissertations or Exit Committees (if supervisor, please indicate):

D. Courses Prepared and Curriculum Development:

RC 1135	Respiratory Care Clinical Laboratory I
RC 1245	Respiratory Care Clinical Laboratory I
RC 1313	Introduction to Respiratory Care
RC 1314	Respiratory Care Instrumentation I
RC 1315	Basic Technology in Respiratory Care
RC 1316	Respiratory Care Instrumentation II
RC 1321	Introduction to Pharmacology
RC 3330	Advanced Respiratory Care Technology
RC 3331	Advanced Respiratory Care Instrumentation
RC 3365	Respiratory Care Practice IV
RC 4220	Cardiovascular & Pulmonary Diagnostics
RC 5211	Polysomnography Instrumentation I
RC 5214	Polysomnography Instrumentation I

III. SCHOLARLY/CREATIVE

- A. Works in Print
- B. Works not in Print
- C. Grants and Contracts
- D. Fellowships, Awards, Honors:

IV. SERVICE

A. University:

Library Committee, Member
University Camp Committee, Member
School Review Group

College

Special Events Committee, Chair
Computer Advisory Committee
Development Committee
Faculty Development and Advancement Committee
Occupational Therapy Task Force
Room 231B/C Ad Hoc Committee
Faculty Excellence Awards Committee
Course Evaluation Committee
Twenty-fifth Anniversary Committee

B. Departmental:

Faculty Search Committee Chairman
Ad Hoc Committee on the Review of the Academic Course Evaluation Instrument
Ad Hoc Committee on the Review of the Clinical Course Evaluation Instrument
Coordinator of Austin Clinical Affiliates
Coordinator of the Respiratory Outreach Program for the North Texas Region
Student Selection Committee
Victoria Trevino Scholarship Committee
Faculty Evaluation Committee
Medical Advisory Committee
Video Technology Committee
Personnel Committee

C. Community:

D. Professional:

E. Organizations

American Association for Respiratory Care, 1970-2010
Texas Society for Respiratory Care, 1970-2008
National Board for Respiratory Care 1971 - 2008

Board of Registered Polysomnographic Technologist, 2006-2008
Texas Society of Sleep Professionals, 2008

1. Honorary:

2. Professional:

Updated 2/2010

APPENDIX 18
RC Department Faculty Workload

			FACULTY WORKLOAD				2006-2010						
	Fall 2006	Spring 2007	Fall 2007	Spring 2008	Fall 2008	Spring 2009	Fall 2009	Spring 2010	Fall 2010	Spring 2011			
COLLINS								15.750	21.750	21.750			
GONZALES		12.308	21.750	20.250	21.750	22.500	21.750	15.750	19.500	18.000			
HARKINS	18.000	14.000	18.000	17.000	16.000	19.000	6.000	6.000	6.000	3.000			
MARSHALL	25.413	28.717	20.247	18.613	26.060	24.570	19.520	24.910	19.340	31.070			
MARTINEZ										28.500			
RUSSIAN	15.308	21.308	24.750	22.500	30.000	25.000	29.000	17.750	22.250	17.750			
STOKES	18.308	18.308	24.750	20.250	24.750	29.250	38.250	31.500	29.250				
WHARTON	17.308	28.988	14.000	36.500	26.250	36.750	34.000	43.000	27.250	37.750			

Respiratory Care
Holdings by LC
2010

Call Number	Description	Holdings
QP121-125	Physiology--respiration	212
RC547-549	Sleep Disorders, adult	122
RC589-591	Respiratory allergy	63
RC702-779	Respiratory diseases	580
RD81	Anesthesiology	80
RJ312	Respiratory diseases, neonatal	20
RJ431-436	Respiratory diseases, pediatric	51
RM161	Respiratory Therapy, inhalatory	44

Total holdings **1,172**

Important to note, these are very specific call numbers, and some respiratory care material purchased may be catalogued in more general areas, such as general medicine, public health, and/or allied health.

Respiratory Care
5 year library budget allocation

Fiscal Year	Total Allocation	Serial Estimate, included in Total
2007	\$23,603	\$16,419
2008	\$24,624	\$17,431
2009	\$28,954	\$19,614
2010	\$30,807	\$22,143
2011	\$32,498	\$30,317

Summary of holdings Respiratory Care

Total holdings (books, A/V, serials)	1,172
Total current journal/serial subscriptions	27
Total research databases	41

Titles purchased in past 5 years

FY 2007	60
FY 2008	12 (one time dept. purchase of clinical simulation software electronic resource, for 44 simultaneous users, online with most of allocation this year)
FY 2009	77
FY 2010	62
FY 2011	6 (FY only 1/3 rd complete)

Short list of attached

Title	Fund	Cost
The Journal of respiratory diseases.	88	-100
Sleep and hypnosis : an international journal of sleep, dream, and hypnosis.	88	-93.91
AARCTimes.	88	124.15
Heart & lung.	88	354.43
Sleep and biological rhythms.	88	423.31
Intensive & critical care nursing : the official journal of the British Association of Critical Care Nurses.	88	433.09
Sleep.	88	439.87
Clinics in chest medicine (SUPPRESSED BIB FOR ORDER RECORD)	88	447.12
Respiratory care : the official journal of the American Association for Respiratory Care.	88	484.33
Journal of perinatology : official journal of the California Perinatal Association.	88	499.91
The American heart journal.	88	587.7
Critical care medicine.	88	594
The Annals of thoracic surgery.	88	600.36
The Journal of pediatrics.	88	603.98
Seminars in respiratory and critical care medicine.	88	625.14
American journal of respiratory and critical care medicine : an official journal of the American Thoracic Society.	88	672.75
Journal of sleep research.	88	714.15
Journal of thoracic and cardiovascular surgery.	88	720.61
Anesthesia and analgesia.	88	883.89
Respiratory medicine.	88	902.36
Thorax.	88	990.49
Anesthesiology.	88	1021.54
Respiration.	88	2117.2
SMART imagebase [electronic resource] / scientific & medical ART.	88	2278
Journal of advanced nursing.	88	2552.31
The journal of asthma.	88	2742.75
Imaging Consult clinical decision support for diagnostic and intervention.	88	4200

Page 1
Page 2
Page 3

Respiratory Care

****Your serials commitment is 96.62% of your total allocation. Please indicate 5% (\$1,574) of your expenditure you would be willing to drop in FY12. ****

DROP	Contingency Drop (please rank)	TITLE	COST	FORMAT	2010 Cost per use	2009 Article Downloads	2010 Article Downloads	2009 Database Searches	2010 Database Searches	EBSCO Interest	PACKAGE	NOTE	REC'D # (LIB USE ONLY)
		AARCTimes	\$124.15	print periodical	NA	NA	NA	NA	NA	medium			01003 1662
		American heart journal	\$630.71	ejournal	\$28.67	21	22	NA	NA	low	Science Direct	part of package; may not be able to drop	01007 0990
		American journal of respiratory and critical care medicine : an official journal of the American Thoracic Society, medical section of the American Lung Association	\$2,328.75	print + online	NA	NA	NA	NA	NA	medium			01003 9879
		Anesthesia and analgesia	\$1,209.00	ejournal	NA	NA	NA	NA	NA	low			01000 2960
		Anesthesiology	\$1,470.00	ejournal	NA	NA	NA	NA	NA	medium			01000 2972
		Annals of thoracic surgery	\$644.24	ejournal	\$64.42	20	10	NA	NA	low	Science Direct	part of package; may not be able to drop	01009 684x
		BEHAVIORAL SLEEP MEDICINE - ONLINE	\$469.60	ejournal	NA	NA	NA			#NA			01086 5834
		CLINICAL PULMONARY MEDICINE	\$612.00	ejournal	NA	NA	NA	NA	NA	#NA			01086 5846

Respiratory Care

****Your serials commitment is 96.62% of your total allocation. Please indicate 5% (\$1,574) of your expenditure you would be willing to drop in FY12. ****

DROP	Contingency Drop (please rank)	TITLE	COST	FORMAT	2010 Cost per use	2009 Article Downloads	2010 Article Downloads	2009 Database Searches	2010 Database Searches	EBSCO Interest	PACKAGE	NOTE	REC'D # (LIB USE ONLY)
		Clinics in chest medicine (SUPPRESSED BIB FOR ORDER RECORD)	\$491.62	print periodical	NA	NA	NA	NA	NA	#NA			o1006 3006
		Critical care medicine	\$711.00	print periodical	NA	NA	NA	NA	NA	medium			o1001 3702
		Heart & lung	\$360.92	ejournal	\$36.09	15	10	NA	NA	low	Science Direct	part of package; may not be able to drop	o1009 7557
		Imaging Consult clinical decision support for diagnostic and interventional radiologists and other imaging specialists	\$4,431.00	database	NA	NA	NA	NA	NA	#NA			o1068 5522
		Intensive & critical care nursing : the official journal of the British Association of Critical Care Nurses	\$452.06	ejournal	\$11.30	28	40	NA	NA	medium	Science Direct	part of package; may not be able to drop	o1009 6516
		INTERNATIONAL JOURNAL OF NURSING EDUCATION SCHOLARSHIP	\$217.90	ejournal	NA	NA	NA			#NA			o1086 7065
		Journal of advanced nursing	\$2,589.30	ejournal	\$30.46	26	85	NA	NA	high	Wiley	part of package; may not be able to drop	o1001 7008

Respiratory Care

****Your serials commitment is 96.62% of your total allocation. Please indicate 5% (\$1,574) of your expenditure you would be willing to drop in FY12. ****

DROP	Contingency Drop (please rank)	TITLE	COST	FORMAT	2010 Cost per use	2009 Article Downloads	2010 Article Downloads	2009 Database Searches	2010 Database Searches	EBSCO Interest	PACKAGE	NOTE	REC'D # (LIB USE ONLY)
		Journal of asthma	\$2,991.32	ejournal	\$2,991.32	6	1	NA	NA	medium		Recommended drop. Have access from 2001-present via online databases; subscription not needed for access.	o1002 5121
		Journal of clinical sleep medicine : JCSM : official publication of the American Academy of Sleep Medicine	\$0.00	print periodical	no cost	NA	NA	NA	NA	low		PARENT: SLEEP	o1005 1971
		Journal of pediatrics	\$692.06	ejournal	\$2.26	224	306	NA	NA	medium	Science Direct	part of package; may not be able to drop	o1009 6978
		Journal of perinatology : official journal of the California Perinatal Association	\$539.65	ejournal	\$12.55	89	43	NA	NA	high			o1002 8432
		Journal of sleep research	\$724.50	ejournal	\$103.50	17	7	NA	NA	medium	Wiley	part of package; may not be able to drop	o1003 8085
		Journal of thoracic and cardiovascular surgery	\$784.09	ejournal	\$43.56	13	18	NA	NA	low	Science Direct	part of package; may not be able to drop	o1009 6735

[illegible]

Respiratory Care
Research Databases
2010

Health And Medicine

Alt-Health Watch from Ebsco



Subjects: Complementary, holistic, integrative, & alternative approaches to health care and wellness. Some international coverage.

Formats: Many full text articles from peer-reviewed and trade journals, magazines, proceedings, newsletters, pamphlets, booklets, special reports, and book excerpts.

Coverage: Indexing, 1984 to present. Full text, 1990 to present.

Anatomy.tv from Teton Data Systems



Subjects: 3-D interactive anatomy, pathology, physical therapy, medicine, nursing, sports medicine.

Formats: MRI images, clinical slides, radiology slides and X-rays, dissection videos and slides; interactive zoom, angle, rotation and layers; video and animations; explanatory text; interactive quizzes.

Coverage: Current edition.

Much of our content, such as movies or slides, opens in "pop-up" windows. Make sure your browser allows pop-ups from anatomy.tv.

Annual Reviews from Annual Reviews



Subjects: Yearly reviews of the significant research in Biomedical, Physical, and Social Sciences: Analytical Chemistry, Anthropology, Astronomy & Astrophysics, Biochemistry, Biomedical Engineering, Biophysics, Cell & Developmental Biology, Clinical Psychology, Earth & Planetary Sciences, Ecology, Evolution, & Systematics, Entomology, Environment & Resources, Fluid Mechanics, Genetics, Genomics & Human Genetics, Immunology, Law & Social Science, Materials Research, Medicine, Microbiology, Neuroscience, Nuclear & Particle Science, Nutrition, Pathology: Mechanisms of Disease, Pharmacology & Toxicology, Physical Chemistry, Physiology, Phytopathology, Plant Biology, Political Science, Psychology, Public Health, & Sociology.

Formats: Full text.

Coverage: 1932 (for all titles) to present (for most titles).

BIOSIS Previews from Thomson Scientific



Subjects: Biology, life sciences, medicine, science & technology, and biomedicine. International coverage.

Formats: Combines journal content from Biological Abstracts with supplemental, non-journal content from BA Reports, Reviews, Meetings.

Coverage: 1926 to present

CINAHL Plus with Full Text from Ebsco



Subjects: Nursing, health administration, health information management, long term care, health services physical therapy, respiratory care, radiation therapy, communication disorders, clinical laboratory science & other allied health disciplines.

Formats: Many full text articles, legal cases, clinical innovations, critical paths, drug records, research instruments & clinical trials. Citations to health care books, dissertations, selected conference proceedings, standards of practice, educational software, audiovisuals, & more.

Coverage: 1937 to present

Cochrane Library from Wiley Subscription Services, Inc.  

Subjects: A collection of evidence-based medicine databases including the Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Cochrane Central Register of Controlled Trials, Cochrane Methodology Register, Health Technology Assessment Database, NHS Economic Evaluation Database, and The Cochrane Collaboration.

Formats: Full text reviews, abstracts and bibliographies of clinical trials and current methodologies.

Coverage: Current

Conference Proceedings Citation Index- Science from Institute of Scientific Information 

Subjects: Cited conference proceedings in science with enhanced coverage of books and meeting abstracts, especially in key areas such as engineering, chemistry, physics, and biology. Part of Web of Science.

Formats: Some linked full text.

Coverage: 1990 to present

Users have reported that Safari 3 browser kicks them out of an ISI session while they are actively searching. If you have this problem, please try Firefox or IE instead.

Consumer Health Complete from Ebsco   

Subjects: Health & wellness including mainstream medicine, complementary, holistic & integrated medicine for the lay person. Drug & herb information.

Formats: Full text articles & entries from approximately 176 health reference books, encyclopedias, & evidence-based health reports. Medical-related images from Nucleus Medical Art. Videos & animations.

Coverage: Dates vary.

Elsevier Psychology E-Book Collection from Elsevier B. V.  

Subjects: Psychology (clinical, developmental, educational and social) , psychiatry.

Formats: Full-text electronic books.

Coverage: 1995-2006

Emerald Management XTRA from Emerald Group Publishing Limited  

Subjects: Management, Engineering, Applied Science & Technology, Education in business, environmental management, food & nutrition, healthcare management, hospitality & services management, HR management, information management, library management & information services, logistics, marketing, production management, police management, and public sector management.

Formats: Full text articles.

Coverage: 1994 to present

Family & Society Studies Worldwide from Ebsco  

Subjects: Research, policy, and practice literature in the fields of family and society studies.

Formats: Some linked full text articles. Citations to conference papers, books, book chapters, government reports, discussion and working papers, statistical documents, theses and dissertations.

Coverage: 1970 to present

Health and Psychosocial Instruments (HaPI) from Ebsco   

Subjects: Medical, nursing, psychology, social work, occupational therapy, physical therapy, & speech & hearing therapy tests. Documents include unpublished tools for clinicians discussed in journal articles, such as questionnaires, interview schedules, tests, checklists, rating & other scales, coding schemes, and projective techniques. Over 2/3 of the tests are in the medical and nursing fields and address areas such as pain measurement, quality of life assessment, & drug efficacy evaluation.

Formats: Full text.

Coverage: 1985 to present

Health & Wellness Resource Center from Thomson Gale   

Subjects: Traditional medicine, alternative & complimentary therapies for the consumer. Alternative medical treatments include herbal remedies, yoga, homeopathy, midwifery, & chiropractic. Interactive risk assessment tools for cancer, diabetes, heart disease, osteoporosis and stroke with personalized tips for prevention. Includes Mosby's Medical, Nursing, & Allied Health Dictionary, Health Organization Directory, Gale Encyclopedia of Medicine, Gale Encyclopedia of Childhood & Adolescence, and the PDR Family Guide to Health & Nutrition.

Formats: Many full text articles from books, journals, & magazines. Pamphlets, streaming videos & websites.

Coverage: Magazines, journals, and newsletters (1980 to present); Newspapers (1999 to present); Pamphlets (current year plus two year backfile); and Reference books (latest edition).

Health Reference Center from Thomson Gale   

Subjects: Medicine, nursing, allied and consumer health.

Formats: Many full text articles, reference books, pamphlets, overviews of clinical topics.

Coverage: 1996 to present

Health Source: Consumer Edition from Ebsco   

Subjects: Health topics, including the medical sciences, food sciences, nutrition, childcare, sports medicine & general health. Over 4,500 Clinical Reference Systems reports (in English and Spanish); Lexi-PAL Drug Guide, which covers 1,300 generic drug patient education sheets.

Formats: Many full text articles. Merriam-Webster's Medical Desk Dictionary.

Coverage: Dates vary.

Health Source: Nursing/Academic Edition from Ebsco   

Subjects: Medicine, nursing, allied health, alternative medicine, nutrition, pharmacy. Includes Merriam-Webster's Medical Desk Dictionary.

Formats: Many full text articles.

Coverage: 1975 to present.

Imaging Consult from Elsevier B. V. 

Subjects: Imaging, respiratory care, radiation therapy, nursing, medicine.

Formats: Conventional radiography, MRI, and ultrasound images along with procedures and reference material for imaging specialties.

Coverage: Current.

LexisNexis Academic from LexisNexis  

Subjects: Court decisions, federal laws, case law, statutes, regulations, legal news, law reviews, Shepard's Citations, & patents. Business & financial news, company information, market research, industry reports, SEC filings, biographical facts, Roper polls & surveys.

Formats: Many full text articles from newspapers, magazines, journals, newsletters, wire services. Transcripts.

Coverage: Dates vary.

LWW Nursing & Health Professions Premier Collection from Ovid  

Subjects: Of interest to nursing, allied health, and health administration students and professionals.

Formats: Collection of over 60 top nursing journals from Lippincott Williams & Wilkins.

Coverage: Current.

MedicLatina from Ebsco   

Subjects: Spanish-language collection of medical research & journals published by Latin American medical publishers. Neuroscience, cardiology, nephrology, biomedicine, clinical research, pediatrics, human reproduction, clinical pathology, cancer research, and hematology.

Formats: Many full text articles.

Coverage: Dates vary.

Medline (Thomson) from Institute of Scientific Information 

Subjects: Nursing, dentistry, veterinary medicine, pharmacy, allied health, and pre-clinical sciences; some coverage of biology, environmental science, marine biology, plant and animal science, biophysics and chemistry.

Formats: Some linked full text.

Coverage: 1950 to present

Medline with Full Text from Ebsco  

Subjects: Approximately 4,800 current medical journals from around the world. Citations are included from Index Medicus, International Nursing Index, Index to Dental Literature, HISTLINE, SPACELINE, PREMEDLINE®, AIDSLINE®, BIOETHICSLINE®, and HealthSTAR. Full text is available for approximately one quarter of the journals.

Formats: Many linked full text articles.

Coverage: 1965 to present

Natural & Alternative Treatments from Ebsco   

Subjects: Detailed, evidence-based information on alternative therapies, herbs & supplements, functional foods, drug-herb and drug-supplement interactions. Articles are based on double-blind, placebo-controlled studies and other forms of scientific evidence.

Formats: Many full text articles.

Coverage: Dates vary for articles cited.

Nursing Reference Center from Ebsco  

Subjects: Comprehensive reference tool designed to provide relevant clinical resources to nurses and other health care professionals.

Formats: Full text journals, books, evidence based care sheets, drug information, legal cases, clinical updates, patient education brochures and research instrument documents.

Coverage: Current

Nutrition and Food Sciences Database and Archive from CABI Publishing ⓘ

Subjects: Articles and citations on all aspects of nutrition, food science and food technology. Archives reveal the growth of research on the effects of diet and health.

Formats: Linked full text articles and summaries from books, conference proceedings, bulletins, reports and published theses from around the world.

Coverage: 1931 to present

ProQuest Nursing and Allied Health Source from ProQuest ⓘ ⓘ

Subjects: Nursing, allied health, physical therapy, radiography, dietetics, dental hygiene, clinical laboratory sciences, and evidence based resources.

Formats: Full-text journals and dissertations, plus systematic reviews, evidence summaries, and best practice information sheets from the renowned Joanna Briggs Institute.

Coverage: Varies.

PsycARTICLES from Ebsco ⓘ ⓘ

Subjects: General & specialized psychology, basic, applied, clinical & theoretical research. Contains more than 40,000 articles from 56 journals (45 published by the American Psychological Association (APA) and 11 from allied organizations) .

Formats: Full text articles, letters to the editor & errata from each journal.

Coverage: 1985 to present

Psychology & Behavioral Sciences Collection from Ebsco ⓘ ⓘ ⓘ

Subjects: Emotional & behavioral characteristics, psychiatry & psychology, mental processes, anthropology, and observational & experimental methods. Nearly every full text title in this database is also indexed in the larger citation database, PsycINFO.

Formats: Many full text articles.

Coverage: 1965 to present.

PsycINFO from Ebsco ⓘ

Subjects: Journal articles and books in psychology, counseling and related fields, such as sociology, linguistics, medicine, law, physiology, business, psychiatry, and anthropology. Includes international material selected from more than 2,400 periodicals in more than 27 languages.

Formats: Many linked full text articles. Citations to books & dissertations.

Coverage: 1887 to present

PubMed from National Center for Biotechnology Information ⓘ

Subjects: PubMed provides all MEDLINE citations plus out-of-scope citations (e.g., articles on plate tectonics or astrophysics) from certain general science and chemistry journals in MEDLINE; citations that precede MEDLINE indexing; additional life science journals that submit full text to PubMed Central and receive a qualitative review by the National Library of Medicine.

Formats: More than 19 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from

PubMed Central and publisher web sites

Coverage: 1949-present

Rehabilitation Reference Center from Ebsco  

Subjects: Evidence-based clinical reference tool for use by rehabilitation clinicians, physical therapists and occupational therapists at the point-of-care.

Formats: Nearly 200 Clinical Reviews, more than 100 research instruments, information on over 11,700 drugs, more than 9,800 exercise images, key reference handbooks, guidelines, patient handouts education in both English & Spanish, and news and clinical updates.

Coverage: Dates vary.

SAGE eReference from Sage Publications  

Subjects: Sociology, social work, multicultural and gender studies, political science, psychology, anthropology, criminal justice, health & medicine.

Formats: Full-text online encyclopedias and handbooks.

Coverage: 2002 to 2010

Salud en Español from Ebsco   

Subjects: Reportes completos basados en evidencias y fichas de datos relacionados a todos los aspectos de la salud y el bienestar. Reportes específicos por tema que cubren todos los aspectos de la salud, dan información general importante en relación a enfermedades, afecciones y procedimientos de diversos tratamientos.

Formats: Many full text articles in Spanish.

Coverage: Dates vary.

Science Citation Index Expanded from Institute of Scientific Information 

Subjects: Part of Web of Science. Core science journals chosen for their credibility, influence, & relevancy. Choose "Cited Reference Search" to search article bibliographies.

Formats: Some linked full text.

Coverage: 1899 to present

Users have reported that Safari 3 browser kicks them out of an ISI session while they are actively searching. If you have this problem, please try Firefox or IE instead.

Science.gov from Science.gov 

Subjects: Authoritative selected science information provided by 14 U.S. Government agencies, including research and development results. Science.gov is the official USA.gov for Science Cross-Agency Portal

Formats: Gateway to government science information and research results from over 40 scientific databases and 2000 websites.

Coverage: Current

ScienceDirect from Elsevier B. V.  

Subjects: Over 2,000 Elsevier science journals covering a wide variety of subjects in physical sciences & engineering, life sciences, health & medicine, social sciences & humanities. Full-text access is limited to subscribed journals. Searches can be limited to only "subscribed journals".

Formats: Some full text articles.

Coverage: Dates vary. For subscribed titles, full-text access is typically from 1995 to present.

Scientific and Medical Art Imagebase from Ebsco  

Subjects: Anatomy, physiology, surgery, diseases, conditions, trauma, embryology, histology, and other health science topics

Formats: Over 20,000 medical illustrations and over 400 medical animations

Coverage: Current.

SpringerLink from Springer Science+Business Media, Inc.  

Subjects: Architecture & Design, Behavioral Science, Biomedical & Life Sciences, Business & Economics, Chemistry & Materials Science, Computer Science, Earth & Environmental Science, Engineering, Humanities, Social Sciences & Law, Mathematics & Statistics, Medicine, Physics & Astronomy, Professional Computing & Web Design.

Formats: Full-text journal articles, indexing and some full text for electronic books and book chapters.

Coverage: Dates vary.

STAT!Ref from Teton Data Systems  

Subjects: Medicine, allied health, sports injuries, emergency/critical care, nursing, psychiatry, & patient information. Over 80 medical resources such as Current Medical Diagnosis & Treatment, and the Griffith 5 Minute Clinical Consult. Includes Stedman's Medical Dictionary, evidence-based clinical practice guidelines from the National Guidelines Clearinghouse, MedCalc - interactive tools used to learn evidence based medicine, & links to PubMed journals.

Formats: Full text books. Some linked full text articles. Images.

Coverage: Current editions.

Learn about EBM alerts here [here](#).

Taber's Cyclopedic Medical Dictionary from Stat!Ref  

Subjects: Definitions of medical words and phrases.

Formats: Full text. Many audio pronunciations and illustrations.

Coverage: Current edition.

Wiley Online Library from Wiley Subscription Services, Inc.  

Subjects: Online access to journals published by John Wiley & Sons, inc.

Formats: Many full text articles.

Coverage: Dates vary. For subscribed titles, full-text access is typically from 1997 to present.

(Formerly Wiley Interscience) The library has full-text access to subscribed titles only, others will have citations and abstracts