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**Recognition Guidelines for Quality**

**International Respiratory Care Education**

***These Guidelines were developed by International & and American Educators and clinicians and approved by the***

***INTERNATIONAL COUNCIL FOR RESPIRATORY CARE.***

# Recognition of a Program

The applicant needs only to answer three essential questions for IERS reviewers and the Executive Committee of the IERS to award recognition at the program level. The three questions that need to be answered in the format provided are as follows:

1. What do you intend to teach?
2. How do you intend to teach it?
3. How will you know you taught it?

Definition of PROGRAM LEVEL 2: For IERS recognition of RC educational repeating programs, longer than one month in duration, and/or repeat the same skill training each time the program is offered.

*i.e. “A bi-annual Program to train physicians who will manage ventilator patients offered for 3 weeks.”*

It would NOT likely have goals that focus on very general respiratory care knowledge (i.e. seminar) but as such, Programs or Schools would have more specific/complex Respiratory care skills & and competencies as the Program goals.

IERS approval is granted to a resident sponsor of a program for the one country in which the RC education is delivered and from which the application is submitted. It is not possible at this time to award IERS approval for multi-country applications.

Once the application is complete, it may be submitted via email, regular mail service, or any other form of digital(cloud links) or hard copy(FedX, UPS, etc.) transfer. The initial application fee is due at the time of submission of the application.

Program Sponsor/Applicant must fill in all the required (\*) fields below and may type or paste the appropriate information as it is requested:

Program Sponsor(s):

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| **Paste or type here: (Sponsor, e.g. Name of the institution or organization(s)):** |

Contact information of the individual who completed the application(s):

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| **Paste or type here: (Name & contact information of the individual who completed the application: full name & email address):** |

Exact name (Title) of the offering:

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| **Paste or type here: (e.g. "New Concepts in Mechanical Ventilation"):** |

Country, City, Province:

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| **Paste or type here: (Type or Paste the exact name of the city or Province and country location):** |

Venue:

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| **Paste or type here: (Type or Paste the exact name of the Hotel/Convention Center/College or University/Facility):** |

Exact Dates:

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| **Paste or type here: (Type or Paste exact dates; day, month, year ):** |

**I. What Do You Intent to teach?**

**A. Sponsoring Educational Entities**

A sponsor must be an individual organizational entity that is recognized by the appropriate office, agency, or ministry from the applicant country. The sponsor may be an individual entity or a consortium sponsor that consists of two or more entities that exist to prepare individuals to provide respiratory care. The sponsor must ensure that the program planners and faculty adhere to the guidelines in conducting their educational program. The sponsor agrees to support program faculty and staff to fulfill their job responsibilities and promote the goals of the program.

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| **Paste or type the program description here:** |

1. Outline must include a list specifying the date, day, topic, speaker, location, activity, and length of each educational activity.

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| **Paste or type the program outline here:** |

1. Provide examples of test and evaluation strategies for participants as well as post-seminar evaluations.

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| **Paste or type program test examples, strategy, and post-program evaluation tools here:** |

**B. Non-Personnel**

Program resources must be sufficient to ensure the achievement of the program’s goals and objectives. Resources may include as appropriate: faculty, clerical/support staff, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, and computer resources.

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| **Paste or type program resources here: (List resources on finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, and computer resources)** |

**D. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions required to achieve the program’s stated goals and objectives.

Provide a list of program personnel and their respective qualifications to perform their roles in the boxes below:

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| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

**1. Faculty, Staff, and administrative Personnel**

**a) Administrative Personnel**

An individual must be designated as the primary administrator for the operations of the program. This individual may be a member of the program faculty or staff.

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| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

**b) Faculty**

Individuals appointed to the faculty must have appropriate credentials and expert knowledge in the content area being taught. Faculty must also maintain high ethical standards and professional behavior at all times.

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| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

**c) Staff**

Program staff must be professionally qualified to fulfill their designated program responsibilities.

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| **Paste or type here: (List name, email, phone, address, titles and credentials)** |

**E. Program Curriculum**

The program curriculum must be designed to achieve the stated goals and objectives. The educational strategy must be a sequence of instructional objects, didactic sessions, and/or lab/clinical activities. The design of the program must be based on measurable learning goals, objectives, and competencies.

The goals and objectives of the program must be made public before the delivery of the program. The program’s goals and learning objectives should be based on survey or other needs assessment data to show the program will meet a need in respiratory care education in the community for which it is planned. Program personnel should design instruction to respond to the needs and/or expectations of the target community.

1. **Program Description**

Describe the length and type of instructional unit for the repeating program-level workshop or planned RC educational activity. Give the number of days, and hours of RC instruction, lab, and/or evaluation activities. As an example, it may say:

*“This is a two-week program, repeated annually, focusing on the latest techniques and ventilators used for prolonged artificial ventilation of acute and long-term patients with respiratory failure. The program will include 25 hours of lecture and 40 hours of hands-on lab with mechanical ventilators operating using test lungs and lung simulators.”*

*Or*

*“The four-year Bachelor’s Degree school will require a combination of basic sciences, pre-clinical general courses totaling 60 academic units, and 60 respiratory care academic units consisting of a combination of lecture, lab, and clinical hours. The lab and clinical hours total 800 hours of simulated and actual patient care in 2 acute care hospitals.”*

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| **Describe the program curriculum here.** |

1. **Program Goal:** Describe the single most important, program goal, comprehensive competency, or general behavioral objective that best describes the overall educational goal of the program. It can be fairly specific, e.g. :

**“Graduates will be able to** monitor ventilators providing respiratory support to patients in respiratory failure and to suggest modifications in mode, PEEP levels, FIO2, and Minute Volume based on bedside and lab data.”

*Or*

The program goal may be more general, e.g.:

*“The program/school will produce graduates possessing cognitive and, psychomotor skills of a competent, professional respiratory care practitioner capable of performing all of the ICU level RC procedures required in the country of application.”*

In either of the above cases, you must then provide the following additional outcome and measurable information about your planned instruction.

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| **Explain and list program goals here.** |

1. **Supporting Instructional Objectives:** Describe the specific objectives that you intend to achieve, matched to the overriding goal described above for each course, lab, or other educational activities you have planned. These objectives must be written in a criterion-referenced manner describing the level of outcome achievement expected.

e.g. The graduate will be able to:

*“Manage ventilators on patients in respiratory failure with 80% accuracy on all techniques, modifications in mode, and addition of PEEP, oxygen, and other techniques to improve ventilation and oxygenation.”*

*Or*

*“Provide assessment and RC plans for the management of Asthma competently for greater than 70% of the patient simulations and or actual patients encountered during the lab and clinical training.”*

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| **Provide information about instructional objectives.** |

1. **Program Outline**

Describe the length and type of instructional unit for the one-time program, workshop, or planned RC educational activity. Give the number of days, and hours of RC instruction, lab, and/or evaluation activities.

The outline should include a list specifying the date, day, topic, speaker, location, evaluation tool, objective, activity, and length of time for each educational activity.

Provide an outline of the program content and delivery of all educational activities being conducted as part of the program.

1. Outline must include a list specifying the date, day, topic, speaker, location, activity, and length of each educational activity.

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| **Paste or type program outline here (The box will expand to accommodate all text.):** |

1. Evaluation Instrument Descriptions

Provide descriptions of test and evaluation strategies for participants as well as post-program evaluations.

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| **Paste or type descriptions of test and evaluation strategy for participants here (The box will expand to accommodate all text.):** |

1. **Special instructional tools.**

Provide descriptions of any special instructional tools being used, i.e. audience response systems, HPS, standardized patients, iPads, computer simulations, etc.

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| **Paste or type descriptions of special instructional tools that will be used in your program (The box will expand to accommodate all text.):** |

**G. Publications and Disclosure**

1. Advertisements, brochures, announcements, catalogs, publications, and internet web pages must accurately reflect the program offered. Name, statement, logo, and any statements referenced to the AARC must have prior approval before they may be used.

2. Participants should be informed in writing of the following: schedule of instruction dates, cost, criteria for successful completion, location, faculty, and any policies and processes required of participants during or after the program.

**H. Lawful and Non-discriminatory Practices**

All activities associated with the program must comply with the applicant country’s rules and regulations.

**I. Safeguards**

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

**J. Participant Records**

Satisfactory records must be maintained for participant attendance, admission, advisement, counseling, and evaluation. Grades and/or continuing education credits for courses must be recorded and permanently maintained by the sponsor in a safe and accessible location.

**K. Substantive Change**

If the program is repeated each year with different content the sponsor must re-apply for recognition. If the program is repeating the teaching of the same skills each year, the program level of recognition may be sought. In either case, if during the year there is a significant change(s) in the program, the sponsor must notify the recognition agency before the changed program is offered again to retain its recognition status.

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| **Please explain whether there will be any substantive changes in your program (The box will expand to accommodate all text.):** |

**L. Clinical Agreements**

If clinical experience is required as part of the program, documentation must be provided and maintained by the sponsor.

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| **Paste or type a description of clinical agreements here (The box will expand to accommodate all text.):** |

## How Do You Intend To Teach It?

1. **Instructional Strategies**

Use the topic outline from above (I.A.1.) and describe the instructional strategy for each topic, i.e. lecture, lab, HPS, standardized patients, clinical experience, manikin simulation, etc.

1. **Strategies matched to topics & and objectives:** Describe the teaching strategies you intend to use to teach the objectives described in 1. c. above. i.e. lecture, lab, HPS, standardized patients, clinical experience, manikin simulation, clinical observation and practice, etc.

The strategy might be described as:

***Teaching Strategy:****” An 18-week course meeting every week for 50 minutes of lecture, 2 hours of hands-on lab, and 12 hours of clinical practice, conducted by Dr. Smith and two assistants (BS, RRT, practitioners) to provide experience applying the information on simulated and actual patients being supported and monitored using contemporary ventilators.”*

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| **Paste or type a description of your teaching strategy here (The box will expand to accommodate all text.):** |

1. **Special instructional tools.**

**Describe special instructional tools you are using i.e. Ventilator test lung simulators, HP's model and manufacturer, IPADS, etc. (The box will expand to accommodate all text.\*):**

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| **Paste or type descriptions of instructional tools that will be used in your program (The box will expand to accommodate all text.):** |

## III. How will you know you taught it?

Evaluation of participants and or the program may be accomplished using various testing techniques matched to the instruction or by simply verifying the attendance of participants.

If evaluation techniques are used, faculty should demonstrate that the testing methods chosen are consistent with the objectives and competencies being tested.

a. ***Evaluation Strategy:*** Describe the evaluation strategy you intend to use to survey, test, or certify participants’ attendance and/or knowledge and/or skills.

Following the above example, the strategy might be described as:

***Evaluation Strategy:*** *“Comprehensive written, computerized and performance-based 1. observational testing instruments will be administered after each respiratory care course, lab and clinical rotation in the 4-year program. In addition, a comprehensive day-long summative evaluation will be performed at the end of the 4-year program and completion of all 800 clinical hours to certify competence on all skills required to practice as a respiratory therapist in the country of application.”*

*Or*

*Following the above example, the strategy might be described as an* ***Evaluation Strategy:*** *“A 100-question comprehensive written exam and 5 computerized clinical simulations will be administered to test the ability of the graduate to manage and provide respiratory support for patients on prolonged mechanical ventilation.”*

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| **Paste or type a description of your evaluation strategy here (The box will expand to accommodate all text.):** |

b. **Evaluation Instruments:** Provide an example of each of the types of evaluation instruments you intend to use in your evaluation strategy. It may be the written tests, computerized tests, simulations, observational, survey, or attendance instruments. You must provide actual examples not just descriptions. All tests etc., will be kept confidential and not shared or used for any other purpose by IERS reviewers except for the evaluation of the program.

* 1. **Evaluation Strategy & post-program evaluation tools:** Describe your evaluation strategy for participants as well as for evaluation of the program’s effectiveness. Include an example of your post-program evaluation tool.

*A post-program survey of participants should be conducted to measure participant satisfaction with stated and achieved goals and objectives.*

*The evaluation strategy should include a description of how participant performance, opinion, and attendance will be assessed before, during, and /or after the program.*

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| **Paste or type examples of your participant evaluation instruments here (The box will expand to accommodate all text.):** |

A post-program survey of participants should be conducted to measure participant satisfaction with stated and achieved goals and objectives.

All data will be subject to posting on the IERS website before and after the delivery of the program.

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| **Paste or type post-seminar outcome data here. (The box will expand to accommodate all text.):**  (For 1st-time seminars, send outcome data after 1st offering to Dr. Arzu Ari, Director of IERS) |

**C. Student Attendance**

Provide a sample of the attendance form used to document attendance by individuals at all the program components and activities. Attendance data should be sent within 60 days of the seminar delivery. Include at minimum the following fields of data: Participant name, profession (physician, Respiratory care practitioner, Physical Therapist, Nurse, etc.) credentials (MD, RRT, RN, PT, etc.), and AARC member number if applicable.

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| **Paste or type seminar attendance data (The box will expand to accommodate all text.):** |

**>>>>>>>>> End of Program Recognition Guidelines <<<<<<<<<**