2024-25 Respiratory Care Annual Institutional Assessment Report

On-Campus Respiratory Care Baccalaureate Program and Degree Completion Bachelor of Science Program (Online)

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Respiratory Care Programs Assessment Report

Section 1 – Program Mission

On-Campus Bachelor of Science in Respiratory Care – Program Mission

The on-campus Bachelor of Science in Respiratory Care program at Oregon Tech prepares students to become advanced-level respiratory therapists who are skilled in critical thinking, patient assessment, and evidence-based cardiopulmonary care. Through a combination of didactic instruction, simulation-based learning, and over 1,000 hours of supervised clinical experience, students develop the communication, technical, and leadership skills necessary to deliver high-quality patient care in diverse healthcare settings.

This program supports Oregon Tech's mission by offering an innovative, professionally focused, hands-on learning environment that integrates classroom knowledge with real-world application. Graduates are prepared to enter the workforce as competent, ethical, and compassionate respiratory care practitioners ready to advance into leadership, education, or specialized clinical roles within five to ten years of graduation.

Online Bachelor of Science in Respiratory Care – Degree Completion Program Mission

The online Bachelor of Science in Respiratory Care Degree Completion program is designed for credentialed respiratory therapists seeking to advance their education, leadership potential, and professional practice through flexible, high-quality online instruction. The program enhances students' communication, research, and management skills while deepening their understanding of advanced cardiopulmonary care, healthcare ethics, and evidence-based practice.

Aligned with Oregon Tech's mission to deliver innovative, applied education statewide, this program provides working professionals the opportunity to earn a bachelor's degree while balancing career and personal commitments. Graduates are prepared to assume roles in leadership, management, education, and specialty clinical practice, contributing to the ongoing advancement of the respiratory care profession.

Changes to the Mission

The mission statements for both the on-campus Bachelor of Science in Respiratory Care program and the online Bachelor of Science in Respiratory Care Degree Completion program were reviewed and updated with faculty during the Spring 2025 department meeting to ensure alignment with Oregon Tech's institutional mission and current Commission on Accreditation for Respiratory Care (CoARC) standards.

Revisions made:

- The on-campus program mission was updated to more clearly articulate the integration of **simulation-based learning, clinical competency development, and professional**

communication, reflecting the current emphasis on interprofessional education and patient safety.

- The **online degree completion program mission** was revised to emphasize **leadership development, research literacy, and flexibility for working professionals**, acknowledging the program's national reach and alignment with CoARC's goal of advancing the profession through baccalaureate education.
- Both missions were rewritten for consistency in tone, measurable outcomes, and to highlight alignment with Oregon Tech's broader focus on **innovation, applied learning, and workforce readiness**.

Justification for changes:
These updates were driven by both **external** and **internal** factors. Externally, CoARC's evolving expectations for bachelor-prepared respiratory therapists now emphasize higher-order communication, leadership, and analytical skills. Internally, faculty identified a need for clearer differentiation between the on-campus pre-licensure program and the post-licensure online degree completion program, as well as the importance of explicitly connecting hands-on clinical preparation with professional advancement opportunities.

Section 2 – Program Student Learning Outcomes (PSLOs)

Upon completion of the Bachelor of Science in Respiratory Care (on-campus or online), graduates will be able to:

1. **Communicate effectively** in oral, written, and visual forms with patients, families, and members of the healthcare team. *(Linked to ISLO 1: Communication)*
2. **Demonstrate ethical and professional behavior** consistent with the standards of the respiratory care profession and CoARC's expectations for advanced-level practitioners. *(Linked to ISLO 3: Ethical Reasoning)*
3. **Collaborate effectively** within interprofessional teams to deliver safe, patient-centered care. *(Linked to ISLO 5: Teamwork)*
4. **Apply evidence-based knowledge of mechanical ventilation and therapeutic modalities** to assess, treat, and manage patients with cardiopulmonary disorders. *(Linked to ISLO 2: Inquiry & Analysis and ISLO 4: Quantitative Literacy)*
5. **Analyze and interpret diagnostic data** to formulate appropriate respiratory care plans for patients across the lifespan, including neonatal, pediatric, adult, and geriatric populations. *(Linked to ISLO 2: Inquiry & Analysis)*

6. **Demonstrate competence in clinical decision-making and problem-solving** to ensure the quality and safety of respiratory care services. *(Linked to ISLO 2: Inquiry & Analysis and ISLO 4: Quantitative Literacy)*
7. **Exhibit leadership, management, and educational skills** that promote advancement of the profession and continuous quality improvement in healthcare delivery. *(Linked to ISLO 6: Diverse Perspectives)*

Narrative Justification

The Respiratory Care Program's PSLOs are derived directly from the **Commission on Accreditation for Respiratory Care (CoARC) Standards for Accreditation of Entry into Respiratory Care Professional Practice (2024 Edition)**, which require programs to ensure graduates demonstrate competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) domains of learning.
These outcomes are also aligned with the **National Board for Respiratory Care (NBRC)** credentialing competencies for the **Therapist Multiple Choice (TMC)** and **Clinical Simulation (CSE)** examinations, as well as with Oregon Tech's **Institutional Student Learning Outcomes (ISLOs)**.

Communication, critical thinking, and professional behavior are emphasized throughout the curriculum and are essential components of clinical practice and licensure readiness. Each PSLO is scaffolded within the curriculum from foundational to capstone levels, as reflected in the program's curriculum map (Section 3).

Changes to PSLOs (2024–25)

During the 2024–25 academic year, no formal revisions were made to the Respiratory Care Program Student Learning Outcomes (PSLOs). Although the PSLOs remain aligned with CoARC competencies and institutional expectations, they were **not discussed or reviewed during the Spring 2025 faculty meeting**, as the Program Director was unaware at that time of Oregon Tech's annual program assessment and outcome-tracking requirements.

Upon preparing this assessment report, it became clear that:

- No historical process existed for reviewing or updating PSLOs.
- Faculty had not previously engaged in structured PSLO assessment conversations.
- The program lacked standardized rubrics and tools needed to measure PSLO performance consistently.

As a result, this year's assessment reflects **baseline analysis** of the PSLOs rather than planned revisions.

Planned Improvements Moving Forward (2025–26)

Beginning in the upcoming academic year, the program will implement a structured process for PSLO review and revision, including:

- An annual PSLO review meeting each Spring, documented for assessment reporting.
- Standardized rubrics embedded in Canvas for PSLO 1, PSLO 4, and PSLO 5.
- Faculty calibration sessions to ensure consistent scoring of PSLO-aligned assignments.
- Verification that PSLO wording matches what is published on the program website, syllabi, and assessment documents.

PSLOs are expected to undergo formal refinement in 2025–26 once consistent measurement tools and reliable data are available.

Faculty Approval Timeline

Because no PSLO changes were made this year, no faculty approval vote occurred. However, faculty have agreed to adopt a **new formalized review and revision process**, beginning Fall 2025.

Section 3 – Curriculum Map (Communication)

Curriculum Map – BS Degree in Respiratory Care

University	ISLO 1	ISLO 2	ISLO 3	ISLO 4	ISLO 5	ISLO 6	PSLO 1	PSLO 2	PSLO 3	PSLO 4	PSLO 5	PSLO 6
RCP Course												
RCP 100 Matriculation	P		P		P		P	P	P			
RCP 231 Pulmonary Physiology		F		P						F		
RCP 235 Arterial Blood Gases		P		P						P	P	P
RCP 236 Cardiopulmonary Dynamics		P		P						P	P	P
RCP 241 Respiratory Gas Therapeutics		P		P						P	P	P

RCP 252 Cardiopulmonary Pharmacology		P		C						C	C	C
RCP 326 Preparedness, Ethics & Leadership			C		P			C	P			
RCP 335 Exercise Physiology & Education	P	P					P			P		
RCP 336 Hyperinflation Therapies		P		C						C	C	C
RCP 337 Pulmonary Pathology		C		C						C	C	C
RCP 345 Cardiopulmonary Diagnostics & Monitoring		C		C						C	C	C
RCP 351 Mechanical Ventilation I		P		P	P				P	P	P	P
RCP 352 Mechanical Ventilation II		C		C	P				P	C	C	C
RCP 353 Mechanical Ventilation III		C		C	P				P	C	C	C
RCP 366 Clinical Simulation	C	C	P	P	C		C	P	C	C	C	C
RCP 387 Critical Care II		C		C	P				P	C	C	C
RCP 388 Advanced Neonatal Respiratory Care		C		C	P				P	C	C	C

RCP 440 Case Management I	P	P	P	P	P		P	P				
RCP 441 Case Management II	C	C	C	C	C		C	C	C	C	C	C
RCP 442 Case Management III	C	C	C	C	C	P	C	C	C	C	C	P
RCP 450 Clinical Care I	C	C	C	C	C	P	C	C	C	C	C	C
RCP 451 Clinical Care II	C	C	C	C	C		C	C	C	C	C	C
RCP 452 Clinical Care III	C	C	C	C	C		C	C	C	C	C	C
RCP 460 Advanced Life Support	P	P	P				P	P	P			

Legend: F = Foundation (introduced) P = Practice (reinforced) C = Capstone (synthesized)

Curriculum Map – Online BS Degree Completion in Respiratory Care

RCP Course	**ISLO 1**	**ISLO 2**	**ISLO 3**	**ISLO 4**	**ISLO 5**	**ISLO 6**	**PSLO 1**	**PSLO 2**	**PSLO 3**	**PSLO 4**	**PSLO 5**	**PSLO 6**
RCP 100 Matriculation	P		P		P		P	P	P			
RCP 307 Advanced Neonatal & Pediatric Care		C	C		P			P	P	C	C	C
RCP 326 Preparedness, Ethics & Leadership			C		P			C	P			
RCP 335 Exercise Physiology & Education	P	P					P			P		
RCP 345 Cardiopulmonary Diagnostics & Monitoring		P		C						C	C	C
RCP 353 Mechanical Ventilation III		C		C	P				P	C	C	C

RCP 366 Clinical Simulation	C	C	P	P	C		C	P	C	C	C	C
RCP 387 Critical Care II		C		C	P				P	C	C	C
RCP 388 Advanced Neonatal Respiratory Care		C		C	P				P	C	C	C
RCP 440 Case Management I	P	P	P	P	P		P	P	P	P	P	P
RCP 441 Case Management II	C	C	C	C	C		C	C	C	C	C	C
RCP 442 Case Management III	C	C	C	C	C	C	C	C	C	C	C	C

Communication skills are embedded and reinforced throughout the program using simulation debriefings, clinical charting assignments, and team projects.

Summary

Communication (ISLO 1 / PSLO 1) is introduced early through professional orientation (**RCP 100**) and developed through written case work and simulation activities (**RCP 366**). It is reinforced through leadership and clinical courses and culminates in comprehensive oral and written case presentations (**RCP 442**, **RCP 452**).
All PSLOs are scaffolded across the professional curriculum to demonstrate increasing depth, culminating in the integration of clinical reasoning, ethical decision-making, teamwork, and leadership in the final clinical and case-management capstones.

Section 4 – Assessment Cycle

ISLO	PSLO	2023–2024 (Act)	2024–2025 (Collect)	2025–2026 (Plan)
Communication	PSLO 1 – Communicate effectively in oral, written, and visual forms with patients, families, and members of the healthcare team.	***RCP 366*** *– Clinical Simulation* (written simulation summary & debrief presentation)	***RCP 442*** *– Case Management III* (comprehensive oral & written case report) ***RCP 451*** *– Clinical Care II* (clinical documentation	Review results; refine grading rubric and reassess in RCP 366 and RCP 442.

		RCP 441 *– Case Management II* (case presentation)	and handoff communication)	
Ethical Reasoning	PSLO 2 – Demonstrate ethical and professional behavior consistent with CoARC and institutional standards.	***RCP 100*** *– Matriculation* (professionalism reflection) ***RCP 326*** *– Preparedness, Ethics & Leadership* (ethics case analysis)	***RCP 451*** *– Clinical Care II* (professional conduct and ethical case response)	Reinforce ethics through simulation debrief prompts and clinical evaluations in RCP 366.
Teamwork	PSLO 3 – Collaborate effectively within interprofessional teams to deliver safe, patient-centered care.	***RCP 366*** *– Clinical Simulation* (team communication rubric) ***RCP 387*** *– Critical Care II* (peer collaboration evaluation)	***RCP 451*** *– Clinical Care II* (interdisciplinary team evaluation) ***RCP 442*** *– Case Management III* (group case synthesis project)	Review performance trends to strengthen interprofessional debriefs and feedback loops.
Inquiry & Analysis	PSLO 4 – Apply evidence-based knowledge of mechanical ventilation and therapeutic modalities. PSLO 6 – Demonstrate competence in clinical decision-making and problem-solving.	***RCP 351*** *– Mechanical Ventilation I* (ventilator setup & analysis lab) ***RCP 352*** *– Mechanical Ventilation II* (evidence-based adjustment assignment)	***RCP 353*** *– Mechanical Ventilation III* (capstone ventilator protocol analysis) ***RCP 366*** *– Clinical Simulation* (diagnostic interpretation)	Review collected data; implement ventilator management reflection logs.
Quantitative Literacy	PSLO 5 – Analyze and interpret diagnostic data to formulate appropriate respiratory care plans.	***RCP 235*** *– Arterial Blood Gases* (ABG analysis & interpretation) ***RCP 345*** *– Cardiopulmonary Diagnostics & Monitoring* (data interpretation report)	***RCP 441*** *– Case Management II* (case-based data synthesis) ***RCP 442*** *– Case Management III* (quantitative case summary)	Use results to improve integration of diagnostic trend analysis across junior-level courses.

Diverse Perspectives / Leadership	PSLO 6 – Exhibit leadership, management, and educational skills that promote diversity and advancement of the profession.	***RCP 326*** *– Preparedness, Ethics & Leadership* (leadership reflection) ***RCP 441*** *– Case Management II* (leadership in team presentation)	***RCP 442*** *– Case Management III* (leadership in case facilitation)	Evaluate inclusion of diverse patient scenarios and leadership assignments.

Section 5 – Assessment Data Collection Processes

During the 2024–2025 academic year, the Respiratory Care Program focused on the assessment of **ISLO 1 (Communication)** and **PSLO 1 (Communication Competency)**. While several strong examples of student performance were collected from capstone courses, data consistency across sections and modalities was impacted by **faculty turnover, limited assessment training, and inconsistent use of standardized rubrics**.

The information below represents the current snapshot of the department's data collection process and areas identified for improvement in upcoming cycles.

Performance Target for Learning Outcomes

The program's benchmark for communication outcomes is that **at least 75% of students will score "3" or higher** on a 4-point rubric assessing clarity, organization, professional tone, and audience appropriateness.
Rubrics were adapted from Oregon Tech's **Institutional Student Learning Outcome (ISLO 1 – Communication)** framework to align expectations between written, oral, and clinical communication.

Performance Target for Student Success Indicators

- **Graduation Rate:** ≥ 80% (aligned with CoARC outcome reporting standards)
- **Retention Rate:** ≥ 75% year-to-year retention within the program
- **Post-Graduation Employment:** ≥ 75% of graduates employed or continuing education within 6 months
- **NBRC Credentialing Success:** ≥ 80% first-attempt pass rate on the TMC exam (nationally benchmarked)

Activity and Sample

Course	Assignment/Activity	Intended Sample	Actual Data Collected	Reason for Variance
RCP 442 – Case Management III	Capstone case presentation (oral and written report assessing clarity, professionalism, and interdisciplinary communication)	100% of enrolled students (n≈20)	Partial dataset (n=11)	Faculty reassignment mid-term; missing rubric scoring documentation.
RCP 451 – Clinical Care II	Clinical documentation and handoff report (written communication in patient care setting)	100% of enrolled students (n≈18)	Partial dataset (n=9)	Inconsistent data entry due to new clinical faculty unfamiliar with rubric process.
RCP 366 – Clinical Simulation	Team debriefing and reflection (oral communication and team coordination)	100% of enrolled students (n≈20)	Complete dataset (n=20)	Served as backup sample for missing case data.

Accountability

Student artifacts were scored by **course instructors and the program director**, using a shared rubric. However, turnover in clinical instruction staff and the addition of new adjunct faculty led to inconsistent application of assessment tools.
To address this, a **faculty calibration session** is planned for **Fall 2025**, during which all instructors will review and practice rubric scoring to ensure consistent standards across all sections and modalities.

Representation

Assessment data for the 2024–2025 cycle were collected exclusively from the **on-campus Bachelor of Science in Respiratory Care program**, which contains the laboratory, simulation, and clinical coursework required to generate direct PSLO artifacts. These courses—such as RCP 442 Case Management III and RCP 451 Clinical Care II—include structured written and oral communication assignments aligned to PSLO 1 and were therefore the primary sources of data for this cycle.

The **online Degree Completion program** was not included in this year's assessment for several reasons:

1. **The online program is not CoARC-accredited**, and therefore does not follow the same assessment or competency structure as the on-campus entry-to-practice program.
2. The current online curriculum is **being sunset**, with a new, fully redesigned curriculum planned for launch in the coming years with the long-term goal of seeking appropriate accreditation alignment.
3. The existing online curriculum does **not include clinical, simulation, or laboratory components**, meaning it cannot generate comparable PSLO-aligned artifacts—particularly those assessing communication within clinical reasoning, documentation, or interdisciplinary care.
4. Because a new curriculum is under development, it would not be meaningful or methodologically sound to implement new PSLO assessments in a program design that is being phased out.

As a result, **including the online program in the 2024–25 PSLO assessment would not provide accurate or actionable data**, and would not reflect the structure of an accredited respiratory care educational pathway.

Future Modality Representation

Once the redesigned online Degree Advancement curriculum is launched, the Program Director will:

- Develop **parallel written communication assessments** appropriate for working RRTs,
- Embed **standardized Canvas rubrics** aligned with PSLOs adapted for the online modality, and
- Incorporate online student artifacts into future assessment cycles once the new curriculum is stable and fully implemented.

This approach ensures that future reporting will include modality-appropriate assessments without compromising methodological integrity or misrepresenting program structure.

Rubric

Communication was evaluated using the Program Communication Assessment Rubric, which is applied to all designated capstone communication assignments in the on-campus program (e.g., RCP 442 Case Presentation, RCP 451 Clinical Documentation). The rubric evaluates four dimensions of communication on a 4-point performance scale (1 = Beginning, 2 = Developing, 3 = Proficient, 4 = Exemplary).

For each **individual student artifact**, acceptable performance is defined as a score of **3 ("Proficient") or higher** in each rubric dimension. The program's performance target is that **at least 75% of students** will achieve this level in the assessed assignment.

Dimension	Description	Target
Clarity & Organization	Communication is well-structured, logical, coherent, and appropriately sequenced.	≥ 75% score 3+
Professional Tone & Language	Uses correct terminology, maintains professionalism, and communicates respectfully and appropriately for a healthcare environment.	≥ 75% score 3+
Accuracy & Relevance	Provides clinically accurate information, supported by appropriate reasoning, aligned with respiratory care best practices.	≥ 75% score 3+
Delivery / Format	Communicates effectively in the required medium (written charting, oral case report, or digital submission) using correct formatting and conventions.	≥ 75% score 3+

Rubric templates and sample student artifacts are maintained within the department's **shared assessment folder** for faculty reference and are being standardized for full implementation in 2025–2026.

The **full rubric**, including detailed performance descriptors for levels 1–4, is included in the **Appendix** of this report for faculty calibration and future assessment continuity.

Summary

Although data gaps exist for the current cycle, this has provided the program with valuable insight into the **need for structured assessment training and improved continuity in data collection**. The program director and remaining faculty are working to implement a **centralized digital assessment repository** and standardized **rubric training sessions** to ensure that subsequent assessment cycles (2025–2026 and beyond) provide a more complete, reliable dataset.

Section 6 – Assessment Data and Interpretation

Learning Outcomes and Student Success Data (2024–2025)

Performance Criteria	Assessment Methods	Performance Target	Results	Interpretation
PSLO 1 – Communication (ISLO 1)	**Direct:** RCP 442 Case Presentation & RCP 451 Clinical Documentation **Indirect:** End-of-course evaluations (student self-assessment of communication skills)	≥75% of students scoring 3 or higher (direct) ≥80% student satisfaction (indirect)	**RCP 442 (Klamath Campus):** 72% met target (n=11) **RCP 451 (Klamath Campus):** 70% met target (n=9)	**Approaching Target —** Students demonstrated moderate proficiency in communication, particularly in oral formats, but written clinical documentation remains slightly below the benchmark. Incomplete and inconsistent submission of assessment artifacts limits the ability to fully evaluate communication across cohorts and modalities.
PSLO 3 – Teamwork (ISLO 5)	**Direct:** RCP 366 Clinical Simulation (Team Communication Rubric) **Indirect:** Peer	≥75% scoring 3+ (direct) ≥80% positive peer review (indirect)	**RCP 366 (On-campus):** 78% scored ≥3 **Peer reviews:** 90% rated team	**Met** — Students demonstrated strong teamwork and effective communication in clinical simulation environments.

	evaluations in simulation		communication ≥4/5	
PSLO 2 – Ethical & Professional Behavior (ISLO 3)	**Direct:** RCP 326 Ethics Case Study **Indirect:** Clinical instructor evaluations	≥75% scoring 3+ (direct) ≥85% clinical professionalism rating (indirect)	100% of assessed students scored ≥3 (n=16) Clinical ratings averaged 4.6/5	**Met** — Strong demonstration of professional behavior and ethical decision-making.
PSLO 4/5 – Inquiry, Analysis, and Quantitative Literacy	**Direct:** RCP 345 Cardiopulmonary Diagnostics & RCP 353 Ventilation III **Indirect:** Student reflections on data interpretation	≥75% scoring 3+	**RCP 345: 62%** met benchmark (n = 18) **RCP 353: 58%** met benchmark (n = 17) **Indirect measure:** NBRC TMC First-Attempt Pass Rate = **75% (Not Met)** **Direct data limitations:** Missing artifacts and inconsistent rubric use prevent full analysis of all sections	**Not Met —** Students fell below the 75% benchmark in both cardiopulmonary diagnostics and advanced mechanical ventilation application. This aligns with the decline in TMC performance and suggests gaps in students' ability to analyze and interpret clinical data (PSLO 5) and apply evidence-based ventilator management principles (PSLO 4). Instructional disruptions, uneven faculty workload distribution, missing assessment submissions, and reported academic integrity concerns likely contributed to these competency gaps.
Student Success Indicators	**Graduation Rate**	≥80% (6-year rate)	**90%**	Met
	Retention Rate	≥75%	**87%**	Met
	Post-Graduation Employment	≥75% employed within 6 months	**80%**	Met
	NBRC Credentialing Success (TMC First Attempt)	≥80%	**75%**	**Not Met** - First-attempt pass rates fell below the established benchmark. Contributing factors included instructional disruptions and reduced course continuity associated with faculty

				turnover during the academic year, as well as cheating incidents within the cohort. These academic integrity issues impacted student preparedness and reduced overall exam readiness. Additionally, weaker performance in written communication and documentation—skills closely tied to NBRC exam analysis and clinical reasoning—further contributed to the decline. Targeted remediation, strengthened exam security, and improved faculty consistency are planned for 2025–26 to support improved credentialing outcomes.

Interpretation of Results

Although graduation, retention, and employment indicators remain strong, the **NBRC TMC first-attempt pass rate (75%) did not meet the program benchmark of 80%**. Faculty identified several overlapping challenges this year that likely contributed to the decline.

A significant concern involved **multiple reports from students regarding academic integrity issues** within the cohort. Although no students were formally disciplined—because faculty were unable to obtain direct evidence at the time—the consistency of peer reports raised concerns. These concerns were later **corroborated by performance patterns**, as the students repeatedly reported as cheating are now the same individuals struggling to pass their NBRC credentialing exams. This suggests that earlier coursework may not have accurately reflected their mastery, leaving foundational gaps unaddressed.

These integrity-related concerns were compounded by:

- **Faculty turnover**, which created disruptions in continuity, expectations, and instructional oversight across several core courses.
- **Inappropriately distributed instructional course loads**, resulting from a **lack of sufficient staffing**, which caused some faculty to carry significantly higher-than-ideal loads. This contributed to uneven course delivery, reduced availability for student support, and limited ability to reinforce communication and clinical reasoning skills consistently across the curriculum.

- **Inconsistent use of assessment rubrics**, which affected the reliability of feedback students received and hindered early identification of competency gaps.
- **Weaknesses in student written communication and documentation**, skills closely tied to NBRC exam reasoning and clinical judgment.

Taken together, these factors created conditions where some students were not adequately prepared for the exam's analytical and application-based rigor. These findings directly informed the action plans for 2025–26, which include targeted improvements in academic integrity processes, faculty load balancing, rubric standardization, and enhanced board-preparation support.

Despite these challenges, faculty discussions during the Spring 2025 meeting indicated that students demonstrated strong oral communication and teamwork skills in simulation environments, suggesting that deficits are concentrated more heavily in **documentation, case analysis, and independent test preparation**.

These findings directly informed the 2025–26 action plan, which includes:

- strengthening academic integrity education and exam security,
- improving written communication instruction across clinical and case-management courses,
- implementing standardized Canvas rubrics,
- and holding faculty calibration sessions to improve instructional consistency.

The program expects these actions to positively impact both learning outcomes and credentialing performance during the next assessment cycle.

Evidence of Improvement in Student Learning (Historical Trends)

Performance Criteria	Previous Action Plan	Previous Data (2020–2021)	Current Data (2024–2025)	Interpretation
PSLO 1 / ISLO 1 – Communication	Integrate written case reports into RCP 442 and require uniform rubric use across instructors.	80% met target (in-person only)	68% met target (partial dataset)	**Approaching Target —** Performance slightly below benchmark but not substantially different from prior years. Missing artifacts and inconsistent rubric use prevent full comparison. Communication is not the primary concern driving credentialing outcomes but remains an area to monitor.
PSLO 3 – Teamwork	Add structured peer-review debriefs in RCP 366 Clinical Simulation.	72% met target	78% met target	**Improvement noted** — Peer and instructor evaluations demonstrate stronger collaboration and feedback incorporation.

Graduation Rate	Maintain strong support services and early intervention for at-risk students.	87%	90%	**Improved** — Retention initiatives and advising consistency positively impacted completion.
Retention Rate	Increase advising contact and faculty mentorship.	76%	87%	**Improved** — Increased engagement and onboarding support contributed to higher persistence.
Post-Graduation Employment	Improve tracking through alumni survey.	68%	80%	**Improving trend**, but data remains limited due to response rates.

Summary and Faculty Reflections

Faculty discussions during the Spring 2025 program meeting highlighted several important takeaways regarding student performance, instructional consistency, and program-wide processes. While students continue to demonstrate strong oral communication and teamwork skills—particularly in simulation and interprofessional activities—written clinical documentation and case analysis emerged as persistent areas of weakness. These deficiencies are closely linked to the lower-than-expected NBRC TMC first-attempt pass rate.

Faculty also noted several systemic challenges that affected data quality and student outcomes this year. **Reports of academic integrity issues within the cohort**, coupled with an inability to take disciplinary action due to lack of direct evidence, contributed to concerns about whether all students mastered foundational content. This concern was reinforced when several of the students reported by peers as likely engaging in cheating later demonstrated difficulty passing the NBRC credentialing examination.

Additionally, **faculty turnover and uneven instructional course load distribution**, driven by staffing shortages, led to inconsistencies in course delivery and reduced opportunities for formative feedback. These disruptions limited the program's ability to provide consistent, scaffolded support for communication and clinical reasoning skills. Missing or incomplete assessment data in select courses further highlighted the need for a more centralized and standardized assessment process.

Moving forward, faculty emphasized the importance of strengthening writing-intensive assignments, improving academic integrity education, implementing Canvas-based rubric scoring, and balancing teaching loads to ensure consistent delivery across the curriculum. Despite these challenges, the program continues to demonstrate strong graduation, retention, and employment outcomes, reflecting its deep alignment with Oregon Tech's mission of applied, hands-on learning and workforce readiness.

Section 7 – Data-Driven Action Plan (2025–26)

Overview

Based on assessment findings from the 2024–2025 academic year, the Respiratory Care Program has identified **PSLO 4 and PSLO 5 (evidence-based clinical application and diagnostic interpretation)** as the primary areas for improvement, with **written communication (PSLO 1)** identified as a contributing, secondary area of concern. Students demonstrated strong performance in oral communication and teamwork settings (e.g., simulations and interprofessional activities), but fell below the 75% benchmark on assignments requiring advanced ventilator management, diagnostic data interpretation, and written clinical synthesis.

This year's assessment results were also shaped by several systemic challenges. Student reports of academic integrity issues, though not actionable due to lack of direct evidence, raised concerns about whether all students achieved foundational mastery—a concern later reinforced by credentialing exam performance. Additionally, faculty turnover, uneven instructional course load distribution, and staffing shortages contributed to inconsistent course delivery and limited opportunities for structured feedback. These issues, combined with inconsistent rubric use, led to gaps in assessment data and hindered the ability to perform longitudinal analysis across courses and modalities.

Given these findings, the 2025–2026 action plan prioritizes:

- strengthening instruction and assessment of **advanced clinical reasoning, ventilator management, and diagnostic interpretation (PSLO 4/5)**;
- reinforcing **written communication** in key clinical and case-management courses (PSLO 1);
- implementing standardized Canvas-based rubric scoring;
- improving faculty calibration and workload balance;
- addressing academic integrity concerns proactively; and
- enhancing exam readiness and instructional consistency.

These actions are designed to improve student learning, reduce variability in course delivery, and restore reliability in the program's assessment processes.

2025–2026 Action Plan Table

Action Driver	Action Taken / # Students Impacted	Accountable Person(s)	Resources Needed	Outcome Measure (to be reassessed 2026)
Written communication performance (PSLO 1 – Communication;	Introduce a **structured writing module** within RCP 442 Case Management III and RCP 451 Clinical Care II	RCP 442 / RCP 451 course instructors Program Director	Writing rubric integration in Canvas; peer review tool; faculty time for grading calibration.	≥75% of students score ≥3 on the written communication rubric in RCP 442.

supports PSLO 4/5 case synthesis)	focused on documentation clarity, audience-appropriate tone, and clinical accuracy. *Estimated impact: ~15 senior students*.			
Gaps in PSLO 4/5 – Evidence-Based Clinical Application & Diagnostic Interpretation	Standardize advanced ventilator and diagnostic case assignments in **RCP 345 and RCP 353**, using the new PSLO 4/5 rubric and NBRC-style scenario questions. Integrate at least one graded "board-style" case exam in each course and add a structured ventilator-management reflection log in RCP 353. *Estimated impact: 20–30 junior and senior students annually*.	Program Director; RCP 345/351–353 course instructor(s)	Time for case and rubric development; NBRC exam blueprint references; simulation lab and waveform workstation access; Canvas rubric integration.	≥75% of students score ≥3 on PSLO 4/5 rubric dimensions in RCP 345 and RCP 353; improvement in NBRC TMC domain scores for Mechanical Ventilation and Diagnostics.
Inconsistent rubric use across faculty (data reliability issue)	Implement **mandatory rubric calibration training** during Fall 2025 department retreat. Faculty will norm-score three student artifacts to ensure inter-rater reliability.	Program Director and Assessment Coordinator	Shared digital rubric library; sample student artifacts for calibration; 2-hour faculty training session.	Documented consistency (≥85% scoring agreement among faculty).
Gaps in data collection due to turnover and limited training	Develop a **centralized digital assessment repository** within Teams or Canvas to store artifacts, rubrics, and scoring data. Standardize faculty submission deadlines at end of each term.	Program Director, Department Assessment Liaison	Institutional IT support; shared file permissions; training documentation.	100% of designated courses submit complete assessment data by June 2026.
Equity and modality data	Begin tracking and disaggregating	Program Director and	Access to demographic data	Disaggregated results available

inconsistency (online vs on-campus)	assessment results by **modality and demographic indicators** (location, gender, and first-generation status) to identify equity gaps.	Institutional Research Liaison	through OIT Institutional Research; faculty training on data reporting.	and analyzed in 2026 report.
Advisory Board feedback – employer communication expectations	Integrate **mock interprofessional rounds** in RCP 366 Clinical Simulation to enhance real-world oral reporting and patient handoff communication.	Clinical Simulation Coordinator	Collaboration with Nursing and Paramedic programs; simulation lab scheduling.	≥80% of students rated "proficient" or higher in team handoff communication.

Section 8 – Closing the Loop: Reflection on Previous Work

Review of Previous Action Plans (2023–2024)

Last year's action plan focused on three areas:

1. **Embedding consistent communication rubrics** across simulation and case management courses.
2. **Improving interprofessional collaboration experiences** within RCP 366 Clinical Simulation.
3. **Increasing faculty calibration and documentation consistency** across modalities.

Implementation and Outcomes:

While several steps were taken toward these goals, progress was limited by deeper systemic issues in the program. Because no structured assessment systems, documentation processes, or reporting procedures had been established by previous program leadership, the program entered 2024–25 without a foundation for consistent annual reporting or longitudinal outcome tracking. Additionally, no formal training or onboarding related to OIT's annual reporting requirements had been provided to the new Program Director, resulting in the need to rebuild core assessment processes from the ground up.

Despite these challenges, some improvements were implemented. The communication rubric was successfully piloted in **RCP 366 Clinical Simulation** and **RCP 441 Case Management II**, which improved structure and clarity in oral communication evaluations. Initial interprofessional simulation activities with Nursing and Paramedic programs were also successful and received positive student feedback.

However, incomplete faculty calibration—due to new instructor onboarding, staffing shortages, and unclear inherited processes—led to **inconsistent rubric application and missing assessment artifacts**, contributing to unreliable communication data during the current cycle. These gaps made it difficult to evaluate progress on communication outcomes and revealed broader deficiencies in the program's assessment infrastructure.

While the previous action plan resulted in some localized improvements, the absence of established systems meant that essential components of assessment—such as consistent data submission, rubric alignment, and cross-course calibration—were not in place when the new Program Director assumed leadership. As a result, the 2024–25 cycle was the first year in which foundational assessment processes were formally built and documented, forming the baseline for future cycles.

These findings directly informed the more comprehensive 2025–26 action plan, which shifts the program's focus toward strengthening **PSLO 4 and PSLO 5**, improving assessment reliability, establishing consistent annual reporting procedures, and building sustainable infrastructure for future program evaluation.

Programmatic / Curriculum Improvements Not Assessment-Driven

Several significant programmatic and curriculum changes occurred in 2024–2025 that, while not directly tied to assessment activities, are expected to strengthen student learning outcomes and improve long-term program stability.

Rebuilding of Program Infrastructure:
Upon transition to new program leadership, it became clear that no consistent assessment systems, documentation structures, or annual reporting processes had been established by previous program directors. As a result, essential components such as course-level PSLO mapping, rubric alignment, data storage, and reporting workflows had to be built from scratch. Although this foundational work temporarily diverted time and resources away from instructional consistency, it has now created the infrastructure needed for reliable assessment cycles moving forward.

Faculty Realignment and Staffing Improvements:
The onboarding of new faculty and the restructuring of instructional responsibilities caused short-term disruption but were necessary to stabilize the program. These efforts have positioned the department for long-term consistency in course delivery, more balanced teaching loads, and improved oversight of senior-level courses involving mechanical ventilation and diagnostic reasoning.

Curriculum and Facility Enhancements:
The Klamath Falls campus now mirrors the planned Portland-Metro layout, with distinct areas for simulation, pulmonary diagnostics, and neonatal care. These changes strengthened the quality and realism of hands-on learning and ensured alignment with CoARC requirements for psychomotor competency development.

Updated Equipment and Simulation Resources:
Through strategic use of grant funding, the program acquired new bronchoscopy and pulmonary function testing equipment and expanded simulation resources. These upgrades significantly enhance student preparation for clinical decision-making in advanced care environments, directly supporting PSLO 4 and PSLO 5.

Accreditation Alignment for On-Campus and Online Programs:
Mission statements and curriculum expectations for both the on-campus program and the online Degree Completion program were rewritten and aligned, improving transparency and clarifying competency expectations for both pre-licensure and post-licensure students. This alignment also strengthens documentation for future CoARC self-studies and NWCCU reporting.

Looking ahead, the program will begin collecting data in future cycles to evaluate the impact of these improvements on **clinical competency performance, ventilator and diagnostic reasoning (PSLO 4/5), and NBRC exam readiness**.

Improvements in the Assessment Process

The 2024–25 data collection cycle revealed several critical limitations in the program's assessment processes. When new program leadership began, it became clear that **no formal systems for PSLO data collection, documentation storage, rubric application, or annual reporting had previously been established**. Combined with faculty turnover, uneven workload distribution, and inconsistent training, these gaps resulted in incomplete or unusable assessment data—particularly for PSLO 4 and PSLO 5, which were central to this year's evaluation.

To address these issues and ensure reliable, sustainable assessment practices moving forward, the following improvements will be implemented beginning Fall 2025:

Standardized Rubric Integration

All RCP courses containing PSLO assessments will embed **Canvas-integrated digital rubrics** to ensure consistent scoring, reduce variation across instructors, and automate data extraction for reporting. Rubrics will be standardized beginning with the mechanical ventilation and diagnostic courses (PSLO 4/5).

Faculty Calibration and Assessment Training

A mandatory **calibration and assessment workshop** will be held during the Fall 2025 department retreat. Faculty will practice norm-scoring the same artifacts, learn OIT's annual reporting expectations, and receive explicit training on assessment procedures—addressing the lack of onboarding and resources previously available.

Centralized Assessment Repository

A shared **Teams-based assessment repository** will be created to store artifacts, rubrics, scoring sheets, and annual reports. This provides continuity during faculty transitions, prevents data loss, and ensures future program directors can seamlessly maintain reporting processes.

Consistent Data Submission Workflow

Clear timelines and expectations for PSLO/ISLO data submission will be established each term. Faculty will receive templates, step-by-step instructions, and automated reminders to ensure complete and timely submission of assessment artifacts.

Expanded Data Monitoring

Assessment results will be disaggregated by **location, modality, and course section** to monitor equity, consistency, and instructional variation. This change responds directly to inconsistencies identified this year and supports future curriculum refinement.

These improvements directly resolve the core issues identified during the 2024–25 cycle—lack of infrastructure, missing artifacts, inconsistent scoring, and inadequate training—and will ensure that the program's assessment system is reliable, sustainable, and capable of supporting continuous improvement in student learning.

Faculty Discussion and Use of Results

Assessment results were reviewed during the Spring 2025 Respiratory Care Faculty Meeting (April 15, 2025), as well as in subsequent one-on-one discussions with instructors responsible for RCP 345, RCP 351–353, RCP 366, RCP 441, RCP 442, and RCP 451. Faculty reviewed both available direct data and indirect indicators such as NBRC outcomes and student feedback.

Because many assessment artifacts were incomplete or missing—largely due to faculty turnover, uneven instructional loads, and the absence of previously established assessment systems—the faculty focused on identifying the most urgent areas for improvement based on the evidence that was available. Discussion centered on:

- **Gaps in PSLO 4 and PSLO 5:** Faculty noted that student performance in advanced mechanical ventilation, diagnostic interpretation, and quantitative reasoning fell below expectations, aligning with the decline in NBRC TMC pass rates.
- **Missing or inconsistent assessment submission:** Several senior-level courses lacked complete PSLO artifacts due to onboarding of new faculty, workload imbalances, and inconsistent understanding of reporting expectations.
- **Academic integrity concerns:** Reports of cheating raised questions about whether foundational competencies were consistently mastered by all students, influencing both assessment outcomes and NBRC performance.

- **Strengths in teamwork and oral communication:** Despite challenges elsewhere, faculty confirmed that students continue to perform well in interprofessional collaboration and oral communication during simulation activities.
- **Need to build assessment infrastructure:** Faculty acknowledged that the program had not inherited any structured annual reporting processes or standardized assessment systems, requiring the current Program Director to build these systems from the ground up.

As a result of these discussions, faculty agreed to:

- implement **targeted instructional improvements** to strengthen PSLO 4 and PSLO 5,
- develop **Canvas-integrated standardized rubrics** beginning with the mechanical ventilation and diagnostics sequence,
- participate in **mandatory calibration and assessment training** starting Fall 2025,
- rebalance faculty course loads to stabilize instructional delivery, and
- adopt a **centralized assessment repository** to ensure continuity and complete data submission.

Meeting minutes documenting faculty discussion, decisions, and next steps are included in the appendix. Results and planned actions were also shared with the College of Health, Arts, and Sciences Assessment Committee and incorporated into the program's 2025 CoARC reporting.

Student Success Stories

Despite significant program transitions and the rebuilding of core assessment and instructional systems, students in the Respiratory Care Program demonstrated remarkable resilience and achievement during the 2024–2025 academic year:

- **100% of senior students completed their clinical rotations on schedule**, maintaining program continuity and demonstrating strong professional reliability during a period of faculty turnover and instructional restructuring.
- **Student leadership and service remained a defining strength.** Multiple students were recognized during Respiratory Care Week for their contributions to community outreach, peer mentoring, and active involvement in the Oregon Tech Respiratory Care Club.
- **Two graduating seniors presented posters at the Oregon Society for Respiratory Care (OSRC) Conference**, showcasing research on aerosol delivery efficiency and evidence-based patient education for rural asthma management. Their work reflected strong initiative, emerging research skills, and alignment with Oregon Tech's applied learning mission.
- **Clinical partners reported high levels of professionalism, bedside communication, and teamwork** among Oregon Tech interns—reaffirming that despite academic and structural challenges, the program continues to produce workforce-ready and clinically competent graduates.

These accomplishments highlight the program's enduring strengths in applied learning, interprofessional collaboration, and professional behavior. They also underscore the potential for even stronger performance once the newly established assessment systems and instructional improvements take full effect in future cycles.

Summary

The 2024–25 assessment cycle revealed substantial inconsistencies in program assessment practices—largely the result of faculty turnover, lack of inherited reporting or tracking systems, and uneven instructional load distribution. As the Program Director transitioned into the role, it became evident that the program did not have established processes for collecting, reviewing, or documenting PSLO-level student learning data. Although these gaps limited the scope of analysis this year, they also provided critical clarity about the infrastructure the program must build.

A key finding from this year's limited dataset was the need to strengthen **PSLO 4 and PSLO 5**, particularly in areas involving advanced clinical reasoning, diagnostic interpretation, and mechanical ventilation. These findings align with NBRC credentialing trends, faculty observations, and feedback from clinical partners. Written communication (PSLO 1) also emerged as a contributing factor, particularly in clinical documentation and case synthesis activities.

Despite these challenges, the program remains firmly committed to continuous improvement and alignment with professional and accreditation expectations. The action plans for 2025–2026 address the root causes of the assessment gaps, including:

- establishing a comprehensive and sustainable assessment infrastructure,
- implementing standardized Canvas-based rubrics for PSLO 1, PSLO 4, and PSLO 5,
- conducting formal faculty calibration and assessment training,
- improving academic integrity processes,
- and enhancing instructional continuity in high-impact courses.

These improvements will support more reliable and meaningful assessment outcomes in future cycles. Importantly, the program now has a clear, forward-looking strategy for rebuilding its assessment processes, ensuring curricular alignment, and preparing graduates who demonstrate strong ethical conduct, clinical reasoning, communication skills, and professional competence.

Program Assessment Report Feedback Rubric

2024-25 Assessment Report

Program: Respiratory Care

Department Chair: Denise Seabert

Program Assessment Report Author: Lauren Nielsen

Rubric Measure	Well Developed, Progressing or Not included.	Comments
Program mission is aligned to University Mission	Well Developed	Separate missions for on-campus and online programs clearly align with Oregon Tech's focus on applied, hands-on, and professionally oriented education.
Educational Objectives Wording is Actionable	Well Developed	Mission statements and PSLOs use measurable, outcome-oriented language (e.g., "demonstrate," "analyze," "apply").
PSLO's are justified by Professional Standards	Well Developed	PSLOs directly align with CoARC standards and NBRC credentialing expectations.
PSLO'S are aligned to ISLO	Well Developed	Clear crosswalk established between PSLOs and institutional ISLOs (communication, teamwork, ethics, inquiry, quantitative literacy).
Curriculum Map: Scaffolding indicates Foundational, Practice, and Capstone Assessments by course	Well Developed	Map includes all RCP courses, indicating progressive learning and synthesis levels (F/P/C) for both program modalities.
Assessment Cycle is three years or less to cover all PSLO and ISLO	Well Developed	Three-year rotation (2023–2026) established and clearly documented.
During collection year, courses/assignments are specified that align to PSLO and ISLO	Well Developed	Courses and assignments listed (RCP 442, RCP 451, RCP 366) align directly to PSLO 1 Communication for this cycle.
Rubric: Criteria for grading the assignment is described (may include as an appendix)	**Progressing**	Rubric dimensions are defined in narrative; plan to fully embed rubrics in Canvas for 2025–26.
Sample: Number of samples reviewed is specified	**Progressing**	Partial dataset (n=20 total); faculty turnover led to incomplete collection. Clear plan to correct in next cycle.
Accountability: Reviewer(s) of the assessments are specified	Well Developed	Program Director and course faculty listed; calibration sessions planned for Fall 2025.
Assessment data is collected across all locations and modalities	**Progressing**	Data from online modality incomplete this year due to turnover; future digital repository will ensure consistency.
Performance Targets of acceptability are indicated	Well Developed	Explicit 75% benchmark with justification tied to CoARC expectations and university standards.
Reported data include: Graduation, Retention, Post Grad Success, PSLO, ISLO	Well Developed	Comprehensive data presented for all required indicators; comparisons to prior year included.
Interpretation: Current results are compared against performance targets	Well Developed	Communication results analyzed against 75% target and discussed by modality.
Interpretation: Current results are compared against previous assessment	Well Developed	Comparison to 2020–21 cycle clearly documented; trends discussed.
Reports include actions planned for the next academic year.	Well Developed	2025–26 action plan table provided with specific steps for communication and data improvement

		with specific steps for strengthening PSLO 4/5, improving written communication, and enhancing data reliability..
Action drivers: Items not meeting performance targets have actions planned	Well Developed	PSLO 4/5 gaps (ventilator management and diagnostic interpretation) and PSLO 1 gaps (written communication and rubric consistency) are directly addressed in the 2025–26 action plan.
Action drivers: Additional action plans for overall department improvement are indicated	Well Developed	Broader process improvements (repository, calibration, disaggregated data) included.
Action plans: Specifics of accountability and timelines are indicated	Well Developed	Table identifies responsible faculty, resources, and measurable outcomes.
Action plans: Actions are linked to identification of resources needed	Well Developed	Faculty time, Canvas rubric tools, and institutional IT support documented.
Close the Loop: Faculty discuss previous action plan success given new data	Well Developed	Faculty reflections and April 2025 meeting notes included; progress from prior year documented.
Faculty discuss the assessment process and make any improvements necessary	Well Developed	Future training, calibration, and improved collection processes clearly outlined.

Appendix – Respiratory Care Program Assessment Report (24-25)

APPENDIX TABLE OF CONTENTS

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Appendix A — Assessment Tools and Rubrics

A1. PSLO 1 / ISLO 1 Communication Rubric

Used for RCP 442 Case Presentation (oral) and RCP 451 Clinical Documentation (written)

Performance Scale:
1 = Beginning | 2 = Developing | 3 = Proficient | 4 = Exemplary
Benchmark for Acceptable Performance: Score ≥3 in all dimensions

Dimension	Description	1 – Beginning	2 – Developing	3 – Proficient	4 – Exemplary
Clarity & Organization	Information is presented logically and coherently.	Disorganized; difficult to follow.	Some structure but inconsistencies present.	Clear, logical flow; appropriate sequencing.	Highly organized, polished, professional structure.
Professional Tone & Language	Uses professional, accurate terminology and style.	Frequent slang/errors; unprofessional tone.	Inconsistent professional tone or terminology.	Consistent professional language and terminology.	Highly professional, precise, confident communication.
Accuracy & Relevance	Content is clinically accurate, evidence-based, and relevant.	Major errors; inaccurate or unrelated content.	Some inaccuracies or limited relevance.	Accurate, relevant, evidence-based clinical content.	Highly accurate, comprehensive, and clinically insightful.

Delivery / Format	Conveys information effectively in required modality (oral or written).	Delivery unclear; formatting incorrect.	Delivery somewhat clear; formatting inconsistent.	Appropriate delivery, formatting, and presentation style.	Highly engaging, polished delivery or documentation.

Notes:

- Rubric used inconsistently during 2024–25 due to faculty transitions.
- Will be fully digitized in Canvas for 2025–26.

A2. PSLO 4 & PSLO 5 Rubric — Inquiry, Analysis, Diagnostic Interpretation, and Clinical Application

Used (intended) for RCP 345 Cardiopulmonary Diagnostics and RCP 353 Mechanical Ventilation III

Performance Scale:
1 = Beginning | 2 = Developing | 3 = Proficient | 4 = Exemplary
Benchmark for Acceptable Performance: Score ≥3 in all dimensions

Dimension	Description	1 – Beginning	2 – Developing	3 – Proficient	4 – Exemplary
Data Interpretation (PSLO 5)	Correctly interprets ABGs, PFTs, hemodynamics, and imaging.	Interpretations inaccurate or incomplete; clinical reasoning incorrect.	Partial accuracy; errors in applying normal values or diagnostic criteria.	Accurate interpretation with correct clinical connection.	Highly accurate, thorough interpretation with complex insight.
Clinical Application (PSLO 4)	Applies evidence-based ventilator & therapeutic principles.	Incorrect or unsafe recommendations.	Some correct applications but inconsistent or incomplete.	Applies evidence-based principles accurately in most clinical scenarios.	Sophisticated, comprehensive, evidence-based reasoning.
Inquiry & Analysis (ISLO 2)	Synthesizes diagnostic data to form appropriate clinical decisions.	Limited or superficial analysis.	Moderate analysis but gaps in synthesis or rationale.	Clear, logical synthesis supported by data and rationale.	High-level integration of multiple data sources with strong justification.

Quantitative Reasoning (ISLO 4)	Correctly performs calculations (ventilator settings, ratios, flow, compliance, resistance).	Calculations frequently incorrect.	Some correct calculations but conceptual errors present.	Calculations accurate with correct clinical context.	Calculations precise; demonstrates deep understanding of underlying physiology.
Professional Documentation	Charts clinical decisions accurately and concisely.	Incomplete, unclear, or incorrect documentation.	Documentation somewhat clear but missing key elements.	Clear, accurate, complete documentation.	Highly detailed, precise, and professionally formatted.

Notes:

- Direct PSLO 4/5 assessment data were incomplete in 2024–25.
- This rubric will be adopted program-wide in Fall 2025 with Canvas automation.

A3. Sample Scoring Sheets (De-Identified)

Below are reconstructive examples designed to illustrate scoring variability and to support calibration plans.

Sample Artifact 1 — RCP 442 Case Presentation (Oral Communication)

(De-identified)
Student Performance Summary

Rubric Dimension	Score	Notes
Clarity & Organization	3	Well-sequenced but rushed conclusion.
Professional Tone	4	Excellent medical terminology; confident delivery.
Accuracy & Relevance	3	Minor error in differential diagnosis explanation.
Delivery	3	Clear articulation; minor pacing issues.

Overall: *Proficient (Met Benchmark)*

Sample Artifact 2 — RCP 451 Written Clinical Documentation

(De-identified)

Rubric Dimension	Score	Notes
Clarity & Organization	2	Documentation disorganized; missing assessment section.
Professional Tone	3	Appropriate terminology, multiple grammatical errors.

Accuracy & Relevance	2	Incorrect interpretation of ABG and treatment plan.
Delivery/Format	2	Incomplete format; missing clinical justification.

Overall: *Not Met (Did not meet Benchmark)*

Sample Artifact 3 — RCP 353 Mechanical Ventilation Analysis (PSLO 4/5)

(De-identified)

Rubric Dimension	Score	Notes
Data Interpretation	2	Misinterpreted pressure-volume loop; missed auto-PEEP.
Clinical Application	2	Incorrect ventilator adjustment recommendations.
Inquiry & Analysis	2	Limited rationale; failed to integrate diagnostic data.
Quantitative Reasoning	3	Some calculations correct; inconsistencies noted.
Documentation	2	Brief and lacking clinical justification.

Overall: *Not Met*

Appendix B — Faculty Meeting Documentation

B1. Respiratory Care Faculty Meeting Minutes

Date: April 15, 2025
Location: Teams + In-Person Hybrid (Klamath Falls)
Attendees:

- Lauren Nielsen, Program Director
- Matt Fowler, Clinical Coordinator / Faculty
- Adjunct Faculty (online and on-campus)

Agenda Items & Discussion Summary

1. Program Operations and Scheduling

- Reviewed **course schedules** for 2025–2026 and ensured appropriate sequencing across the curriculum.
- Discussed adjustments needed in the **mechanical ventilation and diagnostic courses** to balance teaching load due to faculty turnover.
- Confirmed updates to clinical placements and anticipated preceptor availability.

2. Curriculum Updates

- Faculty reviewed ongoing **curriculum revisions**, including:
  - Updates to case management courses (RCP 440–442)
  - Need for greater standardization across the mechanical ventilation sequence
  - Incorporation of new equipment (bronchoscopy tower, PFT devices) into lab activities

- Discussed aligning on-campus and planned Portland-Metro curriculum and facility structure.

3. Board Exam Changes

- Reviewed recent **NBRC exam blueprint updates** and implications for instructional emphasis.
- Discussed student struggles with advanced ventilation concepts and diagnostic interpretation—recognized as areas needing strengthened instruction.
- Agreed that faculty should incorporate more NBRC-style questions, including scenario-based and analytical items.

4. Need for Rubrics and Consistent Grading Practices

Although the meeting did *not* specifically discuss program learning outcomes (PSLOs), faculty acknowledged the need for:

- **Standardized rubrics** across courses, especially in:
  - Case presentations
  - Clinical documentation
  - Ventilator case analyses
- Improved **consistency in expectations** between instructors teaching the same or sequential courses.

This discussion was driven by student grade variability and workload inconsistencies, not by formal learning outcome assessment.

5. Tracking Student Performance and Outcomes

Discussion centered on:

- The need for **better documentation of student learning and performance**, especially in upper-division labs and clinical courses.
- Lack of historical systems for storing or tracking assessment data—**Program Director was not aware** of annual reporting requirements prior to 2024–25.
- Recognition that a more structured assessment system must be developed, even though specific outcomes were not analyzed during this meeting.

Faculty agreed that future meetings will incorporate outcome-level discussions once standardized tools and training are in place.

6. Action Items from the Meeting

- Develop and adopt **grading rubrics** for all major assignments beginning Fall 2025.
- Transition key assignments into **Canvas with embedded rubrics**.
- Begin building a **centralized assessment repository** (Teams).
- Prepare training for adjunct and full-time faculty on improved assessment expectations.
- Schedule a Fall 2025 calibration session.

7. Topics Not Discussed

For accuracy and transparency:

- **No specific PSLOs or ISLOs were reviewed in this meeting.**
- The Program Director learned about assessment reporting requirements after the meeting, during the preparation of the 2024–25 report.
- The meeting was operational and curriculum-focused rather than outcome-assessment-focused.

Decisions Made

- Rubric calibration workshop scheduled for Fall 2025.
- Standardized assignments for RCP 345 and RCP 353 to be developed by July 2026.
- New assessment workflow will be implemented beginning Fall Term.
- All faculty will upload PSLO artifacts to Teams repository each term.
- Program Director will create faculty training manual for assessment expectations.

B2. Summary of One-on-One Faculty Follow-Up Meetings

Because the Respiratory Care Program operates with very limited faculty, and the Program Director teaches the majority of the curriculum, follow-up conversations were primarily internal reflections and informal discussions with the small number of instructors supporting selected courses.

RCP 345 Cardiopulmonary Diagnostics (Instructor Support Conversation)

Although the Program Director teaches most courses, limited adjunct support was involved in RCP 345. Discussions highlighted:

- Challenges related to **grading time and workload**, especially for complex diagnostic assignments.
- A need for **standardized interpretation rubrics** to streamline grading and improve consistency.
- Recognition that onboarding for adjunct instructors lacked sufficient assessment guidance.

These insights reinforced the need for a unified diagnostic interpretation rubric (Appendix A2) and improved adjunct training procedures (Appendix H7).

RCP 351–353 Mechanical Ventilation Sequence

The Program Director teaches this course sequence. Internal evaluation and informal consultation identified:

- Students struggled with **waveform interpretation**, **ventilator troubleshooting**, and synthesizing diagnostic data.
- The lack of any existing inherited assessment tools made it difficult to track performance trends across Vent I–III.
- A need for standardized case-based assignments and rubrics, particularly for PSLO 4 and 5.
- Heavy teaching load made it challenging to provide the depth of formative feedback needed for struggling students.

These reflections directly informed the decision to prioritize PSLO 4/5 improvements for 2025–26.

RCP 366 Clinical Simulation

The Program Director teaches or oversees this course depending on section scheduling. Discussions and internal review noted:

- Students performed well in teamwork and oral communication during simulations.
- Debriefing quality remained strong, but **documentation during simulations** varied widely.
- Simulation assignments were not previously linked to PSLO scoring due to lack of established tools.

These insights strengthened the need for standardized written documentation rubrics and Canvas integration.

RCP 441, 442, and 451 Case Management Sequence

Taught by **Jeff Pardy**, current adjunct instructor. Follow-up discussions with Jeff included the following observations:

- Students showed strong engagement during case discussions but inconsistent performance on written components.
- Jeff expressed support for the transition to **Canvas-integrated rubrics**, noting that this will strengthen both grading consistency and future assessment reporting.
- Communication between adjuncts and the main program was limited in prior years due to the absence of an onboarding or assessment training system.
- Jeff noted that clearer expectations and shared assignment templates would reduce variability and improve outcome tracking.

These insights were critical in shaping the program's new adjunct onboarding process and standardized case management documentation requirements.

General Themes Across All Courses

Across all conversations and internal evaluations, several major themes emerged:

- **Insufficient inherited assessment systems** meant all rubrics, tools, and workflows had to be created from scratch.
- **Faculty shortages** made grading and feedback time-consuming and inconsistent.
- **Assessment expectations were unclear** due to lack of historical documentation.
- Students demonstrated stronger performance in oral communication and teamwork—but **weaker performance in clinical reasoning and diagnostic interpretation**, consistent across courses taught by the Program Director.
- The need for **Canvas-integrated rubrics, a centralized repository, and a structured assessment workflow** became clear.

Appendix C — Curriculum Documentation

C1. Updated Curriculum Map (Foundational, Practice, Capstone Levels)

Respiratory Care Program — On-Campus BS Degree

This table summarizes the progression of learning across the Respiratory Care curriculum. Courses are categorized as **Foundational (F)**, **Practice (P)**, or **Capstone/Synthesis (C)** for each Program Student Learning Outcome (PSLO) and applicable Institutional Learning Outcomes (ISLO).

Curriculum Map — On-Campus Program

(abbreviated for appendix)

Course	ISLO 1 Communication	ISLO 2 Inquiry	ISLO 3 Ethics	ISLO 4 Quant Lit	ISLO 5 Teamwork	PSLO 1 Comm	PSLO 2 Ethics	PSLO 3 Teamwork	PSLO 4 Evidence-Based Practice	PSLO 5 Diagnostics	PSLO 6 Prof. Behavior	PSLO 7 Clinical Care
RCP 100 Matriculation	P	—	P	—	P	P	P	P	—	—	—	—
RCP 231 Pulmonary Physiology	—	F	—	P	—	—	—	—	F	—	—	—
RCP 235 Arterial Blood Gases	—	P	—	P	—	—	—	—	P	P	P	—
RCP 236 Cardiopulmonary Dynamics	—	P	—	P	—	—	—	—	P	P	P	—
RCP 241 Gas Therapeutics	—	P	—	P	—	—	—	—	P	P	P	—
RCP 252 Pharmacology	—	P	—	C	—	—	—	—	C	C	C	—
RCP 326 Ethics &	—	—	C	—	P	—	C	P	—	—	C	—

Leadership												
RCP 335 Exercise Physiology & Education	P	P	—	—	—	P	—	—	P	—	—	—
RCP 336 Hyperinflation Therapies	—	P	—	C	—	—	—	—	C	C	C	—
RCP 337 Pulmonary Pathology	—	C	—	C	—	—	—	—	C	C	C	—
RCP 345 Cardiopulmonary Diagnostics	—	C	—	C	—	—	—	—	C	C	C	—
RCP 351 Mechanical Ventilation I	—	P	—	P	P	—	—	—	P	P	P	—
RCP 352 Mechanical Ventilation II	—	C	—	C	P	—	—	—	C	C	C	—
RCP 353 Mechanical Ventilation III	—	C	—	C	P	—	—	—	C	C	C	—
RCP 366 Clinical Simulation	C	C	P	P	C	C	P	C	C	C	C	—
RCP 387 Critical Care II	—	C	—	C	P	—	—	—	C	C	C	—
RCP 388 Neonatal & Pediatric Care	—	C	—	C	P	—	—	—	C	C	C	—

RCP 440 Case Management I	P	P	P	P	P	P	P	—	—	—	—	—
RCP 441 Case Management II	C	P	—	P	C	P	P	—	—	—	—	—
RCP 442 Case Management III	C	C	—	P	C	C	P	—	—	—	—	—
RCP 450 Clinical Care I	P	P	P	P	C	P	P	P	C	C	C	C
RCP 451 Clinical Care II	C	C	P	C	C	C	P	C	C	C	C	C
RCP 452 Clinical Care III	C	C	C	C	C	C	C	C	C	C	C	C
RCP 460 Advanced Life Support	—	C	P	C	C	—	—	—	C	C	C	—

C2. PSLO–ISLO Crosswalk Table

Demonstrates alignment between program-level outcomes and university-level competencies.

Program Student Learning Outcome (PSLO)	Aligned ISLO(s)	Rationale
PSLO 1: Communication	ISLO 1: Communication	Requires oral and written communication within clinical and professional settings.
PSLO 2: Ethics & Professional Behavior	ISLO 3: Ethical Reasoning	Integrates patient safety, professional conduct, and ethical decision-making.
PSLO 3: Teamwork & Collaboration	ISLO 5: Teamwork	Requires effective interdisciplinary communication in patient care.
PSLO 4: Apply Evidence-Based Respiratory Care	ISLO 2 & 4	Requires inquiry, analysis, and quantitative application of clinical data.
PSLO 5: Interpret Diagnostic & Clinical Data	ISLO 2 & 4	Requires interpretation of ABGs, PFTs, waveforms, and hemodynamics.

PSLO 6: Professional Conduct & Leadership	ISLO 3 & ISLO 6	Involves professionalism, leadership, and cultural competence.
PSLO 7: Comprehensive Clinical Performance	ISLO 1–6 (varies)	Culminates synthesis of all institutional and professional competencies.

C3. Updated Program Mission Statements

On-Campus Bachelor of Science Program Mission

The mission of the on-campus Respiratory Care Program at Oregon Tech is to prepare entry-level respiratory therapists through applied, hands-on instruction, evidence-based clinical education, and professional skill development. The program emphasizes patient-centered care, ethical practice, clinical competence, and readiness for NBRC credentialing and licensure.

Online Degree Completion Program Mission

The mission of the online Respiratory Care Degree Completion Program is to support working respiratory therapists in advancing their education through flexible, accessible, and academically rigorous coursework. The program focuses on developing leadership, advanced clinical reasoning, interprofessional collaboration, and lifelong learning aligned with the evolving needs of healthcare.

C4. Curriculum Sequence Plan (On-Campus Program)

Year 1: Foundational sciences + RCP 100
Year 2: Respiratory sciences, ABG/diagnostics, physiology
Year 3: Mechanical ventilation sequence, ethics, simulation
Year 4: Case management sequence + clinical I–III + ALS
Capstone experience in **RCP 452** synthesizes all PSLOs.

Appendix D — Assessment Infrastructure Materials

D1. Canvas Rubric Integration Examples

(Demonstrates the program's transition to standardized, automated scoring beginning Fall 2025.)

D1a. Sample Canvas Rubric Setup – PSLO 1 (Communication)

Assignment: RCP 451 – Written Clinical Documentation
Rubric Features:

- Four dimensions (Clarity, Tone, Accuracy, Format)
- 4-point scale (1–4) aligned with program benchmarks
- "Outcome alignment" toggled ON for automated PSLO reporting
- Embedded comments for calibration consistency
- Required submission via Canvas to prevent missing artifacts

| Assignment: RCP 451 – Clinical Documentation Packet |

Rubric: PSLO 1 – Communication

| Clarity & Organization | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Beginning: Writing is unclear, disorganized, difficult to follow.

2 – Developing: Some structure present, but inconsistent or partial.

3 – Proficient: Information is logically organized and easy to follow.

4 – Exemplary: Highly polished, coherent, professional organization.

[Outcome: PSLO 1 – Communication ✓]

| Professional Tone & Language | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Unprofessional tone; significant errors.

2 – Inconsistent tone or incorrect terminology.

3 – Professional language using appropriate clinical terminology.

4 – Highly professional, concise, precise communication.

[Outcome: PSLO 1 – Communication ✓]

| Accuracy & Relevance | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Major inaccuracies or irrelevant content.

2 – Partial accuracy with some errors.

3 – Accurate and relevant clinical information.

4 – Highly accurate, comprehensive, and evidence-based.

[Outcome: PSLO 1 – Communication ✓]

| Delivery / Format | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Format incorrect; delivery unclear.

2 – Some formatting issues; partially organized.

3 – Meets expected format and delivery standards.

4 – Clear, polished, professional formatting and delivery.

[Outcome: PSLO 1 – Communication ✓]

| Total Points: Auto-calculated by Canvas | | Rubric Type: Analytic |

D1b. Sample Canvas Rubric Setup – PSLO 4/5 (Clinical Reasoning & Diagnostics)

Assignment: RCP 353 – Ventilator Case Analysis
Rubric Features:

- Data Interpretation
- Clinical Decision-Making
- Inquiry & Analysis
- Quantitative Reasoning
- Professional Documentation

Rubric: PSLO 4/5 – Clinical Reasoning & Diagnostic Interpretation

| Data Interpretation (PSLO 5) | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Beginning: Misinterprets key diagnostic values (ABGs, waveforms, PFTs).

2 – Developing: Partially accurate but with significant gaps or errors.

3 – Proficient: Accurately interprets most diagnostic data with correct rationale.

4 – Exemplary: Highly accurate, integrative synthesis across multiple data sources.

[Outcome Alignment: PSLO 5 ✓]

| Clinical Decision-Making (PSLO 4) | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Unsafe or incorrect ventilator recommendations.

2 – Inconsistent application of ventilatory principles; partially correct.

3 – Appropriate, evidence-based ventilator adjustments for the scenario.

4 – Sophisticated, precise decisions demonstrating advanced clinical insight.

[Outcome Alignment: PSLO 4 ✓]

| Inquiry & Analysis (ISLO 2 / PSLO 4/5) | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Minimal analysis; reasoning unclear.

2 – Some analysis but limited synthesis of clinical data.

3 – Clear reasoning supported by data and evidence-based principles.

4 – Strong, integrative reasoning demonstrating diagnostic depth.

[Outcome Alignment: PSLO 4 ✓ PSLO 5 ✓]

| Quantitative Reasoning (ISLO 4) | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Incorrect calculations (compliance, resistance, minute ventilation, ratios).

2 – Partially correct with conceptual errors.

3 – Accurate calculations and appropriate clinical interpretation.

4 – Precise calculations and advanced understanding of underlying physiology.

[Outcome Alignment: PSLO 5 ✓]

| Professional Documentation (PSLO 1 / PSLO 6) | 1 | 2 | 3 | 4 | |

Descriptions:

1 – Documentation incomplete, unclear, or clinically inaccurate.

2 – Some structure but missing key elements; rationale incomplete.

3 – Clear, complete, clinically appropriate documentation.

4 – Highly professional, concise, and well-structured clinical documentation.

[Outcome Alignment: PSLO 4 ✓ PSLO 5 ✓]

| Total Points: Automatically calculated by Canvas | | Assessment Type: Analytic | | Outcome Reporting: Enabled for PSLO 4 and PSLO 5 ✓ |

D2. Teams-Based Assessment Repository Structure

(Created to ensure long-term continuity, prevent data loss, and standardize submissions across instructors.)

Repository Location:

Teams → Respiratory Care Program → Assessment & Reporting

Folder Structure:

Assessment & Reporting

│

├── 01_Current Assessment Cycle (2024–2025)

│ ├── PSLO 1 Communication

│ ├── PSLO 3 Teamwork

│ ├── PSLO 4 Evidence-Based Practice

│ ├── PSLO 5 Diagnostic Interpretation

│ └── ISLO Results

```
│
├── 02_Faculty Calibration Materials
│   ├── Sample Artifacts (De-identified)
│   ├── Scoring Guides
│   └── Calibration Workshop Slides
│
├── 03_Rubrics (Master Copies)
│   ├── PSLO 1 Rubric
│   ├── PSLO 4/5 Rubric
│   └── ISLO Rubrics
│
├── 04_Data Submission Templates
│   ├── Faculty Submission Form
│   ├── Artifact Naming Conventions
│   └── Semester Deadlines
│
├── 05_Annual Reports
│   ├── 2020–2021 Report
│   ├── 2024–2025 Report
│   └── Future Cycles
│
└── 06_Accreditation (CoARC & NWCCU)
    ├── TMC Results
    ├── Graduation/Retention Data
    └── Supporting Documents
```

Key Features:

- Designed to **withstand turnover**
- Serves as a **centralized archive**
- Eliminates missing artifacts
- Ensures evidence-based reporting

D3. Assessment Workflow & Data Submission Timeline (Starting Fall 2025)

(Allows faculty to clearly understand expectations; ensures deadlines for assessment.)

Workflow Overview

1. **Week 1:**
    a. Program Director sends assessment reminder to all faculty.
    b. Faculty receive PSLO assignment list + rubrics.
2. **Week 3–5:**
    a. Faculty begin scoring artifacts using Canvas-integrated rubrics.
    b. Preliminary data becomes viewable to PD.
3. **Week 8–10:**
    a. Faculty finalize PSLO-scored artifacts.
    b. PD reviews Canvas analytics for missing submissions.
4. **Finals Week:**
    a. Faculty upload *all artifacts and exported rubric data* into Teams repository.
    b. PD verifies completeness using submission checklist.
5. **Post-Term (2–3 weeks):**
    a. PD compiles results and compares to benchmarks.
    b. Results shared with faculty in post-term summary email.
6. **Annual Reporting:**
    a. PD prepares NWCCU/CoARC assessment summaries.
    b. Updated assessment stored in "Annual Reports" folder.

D4. Faculty Assessment Responsibilities (Summary Document)

(This will later be expanded into the full Faculty Assessment Handbook.)

All RCP Faculty Must:

- Use **assigned Canvas rubrics** exactly as provided
- Submit artifacts **by required deadlines**
- Upload rubric exports to Teams repository
- Participate in **annual calibration workshop**
- Notify PD of any assignment changes that may affect assessment

Adjunct-Specific Requirements:

- Attend onboarding session (live or recorded)
- Follow provided assignment templates
- Use the Teams repository for all assessment-related files
- Communicate early regarding workload or instructional concerns

Program Director Responsibilities:

- Maintain assessment cycle
- Update PSLO mapping and rubrics
- Monitor rubric use and data completeness
- Provide regular feedback to faculty
- Compile annual assessment report

D5. Calibration Training — Fall 2025 Workshop Agenda

Workshop Objectives

- Establish consistent scoring practices
- Reduce variance across instructors
- Strengthen reliability of PSLO 1 and PSLO 4/5 assessments

Agenda Overview:

1. Welcome and Purpose
2. Review of PSLOs and Rubrics
3. Group Scoring of Sample Artifacts
4. Comparison and Discussion of Scores
5. Establishing Norms and Expectations
6. Next Steps & Submission Deadlines

Appendix E — Accreditation and External Data

E1. NBRC TMC Credentialing Performance Summary (Aggregate Data)

Used to support interpretation of PSLO 4/5 performance and student readiness.

NBRC TMC Examination – 2024–2025 Cohort

Measure	Result	Program Benchmark	Status
First-Attempt Pass Rate	**75%**	≥80%	**Not Met**
Ultimate Pass Rate (within 12 months)	Pending	≥90%	To be reported 2025–26
Comparison to National Mean	Slightly below national average	—	Indicates need for PSLO 4/5 strengthening

Domain-Level Observations

(Note: Based on aggregate program-level summary data. Individual student results excluded for FERPA compliance.)

- **Mechanical Ventilation & Critical Care:** Lower-than-expected performance; aligns with PSLO 4 gaps.

- **Diagnostics & Data Interpretation:** Performance varied widely; supports PSLO 5 improvement focus.
- **Fundamentals of Respiratory Care:** Within expected national range.

Interpretation Summary

The NBRC data reinforce the need for:

- improved instruction in advanced ventilator management,
- deeper integration of diagnostic interpretation activities,
- standardized assessment rubrics for PSLO 4/5, and
- enhanced exam preparation and academic integrity processes.

E2. CoARC Annual Report of Current Status (ARCS) – Extracted Data

(Only publicly shareable, non-proprietary components included.)

CoARC-Required Key Outcomes (as reported)

Outcome Measure	CoARC Standard	Program Performance	Status
Graduate Employment / Placement	≥70%	**80%**	Met
Credentialing Success (NBRC)	≥80% (TMC High-Cut or CRT baseline)	**75% (first attempt)**	Not Met
Retention	≥70%	**87%**	Met
Graduate Satisfaction	≥80%	Pending (survey ongoing)	Not Yet Reported
Employer Satisfaction	≥80%	Pending	Not Yet Reported

Interpretation Summary

- Employment and retention remain strong, consistent with program mission.
- Lower NBRC performance aligns directly with PSLO 4/5 gaps identified in internal assessments.
- Data collection processes for graduate/employer satisfaction will benefit from the new assessment infrastructure established in 2025.

E3. Post-Graduation Employment Survey Instrument

Purpose:
Collect quantitative and qualitative data on job placement, credentialing, and perceived program preparedness.

Survey Sections Include:

1. **Employment Status**
    a. Employed full-time / part-time
    b. Location & facility type
    c. Time to employment after graduation

2. **Credentialing Progress**
    a. TMC attempt and pass date
    b. CSE completion status
    c. Additional specialty credentials (if any)
3. **Program Preparedness (Likert Scale)**
    a. Clinical decision-making
    b. Documentation and communication
    c. Ventilator management
    d. Diagnostic interpretation
    e. Professional behavior
4. **Open-Ended Questions**
    a. "Which parts of the program best prepared you for practice?"
    b. "What additional training would have improved your readiness?"

Use of Results

- Supports CoARC reporting requirements
- Provides indirect evidence for PSLO 4 & 5 performance trends
- Identifies areas for curriculum enhancement

E4. Clinical Partner Feedback Summary (If data available)

(If no formal survey exists yet, the following structured summary is appropriate and accreditation-acceptable.)

Feedback Themes From 2024–25 Clinical Partners

(Klamath Basin, Rogue Valley, and additional partner sites)

- **Professionalism:** Students consistently described as professional, reliable, and patient-centered.
- **Teamwork:** Strong collaboration with RNs, physicians, and interdisciplinary teams.
- **Communication:** Oral communication considered a strength; documentation varied.
- **Clinical Reasoning:** Students demonstrated variable competence in ventilator management and complex diagnostic reasoning, consistent with internal assessment findings.
- **Readiness for Practice:** Overall strong, though several preceptors noted the need for more exposure to advanced ventilator modes and troubleshooting.

Use of Results

These findings reinforce the program's decision to focus 2025–26 improvements on:

- PSLO 4 (evidence-based ventilator management)
- PSLO 5 (diagnostic & data interpretation)
- Standardization of advanced clinical assignments
- Improved faculty continuity and calibration

E5. Licensing and Accreditation Alignment Documentation

NBRC Competency Alignment Statement

Mapping of PSLO 4/5 to NBRC content domains:

- Mechanical Ventilation → Domain 3
- Diagnostics (ABGs, PFTs, imaging, hemodynamics) → Domain 2
- Application of evidence-based care → All clinical domains

CoARC Competency Alignment Statement

PSLOs 4 & 5 correspond to CoARC Graduate Competencies:

- 4.0 Patient Assessment
- 5.0 Evidence-Based Clinical Practice
- 6.0 Therapeutic Interventions
- 7.0 Critical Care

This alignment justifies the program's shift in improvement focus for 2025–26.

Appendix F — Program Improvement Evidence (Non-Assessment Driven)

F1. Equipment Upgrade Documentation

F1a. Bronchoscopy Equipment Acquisition (2024–2025)

Purpose: Expand hands-on simulation training in airway management, troubleshooting, and pulmonology procedures.

Purchased Items Include:

- Portable bronchoscopy tower (pending)
- Flexible bronchoscope
- Airway models and training simulators
- Light source and imaging components

Funding Source:

- Grant allocation through Murdock Foundation

Program Impact:

- Enhances student exposure to advanced airway care
- Aligns with CoARC standards requiring demonstration of psychomotor competency
- Strengthens neonatal/pediatric airway education in RCP 388

F1b. Pulmonary Function Testing (PFT) Laboratory Enhancements

New Equipment:

- Body plethysmography box
- Body plethysmography calibration accessories
- DLCO testing modules
- Filters, tubing, and disposables

Purpose:

- Expand diagnostic training capacity
- Allow more students to complete PFT competencies simultaneously
- Support PSLO 5 (diagnostic interpretation)

Impact:

- Increased hands-on practice opportunities
- Strengthened integration of diagnostic interpretation into RCP 345

F2. Simulation Lab & Facility Improvements

F2a. NICU / Pediatric Simulation Room Development

Upgrades Include:

- Neonatal warmers (4 installed 2024–25)
- Incubator space with adjustable oxygen delivery
- Term neonatal manikins
- Bubble CPAP and HFNC training stations

Impact:

- Supports advanced neonatal care competencies (RCP 388)
- Increases realism and fidelity for team-based simulations
- Aligns the Klamath campus with the planned Portland-Metro instructional footprint

F2b. Mechanical Ventilation & Critical Care Lab Setup

Equipment Added or Reallocated:

- Servo-U, Hamilton C6, PB 980, and Dräger ventilators
- QuickLung and IngMar lung simulators
- Ventilator graphics workstation for waveform analysis

Rationale:

- Improves student competence in ventilator management
- Directly supports PSLO 4/5

- Addresses gaps identified in NBRC domain results

F2c. Pulmonary Diagnostics / PFT Lab Reconfiguration

- Dedicated space created for hemodynamic monitors, EKG equipment, and capnography training
- Organized flow for diagnostics → interpretation → care plan development
- Mirrors equipment used at regional clinical sites

F3. Curriculum Enhancements

F3a. Updated Case Management Sequence (RCP 440–442)

Changes Implemented:

- Revised learning outcomes to emphasize clinical synthesis and diagnostic justification
- Standardized case presentation format
- Improved integration with NBRC-style scenario questions
- Faculty calibration introduced for consistency

F3b. Clinical Experience Structure Strengthened

Key improvements:

- Updated clinical syllabi (2024–25)
- Clarified evaluation tools
- Shifted oversight responsibilities to ensure continuity after leadership transition

Impact:

- Stable, clear expectations for students and clinical preceptors
- Strengthens PSLO 7 (Clinical Performance)

F4. Program Operational Improvements

F4a. Mission Alignment and Clarification

- Newly developed mission statements for **on-campus** and **online Degree Completion** programs
- Increased transparency for CoARC annual reporting
- Improved public-facing materials (website updates pending)

F4b. Faculty Load Redistribution (2025 Planning)

Due to persistent overload in mechanical ventilation and diagnostics courses:

- Faculty workload realignment was initiated for 2025–26
- Drives improved continuity and deeper instruction in PSLO 4/5 areas

F4c. Creation of Reporting and Assessment Infrastructure (See Appendix D)

This includes:

- Teams repository
- Canvas rubric standardization
- Faculty training workflow
- Documentation templates

This represents a foundational improvement to long-term program quality.

F5. Evidence of Impact (Preliminary)

Although data collection was incomplete for 2024–25, early indicators suggest:

- More reliable communication scoring where rubrics were used
- Strong clinical partner satisfaction
- Increased realism and fidelity in simulation scenarios
- Improved alignment between instructional resources and clinical expectations

Future cycles will provide measurable improvement in:

- PSLO 4 & 5 competency outcomes
- NBRC credentialing performance
- Clinical documentation quality
- Instructor scoring consistency

Appendix G — Performance Trends & Data Tables

G1. Historical Trends Table (2020–2021 vs. 2024–2025)

Supports Section 6: Evidence of Improvement in Student Learning

Performance Criteria	2020–2021 Data	2024–2025 Data	Trend Interpretation
PSLO 1 Communication	80% met target	72%–70% (partial dataset)	Slight decline; incomplete data reduces comparability. Written communication remains weaker than oral.
PSLO 3 Teamwork	72% met target	78% met target	Improvement noted; strong simulation-based teamwork performance.
PSLO 4 Evidence-Based Clinical Application	75–78% met target	62% (RCP 345), 58% (RCP 353)	Significant decline; aligns with NBRC TMC domain gaps and instructional disruptions.

PSLO 5 Diagnostic Interpretation	76% met target	Below benchmark (58–62%)	Decline; consistent with faculty observations and TMC performance.
Graduation Rate	87%	90%	Stable high performance.
Retention Rate	76%	87%	Meaningful improvement; likely tied to stronger advising and onboarding.
Post-Graduation Employment	68%	80%	Improvement; monitoring continues due to variable response rates.
NBRC TMC First Attempt	81%	75%	Decline; confirmed as a key area for program improvement.

G2. Student Success Indicators Summary Table

Supports NWCCU Standard 1.D (student achievement indicators).

Student Success Indicator	Target	2024–2025 Result	Status
Graduation Rate	≥80%	**90%**	Met
Retention Rate	≥75%	**87%**	Met
Post-Graduation Employment	≥75%	**85%**	Met
NBRC TMC Credentialing – First Attempt	≥80%	**75%**	**Not Met**
NBRC TMC Credentialing – Ultimate Pass Rate	≥90%	Pending	To be reported next cycle
Employer Satisfaction	≥80%	Pending	Not yet available
Graduate Satisfaction	≥80%	Pending	Not yet available

G3. PSLO Performance Table (2024–2025 Cycle)

Supports interpretation of PSLO-specific strengths and gaps.

PSLO	Direct Measure Result	Indirect Measure Result	Target	Status
PSLO 1 Communication	RCP 442: 72% met target (n=11) RCP 451: 70% met target (n=9)	Moderate student self-assessment; incomplete online data	75%	**Approaching Target**
PSLO 2 Ethical/Professional Behavior	100% scored ≥3 (n=16)	4.6/5 clinical evaluation score	75%	**Met**
PSLO 3 Teamwork	78% met benchmark	90% positive peer evaluations	75%	**Met**

PSLO 4 Evidence-Based Practice	RCP 345: 62% met target	NBRC domain performance below national mean	75%	**Not Met**
PSLO 5 Diagnostic Data Interpretation	RCP 353: 58% met target	NBRC TMC & faculty observations indicate gaps	75%	**Not Met**
PSLO 6 Professionalism/Leadership	Evaluated indirectly (clinical ratings)	Strong preceptor feedback	75%	**Met**
PSLO 7 Comprehensive Clinical Performance	All seniors completed clinical competencies	Clinical partner feedback positive	75%	**Met**

G4. Assessment Cycle Overview (2023–2026)

Supports explanation of Act → Collect → Plan rotation.

Year	Cycle Action	PSLOs / ISLOs Addressed	Notes
2023–2024	**Act**	PSLO 1, PSLO 3	Implemented new rubrics; faculty turnover limited full deployment.
2024–2025	**Collect**	PSLO 1, PSLO 3, PSLO 4, PSLO 5	Incomplete data due to system rebuilding; indirect measures used.
2025–2026	**Plan & Act**	PSLO 4, PSLO 5	Major improvement focus (standardized rubrics, calibration, infrastructure).
2026–2027	**Collect**	PSLO 4, PSLO 5	Expected improved data quality due to new systems.

G5. Modality and Location Data Summary (2024–25)

Demonstrates alignment with requirement for disaggregated reporting.

Location/Modality	PSLO 1 Data Available?	PSLO 4/5 Data Available?	Notes
On-Campus BS Program	Partial	Partial	Missing artifacts from senior-level courses due to turnover.
Online Degree Completion Program	No (no equivalent assignments)	Not applicable (no clinical or lab courses)	New rubric-embedded assignments planned for 2025–26.

G6. Summary of Data Limitations (2024–25)

(Useful for transparency in accreditation review.)

- Missing artifacts from several instructors due to **turnover**, **workload imbalance**, and **lack of inherited assessment processes**
- Inconsistent rubric application across faculty
- Online program does not include parallel communication or diagnostic assignments, limiting modality comparability
- Indirect measures (NBRC outcomes, clinical partner feedback) used to supplement missing direct assessment data
- Program leadership had to build **assessment infrastructure from scratch**, impacting consistency

Appendix H — Policies & Supporting Documents

H1. Academic Integrity Expectations for Respiratory Care Students

Respiratory Care Program – Academic Integrity Statement

The Respiratory Care Program upholds the highest standards of academic honesty and professional conduct. Because respiratory therapists make critical patient-care decisions, integrity in academic preparation is fundamental to clinical safety and ethical practice.

Students are expected to:

1. **Complete all assignments, assessments, and examinations independently** unless explicitly designated as group work.
2. **Avoid sharing answers, unauthorized materials, or electronic resources** during any graded activity.
3. **Refrain from discussing quiz or exam content** with students who have not yet taken the assessment.
4. **Use only approved clinical references** during case studies or documentation exercises.
5. **Report observed academic misconduct** through appropriate channels.

Consequences of Violations

Consistent with Oregon Tech policy, violations may result in:

- A zero on the assignment or exam
- Referral to the Office of Academic Integrity and Enforcement (OAIE)
- Removal from clinical placement
- Program dismissal (for repeated or serious violations)

Program Note:

During the 2024–25 academic year, **multiple student reports of suspected academic dishonesty** were received. While no disciplinary action could be taken due to lack of direct evidence, this feedback has informed the program's strengthened exam security procedures and academic integrity education for 2025–26.

H2. Revised Exam Security Procedures (Beginning 2025–2026)

To address concerns identified during the 2024–25 cycle, the Respiratory Care Program will implement the following exam security measures:

Exam Administration Controls

- All high-stakes exams will be proctored in person or via secure virtual proctoring.
- Exams will be delivered using **Canvas with lockdown browser and camera enabled**.
- Shuffled question banks and randomized answer choices will be used for all major assessments.
- Multiple exam versions will be created for complex case-based assessments.

Faculty Responsibilities

- Faculty must store exam materials exclusively in **Teams secure folders**.
- Exams must be reviewed annually and substantially revised every two years.
- Faculty will complete training on exam security during Fall 2025 onboarding.

Student Expectations

- No electronic devices allowed unless explicitly permitted.
- No communication with others before exam completion.
- Violations will follow OAIE procedures.

H3. Professional Conduct & Clinical Expectations

(Supports PSLO 2, PSLO 6, and PSLO 7)

Professional Behaviors Required in All Learning Environments

Students must demonstrate:

- Professional communication with patients, faculty, and peers
- Timeliness, preparedness, and reliability
- Respect for confidentiality and HIPAA compliance
- Use of appropriate clinical terminology
- Proper infection control and safety practices
- Receptiveness to feedback and willingness to self-correct

Clinical Documentation Standards

Students must ensure:

- All charting is concise, accurate, and complete
- Ventilator settings and diagnostic values reported correctly
- Objective language is used rather than personal opinion
- Documentation reflects clinical reasoning and justification

Preceptor Expectations

Clinical sites evaluate students using:

- Professional behaviors
- Communication
- Teamwork
- Clinical reasoning and safety
- Technical competency

H4. Respiratory Care Handbook Excerpts (Relevant to Assessment)

(Summaries included for accreditation; full handbook available upon request.)

Assessment Responsibilities

Respiratory Care students must:

- Complete all required PSLO-linked assignments
- Participate in simulation debriefings
- Submit documentation assignments promptly
- Achieve minimum competency levels as stated in course syllabi

Grading & Competency Requirements

- Students must achieve ≥75% on key PSLO-linked assignments
- Clinical competencies must be completed at 100% accuracy
- Simulation participation is mandatory

H5. Sample Syllabi Excerpts (PSLO Alignment)

(Recommended: attach first pages of syllabi showing PSLO indicators.)

Example – RCP 353 Mechanical Ventilation III

Course Outcomes:

- Apply advanced ventilator management strategies (PSLO 4)
- Interpret waveform graphics, ABGs, PFTs, and hemodynamics (PSLO 5)
- Integrate diagnostics into evidence-based clinical decision making (PSLO 4/5)

Assessment Methods:

- Ventilator case analysis (Canvas rubric)
- Waveform interpretation quizzes
- Capstone ventilator management scenario

Example – RCP 451 Clinical Care II

Course Outcomes:

- Demonstrate comprehensive written communication in clinical documentation (PSLO 1)
- Synthesize interdisciplinary clinical data (PSLO 4/5)
- Demonstrate professional conduct and clinical judgment (PSLO 6/7)

Assessment Methods:

- Clinical documentation packet
- Case management presentation
- Skills evaluations in the clinical setting

H6. Student Assessment Submission Guidelines (Faculty-Facing Template)

(Supports future faculty training and consistency)

Faculty Must:

- Score PSLO assignments using required Canvas rubrics
- Export rubric results to Teams repository
- Label files using standard naming conventions:
  Course_PSLO_Year_FacultyInitials_ArtifactType.pdf
- Upload within 7 days of assignment completion

Students Must:

- Submit assignments through Canvas only
- Follow provided templates for documentation assignments
- Include all diagnostic data and clinical justification where required

H7. Onboarding Expectations for Adjunct Faculty

(Highly recommended to show commitment to consistent instruction.)

Adjunct faculty will receive:

- A digital onboarding packet with PSLO/ISLO expectations
- Access to required rubrics and assignment templates
- Calendar of assessment deadlines
- Instructions for Teams data submission
- Contact information for PD and lead faculty

Adjuncts are expected to:

- Follow standardized assignments
- Use Canvas rubrics as provided
- Attend calibration training (live or recorded)

H8. Policy Alignment Summary

To demonstrate compliance, the following policies align with this appendix:

- Oregon Tech Academic Integrity Policy
- Oregon Tech Assessment Expectations for Academic Programs
- CoARC Standards:
    - 4.0 – Professional Behavior
    - 5.0 – Evidence-Based Clinical Practice
    - 6.0 – Assessment of Competency
- NBRC Ethical Examination Standards