

**Recognition Application for Quality**

**International Respiratory Care Education**

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

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

# Recognition of a Program

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

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

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

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

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

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

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

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

Organizational Program Sponsor(s):

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

Contact individual who completed the application(s):

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

Exact name(Title) of the offering:

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

Country, City, Province:

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

Venue:

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

Exact Dates:

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

**You must meet or exceed the following guidelines to secure certification of your RC program by IERS:**

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

**A. Sponsoring Educational Entities**

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

|  |
| --- |
| **Paste or type here: (Name, addresses, email, phone number)** |

**B. Program Curriculum**

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

*“A two day combination lecture and lab program, with 6 hours of lecture and lab per day for a total of 12 hours of educational activity designed to teach management of patients on mechanical ventilation using current evidence-based information.”*

|  |
| --- |
| Paste or type program description here: |

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

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

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

|  |
| --- |
| **Paste or type program Goal here:** |

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

e.g. The graduate will be able to:

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

*Or*

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

|  |
| --- |
| **Paste or type program objectives here:** |

* 1. **Program Outline**

Describe the length and type of instructional unit for the onetime program, workshop or planned RC educational activity. Give the number of days, and hours of RC instruction, lab and/or evaluation activities. As an example, it may list the following ccolums/fields:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Speaker* | *Topic* | *Length* | *Activity* | *Evaluation*  *Tool Description* | *Objective* |

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

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

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

1. **Evaluation Instrument Descriptions**

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

|  |
| --- |
| **Paste or type program descriptions of tests, stratigies and post-program evaluation tools here:** |

1. **Special instructional tools**

|  |
| --- |
| **Paste or type a description of special instructional tools you are using i.e. Ventilator test lung simulators, HPS model and manufacturer, IPADS, etc. (The box will expand to accommodate all text.\*):** |

**C. Publications and Disclosure**

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

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

|  |
| --- |
| **Paste or type advertisements, brochures, announcements, catalogs, publications, and internet web pages here. (The box will expand to accommodate all text.\*):** |

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

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

|  |
| --- |
| **Paste or type program any documentation of such rules and compliance if applicable here:** |

**E. Safeguards**

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

|  |
| --- |
| **Paste or type program any documentation of such safeguads and compliance/insurance if applicable here:** |

**F. Participant Records**

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

|  |
| --- |
| **Paste or type any program documentation of such records and methods being used to store records and protect the privacy of participants here:** |

**G. Substantive Change**

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

**H. Clinical Agreements**

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

|  |
| --- |
| **Paste or type information on clinical affiliations here. (The box will expand to accommodate all text.):** |

**II. How Do You Intend To Teach It?**

1. **Instructional Strategies**

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

1. **Strategies matched to topics and objectives.**

|  |
| --- |
| **Paste or type a description of your instructional strategies by topic & objectives in your program here:** |

1. **Special instructional tools.**

|  |
| --- |
| **Paste or type a description of special instructional tools you are using i.e. Ventilator test lung simulators, HPS model and manufacturer, IPADS, etc. (The box will expand to accommodate all text.\*):** |

**III. How Will You Know You Taught It?**

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

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

## Provide an evaluation strategy for the program using the form below as an example of the fields you may report(Paste or type, each box will expand to accomadate the text:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date program started:** | 1st Formative  Test Date: | 2nd Formative  Test Date: | 3rd Formative  Test Date: | Summative  Final Date |
| **Type or paste objectives here(boxes will expand):** | Type of evaluation: | Type of evaluation: | Type of evaluation: | Type of evaluation: |

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

|  |
| --- |
| **Paste or type a description of evaluation instruments and/or examples of those use in the program here:** |

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

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

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

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

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

|  |
| --- |
| **Paste or type program attendance and/or evaluation techniques here. (The box will expand to accommodate all text.):** |

**H. Student Attendance**

Provide a sample of the attendance form used to document attendance by individuals at all the program components and activities

|  |
| --- |
| **Paste or type Program attendance form here. (The box will expand to accommodate all text.):** |

**>>>>>>>>> End of Program Recognition Application <<<<<<<<<**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_