

Meeting Minutes

Respiratory Care Program

Date: February 16, 2026 **Time:** 1:00 PM **Location:** [Location not specified]

Attendees:

- Genny Baballeku, RRT - Program Coordinator
 - Jean Newberry, RRT-NPS, ACCS - Program Director Respiratory Care
 - Heather O'Connell, RRT, CPFT - Faculty Respiratory Care & BS-CPS
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1. Welcome

The meeting was called to order at 1:00 PM. The minutes from the previous meeting were reviewed, approved, and seconded.

2. CoARC Site Visit

Discussion:

The CoARC site visit has been completed successfully with no citations noted during the visit. CoARC provided recommendations for key personnel to attend AARC conferences. The official report has been received and will be presented at the next board meeting for finalization.

CoARC raised questions regarding Genny Baballeku's workload and release time. It was noted that the 2027 CoARC standards will increase release time requirements for clerical/administrative duties to 25%. Jean Newberry has discussed with the Dean the possibility of changing Genny's status from instructional staff to faculty to better align with these requirements.

Action Items:

- Present CoARC report at next board meeting for finalization
 - Follow up with Dean regarding Genny's status change from instructional staff to faculty
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3. Spring Updates

Discussion:

Matthew Hubbard is withdrawing from the program and will pursue another career path. He has decided that the program was not the right fit for him.

4. Load Hours

Current Teaching Loads:

Genny Baballeku:

- Standard load: 9 contact hours plus clinic
- Overload: 2264L lab and Medical Terminology course

Heather O'Connell:

- Standard load: 15 contact hours
- Overload: 2 hours (2244 course) plus Medical Terminology course

Jean Newberry:

- Overload: 5 contact hours
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COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE SITE VISIT REVIEW REPORT (For Use with BASE ENTRY CSSR)

INSTRUCTIONS FOR USE OF SITE VISIT REVIEW REPORT

The Site Visit Review Report form (SVRR) is designed to allow for standardized review and reporting on Respiratory Care programs. The Site Visit Review is an integral component of the accreditation review process. As such, the site visit review team should focus its review on the following:

1. The Evidence of Compliance required at the time of site visit evaluation (specific evidence is listed in this report and relevant Standards are highlighted).
2. Standards identified as “Appear Not Met” or for which compliance could not be determined at time of self-study review.
3. Specific issues (Form X) identified by the Program Referee.
4. Findings from Self-Study Report questionnaires and site visit interviews.

In order to make the best use of the time available for the site visit review, the site visit team should refrain from reviewing Standards that have been previously determined to be compliant based on evidence submitted during the self-study, unless circumstances dictate. However, should the site visit team identify deficiencies in Standards previously identified by the self-study review to be compliant, the site visit team should check “Not Met” on Form B with a rationale, and provide further comments to the Referee on the second page of Form X.

How to Use the Form:

1. Meet as a team to discuss the agreement with each Standard. Complete the Summary Checklist (Form B) by noting “Standard Appears Met,” or “Standard Appears Not Met.” Include the Rationale as to how the findings of the Team support the citation. Be specific.
2. List program strengths (Form C).
3. Complete Suggestions for Enhancement (Form D) if appropriate.
4. Complete Additional Comments (Form E) if appropriate.
5. Complete Form X to provide to the Referee comments or possible remedies for each citation listed on Form B. Do not present these recommendations to the program.
6. Circulate Form A to have each Summation Conference attendee print his/her name, so you may type each name on the electronic report.

Communication of Findings:

The team should meet with the program personnel prior to the Summation Conference to discuss findings and to eliminate any potential misunderstandings.

Submitting the Report:

Typing in the names of each team member on Form A is considered an electronic signature and both are in agreement with the report findings and submission of the SVRR. The Team Captain is responsible for submitting the report electronically within five (5) working days of the visit. All Forms must be returned to the Executive Office. Reimbursement for all trip expenses will not be paid until the report is submitted.



SITE VISIT REVIEW REPORT

(For use with the Base Entry Continuing SSR)

Program Name: Florida SouthWestern State College

Program #: 200317

Site Visit Reviewer Check List:

Read Opening Script

Conduct interviews

CEO, Dean/Division Chair

Support Personnel

Medical Director

Laboratory Instructors

Clinical Instructors/Preceptors

Program Director

Director of Clinical Education

Advisory Committee members

Other faculty _____

Review documentation

(Including Minimal Evidence of Compliance Available for Site Visit Review Team)

COURSE MATERIALS

Results of student course evaluations (**2.06/2.10/2.13/5.09/5.11**)

Student evaluations performed by faculty in didactic, laboratory and clinical settings, confirming the equitable administration of the evaluations (**3.05**)

Student evaluations of instruction documenting their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation (**3.05**)

A description of the method(s) used to assure academic integrity for *assessments* (i.e., proctored exams, locked browser system, video monitoring, etc.) (**3.05**)

Evidence confirming review of the effectiveness of the methods used to ensure academic integrity and a plan to address any shortcomings. (**3.05**)

Course syllabi for all respiratory care (or sleep specialist) courses which include course description, content outline, general and specific course objectives, methods of evaluation, and criteria for successful course completion (**4.01/4.02/4.03/5.12**)

Documentation of at least annual review and analysis of the program curriculum using the NBRC Sub Scores for the TMC and CSE Examinations (**3.03/4.03/5.12**)

KEY PERSONNEL / FACULTY

Records of MD interaction with Key Personnel including attendance at Advisory Committee meetings (**2.11**)

Documentation of satellite site coordinator contact with PD & DCE (**2.14**) If N/A



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SITE VISIT REVIEW REPORT (For Use with BASE ENTRY CSSR)

- Current curriculum vitae of program faculty (2.05/2.09/2.11/2.12/2.14/5.12)

CLINICAL MATERIALS AND LABORATORY DOCUMENTATION

- List of all sites used for clinical training (1.03/4.09)
- Detailed clinical schedules (4.09/5.12)
- Formal written clinical affiliation agreements or memoranda of understanding with each clinical site (1.03/4.09/5.08/5.09/5.12)
- Documentation of DCE contact with clinical faculty/affiliates (2.10)
- Documentation of all physician interactions with students (2.11)
- Program evaluation plan and results of these evaluations for all clinical sites and preceptors (3.10/4.08)
- Results of student evaluations of clinical courses, sites, and preceptors (3.10/4.08/5.09)
- Clinical syllabi detailing student competencies (4.01)
- Evidence of clinical evaluation mechanisms that document the progressive independence of the student in the clinical setting. (4.01)
- Evaluations that document the student's ability to perform all required diagnostic and therapeutic procedures safely and effectively in patient care settings (4.04/5.11)
- Evaluations that document the student's ability to communicate effectively in a variety of patient care settings and to interact well with other members of the health care team (4.05/5.11)
- Evaluations that document the student's ability to apply knowledge, provide appropriate patient care, and adapt to changes in clinical conditions in a timely fashion (4.06/5.11)
- Evaluations that require demonstration of the student's ethical behavior and understanding of professional responsibility (4.07/5.11)
- Documentation that student exposure to clinical experiences is equivalent regardless of the clinical sites attended (4.08)
- Contracts/agreements/MOUs with institutions offering internship/apprenticeship programs, if applicable (5.09)

STUDENT RECORDS

- Documented course equivalency of the specific skill(s) for which the student received *advanced placement* (5.07) If N/A
- Proof that the student met applicable published admission criteria (5.11)
- Official transcripts (5.11)

ADVISING, COUNSELING AND REMEDIATION

- Documentation of student advising sessions and academic counseling (3.05/5.10)



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- Records of remediation (5.11)
- Records of disciplinary action (5.11)

MEETING MINUTES

- Advisory Committee meeting minutes (3.02/3.04/4.03/5.12)
- Program faculty meeting minutes (5.12)

SURVEYS

- Hard copy or electronic records of completed CoARC Graduate and Employer Surveys (3.06/4.01/4.04/4.05/4.06/4.07/4.09/5.12)
- CoARC Student Program and Personnel-Program Resource Surveys (1.05/2.06/2.10/2.14/3.10/4.01/4.08/5.10/5.12)

COMPLAINTS

- Record of complaints (if any) that includes the nature, appraisal, and disposition of each complaint (5.05)

WORK STUDY

- Work-study contracts (5.09)

OFF-CAMPUS LABORATORY SITE(S) (if applicable):

- List of all sites/addresses, used for off-campus laboratories which demonstrates adequate instruction and laboratory space and the name of the laboratory instructor(s) (2.01/4.08)
- Copies of MOUs or agreements between program sponsor and each off-campus laboratory site that describes who is responsible for laboratory instruction, equipment purchase, maintenance, etc. (1.03/2.01/5.12)
- Faculty appointment letter from the program sponsor of all laboratory instructional faculty (at the base program campus and each off-campus location). These faculty appointments can be voluntary or paid (2.13)
- Documentation of student evaluations of laboratory instruction demonstrating their satisfaction with the frequency and equitable administration of evaluations and opportunities for remediation (3.05)
- Documentation of student evaluations performed by faculty in off-campus laboratory sites, confirming the equitable administration of the evaluations (3.05)
- Current course syllabus detailing required student laboratory competencies (4.01)
- Documentation that student exposure to laboratory experiences is equivalent regardless of the laboratory site(s) attended (4.08)



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- Documentation of instructor evaluations of student competence in off-campus laboratory sites **(4.04)**
- Detailed laboratory schedules **(4.08)**. This should include schedules for each student, including skills to be learned at each laboratory site.
- Documentation of PD contact with laboratory coordinator/ instructors **(2.03/2.06)**. This should include contact with department directors/administrators and training has been provided for consistency of lab instruction across the program. **(2.03/2.06)**
- Virtual Videos of the OCLS should be uploaded to the link provided. See the **CoARC Virtual Tour of Facilities** document for specific details. **(2.01/4.09)**

Additional Documentation:

Inspect facilities:

- Classrooms
- Laboratories (respiratory, computer)
- Off-Campus Laboratories (2)

- Student ancillary
- Offices
- Simulation Center, Library, Writing Center

- Prepare preliminary site visit report on site
- Consultation Conference
- Summation Conference: read Summation Script, including strengths and deficiencies
- Finalize site visit report, if necessary
- File site visit report with CoARC Executive Office within 5 working days of visit



FORM A

Site Visit Review
Attendance List

FORM A

Program #: 200317
Name of Program: Florida SouthWestern State College
Program Address: 8099 College Pkwy
City, State, Zip: Fort Myers, FL 33919
Referee: Shelley Mishoe PhD, RRT, FAARC, FASAHPRT
Accreditation Status: Reaffirmation of Continuing Accreditation as of 06/25/2016
Date(s) Visited: February 2-3, 2025
Program Director: Jean Newberry, MEd, RRT
Director of Clinical Education: Genoveffa Baballeku, MPS, RRT
Medical Director: Stephen Wilczynski, MD

Summation Conference Attendees:

Print Name and Title	Print Name and Title
Jean Newberry, Program Director	
Genoveffa Jaramillo, Director of Clinical Education	
Mary Catherine Faust, Dean	
Jeff Elsberry, Historian	
Tamra Pacheco, Coordinator of Allied Health	
Heather O'Connell, Faculty	
John Smith, Advisory Board Member	
Dr Bilsky, Provost	

Kris Lewis, MSHPE, RRT
Name/Credentials of Team Captain (PRINT)

Nicholas Prush, Ph.D., MHA, RRT, RRT-ACCS, FAARC
Name/Credentials of Team Member (PRINT)

Note: Typing in the site visit reviewer's name represents an electronic signature of this document.



FORM B **Summary Checklist** FORM B

Program Name: Florida SouthWestern State College

Program #: 200317

Instructions: Check the appropriate box indicating the team’s judgment of the compliance with each of the Standards based on the review of the evidence obtained from the site visit review. After the report is submitted to CoARC, the program Referee may add, delete, or modify the content of the report prior to sending the report to the program. The program is then allowed the opportunity to respond in writing before final action is taken by the CoARC Board.

Note: Evidence for compliance with **highlighted Standards** must be made available to site visit review team.

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



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1.07	Substantive Changes reported according to CoARC Policy 9.0	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)		Compliance determined at time of self-study submission
II	INSTITUTIONAL AND PERSONNEL RESOURCES				
	Institutional Resources				
2.01	Sponsor ensures that resources are sufficient to achieve program goals regardless of location.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input type="checkbox"/>
	Key Program Personnel				
2.02	Sponsor appoints FT PD and DCE, and MD.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input checked="" type="checkbox"/>
	Program Director				
2.03	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input checked="" type="checkbox"/>
2.04	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.			
2.05	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input checked="" type="checkbox"/>
2.06	Regular/consistent contact w/faculty & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input type="checkbox"/>
	Director of Clinical Education				
2.07	Responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input checked="" type="checkbox"/>
2.08	Minimum degree qualifications.	Compliance with Standard verified by documentation previously received by EO.			
2.09	Minimum/valid credentials and experience.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input checked="" type="checkbox"/>
2.10	Regular/consistent contact w/clin fac, sites, students	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input type="checkbox"/>
	Medical Director				
2.11	Responsibilities/valid credentials and qualifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:		<input type="checkbox"/>
	Primary Sleep Specialist Instructor				



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2.12	Minimum/valid credentials, education, and qualifications.	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
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Standard	Standard Description	Standard Appears Met	Standard Appears Not Met , including Rationale (i.e., describe the findings that support the judgment that the Standard appears Not Met . Be specific about which elements of a Standard appear Not Met .)	Compliance determined at time of self-study submission
Instructional Faculty				
2.13	Sufficient faculty; min student to clin faculty ratios	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
2.14	Site coordinator qualifications and responsibilities (satellite only).	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
Administrative Support Staff				
2.15	Sufficient administrative and clerical support.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
Assessment of Program Resources				
2.16	Documented/assessed annually by using RAM.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>

III	PROGRAM GOALS, OUTCOMES, AND ASSESSMENT			
Statement of Program Goals				
3.01	Statements define minimum expectations.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
3.02	Optional goals compatible w/ nationally accepted standards.	<input checked="" type="checkbox"/> check if not applicable	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
Assessment of Program Goals				
3.03	Systematic assessment process formulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
3.04	Advisory committee composition & responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
Student Evaluation				



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3.05	Documented w/ sufficient frequency/remediation; Academic integrity process for distance education.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Assessment of Program Outcomes			
3.06	Assessed annually using CoARC surveys.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Reporting of Program Resources			
3.07	Outcomes meet CoARC assessment thresholds.		Reviewed at the time of the annual report submission for compliance.	
3.08	CoARC Annual RCS reporting tool submitted.		Reviewed at the time of the annual report submission for compliance.	
3.09	Action plan developed for sub-threshold outcomes.		Reviewed at the time of the annual report submission for compliance.	
	Clinical Site Evaluation			
3.10	Processes consistent, effective, and ongoing; Student supervision at each site is sufficient.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

IV	CURRICULUM			
	Minimum Course Content			
4.01	Promotes achievement of defined competencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.02	Exposure to variety of practice settings; Content areas specific to baccalaureate and master's programs included.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.03	RC course content sufficiently covered; Consistent with expected competencies; Reviewed/revised to ensure consistency with defined competencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Core Competencies			
4.04	RC diagnostic and therapeutic procedures/competency evaluations.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.05	Inter-professional teamwork and communication skills in a variety of patient care settings.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.06	Critical Thinking/problem-solving skills.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
4.07	Ethical decision-making and prof responsibility.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



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	Equivalency			
4.08	Course content, learning experiences, and access to learning materials for all students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Clinical Practice			
4.09	Program responsible for selection/coordination; Students not responsible for site selection/determining competencies/acquiring preceptors.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>

V	FAIR PRACTICES AND RECORDKEEPING			
	Disclosure			
5.01	Published info accurately reflects program offered.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
5.02	Required info made known to applicants & students.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	Public Information on Program Outcomes			
5.03	CoARC URL on program website/known to public.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
	Non-discriminatory Practice			
5.04	Program activities are non-discriminatory and lawful.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input checked="" type="checkbox"/>
5.05	Appeal procedures ensure fairness/due process.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.06	Faculty grievance procedure made known to faculty.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.07	Advanced placement policies documented.	<input type="checkbox"/> check if not applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Safeguards			
5.08	Health and safety of patients, students, and faculty adequately safeguarded.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.09	Appropriate supervision; Students are not substituted for staff; No remuneration in exchange for clin coursework.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Academic Guidance			



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5.10	Timely access to faculty for assistance/counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
	Student and Program Records			
5.11	Student evaluation records maintained securely, confidentially, and in sufficient detail/5 years min.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>
5.12	Program records maintained in sufficient detail/5 years min.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Rationale:	<input type="checkbox"/>



FORM C

Strengths

FORM C

Program Name: Florida SouthWestern State College

Program #: 200317

Write the Strengths of the program.

The Program Director and Director of Clinical Education are highly respected and readily accessible to students, demonstrating a strong commitment to student success. This dedication is consistently reflected in student and graduate interviews, particularly through timely and responsive communication to student inquiries. Additionally, the program's achievement of 11 consecutive years of high success rates on the NBRC RRT examination underscores the effectiveness of program leadership, curriculum integrity, and faculty mentorship in supporting student achievement.

A strong and collaborative Advisory Committee contributes meaningfully to program development and ensures alignment with industry standards and student success outcomes.

The Administration demonstrates strong support for the program by ensuring access to essential laboratory equipment, allocating resources for faculty professional development, and addressing additional operational needs necessary to maintain program quality and effectiveness.

The program maintains exceptional laboratory space that is adequately sized and well equipped with contemporary instructional resources to support effective skill development and student learning.

The Simulation Center provides a unique and valuable environment for interprofessional education, fostering collaborative learning experiences that enhance clinical competence and teamwork among healthcare disciplines.

The program students benefit from diverse clinical placements that expose students to a wide range of patient populations and clinical scenarios, enhancing clinical readiness and professional competence.

The program benefits from the valuable contributions of Clinical Associates and Teaching Assistants, who significantly support student learning and enrich the overall educational experience.

The key personnel are provided valuable assistance from the highly skilled coordinators in the School of Allied Health who prepare affiliation agreements, complete the clinical background checks as well as other duties.

Empty table rows for additional strengths.

*Duplicate as Necessary



FORM D

Suggestions for Enhancement

FORM D

Program Name: Florida SouthWestern State College

Program #: 200317

Standard (Reference)	Write the Suggestions for Enhancement. (Note: Programs are <u>not</u> required to respond to Suggestions for Enhancement).
1.04	Ensure adequate funding is allocated for the professional development of key personnel to support annual attendance at the AARC Congress and AARC Summer Forum.
2.07	Provide dedicated release time (25%) for the Director of Clinical Education to support effective oversight of clinical coursework, coordination of clinical affiliates, clinical associate evaluation, and overall program quality.
4.05	The program should further develop interprofessional education initiatives by leveraging the Simulation Center to facilitate structured, collaborative simulation experiences with other healthcare programs.
5.01	Continue to develop a published student handbook on the Program website.
5.02	Ensure clear communication of policies related to advanced placement in the student handbook, and published on the Program website.

Duplicate as Necessary

