

# SUPPORT FOR TRANSITIONING FROM ASSOCIATE TO BACCALAUREATE DEGREES IN RESPIRATORY THERAPY

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American Association for Respiratory Care



# Growth in Necessary Competencies

## Competencies<sup>1</sup>

- Diagnostics
- Disease management
- Evidence-based medicine & protocols
- Patient assessment
- Leadership
- Emergency & critical care
- Therapeutics

## Expectations

- Critical Care: 93.7% of hospitals expect RTs to participate on rapid response teams<sup>2</sup> but only 65% of AS RT programs teach this skill<sup>3</sup>
- Integrating Evidence-Based Medicine: 42% of AS RT programs teach this skill<sup>3</sup>

Increasingly complex clinical skills plus *growth in non-task oriented attributes*<sup>4</sup>

# Government Recognition

## Regulatory Requirements

- CLIA
  - Laboratory analysis must be under the direction and responsibility of a laboratory director and technical consultant who possess at least a baccalaureate degree<sup>5</sup>

## U.S. Public Health Service

- Bachelor-trained RTs eligible to become commissioned officers in the Therapist Category (effective Sept 2007)<sup>6</sup>
- Respiratory care not recognized as a “profession” by CMS because majority of therapists do not have a bachelor degree

# Growth in Diversity of Care Sites

- Clinical resources needed to provide experiences during clinical education to prepare graduates for the workforce<sup>7</sup>
- 25% of RTs work outside of the acute care environment<sup>8</sup>
  - High growth potential

Primary employment venues<sup>8</sup>

Employment venue	2009	2014
Acute care	75%	74.5%
DME	6.3%	5.5%
Long-term acute care	4.4%	7.6%
Education	12.5%	6.7%
Industry	1.2%	1.0%
Outpatient	6%	4.1%
Physician office	Not surveyed	2.1%
Temporary (agency)	0.9%	0.9%

# Increased Demand for Non-Clinical Skills

- Communication
  - Interprofessionalism teamwork and collaboration
- Deductive Reasoning/Critical Thinking
  - Positive association between strong educational science background and critical thinking ability<sup>9</sup>
- Leadership
  - Not currently taught by majority of AS RT programs<sup>3</sup>
- Health Policy
  - AS graduates less likely to learn how reimbursement affects care<sup>3</sup>
- Education
  - Patient education (tobacco cessation, disease self-management)
  - Clinical education (precepting new employees, students)
  - Formal RT education (didactic, laboratory)

# Cost-Effective Employee Orientation

- AS-prepared RT graduates perceived as less prepared<sup>10</sup>
  - Average time for orientation: 4-5 full-time weeks of employment<sup>2</sup>
  - New BS graduates: 6.6 weeks; New AS graduates: 7.1 weeks<sup>7</sup>
- Lack of time in AS program for certifications (ACLS, PALS, NRP)<sup>11</sup>
  - 53% of RTs hold PALS credential<sup>8</sup>
  - 53% of RTs hold NRP credential<sup>8</sup>
  - 77% of RTs hold ACLS credential<sup>8</sup>

# Preparing Next Generation Leaders

## The Problem

- Current leaders retiring
  - Almost 50% of RT educational program directors to retire by 2024<sup>12</sup>
- Majority of workforce AS-prepared RT
  - Underqualified for advancement in career
  - 3<sup>rd</sup> most common reason for not accepting more students was unavailability of faculty<sup>12</sup>
  - Reduction in RT enrollment due to lack of faculty

## Bachelor Degree would:

- Provide solid foundation for career advancement
  - Expanded general education
  - Expanded RT-related content
- Foster leadership
- Prepare for graduate programs in management, education

# Challenges on AS/AAS Programs

- Limited time to deliver curriculum
- Inability to extend curriculum time
- More difficult to address desired non-clinical skills
  - Credit limits imposed on many community colleges<sup>2</sup>
  - AS program less likely to teach students how to critically review research and statistical analysis<sup>3</sup>
  - AS program less likely to teach students how to apply evidence-based medicine to clinical practice<sup>3</sup>
- Less ability to add pre-requisite courses to enhance success in respiratory therapy courses
- If graduates do not pursue a baccalaureate degree, reduced marketability and autonomy when compared to other allied health professionals

# Earning a BS: Benefits to the Graduate

- Potentially more prepared to join the workforce<sup>11</sup>
- Potential increase in salary
  - Each increase in academic degree associated with \$3,071 increase in annual compensation<sup>8</sup>
- Increased opportunities for promotions
- Increased opportunities for employment
  - Many job postings include “BS preferred”
  - Non-traditional positions may include requirement for higher degree (e.g. disease manager, case manager, clinical specialist, etc.)
- Preparation for potential admission to graduate school
- Recognition as a professional

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