SUPPORT FOR TRANSITIONING FROM ASSOCIATE TO BACCALAUREATE DEGREES IN RESPIRATORY THERAPY

American Association for Respiratory Care
# Growth in Necessary Competencies

<table>
<thead>
<tr>
<th>Competencies(^1)</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnostics</td>
<td>• Critical Care: 93.7% of hospitals expect RTs to participate on rapid response teams(^2) but only 65% of AS RT programs teach this skill(^3)</td>
</tr>
<tr>
<td>• Disease management</td>
<td>• Integrating Evidence-Based Medicine: 42% of AS RT programs teach this skill(^3)</td>
</tr>
<tr>
<td>• Evidence-based medicine &amp; protocols</td>
<td></td>
</tr>
<tr>
<td>• Patient assessment</td>
<td></td>
</tr>
<tr>
<td>• Leadership</td>
<td></td>
</tr>
<tr>
<td>• Emergency &amp; critical care</td>
<td></td>
</tr>
<tr>
<td>• Therapeutics</td>
<td></td>
</tr>
</tbody>
</table>

Increasingly complex clinical skills plus *growth in non-task oriented attributes*\(^4\)
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

U.S. Public Health Service

• Bachelor-trained RTs eligible to become commissioned officers in the Therapist Category (effective Sept 2007)
• 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\(^7\)
- 25% of RTs work outside of the acute care environment\(^8\)
  - High growth potential

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

- **Leadership**
  - Not currently taught by majority of AS RT programs

- **Health Policy**
  - AS graduates less likely to learn how reimbursement affects care

- **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\(^\text{10}\)
  - Average time for orientation: 4-5 full-time weeks of employment\(^\text{2}\)
  - New BS graduates: 6.6 weeks; New AS graduates: 7.1 weeks\(^\text{7}\)
- Lack of time in AS program for certifications (ACLS, PALS, NRP)\(^\text{11}\)
  - 53% of RTs hold PALS credential\(^\text{8}\)
  - 53% of RTs hold NRP credential\(^\text{8}\)
  - 77% of RTs hold ACLS credential\(^\text{8}\)
Preparing Next Generation Leaders

The Problem

- Current leaders retiring
  - Almost 50% of RT educational program directors to retire by 2024\textsuperscript{12}
- Majority of workforce AS-prepared RT
  - Underqualified for advancement in career
  - 3\textsuperscript{rd} most common reason for not accepting more students was unavailability of faculty\textsuperscript{12}
  - 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
  • AS program less likely to teach students how to critically review research and statistical analysis
  • AS program less likely to teach students how to apply evidence-based medicine to clinical practice
• 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\textsuperscript{11}
- Potential increase in salary
  - Each increase in academic degree associated with $3,071 increase in annual compensation\textsuperscript{8}
- 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
References

2. AARC Human Resource Survey of Acute Care Hospital Employers. 2014.