AARC Human Resources Survey
of
Education Programs
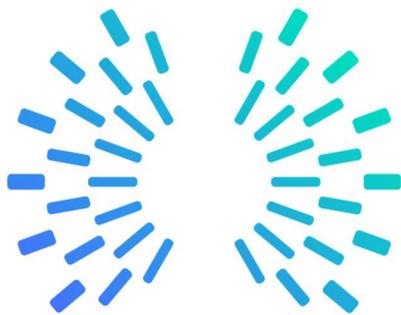
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October 2024

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SUMMARIES

This section of the report is intended to summarize the highlights observed in results from this study along with short-term trends since the last study.

Limitations of study results

There were 445 education programs accredited by the CoARC at the time this study was done. New programs that were operating, but not yet accredited, were not directly solicited to participate. It is possible that directors of these programs could have become aware of the study and responded to the survey.

We received a set of survey responses from 212 programs. This was about half of the population of accredited programs. Programs that were not in the sample could have been different in systematic ways. The hypothesis that there was a nonresponse bias in these results remained. Hence, we urge caution in generalizing study results to programs that did not respond to the survey.

Geographic characteristics

We tended to receive more responses from programs in states and regions in which a large percentage of the United States population lived. These same states tended to have more education programs than the other states. Programs from California, Texas, Ohio, and Florida provided the largest numbers of survey responses. Programs from the South region provided 45% of these responses; 41% of the sample came from this region four years ago.

Types of institutions

About 75% of programs in this sample were located in publicly owned, two-year community or vocational colleges; 55% of the sample came from this type of program four years ago.

Degrees associated with programs

76% of programs make an Associate's degree available to a graduate, which is down from 79% six years ago. Although only 32% of programs were in 4-year institutions, 68% reported that they could make a Baccalaureate degree available to the students who wanted to earn one. Eleven percent of programs reported that students could earn an entry to practice Baccalaureate degree and 41% could earn a degree advancement Baccalaureate degree through another institution while accessing the curriculum online. Together that is 52% of programs from which students can earn a Baccalaureate degree which is increased from 49% four years ago.

FTEs within programs

Information in this section reinforced the fact that programs continue to be led by one program director, one director of clinical education, and in many cases some additional faculty. Many of the additional faculty were employed on a part-time basis.

Academic rank

Program directors and directors of clinical education were the most likely to have one of the traditional academic ranks - assistant professor, associate professor, or professor. However, the most frequently occurring academic rank among program directors, directors of clinical education, and other faculty was the one labeled instructor. The same preponderance of the instructor rank was observed four years ago.

Highest level of education

Graduate degrees were prominent among program directors. Masters and Baccalaureate degrees were prominent among directors of clinical education. Baccalaureate and Associate's degrees were prominent among the other faculty members who were affiliated with education programs.

Education activities

47% of responding program directors had responsibility for both clinical and didactic educational activities, which is up from 41% four years ago. Eighty-seven percent of directors of clinical education were involved in clinical and didactic education, which is up from 71% four years ago. Between 20% and 32% of program leaders and other faculty were pursuing a higher degree Most program directors already had achieved a graduate degree.

Annual earnings

Individuals who had received tenure tended to receive a higher salary than those who had not. Another impact was linked to the title of the job (PDs earned more than DCEs who earned more than other faculty). The highest academic degree achieved by a person exerted a large influence on compensation as well. Institutional characteristics (2-year vs. 4-year, public vs. private) and geography tended to have small impacts.

Tenure

Just less than a third of programs gave an affirmative answer about tenure availability similar to the responses observed four years ago. Tenured positions tended to occur at the same frequency for faculty from programs in 2-year institutions and 4-year colleges/universities.

Years of remaining service

A typical program director intended to remain involved in student education for another 10 to 11 years, which is the same as four years ago. The typical director of clinical education was expected to remain 4 to 5 years after the program director had departed. More than 50% of the current program director cohort should be expected to turn over in a decade, which is a decrease from 60% four years ago.

Recruitment of faculty

Approximately half of program directors reported that they had difficulties when recently recruiting faculty; an increase from four years ago when one third had the same challenge. The main impediment cited most often was the salary that could be offered, which is the same as four years ago. Small applicant pools, academic preparation, and lack of teaching experience were still cited as impediments by more than half of programs, so these remain a challenge.

Program graduation and capacity

Program directors expected a smaller number of graduates from 2023 to 2024. However, they expected an increased graduation rate in 2025. The typical program in the sample accepted 7 students fewer than its capacity, which was 2 more than four years ago and then observed attrition of another 5 students, which was the same as four years ago. The typical program had graduated 49% of its student capacity, which decreased from 57% in 2020.

Prominent barriers to accepting more students into the typical program were insufficient space for clinical education and a lack of additional faculty, which were also cited in 2020. Networking with prospective sites to find more clinical space should not cost a program much more, so this should be a high priority for a program that was motivated to increase its number of graduates. The AARC could act on this as a service opportunity wherein a virtual space could be provided where education programs and clinical sites could be matched.

Types of students

The typical entry-to-practice program characterized more than half of their students as non-traditional, which is the same as it was four years ago. The persistence of this trend is worth emphasizing assuming there is interest in serving the needs of the entry-to-practice population as it is.

Clinical education venues

Nearly every program made use of acute care hospitals as a venue for clinical education while most also used diagnostic labs, simulation labs, long-term care facilities, rehab, and sleep centers, which is essentially the same as four years ago; the simulation lab response option was a new addition to this year's survey.

Efforts to recruit students

The typical program contributed to career fairs, health fairs, and visited high schools to recruit students for the program, which is the same as four years ago, although career fairs were just added to this year's survey.

Distance learning

Programs reported that didactic instruction over distance learning platforms accounted for about 8% of instruction 5 years ago, just prior to the COVID pandemic. These programs reported the present percentage of distance instruction was about 20%. Programs expected an increase to 30%

five years in the future. In 2020, when the COVID pandemic forced this change on programs, about 45% of instruction was available through distance learning and the expectation was that distance learning would comprise 35% of didactic courses five years into the future.

Affiliation with international programs

About one-third of programs expressed an interest in affiliating with an international respiratory therapist education program, which was the same as four years ago.

Faculty continuing clinical skills

Nearly two thirds of respondents indicated didactic staff were encouraged to provide patient care outside of instructional time to maintain clinical skills. In 2020, 50% of respondents gave an affirmative response.

INTRODUCTION

This human resource study of respiratory therapy education programs is the sixth one sponsored by the AARC for the respiratory care profession going back to the year 2000. The primary objectives of the education program study were to collect information about the size of the programs, faculty and student characteristics, compensation information, and programmatic content, trends, and challenges.

Opportunities to respond to the survey were sent unsolicited to potential respondents. Potential respondents chose whether to respond. Therefore, the sample was composed of volunteers.

The Results section roughly parallels the sequence of items as they were presented in the survey. Where applicable, the specific survey item that pertained to the analysis is described. Contents of the survey are presented in Appendix A.

METHODS

A survey of this population was completed in 2020, so the instrument from that study was the starting point for development of an instrument for this study. AARC executive office staff and board members revised and added items to the 2024 survey. Text of the survey document is shown in Appendix A. Respondents submitted their responses to survey questions through the Internet from a secure server.

Survey sampling began with an up-to-date listing of 445 accredited education programs provided by the Commission on Accreditation for Respiratory Care (CoARC). Images of email messaging plus social media advertising are shown in Appendix B. Members of the Education Section of AARC members were informed of the study and encouraged to respond in an email blast from the AARC. The direct solicitation and the membership blast messages included a link that directed each recipient to the survey where he or she submitted responses. The survey was available between June 15 and August 5, 2024.

The IBM SPSS Statistics Subscription version 29.0.2.0 (20) software package was used to analyze survey responses for this study. Responses are summarized in the Results section of this report.

RESULTS

The number of responses and the number of accredited programs in each region are shown in Table 50 in Appendix C. Six duplicate responses were excluded leaving usable responses from 240 programs from the 445 email invitations sent. Twelve emails were returned as undeliverable so the corrected response rate was 55.4% (240/433).

Demographics

1. What is the zip code for this program?

Responses were recoded to answer the question, "What is the respondent count for each state?" Responses were received from 47 states. Alaska did not have a CoARC accredited program as of August 2024 and seven respondents did not provide a zip code so a state could not be determined. In addition to Alaska, respondents did not claim Kansas, Rhode Island, and the District of Columbia as the program location.

Figure 1 shows that the largest numbers of responses were from program directors located in Texas, Florida, California, and Ohio. Counts by state can be found in Appendix C, Table 50. Some counts exceeded the number of schools in a state. We surmised that some Program Directors considered satellites as separate from the main campus, so they provided a response for each campus and satellite. This was confirmed after comparing records between what at first looked like duplicate response sets.

States were grouped into regions so we could answer the question, "What is the percent of respondents from each region?" Table 51 and Table 52 in Appendix C were produced in addition to Figures 2 and 3 so we could compare percentages between the population and study sample.

Figure 1. Distribution by state
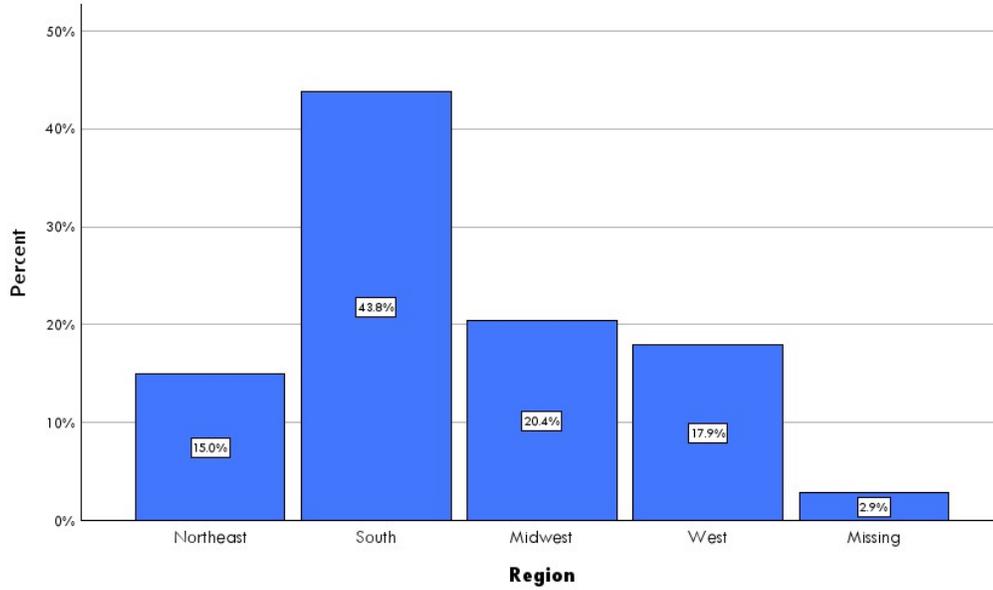
Figure 2. Distribution by region

Northeast – MA, RI, NH, ME, VT, CT, NJ, NY, PA
South – DC, DE, MD, VA, MV, NC, SC, GA, FL, AL, TN, MS, KY, LA, AR, OK, TX
Midwest – OH, IN, MI, WI, IL, IA, MN, SD, ND, MO, KS, NE
West – MT, CO, WY, ID, UT, AZ, NM, NV, CA, HI, OR, WA, AK
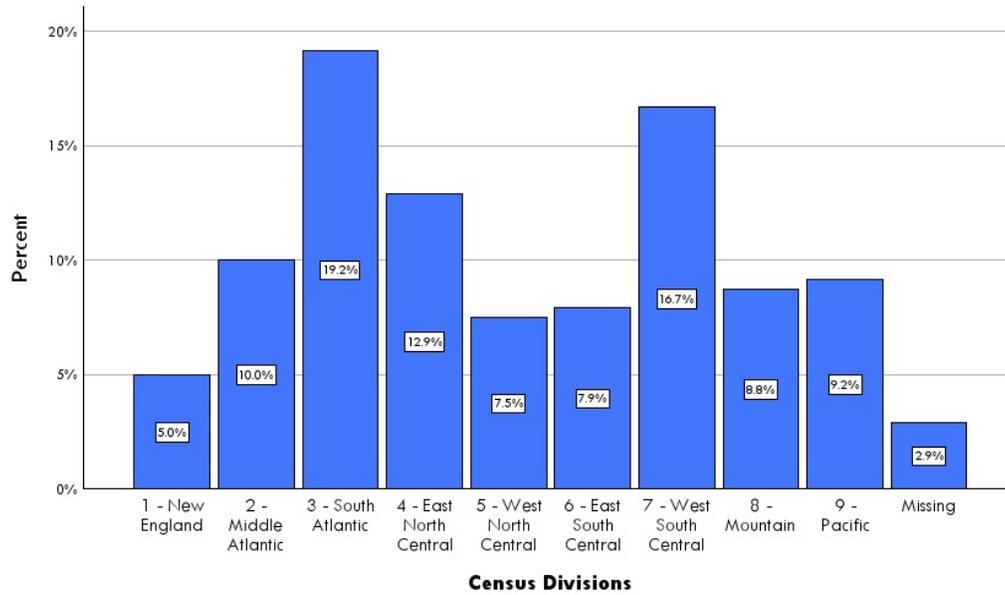
Figure 3. Distribution by census region

Divisions were designated by the US Census:
  New England – MA, RI, NH, ME, VT, CT   East North Central – OH, IN, MI, WI, IL
  Middle Atlantic – NJ, NY, PA   West North Central – IA, MN, SD, ND, MO, KS, NE
  South Atlantic – DE, DC, MD, VA, WV, NC, SC, GA, FL   Mountain – MT, CO, WY, ID, UT, AZ, NM, NV
  East South Central – KY, TN, MS, LA   Pacific – CA, HI, WA, AK
  West South Central – LA, AR, OK, TX

2. What best describes the type of institution in which the program is sponsored?

Frequencies can be found in Appendix C, Table 53 .
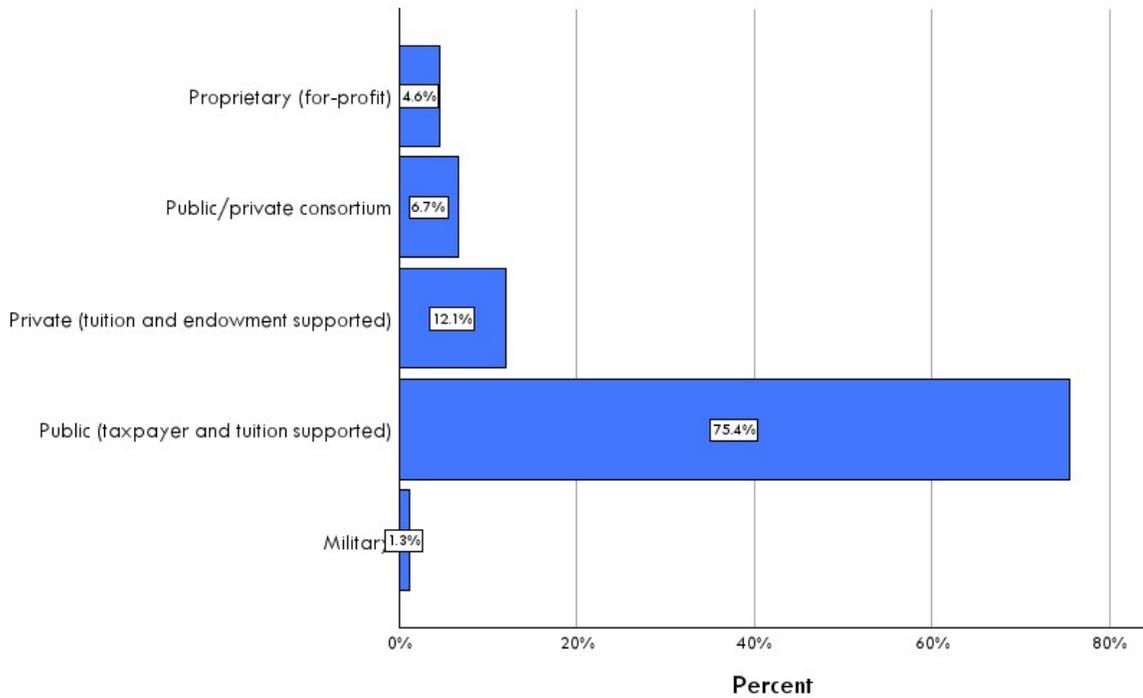
Figure 4. Type of Program Sponsor

3. Within what type of institution is your program based?

Frequencies can be found in Appendix C, Table 54 .
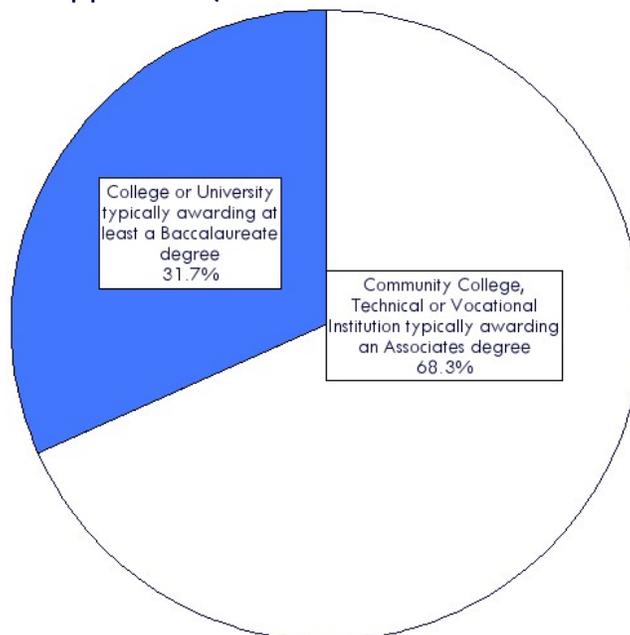
Figure 5. Institution type

Table 1. Crosstabulation of factors describing institution type

		Within what type of institution is the program based?		
		Community College, Technical or Vocational Institution typically awarding an Associate's degree	College or University typically awarding at least a Baccalaureate degree	Total
What best describes the type of institution in which the program is sponsored?	Military	3	0	3
	Public (taxpayer and tuition supported)	139	42	181
	Private (tuition and endowment supported)	6	23	29
	Public/private consortium	7	9	16
	Proprietary (for-profit)	9	2	11
Total		164	76	240

Crosstabulation results displayed in Table 1 indicated that a typical education program was located within a public institution from which Associate's degrees were conferred to graduates.

4. Can graduates from your program earn an Associate's degree?

Graduates from 76% of respondents' programs had the option to receive an Associate's degree. The percentage of programs located in 2-year institutions was 69% in Figure 5, so some programs located in 4-year institutions were awarding Associate's degrees to graduates. Frequencies can be found in Appendix C, Table 55.
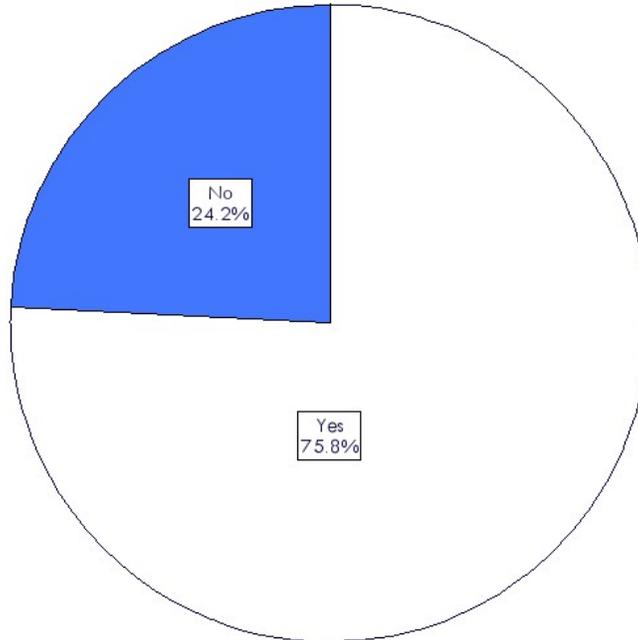
Figure 6. Availability of associate's degree

5. Can graduates earn a Baccalaureate degree directly from your program OR through an agreement with another institution?

Only 32% of the programs were located in 4-year institutions according to Figure 5, so responses summarized in Figure 7 and Table 56 in Appendix C indicated that about twice that number of programs had found pathways for their graduates to achieve Baccalaureate degrees.
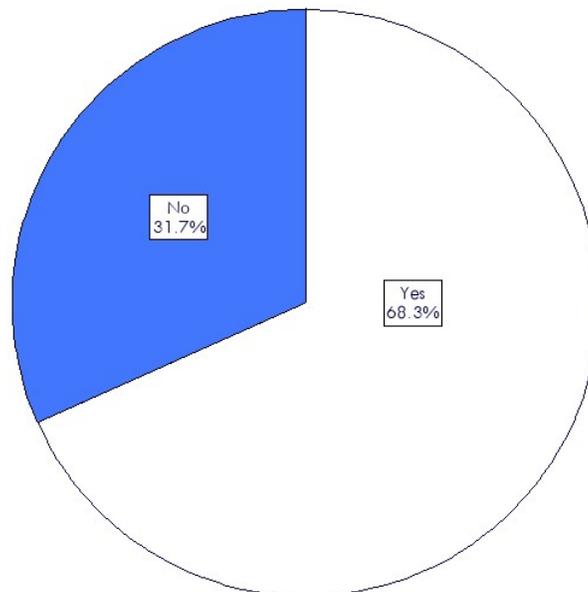
Figure 7. Availability of baccalaureate degree

6.   What type of Baccalaureate degree does your program offer?

The first point to note about Table 2 is that the cases that were described were the subset of programs through which a graduate could achieve a Baccalaureate degree. The online route was the most frequently occurring type of program through which a graduate could earn a Baccalaureate degree based on an agreement with another institution, closely followed by an on-campus, entry to practice program.

Table 2. Type of baccalaureate degree

	Entry to Practice			Degree Advancement		
	Responses		Percent of Cases*	Responses		Percent of Cases*
	N	Percent		N	Percent	
Direct - Online	18	7.0%	11.1%	52	20.3%	32.1%
Through Agreement - Online	17	6.6%	10.5%	66	25.8%	40.7%
Direct - On campus	65	25.4%	40.1%	3	1.2%	1.9%
Through Agreement - On campus - Entry to Practice	13	5.1%	8.0%	22	8.6%	13.6%
Total**	103	44.1%	40.2%	143	55.9%	55.9%

* The percentage was based on the number of people who responded to this question.
** Respondents were allowed to select multiple responses.

7.   Does your program offer a master's degree in respiratory therapy?

According to Figure 8 and Table 57 in Appendix C, about 8% of respondents had indicated that respiratory therapy program graduates could earn master's degrees. According to CoARC, less than 3% of accredited programs confer master's degrees to graduates of their respiratory therapy programs so programs of this type were over-represented in this sample.
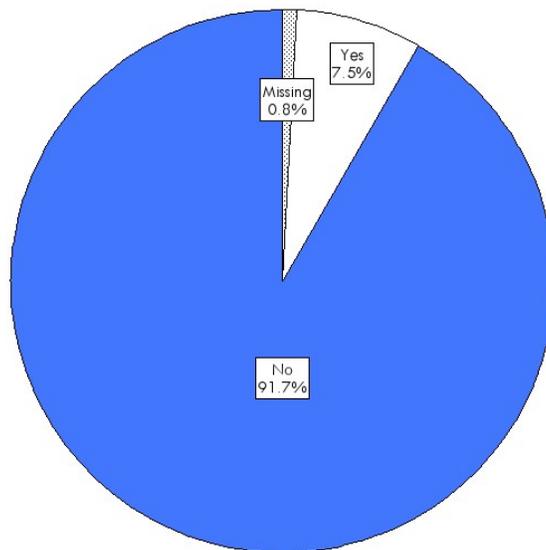
Figure 8. Availability of Master's degree

8. What type of master's degree does your program offer?

Although the number of master's degree programs is small, nearly three quarters offer the degree directly to students on campus.

Table 3. Type of Master's degree

	Entry to Practice			Degree Advancement		
	Responses		Percent of Cases*	Responses		Percent of Cases*
	N	Percent		N	Percent	
Direct - Online	1	3.2%	5.6%	12	38.7%	66.7%
Through Agreement - Online	0	0.0%	0.0%	1	3.2%	5.6%
Direct - On campus	13	41.9%	72.2%	2	6.5%	11.1%
Through Agreement - On campus - Entry to Practice	2	6.5%	11.1%	0	0	0.0%
Total**	16	51.6%	88.9%	15	48.4%	83.4%

* The percentage was based on the number of people who responded to this question.
** Respondents were allowed to select multiple responses.

9. Does your institution plan to seek an articulation agreement with another institution through which students may earn a higher degree in Respiratory Therapy?

Nearly two thirds of respondents either already had an articulation agreement or planned to seek one out. The other 35.0% of programs had no such plan. Frequencies can be found in Appendix C, Table 58.
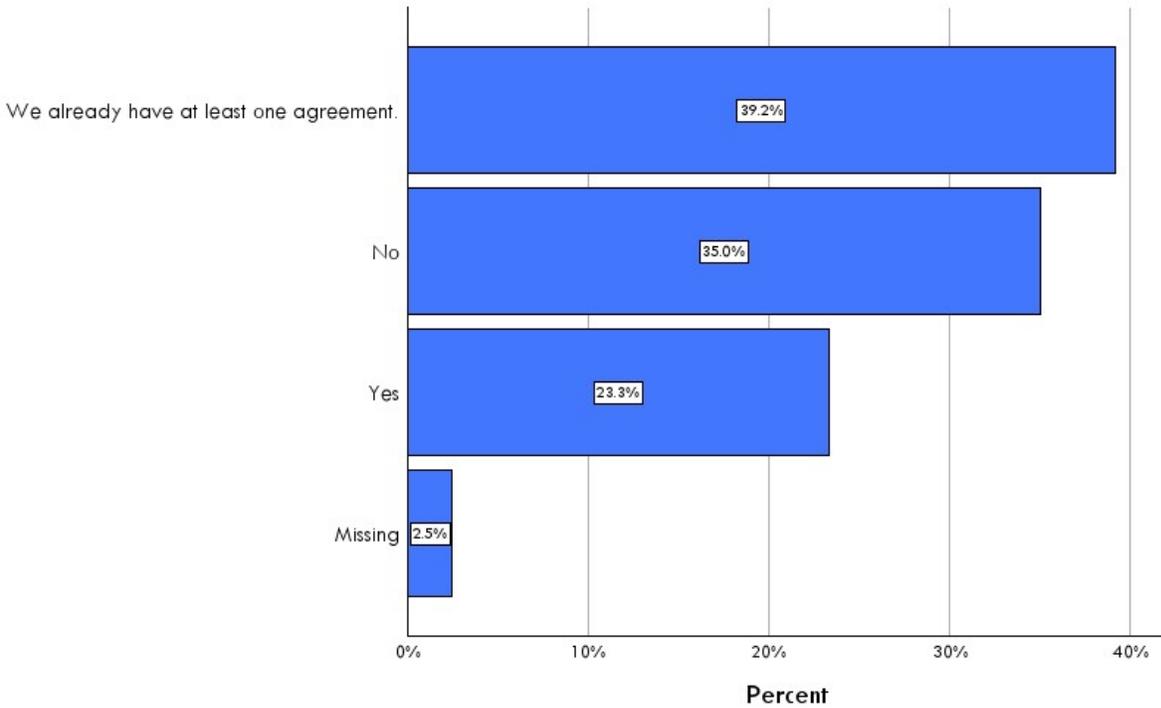
Figure 9. Plans to seek articulation agreement

10. Did your program offer a remote degree advancement option as a result of the COVID pandemic?

A small percentage of respondents offered a new remote option for degree advancement. Frequencies can be found in Appendix C, Table 59.
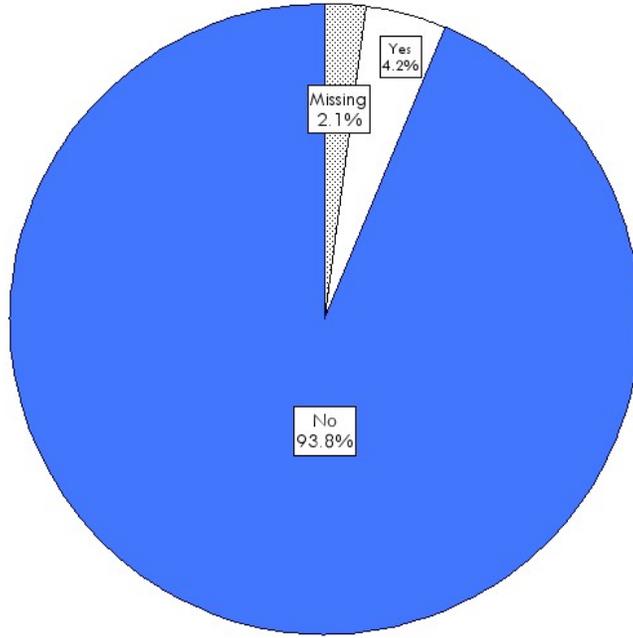
Figure 10. Offered remote degree advancement option following COVID

11. What type of remote degree advancement program was added?

Those who indicated in the previous question that their institutions had added remote degree advancement programs were asked to specify the type of added programs. Each one indicated adding a bachelor's degree program.

Table 4. Type of remote degree advancement program added

		Responses		Percent of Cases
		N	Percent	
Bachelor's degree		8	100.0%	100.0%
	Total	8	100.0%	100.0%

FTEs

12. **How many FTEs were assigned to the following positions within the program during the 2022 academic year?**

13. **How many FTEs were assigned to the following positions within the program during the 2024 (current) academic year?**

14. **How many FTEs will be assigned to the following positions within the program during the 2027 academic year?**

Program Directors

Table 5 showed each pair of means for program director FTEs reflected a significant difference. The influence of time on these FTEs was very small according to the eta squared effect size value (.013).

Table 5. Program Director FTEs during the 2022, 2024, and 2072 academic years

	N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
	Valid	Missing						
Program Director FTEs - 2022	205	35	.94	.017	1.00	.241	0	2
Program Director FTEs - 2024	209	31	.98	.010	1.00	.145	0	2
Program Director FTEs - 2027	206	34	.99	.011	1.00	.162	0	2

F=3.945, df=2,617, p=.020, eta squared=.013

Table 6. Mean differences between Program Director FTEs during the 2022, 2024, and 2027 academic years

(I) Year	(J) Year	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
2022	2024	-.0418*	.0184	.023	-.078	-.006
	2027	-.0474*	.0185	.010	-.084	-.011
2024	2022	.0418*	.0184	.023	.006	.078
	2027	-.0056	.0184	.762	-.042	.031
2027	2022	.0474*	.0185	.010	.011	.084
	2024	.0056	.0184	.762	-.031	.042

*. The mean difference is significant at the 0.05 level.

Directors of Clinical Education

As had been observed for program directors, there only was a very small, significant increase in FTEs for directors of clinical education between 2022 and 2027.

Table 7. Director of Clinical Education FTEs during the 2022, 2024, and 2027 academic years

	N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
	Valid	Missing	Mean	of Mean	Median	Deviation	Minimum	Maximum
Director of Clinical Education FTEs - 2022	200	40	.93	.02	1.00	.26	0	2
Director of Clinical Education FTEs - 2024	204	36	.96	.01	1.00	.17	0	1
Director of Clinical Education FTEs - 2027	201	39	.97	.01	1.00	.14	0	1

F=2.470, df=2,602, p=.085, eta squared=.008

Table 8. Mean differences between Director of Clinical Education FTEs during the 2022, 2024, and 2027 academic years

(I) Year	(J) Year	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
2022	2024	-.0299	.0196	.129	-.068	.009
	2027	-.0427*	.0197	.031	-.081	-.004
2024	2022	.0299	.0196	.129	-.009	.068
	2027	-.0128	.0196	.514	-.051	.026
2027	2022	.0427*	.0197	.031	.004	.081
	2024	.0128	.0196	.514	-.026	.051

*. The mean difference is significant at the 0.05 level.

Instructors

There only was a small, statistically significant difference between the mean value for FTEs in the instructor category between 2022 and 2027.

Table 9. Instructor FTEs during the 2022, 2024, and 2027 academic years

| | N | | | Std. Error of | | Std. | | |
	Valid	Missing	Mean	Mean	Median	Deviation	Minimum	Maximum
Instructor FTEs - 2022	179	61	1.68	.12	1.00	1.67	0	10
Instructor FTEs - 2024	185	55	1.80	.12	1.20	1.70	0	10
Instructor FTEs - 2027	182	58	2.09	.13	1.90	1.76	0	10

F=2.662, df=2,543, p=.071, eta squared=.010

Table 10. Mean differences in instructor FTEs during the 2022, 2024, and 2027 academic years

| | | Mean | | | 95% Confidence Interval | |
| | | Difference | Std. | | Lower | Upper |
(I) Year	(J) Year	(I-J)	Error	Sig.	Bound	Bound
2022	2024	-.1195	.1790	.505	-.471	.232
	2027	-.4030*	.1797	.025	-.756	-.050
2024	2022	.1195	.1790	.505	-.232	.471
	2027	-.2835	.1782	.112	-.634	.067
2027	2022	.4030*	.1797	.025	.050	.756
	2024	.2835	.1782	.112	-.067	.634

*. The mean difference is significant at the 0.05 level.

Months of Service

15. Please indicate the months of service per year for each position.

Program Directors

Table 11. Months of service for Program Directors

N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Valid	Missing*						
172	68	11.53	.07	12.00	.92	9	12

* Six responses indicating the program director served for 8 or fewer months per year were excluded from analysis.
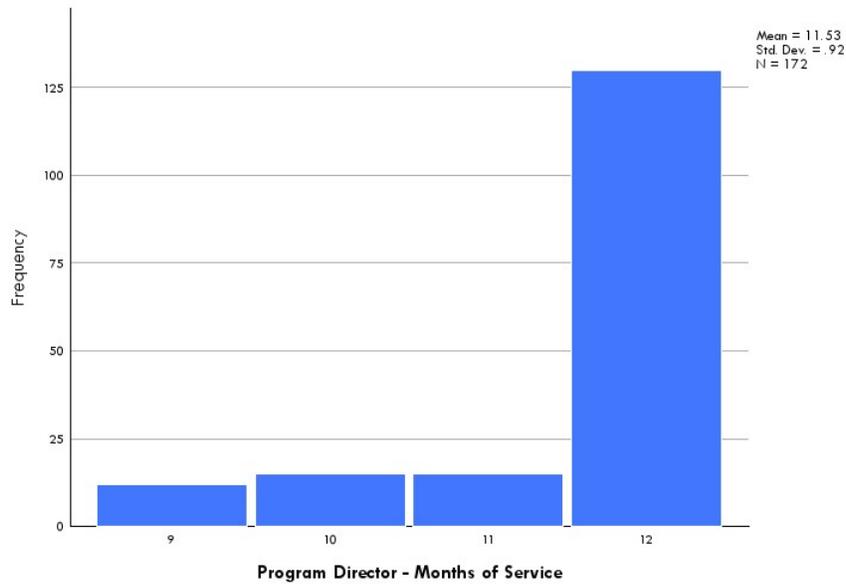
Figure 11. Program Director – Months of Service

Directors of Clinical Education

Table 12. Months of Service for Directors of Clinical Education

N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Valid	Missing*						
164	76	11.41	.08	12.00	1.00	9	12

* Six responses indicating the program director served for 6 or fewer months per year were excluded from analysis.

Mean = 11.41
Std. Dev. = 1.002
N = 164
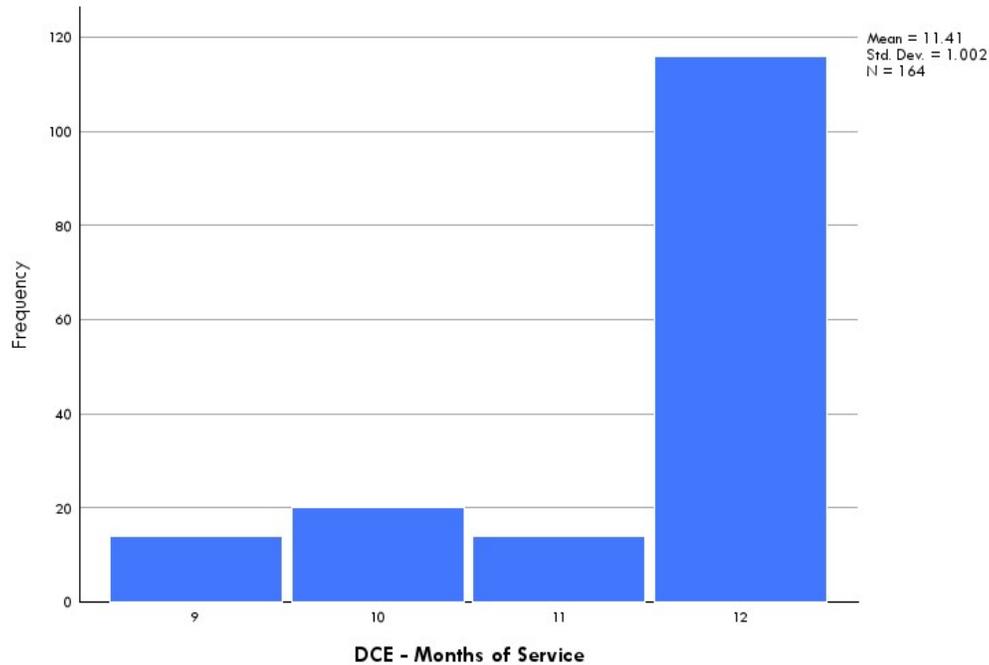
Figure 12. Directors of Clinical Education - Months of Service

Instructors

As had been observed for the program director and the director of clinical education, instructors typically provided 9, 10, 11, or 12 months of service. Median values of 10 and 11 indicated that about half of instructors had a month or two off from their faculty responsibilities each year.

Table 13. Months of service for faculty members

Faculty Member	N Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
#1	122	118	9.62	.280	11.00	3.09	1	12
#2	86	154	9.24	.360	10.00	3.34	1	12
#3	57	183	9.44	.414	11.00	3.12	2	12
#4	34	206	9.32	.553	11.00	3.23	3	12
#5	24	216	9.63	.541	10.00	2.651	4	12
#6	16	224	9.88	.836	11.50	3.34	1	12
#7	11	229	9.64	.877	11.00	2.91	4	12
#8	10	230	10.30	.775	11.00	2.45	4	12
#9	7	233	10.00	1.069	10.00	2.83	4	12
#10	4	236	9.50	1.893	11.00	3.79	4	12

Summary for Months of Service

Attending particularly to the median values for Program Directors, Directors of Clinical Education, and Faculty Members 1 through 10, a pattern emerged. Program Directors and Directors of Clinical Education tended to work for 12 months each year. Other faculty members tended to work for something less than 12 months each year.

Hours Contracted Per Week

16. Please indicate the hours contracted per week for each position.

Working less than 40 hours in a week was typical for faculty members 2 through 10. Working 40 hours per week was typical for program directors, directors of clinical education, and at least one faculty member.
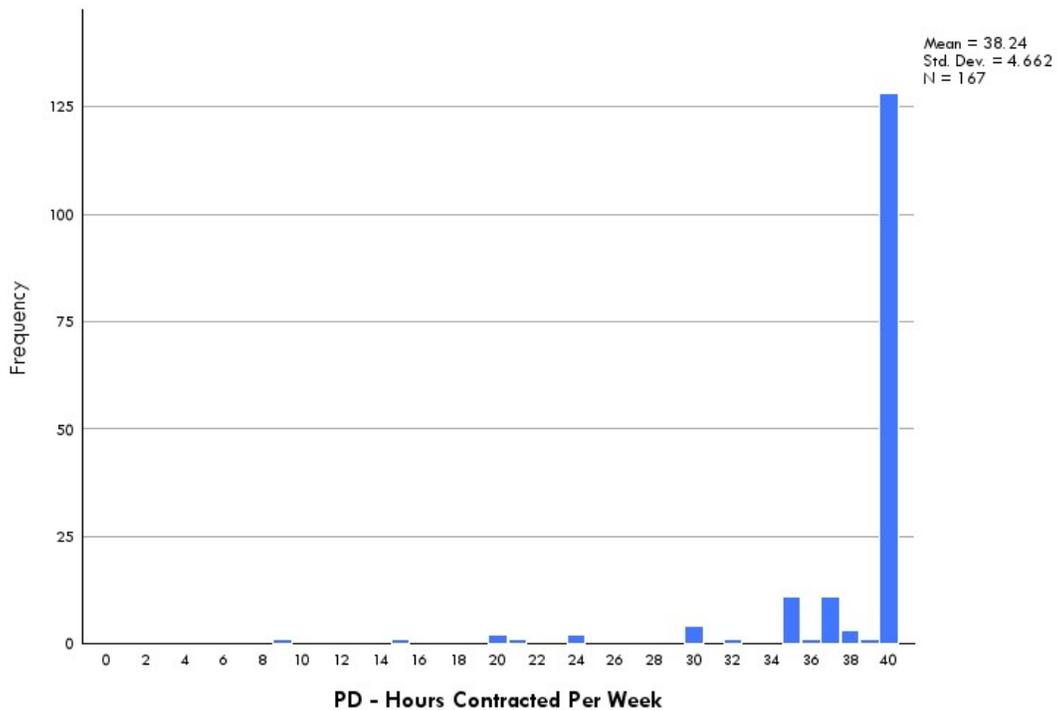
Figure 13. Program Director – Hours Contracted Per Week
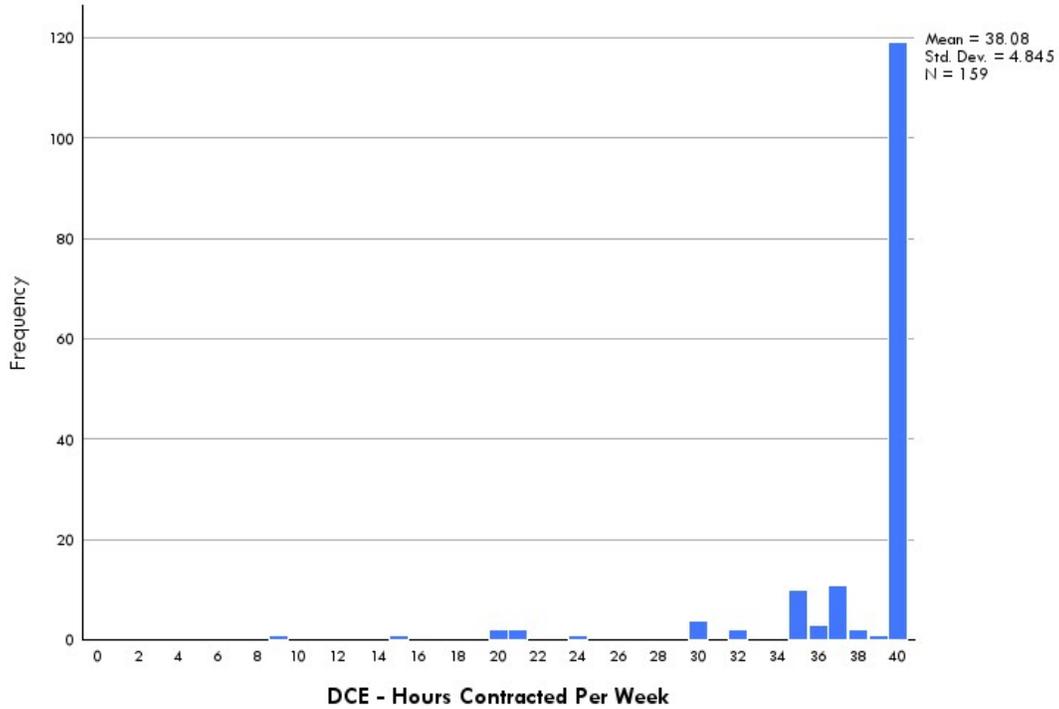
Figure 14. Director of Clinical Education – Hours Contracted Per Week

Table 14. Hours worked per week for Program Directors, Directors of Clinical Education, and faculty members 1-10

	N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
	Valid	Missing						
Program Director	167	73	38.24	.361	40.00	4.66	9	40
Dir. of Clinical Ed	159	81	38.08	.384	40.00	4.85	9	40
Faculty #1	117	123	28.47	1.297	37.00	14.03	2	40
Faculty #2	83	157	24.06	1.588	21.00	14.47	1	40
Faculty #3	54	186	21.98	1.996	16.00	14.67	3	40
Faculty #4	32	208	16.50	2.195	11.00	12.42	3	40
Faculty #5	23	217	16.13	2.624	9.00	12.59	3	40
Faculty #6	15	225	15.07	2.911	12.00	11.27	4	40
Faculty #7	12	228	13.50	2.856	8.50	9.90	5	40
Faculty #8	11	229	14.73	2.976	12.00	9.87	5	40
Faculty #9	8	232	11.75	1.878	9.50	5.31	6	20
Faculty #10	5	235	12.80	1.772	12.00	3.96	9	19

Academic Rank

17. Please indicate the academic rank for each position.

The majority of persons in the positions of program director and director of clinical education were designated with the faculty titles of assistant professor, associate professor, and professor. The majority of persons in the positions of faculty members 1 through 10 were designated with the title of instructor. Frequencies can be found in Appendix C beginning with Table 60.
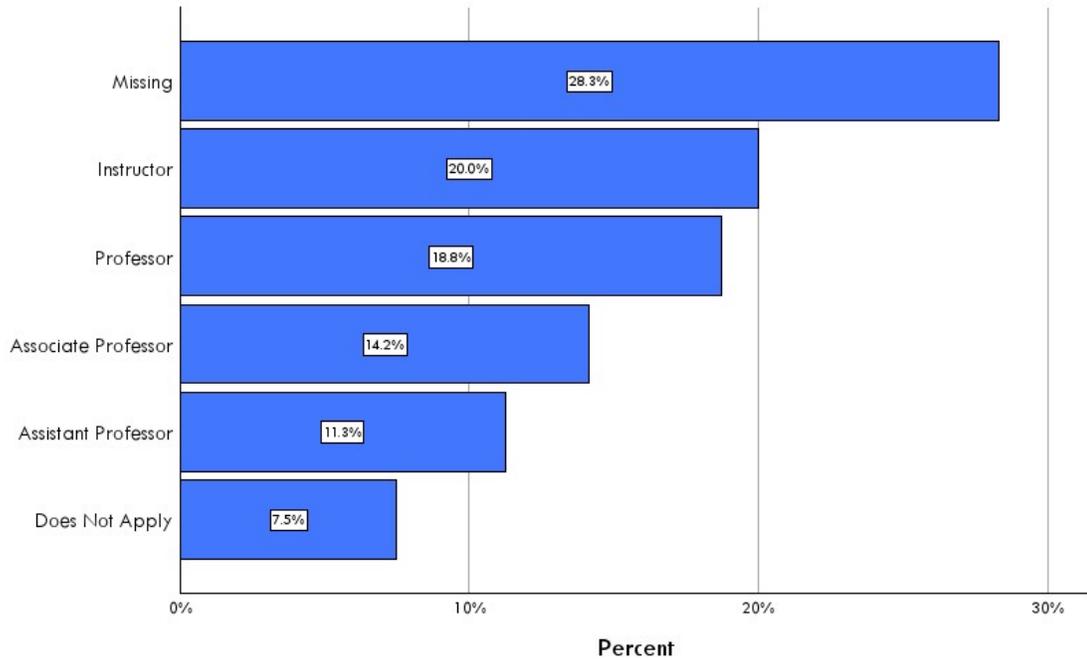
Figure 15. Program Directors – Academic Rank
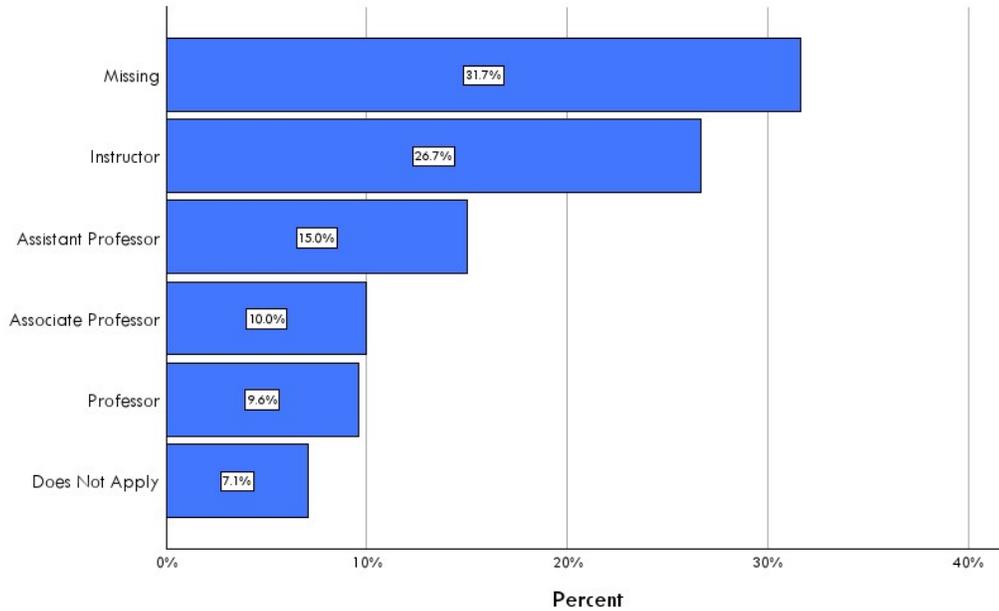
Figure 16. Directors of Clinical Education – Academic Rank

The largest portion (34.9%) of the 705 faculty described in Table 15 held the academic rank of Instructor within public institutions.

Table 15. Academic rank by institution type

		What best describes the type of institution in which the program is sponsored?					
		Military	Public (taxpayer and tuition supported)	Private (tuition and endowment supported)	Public/private consortium	Proprietary (for-profit)	Total
Instructor	Count	9	246	46	14	23	338
	% of Total	1.3%	34.9%	6.5%	2.0%	3.3%	47.9%
Assistant Prof.	Count	0	76	16	10	1	103
	% of Total	0.0%	10.8%	2.3%	1.4%	0.1%	14.6%
Associate Prof.	Count	1	69	5	10	0	85
	% of Total	0.1%	9.8%	0.7%	1.4%	0.0%	12.1%
Professor	Count	0	73	9	7	0	89
	% of Total	0.0%	10.4%	1.3%	1.0%	0.0%	12.6%
Does Not Apply	Count	0	69	9	0	12	90
	% of Total	0.0%	9.8%	1.3%	0.0%	1.7%	12.8%
Total	Count	10	533	85	41	36	705
	% of Total	1.4%	75.6%	12.1%	5.8%	5.1%	100.0

Highest Level of Education

18. Please indicate the highest degree for each position.

Figure 17 showed that the largest subgroup of Program Directors had earned a master's degree. The next largest group had earned a Doctorate degree. These two subgroups accounted for approximately 75% of program directors. While baccalaureate and master's degrees dominated among the Directors of Clinical Education as seen in Figure 18.

Associate and Baccalaureate degrees were predominant among faculty members 3 through 10. The tendency was different for persons designated as faculty members #1, and 2, who dominantly held baccalaureate and master's degrees. Frequencies for all staff members can be found in Appendix C, beginning with Table 72.
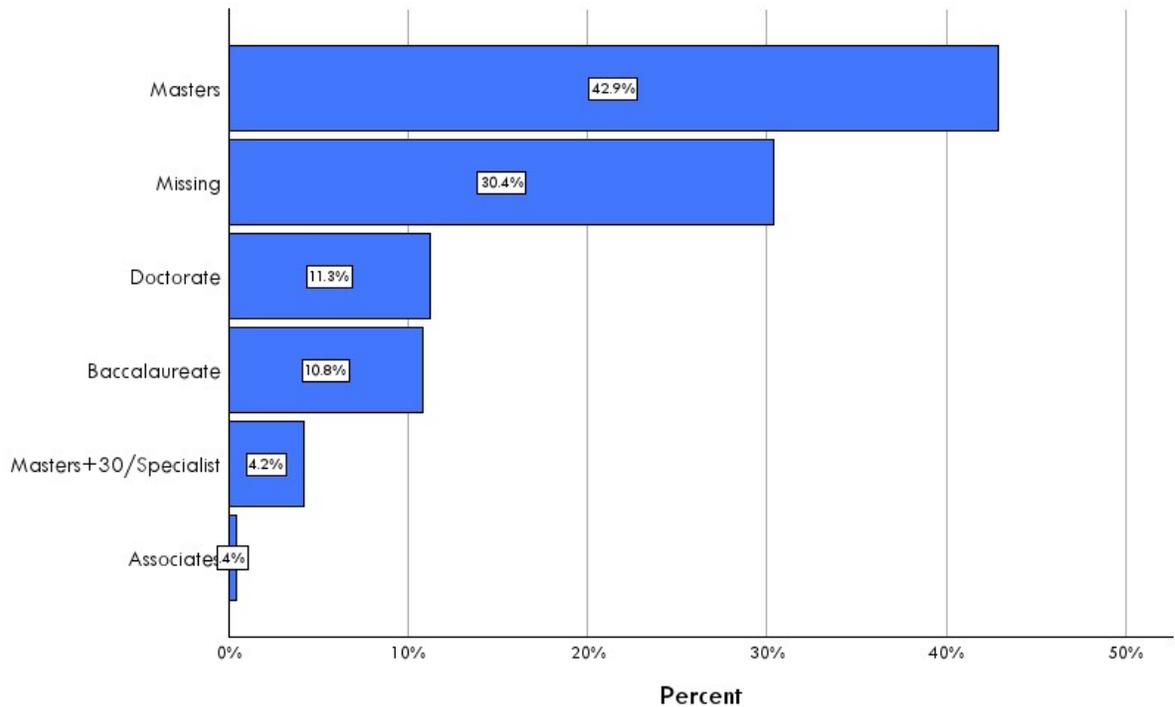
Figure 17. Program Directors - Highest Academic Degree
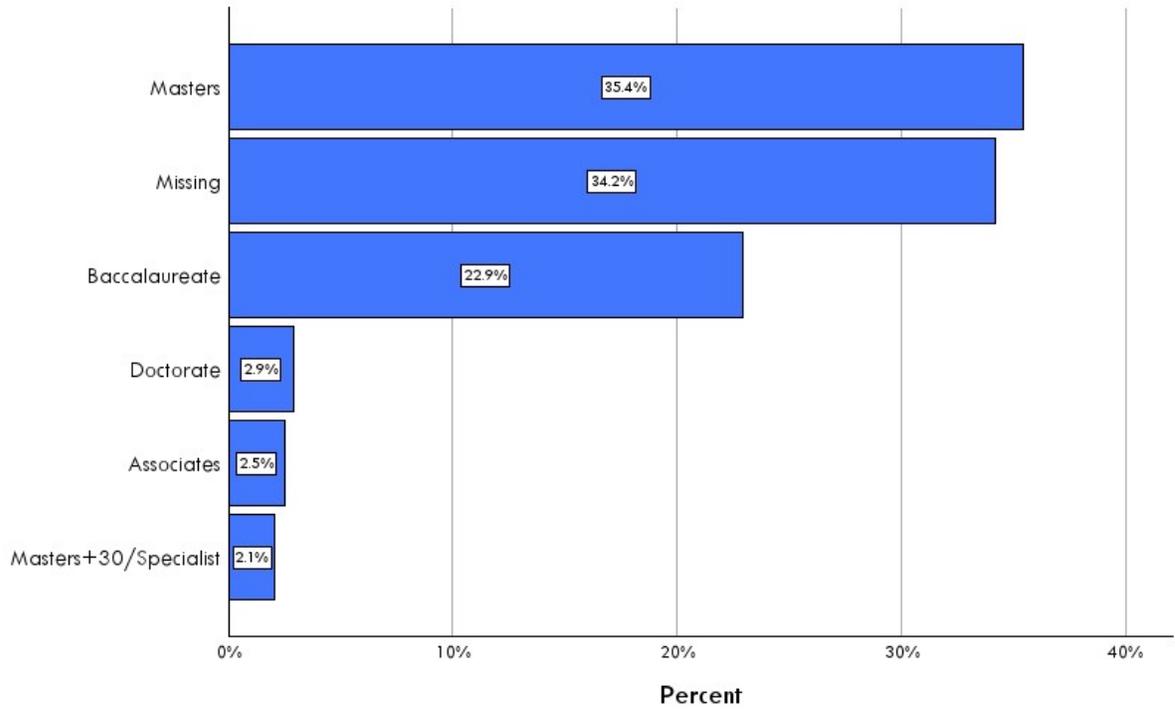
Figure 18. Directors of Clinical Education – Highest Academic Degree

Pursuit of Higher Degree

19. Please indicate whether each staff member is pursuing a higher degree.

Program directors (20%) and directors of clinical education (32%) tended to pursue higher degrees at a higher rate than other faculty members. Frequencies can be found in Appendix C starting with Table 84.
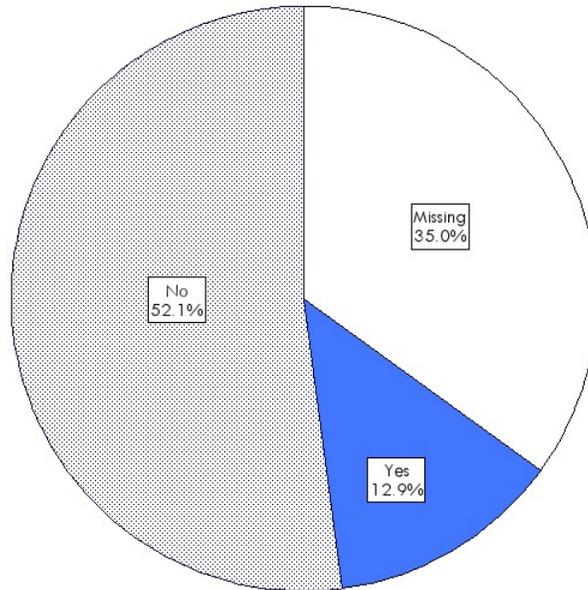
Figure 19. Program Directors– Pursuit of a Higher Degree
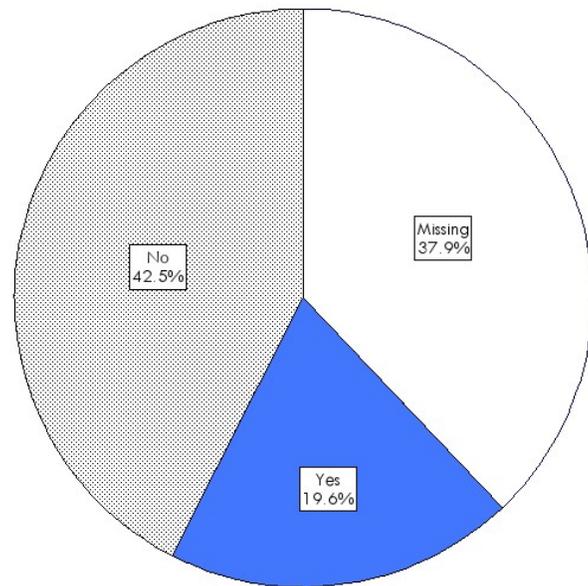
Figure 20. Directors of Clinical Education – Pursuit of a Higher Degree

Educational Responsibility

20. Please indicate the educational responsibility for each staff member.

Among those who responded to this question, around 40% indicated that the program director was limited to didactic educational activities. The rest of the program directors also facilitated clinical teaching as part of their responsibilities. A majority of directors of clinical education had both clinical and didactic responsibilities. Frequencies for faculty members, found in Appendix C starting

with Table 96 indicated that certain faculty were likely to only have clinical responsibilities or only have didactic responsibilities.
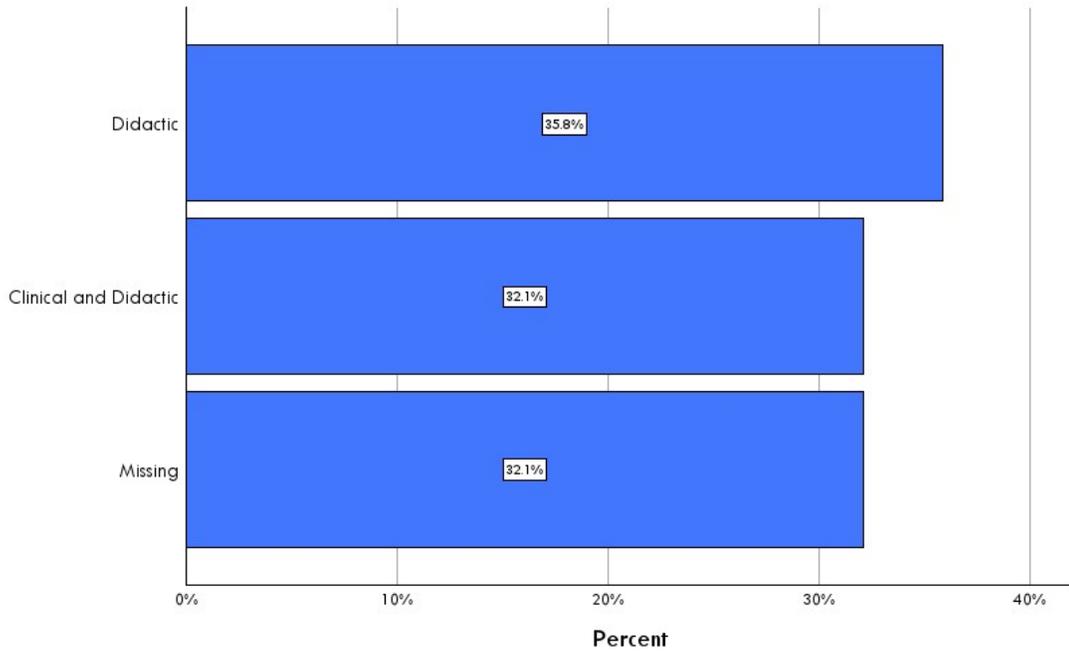
Figure 21. Program Directors – Educational Responsibility
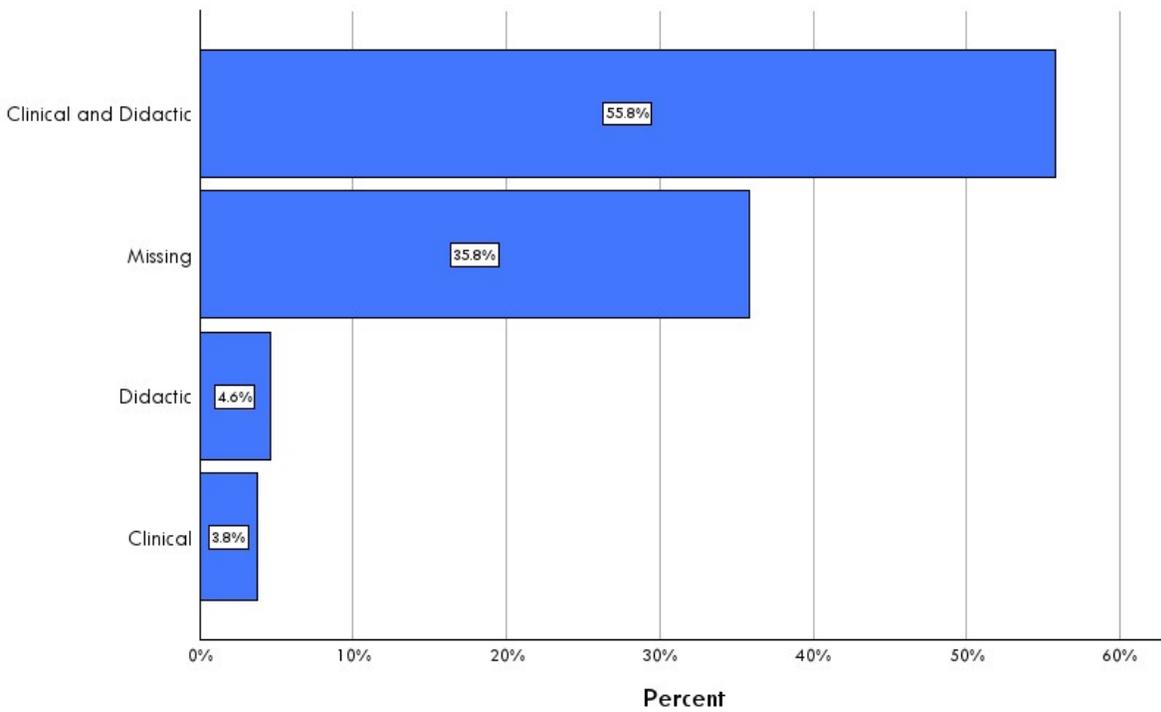
Figure 22. Directors of Clinical Education – Educational Responsibility

Years of Experience

21. Please indicate each individual's years of experience in education.

Responses of 'Less than 1 year' were recoded to a value of zero before responses were summarized. Program directors tended to have the most experience with a mean of 17 and a median of 15 years. The group of directors of clinical education showed a median of 7 and a mean of 10 years. Median values for instructors fell between 4 and 7 years of experience. Frequencies can be found in Appendix C starting with Table 108.
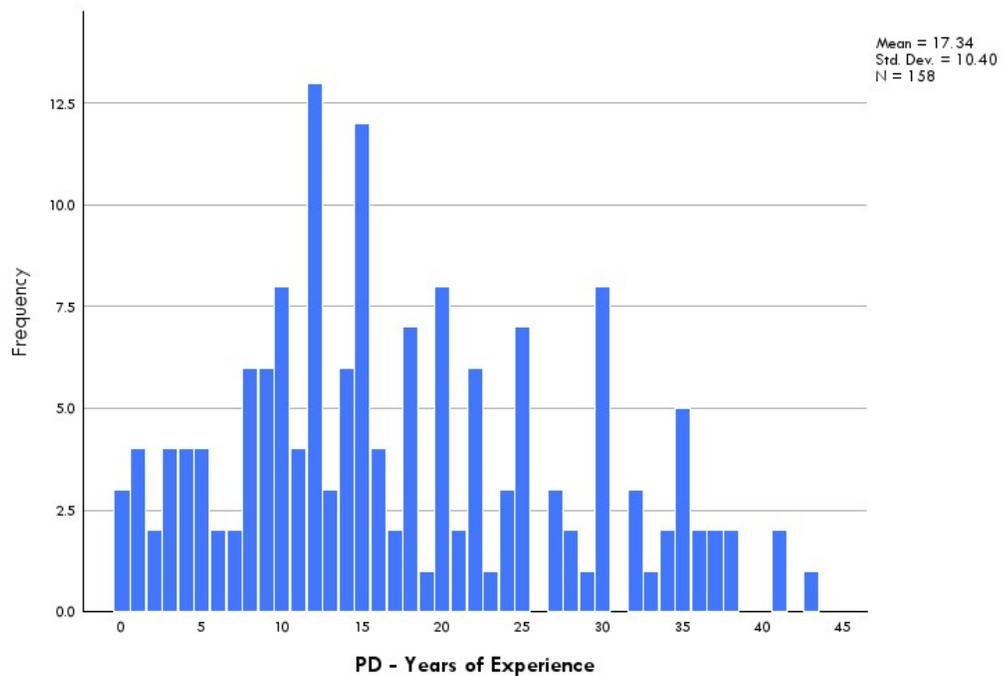
Figure 23. Program Directors – Years of Experience
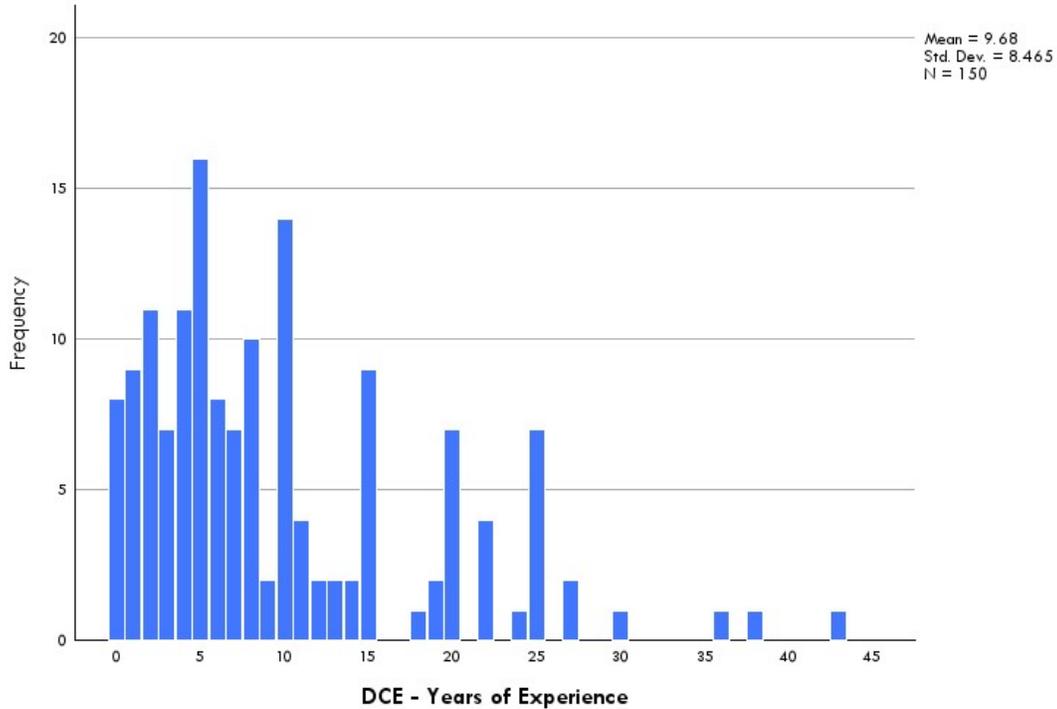
Figure 24. Directors of Clinical Education – Years of Experience

Table 16. Years of Experience for Program Directors, Directors of Clinical Education, and faculty members #1-10

| | N | | | Std. Error of | | Std. | | |
	Valid	Missing	Mean	Mean	Median	Deviation	Minimum	Maximum
Program Director	158	82	17.34	.83	15.00	10.40	0	43
Dir. of Clinical Ed	150	90	9.68	.69	7.00	8.46	0	43
Faculty #1	110	130	11.23	.95	7.00	9.96	0	40
Faculty #2	79	161	6.47	.75	4.00	6.70	0	35
Faculty #3	51	189	5.33	.94	4.00	6.70	0	40
Faculty #4	29	211	5.21	.87	4.00	4.71	0	22
Faculty #5	20	220	4.35	.71	3.00	3.18	0	10
Faculty #6	15	225	6.13	2.27	4.00	8.77	0	36
Faculty #7	12	228	5.92	1.54	5.00	5.35	0	18
Faculty #8	11	229	7.09	1.61	5.00	5.34	2	18
Faculty #9	8	232	7.88	2.61	5.00	7.40	0	22
Faculty #10	5	235	5.00	1.67	3.00	3.74	2	10

Credentials

22. Please specify the credentials held by faculty members.

The most frequently cited credential was the RRT.

Table 17. Credentials held by Program Directors, Directors of Clinical Education, and faculty members #1-10

		NBRC							CTTE	CHSE	Total
		CRT	RRT	NPS	CPFT/ RPFT	ACCS	SDS	AE-C			
Program Director	N	90	180	60	37	39	3	13	4	0	426
	Percent	21.1%	42.3%	14.1%	8.7%	9.2%	0.7%	3.1%	0.9%	0.0%	100.0%
Dir. of Clin Ed	N	87	171	49	17	36	2	10	1	3	376
	Percent	23.1%	45.5%	13.0%	4.5%	9.6%	0.5%	2.7%	0.3%	0.8%	100.0%
Faculty #1	N	64	124	27	16	18	2	10	1	2	264
	Percent	24.2%	47.0%	10.2%	6.1%	6.8%	0.8%	3.8%	0.4%	0.8%	100.0%
Faculty #2	N	46	87	18	6	21	2	4	1	0	185
	Percent	24.9%	47.0%	9.7%	3.2%	11.4%	1.1%	2.2%	0.5%	0.0%	100.0%
Faculty #3	N	30	59	13	3	11	0	3	1	1	121
	Percent	24.8%	48.8%	10.7%	2.5%	9.1%	0.0%	2.5%	0.8%	0.8%	100.0%
Faculty #4	N	20	38	6	3	8	1	5	0	0	81
	Percent	24.7%	46.9%	7.4%	3.7%	9.9%	1.2%	6.2%	0.0%	0.0%	100.0%
Faculty #5	N	12	24	3	1	2	0	1	0	0	43
	Percent	27.9%	55.8%	7.0%	2.3%	4.7%	0.0%	2.3%	0.0%	0.0%	100.0%
Faculty #6	N	6	14	0	0	0	0	0	0	0	20
	Percent	30.0%	70.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Faculty #7	N	5	12	1	0	1	0	0	0	0	19
	Percent	27.8%	61.1%	5.6%	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%	100.0%
Faculty #8	N	5	11	1	0	1	0	0	0	0	18
	Percent	27.8%	61.1%	9.1%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Faculty #9	N	4	8	1	0	0	0	0	0	0	13
	Percent	30.8%	61.5%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Faculty #10	N	2	6	1	0	0	0	0	0	0	9
	Percent	22.2%	66.7%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

Annual Earnings

23.   Please provide the annual earnings for positions paid by the program.

The grand mean of annual earnings across all faculty described in this study was $65,857.

Table 18. Annual salary for Program Director, Director of Clinical Education, and faculty members #1-10

	N		Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
	Valid	Missing						
Program Director	136	104	94,200.10	1,940.78	91,500.00	22,633.21	53,000	190,000
Dir of Clinical Ed	136	104	77,435.96	1,528.71	75,500.00	17,827.66	8,300	130,000
Faculty #1	86	154	56,091.59	3,811.13	63,750.00	35,342.97	1,800	136,000
Faculty #2	59	181	44,960.93	4,734.83	38,000.00	36,368.90	1,300	129,000
Faculty #3	37	203	39,798.00	5,865.80	20,000.00	35,680.27	2,340	114,000
Faculty #4	21	219	30,268.43	7,299.57	10,500.00	33,450.82	3,000	104,000
Faculty #5	12	228	23,534.25	6,979.43	9,200.00	24,177.46	3,500	72,000
Faculty #6	6	234	19,073.33	9,524.34	7,980.00	23,329.77	4,864	65,000
Faculty #7	6	234	18,378.50	9,703.80	7,088.00	23,769.35	4,200	65,000
Faculty #8	5	235	23,200.00	12,527.85	7,824.00	28,013.12	6,616	72,000
Faculty #9	3	237	5,823.33	1,293.69	6,616.00	2,240.74	3,294	7,560
Faculty #10	3	237	6,463.33	681.52	6,616.00	1,180.43	5,214	7,560

There was a strong indicator in Table 19 that faculty with tenure tended to earn more.

Table 19. Annual earnings ($) by tenure status

Tenure	N Valid	N Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Yes	97	19	88,351.97	2,587.08	87,156.00	25,479.74	8,000	190,000
No	327	109	61,679.27	2,020.32	70,000.00	36,533.65	1,300	160,000

As seen in Tables 20 and 21, faculty with the greatest program responsibilities and degrees tended to earn more.

Table 20. Annual earnings ($) by title

Title	N Valid	N Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Program Director	136	104	94.200,10	1.940,78	91.500,00	22.633,21	53,000	190,000
Director of Clinical Education	136	104	77.435,96	1.528,71	75.500,00	17.827,66	8,300	130,000
Faculty	238	2162	43.045,03	2.331,85	35.000,00	35.974,09	1,300	136,000

Table 21. Annual earnings ($) by degree

Degree	N Valid	N Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Associates	76	33	24,140.13	2,734.41	13,500.00	23,838.06	3,008	80,000
Baccalaureate	141	70	58,074.93	2,586.91	65,000.00	30,717.86	2,340	130,000
Masters	205	85	76,516.21	2,193.00	80,000.00	31,398.96	1,300	160,000
Specialist/ Doctorate	60	16	91,318.98	4,001.26	94,750.00	30,993.65	4,000	190,000

Table 22 showed that programs offering the Baccalaureate degree to graduates tended to pay their faculty more than those that offered an Associate degree only or had an Associate degree as an option with a Baccalaureate degree. Pay in the programs that offered a Master's degree in addition to other degrees was similar to those offering a Baccalaureate degree only.

Table 22. Annual earnings ($) by degree offered by the program

| | N | | | | | | | |
	Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Associates Only	50	20	70,596.24	2,802.40	75,750.00	19,815.96	18,616.67	100,000.00
Baccalaureate Only	33	19	78,962.54	4,854.37	81,500.00	27,886.24	21,055.71	140,000.00
Associates & Baccalaureate	66	46	72,433.02	2,977.42	72,000.00	24,188.65	17,872.08	150,000.00
Master's	9	9	78,242.93	10,095.32	79945.67	30,285.97	30,400.00	118,790.70

Table 23 shows that the average annual earnings of faculty from colleges and universities that typically award baccalaureate degrees was higher than for faculty from community colleges, technical or vocational institutions that typically award associates degrees.

Table 23. Annual earnings ($) by institution type

| | N | | | | | | | |
Institution Type	Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Community College, Technical or Vocational Institution	105	59	71,233.13	2,204.27	72,000.00	22,587.02	17,872.1	150,000.0
College or University	45	31	79,010.39	3,939.25	81,698.67	26,425.32	21,055.7	140,000.0

Table 24 showed that faculty from programs that were characterized as proprietary institutions had the highest annual earnings. Faculty in programs within public/private consortiums earned more than faculty in public and private institutions.

Table 24. Annual earnings ($) by institution type

Type	N Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Military	1	2	70,600.00		70,600.00		70,600	70,600
Public (taxpayer and tuition supported)	113	68	72,113.46	2,250.60	74,000.00	23.924.20	17,872	150,000
Private (tuition and endowment supported)	20	9	77,135.08	6,423.66	84,166.67	28,727.48	21,056	140,000
Public/private consortium	10	6	78,925.23	6,728.04	81,972.83	21,275.93	31,640	102,333
Proprietary (for-profit)	6	5	80,595.24	4,978.48	78,035.71	12,194.74	67,000	101,000

Table 25 indicated that faculty in the Western region of the United States tended to earn more than faculty from other regions.

Table 25. Annual earnings ($) by region

Region	N Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
Northeast	23	13	69,732.90	6,357.61	71,000.00	30,490.02	21,056	123,915
South	65	40	69,531.75	2,931.26	71,666.67	23,632.60	17,872	140,000
Midwest	37	12	75,327.38	2,830.59	75,000.00	17,217.84	38,333	110,000
West	22	21	86,188.47	5,272.62	85,000.00	24,730.79	18,617	150,000

Northeast – MA, RI, NH, ME, VT, CT, NJ, NY, PA
Midwest – OH, IN, MI, WI, IL, IA, MN, SD, ND, MO, KS, NE
South – DC, DE, MD, VA, MV, NC, SC, GA, FL, AL, TN, MS, KY, LA, AR, OK, TX
West – MT, CO, WY, ID, UT, AZ, NM, NV, CA, HI, OR, WA, AK

Tenure

24. If any current or potential program faculty wanted to seek tenure within your institution, could a tenure-track position be made available to them?

Responses to this survey item indicate that just less than a third of programs could offer tenure to their faculty. Frequencies can be found in Appendix C, Table 120.
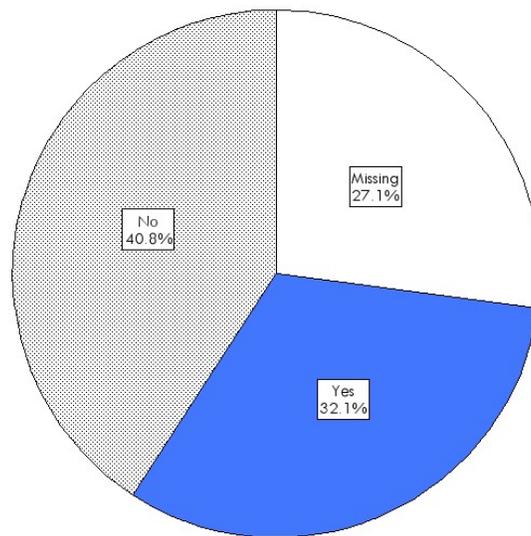
Figure 25. Tenure track availability

The possibility of tenure is similar for faculty who work in institutions that typically award associate's degree and those who work institutions that typically award baccalaureate degrees. Still, only about one third of programs can offer tenure. The low percentage of institutions offering tenure to respiratory therapy faculty could be a new area of advocacy the AARC could pursue. The argument would be that tenure will encourage more stability in sustaining respiratory therapy education offerings, which should encourage a more persistent supply of respiratory therapists for the state or region.

Within what type of institution is the program based?: Community College, Technical or Vocational Institution typically awarding an Associates degree

26.8%
Missing

40.9%
No

32.3%
Yes
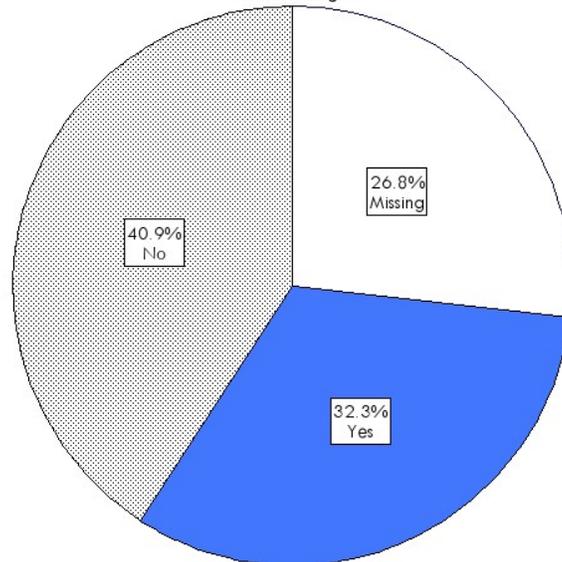
Figure 26. Tenure track availability for community college/vocational institution typically offering associate degree

Within what type of institution is the program based?: College or University typically awarding at least a Baccalaureate degree

27.6%
Missing

40.8%
No

31.6%
Yes
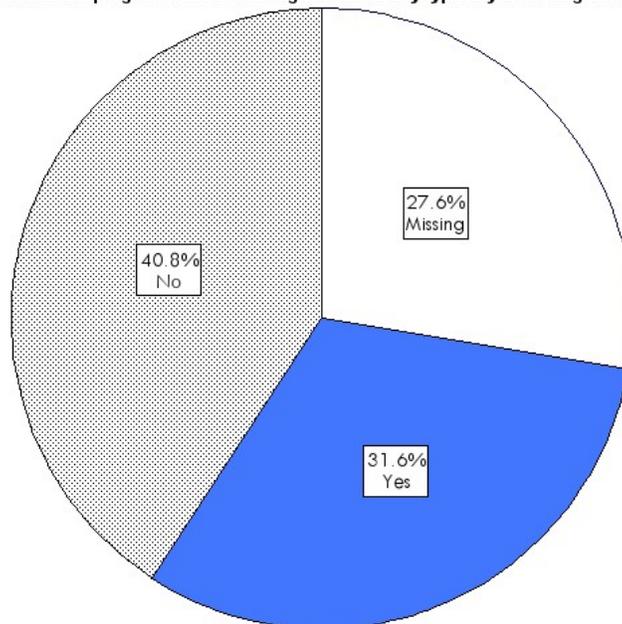
Figure 27. Tenure track availability for 4-year college/university typically offering Baccalaureate degree

25. Please indicate the tenure status of each position.

Table 26. Distribution of valid percentage of education staff who have earned tenure

	Valid Percent with Tenure
Program Director	39.2%
Director of Clinical Education	25.0%
Faculty #1	17.2%
Faculty #2	8.1%
Faculty #3	4.7%
Faculty #4	3.8%
Faculty #5	5.9%
Faculty #6	11.1%
Faculty #7	0.0%
Faculty #8	0.0%
Faculty #9	0.0%
Faculty #10	0.0%

Table 27. Distribution of valid percentage of education staff at community college/technical or vocation institute typically awarding associate degree who have earned tenure

	Valid Percent with Tenure
Program Director	51.1%
Director of Clinical Education	31.5%
Faculty #1	21.1%
Faculty #2	5.7%
Faculty #3	4.5%
Faculty #4	7.1%
Faculty #5	0.0%
Faculty #6	0.0%
Faculty #7	0.0%
Faculty #8	0.0%
Faculty #9	0.0%
Faculty #10	0.0%

Table 28. Distribution of valid percentage of education staff at colleges/universities typically awarding baccalaureate degrees who have earned tenure

	Valid Percent with Tenure
Program Director	16.3%
Director of Clinical Education	11.4%
Faculty #1	11.1%
Faculty #2	11.1%
Faculty #3	4.8%
Faculty #4	0.0%
Faculty #5	16.7%
Faculty #6	50.0%
Faculty #7	0.0%
Faculty #8	0.0%
Faculty #9	0.0%
Faculty #10	0.0%

26. Please indicate how long the faculty member in the following job titles intends to remain in respiratory care education.

The typical Program Director intended to remain involved in education for 10 to 11 years more. More specifically, about 35% of program directors intended to leave within 5 years and another 25% intended to leave between years 6 and 10 according to Table 30. More than half of those in the program director position expect to be out of education in the next decade.

Returning to Table 29, program directors expected their Directors of Clinical Education to remain 4 to 5 years beyond the point when the program director had left. Likely, this reflects a succession plan in which the director of clinical education moves into the program director role.

Table 29. Intended Duration to Remain in respiratory care education by academic position

	N			Std. Error of		Std.		
	Valid	Missing	Mean	Mean	Median	Deviation	Minimum	Maximum
Program Director	131	109	10.53	.67	10.00	7.70	0	44
Dir of Clinical Ed	129	111	14.65	.78	15.00	8.85	0	40
Faculty #1	81	159	11.78	.87	10.00	7.87	0	31
Faculty #2	49	191	14.55	1.36	15.00	9.53	1	35
Faculty #3	31	209	15.35	1.57	15.00	8.75	0	30
Faculty #4	15	225	13.20	2.13	10.00	8.27	1	30
Faculty #5	9	231	11.33	3.37	10.00	10.11	0	30
Faculty #6	2	238	9.00	1.00	9.00	1.41	8	10
Faculty #7	2	238	8.00	2.00	8.00	2.83	6	10
Faculty #8	2	238	8.00	2.00	8.00	2.83	6	10
Faculty #9	1	239	8.00	NA	8.00	NA	8	8
Faculty #10	1	239	6.00	NA	6.00	NA	6	6

Program Directors

Full frequencies can be found in Appendix C, Table 120.

Table 30. Intended duration for Program Director to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
	0-5 Years	46	19.2	35.1	35.1
	6-10 Years	35	14.6	26.7	61.8
	11-15 Years	25	10.4	19.1	80.9
	16 Years or more	25	10.4	19.1	100.0
	Total	131	54.6	100.0	
Missing	System	109	45.4		
Total		240	100.0		
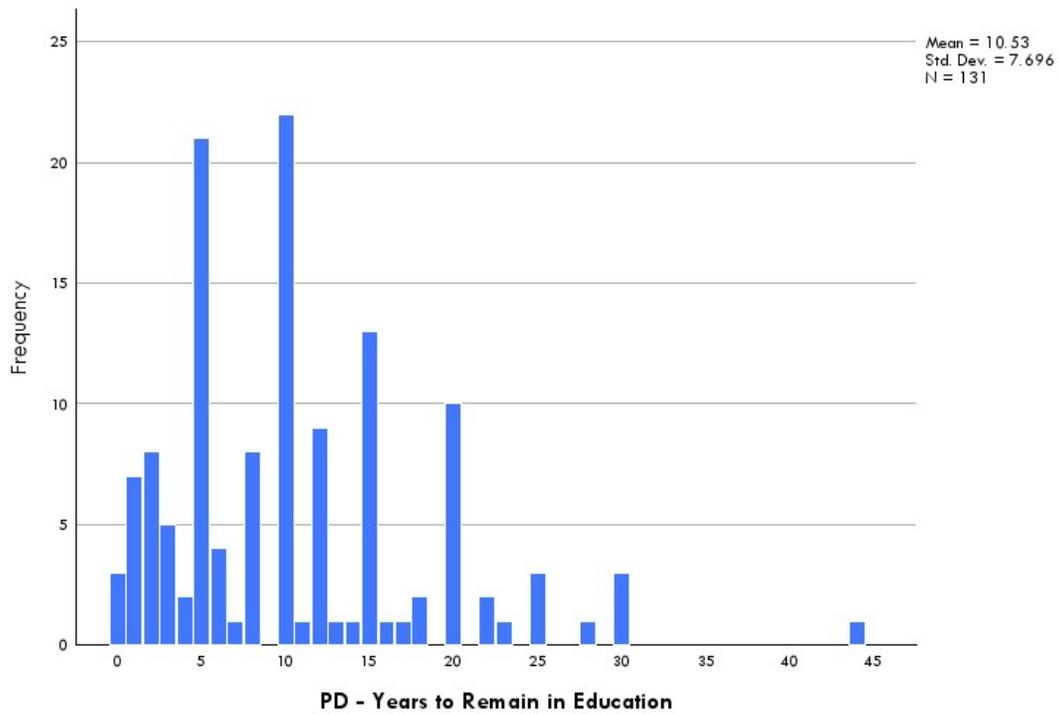
Figure 28. Intended Duration for Program Directors to Remain in Respiratory Care Education

Directors of Clinical Education

Table 31 shows that about 40% of the Directors of Clinical Education will be out of education in the next decade. Full frequencies can be found in Appendix C, Table 122.

Table 31. Intended duration for Director of Clinical Education to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
	0-5 Years	29	12.1	22.5	22.5
	6-10 Years	27	11.3	20.9	43.4
	11-15 Years	25	10.4	19.4	62.8
	16 Years or more	48	20.0	37.2	100.0
	Total	129	53.8	100.0	
Missing	System	111	46.3		
Total		240	100.0		

Mean = 14.65
Std. Dev. = 8.846
N = 129
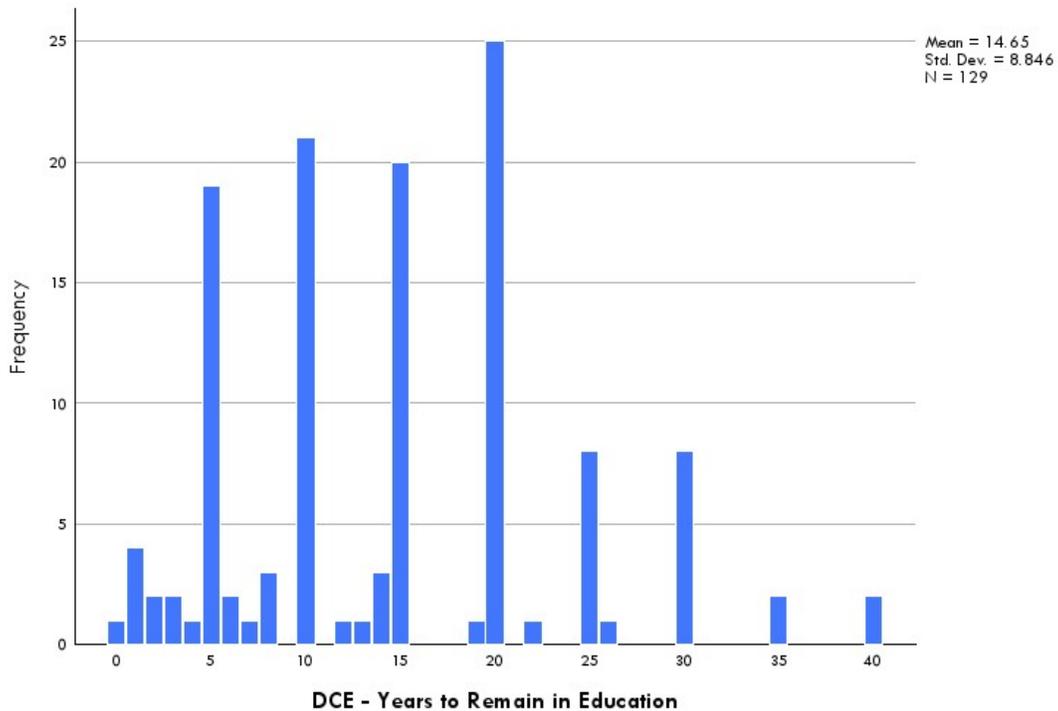
Figure 29. Intended Duration for Directors of Clinical Education to Remain in Respiratory Care Education

Faculty Members

The following set of tables showed that a majority of junior faculty will continue to be involved in education for a decade or more. Full frequencies for Faculty Member #1 can be found in Appendix C, Table 123.

Table 32. Intended duration for Faculty Member #1 to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 Years	24	10.0	29.6	29.6
	6-10 Years	22	9.2	27.2	56.8
	11-15 Years	16	6.7	19.8	76.5
	16 Years or more	19	7.9	23.5	100.0
	Total	81	33.8	100.0	
Missing	System	159	66.3		
Total		240	100.0		
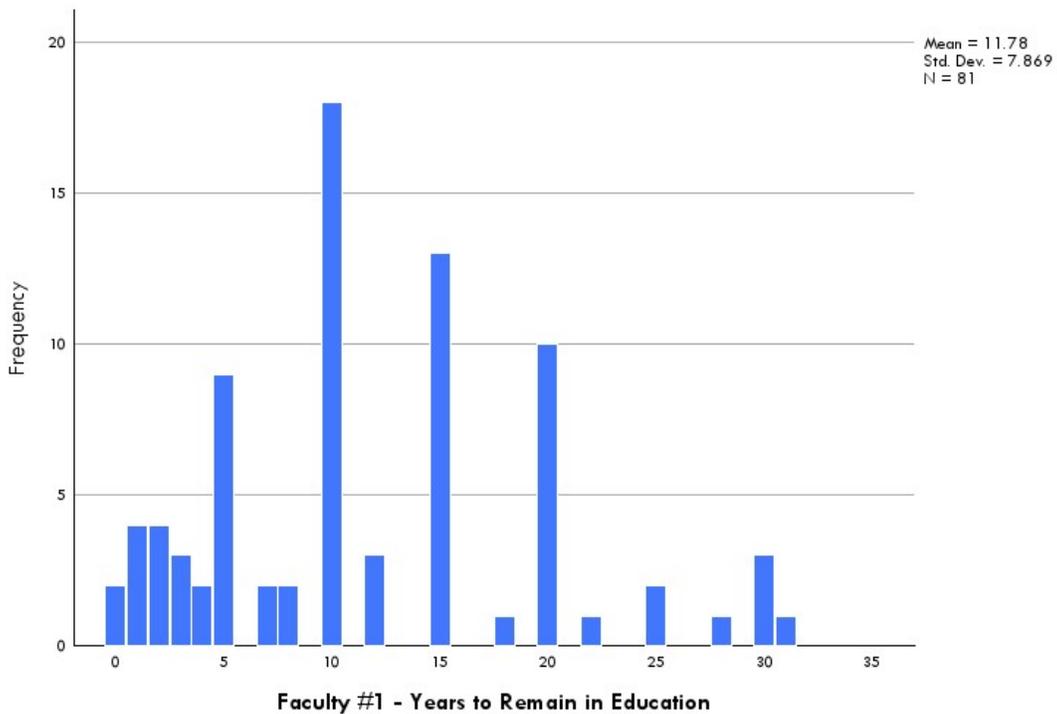
Figure 30. Intended Duration for Faculty Member #1 to Remain in Respiratory Care Education

Full frequencies for Faculty Member #2 can be found in Appendix C, Table 124.

Table 33. Intended duration for Faculty Member #2 to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 Years	14	5.8	28.6	28.6
	6-10 Years	8	3.3	16.3	44.9
	11-15 Years	7	2.9	14.3	59.2
	16 Years or more	20	8.3	40.8	100.0
	Total	49	20.4	100.0	
Missing	System	191	79.6		
Total		240	100.0		
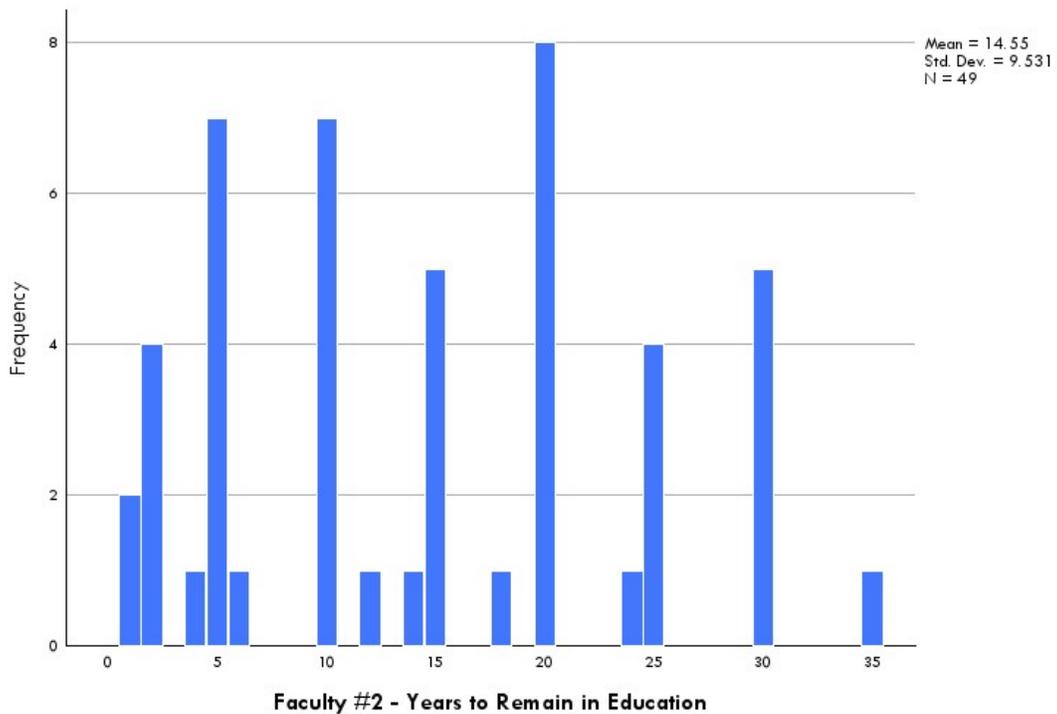
Figure 31. Intended Duration for Faculty Member #2 to Remain in Respiratory Care Education

Full frequencies for Faculty Member #3 can be found in Appendix C, Table 125.

Table 34. Intended duration for Faculty Member #3 to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 Years	4	1.7	12.9	12.9
	6-10 Years	10	4.2	32.3	45.2
	11-15 Years	3	1.3	9.7	54.8
	16 Years or more	14	5.8	45.2	100.0
	Total	31	12.9	100.0	
Missing	System	209	87.1		
Total		240	100.0		
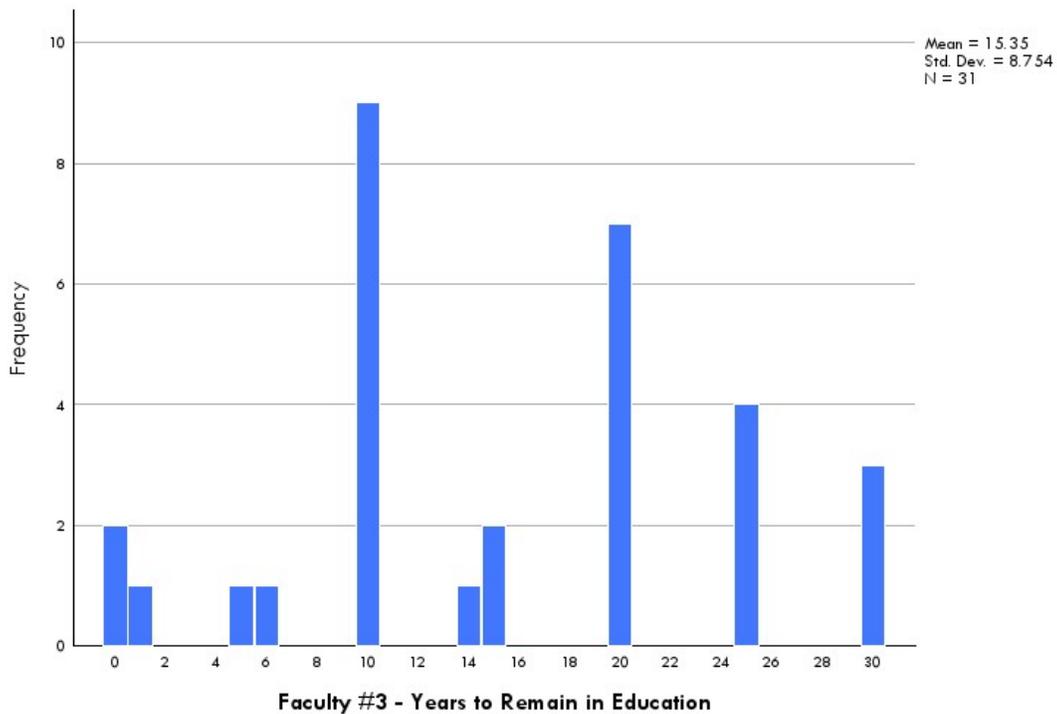
Figure 32. Intended Duration for Faculty Member #3 to Remain in Respiratory Care Education

Full frequencies for Faculty Member #4 can be found in Appendix C, Table 126.

Table 35. Intended duration for Faculty Member #4 to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 Years	3	1.3	20.0	20.0
	6-10 Years	5	2.1	33.3	53.3
	11-15 Years	2	.8	13.3	66.7
	16 Years or more	5	2.1	33.3	100.0
	Total	15	6.3	100.0	
Missing	System	225	93.8		
Total		240	100.0		
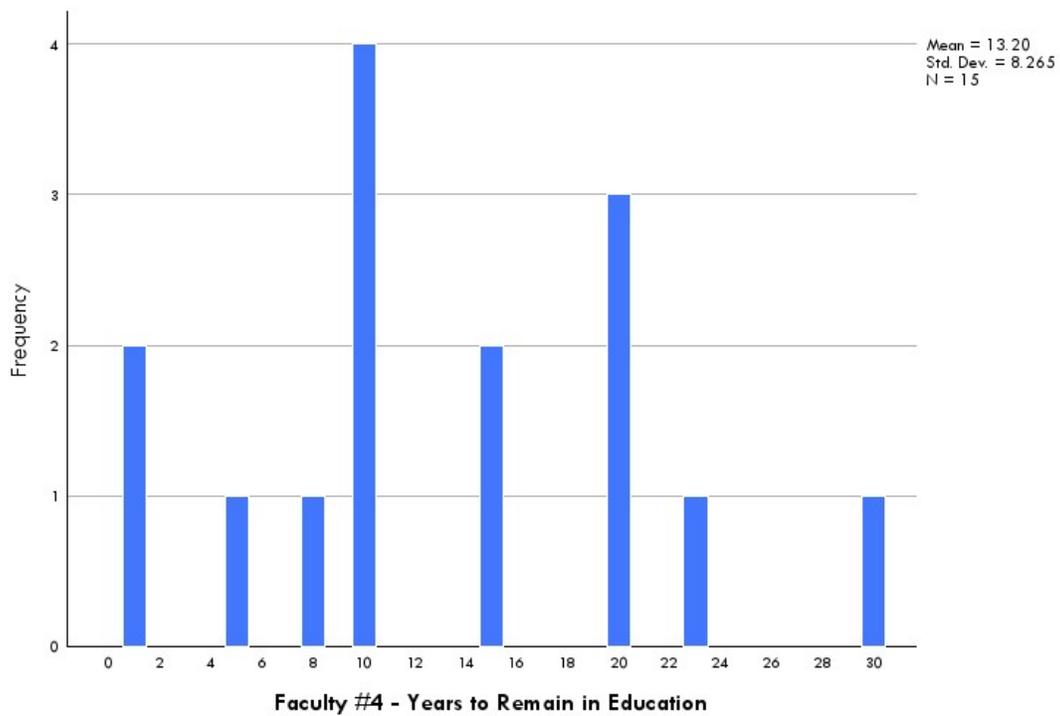
Figure 33. Intended Duration for Faculty Member #4 to Remain in Respiratory Care Education

Full frequencies for Faculty Member #5 can be found in Appendix C, Table 127.

Table 36. Intended duration for Faculty Member #5 to remain in respiratory care education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 Years	3	1.3	33.3	33.3
	6-10 Years	3	1.3	33.3	66.7
	16 Years or more	3	1.3	33.3	100.0
	Total	9	3.8	100.0	
Missing	System	231	96.3		
Total		240	100.0		
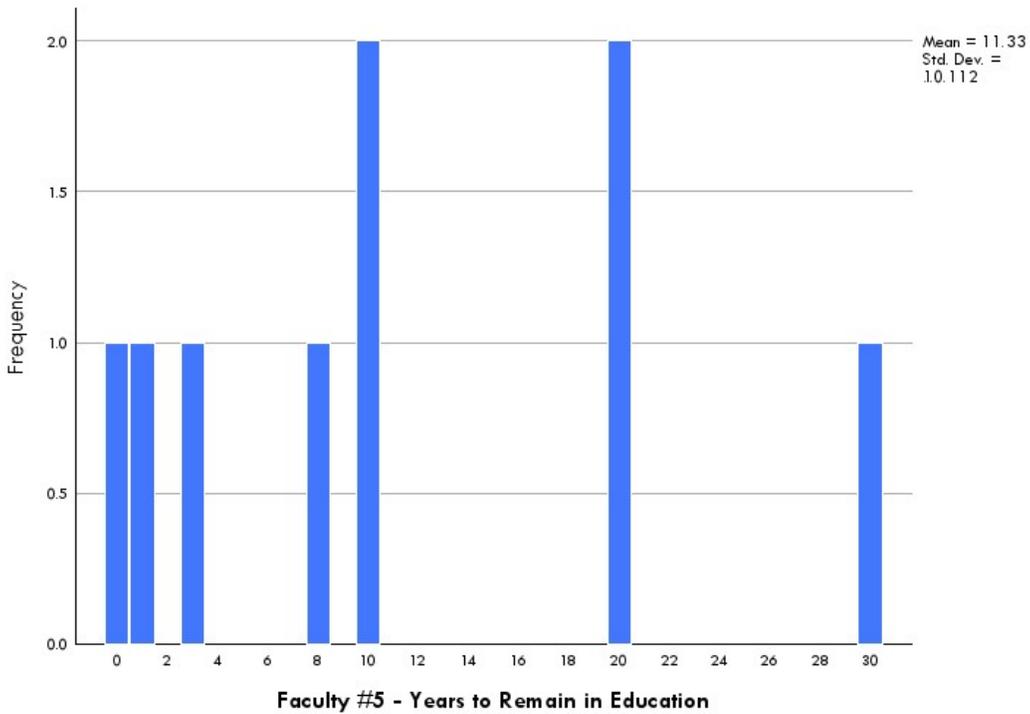
Figure 34. Intended Duration for Faculty Member #5 to Remain in Respiratory Care Education

Two or fewer responses were submitted for Faculty Members #6 though #10. All indicated an intent to remain in education for 6-10 years. Full frequencies for Faculty Members #6-10 can be found in Appendix C, beginning with Table 128.

Recruitment

27. Have you had recent difficulty recruiting faculty for your program?

Among those who responded to this question, 54% reported faculty recruitment difficulties. This was an increase from 36% reported in 2020. Frequencies can be found in Appendix C, Table 133.
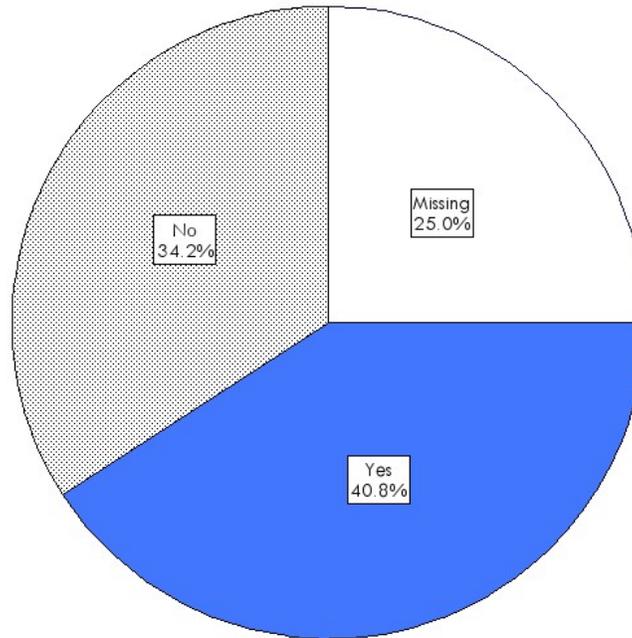
Figure 35. Difficulty recruiting faculty

28. What reasons contributed to the difficulty you experienced in recruiting faculty? Select all that apply.

For those who indicated having difficulty recruiting faculty, the first four reasons displayed in Table 37 contributed most strongly. Other reasons for recruitment difficulty are described in Appendix D.

Table 37. Reasons for recruitment difficulty

	Responses* N	Percent	Percent of Cases
The salary we could offer was not sufficient	72	25.4%	75.8%
The applicant pool was too small	61	21.6%	64.2%
The applicants did not meet academic preparation requirements	52	18.4%	54.7%
The applicants lacked teaching experience	50	17.7%	52.6%
Virtual positions were unavailable	19	6.7%	20.0%
The location of program was inconvenient to applicant	15	5.3%	15.8%
The applicants lacked specific skills (e.g., neonatal, research)	14	4.9%	14.7%
Total	283	100.0%	297.9%

* Respondents were asked to select all that applied.

Graduates

29. How many students have graduated, or do you expect to graduate, from your programs?

Respondents were presented with a dropdown menu of values ranging from 0 to '99 or more.' While presented in Table 38 as 99, it is possible that some programs had more than 99 graduates in recent cohorts. In general, the number of graduates from both Entry to Practice and Degree Advancement programs saw a slight decrease in 2024 and an expected increase in 2025.

Table 38. Graduation rates

	Entry to Practice						Degree Advancement					
	N	Mean	SEM	Median	Std. Deviation	Min	Max	N	Mean	SEM	Median	Std. Deviation	Min	Max
2023	161	12.97	.86	11.00	10.89	0	88	76	3.91	1.24	.00	10.83	0	69
2024	164	12.34	.84	11.00	10.74	0	98	75	3.11	.85	.00	7.40	0	49
2025	165	15.21	.95	13.00	12.27	0	99	77	5.09	1.20	.00	10.50	0	60

30. What was the CoARC-approved program capacity, number of students accepted, and number of students who graduated from the last class of students from your entry-to-practice program?

The typical program had a capacity for 26 students but accepted 7 students fewer than this capacity. Attrition tended to reduce the size of a typical class by another 5 students. Differences among each pair of stages were statistically significant and the effect size was large. In summary, the typical program graduated 49% of its student capacity in 2024. Typical program capacity has recently increased based on information observed in Table 9 about FTEs allotted to the instructor positions.

Table 39. Program capacity, students accepted and students graduated

| | N | | | Std. Error of | | | Std. | | |
	Valid	Missing	Mean	Mean	Median	Deviation	Minimum	Maximum
What was the CoARC-approved capacity of the program to accept students?	159	81	26.34	1.102	24.00	13.901	0	99
How many students were accepted?	153	87	17.81	.989	16.00	12.230	0	90
How many students graduated?	151	89	12.79	.793	12.00	9.746	0	88

F= 49.708, df=2,460, p<.001, eta squared=.178

Table 40. Mean differences in program capacity, students accepted and students graduated

| (I) Index1 | (J) Index1 | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
					Lower Bound	Upper Bound
Capacity	Accepted	8.529*	1.372	<.001	5.83	11.23
	Graduated	13.545*	1.377	<.001	10.84	16.25
Accepted	Capacity	-8.529*	1.372	<.001	-11.23	-5.83
	Graduated	5.016*	1.390	<.001	2.28	7.75
Graduated	Capacity	-13.545*	1.377	<.001	-16.25	-10.84
	Accepted	-5.016*	1.390	<.001	-7.75	-2.28

*. The mean difference is significant at the 0.05 level.

31. Please rank the following barriers to accepting more students into the program in order of significance.

The strongest barriers to accepting more students into programs were (1) insufficient space to complete the clinical portion of the curriculum and (2) unavailability of additional faculty. Insufficient clinical space had a significantly different mean ranking in comparison to competition from other programs and insufficient classroom / lab space. More information about the other barriers can be found in Appendix D.

Table 41. Rankings for barriers to student acceptance

	N		Mean	SEM	Median	Std. Deviation	Min	Max
	Valid	Missing						
Additional faculty are unavailable	111	129	3.01	.139	3.00	1.468	1	5
Competition from other RT programs	124	116	2.76	.128	3.00	1.428	1	5
Funding to expand is unavailable	114	126	2.89	.115	3.00	1.225	1	5
Insufficient classroom/lab space	126	114	2.70	.124	3.00	1.393	1	5
Insufficient space for clinical experiences	152	88	3.18	.126	3.00	1.549	1	5

$F=2.529$, $df=4,622$, $p=.040$, eta squared$=.016$

Table 42. Mean differences for rankings for barriers to student acceptance

(I) Index1	(J) Index1	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Additional Faculty	Competition	.251	.186	.178	-.11	.62
	Funding	.123	.190	.517	-.25	.50
	Lab Space	.311	.185	.094	-.05	.67
	Clinical Space	-.169	.178	.343	-.52	.18
Competition	Additional Faculty	-.251	.186	.178	-.62	.11
	Funding	-.128	.185	.489	-.49	.24
	Lab Space	.060	.180	.741	-.29	.41
	Clinical Space	-.420*	.172	.015	-.76	-.08
Funding	Additional Faculty	-.123	.190	.517	-.50	.25
	Competition	.128	.185	.489	-.24	.49
	Lab Space	.188	.184	.309	-.17	.55
	Clinical Space	-.292	.176	.099	-.64	.05
Lab Space	Additional Faculty	-.311	.185	.094	-.67	.05
	Competition	-.060	.180	.741	-.41	.29
	Funding	-.188	.184	.309	-.55	.17
	Clinical Space	-.479*	.172	.005	-.82	-.14
Clinical Space	Additional Faculty	.169	.178	.343	-.18	.52
	Competition	.420*	.172	.015	.08	.76
	Funding	.292	.176	.099	-.05	.64
	Lab Space	.479*	.172	.005	.14	.82

*. The mean difference is significant at the 0.05 level.

32. What percentage of students in the entry-to-practice program have fallen into the following two groups?

According to Table 43, the proportions of students entering entry-to-practice programs has stayed largely the same over the past decade at 57% non-traditional and 43% traditional.

Table 43. Percentage of traditional and non-traditional students

	N Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation	Minimum	Maximum
% of Traditional Students	151	89	42.72	2.382	35.00	29.272	0	100
% of Non-Traditional Students	151	89	57.28	2.382	65.00	29.272	0	100

33. In what venues do students in your program receive clinical training? Select all that apply.

Observing results in the "Percent of Cases" column of Table 44, students in all programs received training in acute care hospitals. Students in more than one-half of these programs received clinical training in diagnostic labs, home care settings, long-term care facilities, rehab, and sleep centers. Fewer than one-half of programs sent students to clinics, physician's offices, urgent care facilities, and other venues for clinical training. Additional venues are described in Appendix D.

Table 44. Venues where students receive clinical training

	Responses* N	Percent	Percent of Cases
Acute care hospital (e.g., ICU, ED, OR, Transport)	163	17.3%	98.8%
Clinic (e.g., asthma, COPD, cystic fibrosis)	78	8.3%	47.3%
Diagnostic lab	128	13.6%	77.6%
Home care/DME	67	7.1%	40.6%
Long-term care facilities (e.g., SNF, LTACH)	105	11.1%	63.6%
Physician's office	48	5.1%	29.1%
Rehab (e.g., pulmonary, cardiac)	109	11.6%	66.1%
Simulation lab	123	13.0%	74.5%
Sleep center	96	10.2%	58.2%
Urgent care centers	4	0.4%	2.4%
Telemedicine	7	0.7%	4.2%
Other venue	15	1.6%	9.1%
Total	943	100.0%	571.5%

*Respondents were instructed to 'Select all that apply'.

34. To increase awareness of respiratory care career opportunities, in what ongoing recruitment efforts does your program participate within the community? Select all that apply.

According to information in the "Percent of Cases" column within Table 45, most programs participate in career and health fairs and visit high schools to promote awareness of respiratory care as a career. Additional efforts can be found in Appendix D.

Table 45. Recruitment efforts

	Responses* N	Percent	Percent of Cases
Career fairs	155	27.4%	93.4%
Health fairs	135	23.9%	81.3%
High school visits	143	25.3%	86.1%
HOSA	91	16.1%	54.8%
Other efforts	41	7.3%	24.7%
Total*	565	100.0%	340.4%

*Respondents were instructed to 'Select all that apply'.

35. What percentage of the didactic content of your respiratory therapy program(s) was, is, or will be accessible through distance learning instructional technology?

For each of these three questions, respondents were provided with a drop-down menu of percentages that started at 0 and increased by tens to 100% (e.g., 0, 10, 20, etc.) The '5 years ago' menu also included the addition of an N/A option that preceded 0%. While the intent was to use the N/A option to capture programs that had not existed five years ago, the number of respondents who selected that option exceeded expectations. We presume that some respondents chose to use N/A to indicate that the program was unequipped to offer distance learning technology at the time.

Because there was an implied range between each option on the menu, each response was recoded to the midpoint of the range such that a response of 1 to 10 became 5, 11 to 20 became 15 and so on. A value of zero remained as 0; 19 responses that indicated an N/A for 'Five Years Ago' were excluded from analysis. Statistics reported in Table 46 were calculated using these recoded values.

Education programs tended to report a large increase in the use of distance learning technology compared to 5 years ago. We document here that learning environments were strongly impacted by efforts to mitigate a pandemic spread of the COVID-19 virus at that time. Programs may see a continued increase in distance learning over the next five years as can be observed in Tables 46 and 47.

Table 46. Percentage of didactic available through distance learning five years ago, at present, and five years from now

| | N | | | Std. Error of | | Std. | | |
	Valid	Missing	Mean	Mean	Median	Deviation	Minimum	Maximum
5 Years Ago	121	119	8.60	1.97	.00	21.71	0	95
Present	159	81	19.03	2.35	5.00	29.59	0	95
5 Years From Now	153	87	27.58	2.57	15.00	31.81	0	95

$F=15.020$, $df=2,430$, $p<.001$, eta squared$=.065$

Table 47. Mean differences in percentage of didactic content available through distance learning

| | | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
(I) Index1	(J) Index1				Lower Bound	Upper Bound
Five Years Ago	Present	-10.430*	3.435	.003	-17.182	-3.678
	Five Years From Now	-18.987*	3.464	<.001	-25.796	-12.177
Present	Five Years Ago	10.430*	3.435	.003	3.678	17.182
	Five Years From Now	-8.557*	3.225	.008	-14.895	-2.218
Five Years From Now	Five Years Ago	18.987*	3.464	<.001	12.177	25.796
	Present	8.557*	3.225	.008	2.218	14.895

*. The mean difference is significant at the 0.05 level.

36. Is your program interested in affiliating with an international respiratory therapist education program?

One quarter of programs expressed interest in affiliating with an education program for respiratory therapists that was located outside the United States. A small percentage of programs already had such an agreement. Frequencies can be found in Appendix C, Table 134.
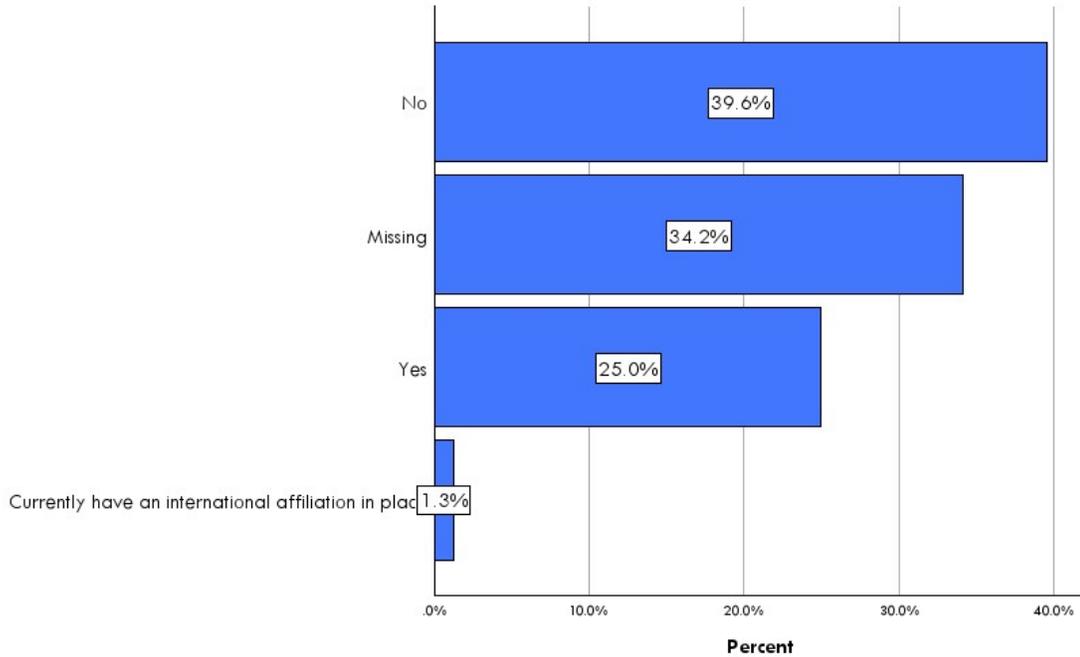
Figure 36. Distribution of programs interested in affiliating with international education programs

37. Does the education program encourage faculty who only teach didactic courses to participate in patient care outside of instructional time to maintain clinical skills?

A majority of responding programs encouraged faculty to maintain clinical skills through participation in patient care. Frequencies can be found in Appendix C, Table 135.
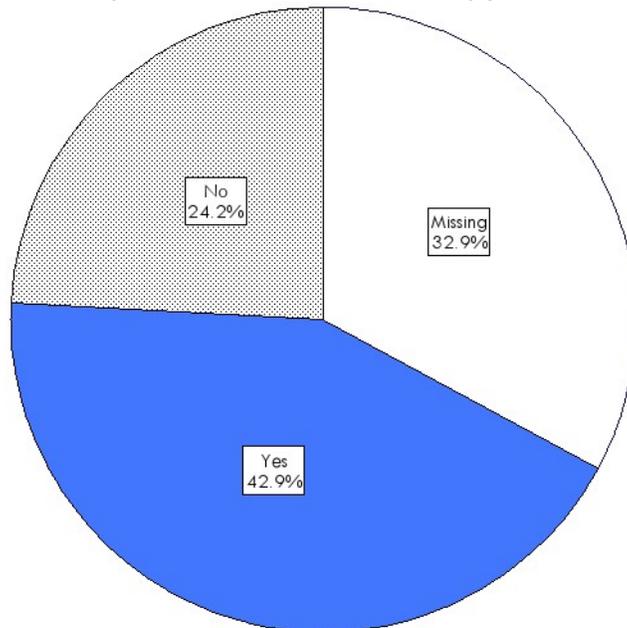
Figure 37. Distribution of programs encouraging didactic faculty to participate in patient care outside of instructional hours

COVID Response

38. Did the program start using or increase use of virtual simulation in response to the COVID pandemic?

The largest group of programs began using or increased use of virtual simulations in response to the pandemic. Frequencies can be found in Appendix C, Table 136.
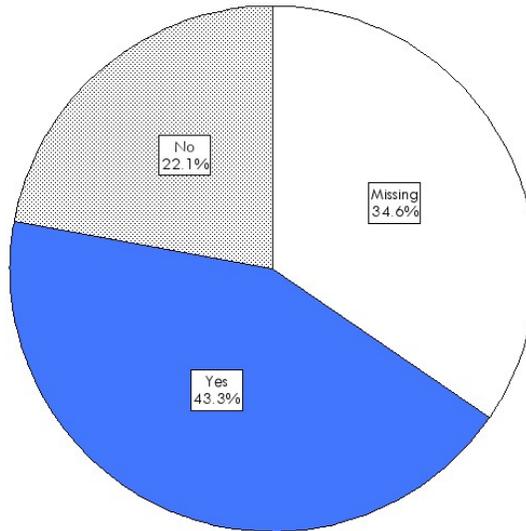
Figure 38. Increase use of virtual simulation due to COVID pandemic

39. If your institution moved to remote learning due to the COVID pandemic, did your program continue remote delivery of some didactic courses?

Of the programs that responded, a little less than half indicated continuing remote delivery options. Frequencies can be found in Appendix C, Table 137

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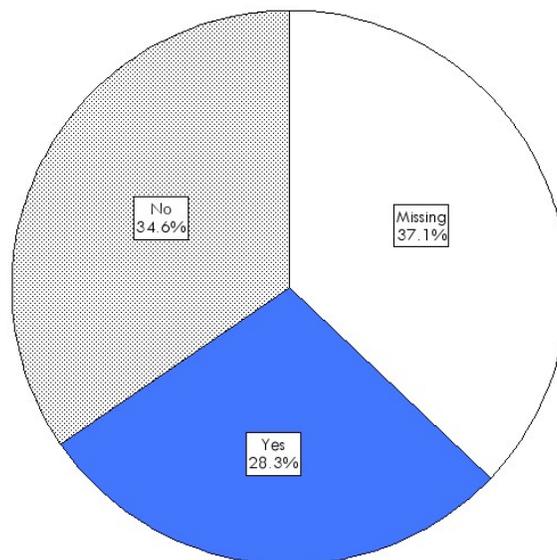
Figure 39. Continued use of remote delivery of didactic courses

40. How has turnover of program staff been impacted since the COVID pandemic?
41. How have program staffing levels been impacted since the COVID pandemic?

Turnover and staffing levels for responding programs have remained constant since the COVID pandemic. Frequencies can be found in Appendix C, Tables 138 and 139.
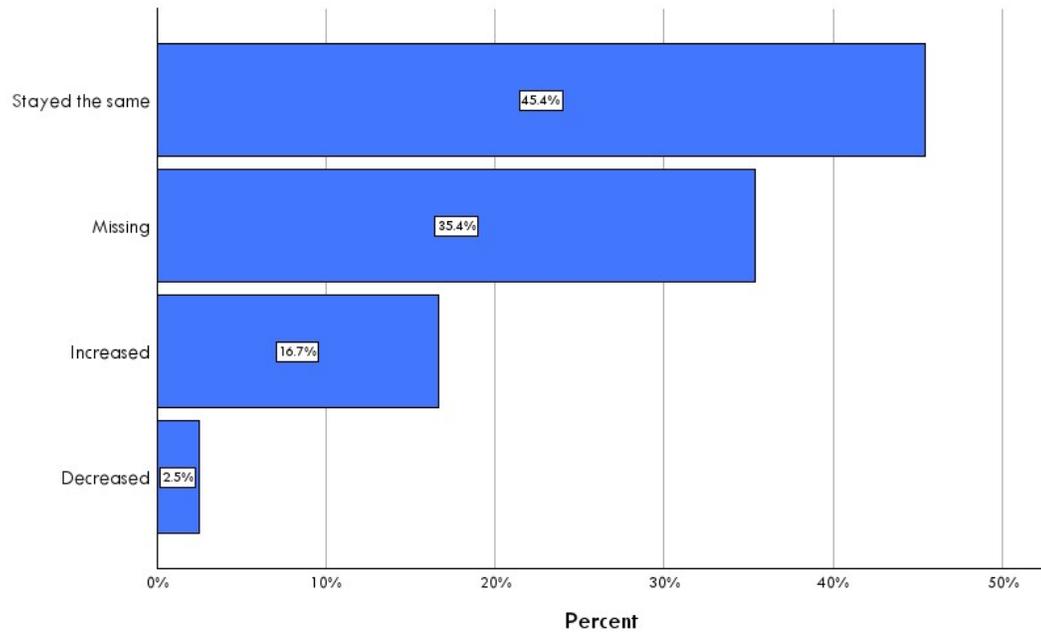
Figure 40. Turnover of program staff since the COVID pandemic
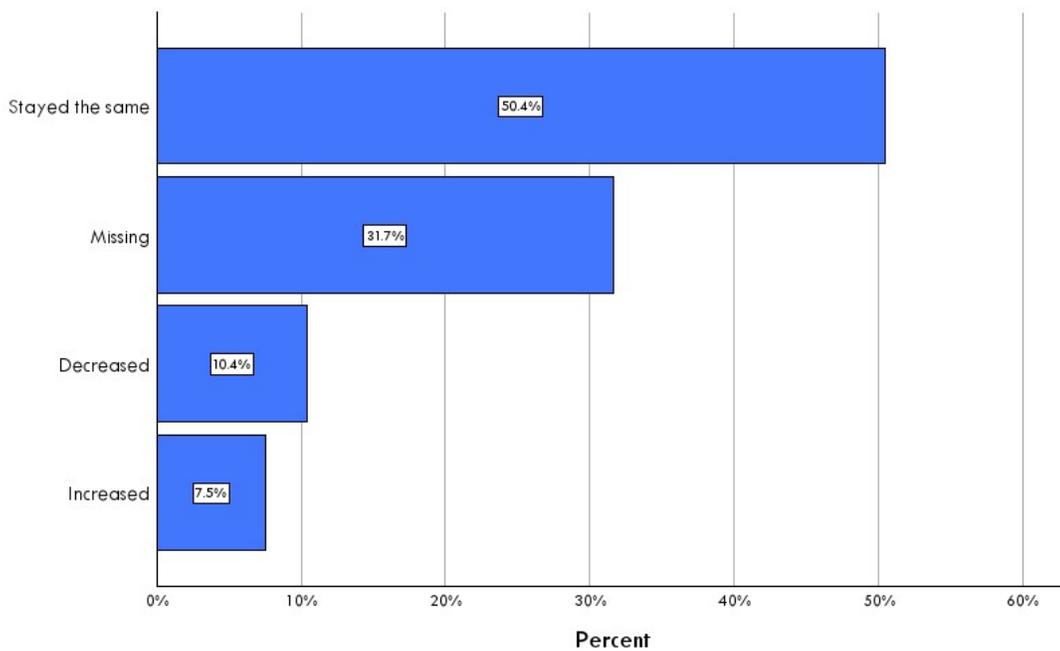
Figure 41. Staffing levels since the COVID pandemic

42. Which types of staff were impacted? Select all that apply.

For those whose programs staffing levels have been impacted since the pandemic, full-time faculty had been affected slightly more than part-time faculty. While perhaps a surprising finding, it may reveal that part-time and preceptor faculty likely permit programs to be more flexible in meeting student needs.

Table 48. Individuals impacted by COVID staff reductions

	Responses		Percent of Cases
	N	Percent	
Full-time faculty	27	35.1%	62.8%
Part-time faculty	26	33.8%	60.5%
Preceptors	24	31.2%	55.8%
Total*	77	100.0%	179.1%

*Respondents were instructed to select all that applied.

Summary of Yes-No Responses

This survey relied on several questions in which respondents were prompted to select "Yes" or "No." Some chose not to respond, which represents a third response. The following table summarizes these responses by giving a high and low estimate of the percentage of "Yes" responses that were reported for each question.

The high estimate is the valid percent value, which assumes that those who left the question without a response were equally likely to have selected "Yes" or "No." The low estimate assumes that respondents skipped the question when it did not apply to them rather than select "No." The truth most likely lies somewhere between the low and high estimate for each question, which is why we have summarized them here.

Lastly, we rank ordered these responses from high to low based on the value for the high estimate.

Table 49. Low and high estimates for affirmative responses to survey items limited to Yes and No

	Estimates for Affirmative (Yes) Responses?	
	Low	High
Can graduates from your program earn an associates degree?	75.8	75.8
Can graduates from your program earn a Baccalaureate degree directly from your program or through an agreement with another institution?	68.3	68.3
Did your program start using or increase usage of virtual simulation in response to the COVID pandemic?	43.3	66.2
Does the education program encourage faculty who only teach didactic courses to participate in patient care outside of instructional time to maintain clinical skills?	42.9	64.0

	Estimates for Affirmative (Yes) Responses?	
	Low	High
Have you had recent difficulty recruiting faculty for your program?	40.8	54.4
If your institution moved to remote learning due to the COVID pandemic, did your program continue remote delivery of some didactic courses?	28.3	45.0
If any current or potential program faculty wanted to seek tenure within your institution, could a tenure-track position be made available to them?	32.1	44.0
Is your program interested in affiliating with an international respiratory therapist education program?	23.3	23.9
Can graduates from your program earn a Master's degree?	7.5	7.6
Did your program offer a remote degree advancement option as a result of the COVID pandemic	4.2	4.3

Appendix A. Human Resource Survey of Education Programs

aarc
American Association
for Respiratory Care

2024 AARC Human Resource Study of Education Programs

This survey is best viewed on a laptop or personal computer.

If you lead multiple locations (campuses, sites), please consider them all as a whole while responding to each survey question.

2024 AARC Human Resource Study of Education Programs

Program Information

What is the zip code for the main program?

[   ]

What best describes the type of institution in which the program is sponsored?

- ○ Military
- ○ Public (taxpayer and tuition supported)
- ○ Private (tuition and endowment supported)
- ○ Public/private consortium
- ○ Proprietary (for-profit)

Within what type of institution is the program based?

- ○ Community College, Technical, or Vocational Institution typically awarding an Associates degree
- ○ College or University typically awarding at least a Baccalaureate degree

Can graduates from your program earn an Associates degree?

- ○ Yes
- ○ No

* Can graduates earn a Baccalaureate degree directly from your program OR through an agreement with another institution?

- ○ Yes
- ○ No

Type of Baccalaureate Degree

What type of baccalaureate degree does your program offer?

Select all that apply.

	Entry to Practice	Degree Advancement
Directly From My Institution - Online	☐	☐
Through An Agreement With Another Institution - Online	☐	☐
Directly From My Institution - On Campus	☐	☐
Through An Agreement With Another Institution - On campus	☐	☐

Masters Degree

* **Does your program offer a Masters degree in Respiratory Therapy?**

　○ Yes

　○ No

2024 AARC Human Resource Study of Education Programs

Type of Masters Degree

What type of Masters degree does your program offer?

Select all that apply.

	Entry to Practice	Degree Advancement
Directly From My Institution - Online	☐	☐
Through An Agreement With Another Institution - Online	☐	☐
Directly From My Institution - On Campus	☐	☐
Through An Agreement With Another Institution - On campus	☐	☐

Does your program plan to seek an articulation agreement with another institution through which students may earn a higher degree in Respiratory Therapy?

○ Yes

○ No

○ We already have at least one agreement.

* Did your program offer a remote degree advancement option as a result of the COVID pandemic?

○ Yes

○ No

What type of remote degree advancement program was added?

Select all that apply.

- ☐ Bachelor's degree
- ☐ Masters degree
- ☐ Doctoral degree

FTEs

How many FTEs were assigned to the following positions within the program *during the 2022 academic year*?

Please use the following table as a guide:

Hours/Week (range)	FTEs
37 or more	1.0
29-36	0.8
21-28	0.6
13-20	0.4
5-12	0.2

Program Director (e.g., 1.0)

Director of Clinical Education (e.g., 1.0)

Instructors (e.g., 2.6)

How many FTEs were assigned to the following positions within the program *during the 2024 (current) academic year*?

Please use the following table as a guide:

Hours/Week (range)	FTEs
37 or more	1.0
29-36	0.8
21-28	0.6
13-20	0.4
5-12	0.2

Program Director (e.g., 1.0)

Director of Clinical Education (e.g., 1.0)

Instructors (e.g., 2.6)

How many FTEs will be assigned to the following positions within the program during the 2027 academic year?

Please use the following table as a guide:

Hours/Week (range)	FTEs
37 or more	1.0
29-36	0.8
21-28	0.6
13-20	0.4
5-12	0.2

Program Director (e.g., 1.0)

Director of Clinical Education (e.g., 1.0)

Instructors (e.g., 2.6)

Position Information

Please provide the following information for positions paid by the program:

	Months of Service Per Year	Hours Contracted Per Week	Academic Rank	Highest Degree	Pursuing Higher Degree	Educational Responsibility	Years of Experience in Education
Program Director							
Director of Clinical Education							
Faculty Member 1							
Faculty Member 2							
Faculty Member 3							
Faculty Member 4							
Faculty Member 5							
Faculty Member 6							
Faculty Member 7							
Faculty Member 8							
Faculty Member 9							
Faculty Member 10							

Please specify the credentials held by faculty members.

Select all that apply.

	CRT	RRT	NPS	CPFT/RPFT	ACCS	SDS	AE-C	CTTS	CHSE
Program Director	☐	☐	☐	☐	☐	☐	☐	☐	☐
Director of Clinical Education	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 1	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 2	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 3	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 4	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 5	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 6	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 7	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 8	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 9	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faculty Member 10	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please provide the annual earnings for positions paid by the program.

Exclude the dollar sign ($) and comma from your response, e.g., 72000.

Program Director _____

Director of Clinical Education _____

Faculty Member 1 _____

Faculty Member 2 _____

Faculty Member 3 _____

Faculty Member 4 _____

Faculty Member 5 _____

Faculty Member 6 _____

Faculty Member 7 _____

Faculty Member 8 _____

Faculty Member 9 _____

Faculty Member 10 _____

Tenure

If any current or potential program faculty wanted to seek tenure within your institution, could a tenure-track position be made available to them?

◯ Yes

◯ No

Provide the following information regarding tenure for positions paid by the program:

	Has this person received tenure?	For how many more years does this person intend to remain in Respiratory Care education?
Program Director	⇕	⇕
Director of Clinical Education	⇕	⇕
Faculty member 1	⇕	⇕
Faculty member 2	⇕	⇕
Faculty member 3	⇕	⇕
Faculty member 4	⇕	⇕
Faculty member 5	⇕	⇕
Faculty member 6	⇕	⇕
Faculty member 7	⇕	⇕
Faculty member 8	⇕	⇕
Faculty member 9	⇕	⇕
Faculty member 10	⇕	⇕

Recruitment

* Have you had recent difficulty recruiting faculty for your program?

○ Yes

○ No

Recruitment

What reasons contributed to the difficulty you experienced in recruiting faculty?

Select all that apply.

☐ The applicants did not meet academic preparation requirements.

☐ The salary we could offer was not sufficient.

☐ The applicants lacked experience teaching students.

☐ The applicants lacked specific skills (e.g., neonatal, research).

☐ The location of program was inconvenient to applicant.

☐ Virtual positions were unavailable.

☐ The applicant pool was too small.

☐ Other (please specify)

_____

Graduation Rate

How many students have graduated or do you expect to graduate from your programs?

	Entry-to-Practice	Degree Advancement
Graduated in 2023		
Graduated in 2024		
Expected to Graduate in 2025		

Please respond to the following questions for the last class of students who graduated from your entry-to-practice program:

What was the CoARC-approved capacity of the program to accept students?

How many students were accepted?

How many students graduated?

Please rank the following barriers to accepting more students into the program in order of significance:

	1 - Least Significant	2	3	4	5 - Most Significant
Additional faculty are unavailable	○	○	○	○	○
Competition from other respiratory therapy programs	○	○	○	○	○
Funding to expand program capacity is unavailable	○	○	○	○	○
Insufficient classroom/lab space	○	○	○	○	○
Insufficient space for clinical experiences	○	○	○	○	○

Please specify any other barriers.

[   ]

What percentages of students in the entry-to-practice program have fallen into the following two groups?

Please type your numeric responses without the percent sign (e.g., 25 not 25%) in the boxes below. Your responses must sum to 100.

Traditional - continuously enrolled since high school   [   ]

Non-Traditional - coming from the workforce   [   ]

In what venues do students in your program receive clinical training?

Select all that apply.

☐ Acute care hospital (e.g., ICU, ED, OR, Transport)

☐ Clinic (e.g., asthma, COPD, cystic fibrosis)

☐ Diagnostic lab

☐ Home care/DME

☐ Long-term care facilities (e.g., SNF, LTACH)

☐ Physician's office

☐ Rehab (e.g., pulmonary, cardiac)

☐ Simulation lab

☐ Sleep center

☐ Telemedicine

☐ Urgent care center

☐ Other (please specify)

[   ]

To increase awareness of respiratory care career opportunities, in what ongoing recruitment efforts does your program participate within the community?

Select all that apply.

☐ Career fairs

☐ Health fairs

☐ High school visits

☐ HOSA Future Health Professionals

☐ Other (please specify)

[   ]

Program Content

What percentage of the didactic content of your respiratory therapy program was, is, or will be accessible through distance learning instructional technology?

5 years ago

[▼]

present

[▼]

5 years from now

[▼]

Is your program interested in affiliating with an international respiratory therapist education program?

○ Yes

○ No

○ Currently have an international affiliation in place

Does the education program encourage faculty who only teach didactic courses to participate in patient care outside of instructional time to maintain clinical skills?

○ Yes

○ No

COVID-19 Pandemic

Did your program start using or increase usage of virtual simulations in response to the COVID pandemic?

○ Yes

○ No

If your institution moved to remote learning due to the COVID pandemic, did your program continue remote delivery of some didactic courses?

○ Yes

○ No

How has the turnover of program staff been impacted since the COVID pandemic?

○ decreased

○ stayed the same

○ increased

* How have program staffing levels been impacted since the COVID pandemic?

○ decreased

○ stayed the same

○ increased

Which types of program staff were impacted?

Select all that apply.

- ☐ Full-time faculty
- ☐ Part-time faculty
- ☐ Preceptors

For submitting a **completed** survey, you can receive a copy of the report describing the results.

Your survey responses will not be associated with your personal information.

Please provide your contact information to receive the report.

Name: [   ]

Email Address: [   ]

Phone Number: [   ]

AARC Member #: [   ]

Conclusion

Thank you for completing the AARC Human Resource Survey for Education Programs!

Appendix B. Contents of the Study Solicitations and Social Media Posts

Email invitation – June 15

Dear FIRSTNAME LASTNAME,

The AARC is conducting a human resource study with help from the NBRC to assess the respiratory therapist workforce. You were selected to respond to a survey of education programs that should take about 20 minutes to complete. Each person who submits a full set of responses will receive a report of the results.

Solid data about the people in the profession is critical as the AARC interacts on your behalf with government agencies and other organizations. Your assistance with this vital project is deeply appreciated. Click on the link below to begin and use the same device to return to the survey if you need to stop before you've finished. If you have questions or experience difficulties, contact Jennifer Benavente.

The survey will be available until July 26, 2024.

Link to Educator Survey.

Carl Hinkson, MS, RRT, RRT-NPS, RRT-ACCS, FAARC
AARC President

Dear FIRSTNAME LASTNAME,

If you have already completed the AARC Educator Survey, we thank you for your responses – kindly disregard this message. If you haven't provided responses yet, please read on.

The AARC is conducting a human resource study with help from the NBRC to assess the respiratory therapist workforce. You were selected to respond to a survey of education programs that should take about 20 minutes to complete. Each person who submits a full set of survey responses will receive a report of the results.

Solid data about the people in the profession is critical as the AARC interacts on your behalf with government agencies and other organizations. Your assistance with this vital project is deeply appreciated. You may begin by clicking on the button below. If you have questions or experience difficulties, contact Jennifer Benavente.

The survey will be available until **July 26, 2024**.

Link to Educator Survey.

Carl Hinkson, MS, RRT, RRT-NPS, RRT-ACCS, FAARC
AARC President

Sample social media posts

American Association for Respiratory Care (AARC)
41,912 followers
1mo · 🌐

Help us shape the future of respiratory therapy! The AARC needs your input for our latest HR study. Your voice matters—take the survey today! https://lnkd.in/gGTSE8gJ #Healthcare #RespiratoryTherapy #AARCResearch #TakeTheSurvey

The AARC is launching a new human resource study, and we need your help! By participating, you'll contribute to vital strategic planning, government relations, and programming. Our past studies, including the 2017 education survey, have made significant impacts. Join us in shaping the future—take the survey now! **https://lnkd.in/gGTSE8gJ #AARC #RespiratoryTherapy #HealthcareResearch #TakeTheSurvey**

American Association for Respiratory Care (AARC)
41,912 followers
1mo • 🌐

The AARC is conducting a new human resource study, and we need your input! Your participation will aid in strategic planning, government relations, and programming. Previous studies have provided invaluable insig ...see more

Appendix C. Frequency Tables

Table 50. Respondents by state

Return to <u>Figure 1</u>

		Responses				Education Programs	
		Frequency	Percent	Valid Percent	Cumulative Percent	Frequency	Percent
Valid	AL	3	1.2	1.3	1.3	9	1.9
	AZ	4	1.6	1.7	2.9	5	1.0
	AR	4	1.6	1.7	4.6	8	1.7
	CA	18	7.3	7.5	12.1	40	8.4
	CO	1	0.4	0.4	12.6	4	0.8
	CT	3	1.2	1.3	13.8	6	1.3
	DC	1	0.0	0.0	13.8	1	0.2
	DE	1	0.4	0.4	14.2	2	0.4
	FL	15	6.1	6.3	20.5	27	5.7
	GA	8	3.3	3.3	23.8	16	3.4
	HI	1	0.4	0.4	24.3	1	0.2
	ID	2	0.8	0.8	25.1	5	1.0
	IL	5	2.0	2.1	27.2	17	3.6
	IN	6	2.4	2.5	29.7	14	2.9
	IA	4	1.6	1.7	31.4	6	1.3
	KS	0	0.0	0.0	31.4	10	2.1
	KY	5	2.0	2.1	33.5	15	3.1
	LA	6	2.4	2.5	36.0	9	1.9
	ME	1	0.4	0.4	36.4	2	0.4
	MD	4	1.6	1.7	38.1	6	1.3
	MA	5	2.0	2.1	40.2	7	1.5
	MI	4	1.6	1.7	41.8	13	2.7
	MN	3	1.2	1.3	43.1	5	1.0
	MS	3	1.2	1.3	44.4	9	1.9
	MO	6	2.4	2.5	46.9	13	2.7
	MT	2	0.8	0.8	47.7	2	0.4
	NE	1	0.4	0.4	48.1	6	1.3

		Responses				Education Programs	
		Frequency	Percent	Valid Percent	Cumulative Percent	Frequency	Percent
	NV	2	0.8	0.8	49.0	3	0.6
	NH	1	0.4	0.4	49.4	1	0.2
	NJ	4	1.6	1.7	51.0	6	1.3
	NM	6	2.4	2.5	53.6	6	1.3
	NY	8	3.3	3.3	56.9	14	2.9
	NC	6	2.4	2.5	59.4	21	4.4
	ND	3	1.2	1.3	60.7	4	0.8
	OH	11	4.5	4.6	65.3	30	6.3
	OK	6	2.4	2.5	67.8	6	1.3
	OR	1	0.4	0.4	68.2	3	0.6
	PA	13	5.3	5.4	73.6	27	5.7
	PR	0	0.0	0.0	73.6	1	0.2
	RI	0	0.0	0.0	73.6	2	0.4
	SC	6	2.4	2.5	76.2	7	1.5
	SD	1	0.4	0.4	76.6	2	0.4
	TN	8	3.3	3.3	79.9	11	2.3
	TX	27	11.0	11.3	91.2	35	7.3
	UT	2	0.8	0.8	92.1	9	1.9
	VT	2	0.8	0.8	92.9	1	0.2
	VA	3	1.2	1.3	94.1	9	1.9
	WA	3	1.2	1.3	95.4	5	1.0
	WV	4	1.6	1.7	97.1	8	1.7
	WI	5	2.0	2.1	99.2	7	1.5
	WY	2	0.8	0.8	100.0	1	0.2
	Total	239	97.2	100.0		477	100.0
Missing	System	7	2.8				
Total		246	100.0				

* In August 2024, The Commission on Accreditation for Respiratory Care's website listed 477 accredited respiratory care programs. However, some programs include multiple satellite campuses overseen by a single Program Director and therefore only individuals from 445 programs were contacted.

Table 51. Schools by Region

Return to Figure 2

		Frequency	Percent	Valid Percent	Cumulative Percent
	Northeast	36	15.0	15.5	15.5
	South	105	43.8	45.1	60.5
	Midwest	49	20.4	21.0	81.5
	West	43	17.9	18.5	100.0
	Total	233	97.1	100.0	
Missing	System	7	2.9		
Total		240	100.0		

Table 52. Distribution by census division

Return to Figure 3

		Frequency	Percent	Valid Percent	Cumulative Percent
	1 - New England	12	5.0	5.2	5.2
	2 - Middle Atlantic	24	10.0	10.3	15.5
	3 - South Atlantic	46	19.2	19.7	35.2
	4 - East North Central	31	12.9	13.3	48.5
	5 - West North Central	18	7.5	7.7	56.2
	6 - East South Central	19	7.9	8.2	64.4
	7 - West South Central	40	16.7	17.2	81.5
	8 - Mountain	21	8.8	9.0	90.6
	9 - Pacific	22	9.2	9.4	100.0
	Total	233	97.1	100.0	
Missing	System	7	2.9		
Total		240	100.0		

Table 53. Program Sponsor

Return to Figure 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Military	3	1.3	1.3	1.3
Public (taxpayer and tuition supported)	181	75.4	75.4	76.7
Private (tuition and endowment supported)	29	12.1	12.1	88.8
Public/private consortium	16	6.7	6.7	95.4
Proprietary (for-profit)	11	4.6	4.6	100.0
Total	240	100.0	100.0	

Table 54. Institution type

Return to Figure 5

	Frequency	Percent	Valid Percent	Cumulative Percent
Community College, Technical or Vocational Institution typically awarding an Associates degree	164	68.3	68.3	68.3
College or University typically awarding at least a Baccalaureate degree	76	31.7	31.7	100.0
Total	240	100.0	100.0	

Table 55. Availability of an associate's degree

Return to Figure 6

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	182	75.8	75.8	75.8
No	58	24.2	24.2	100.0
Total	240	100.0	100.0	

Table 56. Availability of a baccalaureate degree

Return to Figure 7

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	164	68.3	68.3	68.3
No	76	31.7	31.7	100.0
Total	240	100.0	100.0	

Table 57. Availability of a Master's degree

Return to Figure 8

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	18	7.5	7.6	7.6
	No	220	91.7	92.4	100.0
	Total	238	99.2	100.0	
Missing	System	2	.8		
Total		240	100.0		

Table 58. Plans to seek articulation agreement

Return to Figure 9

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	56	23.3	23.9	23.9
	No	84	35.0	35.9	59.8
	We already have at least one agreement.	94	39.2	40.2	100.0
	Total	234	97.5	100.0	
Missing	System	6	2.5		
Total		240	100.0		

Table 59. Remote degree advancement option following COVID pandemic

Return to Figure 10

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	10	4.2	4.3	4.3
	No	225	93.8	95.7	100.0
	Total	235	97.9	100.0	
Missing	System	5	2.1		
Total		240	100.0		

Table 60. Academic rank – Program Directors

Return to Figure 15

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	48	20.0	27.9	27.9
	Assistant Professor	27	11.3	15.7	43.6
	Associate Professor	34	14.2	19.8	63.4
	Professor	45	18.8	26.2	89.5
	Does Not Apply	18	7.5	10.5	100.0
	Total	172	71.7	100.0	
Missing	System	68	28.3		
Total		240	100.0		

Table 61. Academic rank –Directors of Clinical Education

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	64	26.7	39.0	39.0
	Assistant Professor	36	15.0	22.0	61.0
	Associate Professor	24	10.0	14.6	75.6
	Professor	23	9.6	14.0	89.6
	Does Not Apply	17	7.1	10.4	100.0
	Total	164	68.3	100.0	
Missing	System	76	31.7		
Total		240	100.0		

Table 62. Academic Rank – faculty member #1

Return to <u>Figure 16</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	61	25.4	51.3	51.3
	Assistant Professor	14	5.8	11.8	63.0
	Associate Professor	18	7.5	15.1	78.2
	Professor	12	5.0	10.1	88.2
	Does Not Apply	14	5.8	11.8	100.0
	Total	119	49.6	100.0	
Missing	System	121	50.4		
Total		240	100.0		

Table 63. Academic Rank – faculty member #2

Return to <u>Figure 16</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	51	21.3	60.0	60.0
	Assistant Professor	12	5.0	14.1	74.1
	Associate Professor	6	2.5	7.1	81.2
	Professor	3	1.3	3.5	84.7
	Does Not Apply	13	5.4	15.3	100.0
	Total	85	35.4	100.0	
Missing	System	155	64.6		
Total		240	100.0		

Table 64. Academic Rank – faculty member #3

Return to <u>Figure 16</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	37	15.4	66.1	66.1
	Assistant Professor	8	3.3	14.3	80.4
	Associate Professor	2	.8	3.6	83.9
	Professor	2	.8	3.6	87.5
	Does Not Apply	7	2.9	12.5	100.0
	Total	56	23.3	100.0	
Missing	System	184	76.7		
Total		240	100.0		

Table 65. Academic Rank – faculty member #4

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	22	9.2	66.7	66.7
	Assistant Professor	4	1.7	12.1	78.8
	Professor	1	.4	3.0	81.8
	Does Not Apply	6	2.5	18.2	100.0
	Total	33	13.8	100.0	
Missing	System	207	86.3		
Total		240	100.0		

Table 66. Academic Rank – faculty member #5

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	19	7.9	79.2	79.2
	Assistant Professor	1	.4	4.2	83.3
	Professor	1	.4	4.2	87.5
	Does Not Apply	3	1.3	12.5	100.0
	Total	24	10.0	100.0	
Missing	System	216	90.0		
Total		240	100.0		

Table 67. Academic Rank – faculty member #6

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	9	3.8	56.3	56.3
	Assistant Professor	1	.4	6.3	62.5
	Associate Professor	1	.4	6.3	68.8
	Professor	2	.8	12.5	81.3
	Does Not Apply	3	1.3	18.8	100.0
	Total	16	6.7	100.0	
Missing	System	224	93.3		
Total		240	100.0		

Table 68. Academic Rank – faculty member #7

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	9	3.8	75.0	75.0
	Does Not Apply	3	1.3	25.0	100.0
	Total	12	5.0	100.0	
Missing	System	228	95.0		
Total		240	100.0		

Table 69. Academic Rank – faculty member #8

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	8	3.3	72.7	72.7
	Does Not Apply	3	1.3	27.3	100.0
	Total	11	4.6	100.0	
Missing	System	229	95.4		
Total		240	100.0		

Table 70. Academic Rank – faculty member #9

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	6	2.5	75.0	75.0
	Does Not Apply	2	.8	25.0	100.0
	Total	8	3.3	100.0	
Missing	System	232	96.7		
Total		240	100.0		

Table 71. Academic Rank – faculty member #10

Return to Figure 16

		Frequency	Percent	Valid Percent	Cumulative Percent
	Instructor	4	1.7	80.0	80.0
	Does Not Apply	1	.4	20.0	100.0
	Total	5	2.1	100.0	
Missing	System	235	97.9		
Total		240	100.0		

Table 72. Highest Degree – Program Directors

Return to Figure 17

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	1	.4	.6	.6
	Baccalaureate	26	10.8	15.6	16.2
	Masters	103	42.9	61.7	77.8
	Masters+30/Specialist	10	4.2	6.0	83.8
	Doctorate	27	11.3	16.2	100.0
	Total	167	69.6	100.0	
Missing	System	73	30.4		
Total		240	100.0		

Table 73. Highest Degree –Directors of Clinical Education

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	6	2.5	3.8	3.8
	Baccalaureate	55	22.9	34.8	38.6
	Masters	85	35.4	53.8	92.4
	Masters+30/Specialist	5	2.1	3.2	95.6
	Doctorate	7	2.9	4.4	100.0
	Total	158	65.8	100.0	
Missing	System	82	34.2		
Total		240	100.0		

Table 74. Highest Degree – faculty member #1

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	21	8.8	18.1	18.1
	Baccalaureate	34	14.2	29.3	47.4
	Masters	45	18.8	38.8	86.2
	Masters+30/Specialist	6	2.5	5.2	91.4
	Doctorate	10	4.2	8.6	100.0
	Total	116	48.3	100.0	
Missing	System	124	51.7		
Total		240	100.0		

Table 75. Highest Degree – faculty member #2

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	19	7.9	22.6	22.6
	Baccalaureate	32	13.3	38.1	60.7
	Masters	27	11.3	32.1	92.9
	Masters+30/Specialist	1	.4	1.2	94.0
	Doctorate	5	2.1	6.0	100.0
	Total	84	35.0	100.0	
Missing	System	156	65.0		
Total		240	100.0		

Table 76. Highest Degree – faculty member #3

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	17	7.1	30.9	30.9
	Baccalaureate	22	9.2	40.0	70.9
	Masters	14	5.8	25.5	96.4
	Masters+30/Specialist	1	.4	1.8	98.2
	Doctorate	1	.4	1.8	100.0
	Total	55	22.9	100.0	
Missing	System	185	77.1		
Total		240	100.0		

Table 77. Highest Degree – faculty member #4

Return to <u>Figure 18</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	9	3.8	28.1	28.1
	Baccalaureate	14	5.8	43.8	71.9
	Masters	7	2.9	21.9	93.8
	Doctorate	2	.8	6.3	100.0
	Total	32	13.3	100.0	
Missing	System	208	86.7		
Total		240	100.0		

Table 78. Highest Degree – faculty member #5

Return to <u>Figure 18</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	7	2.9	31.8	31.8
	Baccalaureate	9	3.8	40.9	72.7
	Masters	6	2.5	27.3	100.0
	Total	22	9.2	100.0	
Missing	System	218	90.8		
Total		240	100.0		

Table 79. Highest Degree – faculty member #6

Return to <u>Figure 18</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	6	2.5	37.5	37.5
	Baccalaureate	8	3.3	50.0	87.5
	Masters	1	.4	6.3	93.8
	Doctorate	1	.4	6.3	100.0
	Total	16	6.7	100.0	
Missing	System	224	93.3		
Total		240	100.0		

Table 80. Highest Degree – faculty member #7

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	8	3.3	66.7	66.7
	Baccalaureate	3	1.3	25.0	91.7
	Masters	1	.4	8.3	100.0
	Total	12	5.0	100.0	
Missing	System	228	95.0		
Total		240	100.0		

Table 81. Highest Degree – faculty member #8

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	8	3.3	72.7	72.7
	Baccalaureate	3	1.3	27.3	100.0
	Total	11	4.6	100.0	
Missing	System	229	95.4		
Total		240	100.0		

Table 82. Highest Degree – faculty member #9

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	3	1.3	37.5	37.5
	Baccalaureate	4	1.7	50.0	87.5
	Masters	1	.4	12.5	100.0
	Total	8	3.3	100.0	
Missing	System	232	96.7		
Total		240	100.0		

Table 83. Highest Degree – faculty member #10

Return to Figure 18

		Frequency	Percent	Valid Percent	Cumulative Percent
	Associates	4	1.7	80.0	80.0
	Baccalaureate	1	.4	20.0	100.0
	Total	5	2.1	100.0	
Missing	System	235	97.9		
Total		240	100.0		

Table 84. Pursuing Higher Degree – Program Directors

Return to Figure 19

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	31	12.9	19.9	19.9
	No	125	52.1	80.1	100.0
	Total	156	65.0	100.0	
Missing	System	84	35.0		
Total		240	100.0		

Table 85. Pursuing Higher Degree –Directors of Clinical Education

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	47	19.6	31.5	31.5
	No	102	42.5	68.5	100.0
	Total	149	62.1	100.0	
Missing	System	91	37.9		
Total		240	100.0		

Table 86. Pursuing Higher Degree –faculty member #1

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	28	11.7	25.5	25.5
	No	82	34.2	74.5	100.0
	Total	110	45.8	100.0	
Missing	System	130	54.2		
Total		240	100.0		

Table 87. Pursuing Higher Degree –faculty member #2

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	21	8.8	26.6	26.6
	No	58	24.2	73.4	100.0
	Total	79	32.9	100.0	
Missing	System	161	67.1		
Total		240	100.0		

Table 88. Pursuing Higher Degree –faculty member #3

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	15	6.3	28.8	28.8
	No	37	15.4	71.2	100.0
	Total	52	21.7	100.0	
Missing	System	188	78.3		
Total		240	100.0		

Table 89. Pursuing Higher Degree –faculty member #4

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	3	1.3	9.7	9.7
	No	28	11.7	90.3	100.0
	Total	31	12.9	100.0	
Missing	System	209	87.1		
Total		240	100.0		

Table 90. Pursuing Higher Degree –faculty member #5

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	7	2.9	31.8	31.8
	No	15	6.3	68.2	100.0
	Total	22	9.2	100.0	
Missing	System	218	90.8		
Total		240	100.0		

Table 91. Pursuing Higher Degree –faculty member #6

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	1	.4	6.3	6.3
	No	15	6.3	93.8	100.0
	Total	16	6.7	100.0	
Missing	System	224	93.3		
Total		240	100.0		

Table 92. Pursuing Higher Degree –faculty member #7

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	2	.8	16.7	16.7
	No	10	4.2	83.3	100.0
	Total	12	5.0	100.0	
Missing	System	228	95.0		
Total		240	100.0		

Table 93. Pursuing Higher Degree –faculty member #8

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	9.1	9.1
	No	10	4.2	90.9	100.0
	Total	11	4.6	100.0	
Missing	System	229	95.4		
Total		240	100.0		

Table 94. Pursuing Higher Degree –faculty member #9

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	.4	12.5	12.5
	No	7	2.9	87.5	100.0
	Total	8	3.3	100.0	
Missing	System	232	96.7		
Total		240	100.0		

Table 95. Pursuing Higher Degree –faculty member #10

Return to Figure 20

		Frequency	Percent	Valid Percent	Cumulative Percent
	No	5	2.1	100.0	100.0
Missing	System	235	97.9		
Total		240	100.0		

Table 96. Educational Responsibility – Program Directors

Return to Figure 21

		Frequency	Percent	Valid Percent	Cumulative Percent
	Didactic	86	35.8	52.8	52.8
	Clinical and Didactic	77	32.1	47.2	100.0
	Total	163	67.9	100.0	
Missing	System	77	32.1		
Total		240	100.0		

Table 97. Educational Responsibility –Directors of Clinical Education

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	9	3.8	5.8	5.8
	Didactic	11	4.6	7.1	13.0
	Clinical and Didactic	134	55.8	87.0	100.0
	Total	154	64.2	100.0	
Missing	System	86	35.8		
Total		240	100.0		

Table 98. Educational Responsibility –faculty member #1

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	18	7.5	15.8	15.8
	Didactic	54	22.5	47.4	63.2
	Clinical and Didactic	42	17.5	36.8	100.0
	Total	114	47.5	100.0	
Missing	System	126	52.5		
Total		240	100.0		

Table 99. Educational Responsibility –faculty member #2

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	29	12.1	35.4	35.4
	Didactic	29	12.1	35.4	70.7
	Clinical and Didactic	24	10.0	29.3	100.0
	Total	82	34.2	100.0	
Missing	System	158	65.8		
Total		240	100.0		

Table 100. Educational Responsibility –faculty member #3

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	22	9.2	41.5	41.5
	Didactic	15	6.3	28.3	69.8
	Clinical and Didactic	16	6.7	30.2	100.0
	Total	53	22.1	100.0	
Missing	System	187	77.9		
Total		240	100.0		

Table 101. Educational Responsibility –faculty member #4

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	15	6.3	48.4	48.4
	Didactic	7	2.9	22.6	71.0
	Clinical and Didactic	9	3.8	29.0	100.0
	Total	31	12.9	100.0	
Missing	System	209	87.1		
Total		240	100.0		

Table 102. Educational Responsibility –faculty member #5

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	15	6.3	71.4	71.4
	Didactic	3	1.3	14.3	85.7
	Clinical and Didactic	3	1.3	14.3	100.0
	Total	21	8.8	100.0	
Missing	System	219	91.3		
Total		240	100.0		

Table 103. Educational Responsibility –faculty member #6

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	13	5.4	86.7	86.7
	Didactic	1	.4	6.7	93.3
	Clinical and Didactic	1	.4	6.7	100.0
	Total	15	6.3	100.0	
Missing	System	225	93.8		
Total		240	100.0		

Table 104. Educational Responsibility –faculty member #7

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	10	4.2	90.9	90.9
	Didactic	1	.4	9.1	100.0
	Total	11	4.6	100.0	
Missing	System	229	95.4		
Total		240	100.0		

Table 105. Educational Responsibility –faculty member #8

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	9	3.8	90.0	90.0
	Clinical and Didactic	1	.4	10.0	100.0
	Total	10	4.2	100.0	
Missing	System	230	95.8		
Total		240	100.0		

Table 106. Educational Responsibility –faculty member #9

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	5	2.1	62.5	62.5
	Didactic	1	.4	12.5	75.0
	Clinical and Didactic	2	.8	25.0	100.0
	Total	8	3.3	100.0	
Missing	System	232	96.7		
Total		240	100.0		

Table 107. Educational Responsibility –faculty member #10

Return to Figure 22

		Frequency	Percent	Valid Percent	Cumulative Percent
	Clinical	3	1.3	60.0	60.0
	Clinical and Didactic	2	.8	40.0	100.0
	Total	5	2.1	100.0	
Missing	System	235	97.9		
Total		240	100.0		

Table 108. Years of Experience - Program Director

Return to <u>Figure 23</u>

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	3	1.3	1.9	1.9
1.00	4	1.7	2.5	4.4
2.00	2	.8	1.3	5.7
3.00	4	1.7	2.5	8.2
4.00	4	1.7	2.5	10.8
5.00	4	1.7	2.5	13.3
6.00	2	.8	1.3	14.6
7.00	2	.8	1.3	15.8
8.00	6	2.5	3.8	19.6
9.00	6	2.5	3.8	23.4
10.00	8	3.3	5.1	28.5
11.00	4	1.7	2.5	31.0
12.00	13	5.4	8.2	39.2
13.00	3	1.3	1.9	41.1
14.00	6	2.5	3.8	44.9
15.00	12	5.0	7.6	52.5
16.00	4	1.7	2.5	55.1
17.00	2	.8	1.3	56.3
18.00	7	2.9	4.4	60.8
19.00	1	.4	.6	61.4
20.00	8	3.3	5.1	66.5
21.00	2	.8	1.3	67.7
22.00	6	2.5	3.8	71.5
23.00	1	.4	.6	72.2
24.00	3	1.3	1.9	74.1
25.00	7	2.9	4.4	78.5
27.00	3	1.3	1.9	80.4
28.00	2	.8	1.3	81.6
29.00	1	.4	.6	82.3
30.00	8	3.3	5.1	87.3
32.00	3	1.3	1.9	89.2
33.00	1	.4	.6	89.9
34.00	2	.8	1.3	91.1
35.00	5	2.1	3.2	94.3

	Frequency	Percent	Valid Percent	Cumulative Percent
36.00	2	.8	1.3	95.6
37.00	2	.8	1.3	96.8
38.00	2	.8	1.3	98.1
41.00	2	.8	1.3	99.4
43.00	1	.4	.6	100.0
Total	158	65.8	100.0	
Missing System	82	34.2		
Total	240	100.0		

Table 109. Years of Experience – Director of Clinical Education

Return to Figure 24

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	8	3.3	5.3	5.3
1.00	9	3.8	6.0	11.3
2.00	11	4.6	7.3	18.7
3.00	7	2.9	4.7	23.3
4.00	11	4.6	7.3	30.7
5.00	16	6.7	10.7	41.3
6.00	8	3.3	5.3	46.7
7.00	7	2.9	4.7	51.3
8.00	10	4.2	6.7	58.0
9.00	2	.8	1.3	59.3
10.00	14	5.8	9.3	68.7
11.00	4	1.7	2.7	71.3
12.00	2	.8	1.3	72.7
13.00	2	.8	1.3	74.0
14.00	2	.8	1.3	75.3
15.00	9	3.8	6.0	81.3
18.00	1	.4	.7	82.0
19.00	2	.8	1.3	83.3
20.00	7	2.9	4.7	88.0
22.00	4	1.7	2.7	90.7
24.00	1	.4	.7	91.3
25.00	7	2.9	4.7	96.0
27.00	2	.8	1.3	97.3

		Frequency	Percent	Valid Percent	Cumulative Percent
	30.00	1	.4	.7	98.0
	36.00	1	.4	.7	98.7
	38.00	1	.4	.7	99.3
	43.00	1	.4	.7	100.0
	Total	150	62.5	100.0	
Missing	System	90	37.5		
Total		240	100.0		

Table 110. Years of Experience – faculty member #1

Return to Figure 24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	4	1.7	3.6	3.6
	1.00	3	1.3	2.7	6.4
	2.00	14	5.8	12.7	19.1
	3.00	11	4.6	10.0	29.1
	4.00	5	2.1	4.5	33.6
	5.00	9	3.8	8.2	41.8
	6.00	6	2.5	5.5	47.3
	7.00	5	2.1	4.5	51.8
	8.00	2	.8	1.8	53.6
	10.00	6	2.5	5.5	59.1
	11.00	3	1.3	2.7	61.8
	12.00	4	1.7	3.6	65.5
	14.00	3	1.3	2.7	68.2
	15.00	3	1.3	2.7	70.9
	16.00	1	.4	.9	71.8
	17.00	1	.4	.9	72.7
	18.00	2	.8	1.8	74.5
	19.00	1	.4	.9	75.5
	20.00	8	3.3	7.3	82.7
	22.00	2	.8	1.8	84.5
	23.00	1	.4	.9	85.5
	25.00	6	2.5	5.5	90.9
	28.00	1	.4	.9	91.8
	30.00	5	2.1	4.5	96.4

	Frequency	Percent	Valid Percent	Cumulative Percent
31.00	1	.4	.9	97.3
37.00	1	.4	.9	98.2
40.00	2	.8	1.8	100.0
Total	110	45.8	100.0	
Missing System	130	54.2		
Total	240	100.0		

Table 111. Years of Experience – faculty member #2

Return to Figure 24

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	7	2.9	8.9	8.9
1.00	9	3.8	11.4	20.3
2.00	13	5.4	16.5	36.7
3.00	7	2.9	8.9	45.6
4.00	6	2.5	7.6	53.2
5.00	7	2.9	8.9	62.0
6.00	3	1.3	3.8	65.8
7.00	3	1.3	3.8	69.6
8.00	1	.4	1.3	70.9
10.00	8	3.3	10.1	81.0
11.00	1	.4	1.3	82.3
14.00	2	.8	2.5	84.8
15.00	3	1.3	3.8	88.6
16.00	3	1.3	3.8	92.4
18.00	1	.4	1.3	93.7
19.00	1	.4	1.3	94.9
20.00	2	.8	2.5	97.5
25.00	1	.4	1.3	98.7
35.00	1	.4	1.3	100.0
Total	79	32.9	100.0	
Missing System	161	67.1		
Total	240	100.0		

Table 112. Years of Experience – faculty member #3

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	6	2.5	11.8	11.8
	1.00	6	2.5	11.8	23.5
	2.00	8	3.3	15.7	39.2
	3.00	5	2.1	9.8	49.0
	4.00	4	1.7	7.8	56.9
	5.00	6	2.5	11.8	68.6
	6.00	2	.8	3.9	72.5
	7.00	3	1.3	5.9	78.4
	8.00	3	1.3	5.9	84.3
	9.00	1	.4	2.0	86.3
	10.00	2	.8	3.9	90.2
	12.00	2	.8	3.9	94.1
	14.00	1	.4	2.0	96.1
	25.00	1	.4	2.0	98.0
	40.00	1	.4	2.0	100.0
	Total	51	21.3	100.0	
Missing	System	189	78.8		
Total		240	100.0		

Table 113. Years of Experience – faculty member #4

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	2	.8	6.9	6.9
1.00	3	1.3	10.3	17.2
2.00	5	2.1	17.2	34.5
3.00	3	1.3	10.3	44.8
4.00	3	1.3	10.3	55.2
5.00	4	1.7	13.8	69.0
6.00	1	.4	3.4	72.4
8.00	1	.4	3.4	75.9
9.00	1	.4	3.4	79.3
10.00	4	1.7	13.8	93.1

		Frequency	Percent	Valid Percent	Cumulative Percent
	12.00	1	.4	3.4	96.6
	22.00	1	.4	3.4	100.0
	Total	29	12.1	100.0	
Missing	System	211	87.9		
Total		240	100.0		

Table 114. Years of Experience – faculty member #5

Return to <u>Figure 24</u>

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	2	.8	10.0	10.0
	1.00	1	.4	5.0	15.0
	2.00	2	.8	10.0	25.0
	3.00	6	2.5	30.0	55.0
	4.00	1	.4	5.0	60.0
	5.00	3	1.3	15.0	75.0
	6.00	1	.4	5.0	80.0
	9.00	1	.4	5.0	85.0
	10.00	3	1.3	15.0	100.0
	Total	20	8.3	100.0	
Missing	System	220	91.7		
Total		240	100.0		

Table 115. Years of Experience – faculty member #6

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	1	.4	6.7	6.7
	1.00	3	1.3	20.0	26.7
	2.00	1	.4	6.7	33.3
	4.00	3	1.3	20.0	53.3
	5.00	3	1.3	20.0	73.3
	6.00	2	.8	13.3	86.7
	12.00	1	.4	6.7	93.3
	36.00	1	.4	6.7	100.0
	Total	15	6.3	100.0	
Missing	System	225	93.8		
Total		240	100.0		

Table 116. Years of Experience – faculty member #7

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	2	.8	16.7	16.7
	2.00	2	.8	16.7	33.3
	3.00	1	.4	8.3	41.7
	5.00	2	.8	16.7	58.3
	6.00	1	.4	8.3	66.7
	8.00	1	.4	8.3	75.0
	10.00	1	.4	8.3	83.3
	12.00	1	.4	8.3	91.7
	18.00	1	.4	8.3	100.0
	Total	12	5.0	100.0	
Missing	System	228	95.0		
Total		240	100.0		

Table 117. Years of Experience – faculty member #8

		Frequency	Percent	Valid Percent	Cumulative Percent
	2.00	3	1.3	27.3	27.3
	4.00	2	.8	18.2	45.5
	5.00	1	.4	9.1	54.5
	6.00	1	.4	9.1	63.6
	11.00	1	.4	9.1	72.7
	12.00	2	.8	18.2	90.9
	18.00	1	.4	9.1	100.0
	Total	11	4.6	100.0	
Missing	System	229	95.4		
Total		240	100.0		

Table 118. Years of Experience – faculty member #9

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	1	.4	12.5	12.5
	3.00	2	.8	25.0	37.5
	4.00	1	.4	12.5	50.0
	6.00	1	.4	12.5	62.5
	10.00	1	.4	12.5	75.0
	15.00	1	.4	12.5	87.5
	22.00	1	.4	12.5	100.0
	Total	8	3.3	100.0	
Missing	System	232	96.7		
Total		240	100.0		

Table 119. Years of Experience – faculty member #10

		Frequency	Percent	Valid Percent	Cumulative Percent
	2.00	2	.8	40.0	40.0
	3.00	1	.4	20.0	60.0
	8.00	1	.4	20.0	80.0
	10.00	1	.4	20.0	100.0
	Total	5	2.1	100.0	

		Frequency	Percent		
Missing	System	235	97.9		
Total		240	100.0		

Table 120. Tenure track availability

Return to Figure 25

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	77	32.1	44.0	44.0
	No	98	40.8	56.0	100.0
	Total	175	72.9	100.0	
Missing	System	65	27.1		
Total		240	100.0		

Table 121. Years for Program Director to Remain in Respiratory Care Education

Return to Figure 28

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	3	1.3	2.3	2.3
1.00	7	2.9	5.3	7.6
2.00	8	3.3	6.1	13.7
3.00	5	2.1	3.8	17.6
4.00	2	.8	1.5	19.1
5.00	21	8.8	16.0	35.1
6.00	4	1.7	3.1	38.2
7.00	1	.4	.8	38.9
8.00	8	3.3	6.1	45.0
10.00	22	9.2	16.8	61.8
11.00	1	.4	.8	62.6
12.00	9	3.8	6.9	69.5
13.00	1	.4	.8	70.2
14.00	1	.4	.8	71.0
15.00	13	5.4	9.9	80.9
16.00	1	.4	.8	81.7
17.00	1	.4	.8	82.4
18.00	2	.8	1.5	84.0
20.00	10	4.2	7.6	91.6
22.00	2	.8	1.5	93.1
23.00	1	.4	.8	93.9

		Frequency	Percent	Valid Percent	Cumulative Percent
	25.00	3	1.3	2.3	96.2
	28.00	1	.4	.8	96.9
	30.00	3	1.3	2.3	99.2
	44.00	1	.4	.8	100.0
	Total	131	54.6	100.0	
Missing	System	109	45.4		
Total		240	100.0		

Table 122. Years for Director of Clinical Education to Remain in Respiratory Care Education

Return to Figure 29

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	1	.4	.8	.8
	1.00	4	1.7	3.1	3.9
	2.00	2	.8	1.6	5.4
	3.00	2	.8	1.6	7.0
	4.00	1	.4	.8	7.8
	5.00	19	7.9	14.7	22.5
	6.00	2	.8	1.6	24.0
	7.00	1	.4	.8	24.8
	8.00	3	1.3	2.3	27.1
	10.00	21	8.8	16.3	43.4
	12.00	1	.4	.8	44.2
	13.00	1	.4	.8	45.0
	14.00	3	1.3	2.3	47.3
	15.00	20	8.3	15.5	62.8
	19.00	1	.4	.8	63.6
	20.00	25	10.4	19.4	82.9
	22.00	1	.4	.8	83.7
	25.00	8	3.3	6.2	89.9
	26.00	1	.4	.8	90.7
	30.00	8	3.3	6.2	96.9
	35.00	2	.8	1.6	98.4
	40.00	2	.8	1.6	100.0
	Total	129	53.8	100.0	
Missing	System	111	46.3		
Total		240	100.0		

Table 123. Years for Faculty Member #1 to Remain in Respiratory Care Education

Return to Figure 30

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	2	.8	2.5	2.5
1.00	4	1.7	4.9	7.4
2.00	4	1.7	4.9	12.3
3.00	3	1.3	3.7	16.0
4.00	2	.8	2.5	18.5
5.00	9	3.8	11.1	29.6
7.00	2	.8	2.5	32.1
8.00	2	.8	2.5	34.6
10.00	18	7.5	22.2	56.8
12.00	3	1.3	3.7	60.5
15.00	13	5.4	16.0	76.5
18.00	1	.4	1.2	77.8
20.00	10	4.2	12.3	90.1
22.00	1	.4	1.2	91.4
25.00	2	.8	2.5	93.8
28.00	1	.4	1.2	95.1
30.00	3	1.3	3.7	98.8
31.00	1	.4	1.2	100.0
Total	81	33.8	100.0	
Missing System	159	66.3		
Total	240	100.0		

Table 124. Years for Faculty Member #2 to Remain in Respiratory Care Education

Return to Figure 31

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00	2	.8	4.1	4.1
2.00	4	1.7	8.2	12.2
4.00	1	.4	2.0	14.3
5.00	7	2.9	14.3	28.6
6.00	1	.4	2.0	30.6
10.00	7	2.9	14.3	44.9
12.00	1	.4	2.0	46.9

		Frequency	Percent	Valid Percent	Cumulative Percent
	14.00	1	.4	2.0	49.0
	15.00	5	2.1	10.2	59.2
	18.00	1	.4	2.0	61.2
	20.00	8	3.3	16.3	77.6
	24.00	1	.4	2.0	79.6
	25.00	4	1.7	8.2	87.8
	30.00	5	2.1	10.2	98.0
	35.00	1	.4	2.0	100.0
	Total	49	20.4	100.0	
Missing	System	191	79.6		
Total		240	100.0		

Table 125. Years for Faculty Member #3 to Remain in Respiratory Care Education

Return to Figure 32

		Frequency	Percent	Valid Percent	Cumulative Percent
	.00	2	.8	6.5	6.5
	1.00	1	.4	3.2	9.7
	5.00	1	.4	3.2	12.9
	6.00	1	.4	3.2	16.1
	10.00	9	3.8	29.0	45.2
	14.00	1	.4	3.2	48.4
	15.00	2	.8	6.5	54.8
	20.00	7	2.9	22.6	77.4
	25.00	4	1.7	12.9	90.3
	30.00	3	1.3	9.7	100.0
	Total	31	12.9	100.0	
Missing	System	209	87.1		
Total		240	100.0		

Table 126. Years for Faculty Member #4 to Remain in Respiratory Care Education

Return to Figure 33

		Frequency	Percent	Valid Percent	Cumulative Percent
	1.00	2	.8	13.3	13.3
	5.00	1	.4	6.7	20.0
	8.00	1	.4	6.7	26.7
	10.00	4	1.7	26.7	53.3

	Frequency	Percent	Valid Percent	Cumulative Percent
15.00	2	.8	13.3	66.7
20.00	3	1.3	20.0	86.7
23.00	1	.4	6.7	93.3
30.00	1	.4	6.7	100.0
Total	15	6.3	100.0	
Missing System	225	93.8		
Total	240	100.0		

Table 127. Years for Faculty Member #5 to Remain in Respiratory Care Education

Return to Figure 34

	Frequency	Percent	Valid Percent	Cumulative Percent
.00	1	.4	11.1	11.1
1.00	1	.4	11.1	22.2
3.00	1	.4	11.1	33.3
8.00	1	.4	11.1	44.4
10.00	2	.8	22.2	66.7
20.00	2	.8	22.2	88.9
30.00	1	.4	11.1	100.0
Total	9	3.8	100.0	
Missing System	231	96.3		
Total	240	100.0		

Table 128. Years for Faculty Member #6 to Remain in Respiratory Care Education

Return to Figure 34

	Frequency	Percent	Valid Percent	Cumulative Percent
8.00	1	.4	50.0	50.0
10.00	1	.4	50.0	100.0
Total	2	.8	100.0	
Missing System	238	99.2		
Total	240	100.0		

Table 129. Years for Faculty Member #7 to Remain in Respiratory Care Education

Return to Figure 34

		Frequency	Percent	Valid Percent	Cumulative Percent
	6.00	1	.4	50.0	50.0
	10.00	1	.4	50.0	100.0
	Total	2	.8	100.0	
Missing	System	238	99.2		
Total		240	100.0		

Table 130. Years for Faculty Member #8 to Remain in Respiratory Care Education

Return to Figure 34

		Frequency	Percent	Valid Percent	Cumulative Percent
	6.00	1	.4	50.0	50.0
	10.00	1	.4	50.0	100.0
	Total	2	.8	100.0	
Missing	System	238	99.2		
Total		240	100.0		

Table 131. Years for Faculty Member #9 to Remain in Respiratory Care Education

Return to Figure 34

		Frequency	Percent	Valid Percent	Cumulative Percent
	8.00	1	.4	100.0	100.0
Missing	System	239	99.6		
Total		240	100.0		

Table 132. Years for Faculty Member #10 to Remain in Respiratory Care Education

Return to Figure 34

		Frequency	Percent	Valid Percent	Cumulative Percent
	6.00	1	.4	100.0	100.0
Missing	System	239	99.6		
Total		240	100.0		

Table 133. Difficulty recruiting faculty

Return to Figure 35

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	98	40.8	54.4	54.4
	No	82	34.2	45.6	100.0
	Total	180	75.0	100.0	
Missing	System	60	25.0		
Total		240	100.0		

Table 134. Interest in affiliating with an international program

Return to Figure 36

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	60	25.0	38.0	38.0
	No	95	39.6	60.1	98.1
	Currently have an international affiliation in place	3	1.3	1.9	100.0
	Total	158	65.8	100.0	
Missing	System	82	34.2		
Total		240	100.0		

Table 135. Encouragement for didactic staff to provide patient care outside of instructional time

Return to Figure 37

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	103	42.9	64.0	64.0
	No	58	24.2	36.0	100.0
	Total	161	67.1	100.0	
Missing	System	79	32.9		
Total		240	100.0		

Table 136. Initial or increased use of virtual simulations in response to COVID

Return to Figure 38

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	104	43.3	66.2	66.2
	No	53	22.1	33.8	100.0
	Total	157	65.4	100.0	
Missing	System	83	34.6		
Total		240	100.0		

Table 137. Continued remote delivery following COVID pandemic

Return to Figure 39

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	68	28.3	45.0	45.0
	No	83	34.6	55.0	100.0
	Total	151	62.9	100.0	
Missing	System	89	37.1		
Total		240	100.0		

Table 138. Staff turnover since COVID pandemic

Return to Figure 40

		Frequency	Percent	Valid Percent	Cumulative Percent
	Decreased	6	2.5	3.9	3.9
	Stayed the same	109	45.4	70.3	74.2
	Increased	40	16.7	25.8	100.0
	Total	155	64.6	100.0	
Missing	System	85	35.4		
Total		240	100.0		

Table 139. Staffing levels since COVID pandemic

Return to Figure 41

		Frequency	Percent	Valid Percent	Cumulative Percent
	Decreased	25	10.4	15.2	15.2
	Stayed the same	121	50.4	73.8	89.0
	Increased	18	7.5	11.0	100.0
	Total	164	68.3	100.0	
Missing	System	76	31.7		
Total		240	100.0		

Appendix D. Free Responses

What reasons contributed to the difficulty you experienced in recruiting faculty?

- 2020 was the last year we recruited. We will be recruiting during the 2024-25 year for PD.
- All those holding full time positions must be residents of Chicago. This is a big deterrent.
- Applicants frequently want to teach because they believe it will be "easy"
- Clinical instructor position is not a benefited job. The position does not include medical benefits.
- College budget restraints, do not have permission to hire full-time faculty and adjunct faculty not available because of full-time jobs at local hospitals. College cannot compete with hospital industry pay.
- Could not offer enough hours.
- did not want to work at a specific hospital
- Fear of lack of administrative support
- HR made requirements too high for a 3rd position
- Institution will not create positions
- Lack of publication of positions to the interested pool for the program,
- Many applicants were disqualified because they lacked the appropriate graduate degree to satisfy institutional accreditation requirements.
- No applications
- Not enough diverse applicant pool
- Our program is a BS degree program so we need Master prepared instructors.
- Program Director
- Therapists do not want to go into education.
- They do not want to work for the school and its open access philosophies.
- Turnover is high due to RT travel pay and hospital incentives, RTs are overworked as it is.
- University requires master's degree in related field

Specify other barriers to accepting more students into the program.

- Actually none of these apply to our program. Our barriers are promotion and recognition of the program / profession.
- Administration

- Application pool is smaller than our 30 maximum

- application pools is not large enough

- Availability of Qualified applicants

- Availability of students interested and grades to rank into the program

- Coarc agreement says 15 students biannually

- College Marketing of the Program

- Competition for other programs

- CTC wants to start a program that would only take away students

- Decrease in students interested in the profession

- Difficult to recruit high quality, well prepared students

- Do not have enough clinical placements and concerns over enough employment to support a larger class

- Enrollment cliff; Lack of visibility of profession- very few high school students know what respiratory therapy is.

- Expanding nursing program cohorts. Distant hospital struggle to meet needs of an Off Campus Lab site.

- Financial barriers affect every aspect

- finding students to fill seats

- Insufficient number of qualified applicants

- Knowledge of RT as profession

- Lack of advertising the program and promoting the profession to the potential students.

- Lack of applicants, we just converted to a hybrid program accepting students across the state of Montana and Alaska

- Lack of Exposure to profession

- Lack of pediatric clinical rotation access

- Lack of qualified applicants

- Lack of strategies and recruitment plan from institution Admissions Department

- Lack of students interested in the profession.

- lack of support from marketing and recruitment

- Limited NICU placement opportunities

- Limited Number of Qualified applicants

- Little support from leadership. RT considered not a profitable program.

- Low admissions

- Low pay to recruit faculty with experience Masters requirement

- lower numbers of qualified students

- Marketing

- Marketing

- Marketing of Program

- N/A

- N/A

- Need more appropriate applicants

- Needing more clinical instructors

- no advertising - young people do not know what a RT is

- No barriers present; Less applicants

- No interest in the profession and lack of awareness of the profession or school

- no need, we don't fill the capacity we have.

- Non-support from administration (incl. marketing)

- Not enough good applicants

- not enough qualified applicants

- Not enough student showing interest; or applying to the program

- not enough students apply for the program

- Not enough students applying

- Only allows selection of three of the above.

- Program Director

- Protentional students have no knowledge of Respiratory Therapy. Students all choose nursing.

- Qualified applicant pool

- Qualified applicants

- Recruitment

- Recruitment challenges is #1. Healthcare is hard to recruit for right now and few know about RT. We have had to really work to recruit our cohorts and are expecting a cohort of 22 for Fall 2024.

- Recruitment strategies to attract applicants.

- retention due to external barriers

- salary to recruit instructors

- Students applying to the program are not qualified based on GPA. The quality of students has diminished. Many want it to be given to them, and the students not work for it. However small our numbers are, we maintain that students quality must be up to par and if students do not pass, it is solely the responsibility of the student. Our program institutes many additional resources to help the students succeed as well as remediation, however, it is still the onus of the student to perform. The faculty work very hard to have individualized meetings with students to enhance student success.

- Students are unaware of what we are. I am working on this

- Students do not know what Respiratory is, so recruiting is the most significant problem that we have. Everyone wants to be a nurse or radiology tech.
- Students not applying to the program.
- students still don't know who we are
- That was all the applications that we received.
- the number of qualified applicants is low
- The only barrier is the explosion of online degree advancement programs for RRT.
- Too many of the students try to work and go to school full time
- tuition costs, unable to recruit students
- unable to find qualified applicants, no marketing budgets to promote the field/program
- Undersubscribed each application period. We do not have 20 students apply to the program. Generally, it is 8-14.
- unknown field of study
- Unqualified or under-prepared applicants
- We are not accredited yet

In what venues do students in your program receive clinical training?

- As a degree advancement program we do not have a clinical training component
- DA program does not have a clinical component
- ECMO, Burn
- EMS and flight
- Hyperbaric Oxygen Therapy
- NICU, Care Coordination with COPD Navigator, EMT rotation
- NICU, PICU
- OB delivery; HBO; Bronch
- OR
- Outpatient procedures clinic
- Rounding with the medical director
- Rural
- Simulation lab hours are completed but not considered clinical training.
- Surgery
- Surgical Suite Intubation Rounds

To increase awareness of respiratory care career opportunities, in what ongoing recruitment efforts does your program participate within your community?

- AHEC
- All university tabling events
- Campus tabling events, College for a Weekend events, Respiratory Care Week events, Presentations at Student Organizations/Clubs.
- Central Ohio Healthcare Sector Partnership
- College fair
- College Open Houses
- College tours
- Community Events, Campus events, other healthcare information sessions

- Emails and phone calls to select GRE groups and students not accepted into PA programs. Early acceptance agreements with other universities into the MSRC Program. Early acceptance programs with AS degrees into the DAP BSRC program
- Go to Anatomy & physiology classes to recruit as well
- Governor's Institute/STEM camp
- Healthcare summer camps for high schoolers
- Highschool summer camps
- Hospital staff recruitment cna medical assistant lab techs
- I spoke at both HOSA state events last year and organized the spring respiratory competition. We also collaborated with one of the local health care organizations and ran a life flight simulation on campus with the life flight helicopter landing in the middle of campus. We had local news and social media marketing.
- Marketing
- MEMBA
- Military has its own recruiting team.
- New student tours
- on campus and virtual information sessions per month each
- On campus events
- On-campus tabling events
- online marketing with podcasts to bring attention to career advancement in respiratory care
- online through social media
- Open House for the community
- Open houses
- Our entry level is currently paused, recruitment is now focused on working RTs for DA but we

- will continue to work schools in community events for RT overall
- Recruitment from main campus, option of Freshman Declared Major
- Science classes at college
- Social and traditional media
- Social media
- Social Media
- student marketing in A&P and Micro classes
- summer camps, volunteer service projects
- Summer Learning Experience camp for high schoolers
- Univ. Health Professions clubs; Univ. on-site visits for College Days; social media;
- Visiting Biology classes and labs
- We do many recruiting activities on all 3 campuses. Our rich history of respiratory care, has afforded us to showcase RT each year in campus wide events on each campus. The PD also teaches basic respiratory care intro class to anatomy and physiology classes throughout the university.
- Webinars
- While we have not attended HOSA, we have participated in reaching to students that have attended for follow-up. (Referrals provided by HOSA).
- Women Can Do