

RESPIRATORY CARE EDUCATION IN OHIO

2004



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RESPIRATORY CARE EDUCATION IN OHIO 2004

Introduction

This report on respiratory care education in Ohio is provided in partial fulfillment of the obligations of the Ohio Respiratory Care Board (ORCB) under Section 4761.03 of the Ohio Revised Code and under Ohio Administrative Code 4761-4-02, Monitoring of Ohio respiratory care educational programs by the education committee of the Ohio respiratory care board, effective July 14, 2003. (See Appendix A.).

The purpose of this report is to construct an aggregate reference for the review of educational data on respiratory care education in Ohio. The Ohio Respiratory Care Board, through the Board's Education Committee, is charged with monitoring educational policy and issues affecting respiratory care educational programs in Ohio. Some the most pressing questions posed to the Board on a regular basis concern the trends involving the enrollment, attrition, graduation, and exam pass rates of students in Ohio's nineteen respiratory care programs. Until now, no aggregate data have been available to permit program personnel or the general public to have a glimpse into the trending of respiratory care education in Ohio. This report provides a seven-year retrospective review of the trends in respiratory care education. The ORCB Education Committee provides this analysis to better plan educational policy, including employer and community involvement in educational needs and outreach. It is not the purpose of this report to compare individual programs, as there is no control for differences in program funding, faculty responsibilities, program and institutional missions, admission standards, or other variables that significantly affect the operation and performance of individual educational programs. The Ohio Respiratory Care Board would like to thank the directors of Ohio's Respiratory Care Programs for participating in this ongoing project.

Methodology

To implement monitoring, the ORCB Education Committee was established in August 2003. The committee recommended to the Board that all respiratory care educational programs located in Ohio provide evidence of program accreditation to the Board and that student enrollment and graduate outcome data be provided to the Board in the form of the Annual Report required by the Committee on Accreditation for Respiratory Care (CoARC). Nineteen respiratory care educational programs located in Ohio provided evidence of their continuing accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to the Board in 2003. Further implementation of monitoring respiratory care educational programs was delayed due to the extension of the submission deadline to September 1, 2004 for the Annual Report to the Committee on Accreditation for Respiratory Care (CoARC). As the CoARC Annual Report only included data for classes graduating from 1998 – 2003, and did not include data for 2004, the ORCB Education Committee requested supplemental data from programs for 2004 also due to the Ohio Respiratory Care Board on September 1, 2004.

All nineteen respiratory care educational programs provided copies to the ORCB of their CoARC 2003 Annual Report and the 2004 supplement. With the 2004 supplement, the reports provided data for the seven-year period 1998 – 2004. Data provided in the CoARC Annual Report and the 2004 supplement included: number of applicants for enrollment, maximum enrollment, and actual enrollment; student attrition and causes of attrition; number of graduates; number of graduates employed in respiratory care-related jobs within three months of graduation, and quality outcome measures of the program such as the results of graduate and employer surveys and licensing and credentialing examinations. All data are oriented to the year of graduation.

These data were entered into a computerized statistical spreadsheet, Statistical Package for the Social Sciences (SPSS v 12.0), and these ratios and indices were calculated: applicant to program capacity ratio, percent enrollment of capacity, percent attrition to enrollment (attrition rate), percent graduates to enrollment (graduation rate), percent graduates placed in RT-jobs to graduates (placement rate), percent positive graduate and employer survey results, and credentialing examination pass rates. Annual and seven-year statewide totals and averages were calculated as appropriate and trends were identified. Seven-year averages were also calculated for each program.

Results

Demographics

There are nineteen accredited respiratory care educational programs in Ohio. These programs are known as respiratory care, respiratory care technology, respiratory therapy, and respiratory therapy technology. They are sponsored by nine state-supported community colleges, six state-supported universities, one state-supported technical college, one private four-year college, and one career center in consortium with Marshal Community and Technical College of Huntington, West Virginia. These programs are distributed statewide (See figure 1).

Sixteen programs award a two-year degree as an Associate Degree, Associate of Science degree, or an Associate of Applied Science degree. Three programs culminate in a four-year degree as a Bachelor of Science degree. Eighteen programs are accredited by the Commission on Allied Health Education Programs (CAAHEP) via the Committee on Accreditation of Respiratory Care (CoARC) as “advanced” level programs and one is accredited as “entry” level. The University of Toledo offers both levels (See Table 1.). “Advanced” in this context has historical origins and is relative to the 1972 accreditation standards of ten months of technical

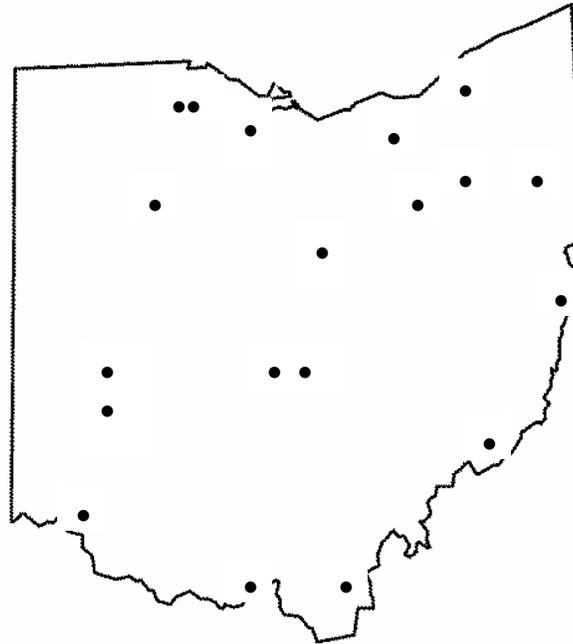


Figure 1. The Geographical Distribution of Respiratory Therapy Educational Programs in Ohio.

Sponsoring Institution	Location	Degree Level	Accreditation Level	Reaccreditation Date
Bowling Green State University	Huron	Associate	Advanced	2011
Cincinnati State Tech & Comm College	Cincinnati	Associate	Advanced	2008
Collins Career Center - Marshal	Chesapeake	Associate	Advanced	2004
Columbus State Community College	Columbus	Associate	Advanced	2012
Cuyahoga Community College	Parma	Associate	Advanced	2005
James A. Rhodes State College	Lima	Associate	Advanced	2013
Jefferson Community College	Steubenville	Associate	Advanced	2011
Kettering College of Medical Arts	Kettering	Associate	Advanced	2011
Lakeland Community College	Kirtland	Associate	Advanced	2005
North Central State College	Mansfield	Associate	Advanced	2008
Shawnee State University	Portsmouth	Associate	Advanced	2013
Sinclair Community College	Dayton	Associate	Advanced	2011
Stark State College of Technology	Canton	Associate	Advanced	2012
The Ohio State University	Columbus	Baccalaureate	Advanced	2008
University of Akron	Akron	Associate	Advanced	2011
University of Toledo	Toledo	Associate	Entry	2011
University of Toledo	Toledo	Baccalaureate	Advanced	2011
Washington State Community College	Marietta	Associate	Advanced	2009
Youngstown State University	Youngstown	Baccalaureate	Advanced	2010

Table 1. The Demographics of Respiratory Care Educational Programs in Ohio.

training for entry-level respiratory therapy technicians and twenty months of post-secondary education for advanced-level respiratory therapists. In 1998 the ORCB began requiring a minimum of an associate's degree for licensing, and in 2000 CoARC accreditation requirements also changed to require an associate's degree for entry-level. Beginning in 2002, the National Board for Respiratory Care required at least a two-year degree for entry level credentialing as a Certified Respiratory Therapist (CRT). All two-year respiratory care educational programs that were listed prior to 2000 by CoARC as "advanced" remain listed as "advanced."

Accreditation standards require that each respiratory care educational program have a medical director, a respiratory therapist program director and a respiratory therapist director of clinical education and may have additional respiratory therapy academic and clinical faculty. For the nineteen programs located in Ohio, all medical directors have active Ohio medical licenses, and all respiratory care program directors and directors of clinical education are active licensed respiratory care professionals in Ohio.

Student Enrollment Data

Program capacity is the maximum enrollment reported to the accrediting agency. The annual number of applicants for enrollment and the applicant to capacity ratio indicate demand for respiratory care education, and the potential to select students for matriculation. Actual enrollment as a function of maximum enrollment provides percent capacity. Attrition reflects the number of students who enroll but who do not graduate. Causes of attrition may include non-academic causes such as financial, personal, and family obligations as well as academic failures in general education courses or respiratory therapy courses. The attrition rate is the number of students who do not graduate as a function of the actual enrollment. The graduation rate is the number of students who graduate as a function of actual enrollment. The attrition rate and the

graduation rate may not always equal 100%, if there are students who temporarily withdraw with the intention of re-enrollment; these students “stop-out.”

Table 2 provides a summary of statewide totals and means for student data for 1998 – 2004, and Figure 2 depicts the seven-year trends. Except for the graduating classes of 2002 and 2003, the statewide demand for respiratory care education exceeded statewide program capacities. Applications for graduating classes would have generally occurred two years earlier, indicating that the number of applications to respiratory care educational programs declined during 2000 and 2001 and increased during 2002 for the graduating class of 2004. Program capacities statewide increased by twenty students during the seven-year period while actual statewide enrollment declined for four consecutive years for the graduating classes of 1999 to 2003, but increased for the class of 2004. Enrollment as a percent of capacity peaked at 83% in 1997 for the class of 1999, and enrollment was only 50% of capacity in 1998 for the class of 2000. Enrollment at less than capacity when applications exceed capacity may indicate admission selectivity and that many applicants are ill prepared or ill-suited for respiratory care education.

The seven-year statewide attrition rate was 26%. Almost 600 students who enrolled did not graduate. Attrition occurred almost equally due to personal reasons and for poor academic performance in respiratory care courses. The seven-year graduation rate was 69%. The average number of graduates statewide was 219 annually; the number of graduates declined for four consecutive years from 1999 - 2003, and increased in 2004. It should be noted that the sum of the attrition rate and graduation rate do not equal 100%. These percentages were calculated independently and do not include student “stop-outs” from a prior class who may graduate in a later class.

Student Data	1998	1999	2000	2001	2002	2003	2004	State Totals	State Means
Applications for Enrollment	694	767	623	517	425	453	582	4061	580
Program Capacity	434	469	442	443	444	442	454	3128	447
% Applications / Capacity	1.6:1	1.6:1	1.4:1	1.2:1	1:1	1:1	1.3:1		1.3:1
Actual Enrollment	336	391	323	297	279	266	326	2218	317
% Enrollment / Capacity	77	83	50	67	63	60	72		72
Non-Academic Attrition	36	50	49	41	36	35	33	280	40
General Education Attrition	6	3	4	6	1	1	4	25	4
RT Course Attrition	42	52	52	39	37	28	43	293	42
Total Attrition	84	105	105	86	74	64	80	598	85
% Attrition / Enrollment	25	27	33	29	27	24	25		26
Annual Graduates	256	285	185	208	186	184	232	1536	219
% Graduate / Enrollment	76	73	57	70	67	69	71		69

Table 2. Statewide Totals And Means For Student Data For 1998 – 2004.

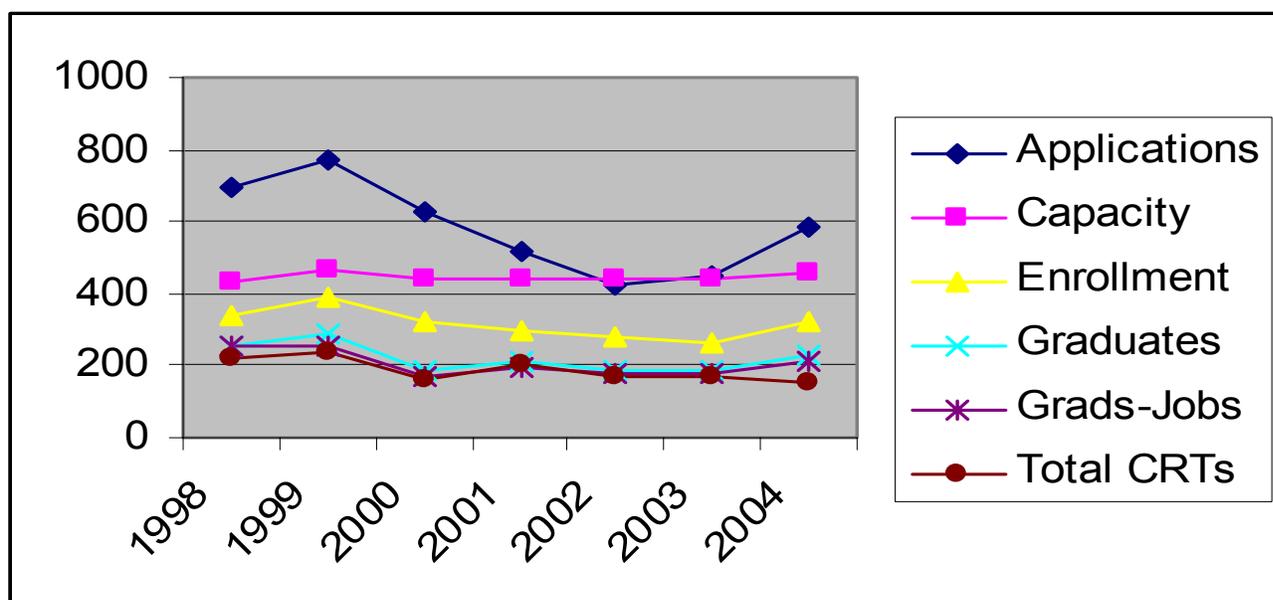


Figure 2. Seven-Year Statewide Trends In Respiratory Care Student Data.

For individual programs during the period 1998 – 2004, Table 3 includes the seven-year averages for student data in comparison to statewide means and standard deviations. Respiratory care educational programs are generally small with an average graduating class of 11.6 per year. On average, four programs graduated fifteen or more students annually, and five programs graduated less than ten. Fifteen programs have had enough applicants to meet their capacity; whereas, only 8 have had enough applicants to support competitive admission decisions. The percent enrollment to capacity varies widely among programs from 55% to 99%. The attrition and graduation rates also vary widely among programs with attrition as low as 0% and as high as 45% and graduation as low as 55% in two programs to a high of 92%.

Graduate and Outcome Data

The number of graduates indicates overall program productivity, and the number of graduates employed in respiratory therapy-related jobs indicates both employers' demand for therapists and graduates' satisfaction with employment in the respiratory care field. The quality of the educational program is determined by surveying recent graduates and their employers using CoARC-designed questionnaires (See Appendix B.) and graduate pass rates on licensing and credentialing examinations of the National Board for Respiratory Care (NBRC). These indicators include the number of graduates who have passed the NBRC entry-level examination for licensing and the credential Certified Respiratory Therapist (CRT), the number who have passed the multiple choice portion of the advanced-level examination (WRE), and the number who have passed the clinical simulation (CSE) portion of the advanced-level examination for the credential Registered Respiratory Therapist (RRT). Table 4 provides a summary of statewide totals and means for graduate and program outcomes data for 1998 – 2004, and Figure 3 depicts the seven-year trends.

Educational Outcomes	1998	1999	2000	2001	2002	2003	2004	State Totals	State Means
Annual Graduates	256	285	185	208	186	184	232	1536	219
Grads – RT Jobs	253	258	170	196	175	178	213	1443	206
Job Placement Rate	99	91	92	94	94	97	92		95
Percent Positive Graduate Surveys	97	97	95	99	94	100	100		97
Percent Positive Employer Surveys	98	97	96	97	94	97	NA		97
Total CRTs	222	241	161	205	168	169	150	1316	188
CRT Pass Rate	97	97	95	95	96	99	97		97
WRE Participation Rate	74	59	55	56	42	42	21		50
WRE Pass Rate	91	96	97	92	91	88	95		93
CSE Participation Rate	70	60	54	56	42	38	20		49
CSE Pass Rate	81	86	89	84	80	79	90		85

Table 4. Statewide Totals And Means For Educational Outcomes For 1998 – 2004.

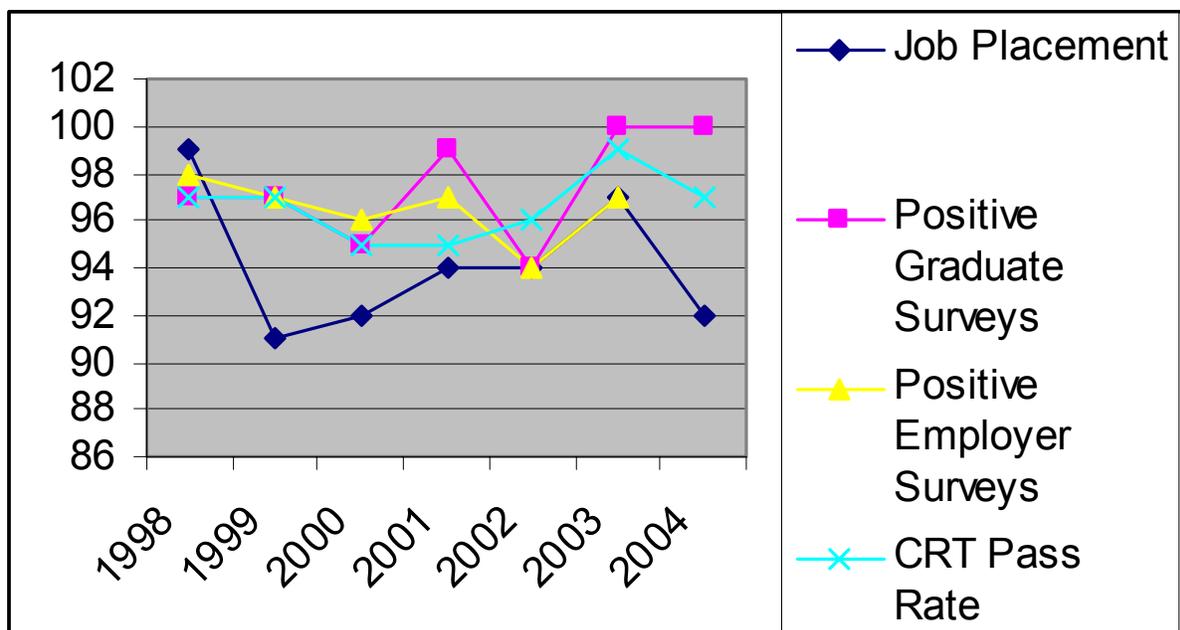


Figure 3. Seven-Year Statewide Trends in Respiratory Care Graduate and Program Outcomes.

Graduate outcomes have been very positive and consistent. For the seven graduating classes of 1998 – 2004, 95% of respiratory therapy graduates were employed in respiratory therapy-related jobs within three months of graduation, 97% of graduates indicated satisfaction with their respiratory therapy education, 97% of employers indicated satisfaction with the knowledge, skills, and attributes of the graduates. Seven programs reported 100% positive graduate follow-up questionnaires, and eight programs reported 100% positive employer follow-up questionnaires. Ninety-seven percent (97%) of graduates passed the entry-level respiratory therapy credentialing examination qualifying them for the CRT credential and state licensing, and six programs reported 100% pass rates.

The participation rates of graduates on the two components of the RRT examination have been approximately 50% and declining (See figure 4). The decline to 20% for 2004 is most likely due to recent graduation dates not allowing adequate time for graduates to attempt these examinations. For the graduates who attempt these examinations, 93% pass the multiple choice

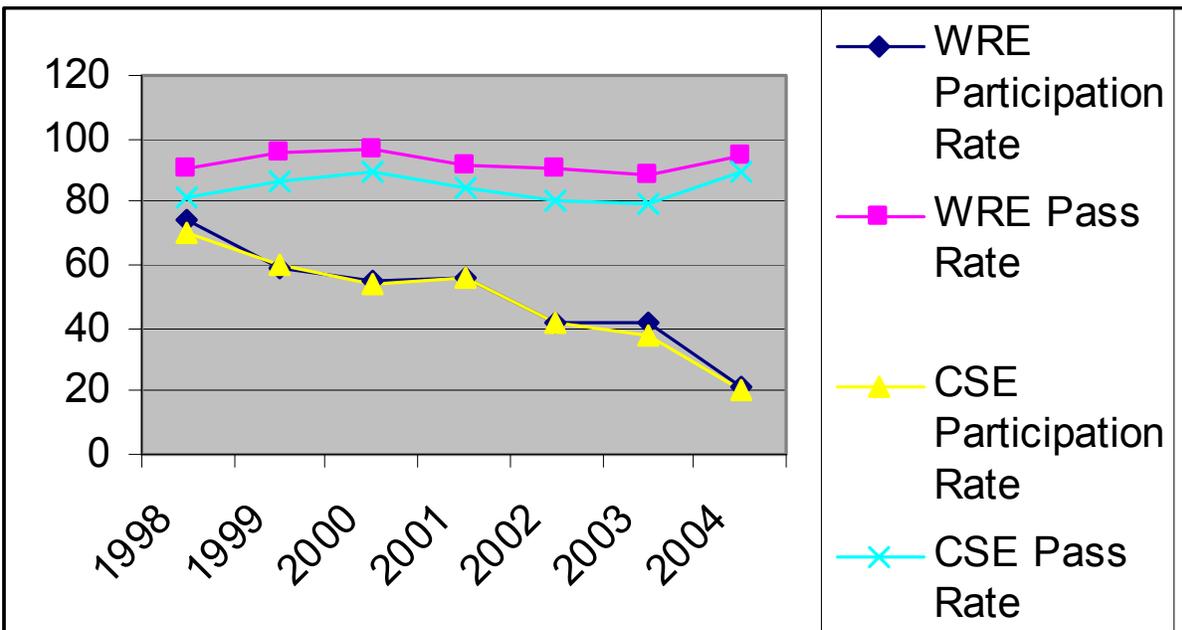


Figure 4. Statewide Participation and Pass Rates on RRT Credentialing Examinations.

examination for the credential RRT and 85% pass the branching logic simulation examination for the RRT credential. These statewide pass rates appear to exceed national averages. Since the CoARC annual reports use examination results on the two components of the RRT credentialing examination, it is not possible to determine the actual percent of graduates who earned the RRT credential from the CoARC Annual Reports.

For individual programs during the period 1998 – 2004, Table 5 includes the seven year total number of graduates, total number of graduates employed in respiratory therapy-related jobs within three months of graduation, job placement rate, total graduates who have earned the CRT credential, the percent positive graduate and employer surveys, and the percent of graduates who have passed CRT, WRE, and CSE credentialing examinations.

Limitations and Conclusions

The data collected for this report were self-reported by the directors of Ohio's respiratory care educational programs and were not independently verified. During the data entry process it was noted in several cases that the number of satisfactory graduate and employer questionnaires or CRTs exceeded the number of graduates for individual years. This may be the effect of students who "stopped-out" being counted in a later class or reporting errors. One college reported 273 applicants for respiratory therapy for the class of 1998. The number was explained as applicants to the college, and the number was not included in this report. The CoARC annual reports use examination results on the two components of the RRT credentialing examination, but the report does not include the actual number of graduates who earn the RRT credential. This report does not consider the determinations by CoARC of each program's 2003 Annual Report's compliance with the "Thresholds of Success" since those determinations have not been made and are not yet available. Finally, this report does not include data on current enrollments nor future projections of graduates for the Class of 2005 or beyond.

In conclusion, all nineteen of the respiratory care educational programs in Ohio are accredited by CAAHEP through the review by CoARC, and all key program personnel are licensed in Ohio as physicians or respiratory care professionals. A four-year decline in applications and a five-year decline in graduates have reversed with 232 graduates in 2004. For many programs, enrollments remain consistently below program capacity. Graduation rates vary widely among programs and have averaged 69%. Attrition is common in many programs with a 26% average attrition statewide. Graduate outcomes are consistently positive with 95% job placement, 97% positive graduate and employer survey results, and 97% earning the CRT credential and being licensed. Although the pass rates on the advanced credentialing examinations are generally positive, the participation rate approaches only 50%. While graduate outcomes are generally positive for all programs, there is significant variability in many program characteristics.

Programs	Applicants	Capacity	Applicant to Capacity Ratio	Enrollment	% Enrollment / Capacity	Attrition Rate	Graduates Per Year	Graduation Rate
01	29.0	15.0	1.9:1	13.6	90	8	12.7	92
02	47.3	26.0	1.8:1	18.7	72	22	15.3	82
03	25.4	24.5	1:1	19.4	77	18	15.9	81
04	22.3	20.7	1.1:1	13.4	65	21	10.7	80
05	23.3	20.0	1.2:1	15.1	76	27	10.9	75
06	17.9	20.7	0.9:1	15.6	75	21	11.6	74
07	8.6	15.6	0.6:1	7.0	51	0	5.0	74
08	31.1	25.0	1.2:1	20.9	83	25	15.1	72
09	22.4	12	1.9:1	8.7	73	27	6.1	71
10	50.1	25.0	2:1	20.6	82	20	15.0	71
11	19.9	25.3	0.8:1	13.1	55	23	9.1	68
12	28.3	20.3	1.4:1	20.1	99	24	13.3	67
13	21.1	20.0	1:1	14.0	70	30	9.3	67
14	19.0	24.1	0.8:1	11.6	48	32	7.9	65
15	25.9	26.4	1:1	19.4	76	39	12.1	63
16	27.6	27.9	1:1	20.0	72	32	12.3	62
17	74.3	45.0	1.7:1	24.8	55	45	14.6	59
18	33.4	24.0	1.4:1	18.7	78	42	10.1	55
19	56.4	29.3	1.9:1	22.0	75	31	12.6	55
Statewide means (SD)	30.6 (16.7)	23.9 (7.8)	1.3:1 (0.6)	16.7 (6.3)	72 (21.0)	26 (15.0)	11.6 (5.0)	70 (17.2)

Table 3. Seven Year Averages of Student Enrollment and Graduate Data for 1998-2004.

Programs	Total Graduates	Grads – RT Jobs	Job Placement Rate	Total CRTs	% + Graduate Surveys	% + Employer Surveys	CRT Pass Rate	WRE Pass Rate	CSE Pass Rate
01	88	86	97	86	100	100	100	99	97
02	107	105	98	102	93	94	99	87	88
03	111	94	89	89	100	100	83	86	72
04	75	71	95	72	100	100	98	96	75
05	76	73	96	67	91	99	90	80	86
06	81	80	99	82	98	100	99	98	89
07	35	34	98	NA	99	100	NA	100	100
08	106	83	92	89	98	96	99	95	85
09	43	41	94	30	90	85	85	88	63
10	105	101	94	96	99	94	96	95	96
11	64	60	94	54	100	100	100	87	78
12	93	86	92	82	100	92	96	89	84
13	65	65	100	64	96	95	100	100	98
14	55	52	94	47	100	99	99	90	88
15	85	80	94	72	85	90	100	92	68
16	86	79	90	82	98	96	96	NA	NA
17	102	100	99	98	99	96	100	98	96
18	71	68	96	60	100	100	99	94	83
19	88	85	96	44	92	100	100	96	87
Statewide means (SD)	80.8 (21.7)	75.9 (19.4)	95 (0.1)	73.1 (20.2)	97 (8.3)	97 (8.2)	97 (7.5)	93 (14.0)	85 (20.9)

Table 5. Seven Year Totals and Averages of Program Outcome Data for the Period 1998-2004

APPENDIX A

Section 4761.03 Duties of board.

“The board shall:

(A) Adopt, and may rescind or amend, rules in accordance with Chapter 119 of the Revised Code to carry out the purposes of this chapter, including rules prescribing:

(3) Standards for the approval of educational programs required to qualify for licensure and continuing education programs required for license renewal;

(C) Determine the respiratory care educational programs that are acceptable for fulfilling the requirements of division (A) of section 4761.04 of the Revised Code;

(G) Maintain, publish, and make available upon request, for a fee not to exceed the actual cost of printing and mailing:

(3) A list of the names and locations of the institutions that each year granted degrees or certificates of completion in respiratory care;

Effective: July 11, 2003

OAC 4761-4-02 Monitoring of Ohio respiratory care educational programs by the education committee of the Ohio respiratory care board.

(A) Annually, each respiratory care educational program in Ohio shall submit proof of compliance with the accreditation standards developed by the committee on accreditation for respiratory care (CoARC) under the auspices of the commission of accreditation of allied health educational programs (CAAHEP) or their successor organization(s). At minimum, Ohio respiratory care programs shall provide the following:

(1) A copy of the annual report submitted to CoARC.

(2) A copy of CoARC's response letter.

(3) A copy of any plan of corrective action for program deficiencies issued by CoARC in response to an official site visit or annual report.

(B) Each respiratory care program in Ohio shall also annually submit a current letter of accreditation issued by CoARC.

(C) The board shall form an education committee consisting of two members from the board and one member from among the directors of respiratory care programs in Ohio. The education committee shall be responsible for monitor educational policy and issues affecting respiratory care educational programs in Ohio and reporting such matters to the board.

The education committee shall also review documentation filed by Ohio respiratory care educational programs in accordance with paragraph (A) of this rule. The committee shall address any matters of concern with programs and annually file a compliance report with the board. If matters of concern are unresolved, the education committee may survey and investigate a respiratory care educational program. Survey and investigation findings shall be reported to the board.

Effective: July 14, 2003

APPENDIX B

**COMMITTEE ON ACCREDITATION FOR RESPIRATORY CARE
EMPLOYER SURVEY**

for
(Name of Program)

The primary goal of a Respiratory Care education program is to prepare the graduate to function as a competent Respiratory Care Practitioner. This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

BACKGROUND INFORMATION: (Please Print)

Name of Graduate:

Job Title of Graduate:

Length of graduate's employment at time of evaluation: _____ years and _____ months.

Name of Rater:

Name of Employer:

Credential Status of Rater (check all that apply):

- | | | |
|------------------------------|---|--------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> CPFT | <input type="checkbox"/> RPFT |
| <input type="checkbox"/> RRT | <input type="checkbox"/> Perinatal/Peds | <input type="checkbox"/> Other |

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. KNOWLEDGE BASE (Cognitive Domain)

THE GRADUATE:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| A. Has the respiratory care knowledge necessary to function in a healthcare setting. | 5 | 4 | 3 | 2 | 1 | N/A |
| B. Has the general medical knowledge necessary to function in a healthcare setting. | 5 | 4 | 3 | 2 | 1 | N/A |
| C. Is able to collect data from charts and patients. | 5 | 4 | 3 | 2 | 1 | N/A |
| D. Is able to interpret patient data. | 5 | 4 | 3 | 2 | 1 | N/A |
| E. Is able to recommend appropriate diagnostic and therapeutic procedures. | 5 | 4 | 3 | 2 | 1 | N/A |
| F. Uses sound judgment while functioning in a healthcare setting | 5 | 4 | 3 | 2 | 1 | N/A |
| G. Prepared me to think critically, solve problems, and develop respiratory care plans. | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE GRADUATE:

G. Effectively performs a broad range of clinical skills.	5	4	3	2	1	N/A
H. Possesses the skills to perform patient assessment.	5	4	3	2	1	N/A
I. Is able to perform current cardio-pulmonary therapeutic procedures and modalities.	5	4	3	2	1	N/A
J. Is able to perform and interpret diagnostic procedures.	5	4	3	2	1	N/A

Comments:

III. BEHAVIORAL SKILLS (Affective Domain)

THE GRADUATE:

K. Communicates effectively within a healthcare setting.	5	4	3	2	1	N/A
L. Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1	N/A
M. Functions effectively as a member of the healthcare team.	5	4	3	2	1	N/A
N. Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1	N/A
O. Is self-directed and responsible for his/her actions.	5	4	3	2	1	N/A
P. Arrives to work prepared and on time.	5	4	3	2	1	N/A
Q. Contributes to a positive environment within the department.	5	4	3	2	1	N/A

Comments:

IV. ADDITIONAL COMMENTS

What are strengths of the graduate of this program?

What qualities or skills did you expect of the graduate upon employment that he/she did not possess?

V. OVERALL RATING:

Please rate and comment on the OVERALL quality of the graduate of this program:

Circle One: 5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Comments:

Please provide comments and suggestions that would help this program to better prepare future graduates.

Rater Signature

Date

Title

Is the above rater the graduate's immediate supervisor? Circle response: YES / NO

Please return this questionnaire in the stamped envelope provided. Thank you for your responses.

**COMMITTEE ON ACCREDITATION FOR RESPIRATORY CARE
GRADUATE SURVEY
for
(Name of Program)**

The primary goal of a Respiratory Care Education program is to prepare the graduate to function as a competent Respiratory Care Practitioner. This survey is designed to help the program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

BACKGROUND INFORMATION:

Job Title: _____ Current Salary (optional) _____
 Length of employment at time of evaluation: _____ years and _____ months.
 Name (if different from that on the cover): _____
 Eligibility/Credential Status (*check all that apply*):
 CRT eligible CRT CPFT RPFT
 RRT eligible RRT Perinatal/Ped Other _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

A. Helped me acquire the respiratory care knowledge necessary to function in a healthcare setting.	5	4	3	2	1	N/A
B. Helped me acquire the general medical knowledge base necessary to function in a healthcare setting.	5	4	3	2	1	N/A
C. Prepared me to collect data from charts and patients.	5	4	3	2	1	N/A
D. Prepared me to interpret patient data.	5	4	3	2	1	N/A
E. Prepared me to recommend appropriate diagnostic and therapeutic procedures.	5	4	3	2	1	N/A
F. Trained me to use sound judgment while functioning in a healthcare setting.	5	4	3	2	1	N/A

Comments

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

II. CLINICAL PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

G.	Prepared me to perform a broad range of clinical skills.	5	4	3	2	1	N/A
H.	Prepared me with the skills to perform patient assessment.	5	4	3	2	1	N/A
I.	Prepared me to perform current cardio-pulmonary therapeutic procedures and modalities.	5	4	3	2	1	N/A
J.	Prepared me to perform and interpret diagnostic procedures	5	4	3	2	1	N/A

Comments: _____

III. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

K.	Prepared me to communicate effectively within a healthcare setting.	5	4	3	2	1	N/A
L.	Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1	N/A
M.	Taught me to manage my time efficiently while functioning in a healthcare setting.	5	4	3	2	1	N/A

Comments: _____

IV. GENERAL INFORMATION (Check yes or no)

- A. I have actively pursued attaining my NBRC respiratory care credential(s). YES NO
- B. I am a member of a state respiratory care professional association. YES NO
- C. I am a member of a national respiratory care professional association. YES NO
- D. I actively participate in continuing education activities. YES NO

Comments: _____

V. ADDITIONAL COMMENTS

OVERALL RATING:

Please rate and comment on the OVERALL quality of your preparation as a therapist:

5 = Excellent

4 = Very Good

3 = Good

2 = Fair

1 = Poor

Comments:

Based on your work experience, please identify two or three strengths of the program?

Based on your work experience, please make two or three suggestions to further strengthen the program?

What qualities/skills were expected of you upon employment that were not included in the program?

Please provide comments and suggestions that would help to better prepare future graduates.

Thank You!

Date: _____