This survey should be completed by the Department Director if possible, if not by their designee. What is your position in the Department? Select one only.

- Administative
- Clinical Specialist
- Clinical Specialist
- Director
- Director
- Division Director of Respiratory Care, Neurodiagnostics and Sleep Lab
- Lear RT is the only management position here
- Left Director role 4 weeks ago
- lone therapist (for now)
- Manager of Respiratory therapy
- Pulmonary Administrator
- Pulmonary Coordinator
- Respiratory Therapy
- VP of Dept.

Which type of program do you prefer, if any, when hiring graduate respiratory therapists?

Associate

- 2 year minimum, good clinical education variety, reputation and experience with school. Like to have student intern before hiring after graduation.
- 2 year program required
- 62 semester hours is required for license in Ohio. However, I would oprefer to hire Baccalaureate level if possible as I believe that's where the profession is and should go for entry level.
- A Baccalaueate is something we can set goals for after employment.
- A DEGREE DOES NOT MAKE THE THERAPIST.
- AAS degree at minimal
- Affilliated program produces a very competent therapist.
- all loccal programs AS
- All therapist must be Registered- we do not hire anyone unless they are RRT
- all we have close to us
- Although the baccalaureate degree is desirable, I believe that much of our service needs presently can be supported through the associate degree. As our profession expands, I believe that we could enhance this training through more diversification. It would make sense to me that we encourage programs to include more in-depth training in ultrasound, cardiovascular testing and management. Preparing students in areas on the fringe of respiratory care will enhance our marketability.

- An Associates program provides the basic educational requirements needed to fulfill the job requirements for this facility. This is a cardiac specialty hospital that treats primarily adult and geriatric cardiac patient populations, and has a 4 bed sleep lab affiliation.
- Any schooling above is great but not necessary to be able to perform. Baccalaureate will be better suited soon with more teaching being necessary with patients.
- As a 25 bed critical access hospital, we don't get 4 year degree therapists applying here.
- as long as they get a good respiratory education the extra liberal arts courses are an extra bonus.
- Associate Degree, RRT required by job description. Availability of Baccalaureate prepared RRT's are miminal at this time.
- Associate meets or needs. Could not pay a baccalaureate or masters for what they would want. Would want a masters for Dept. Director.
- Associate requuired but BS preferred
- Associates degree indicates that they are or should be a Registered Respiratory Therapist
- Associates degree is adequete unless in management.
- ASSOCIATE'S FOR A STAFF THERAPIST. BACCALAUREATE FOR A SUPERVISOR OR MANAGER.
- Associates in Respiratory with RRT. If Baccalaureate, prefer to be in a complimentary field, such a Business Administration.
- Associates with one year to complete NPS
- at least an associate
- At least an associate.
- at min. Associate
- At this point, we are not doing advanced procedures, so hiring a BS or MS may cost more without increased job responsibilities. At some point I hope to require those upper levels.
- Availability
- Baccalaureate is rare to find. If they were more readily accessible I would prefer that.
- Baccalaureate would be above and beyond and set-up my staff for leadership; however, not deemed necessary.
- Cannot pay more for higher education, even though it would be useful.
- Champaign-Urbana has an Associate Degree program located at our community college so most of our new hires come from this college.
- COMMUNITY HOSPITAL NO SPECILIST AT THIS TIME
- Currently we do not hire CRT and as all area schools are at least RRT we have adopted that as are minimum standard.
- Degree not as important as clinical experience
- do not need nor require a Mast or Bacc for a staff position
- Do not see many Baccalaureate or masters applicants.
- Due to current availablilty staff in the work place and looking for jobs with an associate degree. I would like to see the profesion grow to a BA degree, The role may be different, lots of question wiith the new reform ?????
- due to our salary constraints, BA candidates find our salary range too low.

- Few Baccalaureate candidates available and the positions I have to offer are not as attractive to BS level candidates.
- For a staff Therapist I need someone who is wanting to practice Respiratory Care and since I don't have supervisors or assistant directors, I feel the other categories could be over qualified.
- For entry level positions associate is used. For advanced positions baccalaureate is prefered.
- For the majority of work, entry level/well educated student graduates have met the needs oy my Department. More importantly, there is an abundance of this level of candidate available whereas higher level candidates with a BS and or MS are rare.
- For the tecnical nature of a small hospital therapist AS Degree is fine, further education is appropriate for Directors in this same setting.
- found associate degree therapist to be as well trained as baccalaureate therapists
- Functionally appropriate for the level of work required to meet most demands of the job.
- Goal is to ultimately push for BS therapists but not addressed at this time. One supervisor has BS degree and goal for second to pursue BS status.
- Good Associate programs turn out well prepared therapists. My experience with Baccalaureate program graduates has not impressed me with their student preparation for being a bedside clinician.
- Graduates have the minimun competencies required to fill positions at this hospital and can be trained to advance as our needs require.
- Greater knowledge base. Professional behavior and outlook.
- Having an accredited Respiratory Care program located at a local junior college gives us access to many new graduates with an AAS and RRT Credential. This meets the needs locally.
- I am a critical access hospital and have been served very well by associate degree therapists
- I beleive that most programs in our area are associate degree programs
- I find that students going for an AD want to get into the workplace and really want to be RTs. BS and MS level students tend to be less interested in being a therapist and more interested in using respiratory as a stepping stoneto something else.
- I have hired 6 bachelors prepared RTs in the last couple of years. That is great, but don't discriminate against those with only associates degrees. There is no separate job scale
- I have hired both AS and BS and find that As are just as qualified as BS.
- i HAVE NOT HIRED ANY THERAPIST WITH A BACCALAUREATE DEGREE. NO ONE HAS APPLIED WITH ONE.
- I like to employ graduates of the school closest to us. I'm familiar with the program and the caliber of the graduates.
- I like to know that they went thru an accredited learning facility.
- i need worker bees not more supervisory staff. Staff who have a masters or bach obtained those degrees for a reason.
- I think 2 years is a significant amount of time.
- I would pefer a BS, but not many applicants at this time have their BS, hopefully this will change in the future.

- I would prefer all Respiratory Care Practitioners were required to complete at least a Baccalaureate program, but for now that is not the standard.
- I would rather have common sense people than book smart people. I have not seen anyone beyond Associate that fits this.
- In rural hospitals it is more important to have employees with a good foundation in respiratory therapy than in higher courses required for Baccalaureate or Masters. We need more employees to work patient care areas with good knowledge
- In this field, there is no need to have a BS as a staff RT.
- It is the most common and most frequent of the applications
- It is the most common. Very few have BS degrees
- Local CC has wonderful program. Very happy with new grads
- Local school affiliated with our hospital and clinical instruction only provides associate.
- minimal education for graduates have an Associates degree. I glady take all new graduates on board as we are a learning facility with RT students. Education of my staff is a high priority and one is included in my yearly respiratory conference.
- minimum associate degree, only hire RRT
- Minimum Entry Level
- Minimum of an Associates degree BA Preferred, we ahve a hard time in the city getting therapists to become Registered. Cannot teach old dogs new information. On a send note Nursing recieves all of the funding from the hospital as far as tuition re-imbursement is conserned for for any staff to go above an associates degree they must pay for the cost of the degree on thier own.
- Minimum requirement
- Minimum requirement
- Minium amount of education needed and shows that the applicant can complete advanced education
- More Available
- Most applicants in this area have associate degree's.
- most available program selection
- Most graduates from the local Respiratory Therapy program have an Associates, though the first graduates just finished the fairly new Bachelor's degree program.
- Most hires are grads from a Rt program at a local community college.
- Mostly this is all that are available
- Must be registered or registry eligible.
- Must meet a minimum of Associate, but, would love it if baccalaureate
- Nearly all graduates in our area are from associate degree programs.
- No Bachelor RT programs in state
- no local Baccalaureate program, AS program local is excellent.
- No longer hiring anyone who is not at least Registry Eligible; if not RRT upon hire, then requirement is to acquire RRT credential within one year of hire; issue with Baccalaureate program not being readily available

- No pay difference for > AS degree
- Not a BS program in our area
- Not many Baccalaureate programs
- Not many in this area have bachelors degree
- Only 1 school in Indiana that offers BA degree - for my area, AS is what is offered, and puts out quality therapists
- Only two BS level schools in GA and they are both in big cities that usually hire them right out of school and they are not as willing to relocate to our area.
- Our programs in the state are an associates program. We do not have a baccalaureate/masters program in the state
- Our salary is based on the job and not education, so everyone who is a RRT is in the same pay scale, this pay scale would not be competitive for someone with a baccalaureate or higher. An associate's degree prepared therapist has all of the skills we need.
- Our therapist here continously train to work in every department from long term, NICU, PEDS, ICU, Bronchs, PFT, Stress testing etc which has been helpful in managing our staffing requirements. Our goal is to make sure therapists coming on board are ready and willing to train and work in all areas. They are required to have all certifications as well BLS, PALS, NALS & ACLS
- Prefer Baccalaureate but do not have a local RC option. Try to hire those with BS degrees + AAS in Respiratory Care
- prefer RRT
- Prefer RRTs, frown upon CRT
- Primarily what is available.
- Proximity of school and knowledge of the student characteristics due to clinical affiliation
- registered
- Registry eligible
- Registry Eligible
- Requirement of strong basic science and respiratory therapy technology. Master level education is in excess of bedside need.
- RRT credentials within 1 year of employment
- RRT Preferred
- RRT, with baccalaureate ambition
- Rural area, with advanced degrees difficult to support financially.
- Schooling does not necessarily equate to the skills I am looking for. I hire for "fit" (and have had no turnover for the last 2 1/2 yrs along with the highest staff satisfaction for the last 3 consecutive years). If an RT is CRT or RRT...Associate degree or bachelor's degree is irrelevant as long as they have the interpersonal skills to be a part of my team
- Serve as clinical affliate for BRTC-Pocahontas Ar and try to hire their graduates
- small community hospital ... not much room for advancement
- Small hospital, some critical care, mostly routine testing and therapy.
- Small rural CAH

- Small rural hospital that is critical access
- System decision to have RRT eligible or RRT only
- That is customarily the degree of applicants
- That is the requirement, and how the local schools are set up. Considering their functions and duties, why does an RT need a BS or an MS? Even if a manager acquires those degrees, they move beyond RT.
- The Associate Degree is enough to do the job.
- THE MAJORITY OF LOCAL GRADUATES ARE FROM AN ASSOCIATES DEGREE PROGRAM.
- The majority of schools in my area are Associate degree programs. I have just hired a new grad from a Baccalaureate program and this employee isn't any where near as competent as the Associate degree grads.
- The majority of the respiratory programs in this area offer the associate degree. We encourage our RTs to continue their education and make the baccalaureate a goal.
- The only choice available for instate RCPs. BS bridge programs available in related Health Care.
- Their is a shortage of RT's in the country and the majority only have an Associates
- There are currently no baccalaureate programs in our area, the nearest, 60 miles away closed.
- There are four Associate programs in this area
- There are no baccalaureate degree programs nearvy
- There are no Baccalaureate RT programs in our area. If there were I would prefer to hire RT's with a BS degree
- There are no Bachelor's program for RT in the state of MI
- There are no management opportunities; prefer AAS graduates who can be trained in our processes; ripe for team building and living the organization vision/mission
- there are some really good associate programs which provide good outcomes with their grads. the only product that a baccalaureate would bring is possily more experience
- There are very few Baccalaureate graduates available, otherwise they would be preferred
- There is not Baccalaureate or Masters program within 200 miles. Associate degree graduates meet our needs just fine.
- There is only one school in Central Illinois with a Respiratory Program. This is at a junior college.
- They meet our needs in a small hospital
- they need to work, and can become RRT first before completing their BA or BS
- This is the local program. BA programs are not readily available, and recruiting outside our service area has not been a major source of new hires.
- This is the program the domainates this region
- This is what is required in our state. If we had more BS Respiratory Therapy programs in state, I would prefer them.
- This seems to be a good level of education for RTs
- Typically our applicants have an associate's degree and there is a local school that we partner with for clinical experience
- Usually have good clinical experience

- Very little salary incentive to go for BS from AS, no different than salary difference from CRT to RRT being an incentive to take the exam
- we are a primary clinical site for an Associate Degree program.
- We are a rural facility with small ICU and few specialists
- We are a small hospital with no teaching positions. An Associates degree does not require the level of pay that a higher degree would.
- We basicly need clinical staff.
- We do general medical surgical care as well as minimum critical care.
- We do not, due to our size and scope as a critical access hospital, discriminate between the collegiate level that a graduate has attained.
- We find these graduates have competence and the skills needed at our hospital. They also have the tend to remain employed the longest.
- We get excellent candidates from all 3 programs but the BA and particularly the MA candidates do not stay beyond 1 - 1.5 years. They are not nearly as good of return on investment as 2 yr grads.
- We have an Associate degree program in Dubuque, so graduates are plentiful
- We have an Associate degree program in our community, prefer to hire locally grown talent.
- We have two excellent AAS programs in our region. Bachelor's prepared grads are few currently,mostly from OSu or Toledo, There are avenues for BS completion locally.
- We have two exceptional respiratory therapy schools in this area that provide a great feeder system. Both are associate degree programs and provide highly qualified respiratory therapy graduates to our areas. The therapists have always been able to exceed our expectations and quickly complete their boards.
- We have very few Baccalaurette prepared graduates in Memphis, tn.
- We haven't had many BS applicants. AS grads meet our needs currently.
- We hire graduates from the local 2 year college that has an excellent program. I don't normally see anyone applying with more that a 2 yr degree.
- we only hire RRT or allow new grads 12 months to obtain the RRT to continue employment.
- We prefer to hire graduates who performed successful clinical rotations with us. 90% of the graduates have Associate degrees.
- We support a local RT Program sponsored by a two yr. Technical College
- we would like to have all employees be at least registry eligible
- Would love to see grads with a BS but it is not happending yet in this area.

Baccalaureate

- A bachelors degree should be the minimum for our profession. Its time. Associates degree just does not produce a professional ready to manage very sick patients in an ICU. They jjust do not have the skills
- A BS degree should require Registry eligibility. We have several entry level, associate degree programs still running here so it makes finding Registry eligible RCP's hard.

- A four year degree provides for a more rounded education.
- A higher level of professionalism than associates.
- Although most possess Associates Degree, those I have hired with BS or MS have been more mature and more well-rounded. Unfortunately both BS and MS programs in Boston have been terminated.
- Although this is our preference, reality is that > 95% of our new hires have no highter than an Associates.
- Although this is rare in our area, I believe in a Baccalaureate program for best critical thinking preparation. I do not believe that Masters is necessary at the clinical level, but for leadership promotion.
- An associate who is Registered is ok, especially with experience
- Appropriate didactical knowledge
- AS and BS prepared are equal in clinical skills, the BS tend to be more motivated to expand into teaching or supervisory roles
- As professionals we need to make our background important to hospitals and regulatory agencies and a minimum of a BS is necessary for this recognition.
- Associate degree no longer adequate for position requiring critical thinking skills
- at least an associate, but BS marked because as the Medical Technology grows WE MUST.
- Attaining an undergraduate degree in respiratory when it is not currently required shows a dedication to the field.
- BA/BS graduates are more well rounded in overall knowledge.
- Bacc graduates just have a better, over-all grasp of the ins and outs of RC. While the Masters are wonderful...it takes a boat-load of money to get there and these kids should aim for management in MHO
- Baccalaureate better prepares the student for the rigors of our business model. In addition, the current 2-year programs, due to proscribed education, cut corners on clinical experiences which is the backbone of a well-prepared graduate.
- Baccalaureate candidates possess a better ability to use critical thinking skills versus a task orientation.
- Baccalaureate grads are far more prepared for analyzing data, conducting research, interpreting research studies than Associate level grads
- Baccalaureate students seem to be more prepared for the professional side and are more dedicated to staying in the profession.
- Bachelor's degree provide individuals who are more well-rounded and show a commitment to being a professional.
- Bachelor's preparation has become required for all but the very highest aptitude ASRT's, due to the critical thinking by required by protocols and the professionalism required within the healthcare team.
- Best prepared to function in our organization.
- Better background and preparation for work.
- better candidate to help hospital grow in all aspects including clinical.

- better communicators verbally and orally
- Better education. Better decision making skills. better time management skills. Less task orientated.
- Better overall clinical experience.
- Better prepared and more mature.
- Better prepared for complex hospital environment
- Better well rounded training, more mature.
- BS gives good foundation,creates thinkers not task doers
- BS graduates are better prepared for pediatric critical care
- BS graduates tend to be better rounded and more willing to engage in change.
- BS in Respiratory Therapy is the future of the profession. I hope that in the near future there are going to be more than just one or two graduate programs for the RT'S.
- BS is the preferred choice however, still very few with this degree.
- BS prepared seem better able to make critical decisions and possess interpersonal skills that instill credibility with other members of the care team.
- BS programs usually have RRTs as graduates where AAS programs have CRTs.
- BS students are better prepared and can critically think - we need more than task drivien robots - we need therapists that can think on their feet
- BS Students are more well rounded. Better grasp of therory, orient faster.
- Curriculum is more fully covered.
- Demonstrates a higher degree of commitment
- Depends on program design and concentration.
- Difficult to find BA degree but find them better prepared and quicker to orient. We have not hired masters prepared into staff positions.
- Due to change in respiratoy biomed we need qualified therapist
- Education seems more complete.
- Field is becoming oo complex to have appropriate education compacted into two years
- For a standard of professionalism - we actually have all varieties in our department. Certificate, Associate Degree, and Baccalaureate Degree. It's not that I have a preference for one over the other (some of the certificate employees I have are our best and most dependable over the years), but when hiring new employees for the future, I prefer them to come with the Baccalaureate.
- Fully develop critical thinking. Better understanding of how to read and aply scientific data.
- Fully expect industry standard to increase to this level
- Future minimum requirement to validate the profession. need additional education for preparation for evolving discipline
- gives them the depth of education and varitey of clinical experience needed to hit the ground runnning in a dynamic health care environment. Also provides the background needed to assume speciality and leadership roles. Masters in other areas (MBA, MHA, clinical areas) better suit further advancement

- Graduates from this program are more mature and better able to handle themselves as a professional.
- Higher level of education indicates more in depth knowledge base
- Higher skill level, more comprehensive program, more clinical rotations during course study.
- Highest possible.
- Historically our associate therapist have, primarily come from a local college (Delaware Technical & Comm College) and it's an excellent program, however in the long run would prefer all therapist to complete the BS.
- I alway chose the high education for we are a teaching hospital and we focus on educating or staff and patients.
- I believe an Associate Program is becoming insufficient for the education required
- I believe that the profession is way overdue and that it should be a baccalaureate degree. With the knowledge content that is expected, we should be at baccalaureate level. Additionally, we are one of very few professions with an associates degree requirement.
- I believe the more education the RCP has the more knowledgeable.
- I currently hire A.S. and B.S. grads but totally support BS only if enough grads are available.
- I feel it is necessary for a more rounded education.
- I feel that all Respiratory Therapist should hold a BS in Respiratory Therapy to put us on par with other allied health positions.
- I feel that in todays market we need a abccalaureate prepaired therapsit because they need to be more then an employee who completes physicians orders. They need to be able to help the physician identify patients who should have their therapy reduced without deminishering the theraputic impact. They also can identify the need for theraputic interventsion sooner.
- I have found that the baccalaureate students are better prepared to enter the field as a practicing therapist, they seem to have more clinical time. The level of maturity is higher with baccalaureate students.
- I have success with these individuals as new graduates.
- I hire baccalaureate grads when avaliable, should they fit our need.
- I only hire RRT's with 4 year college degrees that have experience
- I prefer a graduate from a BS prgram but the one program we have doesn't graduate many students. So I hire AS degrees and train.
- I prefer Baccalaureate becasue I find that overall they can write and express themselves better. However, although a number of the therapists have this, the majority do not.
- I prefer BS candidates but there is no longer a BS program in our state
- I prefer clinicians who have a broader education and better understanding of pathophysiology. For management personnel, I prefer the Master's.
- I prefer the baccalaureate because of their rounded education but, many of our new hires are associate because of the availability of baccalaureate prepared therapists.
- I set up 5 years ago that you must have RRT to stay with the expectations of region. I also sit on the board at a Baccalaureate school as I come from a different Baccalaureate school. We prefer

BS but will consider AS. In future I see it becoming required BS. I also have my Masters and I mandate that my supervisors and educator have their BS and prefer MS.

- I typically do not have the luxury of candidates with greater than an associates in RT. Those w/prior, non-RT BS or BA, typically are better accomplished and have higher expectations of self and a vision of what is possible. They also tend to be more polished and well prepared. Our field is hampered by the AS in RT, I believe; it is a "blue collar" mentality.
- I would like to see a higher level of education in our field. I believe a higher level of education prepares therapist for all situations and better allows them to adapt to changes.
- I would prefer a B.S. prepared individuals with a greater emphasis on physiology, pathophysiology and disease diagnosis and management as well as incorporating the statistical and research background information. I think therapist need to move closer to the "independent practice model" of the physician assistant/ physical therapist and this can only be obtained through more advanced preparation.
- In general, this level appears to be better prepared.
- In order for Respiratory Therapy to progress pass where we are now in the healthcare hiearchy, baccalaraureate level education must become the entry level education standard. I prefer to hire baccalaureate degree therapist, but I am limited to hiring associate degree therapists.
- In these challenging times, we need professional, dedicated, and compassionate individuals who are able to multitask in a fast paced environment. People with college degrees are more mature, sensible and understanding than high school graduates.
- Individuals with BS degrees appear to be slightly better prepared than associate.
- Intermountain healthcare prefers this.
- it does not have to be an RT degree. These folks are better prepared overall.
- Masters prepared are rare, baccalaureate have a higher skill set, competency, clinical aptitude
- Minimum Associate from accredited college vs trade school
- More Clinical Time
- MORE COMPRENSIVE TRAINING/EDUCATION
- More rounded education to help make better critical decisions.
- More theoritical knowledge, seem to grasp concepts easier
- More versatile. Better Critical Thinking skills
- More well rounded
- More well rounded in academics and clinnically more proficient
- Most grads in this area are from two year programs. The University of Hartford is the only baccalureate program in the State.
- Most local grads are from Assoc. programs, but we prefer 4 year grads
- Most of the therapists that I currently hire are used to provide clinical care to our patients. An associate program is what is availalbe to me. We have very few baccalaureate people available
- Much higher quality, greater theoretical knowledge
- My preference would be BS level because I think they are more prepared but the majority of my staff are AS due to the local AS program in town.

- Need 4 years of education to give the therapist enough time to mature to be able to deal with life experiences and sick conditions. I also believe that there is too large a body of knowledge now for a 2 year graduate to understand current technologyl.
- Need overall education
- Need to increase the knowledge base
- Only if it can be shown that the therapists will be better than someone with an associate degree.
- Only one of the eight programs in KS have baccalareate degree. Would prefer BS since I believe they will be better prepared in communication, critical thinking skills, team building, etc. That said, the majority of new hires have Associate degree. Approximately 30% of staff is BS or higher.
- prefer a baccalaureate however these are few so most hires has an AS degree. Do not prefer graduates of on-line programs. BS grads, in our experience, have a better foundation in physical sciences.
- Prefer Associate or Baccalaureate.
- Prefer Baccalaureaute as that is the highest level of education offered in this area for Respiratory Care Practitioners.
- Prefer BS graduates if the BS program included increased clinical experience.
- Prefer graduate respiratory therapists have a baccalaureate degree ideal would be the highest level of education obtainable.
- Prefer the graduate have more than respiratory therapy skills.
- Preference is Baccalaureate but Associate is minimum requirement on Job Description
- Provides professionalism - leadership development.
- Raises the professional level of Respiratory Therapy with in the organization. Baccalauretate degree graduates are better prepared to manage the challenges of a changing health care environment. Practice goes beyond bedside caregiving - it requires interdisciplinary team work, good written and oral communication, critical thinking skills, ability to teach patient and families, participate in research, coordination of care, performance improvement activities, staff development activities, as well as hospital committees and task forces.
- Respiratory is an interface of clinical knowledge with technology. In need of albor force with foundation to grow using critical thinking skills to facilitate patient management and best outcomes.
- Right now we have an Associate program in town but I would like to increase the level of education to the Baccalaureate level.
- RTs are more involved in profession, if they have higher degree, they seem more motivted to excel
- Should ensure a minimum level of education and functioning in the work environment
- Sound Didactic knowledge is preferred for our environment and population of acute care patients
- Tend to be more professional and have more critical thinking skills.

- The acuity level of the therapists is frequently requiring an advanced degree. The CRT level is no longer acceptable.
- The amount of knowledge and information required to master tasks is growing and becoming more advanced
- The Baccalaureate doesn't necessarily make a better therapist but does add credibility to our profession.
- The Baccaluareate is preferred as an enhancement to the technnical based education that is typically found in two year programs. We all need to raise the bar in terms of professional practice to engage our workforce in providing appropriate & cost effective care while helping to solve complex clinical and operational issues.
- The BS personnel are more well rounded and have a better knowledge base. Masters prepared would be great if they also have an undergraduate degree in Respiratory.
- The clinical skills and critical thinking skills seemed to be better.
- the crt needs to be retired and look at registry aas as the entry and the other as advanced
- The extra two years improves clinical experience and graduates maturity compared to an Associates
- The field needs to grow, without creditialing we will be equal to nurses aides instead of equal to nursing. Here our nurses are expected to become BSNs and they are supported with educational reinbursement and scholarships to become master prepared.
- The four year level provides for amuch better understanding of "real world" requirements even for a new employee.
- The growth in sophistication of the RT pracitce over the past 10 years has defined it as a complex healthcare provider. This needs to be a recognized degree required.
- The level of education speakes to the level of commitment to further te individules knowlage to convert to wisdom
- The marjority of our hires are Assoc degree candidates and we require that they pass their registry within 2 years. In todays health Care enviroment it is important to have this a a very minimum degree.
- The students with a BS demonstrate competence in professional writing skills and are more equipped to handle projects, educational presentations, etc.
- The therapist with Bachelors degree have a higher level of skill than do the associate program graduates. That is not 100% true but in general teh BA Therapsit do a better job and hava a better understanding of our field.
- There are only Associate level programs in my area
- There is raRELY A GHOICE IN OUR APPLICANTS. WE HIRE bs WHEN AVAILABLE.
- These graduates have more advanced clinical exposure which raises the level of clinical practice for the whole staff (when several staff can do, know about or participate in advance clinical activities other staff want to be able to also).
- They are better prepared clinically and they have a better sense of professionalism.
- They are better prepared for the high acuity of our hospital and the critical thinking skills needed to drive our patient driven protocols. As part of the graduation requirements, they have

earned their RRT credential. Therefore, my answer on #7 below of 6 months is my only option. But, in reality, we do NOT hire anyone without the RRT credential.

- They are better trained and better respected by others in the Hospital.
- They are more well rounded and have had more critical thinking skills
- They are professionals by choice and lack the undesirable traits that mark those who only work to make a pay check.
- they have better critical thinking skills
- They seem to be better prepared than Associate Degree candidates and I would like to see all programs become Baccalaureate programs.
- This program prepares with stronger critical thinking skills and an increased exposure to the importance of evidence based medicine such as protocol care delivery.
- This seems to be much more important today than prior years.
- Though I prefer this level I have none... I find that generally speaking graduates at this level have more extensive science coursework, which helps them have a firmer grasp on some basic physical and scientific principle of respiratory care at an earlier point.
- Two years is no longer sufficient time to prepare respiratory therapists. We spend about 6-9 months training/mentoring just to get them up to snuff to work in our acute care areas. It takes another 3-4 months to train them for the intensive care units.
- Usually better critical judgement skills
- Usually have associates but i have staff with BS, BA, and working on masters. I prefer RRTs and highly educated staff with critical thinking skills.
- We are a large tertiary hospital and need the critical thinking skills and advance practice capability of BS prepared therapists.
- We are a rehabilitation hospital and need to have staff adequately prepared to effectively collaborate with other memebers of the interdisciplinary team, develop effective care plans, and excell in education.
- We are fortunate to have excellent AS programs, as well as several BS programs that produce competent RCP's. Many of our AS employees go on to do BS completion programs.
- We do not have a Baccalaureate program in Oklahoma - so for the most part my only option is Associate - but if someone has a BS - I will definately look at them for hire.
- We do not have a BS degree RT program nearby so the majority of graduates hold AS degree unless it is a 2nd career. I think for the future of our profession it would be an advantage if we had BS graduates.
- We encounter everything from burn patients to lung transplants, infants, neurosurgical patients and more. We need staff with good critical thinking skills.
- We have a bacccalaureate program at Stony Brook and provide clinical oversight of junior and senior students. We are able to assess their skills prior to hiring.
- We have both AS and BS within the dept. There is a significant difference in clinical understanding and performance.
- We have ready access to a BSRT program and do see value in BS vs AAS students.

- We normally hire associate degree therapists because there are no baccalaureate programs in our state.
- We PREFER those with at least some sort of BS or BA
- We presently have AAS and BS programs available. I am pleased with AAS but of course would prefer BS it is just limited to the volume that we have at present.
- We provide a higher tech ability than most other hospitals...Therapist are more impowered to work as High Skilled Therapist.
- Well prepared for bedside care
- well prepared for ICU
- Well rounded and often have higher aspirations wanted to be leaders of teams, educators, best practice councils
- Well rounded education for a community hospital
- While Associate prepared therapists generally do well clinically, Baccalaureate prepared therapists almost always do well clinically and generally more inclined and prepared take on advanced roles (management, education, etc).
- While my preference is the baccalaureate prepared RT, there are few in Colorado. I feel they BSRT is better prepared and has a broader perspective of the health care environment and how RT fits and relates.
- wi;th legislation pending that would allow RCP'S with Baccalaureate degrees practice in physician practices as a independent practitioner, I feel this is the direction we need to move in.
- Would like to see programs in Wisconsin offer Baccalaureate
- would prefer RTs with higher education. speaks to work ethic and motivation.

Masters

- Prefer the highest level of academic achievement as RTs interface with Master's prepared nurses, therapists, pharmacists it evens the "playing field." We hire no CRT and reluctantly hire many AS candidates.

No Preference

- A small hospital; everyone will do the same job; level of degree not important factor nor is credential - CRT vs RRT.
- All local programs are at least Associate, very few baccalaureate
- All produce both desirable and less than desireable candidates. When hiring staff level respiratory therapist, associate or Baccalaureate is sufficient
- An individual educated from an accredited school of RC no matter the level of the degree that can demonstrate their drive and initiative and who can function within the scopes of the profession is what we look for in a therapist.
- Any graduate from an approved program, no specific preference for Associate, Baccalaureate or Masters
- As a community hospital most of the RT services provided are routine No NICU,PICU very little trauma

- AS is minimum, have only ever had 2 or 3 BS, no need for masters or BS except for supervisor and now only have one of those.
- As long as the Candidate fits the departments needs and would be a good fit for the department and they have good skills and are bright, I do not have a preference of a two yr or four year program. I have had success with both and had some bad expereinces with both.
- As long as they are licensed and can do the job.
- As long as they have graduated, passed their CRT, and RRT I would consider them for hire. I do not think the degree you have makes you a better or worse therapist. It is what you do with your education.
- Associate and BS prepared therapist are equally competent.
- Associates degree or higher preferred with preperation to take the RRT exam a must.
- Based on experience and interviewing process
- Being overseas, I am looking for people with the right attitude with program type secondary
- Caliber of therapist with Associate degree is often just as good as Baccalaureate
- Clinical is very important to me.
- Competency of skills is requisite fior all positions. Leadership/educational positions I prefer Baccalaureate.
- Competent therapists come from all programs
- Critical thinking skills trump the preferred type of program when condsidering graduate RTs. Both can accomplish this. Both can fail. I have seen it first hand.
- CURRENTLY ONLY A ASSOCIATE PROGRAMS EXIST IN THIS AREA
- Currently, only one baccalaureate program exists in NJ. The current associates-prepared students meet 90-95% of our needs.
- Decisions are made on skills levels, committment to the profession, attitude just as much as type of degree.
- Department is a PFT Lab - we need CPFT or RPFT in addition to RRT.
- Difficult to find RTs will take clinically qualified and experienced.
- Education may not always equal quality. I hire for values and potential.
- either associate or baccalaureate would be acceptable
- EXPERIENCE AND LIKLYHOOD OF LONG TERM RETENTION ARE OF GREATER IMPORTANTS.
- From prior experience I have been able to work my department well with motivated Therapists from different educational background.
- Given the current realities, all the RT programs in this area graduate associates degree candidates. However, if Bachelor's programs are available, my preference would be to hire them because they tend to have a well-rounded education and generally behave more professionally overall. I'm generalizing, of course. It is not to say Associates degree staff do not behave professionally but my observations are that they have a tendancy to be more "blue collar" in their overall behavior than those more educated. This has some minor but significant impact on overall morale, retention of staff as well as service to patients.
- Good quality RTs are from every level Masters through Associates degree.
- Graduate with CRTT and License is fine. Expertice comes with experience and motivation
- However, Associate Degree applicants tend to have lower turnover rates.
- I believe an associate degree is fairly equivalent to a baccalaureate degree minus all the unrelated classes and you do more hands on training sooner in an associate degree. Another benefit to the associate pgrogram is that you know sooner rather than later in your education if this profession is for you. (I do have a baccalaurate degree)

- I believe in the value of the BS degree, but the VA system has not adopted standards that require more than an AS. I do not feel a Masters is needed in most general care providers. We do not hire CRT any longer.
- I go by the reputation of the program.
- I have a Master degree but some of the best therapist I know and trained have only associate degrees.
- I have found therapists can book smart but lacking in clinical skills
- I have had good therapist without a degree as well as good therapist with degree's. My personal preference is to have people who have more education than less.
- I have had very few BA graduates apply and none with a Masters Degree.
- I have hired some therapists that possess an associates degree and have done magnificent work..conversely, I have hired therapists that have a BS or higher degree that have not worked out as well...not sure if having an advanced degree makes a difference in my practice.
- I have hired therapists from different types of programs and have found some good and some not so good in all of them.
- I hire mainly by fit to our dept. not by education level completed.
- I LOOK FOR PROOF OF GRADUATION FROM AN ACCREDITED RESPIRATORY PROGRAM AND PROOF OF CURRENT VA. LICENSE.
- I prefer RRT level experienced therapists
- I prefer therapists who are clinically knowledgeable. Experience is a must.
- I prefer to have someone with experience and good references.
- I think clinical skills are equal on graduation. BS therapists have more options as far as advancement, but are more likely to leave quicker.
- I think that qualified RTs can come from either program. I have interviewed both and really do not see a significant difference.
- I think their personal skill level is much more inportant then a degree!
- I would be delighted with a Baccalaureate or Master's prepared therapist, but realistically, most of my applicants are Associate's degree RT's.
- If you can pass the State boards to be licensed, then you can practice respiratory therapy. It does not matter if you have an AS, BS, MS. I also hire based on behavioral qualities.
- in a small rural area you usually hire a good candidate regardlee of degree
- In Arizona, I believe there is only associate programs. Being a small hospital, basically I take what I can get and probably couldn"t offer the wages to any higher of a degree.
- In this type of setting, the quality of therapists has not been dictated by their educational level. In the future, as autonomy becomes more prevalent, this may change.
- Individual character is the most important aspect.
- It is all based on the individual at the time of interview
- It is difficult to recruit students, employees to our area, we will take any of the above for our hospital. Of course the higher degree is preferred, but not practical in this area.
- It is the quality of the therapist that matters. I have seen some pretty worthless Masters holders.
- I've known Associate respiratory therapists who were excellent, and I've known Masters resp therapists who I wouldn't want caring for my family. It all depends on their dedication to the field, and lack of burn-out.
- Just need good RT skills
- Level of education does not predict employee performance.

- local schools only offer AS only
- looking more for experience. so far I don't see much difference between the BSRT and the ASRT. Have no MSRT (although I have many staff with non rt bac and masters)
- Majority of programs are at the associate level. Would like to see Baccalaureate level be the minimum standard.
- Most come to us with an associate degree, but we have some with a baccalaureate. There has really not been any significant difference in the quality of therapist.
- Most therapist have been in the medical field often with many years experience in health care - or will continue their education after hire.
- Need to show competence and experience to work at a small facility as they will not be subjected to as many critical patients and it is really hard to get good experience at a small facility
- No Masters program in area. Associate grads have worked out equal to BS grads
- No preference as long as they have graduated from an accredited respiratory program and have a CRT or RRT credential.
- Not looking for Masters level, but would accept either baccalaureate or associate.
- One degree over another does not make the Therapist any better than the others.
- Prefer to review candidates for overall knowledge base, assessment skills, ability to communicate with patients and physicians;
- Presently in our geographic area I am not aware of a Baccalaureate program, thus most all therapists are coming from an AS program. While there is something to be said for anyone who has a bachelor's degree, in my expereince the degree or lack thereof does not dictate the clinical ability of the therapist.
- RCP is RCP, we pay the same. The is not ant incentive for advanced program.
- Registered only, no Certified
- respiratory therapy education is only part of what my employees need to do their job. After hire, i need to teach them cardio diagnostics, and other skills not covered ie RT.
- RRT eligible
- Rural hospital. No true ICU work.
- Rural Hospital. Upper Management for be Masters. The rest can be utlizied throughout facility. I have seen Basic CRT run circlies around RRT.
- Small acute care hospital, primarily adult population, uncomplicated vent care
- Small community hospital that does not see trauma. We do not have OB ir Nsy.
- Small critical access hospital, our focus is rural healthcare
- Small facility with few if any vent days.
- Some Associate programs produce better clinicians than the Baccalaurate programs from my experiance.
- Someone willing to work.
- the degree doesn't matter near as much as attitude and basic skills.
- The individual is what is important, not the degree.
- The RT programs in the area are AS degreed. This is the pool I usually draw from but would consider any of the above.
- There are advantages and disadvantages to every level - a lot depends on the quality and the professional and ethical approach of the individual graduate (work ethic, dedication to patient care, etc)

- There are good and bad respiratory therapists, it does not matter how many initials are behind their name. You just have to look for the qualitites that you need to give the best patient care possible.
- There are limited Baccalaureate programs and graduates w/ a 4 year degree in this area so more than likely graduates have an Associate degree. I prefer Baccalaurette but I would limit myself and have difficulty hiring. For managers I look for Baccalaurette. I recently chagned the JD to "highly prefer" for a BA degree for a management positon. I received push back from my VP when I suggested that it was required so this was the best I could do. As we pursue higher education for Respiratory Therapists and we see more in the field with higher education I will alter my JDs to reflect this. I highly support this change.
- There are no "traditional" programs in our region.
- There is a local Associates degree program and a B. S. program about 60 miles away. We get mostly Associate applicants. We hire B. S. over Associate when there is a vacancy. We have found that some BS graduates are specific about what kind of work they want (teach, etc.) and we always need RTs who will rotate in all clinical areas.
- there is no preference since many associates are great hires.
- There is so much divercity in respiratory that no particular degree will always cover each hospital's needs. We can teach skills, we look for attitudes.
- They must be RRT
- Usually hire Associate graduates, but no preference.
- We are a 25 bed critical access hospital. We not not keep any critical patients, they are transfered to other larger facilities. However, the therapist that are here work alone and have to be prepared and knowledged for whatever may come in the Emergency Department. As long as the therapist has good assessment skills and is confident in thier work, it does not matter whether they have a associate or batchelors degree.
- We are a cardiopulmonary department. I need colleagues with cardiology backgrounds as well as RT. We do not perform a great deal of critical care in this institution.
- We are a small community hospital and feel lucky to get RT's that want to work here.
- We are a small community hospital, we do not have a pulmonologist on staff nor do we have neurology, or invasive cardiology. Most vry acute patients transfer to the tertiary hospital.
- We are a small facility, 6 of our 7 respiratory therapist are OJT.
- We are a very small hospital with very limited financial resources. We do not perform complicated procedures and we cannot draw the talent that larger metropolitan style institutions can.
- We currently do not have opportunities for a Therapist with degree's beyond Associates. This would be a personal preference. The focus is Registered versus a degree.
- We employ therapists with both Baccalaureate and Associate degrees. I have found little difference in their abilities.
- We have a great staff. Most have associate degrees. Some have bachelors degrees. The important thing is competency and good customer service and attitude. People with advanced degrees don't necessarily make the best candidate for a job.
- We have access to Associate Degree graduates through programs in our region of the state.
- We have access to students from a good 2 year program;therefore we hire them.
- We have had both positive and negative experiences with graduates from a variety of programs.
- We have hired cadidates from all types of schoools. Each has displayed varying abilities and determination Levels

- We have many AS programs and just a few BS . There isnt a huge variance in performance. Honestly one of the AS schools puts out harder workers than the larger BS program we have.
- We only have associates in Colorado so I prefer Bachelors but it really isn't prevalent here.
- We only hire people than are Registry eligible and at least 2 years experience.
- We primarily hire associate because that is the prevalent schools in our areas. We also hire baccalaureate from one very small local program.
- When hiring staff therapists our focus is based on clinical knowledge and although the acedemic degree may prepare the therapist educationally it has not had a significant impact on our hiring patterns.
- When possible, I hire RRT credentialed therapists but currently hire CRT. They are required to complete an RRT certification within 4 hears of hire. This may tighten as the schools change their educational level based on new CoARC standards.
- Why possibly market-driven, the ability to hiring Baccalaureate only therapist would not produce enough RT's

What are the barriers to taking students, or taking more students, on clinical rotations? Select all that apply.

- 1st yr: limited by number of instructors from the school (we subsidize), there are multiple clinical sites in our area. 2nd yr: staff preceptors take students and we are limited by the need for our staff to complete their assignments (productivity).
- above numbers reflect time my staff spends preceptoring, only two students allowed here at a time without their clinical instructor here.
- All apply. Heavier workloads give staff less time to spend teaching students.
- At this time the Affiliation Agreement requires the school to provide the clinical instructors. The liability for competency of the graduate at time of graduation falls to the school. We have a limited number of staff who could serve as Clinical preceptors.
- At this time we do not take any students
- At times the workload is heavy and causes concern with giving adequate time to the students. Having clinical instructors available would help and I feel would give students a better education. I believe that by placing the responsibility of clinical instruction soley on the clinical site, this has caused students to be less prepared after graduation because of the limitations we have at times. The student is the one who is impacted which in turn impacts us as a profession since students are not as prepared after graduation. I find that new grads need more hands on experience before they are ready to work independantly.
- At times workload and students can and does become overwhelming for the staff. Especially when the facility is experciencing a lot of changes withint the past 3 years.
- Balance with primary mission of patient care. Resource/financial burden.
- Because not clinical instructors is provided by the program staff often teach the students how to complete tasks and do not challange their critical thinking skills.
- Before taking students, I wanted consistency in the number of procedures/tasks we were performing so that studentsor therapists would not sit most of the day. I've found those not kept "busy" with productve work learn poor time management skills and reflect work habits that are undesirable. I wanted consistency in staffing and willing staff to proctor students (no clinical instructor present on full-time basis),

- By taking on too many clinical students it will not allow the student to benefit from individualized focused hands on clinical experience that he/she needs
- Clinical instructors are hospital staff therapists paid by the college to be with the students.
- Clinical Instructors must be hired and paid by the program.
- Clinical instructors provided must meet our standards.
- Closest school 250 miles away no students in the area
- Complete absence of preceptoring by schools. Of our three clinical affiliates, none have provided a preceptor training program for our staff to help them be better clinical instructors. This should be a CoARC mandated requirement.
- Contract issues. We hope to resolve these soon and start taking students by 2011.
- Contracts can't seem to get through legal. HR roadblocks. Working on getting students. Would love to have them.
- Course director thinks rural hospitals are not worth their time. However, 40% of RTs work in rural hospital. At my facility we do Echocardiograms, Holter Monitors, Stress Testing, Nuclear Stress, Stress Echos, PFTs, ABGs, and insert Art lines. Most of their students would not be introduced to all of these modalities in the larger hospital and have to have a working knowlege of these on graduation.
- Currently are involved with NWKTC in Goodland, we have 1st year students here, they come for a month's rotation 3 days week
- Currently can accomodated all clinical needs for RC students.
- Depending on time of year as to how beneficial the rotation can be.
- Different local programs have students at clinical sites on same days from August through May leaving several days pre week without students present.
- distance
- Due to volume we are not a good Critical care site. We only have two or there therapist on per shift so having more than two students at a time limits there exposure and ability to have hands on experience.
- Educational programs make PFT rotation optional!
- Essentially we are the primary clinical site for the Stony Brook RCP, offering rotations through critical care, basic RT, neonatal and pediatric, PFT and Cath lab. Clinical instructors are unpaid volunteers and are expected to take a full patient assignment- considered a burden by some. We have asked that the program provide some oversight from the program faculty or hire adjunct faculty for clinical rotations.
- Fairly routine therapy-sporadic vents and compromised neonates; environment changes dependent upon the Hospitalists rotating-some keep the patient and some are quick to transfer the patient
- Have many high school students who shadow and it becomes too busy for therapists to be able to provide adequate educational opportunities.
- Have not been approached by by area programs
- Here at our facility is the lack of patients that require critical need to train or show the students.
- High workloads, impact of leave of abscence, and amazing growth/projects that are time consuming form implementation of (EPIC,Admin RX, VAP, Oscillation traiing, Growth of Level II to level III NICU)
- hospital is the barrier, needs to maximize the number of students.
- however we recently trained staff to perform this function

- I have three programs rotating through. One we provide two clinical preceptors 4 12 hr shifts per week, Oct thru June, another program a clinical instructor is provided (6 students to one instructor) 3 days per week. last program 10 weeks x 2 students for two students.
- If more program instructors were provided, more clinical hours at this site could be provided.
- In extremely high workloads taking students becomes frustrating to the staff as they want to provide a quality setting but have the higher obligation to their Patients. Even then, the student gets a real world view of the balance that the preceptor is charged with. We seem to have a combination of all of the above except number 3 but always manage to accommodate regardless.
- In my opinion, the single greatest barrier faced is that the school programs provide absolutely no preceptor training to facilities. I serve on one AS advisory board, and are closely affiliated with another program, and neither provides any form of preceptor training to our clinical staff to prepare them for students.
- Increased costs from additional PPE has limited the number of students this facility will accommodate.
- Lack of staff incentives to take on students and the burden that comes along with the role.
- Limitations include preparation of students. We have had to defer taking students from programs that have inadequate didactic and lab preparation.
- Limitations of only conducting clinicals during day shift. Would be able to take on more if schools were willing to conduct clinicals during evening shift.
- little or no communication between school and hospital. In the past, I have has students show up that we were not expecting, I had to send them back to school.
- Local program closed in 2010 that we have taught for for over 20 years.
- location of schools with whom we would like affiliation.
- Location; larger hospitals are available closer to the schools. we have participated in the past and have had students from nontraditional schools.
- Maximize resources
- Mostly further to drive. Waynesboro is out of the way
- N/A
- N/A
- need to meet established productivity targets
- new hospital will ramp up with staff and possibly students at a later date
- No barriers, just no programs close enough yet.
- no barriers. We are just very remote
- no barriers. we've not been asked, probably because we are critical access (25 bed) and no schools near us.
- No enough clinical instructors provided by program which creates a larger burden for the hospital.
- no local program
- No program available in the Virgin Islands for Respiratory Care. Most students attend school in the 48 contiguous states and graduate. Then we give them the options to come home for employment.
- No program has asked us to take a student. Our institution has nursing and PA students, I am sure they would support an RT student who is doing rural clinicals.
- No program in this area
- No program in this area.
- No program within 150 miles.

- No programs near us, at least 90 miles away.
- No Respiratory program in the area.
- No respiratory program in western colorado
- No schools near where we are located.
- NO SCHOOLS WITHIN ONE HOUR OF OUR FACILITY.
- non of above
- None
- Not an issue.
- Not enough clinical instructors provided by the college. Increased workloads at our facility may sometimes prevent the therapist time to help educate the students.
- Not enough clinical rotation space for any more at one time. Limited number of ICUs and general patient units to add more students.
- Not enough students available to fill all clinical hours but if we took more students there would not be enough desirable employment for them.
- Not having enough patient population appropriate for the rotation when all the schools are here at one time.
- Not sure there has been a recent effort to become an affiliate. Number of available preceptors would be a potential issue
- Number of assignments in which students can be placed.
- Nursing complains about the number of students in the patient care area.
- One school provides an intructor for 3 students each rotation, the other school can only send one student at a time.
- Only 25 bed critical access hospital. We typically transfer any patients that require any critical care.
- only certain staff are qualified to teach students, limiting the number of students that can be taken
- Only have 2 staff members per shift.
- Only take students in their final set of clinical rotations for advanced skills (ICU, hemodynamics, etc.)
- Our employees do ocassionally precept students but we try to not make it a routine.
- Our facility enjoys students and the students seem to enjoy their experience here. Without the students having an on-site clinical instructor with them at all times we limit the number of students to 2 on any given clinical rotation so we don't over-burden our staff.
- Our facility is great for 1st yr. students. We do not always have alot of ventilator experiences for the students.
- Our hospital is a clinical affliate for other health care program (nursing, Radiology, PT, Paramedic) so we limit the number of overall students so the units are not overwhelmed with "bodies".
- Our hospital is about 50 miles away from either of the 2 respiratory programs in our region of the state. We do not have many neonatal or pediatric patients and limited ICU experiences for students so we usually only receive students who are from our city/county.
- Our limitations are because we are a pediatric oncology houspital. Students may not see congenital defects at our institution.
- our nursery ships our sickess pts to a larger institution
- Our staff is not compensated for this either, so it makes some of them less willing to take students along during the first semester... Now towards the end when students are a real "help" I have them begging for students!

- Our staff works with students as they rotate through our hospital.
- Ours is a neonatal pediatric specialty rotation we take 2-3 students 2-5 days a week for 3 week rotations. We are a children's hospital within a hospital (hence the 1000 beds/ 200 are pediatric)
- Physical limitations of the RT departmental space; plus classroom space in RT is non-existent.
- physician interface.
- Primary issues we have are more students than staff that are clinical preceptors.
- Programs are reluctant to utilizing hospital staff as clinical preceptors
- programs we participate with provide adequate support
- PS question 11 is pretty hard to answer. For example it leaves out a big question about the nature of the rotation. Is it a specialty rotation in PF lab for 24 hours or is it a 6 week critical care rotation 36 hours a week. Both could be interpreted to be one student.
- Question 11 we have our schools rotate their students and we have students all year and have typically 2-3 students Monday thru Friday every day. We have 3 schools. The one school gives our education coordinator a little money for clinical days but the others give nothing. We use more as a recruiting tool. The hours would be the students are here for 8 hrs/day and some here Tues/Thurs and others Mon/Wed/Fri.
- Quite often only 1 staff on duty
- RC Programs to far away for students to drive to our facility.
- Relatively small number of ICU/CCU and ED beds prevent a greater number of clinical rotations. Also small PFT and Pulmonary Rehab programs prevent more than one rotation at a time.
- Reluctant to take night and weekend shifts
- School will not allow night rotation or weekends. The schools need to be more flexible.
- Several staff members act as preceptors and often times workload does not allow for full attention to the students
- Size of our hospital, could not provide a good experience for too many students at one time.
- small facility
- Some of the programs offer a clinical instructor but we find it easier to use our staff as preceptors.
- Some staff don't "like" to work with students.
- Some times the workload is so high that the staff does not have time to instuct the students.
- Space primarily, our ratio of student to instructor is adequate. The school provides a clinical instructor who actually works for us as well in addition to teaching, she works as a rehab clinician and staff therapist
- Staff burn-out of being a clinical preceptor for students
- Staff get tired of having students and need a break.
- Staff gets tired of having students "all the time." We have 5-6 students from one school for 5 hours each morning, then 1-2 students in the afternoon from 1300 to 2100 from another school. Therefore, some of our RCPs will have had a student for a whole 12 hour shift.
- staff work load is too high to expect them to do the job of a clinical instructor. clinical instructors from schools need to be with the students to provide instruction for several reasons 1) it is their job that they are getting paid to do 2) continuity 3) quality 4) assure students are being taught the right way each time OR provide training to each staff member with skills competnecies for anyone that they expect to train students
- Students are primarily M, W, F dayturn with instructors. To expand would need additional instructors for evenings and or weekends.
- Students do not show up for clinical days.
- The above selection only applies to one college

- The closest RT school to my facility is at least 80 miles away.
- The hospital expectation is that the college based programs provide their own instructors in the future.Hospital based staff can not do both roles.
- The primary limiting factor is patient volume. Over the past six months we have experienced a drop in our patient volume. We have cut back on all of our per-diem positions. We anticipate with the transition from mini nebs to MDI that there will be further staff reductions.
- The program does provide clinical instructors which is not a barrier
- the programs have instructors however in our area are five local hospitals all practicing with different ventilators and equipment, each student is only here for a six to eight week rotation and only two eight hour shifts per week.
- The school provides clinical instructors for the semester they send them 3 days per week. During the other semesters we provide preceptors and it can be a challenge with workload and other healthcare providers orienting with us.
- There are no barriers. We are a teaching/training medical center
- This is a very rural critical access hospital and there are no schools around here to take on a student.
- time constarints to getting the program started
- To far away from program for students to travel to our facility.
- Too small an organization
- Tudent travel from schools, we are 50 to 120 miles from our 3 clinical affiliates
- unable to free up staff due to budget as well as work load to serve as preceptor. schools are cutting back on clinic time therefore increasing dept orientation time.
- Until recently there were no respiratory therapy education programs nearby. A program started July 2009 and will have their first students entering clinicals in October 20210 at that time we will be a clinical affiliate.
- We actually do not have this issue, as clinical instructors are provided. However, if they were not-it would be an issue.
- We also host high school students (health occupations from tech high), paramedic students, new nurse orientees. Had to give up nursing students from two different area programs.
- We also take nursing students in RT rotation, but the number above is hours spent with RT students in various locations.
- We are a neonatal/pediatric specialty rotation so student's hours are limited to keep in compliance with COARC program hour limits.
- We are a rural facility with nearest RT school 170 miles away.
- We are a small facility with a small RT staff. We can only facilitate 1 student at a time. We do have 2 schools that use us to provide clinical NICU hours. We do have a total of 13-15 students through here a year. Our scope is so narrow that it is difficult to keep the students actively engaged.
- We are a sub acute facility with a 54 bed vent unit...4 therapists on each shift..we only expose the students this type of environment not enough "variety" to keep the interest for a whole clinical rotation.
- We are a very small rural hospital, 25 beds; typical daily census is 5-7 patients. We are not a clincal site.
- We are affiliated with one Respiratory Care program who usually has 20 students in each class. We have one to two students at a time which allows for maximum learning.
- We are limited to the number of students on any given day by the number of ICUs appropriate for their educational requirements. We have 6 ICUs and will take no more than 4-6 students on

any given day requiring critical care rotation. We have 3 affiliates (community colleges) that we provide rotations to.

- We are pursuing students for September 2010
- We are small and we are rural
- We AVERAGE 3 students/day 365/year. Nights. Some days we have as many studnets as staff. We do our best but get stretched thin at times.
- We balance three programs over the year so that each student recieves both the attention of thier preceptors and a rich enviroment. We are carefull not to load student in one time range(per week) or clinical area
- We can generally accomodate all students currently in the 2 main programs. However, without doing night rotations we can not accomodate more students.
- We can only take 2 students per rotation due to I have 2 staff herre per shift.
- We can take students that have oversite on a regular basis from their clinical program. Barriers in the past specifically with CHI program has been the lack of support and preparation of their students for a clinical rotation.
- We can take up to 3 students/day.
- We contract with the schools to have our staff provide clinical instruction. The instruction varies with the assigned therapist although we hold staff accountable.
- We currently have 6 clinical affiliates that rotate all their students through our facility, plus serve as an elective site for 3 others (1-2 students each per year). We do not have the physical capacity from a staff or experience standpoint to host more as all students get a dedicated preceptor at our site provided by us.
- We do everything we can to accomodate students - have never turned away a clinical rotation
- We do not have assigned preceptors but have staff willing to function in that capacity. We can accomodate more students than are available; we are not the closest facility to the schools.
- We do not offer student rotations for first year students. The nature and complexity of our work is only suitalbe for second year students.
- We do take students, but sometimes we're just get too busy to spend the quality time with the students they require. The students tend to slow the therapists down.
- We don't have any barriers except in PICU we limit to 2/day and Neonatal ICU to 5/day
- We have 7 clinical programs rotate at our facility; the barrier is the volume of students; we will not permit greater than a 1:1 ratio of staff/student. Teaching is part of our value and we welcome students.
- We have a large long term care unit included in our patient beds. Although we have long term ventilators in this unit it is not a good place to spend a lot of clinical time. We do have an acute care unit also that is much better for students learning experiences. We service adult patients only.
- We have a limited amount of staff available each shift to take multiple students throughout the day shift. We do not allow students to spend a clinical rotation on night shift.
- We have a preceptor program within our department but it is difficult to provide coverage for proper student instruction when accepting from two schools, one Associate and one Baccalaureate.
- We have an excellent ratio of students to experiences at this time with 2 - 3 students per rotation. Any more than that would deflate their experiences and stress the preceptors/staff too much

- We have invested in a clinical liason that we pay to support the program. Our issue is that we have limited slots for students and they do not get enought face time in our Academic Medical Center
- we have no barriers. we take all the current school schedules with us and rotates through their cirriculum.
- WE HAVE THE PT LOAD TO HANDLE 2 STUDENTS
- We have the students precept with our RT Staff Development Coordinator only while on clinical rotation here.
- We have three college affiliates. We take students seven days a week on both 12 hour shifts. No barriers at this hospital
- we have to limit number of students due to number of staff and workload.
- We keep 15-18 students from 2 programs rotating through our hospital 3-4 days/week consistently. We can creatively handle about as many students as they can
- We need to be sensitive to the workloads of our staff
- We only have 3 therapists on most shifts so if the student is in Critical Care rotation, we only have one therapist assigned to Critical Care.
- We primarily provide critical care and cannot provide entry level clinicians with enough basic floor care to accept more than one floor care therapist each day
- We provide plenty of time for student clinical. We have two sites.
- We provide precepting but it becomes difficult to have too many students on one shift. We try to stagger the students. We don't want to overwhelm the staff and don't want to give the students less opportunites to learn.
- We typically only take students for partial training, not a full rotation. They only spend about 2 days with us and we take one student at a time.
- We were affiliated for 4 years, were voted the favorite clinical site by students and hired many. Due to our costs, the need to provide the preceptor/instructor, I was required to end the affiliation.
- We will be requiring clinical preceptors be provided by the educational program.
- With having clinical affiliations with 4 different programs, we sometimes overwhelm the staff with too many students along with heavy workloads at the same time.

How will your staff respiratory therapists acquire and document achievement of competencies that will be needed by the workforce in 2015? Select all that apply.

- 24 CEU's per every two years
- 30 HRS OF APPROVED CEU Q2YEARS
- AARC Professor Rounds
- achievemnt of advanced specialty credentials
- Active self learning
- Age specific Neonatal,pediatric,adult,geriatric
- anesthesia rotation for intubation recertification
- Annual CEUs
- Attend competency demonstrations for new equipment or procedures during the year
- Attend more web based and e communication competencies
- attendance at local respiratory seminars & conferences
- CAP=q 6 months ABG competencies

- CEU requirements, Mandatory education new equipment
- CEU's
- Clinical Competency practice day
- clinical updates
- Competency based job skills evaluation
- complete professors round series
- Completion of online training and competency verifications
- Completion of their annula mandatory education packets.
- Completion of yearly skills check-offs
- computer based competency assessment-E-ICU
- Computer based learning
- Computer based learning systems with testing
- Computer based testing and simulation testing
- continue 10 CEU's a year
- continuing education
- Demenstrate competency in all work areas.
- demonstration on the job
- Department Meetings
- Direct observation.
- Director should attend conferences and bring back to staff.
- Extensive on-line tutorials
- Feedback from physicians
- Function as skillset & self-learning module proctors
- Grand Rounds, etc.
- HEALTH FAIRS
- Healthstream online NPSG tests.
- hospital provided education
- In addition to return demonstration we have completion of credentialling sheets
- in house education management system
- Individual mock scenarios based on need
- internal departmental classes
- Intubation Rotations, ACLS, BLS, PAL, etc.
- Live demonstration of competency
- maintain and advance credentials
- maintain BLS< ACLS, PALS, NRP
- Maintain CEUs
- maintain required CEU's for licensure
- maintaining license with CEUs
- Most all of what has been asked in the competency questions are what we actually perform on a regular or daily basis
- Netlearning-our computerized modular learning system.
- observation throughout the year for routine competence and demonstration for low volume high accuity skills
- On line education and CEU's are becoming more popular
- On line offers for CEU's and maintain current processes
- online

- On-line assessment and Simulation training
- Online competency modules
- online courses
- online edcuational offerings
- Online Education
- On-line education modules with on-line exams
- On-line learning
- Online skill validation
- Online training
- Online tutorials followed by skills demonstration
- Partcipate in Webinars and other electronic network productions
- Participate in clinical "Ladders: programs. Include web-based exams
- participation in career ladder
- Precept new employees/students
- present educational presentations to coworkers
- Quaily indicators example of auditing and spot check
- Quarterly "skills lab" on high-risk, low-volume procedures ie) infant vent mgmt
- Reading and staying abreast to changes
- recredential
- renewal of NBRC Credentials
- required certifications (NRP,PALS BLS etc.) and CEU's
- Required simulation lab senarios, Computer-based training modules
- requirements of healthcare facility at that time
- RRT credential needed
- Self instructional programs
- self study
- Sim labs
- Simulation training
- skill labs
- SKILLS LAB, VENDOR FAIRS, INTERNAL & EXTERNAL LECTURES
- some documentation done by computer/blackboard
- stat licensure
- Succesful execution of advanced patient simulation scenarios
- Under direction of specialty medical teams.
- We have some on-line competencies available to staff
- web based competency tools
- web based education with competency testing
- Web based programs
- Web-based education
- webinars; didactic material & tests for CEU; computer based learning
- workshops
- Yearly competency checkoffs
- yearly conference and monthly inservices by dept.

What credential should future graduates earn to enter the profession and meet the legal requirements of their state?

CRT

- A CRT is the basic requirement for licensure
- AK does not have lic.
- Although RRT is preferred, current licensure requirement in MN is only CRT and would require opening practice act.
- Beginning as a CRT and then working the way up the ladder will increase skills. Make RRT holders able to do more than the CRT holder.
- But, given a set amount of time to complete the RRT
- California currently requires only the CRT to obtain respiratory care practitioner licensure.
- Completing the entry level exam is currently the law, which grants a license to work.
- CRT achievement is acceptable upon graduation. However, achievemant of RRT should be pursued as soon as possible. Certain procedures are appropriately reserved for RRTs.
- CRT allows an RT to have the basic skill and knowledge to do the job with good support and on the job training.
- CRT and RRT perform the same duties. The incentive to become an RRT is the pay scale.
- CRT is good entry level credential.
- CRT is the minimum required by MN to obtain a license.
- CRT level is fine--we can teach any other skills/competencies needed here at my local hospital.
- CRT to enter but it should expire after 3-5 years leaving only RRT
- Currently it is very difficult to get new therapists in remote areas. It would be nice to see the below requirements increased, but in doing that you will likely take therapists from smaller rural hospitals. I would like to urge the AARC to consider small isolated hospitals that are trying to do a good job. It is very difficult to get therapists from urban areas to more rural areas as it is. If you require higher education how do you do this without closing the programs that are being run out of community colleges?
- currently no mandate exists for all staff to have RRT. Clinical ladder is being put into place to encourage all CRT to obtain their RRT.
- Currently, no legal requirements
- Do we really need just rrt's to run a dept?
- enter as CRT and take the RRT w/ in 1 yr
- Entry level candidates (CRT) have demonstrated the ability to function in our work environment. there could be a requirement that RRT must be achieved within s et amount of time.
- ENTRY LEVEL CRT FROM ACCREDITED SCHOOL AND MEET THE REQUIRREMENTS OF THEIR STATE: AFTER ONE/TWO YEARS IF THEY WISH TO CONTINUE IN THIS FEILD, THEN THEY SHOW BE ALLOWED TO EARN THEIR RRT:

- Entry level is entry level; RRT represents an advanced practitioner (not necessarily important for work in a special function laboratory).
- Entry level is what tour state will pass.
- Entry level would be CRT as to not delay obtaining a license to practice.
- Given the state of the healthcare economy it is difficult to tell students to gain the expertise at the advanced level and their pay doesn't commensurate. In this facility RRTs and CRTs perform the same procedures.
- Hospitals can't-won't be able to pay for higher degrees.
- I am ok with entry level at CRT provided they are also RE and pursue RRT.
- I don't believe the credential demonstrates ones ability. Having the increased knowledge provided by obtaining the RRT does not mean an individual can put it into practice. I have worked with many CRT's that have more knowledge and ability than many RRT's. The credential does not make the person.
- I think CRT is sufficient, but employers should have a time frame for acquisition of RRT
- I think that if the two-tiered system continues then CRT would be acceptable. I would like for this system to be completely replaced with only RRT same as nursing since it is a minimum associate program currently.
- I think they will need experience prior to obtaining the RRT unless the tests are changed
- in order to enter the workforce with a permanent license the CRT must be passed and this allows the practitioner to enter the workforce sooner.
- In our area programs all students must meet the same criteria for an RRT, whether or not they take the exam for RRT.
- In the many Hospitals that I have worked or managed the Job Descriptions were essentially the same a well trained CRT is better then a RRT with no experience
- In the state of Oklahoma, in most facilities is does not matter if the therapist is a CRT or RRT. There is a pay differenc, but the duties are the same, especially in smaller facilities.
- It serves as entry level. The only way to enforce an RRT credential would be to go to a single credential.
- Minimal requirement in Illinois for Licensure. However, I feel that requirement for graduation should be passing the CRT exam and then taking the RRT exam after graduation.
- New graduates should have a period of time to enhance the skills and knowledge they learned in school before attempting the RRT exam.
- Once overall competency is achieved, Specialty exams should serve as advanced practitioner exams. They can be used to determine unit teams.
- Or Combine the two! Credentialing has become too costly!
- Our hospital has utilized CRTs and they have performed quite well in this environment.
- Our state currently recognizes CRT an adequate minimum to practice
- Our state only requires a CRT.
- Prefer that entry level be RRT but if things stay the same then would continue to accept CRT to enter the profession.
- RRT is not required by our state's law

- RRT should be for advancement and advance level therapists
- Rural Arkansas cannot financially support all RRTs
- Socio-economic issues, especially in the state of West Virginia where I practice, denote that the CRT credential is probably an entry level and an ultimate goal of the a proportionally high number of practitioners.
- Some of our best therapist are CRT's
- State minimum at this point in time.
- State requires CRT, we prefer RRT
- States all recognize CRT. Changing will be an intense political battle that will result in incompatibility among the states. The NBRC examinations need to be reworked to combine the two advanced exams into one.
- strongly encourage RRT
- The CRT / RRT credentials are crap. schools are accredited to the RRT level and therefor there should only be one credentialing test. Until that happens we will go with the CRT since you can't take the RRT without passing the CRT
- The CRT credential is still a vital and necessary level of care for non-urban areas. It provides a bridge for new graduates to allow to practice while learning the field, and preparing for the Registry.
- The CRT credential remains a need as long as rural hospitals are unable to fill vacancies due to salary discrepencies between rural hospitals and larger hospitals.
- The CRT credential should be incorporated into the Graduation requirement from the program. Achieving the CRT is confirmation that you successfully graduated and can practice within a defined scope while you prepare for your RRT.
- The CRT exam gives the therapist a good basic working knowledge of the field of respiratory therapy.
- The CRT should be the entry level with licensure until the NBRC decides to offer only one credential. The same should happen with the CPFT and RPFT credential. The specialty credentials like NPS and for transport (and any additional ones) should remain.
- The State only requireds CRT. They are grads from RRT program. If State would required a RRT then would require. When a CRT and RRT do the same job hard to require staff to maintaine RRT.
- There are a lot of really good CRT that can perform all RT duties as well as a RRT
- There is a place for CRTT's
- There is still a need for basic Respiratory Care. Also, a need specifically in rural areas to help contain salary expenses.
- This gives them a license to practice and learn while moving on to the RRT
- This issue parallels the education problem. to many people push for 4 year degrees and now there are people with bachelors and masters degrees flipping burgers. The new CRT graduates demonstrate a great deal of competencies; a tribute to their training. I always look at an experieced CRT over an RRT as long as they can do the job. You could choose to force everyone

to be an RRT; then you will have small hospitals deciding to utilize nursing for therapy vs the expense of RRTs.

- unless you grandfather all older therapists and eliminate the CRTT
- Until 1 Credential is required, then CRT should be the basis to meet licensure and state requirment.
- We are in an isolated area, state requires all entry level must pass the CRT to maintain state certificate to practice. Until the AARC / NBRC and states delineate the duties and practice differences from CRT / RRT then there is no reason to have more than the CRT credential.
- we do not differentiate between CRT and RRT, they can perform the same in our hospital
- we have many great CRT in the city of houston, and some have great knowledge to share with new graduates that are RRT.
- WI currently only requires CRT.

RRT

- 2 levels of credentialing is too confusing in relation to pay scales, job duties and license options in NYS
- 95% of our therapists are registered. the one who is not is going to school to get that requirement. I only hire registered therapistes based on the need for the therapist to be involved in research and advanced care. Many times the physicians order procedures or tests based on the recommendations of our therapists.
- A new graduate will need to be pursuing RRT to be hired.
- A Registered Respiratory Therapist will have at least two years of college or clinical experience before entering the wokr field.
- A single credential should be the desire of the profession over the next 5 years to provide an advance level practice.
- ability to provide care with only M.D. supervision. CRT requires therapist to supervise in NYS
- Additional education and training with RRT credentials. Can handle more involved clinical situations as a result of more education and training.
- Advance education given in a registry program. Greater amount of pathophysiology and increased education to develop critical thinking skills
- Advanced credential is a must.
- Advanced knowledge and training is necessary to perform the Therapist role, which increasingly involves evaluation, recommendation, and critical thinking skills.
- Advanced level credentials should be required for all therapists. A basic exam is no longer adequate to assess the high level of technology required.
- All hospitals, large and small need good quality staff to take care of patients. I have worked with all levels and I feel that an RRT with a minimum of AAS should be required for all Respiratory Therapists.
- All modalities will require higher degree of competency and education
- All prgrams are two years now.

- All RT programs in our state are 2 year AS degree programs. All graduates are eligible to take the RRT. One level of education one credential.
- all RT schools are now graduating RRT eligible students. Skip the CRT exam, have them take both parts of the registry. It is very costly (especially in NYS) to: get temporary license, take CRT exam, get Technician license, take both RRT exams, get Therapist license. My new graduates are not hired as technicians until they pass the CRT exam and obtain a NYS technician license. They then have 1 year from that date to have their NYS therapist license (RRT required for this).
- All therapist need to be RRT in the future.
- All therapists should be at the highset level of crediential as their job and pay are not differentiated by either CRT or RRT in most work enevironment.
- Although not mandatory at this time, our goal is to have 100% of new graduates obtain RRT status prior to or within 1 year of hire. RRT credential needed for clinical ladder advancement and demonstrates commitment to profession.
- Appears more credible to other staff, including physicians and RNs
- As a minimum. Eliminate the CRT credential as an option. It does not serve a purpose
- As healthcare continues to change and the physcians expectations of respiratory therapists as clinicians increase. The RRt credential and advance practice test is going to be the only accepted new hire.
- As the profession grows, I strongly believe the requirements should increase as well.
- As we continued to move to a clinical role more than a task, the knowledge is required.
- Assuming we are looking ahead to 2015, the RRT Credential will much better equip the graduate with the necessary skills to perform the job expectations placed upon them.
- at least a 2 year program , then BS
- At our facility, RRT is the minimum requirement for employment.
- At this point, I only hire RRT's. If they do not have the initiative to advance their credentials I feel they are lacking a key aspect and attitude that I seek in new employees.
- At this stage in the profession there is no point in maintaining two levels.
- Because most states require the CRT as entry level it would be difficult to eliminate this exam. How about wraping the CRT into the RRT exam. Calling the first part of the exam the certification of the Registry exam. It's all symantics but.... Having two exams splits our professon and weakens us.
- believe doing away with rrt will rise the level of respect to other health care professionals but forcing all therapists to have the same higher entry level of competence
- Besides the reason of most schools being a 2 year associate program, I feel that if a student has the associate degree they should have to pass the boards that they went to school for.
- Both skills sets are needed, they are not seperate positions.
- Care for patients is becoming more complex. Need more time to educate and experience clinical problems
- CoARC will only accredit respiratory programs whose students will graduate RRT eligible, therapists should practice to the credential they were trained to. A nurse who graduates from a RN program must obtain the RN credential to practice. Letting an eligible RRT practice with a

CRT credential is like having a RN practice with an LPN credential. The RRT credential is the recognized "professional" credential. It recognizes a higher level of knowledge and skill which is needed for todays healthcare changes and challenges. As leaders in the profession we need to take a stand on the RRT credential to move the profession forward. This would be a slow and painful process to achieve, but nesessary.

- Completion proves strong clinical knowledge
- Considering the competencies that will be required, the RRT level would prepare graduates for their new responsibilities.
- Critical thinking skills are cultivated in RRT programs
- Critical thinking skills are needed in our small hospital as we are responsible for every aspect of respiatory care
- CRT credential is no longer necessary. Only RRT credential should be required
- CRT is a hold back to our profession
- CRT is an entry level credential and the field is moving beyond this. Therapists need to demonstrate proficiency with advanced level skills in order to justify pulling a paycheck. A technician can deliver a treatment (anyone can hand the inhaler or nebulizer to the patient) but a therapist can assess response to therapy, interpret that response, and collaborate with the rest of the healthcare team to maximize therapy effectiveness so that the patient improves quickly and discharge can be expidited.
- CRT IS NO LONGER VALID FOR THIS HOSPITAL
- CRT is not enough training. It is debatable that AS degree is enough.
- CRT is not sufficient to meet the future needs of the profession.
- CRT is the baseline, but therapist must quickly attain an advance practice credential if they are expected to keep up with demands.
- CRT level can never be prepared for protocol driven or critical care
- CRT needs to go away - our profession has based this level
- CRT should be phased out and retired.
- CRT will be the minumum to enter; we will shorten the interval before RRT must be acquired. Those w/o RRT by the will be terminated. We suspect that we may require it at time of hire by 2015.
- CRT---Has been a falll back for thoses who have difficulty with RRT--We don't need treatment jockey's anymore!!
- CRT's will be performing basic Respiratory Care and RRT's will be performing advanced clinical activities such as vent management, critical care, emergency care and neonatal/pediatric Respiratory Care.
- Current practice allows license renewal with CRT only. If the student completes the requirements to take the Registry exam it should be a requirement of practice.
- Current state standards require the CRT, however most employers/ clinical directors are moving to RRT for therapist working in crtical care.
- Demonstrates professional nature of field. As patients select hospitals to provide care in the future, level of staff experience/outcome will be one of the criteria used in this process.

- do away with CRT
- Do not believe in lowering the standard.
- Dual credentialing is confusing to the hospital staff, the public and regulatory agencies
- Either at this time is appropriate
- Eliminate the CRT and make the RRT the entry level credential. Promote the NPS & new CCRT credentials.
- Eliminate the CRT exam all together. Its a waste of time & money and only serves to hold back the advancement of the profession. Students should not graduate any program in which students are not prepared to take and pass the RRT. Its only a money grabber for the NBRC.
- Fewer CRT level therapists can function in the new environment of care that is required. These are Associate degree prepared, and I really believe the field is now Baccalaureate or above, with RRT credential and advanced credentials as a pay incentive.
- further education needed for these needs.
- Future graduates who are eligable should be registered by 2015. Current CRTs ineligable for RRT should br granfathered in State Licensure. Shortages in manpower would be exacerbated without the CRT complement.
- GET RID OF THE STUPID, CONFUSING, AND LOWER PROFESSIONAL CRT CREDENTIAL!!!!!!!!!!!!!!!!!!!!!
- Given the acuity of the work
- gold standard
- grads are registry eligible and need to max their potential to compete, survive and thrive
- Having the RRT crediental shows that you have gone the extra mile, invested in your career to become an advanced practioner.
- Having two credentials confuses administrators and other individuals and dilutes the credential. Eliminate CRT continue with specialty exams.
- higher level of education to meet higher demand of clinical knowledge that is required for respiratory therapists to practice in today's healthcare settings
- Higher standard, less orientation required.
- Hospitals are looking for advanced trained staff and they get this from an RRT program.
- Htis is nwo the acepted "gold standard" for the profession.
- I believe all therapists should earn the RRT credential however until the CRT crediential "goes away" it won't happen. Graduates are at a huge disadvantage with the duplicate testing and the financial burden to the already strapped graduate.
- I believe that all students entering the profession should have as their first goal attaining the registry credential.
- I believe that an A.S. with RRT credential will be the standard in about 5 more years
- I believe that attaining the RRT credential is important to demonstrate the therapist as being dedicated to their profession and that they have the knowledge of an advanced practitioner.
- I believe that competitive forces in the profession will demand that all care providers achieve the higher level of study and that the advanced degree in many ways will be necessary to meet all of the critical thinking necessary to perform the competencies of a respiratory therapist.

- I believe that it is time to set the bar higher and produce a higher caliber graduate.
- I believe that the graduate should be able to work as a "graduate therapist" but be required to take their RRT exam within a specified period of time. If they do not pass the exam, they should not be allowed to provide patient care.
- I believe the entry level exam should be eliminated.
- I believe the RRT level should be the standard for the profession with the higher acuity we see in the hospital today as well as training to work with various information systems.
- I believe there should not be a CRT exam. It should be registered or nothing, like nursing. It is confusing to HR and upper management to explain why respiratory does it this way. I feel strongly about this. NBRC uses this as a money maker. Why did this start to begin with?
- I believe this level will better suit the organization as change is inevitable.
- I don' believe you learn all you need know in this profession in 1 year os study.
- I don't believe there should be two levels, the job requirements at my facility are the same whether you are a CRT or RRT, just different pay. By continuing to have two levels, we are holding ourselves back as a profession.
- I don't know for sure how to answer this questions. Nurses learned there is still a place for LPNs and I'm afraid that if we require everyone to get their RRT we too will feel the need for CRTs. However, at the same time, I only hire RRTs.
- I expect that this should be the minimum requirement to be able to perform at the level of expertise that I require of my staff.
- I feel all therapist should be RRT, I feel that the entry level exam should be removed and replaced by the registry exam. Our local community college has a 90% pass rate on the RRT for first time takers within 6 months of graduation.
- I feel strongly that we need to pursue higher education and higher credentials to enhance our profession but more inportantly, provide the highest educated clinciains to serve patients. Education can NEVER hurt and can only better prepare our clinicians to serve our patients. We are dealing with human beings and life and death, so why wouldn't we expect more education for those that deliver patient care?
- I feel that more indepth physiology regarding the cardiovascular system makes a stronger therapist.
- I feel that the CRT credential is becoming obsolete in many ways. The Job description for my staff cannot vary based on their credential. The therapists who havent obtained the RRT degree are simply not driven or motivated to do so, they perform the same tasks. We should all be held to the RRT standard.
- I feel the CRT is too basic and future graduates will have to be able to perform extensive assessment, maintaining strong assessment skills. Performing procedures will not be the strength of the respiratory therapist.
- I feel we need to move to Bachelors, RRT for all.
- I have never really understood why there is a need for two different credentials when both cover the same subjects. It just costs the RT more time, money and stress. i do suppose it provides more funds for the NBRC, however that should not really be our goal as professionals.

- I no longer hire anyone with the CRT credential. Our hospital is too demanding for CRT therapists
- I no longer look at CRT's to hire at all. I will not interview them.
- I think having two tiers for new grads just discourages them from achieving their RRT until the three year requirement kicks in.
- I think in the future there should only be one certification required and current Veteran Therapist w/ 15 years clinical experience be eligible to test for their RRT and be grandfather in. There shouldn't be a difference in pay for an RRT w/ 2 years of experience and an CRT w/ 15 years of experience, yet there is a $5/hr difference in pay. The RRT is getting paid more, I don't think that is acceptable.
- I think that as a new Respiratory Professional, no CRT's should be, only RRT.
- I think the bar needs raised. I do think that the politicians need to step up better and protect the field. I have been at several places that when times get touch they just replace us with nurses. Two hospitals in the area are doing that currently. The feeling still out there is a nurse is better and higher ranking than an RT. They can do the things we can do but we can't do the things they can do. We have specialized school for taking care of vents and BiPAP's. They have a little pass by. Yet in so many places they still do this duties. We need to start getting some support on the protection side. The students around here are starting to ask the question why should I do this when I can be a nurse and still do the respiratory duties plus do the nursing duties. Our hospital is lucky for the area because we get respect and we have made a difference and make it harder to replace but many hospitals do not. There is a near by hospital I was a Director at that is 400 beds and when I was there we had 36 RT's. Since I left they have a nurse director and a respiratory supervisor. They now only have 12 RT's and only do ABG's, CPT, and vent checks. The nurses do the treatments. The NBRC wants to step up what we do and our education, in which I agree, but the NBRC and policiticans need to do the same. All the other therapies are protected in what they do, why aren't we?
- I think the RRT level should be the entry level for our profession. The CRT should be done away with.
- I would accept the CRT credential however, in our area all of the programs are RRT.
- I would have picked both because both have value in our practice of respiratory care here.
- I would like to see all graduates on the same level and be required at graduation to sit for the registry. Not have different levels of credentials.
- I would love to see the NBRC do away with the CRT exam and have the RRT be the level for all practitioners to achieve. No other discipline has a dual exam structure--let's go for the highest level.
- If the 3-step exam registry process is to continue - then no longer award the CRT - require all 3 exams and only award the RRT
- If the purspos of legal credentialing is truely to protect the public, basic entry level knowledge is no longer sufficient
- If we are to transition from the current task oriented process to informed decision making, the educational and clinical requirements of the RRT credential will be necessary.

- In 2015, the minimum expectations will be our current advanced-level degree... the RRT.
- In midwest, very little difference between CRT and RRT scope of responsibilities.
- In order to understand both what and how to provide for the patient as well as why the therapies need to be provided
- In the changes that are occuring in healthcare advancement today I believe a respiratory therapist should be registered. I need someone who understands physiology, anatomy and and how to ventilate with the modes available. I also need staff who are wellness educators and lung health adovcates for their patients.
- In the workforce, the role of the RT's does not vary. They are all expected to be competent in all areas. We need to eliminate the lesser credential to maintain the highest standards.
- Is the first step in what is needed to advance the profession.
- It is the only way we will truly succeed and flourish as a profession.
- It should be RRT, but the state does not differentiate
- It should be the minimum. The management and hospitals must demand it.
- It shows that the employee can pass advanced classes and hopefully better educated
- It would be nice to have that expectation in the future but we need to protect those in the work force now
- Job now requires the advanced skill sets and critical care thinking that is tested in RRT exams.
- Job requirements have risen to this level for all RT positions.
- Keeping with higher standards
- Laws dictate must have obtained CRT. We do not want to open the law to chane that right now, but they should.
- May need to consider deleting CRT credential and have all RRT
- Medical care is extremely complex and staff should be able to learn/understand the complexity.
- Minimum of a 2 year degree with an RRT to handle the critical patients in all areas of the hospital not just in Critical Care.
- More didactic training in evaluation and treatment provided in the RRT program;
- More qualified with critical thinking
- most CRTs do not have the patient assessment skills or the critical thinking skills needed to function in the new health care environment
- Most important, especially in a small rural hospital, that new grads have more clinical exposure to direct pt care , protocol driven therapies and development of critical thinking skills. Also sets a standard of education for our profession.
- My biased opinion is that the CRT needs to go away. It is likened to the LPN for nursing. The day needs to come where all therapists need to be RRT, BS as minimum and MS as the goal for 2015!!! We need to do what the Physical Therapists are doing and have done. A DRT should be our goal in 2020!
- My experience lends to the issue that CRTs do not know the pathophysiology and critical thinking skills that most RRTs possess. CRTs know how to change knobs, but rarely know how to interpret the vent waveforms and apply the skills that are needed to address the patient (based on the waveforms)

- Need advanced credetials to maintain a strong profession. Minimum credentials of certification not enough anymore to keep Resp. Care strong.
- Need to get the respect and professional recognition that physical therapists, speech therapists, etc. have.
- Need to raise the bar in our profession.
- Needed for the increased complexity of new technologies and modalities
- no crt schools left
- No difference for our licensure in IN - therefore some don't see benefit in completing RRT. If you must obtain RRT status first - do away with CRT!!
- not currently required, but I would like to see the CRT go away and just require RRT prior to working, similar to nursing (RN)
- Not only do new granduates need to know how to do tasks but why they are doing them
- Now that the registry can be taken right after the CRT it is time to do away with the CRT and make the RRT our entry level test. I'm fine with not allowing them to work the ICU's or in the hospital at all until the registry is passed. This will definitely motivate them to accomplish this in a timely manner.
- on par with RN (not on par with lpn)
- One credentialing system needs to be implemented for the profession, to be seen as a predominate player of patient care at the bedside. This would aid in the outlook of how the profession is seen by other healthcare professionals.
- One year programs don't give sufficient time to learn.
- Only the RRT tests for assessment and decision making skills
- Our department also performs cardiac stress testing and administers medications during the test and state licensure requires the advanced practioner credentials of RRT.
- Our facility only hires new graduates and RRT's. The new graduate must pass their CRT within 6 month or termination will occur. They must complete the RRT within 12 months, or termination occurs.
- Our facility relies heavily on the critical thinking skills of our therapists. RRT have those critical thinking skills, versus CRT is more of a techinical task oriented credential.
- Our profession has evolved to the point that the RRT credential should be the requirement. For all of the above competencies described above, this advanced credential would ensure compliance.
- Our profession should require a 4 year degree. I believe to be a respected professional you need more than technical skills to participate and be a successful member of a multidisciplinary team.
- Our professionals should strive for excellence and achievement.
- Our role in this hospital is very agressive. We have protocols for every modality we perform including invasive and non inva ventilation and are driving all interventions. I find that CRTs can perform the task and follow protocols, but some lack the critical thinking of the "why" and "what now"
- Our state currently has one license, CRT is enough to obtain licensure. I feel this discourages staff from completing their RRT. We should be promoting RRT and the current 3 test system

discourages people from continuing on based on time, effort required, and especially cost. The NBRC should consider making the written RRT the requirement to obtain CRT and the Clin Sims completes the RRT as it does now. We should take a lesson from nursing, not many LPNs anymore, phase out the CRT as a separate path,

- People who do not get RRT right away often never do.
- Personally, I entered the workforce as a CRT many years ago and then obtained the RRT credential a short time later. It seems to me that future therapists should enter the profession as RRT now to be competetive. I am personally interested to hire future therapists who are learning-oriented and professionally minded so they have a better chance of learning and adapting to all the changes in store for us. Those who are satisfied with the CRT credential and make no effort to advance their skill after entering the work force won't help to take our profession to the next level or help us increase our influence in our facilties.
- practitioners should achieve the highest credential as the demands of the profession increase.
- Prefer RRT credential, to many obstacles to obtaining it once a CRT is in practice.
- Preference is to support the RRT credential.
- Pulmonary Physicians will only work with RRTs.
- Regardless of whether the Iowa license remains at entry level CRT to keep wages and manpower numbers low per AHA, the skills required will mandate RRT entry level. The NBRC needs to begin to put a moratorium on CRT level to encourage states to begin to raise the bar.
- Registered therapists should have a better background for critical thinking and analysis which helps during transition to the workforce.
- Represents the progression of the field.
- Required minimum standard will continue to expand
- Respiratory therapy needs to be a 4 year, BS program.
- RRT advanced credentialed staff are better equipped to function in multiple care settings, ICU, Emergency, Care Coordination even though the CRT may be the entry level rquirement.
- RRT credential develops critical thinking skills better then CRT.
- RRT credential is more representative of our field vs. CRT
- RRT credential will help elevate our status as professionals.
- RRT have more experience (clinical hrs)
- RRT is entry level credential to provide high level of complex care
- RRT is minimum for protocol based care which will be the norm.
- RRT is minimum hiring
- RRT is the advanced level credential and therapist with the introductory level credential will not be hired in the future. CRT should not be a consideration or offered to a therapist as a credential.
- RRT is the credential that all therapists should strive for. It demonstrates increased critical thinking skills.
- RRT is the known advanced clinician and can pracitice in all areas of the hospital
- RRT is the only credential that objectively demonstrates critical thinking skills.

- RRT requires more education and with ever increasing demands on our skills and knowledge we will need RRT as our minimal standard
- RRT should be the bare minimum and we need to do away with the CRT credentail to maintain the respect of other health care providers, many who are earning Masters and Doctorate degrees.
- RRT should be the entry level competency requirement for general practice. RRT plus specialty practice would be second level.
- RRT should be the entry level with development of specialty credentials to show minimal skills in advanced practice.
- RRT should be the minimal requirement. The profession should respect the value of an adanced credential. Too often, CRT is equated with LPN.
- RRT should be the minimum entry expectation
- RRT should be the standard for all practicing respiratory professionals. There is no longer a role for technician-level individuals.
- RRT shows advanced standing and desire to excell in the field of respiratory therapy.
- RRT students should assume more responsibilities in addresssing patients medical needs and therefore need additional educational requirements and testing alongside any hospital competencies to ensure that patients receive the proper therapy during their hospital stay as well as when they are discharged home.
- RRT WILL WEED OUT THOSE INCOMPETENT WHO CANNOT PASS THE EXAM
- RT skills should be uniform accross the board as we will need to have the ability to rotate through different specialty areas at a moment notice.
- Should be single credential and eliminate lesser one
- Shows comitment to profession.
- Since you stated "should" I feel all programs should be geared toward the RRT and eliminate the CRT completely. Existing CRTs should be encouraged to get the RRT but should be grandfathered in as far as legal requirements go.
- slowly phasing out the crt programs in the state. need to continue tro advance the profession
- Small hospital, therapists work alone, with one on one with the physician
- Strive for the highest level of training and performance.
- The advanced clinical practice needs of the community dictate that the CRT exam is insufficient for entry into the clinical setting.
- The advanced degree should be the basis to build upon, like RN.
- The critical thinking and protocols based on assessment show the need for the advanced credential.
- The CRT credential does not show the level of knowledge necessary today. An associate degree prepares the student to function at the RRT level. We should discontinue the CRT credential.
- The CRT credential is outdated and no longer serves the current and future needs of the profession.
- The CRT credential is redundant and should be eliinated. Combine the important elements of the CRT exam with the RRT exam and be done with it.

- The CRT credential needs to be eliminated. We have no CRT programs only AS/RRT, our credentials need to support our education system
- THE CRT CREDENTIAL SHOULD NOT BE USED ANYMORE, THE ENTRY LEVEL SHULD NOW BE RRT WITH BS
- The CRT is dead. It does nothing but hold our profession back. It is just a money grab by the NBRC.
- The CRT is obsolete and should be retired. I do not understand the reluctance of the NBRC to do this, other than their interest in collecting fees for 3 exams rather than one.
- The CRT should be phased out over time....just like the LPN has been replaced by the RN....Though I primarily want staff with interpersonal skills....my ideal would be interpersonal AND technical skills
- The CRT should be the students final and the RRT should be the examination to be licensed.
- The CRT technician requires many years of experience post-intial training to meet the entry level equivalent of an RRT.
- The demands of care delivery will require a more knowledgeable clinician. The ability to contribute to care systems will require more sophisticated knowledge base.
- The experience with the sims starts the thought process for real world application
- The expertise required to keep up with medical advances is too advanced for the entry level practitioner
- The field of RT is moving beyond basic therapy. RRT should only be in critical care.
- The higher knowlegde base will be needed to allow suggestions to be discussed between Therapist and other health care providers.
- The increasing complexity of care requires escalating the beyond the present entry level practitioner
- The need for the CRT has long outlived its usefullness. We need to establish the RRT as the standard and accepted, SINGLE credential to practice.
- The perception of other Health Care Professionals seem to have with the diference between being certified or registered.......realistically some CRT's are at times more clinically skilled thane RRT's
- The RCP needs to have a better basis for treating ,assessing and delivering therapeutics top the patients.
- The registry will show the staff member has the training to perform the higher functions of the profession.
- The RRT credential requires more education and should be our professional standard
- The RRT exam is more comprehensive and includes clinical simulation. I believe it better assesses the graduate's knowledge and skill. Graduates should be prepared to function at the highest level within their profession and they need to demostrate their competence at that high level.
- The RRT exam tests for those critical thinking skills needed to work in respiratory and be a respected , knowledgeable member of team.

- The RRT is exposed to more advanced practices within the Respiratory Care program better pereparing them for all aspects of respiratory care.
- The traditional scope of the CRT credential will be difficult to meet the required proficiency and levels of experience/competence to satisfactorily perform the required job functions.
- The utility of a permanent or long term entry level certification is long passed.
- The whole CRT -vs- RRT is very confusing to HR and administration. The CRT credential needs to go away ASAP.
- Therapists should be incouraged to excell to the highest level.
- there are fundimental differences in the education level and the credentialling of these individuals. As such we are not allowing CRT credentialed therapists to intubate, be the primary care giver in NICU, and insertion of A-lines. This limits us with staffing...therefore all therapists hired are either RRT eligible or credentialed. If RRT eligible, they are expected to complete the credentialling process in 18 months and sign a written agreement stating such.
- There is no need for two examinations (CRT vs. RRT)
- There is no value in the two tiered system. We currently allow new graduates to begin with CRT, but only because the state licensure board and NBRC have place many uncoordinated requirements that requiring an RRT would delay post graduate hiring by > than a month.
- there should be ONE credential for RT, just as there is ONE credential for nursing. Both the cRT and RRT receive the same college education. The CRT and RRT exams should be combined for ONE RRT credential.
- They should achieve the top credential available, even if it's not required.
- This extra education gives them more information & clinical exposure to meet the needs of employers
- This is a minimum level that small hospitals should require for safe quality cardiopulmonary care.
- This is a no brainer and should have been in place for some time. There is currently a redundnacy that exists between the NBRC designation of RRT and CRT. The lines that once existed in blurring the scope of practice of CRT and RRT are no longer present. RRT needs to be the entry level. Raise the bar once and for all please.
- This is currently our standard.
- This is the level where there is enough general knowlege to work in a small hospital.
- This should be the entry level for all practitioneers.
- Those required to evaluate and treat patients by protocol should at a minimum be registered respiratory therapists
- To be more involved in protocol creation and implementation I feel it is necessary to have the RRT credential and its background education to minimally understand the pathophysiology of the diseases they would be seeing. I feel it is also needed to fully understand the effective intervention of the different therapy modalities at their disposable.
- To drag our profession to the next level. We will never reach professional recognition when our education 'requirement' is so low
- To many student stop with CRT. We have to raise the bar.

- To move forward as a profession RRT needs to be the entry level for all future practitioners.
- Too many graduates fail to take or pass the RRT unless required.
- validate the profession. RRT requires a greater level of education and promotes critical thinking and assessment skills.
- very importat to enter with the level of education--many don't reach this level once they are hired
- Virtually all programs aim for the advanced degree and the CRT will/has become a dinasaur. I predict there will be very few CRT onlys when the wave of "boomers" retire.
- We are advancing our standard of practice with the RT staff. The higher education level is a must to continue to grow the staff to help better support the physicians and make more appropriate recommendations to physicians.
- We currently require new employees to have RRT prior to hire
- we do not hire CRT therapists.
- We do not hire CRT. Must have an RRT to be hired at this facility.
- We don't need two. In our institution, both function the same. Many pass the CRT and have a "ticket to ride". It should be that our profession has one level, the highest.
- We have an excellent RRT program in Springfield which gives us the foundation by which to build on and add to their professional career. We haven't found a huge difference in RRT vs BSRT in clinical applications.
- We have not hired anyone with less than RRT eligiable in the last 6-7 years. The only non-RRTs that we hire are the new graduates who have 1 year to complete.
- We must elavate the minimum level of education and credentials for our profession. Because there is no longer a waiting period before a new grad can take the RRT exam the CRT should be eliminated.
- We need to be seen as a more educated profession. Many CRTs are very intelligent, capable and competent RCPs. I feel that obtaining the RRT is an indication that the person involved is more driven to provide a higher level of care.
- We need to become adnavced practitioners - even in the small rual settings.
- We need to move from a double tiered approach to a single credential. We are hurting ourselves in the eyes of other professionals who have only one level. Other, speciality certifications will be necessary.
- We need to train at the RRT level and as a result all who practice must also also be RRT.
- We only hire RRT, now. CRT are not able to handle the level of job responsibility we require without inordinante additional training. They lack the critical thinking a pathophysiology required.
- We pay for only one credential. It should be the highest one.
- We prefer to hire RRT as minimal requirement. CRT is considered to be entry level only.
- we see that the RRT employees can explain and understand why they are doing certain things instead of just knowing how to perfrom these tasks
- We should all be trained the same and should have the same requirements to reach a higher level of practice

- We should eliminate the CRT credential
- We simply need to close that loop so that clinical practice matches our educational requirements
- We will be going for Magnet status within our institution and will require all RT's to have their RRT credential.
- We will hire only those with the RRT credential (from the States or Canada)
- While the credential does not necessarily indicate the quality of work or character of an individual, the RRT should have more clinical experience (as well as some knowledge advantages) primarily increased critical thinking and application skills.
- While the CRT has grown closer in content to the RRT, I believe the additional judgement granted via the RRT is needed. I firmly believe the CRT should be integrated into the RRT process and the ability to stop at CRT eliminated.
- Why do we even have CRT examination anymore? It is going way of the LPN....
- with more protocols for care, RRTs are better prepared to operate in this patient care enviroment
- With the advancements in healthcare it is necessary that all graduates have the skills necessary to treat the patient and interact with other member of the healthcare team.
- With the increased complexity of Respiratory Care, I believe the RT in 2015 should achieve the RRT credential.
- Would be preferrable to have highly motivated individuals that work for the highest credential
- Would not consider hiring a CRT due to lack of skill/knowledge level. RRT credential is needed to perform complex testing that we do at this facility, ie: plethsmography, sleep studies, ventilators, holter monitor downloads, event recording, etc.
- Would recommend RRT as state licensure and down to 2 exams to be RRT

What degree should future graduates be required to earn to be eligible for the examination they take to become licensed and enter practice as a respiratory therapist?

<u>Associate</u>

- .Associate programs fill the need for the short supply of entry level therapists, yet allowing avenues for advancement
- 2 year associates degree is sufficient to prepare for the RRT. The BS degree would be great to prepare future leaders or to focus more on cardiovascular services.
- 2 year of training is enough to take licensure examination.
- A BA or BS is not required to practice at the bedside in a community setting. Those who want to pursue the advanced degrees wll most likely worked in educational settings or researched
- A Baccalaureate degree will be a requirement some day, but not by 2015.
- A good student and superior intellect will be required to achieve the requirements and pass the RRT exam. I will encourage the Critical Care NBRC exam as well.

- A minimum of AAS should be required. A Baccalaureate is nice, and should be obtained for those in management and leadership, but not everyone can afford to obtain this level and I feel that we may not have enough therapists if that is the minimum.
- A therapist does not require a baccalaureate to obtain the knowledge and skills needed to perform as a clinician. If management or research, increasing the level makes sense.
- A.S. HOWEVER, there should be an internship program to allow them fulltime clinical experience for a year or two before starting work as staff. Too hard to obtain this even with a Bacc program.
- Above
- Adequate for necessary entry-level competency
- All our area programs are associate programs
- Although I want all to have a BS I have concerns that we will need as many folks to be physician extenders as possible in the future. It may be unpractical to decrease availability by insisting all be BS
- An associate degree to enter, a BS degree to advance
- an Associate Degree would be the minimum
- An Associate to practice, allowing experience and further training to be obtained for a more advanced position (RRT License)
- An associates degree is the only opportunity we have in our state.
- Anyone in a management position should definitely, at minimum, hold a baccalaureate degree. Though magnet status is related more to nursing, it should incorporate all disciplines.
- as above,
- As above, the more interest in the field, the more education acquired, the better the position in the department.
- As above----the socio-economic issues will dictate that.
- As in nursing an associates degree should qualify one for entry into the field.
- As long a the RN programs are available on an Associates level, so should the RTs.
- As stated above.
- As stated above.
- As stated earlier, more education is always helpful, but may not be necessary to be a competent caregiver. I also think we should consider in the face of a projected future health care worker shortage, we should not be making it more difficult and costly to increase the workforce. the level to which one is assigned to practice at should be dictated by their individual capabilities and proven competencies regardless of their educational background.
- As time goes on this may slide toward bachelor's if there are enough schools available. I don't foresee this in 2015.
- Associate Degree should remain the entry level, with a full 2 year course. Am seeing several programs try to condense everything into a 16-18 month timeline, and I don't believe that works well.
- Associate educated therapists demonstrate the proper knowledge to perform the job. The material covered in the 2 years in an Associate program is equivalent to the seecond 2 years a student learns in a BS program.
- Associate level for entry level practice Baccalaureate for advanced level practitioners
- associate level is adequate for entry level
- Associate seems to meet our needs and offers greater opportunity for more therapists to acquire, thereby not limiting the field of potential applicants. Proponent of BS degree, but not practical for our setting

- Associate should be minimum and Baccalaureate should be built into an incentive program to increase pay scale.
- Associate, is the minimum entry level, with RRT entry also-this will meet minimum requirments in future needs
- Associates allows entry level therapist to develop, earn salary, and continue to more advanced education is they so desire. Must still have "worker bees with sound clinical skills".
- At least an associate.
- Baccalaureate is ideal, but not everyone can afford the time and cost involved.
- Body of knowledge required for entry is somewhere between AA and BA; as this body of knowledge/clinical experience increases a 4 year degree may become necessary.
- Both RN and RRT programs have tried to move to a Baccalaureate only requirement. It has been unsuccessful due to shortages of both of these cargivers. Associate degrees continue to meet the need for both RN's and RRT's.
- BS program not available in Northern California
- By requiring an RRT we can get them in the workforce earlier and further train them as needed. We do encourage further educational opportunities and have a clinical ladder program to help motivate them in getting their BS.
- Currently good associate programs meet scientific and clincial application expectations. There has not been local demonstration of superiority in clinical practice of Masters or Doctorate practitioners.
- DEGREE AND RESPONSIBILITIES SHOULD MATCH THE PAY. IF THE HOSPITAL IS WILLING TO RECOGNIZE THE BACCALAUREATE THEN A BACCALAUREATE SHOULD BE REQUIRED
- Degrees do not make you necessarily better - as in those persons who are so smart they don't have any common sense.
- Don't limit the profession by alienating those that may be limited by time constraints, financial limitations, familial obligations that may not be able to complete a higher degree.
- Eliminate CRT testing. We should have only one test to obtain RRT status. Should not have to become a CRT, then a RRT.
- Entry level can be with associate degree
- Eventually Bachelor's degree - not practical due to limited BS programs at this time.
- Eventually BS degrees may be preferred. Currently AS degree programs are graduating quality therapists.
- follow the nursing model for this
- For the general population, the associate degree program provides the education needed to perform at a quality level required for the position.
- have not seen any evidence to suport baccalaureate therapists are better employees or provide better care.
- Having a Baccalaureate degree does not provide added RC skills. The added cost for a BS is not thus justified and would discourage school applicants and decrease graduates, decreasing manpower and increasing wages.
- higher degree is not needed to perform the job. RRT is needed.
- I am not aware of higher level programs available readily in IL for students to enroll in.
- I am not in Favor of eliminating the Associate degree, for several reason. There are some people that could not afford to go to a four year program, especially students that are in a second career. Most 4 year programs that I am familiar with so not even start any respiratory classes until their Junior year so in reality they are having two years of respiratory courses similar to the two year programs.

- I believe an associates degee program can adiquatly
- I believe an associates program can prepare RT's for the registry and for the job. Anything above that should be a personal decision.
- I do not believe we are yet ready for a higher degree. Maybe 10-20 years
- I don't think that they should need none of the above!
- I fear if we continue to advance the degree above the associate level we will make if more difficult for good canidates to become therapists
- I feel that the associate program is enough, unless you want to go into teaching or management position.
- I have an associate degree and have employed many competent AAS therapists in the last 30 years. Degree's don't impart common sense.
- I have been in the medical profession for 35 years. I have seen Respiratory Therapy grow from a 6 week crash coarse to 2-4 year degree programs. I feel thatwe are not recruiting enough new therapists as a profession as it stands now to replace the majority of us baby boomers. If we set the standards too high, we will lose many strong clinical potentials b/c of the time and erquirements involved in earning the degree. We have already seen this happen with Physical Therapists. If a person will be required to have their Doctorate to practice, they might as well go to Medical school.
- I have not seen that a BS degree leads to a higher functioning Therapist.
- I have seen exceptional therapists at all education levels, and fair therapist with a baccaureate degree. Your personal motivation in your career will lead you to greatness.
- I think 2 years is ok, 4 might be better. They could come out more informed, such as able to take the RPSGT exam for sleep or to be a discharge planner, case manager, disease manager, etc. This would also start them on the path for possible career advancement, where most of the management positions require at least BS if not MS.
- I think an associate degree is fine as long as it comes from an advanced standing program. I think the NBRC should do away with the CRT credential.
- I think minimum is an Associate; I think we should begin to look at baccalaureate to increase our value in the medical community; but the majority of our programs are assciate and would close many programs making a shortage.
- I would like a Baccalaureate Degree Therapist but there are not enough good Schools with B.S. programs.
- I would like to see us move toward a Baccalaureate requirement but I don't think we could keep up with demand in the current environment.
- I would strongly support an additional professional level which requires BS or above
- If keep requiring higher degees RTS will be priced out of the market! I'm very suprised how will new graduates are prepaired when they come out of school. PTs are doctorate prepaired and ,not at this time, getting any higher wage.
- If we make it to difficult people will not go into the field,
- If we require future grads to have more than an associates degree we will lose good therapists to other professions.
- In my experience, I have not found baccalaureate grads to be technically superior to associate degree grads. I believe imposing a requirement for a higher degree to enter the profession will result in a shortage of therapists.
- In my opinion, it is the RT skill I need, not the extra-curricular courses.
- In the near future only an associate is required, but in the future beyond 2015 a baccalaureate degree will be required because Respiratory Therapists will most likely take over administering

Sleep Study procedures.Respiratory programs will have to make polysomnography part of their curriculum.

- It gives them the basic clinical skills and info they need. Current Bachelor programs are not offering more indepth clinical info they are offering more management info.
- It is currently unreasonable in the rural setting to expect all RT's to achieve the Baccalaureate level in order to attain licensure. While it would be desirable, it is not practical.
- It should be encouraged for th graduates to move on in their education. As i mentioned above, in smaller facilities the therapists all have the same duties regardless of their credentials.
- Just like Nursing an RT is able to obtain the knowledge required in 2 years and begin applying that in the workforce. If after that point they choose to continue towards the BS then they can apply what they are doing on the job to what they are learning inthe classroom. More effective learning in my opinion.
- Licensure should be the entry level requirement and RRT should be the entry level requirement for licensure. If a two graduate can not pass this exam they should not be able to work. Use the Nursing Model.
- like nursing
- Mandatory Associate degree is in place, Bacculaureate program is optional at this point.
- Many people need to get to the work place as quickly as they are educated to do so.
- Meny ourstanding therapists may not have the opportunity for obtaining the bachelors degree. By maintaining high quality assiaites degree pre-requisites, the associates degree can be appropriate
- Minimal should be an associate degree.
- Minimum of Associate degree, with RRT credential for bedside caregiver. My hiring preference is for a baccalaureate degree because practice goes beyond bedside caregiving - it requires interdisciplinary team work, good written and oral communication, critical thinking skills, ability to teach patient and families, participate in research, coordination of care, performance improvement activities, staff development activities, as well as hospital committees and task forces.
- minium 2-3 year associate of science degree
- Money
- Most Asscoiate programs provide solid course work, where Baccalaureate only adds extra courses required to meet the minimum number of credits to achieve the Baccalaureate. In addition, cost is a major factor in determining schools. I find those who really have to work to obtain a degree (struggle and sacrifice) make for better therapists when it comes to "sucking it up and getting the job done".
- Most associate programs continue to teach core skills, however the additional education (BS) prepares the student to process research and data more efficiently.
- No difference in our health system with pay or status for advance education
- No More!
- No need to make it too difficult to enter field.
- North Country Hospitals need therapists, associate degree grads fit the bill.
- Not all hospitals require the higher degree to administer basic respiratory care. The higher the credential the less patient care they give and the more administrative work they do. i.e. nursing.
- Not all of the classes in a baccalaureate degree, masters, or a doctorate dgree are related to respiratory therapy and I believe that is what an associate degree does. It cuts out most of the unrelated subjects. I do believe that if RRTs decide that they would benefit from more education they should do that but should not be required.

- Not certain we can promote to the level of BS degree throughout the US. Remembering the issues nursing encountered when attempting to do this during a national shortage which created the development of patient care technician programs and increased the number of "medical office assistant" programs putting nurses out of Dr's offices. Would personally like to see the BS level as a requirement but do not feel the job shortages will tolerate if we cannot meet the demands of therapy in the hospital. Our hospital administrators have shown historically that they can replace RT's in many settings where allowed to be state level laws. If we can adopt a National Practice Act legislation recognizing RT's as professional (OT, PT, NP) then we can elevate the practice to BS level.
- not enough Baccalaureate programs to meet the projected increase in need
- not enough Baccalaureate's
- Not enough BS programs to support moving forward
- Not enough schools offering higher degrees to meet the demand.
- Our profession has recently transitioned to an AS requirement.
- Practice is still too variable from one hospital to the other. Degree creep will not convince many hospitals/physicians to open new opportunities. It happens at the local level with the right leadership and the right team.
- RN's still enter the field with AS degrees. Internally, the organization should promote through career ladder models the BS degeee.
- RRT should via an Associate degree should be the minimum requirement for entry into the profession. The CRT credential should be eliminated.
- RT should remain a multi-level process to prevent the profession from becoming so expensive that we end up being dispensible. We do not have job protection under our current licensure which means that RNs can do anything that we can do, provided they have been trained. Require too much education, salaries will need to go up to cover the cost and hospitals will do away with RTs.
- Salaries are not yet attractive enough for higher education levels at entry. In most hospitals, there are few, if any, positions for therapists with more than baccalaureate education.
- Same as 27
- Same as previous. The challenge is hospitals tend to look at therapists (CRT, RRT) the same. We have far too many initials now and there is a need to get back to basics: CRT to RRT to CPFT and other credentials. I have an AS in Respiratory Care and a BA in Business Management. Do I need an BS in Respiratory Care? (no)
- Still see very little difference in AS vs BS in staff therapist. Definitely a requirement for any leadership role with managing of staff and finance
- Supply and demand will dictate needs. If an advanced degree is required, we culd end up with a shortage of caregivers.
- Supply-base rationale. Four year programs will not start the necessary number of BS/BA programs to meet work force demand.
- Take a look at the economy.
- The associate degree gives the therapist a good basic working knowledge of the field of respiratory therapy.
- the associate level with RRT is sufficent, until they gain more clinical experience while working
- The average age in our department is close to 55 years old. In the not to distant future I will have to fill many openings, and doubt I will be able to find enough Baccalaureate RTs to fill them.

- The baccalaureate focuses more on advancing critical thinking skills; however, Registered Nurses have demonstrated their ability to function well in this area without it.
- The curriculm of the Associate degree provides the building blocks to bring in graduates and then train within the department for specialized skills that may be required. Today every department is different and many are no longer just Respiratory Therapy departments.
- The majority of National Programs will continue to be Associate programs for the next 10+ years.
- the majority of our students are second career adults, the associate level program makes it possible for them to enter the field. I would prefer Baccalaureate but with the economy, the need for the students to graduate sooner and the salaries in the area: I think associate levels programs will be the primary source of RTs in this area.
- The majority of programs are Associate Degree level. This will change as more programs adopt a Baccalaureate program
- The majority of the work we do can be accomplished within the confines of the AS or AAS degreee.
- The majority of therapy can be provided by intelligent, engaged AS therapists.
- The overall majority of therapists function well at the associate level. Maybe the ultimate goal should be 2 levels of practice, CRT-associate degree and RRT-BS.
- The profession has done well with AS level staff. Requiring BS or higher levels for practice will eliminate the ability of rural and small facilities to be able to provide for care. Educational level beyond the AS does NOT prove better patient care. Other professional paths, such as the Physician Assistant, is still an AS degree, and education beyond the AS is not required. This is not to say that we cannot encourage higher education, just that is not required.
- The profession is never going to have the wages that the RN's demand. At the smaller facilities, the job demands are not at the level of a trauma receiving facilility. Leave the higher learning for the the large teaching hospitals where the knowledge can be used.
- The respiartory care profession is still not recognized as a higher eduction profssion with the ability to provide assessment and care without an MD or NP prefacing the treatment plan.
- There are insufficient programs to accommodate the need fro trained practitioners and there is little incentive to achieve the higher degree with commenserate financial compensation
- There are limited higher degree programs within the state. Being a rural hospital, it creates a limitation of access to programs
- There are not enough Baccalaureate programs to meet demand.
- there are not enough BS programs available in our state to accommodate
- There are very good therapist graduating from associate degree programs.
- There needs to be a greater amount of baccalaureate programs available across the US.
- There needs to be an advanced practice certification that is baccalaureate required.
- This is a step up from existing. We do not want to restrict entry into the field thereby creating shortages of RCPs before we are able to implement a solid plan to grow the profession.
- This is all that is available in our state
- This is because Respiratory therapist work in many healthcare type organizations, some of them restricted to basic maintenance of life which requires superficial analysis and routine therapy. Higher entry practice therapists may restrict the availability of therapists in these areas.
- This is the beginning of their career. Their work environment hopefully will support their growth to baccalaureate and further.
- This is the level where there is enough general knowlege to work in a small hospital.
- This is the minimal level of education to be eligible.

- This is the minimum required. The Respiratory portion of the AS and BS degree is relatively similar and the skill set similar. The difference in the education piece is in the core curriculum.
- This is trent nationwide and I think if we are going to ever be considered as vital as we know we are and keep up with nursing advancement, we need to back up our role with the appropriate educational degree
- This level of education provides the respiratory therapists with a minimum level of expertise and educational experience to provide safe patient care.
- This requirement is controlled by the NBRC.
- This should be the minimum.
- This survey seems like it was written by elitist individuals that are overly immpressed with their own credentials. AA degrees are just fine.
- This will keep us in-line with nursing. We need an associates degree RRT and a RRT, BS for human resources purposes. This would make it very clear for pay structures.
- This would be the least a person should have to be allowed to practice. Managers and educators need to have a Baccalaureate or graduate degree.
- This would be the same as Associate Degree RN
- To become minimally Registered
- To maintain an adequate number of new graduates and provide an affordable education alternative to young Americans
- To meet our current employment needs I suport the AS programs.
- Unless the position is a leadership position, I believe the associate degree is the most appropriate.
- Until 1 Credential is required, then CRT should be the basis to meet licensure and state requirment.
- Until BS program proliferate, it is counter-productive to require entry level at the BS level.
- We have excellant success with an AS program and I feel this should suffice as the entry level requirement
- We work side by side with nursing. We should have the 2 year degree also and preferably a 4 year degree.
- Well, you pretty much have the hours of a Baccalaureate, but come away with Associate, so I am torn on this..I do think Baccalaureate, without the expense of more student loans...
- While baccalaureate level may be desireable this may result in staffing shortages at this time.
- Would recommend Baccalaureate but require minimum associate's degree. Degree does not make the therapist; practical application is required.

Baccalaureate

- 2 years not enough time for academis and clinical time required on all services that I have checked needed for 2015
- A 4 year degree gives a future respiratory therapist the skills they need to be a more rounded clinician.
- A baccalaureate degree will evenmtually be the minnimum requirement since a broader basic science knowledge will be required to perform better in respiratory courses and during their careers.
- A bachelor's degree is acceptable for our practice.
- A fuller understanding of the playing field. No longer be goffers, but stand our ground as profesionals.
- again, respect for the profession.

- Although AS entry level therapists are well educated their need for more in-depth knowledge is hospital based post-graduation. More of this preparation requires a comprehensive didatic and clinical experience approach prior to placement with their 1st employer. The AS level individual requires a significant and intense level of orientation prior to critical care independence; much unlike a BS prepared graduate. The MS prepared graduate often does not possess the clinical experience and requires similar intense training prior to being a valuable member of the health care team.
- An Associate program does not have the literal time to teach the basic skills: proper English in documentation, dynamics and legal issues of healthcare (Sarbanes-Oxly, reimbursement etc) respiratory physiology and neurobiology etc.
- as above
- As previously explained
- As the field grows the role of a therapist changes and the complexity of the equipment and severity of disease states change and are more complex. This must result in a deeper level of knowlage to meet the needs of th patient base.
- As we are changing our roles we will need to have education behind us.
- Associate programs lack the clinical hours and classroom hours necessary for adequate training/education. Even today AA hires require extensive orientation and experience to reach an acceptable level of performance
- BA or BS should be the minimum. A AS or AA degree does not allow for enough time to learn everything that is necessary now and in the future.
- Baccalaureate degrees provide a more well rounded and thorough education.
- believe it will make more well rounded individuals, and again, prove that they are professionals in the eyes of other health care and governmental agencies. But, will only fly if salaries rise as well.
- better communicators
- Better educated, better knowledge base, better functional abilities associated with individuals with this degree.
- BS at minimum to function in most acute cares and for teaching facilities, a MS
- BS now, MS in 2015, and DRT in 2020!!!!!!!!
- BS prepared students are more mature and have had the time to study topics more indepth than those in the AS programs. They are also more well rounded employees. These differences are still evident years into their employment. I believe that Respiratory Care as a profession is stymied by the minimally acceptable levels required to attain a license and practice.
- BS shows an appropriate level of professionalism.
- BS/BA grads seem to be more qualified and perform better.
- Clinical rotations in sleep medicine, PFTs, Home care, discharge planning, Long term care, Diagnostic Test interpretation, airway management, Patient assessment, and critical thinking are needed
- Could be associate or baccalaureate depends where you practice. If your hospital runs a bunch of neb jockeys only an associate degree is required. Everyone else can not learn enough in 2 years.
- Critical thinking, communication and interpersonal skills are needed for an inter-disciplinary approach to treating the patient. A BS degree will prepare the student for this transition.
- CRT accreditation should correspond with completion of Associate degree. RRT accreditation should correspond with completion of Baccalaurete degree.

- Currently it an assocates degree is required. I feel that we should look at the possibility of the minimum entry degree to be baccalaureate. Hiigher degrees should prepair the candiate for a future management or education position. An advance degree should not be required for bedside care.
- Degree requirements at the Bachelor's level will much better prepare graduates with more of the business side of health care.
- Dinosaurs went extinct so will Respiratory Therapists if we don't require a BS. degree.
- Elevate the profession. This would be a relative increase as most other allied health professions have increased the education required for entry. Example: physical therapy is now a primarily a doctoral program. To continue to expect professional credibility a baccalaureate degree would be a minimal requirement.
- Eliminate the 2 yr RT. Improve the overall knowledge and image of RT. Raise the bar....salaries will follow.
- Federal government recognizes "professionals" as those with baccalaureate degree
- Field moving to BS
- Graduates from an Associate's Program have 100 plus credit hours. Two more semesters would provide the additional time needed for advanced theory and application, and advance the profession of Respiratory care.
- Graduates of the conventional 2 year programs seem to be missing basic knowledge
- Have the associates degree as the entry level requirement is an embarassment when compared to other healthcare professionals.
- However, there are no Baccalaureate degree programs in my immediate area so most of my hires are Associate Degreee graduates.
- I believe Baccalaureate graduates are better prepared upon graduation, have better assessment skills and are easier to orient to my department.
- I believe our profession should be a four year program
- I believe that if our expectations are going to be having the RT intubate, start a-lines, interpret, etc. then we need to have an educational level associated with that. It all has to do with the respect level from other professions.
- I believe the capabilities provided, including an understanding of statistics and statistical tests are needed to critically assess the myriad drugs, devices, and modes made available to us.
- I believe the respiratory therapist is now and will be more in the future to be the expert in the field and serve as a resource for nurse practitioners, fellows, intensivists, and physicians.
- I believe there are many things to teach and they all cannot be taught in a 2 year program. Also most of our counterpart professionals have at least a Bachelors degree--but that does not necessarily make you a better therapist.
- I fee l Associate for CRT, Baccalaureate for RRT
- I feel that our profession needs to expand the educational requirements if we want to be seen as a professional group. Most of the
- I think that get the a 4 yr. degree to be fully aware of the needs and goals pf the profession.
- I think those have a BS degree are more commited to the profession. They come with better critical thinking and communicatio skillls.
- I would prefer Baccalaureate, but I know this will be hard to achieve
- I'd like to see this become mandatory if Bachelors are offered ubiquitously.
- If we are going to continue to grow as a profession it is essential that we follow the path of the other professions such as nursing and physical therapy
- I'll go for Baccalareate for now, but would love to see Masters prepared RTs.

- In Federal Service, RRTS are considered Hybrid positions because they lack the requirement of BS degree; benefits are lesser than PT,OT,SLP.
- In order for the profession to move forward and provide Therapists who can interact with other health care professionals on "their" level, we should have a mechanism for individuals to achieve an advanced credential. To require anything more than an Associate degree to practice however, would hinder the hospitals in their efforts to fill vacancies.
- In order to garner respect among nursing and other allied health fields, we need to up the educational requirements for this field.
- In order to maintain parity with the other members of the healthcare team Respiratory Therapy must begin requiring a minimum of a BS degree. If we are not willing to invest in ourselves, how can we expect others to invest in our future?
- It increases our market share!
- it is time to upgrade the level of therapists that are entering the job market, a baccalaureate degree along with the RRT credential will allow the therapists to meet these requirements. We are already seeing that an individual will need a baccalaureate degree to be recognized by CMS.
- It should be a 4-year degree program. No more 2-year programs unless we are going to go back to technicians vs therapists
- It shows that the employee can pass advanced classes and hopefully better educated
- its great to have for future growth in any leadership position, they can work while achieving their Master's next.
- Job requirements demand this level of training for all RT positions in our system.
- Long term goal beyond 5 years. Our profession lacks solid education base in hard sciences and other biological areas.
- Masters and doctorate programs are far and few.
- More respect in workplace from other professions. Enter workforce on more even field with Nursing.
- More time for education in soft skills, i.e., writing, critical thinking, etc.
- More time is needed to fully prepare students however, baccalaureate programs need more clinical time to truly prepare students.
- moving forward
- Must show benifit over an associate degree.
- My experience has been that associate degreed candidates are too often missing critical thinking skills and the wider knowledge base provided by a baccalaureate degree program with a longer clinical requirement.
- Need additional knowledge and training. Need to develop teamwork, communication, assessment and critical thinking and decisionmaking skills.
- Our profession has evolved to the point that the baccalaureate degree program would prepare the graduate for the elevated expectations. Other professions have this requirement, physical therapist, occupational therapist, etc. Why should we be any different? If we are to get the respect from other disciplines, our degree must certainly be at least equal.
- Physical Therapist does not have to make a decision that will impact whether patient lives or dies, yet an associate's degree is reserved for the PT assistant.
- practitioners should achieve the highest credential as the demands of the profession increase.
- provides higher quality of commitment
- Raise the Bar. We need better prepared therapists with the appropriate skills to to their job.
- Reasonable professional level of education.
- refer to question 1

- Required within 10 years.
- Same as above
- see above
- See above
- See above answer
- See above. I do not believe that an AAS degree provides the education necessary to provide RT's the skills needed to offer the scope of decision making needed
- See rationale above. We need to demonstrate our knowledge base and versatility along side the nurse. RT's are the only profession within the allied health field next to, i.e., PT, SLP, OT, LAB, not seen or viewed in the same caliber.
- Should be minimum standard as to maintain professional ststus.
- Should be the minimum level of education to ensure functioning in the work environment.
- Should enter as RRT and drop the CRT credential and steps.
- Students by 2015 will need to have adequate time to become competent to provide a high level of care in the wide variety of areas in which they will need to perform
- The associate degree no longer affords the breadth and depth of knowledge to meet the operational and functional aspects of the job. We need to move the bedside RT to a broader, more knowledgeable perspective.
- The Baccalaureate Degree should be the minimum degree to enter the profession. I do not believe that the 2 year program meets the need of our health care system any longer. There is too much information necessary today to provide minimum quality care to be learned in a two year program. Students need much more clinical time before they are allowed to provide independent direct patient care
- The complexity of our work and the challenges in healthcare are better suited to a bachelors degree. It is consistent in other healthcare professions to have a bachelors or higher.
- The curriculum is exceeding the capacity of the AS degree
- The greater the degree requirements the better pool of people (like PT) will be attracted and remain in the field.
- The present program hours are woefully short. I serve as an advisor to 2 of the three programs we provide clinical affiliation to, and I can tell you that these two programs have pushed mandatory curriculum requirements to "pre-requisities" to accomodate space, and there is still a shortage of time to complete the essential elements. Protocols are rarely taught, and there is little consistency in clinical rotation experiences.
- The respiratory therapist needs at least a baccalaureate degree. When participating as part of the medical team, all other professions come to the table with at least a BS degree.
- The volume of information required of graduate therapist is large and requires a 4 year program to teach. As a result, individuals would not be appropriately treated if they did not recieve a BS degree upon completing their RT education.
- There are too many sub-standard Associate programs started by chains of private for-profit post-secondary institutions.
- There is a daunting amount of information to learn and two years really isn't enough time.
- There is alot more learning than an Associate Degree can offer. We are a specialized field we should have the training needed to compete with other specialized fields and I feel a Baccalaureate degree gives more education and showes you have more knowledge. Nurses go to 2 year school, PT's have a higher degree. I think to continue to be valued we need to have higher degrees and closer degrees to other specilized fields.

- There is too much education required to shoehorn it into an Associate Degree program. Too many items are deleted from the curriculum now
- There should be a 2 -tiered system like nursing has. Two year program and then work and start work on your BS OR direct BS program. Salary should reflect degree. Then they could move on to higher degrees as the field grows and offers more opportunities for those that do.
- There should be a single overall exam and specialty exams for various clinical envirements. The sinle exam can be a little more advanced than the current CRT test.
- this is the minimum entry level to be recognized a professional health care provider to perform the tasks described above.
- This should be phased in over the next 3-4 years. Associates degree therapist can be trained to pass the exam, but they lag well behind in clinical practice acumen. The Baccalaureate program is most reasonable for Therapists.
- This should be the minimum with a masters an advanced practice model (as in PT)
- This will insure RT staff can function on the same level as their peer interdisciplinary staff (ie communicaiotn, critical thinking, etc). It will promote professionalism and clinical effectiveness.
- This will raise the bar for us
- To be effective programing should be more then 2years. BS programs should incorperate RT all 4 years
- To be taken seriously as a profession, Baccalaureate should be entry level.
- To be truly considered a "professional" I believe that we should require all therapists to obtain at least a Baccalaureate degree. Due to the lack of Baccalaureate programs this will be very difficult (our local college just closed their BS program due to budget issues!).
- To compete with nurses and other health care professionals, RT students should be educated with a broader persopective beyond teh basic Rt curriculum; Leadership and management, health care in society, business, etc
- To compete with other disciplines that already have minimum requirements the RT profession should do the same. This would also better prepare the RT for a more administrative role in their profession. A different level of respect would also be achieved.
- To further the profession, I think additional education is necessary to improve critical thinking skills and improve the level of professionalism
- To improve the professionalism
- To meet CMS
- to much to teach in to litte of time for an Assoc.
- Two years is inadequate time to prepare the student for all they need to know. As a manager, I find we spend far too much time continuing to train graduates. I am regularly disappointed at the skill level of new graduates, particularly their inability to function well in a critical care environment. Degree expectations are rising in most health care professions and we cannot afford to be viewed as a "lesser alternative" to nursing and other professions. Lastly, the federal government does not consider RTs professionals per their definition. This prevents RTs from billing for their services which will continue to be a detriment to RTs being hired outside of traditional in-patient hospital settings. It will also impede their progress into other non-traditional roles such as case management.
- Two years is not adequate to properly train students.
- Until we have enough program otherwise we should have Master as entery level
- Wateer in the pool needs to rise...students need more liberal arts, business skillls and teaching fundamentals

- We are becoming the "dummies" of the healthcare team if we continue to operate at the AS degree level when we meet across the table and the bed with other baccalaureate and masters trained providers.
- We are predominantly a "profession" without a commonly held and functionally operational self-expectation of professionalism. This is predominantly a result of limited education. Thankfully there are exceptions. I believe the instructors should be masters or doctorate trained, new grads should be BS trained. We will never become what we can and must without the requisite training; 2 years is inadequate. We fail as a profession in being prepared in skills, knowledge anf professionalism because it isn't learned or expected.
- We can only be considered professionals when we start acting like professionals and require it to practice.
- We dont currently have enough students to require anything above a Baccalaureate.
- We have got to advance the profession, and expand the knowledge base or face being absorbed by better educated professions.
- We have to grow or face extinction. The teaching institutions need PHDs and Master prepared to develop course materials and teach research, so the clinical therapist is prepared to do research and understand studies that are poorly designed and the not revelant.
- We must keep up with nursing and our associates in Allied Health Care.
- WE MUST progress if we don't want to remain TECHS.
- WE NEED BETTER EDUCATED THERAPIST
- We need therapists not technicians who understand the entire process not just one system and who can implement and adjust therapy pased on patient conditions and response to therapy
- We need to "raise the education bar"
- We need to increase our Baccalaureate programs and catch up to some of the other therapies in our requirements. I think overall it will ensure a higher level of therapist, higher pay, and increase the respect therapists are surprised they don't all have. We have some that don't perform at that level.
- We need to keep pace with nursing and the other professionals.
- We need to raise the bar for the profession so we are evaluate rather than just treat much the way PT does.
- We need to raise the bar in order to continue advancement of the profession.
- We need to ramp up the educationa and increase our knowledge base in order to care for patients in the future and continue to gain repect of the medical community.
- We need to ramp up what we are doing and what we expect from RT's around the country
- We need to stop following the Nursing model and start following the PT and OT model of professional development
- We will only be able to compete with advanced degrees if we are expected to survive in the challenging healthcare environment.
- Well rounded education for community hospital.
- Well-rounded general education to form the basis for a professional acumen
- While the associate programs are generating acceptable and qualified individuals...the 4 year students have both wider and greater knowledge base which will only become more necessary as the complexities of patient care continue to increase. A Masters program may be needed in the 10 year future for staff therapists...not just managers.
- Will not be considered "professional" until our profession requires a degree....much like nursing.
- Will provide a broader base of eduaction in more detail

- Will provided for longer / enhanced clinical experience. Final semester (minumun 6 months) should be exclusively clinical internship/externship.

Masters

- I think like above we need to start moving towards Masters level but we need the support of what we can only do and nobody else. I would love to see Masters level like Speech. At the minimum BS level for now. We really need the support that nurses can't take our jobs. We are still the lowest paid in a majority of areas compared to speech, PT, nursing, and now even OT. I feel we are losing jobs because of the lower reimbursement in healthcare and we are being replaced by nurses. We get next to nothing for reimbursement and somebody else can do our fields jobs. With the security that we can be the only ones who do certain jobs (vents, BiPAP's, CPT, even regular nebs) would drive the education level up, increase demand and salary levels. I know the NBRC is seeing that we are going to have a shortage. I am not seeing this because around the state here and even in PA the directors I speak with at conventions the general feeling is that if there is a shortage of RT's then we will be replaced with nurses. I have seen this and am seeing it even more as we go. I believe that our field will never go away but I remember back when we were needed in nursing homes to take care of vents but now there isn't a nursing home around here that has an RT. That was a lot of jobs and mores upport for administrators to do this on other levels. I feel if we don't get some support in the future with this big retirement class of baby boomers we we slowly be faded out to nursing and as some see either become more specialized and do only highly skilled duties (which will require less staff) or go back to the tank jockey days where we are looked at as just technicians that are low level support staff. It is still very aggrevating to go out to conferences or meeting at different places and here people say we are technicians. To make matters worse when even a company evaluates your field from the outside they group you in the technical lower end side. We had this with a company doing the hospitals employee survey. How did speech make it's mark or PT, how is it they got to be professionals and are looked at so highly. We deal with peoples lives and we deal with high stress with codes and intubations, we write orders. They get paid huge salaries and where are we. I am privledged to have a nice salary and know the other department slaaries. My department averages about $55,000-$60,000/year per RRT. I make very good money in regardws to the field. The speech therapist's and PT comes in and make what I make. Their education level makes it touch for them to get through there programs. This all increases job demand and salaries. This is where we should be by now. I believed going through my program at Indiana University of PA BS school in Resp Care we would be. This was our driving force. look at where we have come from and look at where we are heading. I have seen the gain that the tank jockey days to when I was in school but where have we stagnated or failed. What do we need to get there? What do we have to do to get to the next level and get the RT profession where it belongs. The nurses should not be taking care of vents in nursing homes. I have ben called upon by nursing homes and seen this. This is scary stuff. These policiticans that are not backing us or not supporting this need to see what happens to these patient when nurses who have no idea what they are doing take care of a ventilator. What if it were their family member on the vent when that nurse has a problem with an alarm and just keeps silencing and they wait until the next day and that nursing supervisor has no idea so they just call us to fix the problem but many times it's too late.
- The Masters degree teaches the graduate how to research, measure and understand the impact of treatment modalities.

- We should have two levels, one technician and the other a Baccalaureate/Masters Therapist. Physical Therapy, Speech Therapy, Occupational Therapy are all becoming more recognized and have been for some time. RT just existes like it did 30 years ago

What degree should future graduates be recommended to earn for continued practice beyond licensure and entry into practice as a respiratory therapist?

- Depends on the career path they have chosen.

Associate

- A few of the Therpaists with BA do not provide any better care then an RRT with an Associate degree
- above
- Again Rural Arkansas cannot financially support baccalaurate RRTs
- Again, those who have to really work for their degree (when school is not paid for by parents etc.) seem to be willing to work the relentless hours on their feet with accuracy.
- Allows existing RRT employees to continue to work thus avoiding a sudden decrease in available employees.
- An associate degree is fine unless the future graduate plans on going into management or teaching.
- An associates degree is the only opportunity we have in our state.
- as above
- As previously stated.
- Associate programs fill the need for the short supply of entry level therapists, yet allowing avenues for advancement
- Confusing question, I'm not sure what to answer.
- Currently, Baccalaureate programs are not as available as would be needed for the entry level to be raised. Not impressed with the only local Baccalaureate program.
- Higer degree is not needed. RRT credential and experiance.
- I believe an associates degree program can adequately prepare a student to be successful in this profession. Then practical application through full time working experience followed by additional education in management.
- I don't think that they should need none of the above!
- I don't understand this question
- I hope this question does not imply that we are expected to specialize in some aspect of the profession. We are still too small to require specialization like physicians. We need good, well-rounded practitioners who can contribute to the team.
- let them get into the hospital arena, and encourage them to grow to BA/BS and finally to Masters.
- like nursing
- North Country Hospitals need therapists.
- Provides solid background to build on within the department.
- Required for admission into higher level of education.

- Requiring an a baccalaureate will limit the number of enlisting students who will be capable of passing the registry. The registry exam should be the only exam. Model the system like the RN system.
- same as 27
- same as above
- same as above
- same as above
- same as above
- Same as above
- Same as above
- Same as above
- Same as above
- same as above
- Same as above, For management positions and reasearch the asvanced degrees should be required.
- Same as above.
- Same as above. Additional education should be required if the practitioner wishes to be responsible for clinical education, management, home care practice.
- Same as above. No different than an associate degree RN.
- Same reasons as above. We get good RRT graduates and we want to get them as early as possible in the work environment.
- See above
- See above
- See above.
- see above.
- see previous answer
- see previous question
- See prvious answer.
- Seems to be working.
- The associate degree gives the therapist a good basic working knowledge of the field of respiratory therapy.
- The current environment does not support longer periods in school, unless management level is the students goal.
- The majority of programs are Associate Degree level.
- This is sufficient to practice as a therapist a Baccalaureate or above is seen more for research, education or leadership roles.
- This is the level where there is enough general knowlege to work in a small hospital.
- This really depends on where a therapist wants to work. The bigger, more comprehensive hospitals require more knowledge and should require more schooling. But if you work in a small CAH, you will lose much of what you would learn in a 4 year degree because you won't use it.
- This survey seems like it was written by elitist individuals that are overly immpressed with their own credentials. AA degrees are just fine.
- Working toward a Baccalaureate preferred, as many people go into RT because they can begin to work within 2 years

Baccalaureate

- 4 year degree would be appropriate for Resp. Therapist in coantinued practice or in management.
- 4 years comprehensive training and education should be sufficient
- Additional education will be necessary due to increased complexity of equipment/procedures and need for improved critical thinking skills.
- Advanced practice and management positions should require a BA/BS degree as a minimum.
- Again, I would love to see us create a master's prepared advanced practice licensed independent practitioner, but I don't see this by 2015. Maybe by 2020.
- All respiratory staff, including supervisors and directors, need to be strongly encouraged to gain more schooling in their profession. Pay scales should also reflect this clinical ladder.
- Any practitioner who wants to move into a higher level within their instituation should be required to have a baccalaureate degree.
- Anything higher must show significant benefit.
- as above
- As above
- as above
- As above
- as above
- As I explained earlier, we have both type programs close to us. The BS therapists do not come to us with any greater skills or knowledge than the AS graduates. It may just be our programs though.
- As in question # 28.
- As stated previously, practice goes beyond bedside caregiving. It requires interdisciplinary team work, good written and oral communication, critical thinking skills, ability to teach patient and families, participate in research, coordination of care, performance improvement activities, staff development activities, as well as hospital committees and task forces. Baccalaureat degree graduates are in the best position to provide this. I encourage all my staff to pursue advance degrees, it betters my department and their future.
- As the industry requires processing a wider range of data, advanced education will be mandatory.
- Associate degrees have an inadequate timeframe to develope a knowledge base for the year 2015.
- At present a BA degree program should include specific competencies for RTs who want to specialize.
- Baccalaureate required and Masters preferred to keep us in line with our nursing colleagues.
- Best well rounded education for the hospital based clinician.
- better communicators
- Broad education is helpful for understanding social environment (communication and diversity). Experience and education offer more opportunity for advancement.
- BS degrees would be great in moving us forward
- BS programs prepare the Therapist for management and growth into other allied areas (Cath Lab, Echo, Rehab etc)
- But we should encourage Masters and Doctrate degrees.
- By practice I am assuming their scope of practice would not be hospital based and they would be acting as an independent practioner

- Credentials in the workplace determine your value to organization; BSN vs.RN via Associate Degree.
- Dedicated Associates for entry level...all others Baccalaureate and above. Once again...until we become equal instature to nursing my question to you is Who is going to pay us. A BS, RRT is not going to work for $22.00/hr when a 2 year RN is making $40.00/hr the travel/staffing industry has ridden some hospitals to the brink of bankruptcy for this exact reason.
- Encouragement to advance their degree is important.
- Essential to growth and development of profession and professional acceptance by other HCPs. Demonstrates commitment to the profession and a stakeholder status.
- Everyone needs to progress further and further into their chosen field.
- Future generations will need to compete for scope of practice against other medical diciplines. The 4 year degree will place us competitively against RNs PT, and ST
- Gives an employer a higher level of confidence that employee has a good education background.
- I believe that there should be a level of risk/reward for those who continue their education.
- I believe the capabilities provided, including an understanding of statistics and statistical tests are needed to critically assess the myriad drugs, devices, and modes made available to us.
- I believe we are heading in this direction and the higher level of degree will make our profession more valuable in healthcare. My fear however, is that we would induce another shortage of therapists if this happens too quickly.
- I believe we should move toward havine a Bacculaureate degree be the preferred degree and eventually be the minimum degree required.
- I have no justification/rationale for this...
- I think it's important for RT's to continue their education.
- I think that a bachelor's degree will be entry-level for staff working outside traditional in-patient RC roles
- I would consider this for an independent practitioner who would work as a physician adjunct in a non-hospital setting.
- I would expect this level for management and higher for teaching and research.
- I would recommend advancing into a bachelors in nursing, P.T., O.T. or Speech. We cannot pay for educational advancement in the field of Respiratory Care.
- if available
- If programs are available
- If RT want the same respect and level of professionalism entry level should be RRT with a BS. My organization only hires BS prepared Nurses and it should the same for RT's
- If they have the time & desire to go for a 4-year degree, it may help them down the road getting into management positions possibly.
- In a small facility a therapist must be well knowledged in their field. Too many times the therapist will be required to work alone.
- In order to compete for more responsibilities in the hospitals
- It should be a 4-year degree program. No more 2-year programs unless we are going to go back to technicians vs therapists
- It would be nice if Associate degree graduates would advance to Baccalaureate.
- It would make sense to me to invest in a "BS Plus" concept where the "plus" are specific skill verifications related to pulmonary medicine, ie, the Asthma Educator Program is an example of currently successful program.
- It's the next step.

- keeping up with higher expectations. Rural areas are limited to access of higher degree programs but patients needs are the same where access to higher degree programs
- Logical next step but I don't think it should take 4 years of school to make for a good RCP
- Longer term professional needs to be BA
- Masters not required for respiratory therapy practice. Masters degrees should be required for respiratory care management staff only.
- Masters programs are unfortunately far and few between, with only one-or-two providing opportunity to the AS/BS working practitioner
- minimum starting level.
- Most Appropriate
- No need for the average bedside caregiver to pursue more advanced degree other than to move into an administrative position.
- Not everyone aspires to advanced degrees. Give people a choice.
- Obtaining a Bachelors degree will help open up job placement possibilities for the future.
- Opportunities for advancement include continued education.
- Other professions (e.g. PT) are paid at an MS level. Our skills and patient care qualifications are above that but are lower paid because of education background and manpower.
- Our profession has evolved to the point that the baccalaureate degree program would prepare the graduate for the elevated expectations. Other professions have this requirement, physical therapist, occupational therapist, etc. Why should we be any different? If we are to get the respect from other disciplines, our degree must certainly be at least equal.
- Post graduation course work beyond the BS level would be most helpful.
- practitioners should achieve the highest credential as the demands of the profession increase.
- Preparation for advanced practice. Master's and Doctorate would advance past RT
- Preparation that includes managing complex data and grows our future leadership teams in respiratory care.
- same as 28
- Same as 28
- same as above
- same as above
- same as above
- Same as above
- Same as above.
- same as above.
- Same as above.
- Same as above.
- Same as above. We could differentiate between an Associate degree and Baccalaureate degree by nationally limiting what they are allowed to do. Pay would also need to be structured to reward this difference.
- Same as question 28
- see above
- see above
- See above
- see above
- See above comment.
- See above rationale

- See above--it's the wave of the future.
- See question #29.
- Should be a new minimum standard
- Should have the advantage of clinical time above, in order to select specific area for continued study (management, advanced clinical, etc.)
- Some things are still not taught in the associate degree programs...
- Start with the 2 year degree and work towards the BS.
- Stepping stone. It must be easilly accommodating while maintaining affordability.
- Tertiary care sites may prefer to require BS degrees for certain advanced practice positions.
- The ability to obtain a BS post graduate will provide the profession with a supply of RTs with the ability to move into Graduate Degree programs and offer the opportunity for growth and expansion beyond the hospital and rt dept.
- The Baccalaureate Degree would be helpful due to the ever increasing amount of knowledge and skill required to perform the growing duties of a Respiratory Therapist.
- The knowledge base for advanced level practice should be higher, this could expand to a masters level depending on the job responsibilities (as is demonstrated in many clinical ladders)
- The P.A. program is currently a Baccalaureate degree, if we raise the level of education above that we will loose good therapists to the PA and NP programs.
- The reality is that at this time it would be difficult to require a higher degree and be able to get the workforce needed.
- The situations requiring critical thinking, professionalism, efficiency, should be part of the training. Health care is changing and RT's must be ready to respond with the proper education
- There are not enough 4 year programs to meet the needs of hospitals and Physician private practices, not to mention home care. Most Therapists transfer thier Associate degree credits to a college that offers a BS in health sciences and that accepts the majority of their already achieved credits from cc. Most employers require candidates for supervision, education and management opportunities to have a Bachelor degree or at least list that level of education as preferred. If you required graduates to achieve a BS degree within (X number of years post program completion), would hospitals support the initiative with appropriate increase in wages??? In today's economy, I doubt that would happen.
- They need to spend more time on classes such as physics lab where problem solving and analyzing data are further developed.
- They will need to be able to apply critical thinking and advanced skills.
- This is an achievable goal for all.
- This prepares them well.
- Though associate can function well as a therapistl a BSRT would give them much broader understanding of healthcare issues now and in the future.
- To add an alternative for internal field advancement to higher levels of function as a therapist
- To advance the profession
- to be considered as a professional on the level with RN"s and physical therapist
- To become more rounded
- To ensure an upward career movement toward a leadership role
- to meet requirements for any leadership role ie. Performance Improvement Coordinator, Education, Supervisor/Manager/Director. Significant difference in computer skills, excel spread sheets, power point for presentation, and PI data and finance and polished communication skills for collaboration with all healthcare workers
- To stay up with other fields in the hospital.

- To work in the healthcare, and be taken seriously as a professional, a BS or BA degree is highly desirable. Many of the RN supervisors here have their MBAs even.
- Very few positions available. Masters preparation or above is a choice many will make as they aspire to management or teaching roles.
- We are becoming the "dummies" of the healthcare team if we continue to operate at the AS degree level when we meet across the table and the bed with other baccalaureate and masters trained providers and physicians.
- We are equal to nursing and should follow their structure, preference to BS but still ability to sit for RRT after 2-yr program.
- We need to continue to strive for higher education among the ranks of practicing RT's.
- We need to keep pace with nursing and the other professionals.
- We should always encourage higher education, but not require it.
- With the escalating costs associated with current programs, the BS degree should be the standard recommended degree.
- With the Medicare bill that would allow Dr. to bill for Respiratory Services IF the RRT holds a Bachelor's degree it would make sense to continue their education at least to a B.S.
- Without clarity of what the Masters porgrams provide above and beyond the BS education, it is difficult to assess this question. I have yet to meet a BS prepared graduate who could not meet our most challenging clinical expectations.
- Would elevate our profession
- Would recommend BS for future movement of staff into leadership positions.

Doctorate

- It would be great to have more therapists with Masters and/or Doctorate degrees, however there needs to be positions avaiable like those for a PharmD.
- Research, clinical recommendations, and teaching demand this credentialing.

Masters

- Advanced degree for more intense research, teaching
- Advancement with post-graduate degrees can only benefit the motivated practitioner, but the health care system may be slow to recognize the need for advanced degree practitioners
- As above
- At least a Masters but maybe it should be a doctorate. I have always thought of myself as a specialist and thats what I pass on to my staff. They are the patient advocate for cardioplumonary health.
- Baccalaureate should be entry level with Masters as an additional goal for advanced practitioners.
- Cannot push to hard or to fast change is difficult for most people
- Continued practice beyond licensure would be in management, research and teaching areas rwhich would require higher level degree.
- Follow the nursing model for Advanced Practitioner credentials (APN).
- I am an advocate of creating an advanced practitioner role that would include prescriptive rights for respiratory care services.
- I think that it really comes down to the evolution of the scope of practice of the RT and the need to perhaps enter a "provider" role in certain specialties, i.e., sleep.

- If we are ever allowed to consult, assess and treat patient with minimal supervision from the attending MD. A higher level of education is required
- If we are going to continue to grow as a profession it is essential that we follow the path of the other professions such as nursing and physical therapy
- In order to maintain near equal standing with other allied health professions eg. Physical Therapy, Speech, Occupational therapy, educational requirements for respiratory therapists must increase.
- It is essential that we strongly recommend as a profession the pursuit of a Masters degree level. It is unfortunate that so few Masters programs in RC exist.
- It will help solidify our standing as professionals.
- Masters will evolve in 2030 as minimal level program requirements to keep up with other allied health programs and for CMS reimbursement
- Physical therapists are already doing this I believe.
- Professional level degree to equate with other allied-health disciplines and nursing
- Respect from our colleagues in nursing and medicine. It is time!!
- RT needs to be agents of change; it doesn't, generally, have that vision, self-expectation or have the preparation to do so. Health care needs solutions; RT needs to provide them. There is no reason why RT should not plan, in the future, to "attend" stress tests, perform therapeutic (not diagnostic) bronchoscopies or function in areas now held by PAs, NPs, etc.
- Same as #29.
- See Above
- The advanced practice model of nursing ,PT, OT, Speech, etc.
- These individuals are more well rounded and able to function in various situations better.
- to elevate RT to the level of OT/PT/SLP
- To enter into a management or education position.
- to grown into specialized areas would enhance the profession.
- To move into specialty areas, further education would be helpful
- To remain competitive in training with our colleagues on the healthcare team such as Nursing, Pharmacy, Physical Therapy, etc. Master's level training will be required for many RT staff.
- We need mid-level therapists who can prescribe; this would be the MS degree therapist.
- We need to push for continuing education to promote Respiratory Therapy as a profession and to be considered similar to Physical Therapists, Occupational Therapists, Speech Pathologists etc.
- We should have technicians and Masters/prepared Therapists, like physical therapy, even thought PT is moving towards Doctorates, as is Pharmacy
- Would be nice.
- You should have my feeling by now on all this.

Should future graduates be required to maintain an active CRT or RRT credential to document competency for renewal of their license to practice in your state?

- Competency or CEUs. Not sure what you are asking. If competencies are required, who will do the check-offs?
- I do not completely understand this question? I think once you take your boards-you are done; however, you should have annueal CEU's mandated by the state of practice.

No

- Active credential means you pay the fee and/or attended conferences or inservices. That does not demonstrate competency.
- An RN is not required to pay an organization to keep their credentials. Neither Should an RRT, once they pass the boards. Too confusing to have organizations like AARC and NBRC...and it dilutes the credibility.
- As long as the state licensure requires continuing education credits to renew, I don't feel that the NRBC should charge RT's for renewal of the credential. CEU's should cover both licensure and credentialing.
- CEUs are a better way to do this.
- Competency is assessed within the hospital based on our actual practice, not a generic NBRC exam that may or may not assess our caregivers' knowledge necessary to perform their clinical duties.
- competency is usually monitored at the facility itself. Having a CRT or RRT credential would not be specific enough to individual facilities.
- Continued competency is a requirement for license. It would be helpful though for the states to adopt competency language that is noted with NBRC
- Current licensure requires annual continuing education as evidence of competency.
- Currently the state monitors CEU requirements - if NBRC is willing to monitor this for each state, then yes - if not this would be redundant
- Do the RN's have to maintain their credential? We maintain CRCE's. WE should not have to pay our credentialing body an annual fee on top of our license fee.
- each state has its own competency
- Each state has their own requirements for CEUs.
- Explain active credential. There are enough economic burdens on people adding the requirement to pay NBRC is not fair.
- Hospitals are now doing competency testing and doing in house training to meet there needs.
- I am not sure what this would invlove... Do you mean required to recertify or just to keep their NBRC membership up to date? Retesting, possibly, depending on the actual requirement.....
- I do not believe that maintaining an active credential does any thing to assure competency unless it is tied to a mandatory education requirement.
- I FEEL THAT AS LONG AS THE THERAPIST MEETS THE REQUIREMENTS OF HIS/HER STATE THEY SHOULD BE ALLOWED TO PRACTICE:
- I have heard compliants about all the money that is spent in License, credential and associations compared to nursing . They also said if they had known, they would of went to nursing instead of RT.
- I never had to maintain an active RRT and I to prove the competence of my staff we have annual competencies they are required to pass. Sitting in a lecture does not mean you are competent.
- I think it depends on state licensing laws
- I think it's a duplication of effort to renew the credential along with the state license. Every state requires continued education to keep a license. This should serve to keep the credential active also.
- I would love to say yes to this question but I feel this is just a way for the NBRC to make money at this time. What reason are you giving for anyone to do this? I am a member of the NBRC so I feel I have the right to question. I want this to be yes but I also want you to do something about the above statements. I don't want to hear how much it costs to keep records, retieve records

and such. I am very involved in IS projects and know about servers and storage. I know it costs a lot to take care of testing. These things are all meaningless unless we get the support and protection we all need and deserve. I maintain current certification and licensure with PA and Ohio. I am a proud member of the NBRC. The funny thing is that my employer doesn't care if I am a member, doesn't care if I keep any licenses. I feel that my BSRRT has got my career started but then I proved myself on my own. It would be nice when I am reviewing Medicare requirements and JCAHO requirments that they say the respiratory department needs a medical director and I MS BS RRT to be in charge not just a Medical Director and we can report to anyone.

- If you mean "pay the NBRC to take another test to demonstrate your competent", no I disagree. If you mean "maintain continuing education that meets a certain standard", I agree.
- It is up to the individual to maintain minimum competency with the employers assistance, it is not a demostration of competence just to renew a credential
- it just seems like more fees
- it's all about cost. State license requires ceus, hosptial do competencies
- Licensure has become an expensive reality that allows us entrance to needed privilidges. It is redundant to keep paying the NBRC for little or nothing after initial testing. NBRC should stick to its excellent record of testing and not become an ladditional eech on the backs of RTs trying to make a living. I have always been active as a matter of professional choice.
- Licensure laws (although not uniform currently) should address this through regulatory processes. This should not be the role of a credentialing agency.
- Licensure requirements are adequate. Active CRT or RRT credentials do not provide the practitioner with anything resembling competency unless the statement means the practitioner must retake the exam every year to renew their license. If that is true please pass this on the the physicians, nurses, physical therapist, etc.
- Licensure requires 30 CEU's on a bi-annual basis.
- Maintaining an active RRT credential does nothing more than provide an additional income stream to the NBRC. It is not their role to determine ongoing competency.
- May be hard to inforce if this is not required by state license.
- Membership in the NBRC has not seemed to make any difference in demonstrating competency in the field.
- Most states have some kind of continuing education requirements already.
- Most states now require CEU'S to maintain licenses this I believe is sufficient. I do believe however that CEU'S be more closely scrutinized
- no state lic
- No state licensure currently
- No, future graduates should have the demand placed to achieve higher learning. The CRT needs to be eliminated and the baccalaurates should be the next step.
- No, this is just to give money to the NBRC
- nursing does not require this
- Often not applicable to speciality practice such as pediatris, NICU and pulmonary function labs
- Once a graduate obtains their credential and is licensed, they should not have to pay additional to maintain that credential. They are required to obtain continuing education credits for renewing their license.
- Once a therapists has pass their RRT or CRT they should not have to keep it "active" by paying money to the NBRC. This should NOT be a requirement to renew their state license.

- Once is enough. Requiring a renewal is taking Our Profession to a level of give me your money please Organization. With State increases in License Fees, AARC increases, not getting what we were getting a few years ago for our dues: AARC Times as well as RC, and I don't know if we still get Life Insurance or not...Now everything starts on a level and goes up. Everytime we get a Pay increase our benefits go up higher and covers less...Same for Respiratory Care.
- Once they achieve their RRT, licensure and the institution should have the responsibility of making sure competency is maintained.
- once you are credentialed you shouldn't have to pay to stay credential, but you should have to pay for license, with proof of CEU's.
- Our state does not recognize CRT or RRT. RCP is the state designation for us.
- presuming you mean AARC/NBRC = "active credential" continuing ed is the link to license renewal rather than club membership. I support being a member of aarc but can't claim it is required.
- Redundant once the exam is passed. CEUs are required for license.
- RTs should only be required to meet their facilities competency guidelines. The cost of retesting on a regular basis is just that....cost. WI's current licensure cost is $145 for a 2 year license. Almost twice the cost of a registered nurse and we aren't being paid as much as the RNs are. We don't need to add more costs to licensure.
- Since state license requires ceu's, the requirement for nbrc is an addition monetary fee that is cumbersome for therapists and does not show a benefit.
- State Licensure requires CEU completion. This is where it should lie, not with the NBRC. Not a fan of the new "Continuing Competency Program"
- STATE LICENSURE VALIDATES CEU/COMPETENCY.
- The credential does not assure competency
- The NBRC cooked up this requirement to do one thing...line their pockets. It is a meaningless exercise. A corpse can obtain 30 CEUs in 5 years. They are only interested in your check.
- The NBRC RRT examination is a good entry level starting point. Other than that I see the NBRC as simply looking for ways to make money, and requiring credentialed respiratory care practitioners to pay a fee to maintain their RRT credential in unjustified.
- The required continuing education to maintain active CRT/RRT credential is already required for our state license.
- The state does not have time to police this requirement for licensees. The state requires proof of passing the license and CEU's to maintain competency. (I am on the state board)
- Therapists working in the field are tested daily by those around them. CEU's are required to keep skills up as well as the re-cert of ACLS, PALS, NRP and so on. There are times we are tested to death.
- They are already required to meet state CEU requirements and CMS competency standards regardless of the accrediting agency.
- They are required to accrue 24 CEUs in Illinois. This requirement places the burden of maintaining knowledge and skill on the therapist.
- They should have to take their RRT or CRT once not have to renew every 4 years or so, maintain state licensure, and get CEU's each year. This new system of renewing their CRT or RRT exam is stupid, costly and a waiste of our resourses, to monitor all the time. Nursing doesn't have this requirement why do we.
- This is more money making crap. If you are doing your CME then their is no reason to pay another organization to keep your name on a list.

- This question is confusing. They should not have to maintain an active credential for the NBRC because the state requires contining education for renewal of their license.
- Unecessary step, unecessary expense.
- Until such requirement is established for other professions I support continuing education with hour specification in relevant areas of individual's practice (pharmacology, adult or ped/neo critical care, and diagnostics)
- Very rural area, don't drive away the therapist s that we have
- We have manadatory CE and that is enough.
- We need to get away from supporting a national credential and adopt a structure like Nursing....State licensure only. The state dictates the number and type of CEUs needed to maintain competency.
- We presently require 20 CRCE. This should assist with competency.
- When licensure bylaws in most states were written credentials did not expire. I think they should still not expire.
- When you say active I'm assuming you mean being a dues paying member of the NBRC.
- Why, we are not physicians
- With the minimum CEU requirements, forcing the maintenance of the CRT or RRT is overkill and frankly demeaning.

Yes

- . RRT: Professional responsibility and development in their field
- A lapsed credential means they are not keeping up with continuing education
- A time period should be given so some older CRT staff can complete the 2 year requirements.
- Absolutely. Maintaining high standards to maintain credentials supports at least a minimum of continuing education to keep up with rapidly changing technology and evidence based practice.
- active means practicing
- Active status, while I don't believe indicates current competence, the support of one's profession by paying dues is essential for the continued recognition of the credential by others
- AGAIN THIS WILL WEED OUT THE POOR PERFORMERS
- All graduates should have successfully completed NBRC boards prior to aquiring and renewing state liscensure as this proves basic competency.
- all should be RRT for maintaining active credentials
- Along with periodically retaking the RRT Exams as a demonstration of a basic safe level of practice.
- Always good to require proof of competency
- An active credential hopefully means currently working in the field. Changes in field are frequent, actively working is important.
- Appropriate to be active credentialed and licensed to show strong and current knowledge base in respiratory care.
- As we are now, CEU's should continue to be maintained for adequate competency.
- At present, there are RCPs who practice without these credentials in this state.
- At the very least, NBRC Self Assessment exams should be administered at least every 3-5 years to all licensed individuals.
- because of the rapidly changing technology/treatment techniques
- Being active shows support for ones profession
- But the license and credential should be integrated, as with RN's, RPh's and PT's.

- But!!! I don't think the current method in place by the NBRC assures competency. I think professionalism assures competency. Any RCP with a dedication to his/her practice will try to achieve Registry status and maintain competency. This does not always happen due to a number of factors (ie: poor test skills, limited finances to repeat testing). Current methods are just a financial drain in already hard times. Inept practitioners are usually weeded out early in their career.
- CEUs required for license and credential renewal 'forces' some to stay abreast of latest technology, etc.
- Continued competency can be nationally reviewed for all.
- Continued education is required to be proficient, continued active is a requirement of being a professional
- Continuing education credits are required by my state anyway so why not apply them to maintaining the RRT credential. What I am opposed to is competing requirements between the NBRC and the states.
- Credential should be kept active as part of the CME requirement.
- CRT should be phased out; move to Baccalaureate RRTs; phyical therapists and pharmacists have already moved to Doctorate programs; I have a MBA, I expect no less from my peers.
- Current CEUs aren't working to keep staff up to date
- Current law in WV
- Either renew credential or provide enough CEUs to demonstrate commitment and competency.
- Ensures compliance of competencies for both regulatory agencies simultaneously
- How can they practice without active status for manager verification
- I believe all RCPs should hold active credentials to document competency before they can renew any state license.
- I believe this essential. I am looking for the Respiratory Therapist to become more of a physician extender and less of a technician handing out therapy.
- I do believe in keeping up with state licensure requirements, but I do not agree with the NBRC requiring recent RRT recipients to re-take the test every 5 years. This was done to increase the NBRC's cash flow, nothing else.
- I do believe you need to try to maintain your skills and to learn about the new developments in our field.
- I do not believe that a therapsit needs to retest to maintain their credentials unless they have been inactive for more then one year. However, I do believe each therapsit should maintain a minimum number of CEUs.
- I don't believe that enough RRT's take competency and continuing education seriously, frequently attending conference just for the CEU's.
- I dont think they need to retake boards, but I think that everybody should have continuing education.
- I don't understand this question... once the credential is achieved, is it not active?
- I feel that the practices are ever changing and it would be favorable for them to be active.
- I feel that you need to have an active credential to work. It shows committment to your profession.
- I feel the CRT should be removed and only the RRT exsist. Nursing does not require to boards. It makes no sense that respiratory requires two levels.
- I feel this is a reasonable request. RT's should be proud of what they have accomplished and be a member of the National Board.

- I support the RRT credential as the only credential for the profession. I am a supporter of the NBRC continued competency program. Therapist need ongoing education to enhance and maintain their level of knowledge to stay current in respiratory care practice and future needs. Patient safety and care are paramount and the continued competency programs documents a practioners practice to current knowledge and standards of care. When we need to make decisions about our health care we look to the most qualifed practioners to care for us.
- I think continuing ed CEU's should be mandatory for each state license.
- I think that contnuing education should suffice, in conjunction with license renewal. Additional coursework should not be required. The idea of having to retest if it expires is ridiculous. It's not well understood by new RCP's.
- I think that this demonstrates that the therapist is committed to the profession and a higher level of care..
- I think the NBRC is double dipping. States already require the CEUs. NBRC is just more money to pay out. Once you have passed the exams you should keep your credential as long as you satisfy your states licensure requirements.
- I think we should have a re-certification, should be easily accessible (i.e. over internet) and no charge the first attempt, similar to ARDMS recert requirment beginning in 2012
- Ideally but need support from HR in all hospitals
- If a respiratory therapist is not interested in his/her profession to stay active in the field he/she should not be allowed to renew a license.
- If not involved in patient care or education skills will diminish with time. How long will need to be determined.
- If they are not competent to practice, they should not have a license to do so.
- In order to use the RRT credential, it should be an active credential. RT's should not be allowed to be licensed as an RT without the RRT or CRT credential.
- It is a requirement
- It is minimum continueing education and not hard to do.
- It is required by law.
- It should be RRT.
- It simply ought to be part of professional practice
- It was amazing to me the difficulity I had getting information on requirements regarding this from both the state and the NBRC. I was told it would be up to each facility to determine if maintaining your credentail was necessary to continue working. We are requiring an active credential and license at my facility.
- It would be the best way to reconcile active practitioners
- Just like physicians.
- Keeps one current with the latest advances
- Keeps them current and up to date on respiratory and critical care skills. Too many still end up being knob turners and not consultants and resources for physicians and nurses because they stop at the entry level and never progress.
- MA licensure already requires 15 CEU's every renewal period. I believe that they should maintain the active credential to support their profession.
- Maintained credentials is as important to me as state licensure. Before state licensure your credentials were all you had to prove you were a competent professional.
- Maintaining active credentials signals a willingness to learn and grow in the profession.
- Maintaining credentials by occasional reassessmet of basic knowledge retention is one more way to protect our patients.

- Maintaning compentency is important. To ensure that when licenses are renewed that continuing education took place and was applicable to the credential.
- Many "therapists" have been grand-fathered into Califormia licensure which has resulted with RCP's with diluted clinical skills level.
- minimal expectation
- Most states require licensure.
- Most therapists are very willing to keep up to date with changes in the field, but there are those who would never open another book or journal unless you make it a requirement. Since continuing education is mandatory to maintaining active credentials it would aleviate the concern.
- National recognizition of a standard of practice is good for the professiona overall.
- NC requires an active credential.
- Need active credential to be eligible to use the RRT designation (for those under the NBRC CCP program)
- Need to be able to consistently demonstrate objective critical thinking skills.
- need to follow all rules for NBRC along with state requirements
- No current lic. no need to maintain competency.
- No one should be allowed to work with an expired credential
- Normally they would receive the training/review needed every year at their own hospital, but to require the active CRT or RRT would be best-then we are all on the same page.
- NYS requires 30 CME's every 3 years.
- NYS uses the CRT and RRT to designate technician and therapist licenses. I think it should just be the RRT and therapist license.
- once they obtain and maintain CEU's I do not see any reason to have to retake a test other then financial gain for someone.
- One must show a continued interest in their profession. This is one way to support it.
- Ongoing education is essential to the profession
- Only if "active" refers to completing CE similiar to current license CE expectations
- Only if this based on demonstration and not just paying fees to the NBRC.
- Only the RRT and that should be the only credential and legal requirement.
- Organizational support; education; focus on professional growth
- our state mandates compentency so here in fl it doesn't matter, but if there are states that do not, the NBRC documentation requirement would help reciprocity and keep a minimal baseline nationwide
- Our state requires 20 CEU per a two year period.
- Our state, California, requires passage of the CRT exam for licensure.
- Possessing an RRT is the requirement for continued employment in our teaching hospital.
- practitioners should achieve the highest credential as the demands of the profession increase.
- Preferably an RRT
- Professionalism
- Raise the bar to RRT. We should have eliminated CRT years ago.
- RRT - eliminate the CRT.
- RRT only. Eliminate the CRT level from the profession
- SD state licensure board declares therapists without an active NBRC credential are considered not to have a valid license.
- seems obvious.

- Similar to other professional license requirements.
- State law
- State licensure.
- State requirments for "CEU' does not in any way maintain a professional edge and thus is of limited value. A review exam of currently important issues should be required every 3 years unless the current CEU mess is cleaned up.
- State standard now
- Support of profession through maintaining an active credential makes sense.
- support of their organization and keep abreast with latest info
- that's a minimum
- The credential MUST be requisite to licensure
- The current rule requires maintaining the CRT or RRT to be licensed in the state, in addition to additional education requirements.
- The discipline of continuing education assists in prepping colleagues for new and updated procedures and improved, evidence based patient care.
- The dramatic changes in information and clinical practice warrant all practitioners keeping current.
- The field and needs of our patients continue to evolve. Mandatory minimum education requirements that meet re-licensing expectations are essential. however, I strongly believe that obtaining minimum CEUs comes close to assuring clinical competencies. Only specific competency based training and post evaluation will meet the intent of this question.
- The health care field is changing and so are the skills required to provide care to those patients.
- The NBRC already requires new practitioners to maintain active status. I support this. There needs to be a coordinated effort between the states and the NBRC to assure active credentials are maintained.
- The only way to consistently demonstrate minimum competency without introducing an unacceptable amount of local bias based on workload.
- The pace of healthcare no longer allows us to sit back and do what we are told. We need to constantly be learning and growing as professionals. Requiring maintaining your credential is essential in making that happen for those who are not self motivated.
- The practitioner needs to "practice" the art of RT, its as simple as that.
- The state does not monitor this after they have obtained there license.
- The state has no vested interest in the advancement and promotion of the profession. CRT and RRT do!
- The State only requires money for renewal presently. I don't think anyone should be able to "buy" a license renewal.
- The State's CEU requirement should be considered by the NBRC for credentialing. The credentialing process should be to prove competnecy - NOT a money-making effort.
- The tendancy is for people to stagnate. They need to have some motivation to learn and keep current. I also feel that there should be better scrutiny of CEUs. Most people do the many online CEUs available, a large # of them are old and of questionable value. Our state almost never audits CEUs although they are supposed to be "approved". This would also promote participation in AARC web offerings and seminars where we know the quality is high.
- There should be no further CRT programs. RRT credentials should be mandated.
- These credentials have meant something across the country and is a good framework for the states to base licensure upon. the states need not reinvent the wheel and it makes it easier to move from state to state.

- These credentials prove the graduate worthy of the profession.
- They need to keep up on changes in therapies and protocols.
- This certification indicates their training. Dropping it is confusing. Most states requires license to practice and require the certification to obtain a license. Dropping that requirement seems to confuse the issue.
- This demonstrates their minimum competency requirements.
- This helps keep people current in their practice.
- This is our current practice in IL.
- This is the current standard now
- This keeps out Respiratory Care Practioners in touch with our professional organizations and at at least a minimum of degree of education to keep up skills and the advancement of our profession.
- This keeps staff current with new advances before these advances become routine.
- This keeps the field proactive and inovative, instead of stagnant.
- This should be a professional expectation
- This too is reasonable in my mind, as this is the governing body for testing and researching a Therapists background for hiring across state lines. If a therapist moves, the NBRC is the only check a state can make. I believe all therapists should be ACTIVE if practicing.
- This will assure that practitioners do more than just show up for lectures.
- This will be fair and make therapist progress instead of regress
- This will support life long learning and strengthes our profession.
- This would seemingly simplify the process of renewal.
- To learn once is inadequate and unexceptable for a professional.
- To maintain their competencies
- To protect the public
- Too many therapists stop learning upon graduation.
- Unless grndfathered
- We already do.
- We already have this requirement. We have to have 10 CEUs a year to maintain our license.
- We also need reprocrisity among states given the issues of mass casualty, natural disaster.
- we must be credentialed, preferably RRT (eliminate the CRT) to practice.
- We need some assurance of continued competency inorder to maintain an RT license.
- Well rounded knowledge and experience is needed especially in a small facility to be prepared
- Yes, as long as there is a demonstration of competency (i.e., CEUs, retesting, etc) involved with renewing/maiontaining the credential. No if it is just going to be a matter of sending in money to keep a credential current.
- Yes, the credential is mandatory.

Use the text box below for additional comments on any of the survey questions.

- After 45 years as a clinican, I welcome the vision and encourage the aggresive exploration.
- Alaska needs assistance with licensure. We have some opposition and we really need some support from the AARC. I know the AARC would like to see this happen but we have such a small number of practitioners in our state that it has really been an up hill battle and we would welcome any assistance the AARC could provide.

- All older CRTT's should be grandfathered in and eliminate CRTT all together as there are only associate level classes being taught at colleges along with bacalaurtes
- All the thing you ask about we do now.
- As a Director at a Critical Access Hospital(25) beds I feel the need for generalist, much like Family Practice and Specilist int the physician area. Not all people work in large institutions with specelized units. In the small hospital you need some of all the areas, good general knowlege. Maybe we are at the point of needing multiple levels of titles: generalist, Critical care, etc.
- As we build the "future", remember that our roots are of a profession flexible enought to take on new duties and procedures that others would or could not. This may or may not be related to the cardiopulmonary system. The other issue I would like everyone to keep in mind: good basic respiratory care extends or improves life. We have to continue to do a great job of bsic care as we expand to other advanced practice. DONT GIVE UP OUR BASIC CARE TO RNs AS THEY CANNOT REPLACE OUR EXPERTISE!
- Associates degrees allow people to select a career or a second career without the expense of a four year University. If they enjoy and are dedicated to that career path they will seek more educational paths as they are able. We have been doing this for a while and I don't think you will find the extra schooling produces finer clinical skills, only more options for advancement.
- care management utilizing protocols will be front and center for chronic disease and reducing readmissions.
- Clinical Rotations: Generally have one student per rotation and they observe only in the critical care unit and specialty areas. RRT Requirement: All new employees are required to have RRT prior to start date.
- CRT should be eliminated with RRT as minimal credential. Additional credentials should be available for specialties such as acute care, LTC, like the PFT and NPS, etc.
- CRT-RRT are all payed the same in this region based on same work same pay practice. So it makes it hard to encourage advanced degrees when no benifits. With continued mergers of hospital we have seen a loss of positions.
- Expecting BA or MA degrees is overkill. Individuals who wish to persue these levels should be assisted but expecting that of everyone is certianly not necessary.
- Field is continuing to move forward. New hires who lack a B.S. degree often have a difficult time gaining the skills and competency levels they need to perform in our organization. They require much more training and ongoing support to perform at the same level as their peers with BS degrees.
- For the most part critical care will be our focus. The reason I left off the advance pulmonary function skill sets is that most graduates will not be working in our pulmonary lab. We have a extensive hospital training program for RRTs who would be selected or asked to work in that area. A simple working knowledge of spirometry is fine for bedside FEV1s but other pulmonary funtion advanced procedures are not what we will need in 2015. Thanks
- GA State and Griffin Technical College are doing an excellent job with their Respiratory Therapy programs and dsiplay high standards and expectation of their students. We as Clinical sites have got to invest the time and effort to maintain this standard. It's been a great reward and investment on our facility and know that we are truly mentoring these students to prepare them to be excellent clinicians
- Good effort and luck on this. Seeing to 2015 is a large goal. Political and financial variables are likely to change what we all do so much in your look forward that much of what this survey produces will be moot. Health care reform combined with geopolitics and resource shrinkage will determine the true forecast. Thanks for the input opportunity 6847004/3429.

- Good survey!
- Great survey, also we need to make sure all graduates have had some type of critical care testing because its required in our hiring. to take the PBDS, and if they fail it does not matter if they are RRT with a BS/BA or Masters. They will be terminated.
- I am a firm believer in continuous education; however, we must be careful of the burden this placed on workers. Degree creep has killed may professions we need to be careful! If we price ourselves out a job nobody wins.
- I am all for increasing the educations and knowledge of respiratory therapists nation wide, however living in a rural area with no programs near it worries me that facilities such as mine will suffer if a plan is not put in place to ensure that we do not significantly reduce the number of students being put out of the available programs. I urge you to consider the impact on rural facilities as we move toward increasing the educational requirements for our profession.
- I am only one of the managers of this hospital. We have seperate managers over two adult areas and the Children's Hsopital. The 140 beds refers only to the hospital where I am the manager.
- I anticpate smaller dept, less staffing, reduced services, doing more with less, all due to health care reform. Future RT will focus more on critical care, assess and recommend therapy.
- I believe it is important to the profession to encourage the futher education of RT's to gain a BS or MS degree to put on par with nursing, but I do not believe that AAS educated RT's lack the necessary knowledge to perform their job necessary.
- I did not find this survey very useful.
- I do believe there should be only one NBRC exam for respiratory care, not a CRT and RRT. It would be appropriate to have the critical care exam available after the entry level exam.
- I encourage staff to join AARC and maintain an active status with the NBRC but the feeling is prevalent that "they just want your money" and "what do I get out of it". Much cynicism out there. I do my best to correct this perception but without much success. I have suggested several times that the AARC do something very creative with membership. Why not offer a very basic membership at little cost which gives access to some benefits (say a few CEUs and basic website access but not journals) and access to more CEUs at extra cost. Many already pay these online sources for their questionable CEUs. Or offer a really good group discount package to departments, I might be able to require membership or even give it as my respiratory care week gift. Doing something like this could boost membership, participation, and also help with lobbying efforts by increasing our #s.
- I feel strongly that we still severly lack the lobby power to bring all RT's hourly pay up to a fair rate for the services that we provide. If we want to require our staff to be educated and knowledgeable, and provide superior patient care we are going to have to pay them much better. Much better.
- I feel that a Respiratory Therapsit is todays market need to consider obtaining multiple credentials. Most departments are not respiratory Therapy departments they are Cardiopulmonary departments. Having training to perform prand hold creditials in Cardiology, Neurology, Polysomnography, Cath Lab technician ect..
- I feel that Respiratory Protocols may be phased-out in some cases due to changes in insurance coverage, many patients preferring nebulizers, evidence-based order sets with pre-written orders, and hospitalists being readily available on the floors 24/7.
- I feel that the NBRC stating you must remain curent for your licensure is a move for the NBRC to raise money, I feel it is unecessary, and why do our grads have to take their exams over, a few years after they are credentialed. (I am very glad I am not a new grad in the field, I think I would

go into another profession). The people making the decisions are unrealistic, in todays fast moving world. .

- I firmly believe in education but not just to take courses and acquire degrees but to improve an individual's proficiency in the practice of their craft. Further, I do not see the degree as the determinator of how well any individual will perform but their attitude and desire is foremost.
- I found it very hard to predict numbers of practitioners needed for the coming years as I have been asked to cut positions and in addition to running a department provide 36 hours a week as a clinician. The numbers I indicated are what I "believe" we will look like in the years to come.
- I have been a therapist for 36 years and I am still very passionate about respiratory care. I am thrilled to see we are looking at the long needed advancement of respiratory therapy. Thank you for your efforts.
- I have not had a need to hire any additional staff.
- I support continuing efforts by the AARC to acknowledge our profession and raise the bar to a higher standards of learning. I hope that we will not lose sight, however, of the need for strong clinicians and place more of an emphasis on improving clinical education rather than setting standards for a Masters or Doctorate degree. Perhaps a Batchelors with extended focus on Clinical Practice, protocols and evidence based medicine with Internships would be more advantageous to our professions' future.
- I think all in all, the profession needs to be moved rather quickly to meet the demands of the health care system. We should elevate the profession to be equal or greater than other clinical professions; RN, PT, OT , ST. We have moved so far in the last 50 years, it is time to speed up and increase standards as quickly as possible. Speaking from someone who has seen the profession grow. We owe to ourselves, let's get more aggressive and AARC should support us in this endeavor.
- I think it is important for all students and staff members to have a good understanding of care in all areas and with all patient ages. Most of our staff rotate through each unit or floor routinely, it is important for staff and new graduates to be interested in our chosen profession and to be agressive in obtaining knowledge and keeping that knowledge.
- I think that achieving higher levels of education will be a great benefit to our profession.
- I think that there are to many making it much harder for the Respiratory therpist to do there jobs, you have many that are Book smart, but have no personal skills and we are in the need of Respiratory therapist that can work as aTherapist and not think that they are doctor's! If they want to be a Doctor? then that's what they should do, is go to school to be a Doctor!
- I think the CRT exam should be incorporated into the RRT and abolish the CRT credential - As a Director I do NOT hire CRT's and I know many other Directors that do the same.
- I think the requirement to to the test every so many years to maintain the credential is absurd. What a waste of time and MONEY!
- I think the survey should also include international sites a good reason for that alot of RT find opprtuinties outside their countries and leave their departments that cause further shortage and compromise the respirator profession nationally
- I think the time has come for the Respiratory Care profession to get beyond the basics and entry level and move into the higher level of education, the professional level of consultation and resource for physicians and nurses so that we gain their confidence and respect in all hospitals not just the university teaching hospitals. I have been in the profession for 43 years and I have seen great advances in respiratory supplies and technology but I have not seen a growth in respect in the clinical settings for the therapists because so many in our region are still at the

entry level. It's time to move up and require and demand more knowledge and skills so that we have safe and competent Respiratory Therapists now and in the future.

- I think we pile too much on the students in a short time.
- I very much enjoyed the articles I was directed to read. Some how I had missed them. Thanks
- I want to explain my new grad orientation. I hire new grads to provide general care for the first year, during which time I expect them to pass their RRT. I then advance them to pediatric critical care after good performance and provide PICU orientation, intubation training and 6-12 months later pediatric transport. Usually after 2-3years, I train them for NICU and NICU transport. My average tenure is over 18 years with this program. I would never expect my grads to perform all the tasks I have indicated on this survey within the first year or two. Although I believe they need the didactic background.
- I,m a 43 year veteran Resp. Therapist and if you would want more input from me feel free to contact me. I'm still a practing Resp. Therapist on weekends. e-mail rehab@rhahealthcare.org
- In addition to being RT, I've been a nurse for 30 years. I've seen the politics in nursing do nothing more than push up the cost of health care. It hasn't improved the delivery of healthcare. Many RTs believe that by requiring more education, wages will go up. Instead, RTs will be replaced by RNs who can do more under their licensure.
- In our facility because of historical pattern of low number of therapists for the bed size, we function almost exclusively in the Intensive care units. We would like to expand to cover more of the facility as we can prevent some patients from declining to critical care stage if we are available more.
- Increased educational requirements would be attained by the dedicated clinician/therapist and would weed out the equipment tech mentality that some of our peers seem to possess.
- More information or guidance to managers for staffing models, minimal staffing criteria for ICUs, patient ratios. Much information is found for nursing but none for our profession.
- Most graduates fear the smaller facilities because they are totally responsible for Respiratory Care services. We work as a team with nursing and try to stress although they are responsible they are not alone.
- My location in the United Arab Emirates heavily influenced my responses.
- NICU orientation is 9 months.
- No further comments.
- None
- None
- On number 7 of this survey, I had to answer 6 months, but in reality, our new graduates all are registered prior to graduation.
- Our practice is quite different in that we have two staff on at all times, so age appropriate skills are a must. Everyone needs to be able to provide the same expertise. We may be at a high risk delivery one minute and intubating a 80 year old patient the next. We all intubate all age groups, attend all rapid response and code blue calls, draw and analyze abgs at the bedside and use electronic medical records for all patient data. Thanks for asking us to participate in this survey!
- Our schools can hardly teach their students what they need to know now to be able to be a good therapist right out of school. I'm sure this will someday take a four year program to be able to do this. However, I have not been impressed yet with the graduates from the four year programs I have been exposed to.
- People say the employers can't do without the CRT, if we eliminate the CRT and demand higher creditialing it will happen. Stop the avarice. We have a flood of students here, because the

material and courses are so easy to obtain. Stop setting the bar so low anyone with a high school or GED education can hop over it. Set a standard of achievement, and develop the profession by driving the standard up. The CRT holds the profession back. The few Master prepared theapists have been told by the medical staff, untill your group is PHD prepared, doing research and presenting, there will not be the crediability or respect a profession should garner. This is not news to anyone, is it?

- Please NBRC step up and drop the CRT once and for all. Continue to pursue advanced practioner skills similar to the NPS. Thank you.
- Please share the results !
- please update clinical references. These references are used in daily respiratory care practices. Articled dated 1995 are no onger reliable to JACHO standards
- Please....please...please....do whatever you can do to eliminate correspondance classes on-line only courses. This cheapens our profession to the level of Sally Struthers pitching that you can become all of these professions at home. Set the date far enough out in the future that these programs/the people involved can make other plans for their program or their degree. Can you imagine an RN program by correspondance? PT? Other? I realize that at one point in time the door was opened for these types of programs...but this time is now over. I also realize that there are leaders....state society members...and even possbily AARC board members who have graduated from these programs and defend their schooling and credentialling....but this is like arguing that cassette tapes should still be being made....yes, I still have a cassette player....yes it still works....but the future has moved past cassettes. By doing this one thing will dramatically improve the professionalism of our organization.
- Question # 11 was a little difficult to answer I'm not sure that I answered it correctly
- Question 7 does not have the option for intitutions that do not hire uncredentialled respiratory therapists. We hire neither uncredentialled new grads or CRT as a matter of quality of care, and keeping our HR interaction more simple. We are lucky to have enough RRTs to meet our needs.
- Question 7 regarding how long to obtain RRT. We only RRT and no longer hire RRT eligible
- RCPs must prove their value to hospitals by ensuring patient safety and using protocols.
- Regardless of the level of education, RC needs to seek out, and retain those individuals capable of demonstrating the characteristics of ingenuity, resourcefulness and spontaniety that have defined our profession. The climate of care is changing and we need to adapt and survive, or we will be swallowed by the future healthcare system.
- Requiring an advanced degree above an AAS may be appropriate for practitioners functioning more on their own without direct supervision. Otherwise you are just adding to the cost of educating therapists and the cost of healthcare because I would want more pay for my higher degree if I earned one. However it may not add value from the patient/payor perpective. Unless advanced degree practitioners are bringing new skills and knowledge to the table that improves the quality of patient care and/or adds significant value from both the payor and patient perspective I don't think it will be worth the money.
- Some hospitals will not hire graduates without being a RRT. Most new CRT grads would say they were going to take the RRT exam but never do and end up being termed which is a waste of resources for the company. Training, orientation, drug screen, background check, etc.
- Some of the questions may not have been appropriate for us. Example PFTs is done by a totally separate department from Respiratory. Students doing clinicals can vary if the school instructors are present and how many days they will be coming per week. At this time there is no additional benefit whether they have an associate or bachelors degree.

- Some of the questions referring to staffing needs in 2015 have been left blank because our hospital will be merging with another facility in 2013.
- Sorry to talk about all the political issues involving this survey. I do think the future of our field and our students revolve more around what the NBRC does to gain us strength and support then the concern for the whole shortage issue with the baby boomers. The baby boomers retirement creating shortage does scare me but not because I can't find RT's but because if we don't do something I see us being replaced. I want us to have higher expectations and must join the NBRC and higher standards such as must be BS or even Masters level but not until you secure our reimbursement and our careers. I know you need funding and want to push forward but don't do it in the expense of not knowing the negative effects than can come out. Thanks for you time and I am a strong supporter or our field and the NBRC. Hopefully we can become a strong group.
- Thank you for asking and working toward better prepartation of RRT's. tks
- thank you for caring enough to put this survey together.
- Thank you for creating this survey
- Thank you for facilitating this survey.
- Thank you for your time!
- Thanks for asking. Call for additional questions. Don Carden, RRT, Director Resp Care Via Christi Health System Wichita KS 316 268-5804
- The NBRC is now hiding behinde the language of state licensure. The AARC should launch an effort to eliminate CRT from all state license bills.
- The new education programs are lacking in that most RT's entering practice have much theory but little or no practice skills. We need therapists that can read and write. We also need therapists that understand gas laws and can apply those theorys into actual practice. I have had numerous CRT and RRT new grad therapists that we had to let go because they simply "did not know how to practice". Currently it takes too long to train a new graduate how to practice. The schools take too much time on building a shrine unto themselves rather than focus on the practice of Respiratory Care. For example: Had a Gold Key graduate from a university that was terrified to work on a floor unless another therapist was with them. This was after graduation and completion of the RRT credential.
- The question concerning BLS and ACLS should have been separate questions because BLS should be required where as ACLS should not be required.
- The question on how many students "can" you accomodate leaves too many variables and I believe will be hard to arrive at reliable statistics. I answered based on using available clinical to maximize clinical time that "could" be used but the example given in the question sounds more like "is being" used.
- The question pertaining to how much time is given to new graduates to pass their boards is not applicable at y facility. We only hire licensed registered respiratory therapists
- The respiratory field is growing and we should be look upon as an important part if not a main part of any health care team. For too long we have been in the nursing shadow and we should now be strongly encouraged to continue our broadening of our profession.
- The responses in this survey were based on competencies required in a special function laboratory (PFT/Exercise).
- The vast majority of these clinical competencies are required in my institution currently.
- There are a few RCP's that are educational snobs. There is no need to make our profession a mandatory bachelors degree or higher. There are practice areas for all levels of RCP's.

- These answers are based on my facility which is an acute rehabilitation center and not an acute care hospital. We do not have an emergecy room, treat post op patients or acutely patients. We treat spinal cord, brain injury, stroke and general deconditioned patients. We do have ventilator patients but most of them are on home ventilators and do not require a lot of monitoring outside of pulse oximetry. I think your survey should have asked some basic questions about the type of facility you manage and the type of patients you treat.
- This is an important step to move the profession forward.
- To much emphasis is placed on the larger hospitals and not enough on the smaller, more rural hospitals. These are usually the ones who get the patients first and then possible transfers the patient out for a higher level of care like ecmo.
- Two issues. Inept and unprepared managers / directoirs are killing us. Candidates come to my hospital not ever having seen simple protocols and never having analysed a capnography wave. I appreciate that not every hospital can have everything, but good lord, the leadership should at least advocate for their own departments. Second, Why graduate a BS level therapist if the local hospital is going to beat the science out of them, A masters level therapist giving 4-6 treatments at a time , with virtually no patient interface other than squirtnig a vial into a neb, is not worthy of what we really are, or can be. Let the science part of the degree count no matter if it is preceeded by an A, B or M. Ok Three while I am at it. The CEU chase has to be improved. I personally have seen people at Focus that did not attend a single lecture and cane home with a fist full of CEUs. I am told that our Conference last fall was the same way. There are drug reps that I won't allow back in the building because they allowed staff to sign in and then leave the lecture. The process is rotten and our staff are not getting smarter. That means the patients are not getting better care, Can we fix this bt 2015? If not the shame is on each of us. I am off the soap box now.
- We absolutely need BS education of all individuals entering the profession of RT. The time has come where we cannot avoid taking this necessary change in professional preparation.
- We are a very small rural hospital, we do not have any mechanical ventilators - we staff with RT only during business hours, otherwise nursing/lab covers aersol treatments and drawing ABG's. We have an active Pulmonary Rehab program.
- We are in process of moving our CBA to require completion of RR in 18 months to maintain position.
- We are turning a lot of good therapists into book smart dummies. Let's let them be good therapists and learn on the job, while keeping up with their CE requirements
- We have 8 students and I could not remember the number of hours required to graduate. We provide all clinical education hours for 8 students per year
- We MUST make the bachelors degree a minimum NOW!!!
- We need to become somebody before health care restraints require nurses and aid to do 90% of what we currently do. The only thing left for us will be mechanical ventilation, PFT's Won't need many therapists to do that.
- We need to keep the therapist at the bedside of our patients where we can do the most good.
- We need to move away from the "technician" level therapist who can provide only basic therapy and wheels a ventilator into the room.
- We need to require more of the professionals in the field; we are hampered by those who have had a low expectation of the profession who now inhabit the field. We need to raise the bar; in time it will raise the professionalism in it. We should require advanced learning of our staff, provide the means to do so for those in our departments and let those unable or unwilling to do so find opportunities elswwhere. We have instituted numerous changes that I listed for 2015

already. All staff are required to assist in bronchoscopy, maintain neonatal intubation certification (q 3 mo.), ACLS, BLS, NRP, PALS and numerous department competencies. Our patients need professionals, we need to require it of our staff and ourselves. We need partners in the colleges to povide the training needed. It takes 2 years to begin the training of basic skills; advanced training will take another 2 years. Let's bite the bullet and plan for the future; if implemented now, it will take a couple decades to improve the average degree of preparation that currently exists in our field.

- we require the new grad to become registered within 6 months or they pay goes back a CRT pay until passed. (they must have their CRT to get a license in NE).
- With changes in healthcare and the continued shortage of RNs and MDs graduating from their professional schools combined with the increase for the need of medical services in an aging and larger population, in the future the role of the therapist with become more important and involved.