

# Curriculum and Competency Evaluation in Respiratory Entry to Practice Programs

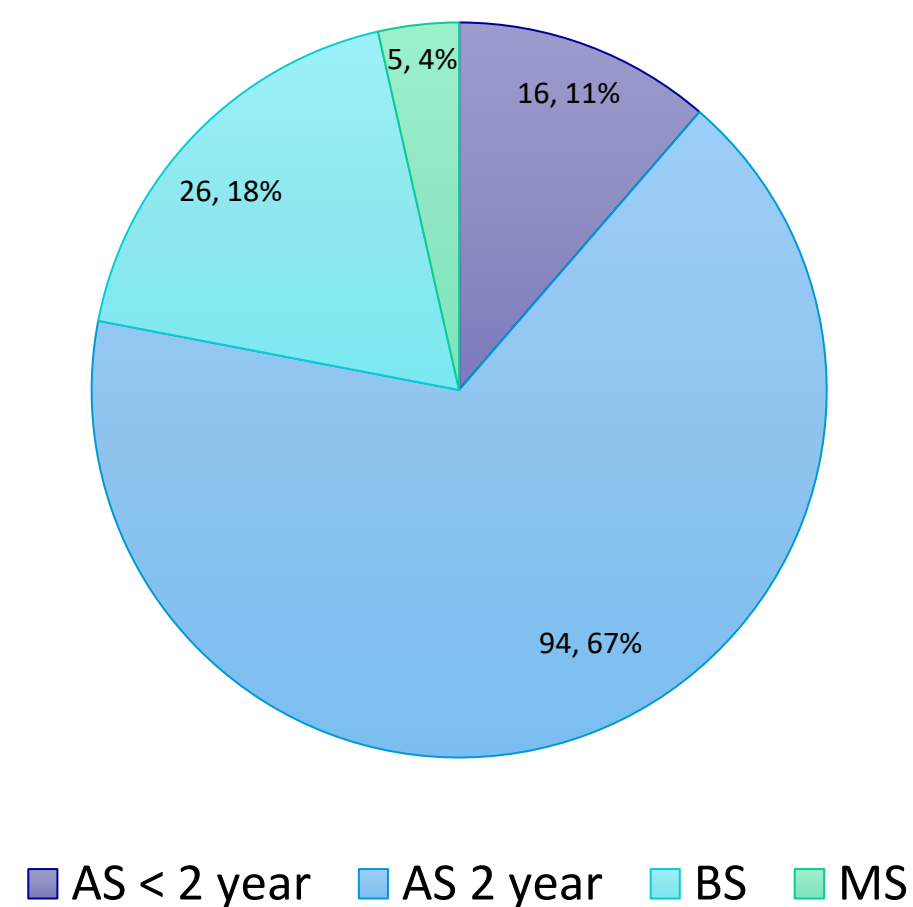
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## Background

- Essential skills for RTs now extend beyond traditional scope of therapy.
- The RT is expected to communicate effectively, provide education, and practice within interprofessional (IP) teams.
- Department leaders are under increasing pressure to hire appropriately-trained staff, maximize orientation time, and positively affect patient outcomes.
- Use of technology, including telehealth, for patient interaction is growing.
- Accreditation standards require evaluation of student competence in communication and IP practice.
- No literature was found for how programs teach or evaluate these skills.
- Our objective was to determine if entry to practice programs include curriculum for oral communication, patient education, telehealth, formal IP activities apart from clinical, related student experiences and how competency is evaluated.

Respondents by Program Type



## Methods

- Directors of accredited programs were invited by email to anonymously complete a survey regarding program curriculum.
- Survey domains included oral communication (com), patient education, learning strategies, telehealth, and IP activities.
- Descriptive statistics were used to summarize results.
- Chi-square analysis and Fisher's exact tests were used to compare program types.
- P < .05 was considered significant.
- The survey was determined not human subject research by the UAMS Institutional Review Board.

## Results

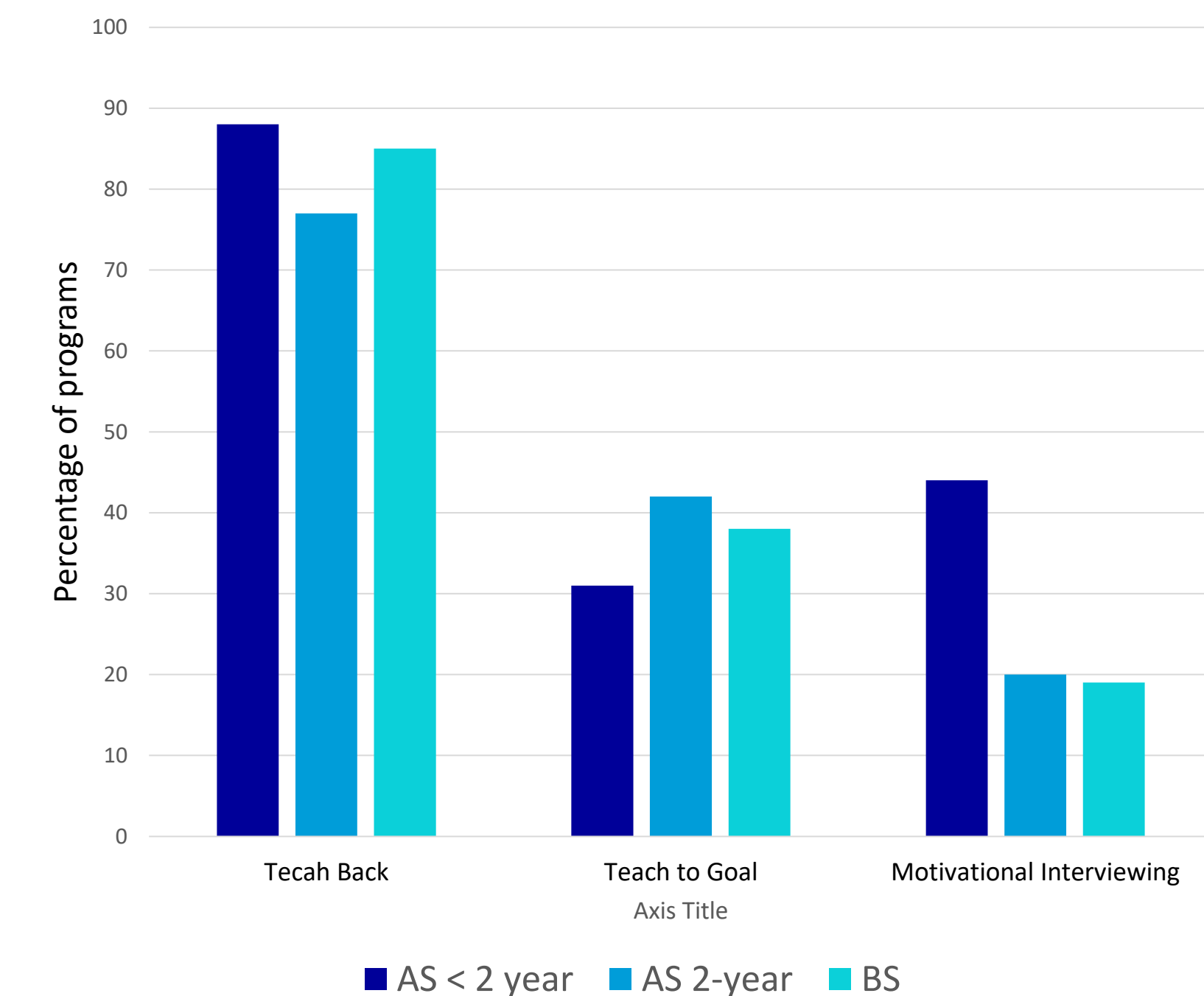
- The response rate was 37% (136/370) and the majority were Associate (AS) 2-year programs.
- Masters (MS) level programs were excluded from analysis due to small number of responses.
- Bachelor (BS) programs:
  - Had designated patient education courses more often (P = .004)
  - More likely to evaluate oral communication by unpaid preceptors (P = .03)
  - Evaluated IP competence through completion of formal IP program (P = .005)
- AS 2-year programs evaluated competence in patient education by laboratory proficiency more often (P = .01).

	AS < 2 years n (%)	AS 2-year n (%)	BS n (%)
Oral communication prerequisite	9 (56)	43 (46)	18 (69)
Oral communication competence evaluation	14 (88)	74 (80)	24 (92)
Oral communication evaluation by unpaid preceptor	8 (50)	30 (32)	15 (58)
Specific patient education course	3 (19)	12 (13)	11 (42)
Patient education unit or module ( <i>since no designated course</i> )	11 (69)	65 (69)	15 (58)
Patient education competence evaluation	10 (63)	69 (73)	20 (77)
Patient education competence evaluation by laboratory proficiency	11 (69)	76 (81)	17 (65)
Telehealth course, unit or module	4 (25)	24 (26)	9 (35)
Interprofessional activities other than clinical rotations	12 (75)	67 (71)	22 (85)
Interprofessional activities evaluation	12 (75)	63 (67)	16 (62)
Interprofessional activities evaluation by formal program completion	2 (17)	8 (13)	9 (56)

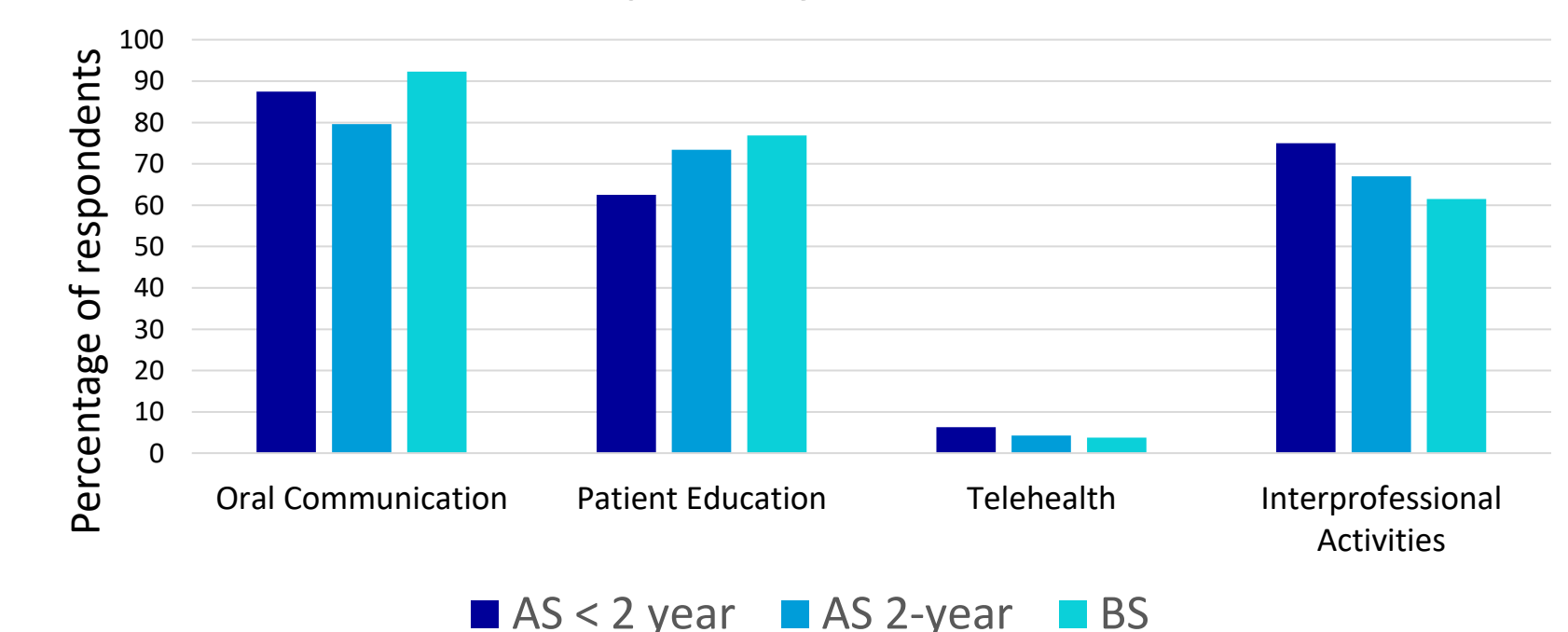
## Conclusions

- BS programs required an oral communication prerequisite, evaluated competence, and included patient education, telehealth and IP activities more often than AS programs.
- Telehealth is rarely included or evaluated at any degree level.
- A wide variety of instructional and evaluation methods were identified.
- Programs should evaluate the need for enhanced patient education and telehealth instruction.

Utilization of Patient Education Strategies



Competency Evaluation



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