

The Value of CoARC Accreditation for Degree Advancement Programs in Respiratory Therapy*

Joe Coyle, M.D., FCCP, Senior Lecturer, Boise State University

Degree Advancement (DA) Programs in Respiratory Care will be essential in moving the profession towards the goal of the baccalaureate level for entry into the profession, and it is important to assure that the educational infrastructure that supports that advancement is of high quality and value added for the respiratory therapy professional. Currently, 84% of accredited entry level programs are at the associate level;¹ degree advancement opportunities will be required for working graduates of entry level programs to meet the strategic plan of the American Association for Respiratory Care (AARC) to increase the educational level of the workforce.² The Commission on Accreditation for Respiratory Care (CoARC) has effectively served to assure quality and transparency for students of entry level programs for decades and has a valuable role to play in the arena of degree advancement as the profession moves forward. CoARC adopted standards for degree advancement programs in 2015, which were endorsed by the AARC and the collaborating physician organizations.³ There are 54 DA programs nationally and only three of those have completed the accreditation process. I welcome this opportunity to make the case for CoARC accreditation for current and future DA programs as CoARC “provides consumer protection, advances and enhances the profession of respiratory care, and protects against compromise of educational quality” (see CoARC DA Standards, Page 3, <http://www.coarc.com/74.html>).³

Accreditation in a specific clinical discipline has many advantages for the profession, the student, and the individual DA program. For the respiratory care profession, accreditation of DA programs allows for an educational ladder that allows motivated individuals to advance in the profession at their institution and to move on to other opportunities with recognized competencies and credentials. It will provide graduates who raise the bar in the clinical environment and prepare therapists for advanced roles in clinical care that will enhance patient quality of care outcomes and increase the value of the profession in the overall healthcare workplace. As a result, this will help the respiratory care community keep highly motivated individuals in the profession and raise the profile of the respiratory therapy in the clinical units, the board room, or the academic environment. It will give respiratory therapy a seat at the table when decisions are made in hospitals, colleges and regulatory bodies. For the student, accreditation will assure transparency, so the student can choose a program that meets their needs based on published student learning outcomes and programmatic outcomes. It adds a specialty specific assurance that their degree is from a program of high quality and the content is relevant to future practice in respiratory care. For the program, the process of accreditation serves to provide a basis for review, quality improvement, external validation of program content and quality, and the opportunity to get consultative input from like-minded educators. It also provides oversight that helps inform higher levels of academic administration of the importance of faculty development, adequate resources and fair practices. It also helps in marketing the

program as CoARC accreditation demonstrates the commitment of the program to quality, external objective review, transparency, and process improvement.

CoARC recognizes that DA programs have characteristics that are unique and distinct as compared to entry level programs; the degree advancement standards were developed with these differences in mind. First, many DA programs are in existence and have many graduates and students enrolled with a solid history of quality outcomes, so the normal process of letter of intent submission provisional accreditation takes this into consideration. Second, the student in a DA program is usually a working respiratory therapist with variable resources and time availability; for this reason, CoARC will track completion rates but will not consider on time completion as an outcome of interest. For the working student, online programs are evolving as the most common platform for delivering content, so considerations of distance education pedagogy become an important consideration. Third, the outcomes for the program differ from entry level programs; for this reason, the expected student learning outcomes (ESLOs) of the program become very important outcome measures and can be determined by the program based on the needs of the students and employers they serve. Softer outcomes such as professional advancement, acquiring advanced credentials, progression to higher degrees, research production, and higher levels of pay are often used to gauge an individual programs ability to meet student needs. CoARC leaves the decision of which outcomes to use at the discretion of the program as long as ESLOs and outcomes of importance are published for prospective students to review. Finally, many DA programs do not have clinical components and therefore, won't require a Director of Clinical Education or Medical Director and many of the requirements CoARC has in place to assure a safe clinical environment. Many of the traditional CoARC Standards for clinical elements become unnecessary and the applications now reflect this. CoARC has revised survey documents, forms, and site visit agendas to reflect all of these unique considerations and they continue to address items that arise as we are reviewing more programs to make it more user friendly. The current 2015 DA Standards are under revision to further streamline the process, and we will greatly appreciate the public input as CoARC moves to the public comment phase of the process in the coming weeks.

In summary, it is very important that the respiratory care education community embrace accreditation and take advantage of the CoARC DA accreditation process. I had the opportunity to bring two programs at UNC Charlotte through the process last year, and look forward to assisting Boise State University with the process this year. Our UNC Charlotte team found the process to be very helpful and led to many improvements in our program to better serve the needs of therapists in North Carolina. Dr. Shane Keene, Associate Executive Director for CoARC, has become the point person in the office for DA program accreditation, and I continue to serve as Chair of the DA Committee for CoARC; we welcome any questions and are happy to advise on the process. We also would love to hear what obstacles or issues you might have with moving forward at your program, so we can better meet the needs of all Respiratory Care DA Programs.

REFERENCES

1. CoARC. 2016 Report on Accreditation in Respiratory Education. Bedford, Texas: Commission on Accreditation for Respiratory Care; 2017:1-98 <http://www.coarc.com> Accessed August 24, 2017.
2. AARC. AARC Strategic Plan — 2015–2020. Irving, Texas: American Association for Respiratory Care; 2017:<http://www.aarc.org/aarc/mission-statement/> Accessed August 24, 2017.
3. CoARC. Accreditation Standards for Degree Advancement Programs in Respiratory Care. Bedford, Texas: Commission on Accreditation for Respiratory Care; 2015:1-49 <http://www.coarc.com/74.html> Accessed August 24, 2017.

*CoBGRTE. The Coalition Chronicle 2017;6(8):1-3. (Reprinted with permission)