



SCRT Position Statement

Degree in Respiratory Therapy for Entry to Practice

SCRT Position:

The Saskatchewan College of Respiratory Therapists (SCRT) believes a Bachelor's Degree in Respiratory Therapy as Entry to Practice is required to ensure the Respiratory Therapy profession provides optimal patient care. In the coming years, the SCRT will work with the provincial ministries of Health and Advanced Education, along with other provincial and national stakeholders, in achieving this objective.

Rationale:

To improve patient outcomes, respiratory care services must go beyond the application of technical skills. A degree will lead to a higher level of critical thinking, driven by evidence literacy to optimize patient care and minimize adverse events and prevent their re-occurrence.

In a health care system where change is a constant, a degree will develop clinicians who know how to think critically and analytically, that can see the big picture, that continue learning, that will drive innovation, and that will have the ability to develop strategies for understanding and accepting changes.

To improve patient care, the clinician must take greater responsibility in patient case management by providing targeted and appropriate interventions, access to programs, and advocacy. Respiratory therapists are expected to work with relative independence and make decisions based on sound patient assessments. A degree will lead to improved assessment skills, clinical reasoning, and oral/written communication skills that will assist the clinician in working more effectively within inter-professional teams.

To improve patient safety culture and willingness to report, clinicians need an appreciation of how their daily work affects the entire healthcare system. Respiratory therapists need to have a systems perspective (root cause analysis, human factors). A degree will better prepare clinicians to propose meaningful, preventative solutions that address more than the current symptom and/or clinical situation.

To enhance clinical research and patient centred policy development capacity, a degree will provide the knowledge and skills to be more professionally engaged, and to participate in research and policy/procedure development.

Background:

In October 2014, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) established a Presidents' Committee with the mandate to review the issues surrounding degree as entry-to-practice and to make recommendations to the NARTRB Board of Directors. Mark Herzog, who was President of the Saskatchewan College of Respiratory Therapists at that time, was selected as project lead. This was an initiative of the NARTRB President's Committee and the Canadian Society of Respiratory Therapists (CSRT).

The following strategies have been implemented to-date:

- Presentation to Government officials in Saskatchewan (Ministers of Health, Advanced Education and Economy) to seek their input
- Literature search to find evidence to support entry-to-practice
- National stakeholders' discussion on degree as entry-to-practice for the RT profession
- Development of key messages

Presentation to Government officials in Saskatchewan

In June 2015, 2016 Mark Herzog did a presentation to government officials in Saskatchewan (Ministries of Health, Education and Economy) and provided an overview of the advantages of moving toward degree as entry-to-practice for the profession of Respiratory Therapy. The presentation went well and the government liked how the RT profession was approaching this at the national table (through the NARTRB and the CSRT). Government also supported the key rationale for pursuing degree entry to practice, which is improved patient care.

Literature search

The CSRT commissioned Andrew West from the University of Manitoba to do a literature search to support entry-to-practice. Andrew West looked at the best available research and found there was a significant body of literature that supported degree as entry-to-practice which could be broken down into four key areas, as follows: (1) systems function; (2) patient outcomes; (3) patient safety; (4) professional skills. The following is an overview of the findings in each area.

(1) Systems Function

A substantial number of the citations included in the review findings addressed how levels of education may relate to health system performance and accountability. There is an appetite for employing degree prepared health professionals in the health care system. The perspectives of organizations and employers are clear, they prefer to hire both respiratory therapists and nurses who have degrees (e.g. Becker, 2003; Goode et al. 2001). Additionally, there is empiric evidence to support that employing degree prepared nurses makes positive system wide impact (e.g. Bruyneel et al., 2015).

(2) Patient Outcomes

The cornerstone of the literature described the relationship between level of education and patient outcomes with respect to nursing education and mortality. Beginning in 2003, a substantial body of literature quantified how much the percentage of RNs in a hospital with baccalaureate degrees decreased patient mortality (primarily measured by in-hospital 30-day mortality, failure to rescue). For example, it has been demonstrated that for each 10% increase in the proportion of nurses with BSN or higher degrees decreased the risk of mortality and of failure to rescue by 5% (e.g. Aiken et al., 2003). Initially studied in US contexts, these associations have now also been demonstrated in Canada, Europe, and Asia.

(3) Patient Safety

Arguably, the notion of the impact of education level on mortality and failure to rescue relate closely to patient safety. This theme has been separated from these two often cited concepts in order to highlight the limited yet important literature that relates to other aspects of patient safety. An emerging body of knowledge is making an important connection between the level of education and rates of adverse events, but also to organizational cultures which supports reporting of adverse events (e.g. Carleton & Blegen, 2016; Kirwin et al., 2006).

(4) Professional Skills

Studies have also found that nurses prepared at the baccalaureate level have stronger communication and problem solving skills (e.g. Johnson, 1988) and a higher proficiency in their ability to make nursing diagnoses and evaluate nursing interventions (e.g. Giger & Davidhizar, 1990). Similar associations are suggested in the Respiratory Therapy literature (Martins & Kenaszchuk).

National stakeholders' discussion

While there have been informal discussions over the years, there has never been a national stakeholders' discussion on degree as entry-to-practice. It was therefore essential to see the level of support and commitment from various stakeholders in the RT profession for this initiative.

On May 25th, 2016, the CSRT hosted a national stakeholders' workshop that included representative from regulators, educators, accreditation and certification agencies as well as respiratory therapists from various areas of practice and from each region of Canada.

A total of 70 individuals from various areas of the RT profession were asked to discuss the advantages and disadvantages of degree entry-to-practice, all this in an effort to respond to the following fundamental question: *Is Degree as Entry to Practice the Right Thing to Ensure the RT Profession Provides Optimal Patient Care?*

Development of key messages

The national stakeholders' workshop concluded degree as entry to practice was the right thing to do to ensure the RT profession provides optimal patient care. From this workshop, the following main message and statements were developed:

Main message:

- Degree as Entry to Practice is required to ensure the Respiratory Therapy profession provides optimal patient care.

Key messages

- To improve patient outcomes, respiratory care services must go beyond the application of technical skills. A degree will lead to a higher level of critical thinking, driven by evidence literacy to optimize patient care and minimize adverse events and prevent their re-occurrence.
- In a health care system where change is a constant, a degree will develop clinicians who know how to think critically and analytically, that can see the big picture, that continue learning, that will drive innovation, and that will have the ability to develop strategies for understanding and accepting changes.
- To improve patient care, the clinician must take greater responsibility in patient case management by providing targeted and appropriate interventions, access to programs, and advocacy. Respiratory therapists are expected to work with relative independence and make decisions based on sound patient assessments. A degree will lead to improved assessment skills, clinical reasoning, and oral/written communication skills that will assist the clinician in working more effectively within inter-professional teams.
- To improve patient safety culture and willingness to report, clinicians need an appreciation of how their daily work affects the entire healthcare system. Respiratory therapists need to have a systems perspective (root cause analysis, human factors). A degree will prepare clinicians to propose meaningful, preventative solutions that address more than the current symptom and/or clinical situation.
- To enhance clinical research and patient-centred policy development capacity, a degree will provide the knowledge and skills to be more professionally engaged, and to participate in research and policy/procedure development.

About SCRT:

SCRT (*Saskatchewan College of Respiratory Therapists*) is the provincial college regulating the Respiratory Therapists of Saskatchewan. All Registered Respiratory Therapists working in Saskatchewan must belong to Saskatchewan College of Respiratory Therapists.

Approved by the Council of the Saskatchewan College of Respiratory Therapists on October 5, 2016.