

MISSION, VISION, & GOAL OF THE BS-RT PROGRAM

Mission

The BS Respiratory Therapy Program will provide exceptional education and training that prepares students to excel as compassionate, skilled, and innovative respiratory care practitioners through a commitment to academic excellence, clinical proficiency, and lifelong learning, while emphasizing the importance of patient-centered care, ethical practice, and interdisciplinary collaboration.

Vision

The BS Respiratory Therapy Program will be a leader in cardiopulmonary education, recognized for our innovative curriculum, outstanding clinical training, and commitment to advancing respiratory care. We strive to inspire and cultivate the next generation of respiratory therapists, drive forward research & technology, and advocate for the cardiopulmonary health needs of all communities. Through excellence in education & practice, we aim to transform the lives of patients and contribute to the overall health & well-being of all cardiopulmonary patients.

Goals

1. To empower graduates to improve the cardiopulmonary health and well-being of diverse populations through evidence-based practice, leadership, and community engagement.
2. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).
3. To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and advanced clinical practice (which may include an area of clinical specialization).

BS-RT PROGRAM STANDARDS & COMPETENCY SKILLS

Standards

Graduates of the program will be prepared to function as competent BS-level respiratory therapists via the following-

1. Upon completion of the program, all students will demonstrate the ability to comprehend, apply and evaluate information relevant to the role of the BS-level respiratory therapist.
2. Upon completion of the program, all students will demonstrate technical proficiency in all skills necessary to fulfill the role of the BS-level respiratory therapist.
3. Upon completion of the program, all students will demonstrate personal behaviors consistent with professional and employer expectations for the BS-level respiratory therapist.

Competency Skills

The program seeks to develop skills in five core areas- *clinical excellence, education, leadership & administration, research*, and *professionalism* competencies. These core areas provide the foundation upon which our graduates develop a career, educate the next generation of practitioners, lead our profession, and create evidence-based changes that advance the practice of respiratory care.

- **Clinical Excellence**- Consistent application of advanced medical knowledge, technical proficiency, critical thinking, and compassionate patient care to deliver high-quality outcomes and meet the needs of diverse patient populations.
 - **Key Components**
 - Medical Knowledge & Application
 - Technical Proficiency
 - Patient-Centered Care
 - Critical Thinking & Problem-Solving
 - Professionalism & Ethics
 - Continuous Improvement
 - Interdisciplinary Collaboration
 - **Outcome:** Graduates who exhibit clinical excellence consistently deliver superior care that improves patient outcomes, advances the quality of healthcare delivery, and fosters trust and confidence in their expertise.
- **Education**- The ability to effectively teach, mentor, and support learners in respiratory therapy (RT), fostering their professional growth, clinical competence, and commitment to high-quality patient care.
 - **Key Components**
 - Knowledge of Respiratory Therapy Practice
 - Instructional Design & Delivery
 - Clinical Teaching & Supervision
 - Learner-Centered Approach
 - Assessment & Feedback
 - Mentorship & Professional Development
 - Integration of Interdisciplinary Collaboration
 - Continuous Quality Improvement
 - **Outcome:** Graduates equipped with this competency skill will inspire and prepare learners to deliver exceptional respiratory care, contribute to the advancement of the RT profession, and support the development of a knowledgeable, skilled, and compassionate healthcare workforce.
- **Leadership & Administration**- The ability to lead, manage, and inspire teams in the

field of respiratory therapy (RT) to achieve organizational goals, ensure high-quality patient care, and foster professional development in a dynamic healthcare environment.

- **Key Components**
 - Vision & Strategic Planning
 - Team Leadership & Motivation
 - Operational Management
 - Quality Improvement & Patient Safety
 - Financial Stewardship
 - Conflict Resolution & Decision-Making
 - Regulatory Compliance & Advocacy
 - Professional Development & Mentorship
 - Interdisciplinary Collaboration
 - Adaptability & Innovations
- **Outcome:** Graduates equipped with this competency skill will create a thriving RT department that excels in patient care, operates efficiently, and nurtures a supportive and growth-oriented environment for all team members.
- **Research-** The ability to design, conduct, analyze, and apply research in respiratory therapy (RT) to advance evidence-based practices, improve patient outcomes, and contribute to the body of knowledge in the field.
 - **Key Components**
 - Research Knowledge & Fundamentals
 - Study Design & Implementation
 - Data Collection & Analysis
 - Critical Appraisal & Literature Review
 - Ethical Research Practice
 - Interdisciplinary Collaboration
 - Knowledge Translation
 - Mentorship & Capacity Building
 - Continuous Improvement
 - **Outcome:** Graduates skilled in research will drive innovation, improve patient care through evidence-based practices, and contribute to the advancement of the respiratory therapy profession by addressing clinical challenges and exploring new therapeutic approaches.
- **Professionalism-** The consistent demonstration of ethical behavior, integrity, respect, accountability, and a commitment to excellence in all interactions and responsibilities within the healthcare setting.
 - **Key Components**
 - Ethical Practice
 - Integrity & Accountability
 - Respect & Compassion
 - Excellence & Lifelong Learning
 - Professional Boundaries
 - Collaboration & Teamwork
 - Adaptability & Resilience
 - Advocacy & Social Responsibility
 - **Outcome:** Graduates who exemplify professionalism will foster trust, enhance the quality of care, promote positive workplace culture, and uphold the values and reputation of their profession.

BS-RT PROGRAM STUDENT LEARNING OUTCOMES

The BS-RT program has 6 direct student learning outcomes (SLOs) that are evaluated and reported to the Dean of the Usha Kundu, MD College of Health (UKCOH).

Direct SLO Measurement

SLO 1.0 is measured using objective-based final exams, **SLO 2.0** is measured using a capstone project paper graded with a rubric, **SLO 3.0** is measured using a capstone project presentation graded with a rubric, **SLO 4.0** is measured using a professional ethics essay assignment & industry certificate, **SLO 5.0** is measured using an annotated bibliography & capstone abstract assignment, both graded with rubrics, and **SLO 6.0** is measured using an IPE assignment & capstone project interview assignment via rubrics.

The *BS-RT Graduate Exit Survey* is used to assess subjective (indirect) graduate opinion on how the program has performed. Student learning outcomes have been designed to address the core outcomes of the program and are as follows:

SLO #1: Content

Students will identify & apply the concepts, principles, & theories that constitute the practice of respiratory therapy.

Direct Measure- The department uses SLO assessment data from most of the required major program courses. SLO #1 will be assessed in multiple junior and senior level classes across the BS-RT curriculum. The comprehensive final exams are designed using the NBRC detailed content outlines to help prepare students for the credentialing examinations. Students enrolled in each of these courses during the assessment cycle will be assessed and the results of this assessment are included in the assessment report. The **direct measure** used to gauge acquisition of SLO #1 are the results of the comprehensive BS-RT final exams with a grade of C (70% or higher) or higher scored, which is a culmination of a course sequence that addresses the knowledge base in understanding respiratory therapy. Comprehensive final exams in respiratory therapy are structured assessments designed to evaluate students' mastery of key competencies, knowledge, and skills essential for safe and effective respiratory therapy practice. These exams align with specific learning objectives and professional standards, ensuring that students are prepared for clinical and professional responsibilities. The **performance outcome** for the direct measure is defined as: 80% or more of the students will achieve a grade of C or higher (70% or higher) on the comprehensive final exams within the BS-RT curriculum.

Indirect Measure- The indirect measure used to gauge acquisition of SLO #1 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience.

Question #13 of the Exit Survey addressing SLO #1 states, "The program curriculum prepared you to effectively interpret pertinent clinical information to make recommendations for appropriate therapeutic interventions" and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or more of the students agree or strongly agree with the statement: "The program curriculum prepared you to effectively interpret pertinent clinical information to make recommendations for appropriate therapeutic interventions."

SLO #2: Critical Thinking

Students will apply appropriate methods to solve problems in the practice of

respiratory therapy.

Direct Measure- The department uses data collected from the RET 4950 (Respiratory Therapy Capstone Project) course within the program. SLO #2 will be assessed via the successful completion of the capstone project paper using the capstone project paper rubric to score the student's work. The capstone rubrics have been developed with input from various sources including faculty in the program and AACU rubrics. Students enrolled in this course during the assessment cycle will be assessed and the results of this assessment are included in the assessment report. The **direct measure** used to gauge acquisition of SLO #2 is the successful completion of the capstone project paper on a topic selected by the student with approval and direction by the BS-RT program faculty with a grade of C (70% or higher) or higher scored. A capstone project paper is a comprehensive document that serves as the culmination of a student's academic program. The paper demonstrates critical thinking analytical abilities, and mastery of subject matter to address a real-world problem or topic within the respiratory therapy field. BS-RT program faculty use a standardized paper rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. The **performance outcome** for the direct measure is defined as: 80% or more of the students will successfully complete the capstone project paper (via the rubric) with a grade of C or better (70% or higher).

Indirect Measure- The indirect measure used to gauge acquisition of SLO #2 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience.

Question #14 of the Exit Survey addressing SLO #2 states, "The program curriculum prepared you to effectively access, interpret, and critically appraise relevant medical and other authoritative literature & translate into clinical practice", and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or higher of students will agree or strongly agree with the statement: "The program curriculum prepared you to effectively access, interpret, and critically appraise relevant medical and other authoritative literature & translate into clinical practice."

SLO #3: Communication

Students will employ effective & professional communication in the practice of respiratory therapy.

Direct Measure- The department uses data collected from the RET 4950 (Respiratory Therapy Capstone Project) course within the program. SLO #3 will be assessed via the successful completion of the capstone final project presentation using the capstone project presentation rubric to score the student's work. The capstone rubrics have been developed with input from various sources including faculty in the program and AACU rubrics. Students enrolled in this course during the assessment cycle will be assessed and the results of this assessment are included in the assessment report. The **direct measure** used to gauge acquisition of SLO #3 is the successful completion of the capstone final project oral presentation on a topic selected by the student with approval and direction by the BS-RT program faculty with a grade of C (70% or higher) or higher scored. The oral presentation is either an oral PowerPoint presentation to department faculty, staff, & students or a poster defense at the UWF Student Scholars Symposium. The capstone final project oral presentation is a culminating event where students formally present their capstone project findings, methods, and implications to an audience. This presentation showcases the student's ability to communicate complex ideas effectively, defend their work, and demonstrate expertise in the subject area. BS-

RT program faculty use a standardized presentation rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. The **performance outcome** for the direct measure is defined as: 80% or more of the students will successfully complete the capstone final project presentation (via the rubric) with a grade of C or better (70% or higher).

Indirect Measure- The indirect measure used to gauge acquisition of SLO #3 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience.

Question #12 of the Exit Survey addressing SLO #3 states, “The program curriculum helped you develop effective written and oral communication skills” and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or higher of students will agree or strongly agree with the statement: “The program curriculum helped you develop effective written and oral communication skills.”

SLO #4: Integrity/Values

Students will independently analyze & reflect on the respiratory therapist’s ethical standards.

Direct Measure- The department uses SLO assessment data from both the HSA 3551 (Health Ethics & Professionalism) course & the HSC 4050 (Health Sciences Capstone) course within the program. SLO #4 will be assessed via the successful completion of a professional ethics essay assignment as well as the submission of an industry CITI certificate. Students enrolled in one section of each of these courses during this assessment cycle will be assessed and the results of these assessments are included in the assessment report. The courses are only offered online. The **direct measure** used to gauge acquisition of SLO #4 is the successful completion of the professional ethics essay assignment with a grade of C (70% or higher) or higher scored. The industry CITI certificate must also be successfully completed and submitted per syllabus guidelines. The **performance outcome** for the direct measures is defined as: 80% or more of the students will successfully complete the professional ethics essay with a grade of C or better (70% or higher) as well as 80% or more of the students will successfully complete & submit the industry CITI certificate via Canvas by the due date.

Indirect Measure- The indirect measure used to gauge acquisition of SLO #4 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience.

Question #7 of the Exit Survey addressing SLO #4 states, “The program curriculum prepared you to handle ethical dilemmas in healthcare” and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or higher of students will agree or strongly agree with the statement: “The program curriculum prepared you to handle ethical dilemmas in healthcare.”

SLO #5: Project Management

Students will incorporate a scientific approach to patient care by identifying & retrieving appropriate literature as well as assessing relevant medical investigations to apply the findings to respiratory therapy practice.

Direct Measure- The department uses data collected from both the RET 4050 (Evidence-Based Practice in Respiratory Care) course & the RET 4950 (Respiratory Therapy Capstone Project) course within the program. SLO 5.0 will be assessed via the successful completion of the

RT annotated bibliography using the corresponding rubric to score the student's work. Additionally, SLO 5.0 will be assessed via the RT capstone abstract assignment using the corresponding rubric for grading purposes. The capstone abstract assignment rubric has been developed with input from various sources including faculty in the program and AACU rubrics. This is a culmination of project management concepts, and the rubric is a direct assessment by the faculty on several key elements in project development and management. Students enrolled in these courses during the assessment cycle will be assessed and the results of these assessments are included in the assessment report. There are two **direct measures** used to gauge acquisition of SLO #5- first is the successful completion of the RT annotated bibliography in RET 4050 that addresses literature analysis with a grade of C (70% or higher) or higher scored. In the assignment, the student uses skills to search the medical literature relevant to their subject of interest and to report on their literature using an evidence-based approach. BS-RT program faculty use a standardized annotated bibliography rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. Second, the successful completion of the RT capstone abstract assignment in RET 4950 that summarizes the elements of their project with a grade of C (70% or higher) or higher scored. A capstone abstract assignment serves as a concise overview of a student's capstone project, summarizing its purpose, methodology, key findings, and implications. An abstract serves as a snapshot of the capstone project and is often included in presentations or publications to showcase the student's achievements and contributions. Again, BS-RT program faculty will use a standardized abstract rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. The **performance outcome** for the direct measures is defined as: 80% or more of the students will successfully complete the RT annotated bibliography (via the rubric) with a grade of C or better (70% or higher) as well as 80% or more of the students will successfully complete the capstone abstract assignment (via the rubric) with a grade of C or better (70% or higher).

Indirect Measure- The indirect measure used to gauge acquisition of SLO #5 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience. **Question #15** of the Exit Survey addressing SLO #5 states, "The program curriculum prepared you to manage all aspects of your RT capstone project, including setting objectives, planning timelines, coordinating resources, and collaborating with team members or stakeholders" and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or higher of students will agree or strongly agree with the statement: "The program curriculum prepared you to manage all aspects of your RT capstone project, including setting objectives, planning timelines, coordinating resources, and collaborating with team members or stakeholders."

SLO #6: Interprofessional Collaboration

Students will apply proficient communication skills & critical thinking strategies when working with interprofessional teams to evaluate clinical information, solve healthcare problems, and make team-based decisions, incorporating all aspects necessary to deliver effective, patient-centered care.

Direct Measure- The department uses SLO assessment data collected from both the RET 4616 (Professional Healthcare Presence: Leadership, Administration, & Education) course & the RET 4950 (Respiratory Therapy Capstone Project) course within the program. SLO 6.0 will be assessed via the successful completion of an IPE assignment using a course rubric to score the student's work as well as the RT capstone project interview assignment via a grading rubric. The

RT capstone project interview assignment requires students to create dialogue with various members of other medical/allied health professions. Both interprofessional collaboration assignment rubrics have been developed with input from various sources including faculty in the program and AACU rubrics. Students enrolled in these courses during the assessment cycle will be assessed and the results of these assessments are included in the assessment report. There are two **direct measures** used to gauge acquisition of SLO #6- first is the successful completion of the IPE assignment in RET 4616 that focuses on fostering collaboration among healthcare students from different disciplines to enhance patient care and team-based practice with a grade of C (70% or higher) or higher scored. This assignment allows RT students to engage with peers in other allied health fields to address complex healthcare scenarios collaboratively. BS-RT program faculty use a standardized IPE assignment rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. Second, the successful completion of the RT capstone project interview assignment in RET 4950 that involves conducting interviews with key stakeholders to gather insights, perspectives and data relevant to the project's focus with a grade of C (70% or higher) or higher scored. This assignment helps students refine their research skills, enhance their understanding of the topic, and apply professional communication techniques in real-world scenarios. Again, BS-RT program faculty will use a standardized interview rubric that defines required proficiency (>70%) based on certain criteria and levels of achievement. The **performance outcome** for the direct measures is defined as: 80% or more of the students will successfully complete the IPE assignment (via the rubric) with a grade of C or better (70% or higher) as well as 80% or more of the students will successfully complete the RT capstone project interview assignment (via the rubric) with a grade of C or better (70% or higher).

Indirect Measure- The indirect measure used to gauge acquisition of SLO #6 is the *BS-RT Graduate Exit Survey* that the students take during the semester they graduate. For the indirect measurement, students are asked to evaluate the program in the *BS-RT Graduate Exit Survey*, which is administered electronically and addresses many aspects of the educational experience.

Question #21 of the Exit Survey addressing SLO #6 states, "The program curriculum prepared you to effectively perform as a member of an interprofessional team" and asks for strong agreement through strong disagreement on a Likert scale. The **performance outcome** for the indirect measure is defined as: 80% or higher of students will agree or strongly agree with the statement: "The program curriculum prepared you to effectively perform as a member of an interprofessional team."

BS-RT PROGRAM COARC OUTCOMES

CoARC thresholds related to entry-level program standards-

- **TMC High Cut Score Success-** NBRC high cut passing score (set by NBRC). Determined by calculating the percentage of program graduates who achieved the high cut score {i.e. dividing the number of program graduates achieving the high cut score (numerator) by the total number of graduates (denominator)} in each three-year reporting period
 - **60%** of total number of graduates achieving the high cut score (3-year average)
- **RRT Credentialing Success-** Internally tracked by no accreditation threshold. Programs are still required to provide RRT outcomes data on annual reports, however, no accreditation actions will be taken based on RRT credentialing success.
- **RPSGT/SDS Credentialing Success-** Internally tracked by no accreditation threshold. Programs are still required to provide RPSGT and/or SDS outcomes data on annual reports, however, no accreditation actions will be taken based on RPSGT or SDS credentialing success.
- **Retention/Attrition-** Programmatic retention: defined as the number of students formally enrolled* in a respiratory care program during a three-year reporting period who graduated from the program after completing all programmatic and graduation requirements, calculated as a percentage of the total number of students initially enrolled in that class.
 - **70% retention/30% attrition** of the total number of students in the enrollment cohort (3-year average)

The total number of students enrolled includes those who successfully completed the program as well as students who left the program for academic reasons (failure to achieve minimum grade requirements, ethical, professional or behavioral violations or violations of academic policies) that resulted in their expulsion from the program prior to graduation.

Students are not included in the retention definition who:

- Leave the program by the last day they are eligible for 100% tuition reimbursement within the first term of fundamental respiratory care core coursework**
- Are in good academic standing who leave the program due to financial, medical, or family reasons, military deployment, a change in their course of study, relocation to a different community, or reasons other than those described under academic reasons
- Are admitted to another educational program (same or different educational institution) prior to the scheduled graduation date of their RT class.

*Programmatic enrollment begins when a student enrolls in the first core respiratory care course (non-survey, non-prereq) available only to students matriculated in the respiratory care program. This may differ from the institutional definition of the enrollment or matriculation dates.

**Fundamental respiratory care coursework is defined as: Professional coursework, focused on the preparation of the student as a competent Respiratory Therapist, as defined in CoARC Standard 3.01.

- **Job Placement-** Defined as a graduate who, within the three-year reporting period, is employed utilizing skills within the scope of practice of the respiratory care profession

(i.e., full-time, part-time, or per-diem).

Internally tracked by no accreditation threshold. Programs are still required to provide job placement outcomes data on annual reports, however, no accreditation actions will be taken based on job placement.

- **Graduate Survey Overall Satisfaction-** A rating of 3 or higher on a 5-point Likert scale for overall satisfaction.

The calculation is as follows:

surveys with scores greater than 3 = # surveys returned – # surveys omitted

- **At least 80%** of returned graduate surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.
- **Graduate Survey Participation-** The total number of program graduates employed in respiratory care who return their graduate survey.

Internally tracked by no accreditation threshold. Programs are still required to provide graduate survey participation outcomes data on annual reports, however, no accreditation actions will be taken based on participation.

- **Employer Survey Overall Satisfaction-** A rating of 3 or higher on a 5-point Likert scale for overall satisfaction.

The calculation is as follows:

surveys with scores greater than 3 = # surveys returned – # surveys omitted

- **At least 80%** of returned employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.
- **Employer Survey Participation-** The total number of employers of program graduates who return their employer survey.

Internally tracked by no accreditation threshold. Programs are still required to provide employer survey participation outcomes data on annual reports, however, no accreditation actions will be taken based on participation.

- **On-Time Graduation Rate- 70%**

The graduation date is the date on which the degree was conferred by the program's education sponsor, not the date on which the student fulfilled all program requirements.

Internally tracked by no accreditation threshold. Programs are still required to provide on-time graduation outcomes data on annual reports, however, no accreditation actions will be taken based on on-time graduation rates.

- **Clinical Excellence-** A majority (**greater than 50%**) of students will attain at least one specialty credential within five years of graduation.

Internally tracked by no accreditation threshold. Programs are still required to provide clinical excellence outcomes data on annual reports, however, no accreditation actions will be taken based on clinical excellence.

- **Education-** Mentor graduates such that **at least 20%** enter educational roles within seven years of graduation

Internally tracked by no accreditation threshold. Programs are still required to provide

education outcomes data on annual reports, however, no accreditation actions will be taken based on education.

- **Leadership & Administration-** Mentor graduates such that **at least 20%** will occupy leadership roles in a clinical (entry level supervisor or higher), industry, or professional (officer in a state, regional, or national society level) capacity within seven years of graduation

Internally tracked by no accreditation threshold. Programs are still required to provide leadership & administration outcomes data on annual reports, however, no accreditation actions will be taken based on leadership & administration.

- **Research- At least 20%** of the student capstone projects are presented at local, state, or national level. Mentor students such that **at least 10%** of the student capstone projects become published abstracts or papers.

Internally tracked by no accreditation threshold. Programs are still required to provide research outcomes data on annual reports, however, no accreditation actions will be taken based on research.