

How do we measure the quality of a respiratory therapy education program?

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At the beginning of a new academic year, respiratory therapy education programs across the country welcome new students into the program and welcome returning students into their next year of study. The faculty returns to teaching feeling relaxed and refreshed after a break from the classroom. We dust off our lectures and prepare to do the same thing that we did last year. Or do we?

Is it sufficient to continue doing what we did last year because it appeared to work? The course objectives were met and the students all fared well on the examinations and laboratory evaluations. Does this mean that we did a good job? How do we know if we delivered a course that was of sufficient quality? Whether we are working at the bedside, in management, sales or education, every respiratory therapist (RT) should ask, 'Am I doing my job right? Am I doing the right thing?' These questions are extremely important to the RT clinician whose job it is to provide safe, quality, client-centred care. These questions are important to those who work in the field of respiratory therapy education because we are responsible for educating and training future generations of RTs. How do we know if we are doing a good job in educating and training our students? How do we measure the quality of a respiratory therapy education program? To answer that, we must first ask what is it that we want to achieve. The respiratory therapy education program at the University of Manitoba (Winnipeg, Manitoba) developed a five-year strategic plan that would answer the 'what'. Our mission – and thereby our 'what' – is "to create, disseminate and preserve knowledge in health and Respiratory Therapy through research, education and service, in collaboration with our stakeholders"(1). Our goal is to produce degree-RTs who can work effectively in any setting, delivering collaborative, evidence-based care, and who can advance the profession through research and advocacy (1). Through the strategic plan, we have identified the needs of the university and students, our community and our stakeholders, and have developed four strategic initiatives. In achieving these initiatives, we will answer what it is that we wish to achieve:

1. A quality entry-to-practice RT education program
2. Scholarship that advances the profession
3. Administrative and operational excellence
4. Community engagement and service (1)

The next questions we must ask are how are we going to achieve these initiatives, and how will we know if we have achieved them? Mission and vision and values statements look great on paper, but the key to successfully achieving the goals of a strategic plan is to measure the actions of implementing the plan. This requires the development of a quality roadmap. Each strategic initiative becomes a quality issue on the roadmap. A total of 12 objectives, each linked to several actions, were developed to measure how we will achieve our strategic initiatives. The actions are measured over a period of time, and results are collated and analyzed. This process thereby forms our indicators and measurements of success or lack thereof. The quality plan can be modified as goals are achieved or as indicators require alteration. In our quality roadmap, the first strategic initiative has been developed as follows:

STRATEGIC ISSUE: QUALITY ENTRY-TO-PRACTICE RT EDUCATION PROGRAM

Objectives

- To deliver a national calibre, cutting-edge curriculum
- Enhance and develop relevant faculty breadth of experience
- Recruit and retain highly qualified and diverse student cohorts (1)

From these objectives, we developed specific actions that will be measured over a period of time, with most measurements occurring on an annual basis. Expanding on the first objective, our actions are the following:

- Develop a new Bachelor of Medical Rehabilitation in Respiratory Therapy (BMR-RT) curriculum
- Increase stakeholder and clinical community involvement
- Enhance simulation delivery within the academic portion of the program

Each action has several performance measures with subsequent outcomes. The outcomes are the descriptors of success. The remaining three strategic initiatives were mapped in a similar manner to complete the quality roadmap for the RT education program. Strategic plans look impressive on paper and can be intimidating, but if the plan is analyzed one strategic initiative at a time, it becomes manageable and doable in the time frame allotted.

I believe that a strategic plan tells you where you are going, it becomes your destination, and the quality roadmap tells you how you are going to get there. Goals of the organization or program are identified and, when the goals are achieved, you have reached your destination. The actions that you take to reach those goals become the directions that you follow along the map.

Actions produce outcomes and, with many health care profession education programs providing Bachelor's or Master's degrees as entry-to-practice, our educational institutions need to ask, 'What is the best possible outcome that we can provide for our students?' The Canadian Society of Respiratory Therapists has created a position statement advocating for a degree as entry-to-practice for RTs in Canada (2). This is not about 'keeping up with the Joneses', but about keeping up with the changing face of health care. "The graduate RT must be prepared to enter the workforce as the expert on respiratory care and be prepared to consult on the provision of care" (3). This requires our students not only to be competent in using respiratory therapy equipment, but also to be able to apply evidence-based knowledge to manage and treat patients. We are teaching our students what it means to promote a culture of client-centred care, in which clients, patients, family members and all members of the health care team have a voice in what care is delivered and how it is delivered. In addition to ensuring that all components of the national competency profile are incorporated and measured in our curriculum, we must teach what it means to be a health care professional in the 21st century. We want our students to learn to deliver respiratory therapy services using different models of care in diverse settings. We want them to develop leadership skills that will aid them in decision making and navigating team dynamics and conflict.

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In spring 2011, the University of Manitoba RT program began the process of curriculum renewal. We deconstructed each course and matched the objectives to the national competency profile. This enabled us to identify redundancies between courses as well as areas that needed more clearly defined objectives. Two such areas are interprofessional education and patient safety. In 2008, the University of Manitoba Interprofessional Education Initiative was formed by administrators, faculty and students from 13 academic units with the belief that interprofessional education for collaborative patient-centred practice is fundamental in building a stronger health care system (4). These learning opportunities enable students to learn 'from, with and about each other' (5). The interprofessional curricula framework has been mapped into the new RT curriculum so that our students will learn and practice how to collaborate with other health professions to promote optimal health outcomes for individuals and communities, increase satisfaction with care for both individuals and health care providers, and improve efficiencies within the health care system (5).

Another area of competencies that we addressed is related to patient safety. The Canadian Patient Safety Institute (CPSI) has developed a framework of safety competencies required by health professionals to promote a culture of safety. The intent of these competencies is to "raise the bar for health care education in Canada, and possibly around the world" (6). The CPSI competencies have been mapped into the respiratory therapy curriculum, and our students will be provided with interprofessional learning opportunities to practice their role and collaborate with other health profession students in providing safe, quality care.

We are preparing our students to graduate with the skills to further their careers in research related to respiratory therapy, to continue to grow as collaborative health care practitioners and become leaders in the field. Similar to all respiratory therapy practitioners, managers and

educators in any sector, we are dedicated to preparing the future of our profession.

It is our intent that the strategic plan and quality roadmap of the respiratory therapy program at the University of Manitoba will keep us on track to deliver a quality education program. We will be able to measure our progress and make changes as needed so that we can, in fact, measure the quality of our respiratory therapy education program. Now that I am in my fourth year of teaching, and 20th year in the profession, I continue to ask myself the same questions I have asked since graduating: Am I doing my job right? Am I doing the right thing?

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