

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

East Tennessee State University



Bachelor of Science in Cardiopulmonary Science Program

**By Donna Lilly MA, RRT, Director, Assistant Professor
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Department of Allied Health Sciences
College of Clinical and Rehabilitative Health Sciences**

Overview

The Cardiopulmonary Science (Respiratory Therapy) Program at East Tennessee State University (ETSU) is housed within the College of Clinical and Rehabilitative Health Sciences (CCRHS) along with other health care programs including: Dental Hygiene, Radiologic Science (Radiography and CT/MRI Certificate Programs), Nutrition, Rehabilitative Science and Social Work. The Department of Allied Health Sciences also offers an online BS degree in Allied Health Leadership and an online MS in Allied Health Leadership for credentialed practitioners who are seeking to advance their education. The majority of the students in the online programs are able to continue working in their respective fields while pursuing those advanced degrees.

ETSU is led by the President, Dr. Brian Noland, and the Dean of CCRHS, Dr. Don Samples. Students graduate with a Bachelor of Science in Cardiopulmonary Science degree. ETSU has one of only three BS level Respiratory Therapy degrees available in the state of Tennessee that is accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Mission and Vision

The vision for ETSU's College of Clinical and Rehabilitative Health Sciences is to "be an essential source of leaders, educators, expert practitioners and researchers in the clinical and rehabilitative health sciences." Our mission is to "foster innovative collaborations that support learning, scholarship and service, and that meet the clinical and rehabilitative health needs of our patients, clients, and communities." (<http://www.etsu.edu/crhs/about/vision.aspx>)

The program's goal is 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. The college motto is "*Dedicated to Education, Committed to Health Care.*" We do not take those words lightly. Our graduates represent the university, the college, and the program from which they progressed.

History

Cardiopulmonary Science at ETSU began as a certificate program in 1977 and then transitioned into an associate's degree in 1994. In 2002, the program became what it is now, a Bachelor of Science degree. In 2007, ETSU's Cardiopulmonary Science program was presented the CoARC *Award for Excellence in Respiratory Therapy Education*. We consider this a high honor and the standard that we continually try to meet. The program was reaccredited in 2019 by the Commission on Accreditation for Respiratory Care. The program has graduated over 600 competent and well-trained respiratory care practitioners since its conception 43 years ago that serve not only East Tennessee, but much of the United States. The program accepts 24 students per cohort each year. We currently have 13 clinical affiliates for which both junior and senior students rotate through weekly. We are fortunate to have tremendous community support.

Scholarship

Cardiopulmonary Science has one program specific scholarship to offer a student in the fifth and final semester in the program. The scholarship is named the Sam D. and Jonelle M. Coffey Scholarship Endowment and comes in the form of a \$500 award. The winner of this award typically demonstrates potential to be a strong leader in the respiratory career field. However, this could also be granted

to someone with documented financial need. The scholarship is merit-based and the student must have good academic standing within the program. The scholarship can be used to help cover tuition in the final semester or cover the costs of national credentialing exams after graduation.

Curriculum

The current curriculum consists of didactic, laboratory, and clinical internship courses- all designed to fully prepare the graduate RT to enter their field of study. Students complete over 1,000 hours of clinical training over four semesters,



though the entire program is spread over five semesters. The 120 credit hours needed to graduate with this degree include courses from the general education core, allied health core, and cardiopulmonary science core. Some of the courses are completely online while others are web-enhanced/hybrid with synchronous face-to-face meetings.

All graduates must pass a national credentialing board exam in order to work as a Respiratory Therapist and obtain state licensure. Applicants must meet certain admission requirements before acceptance into the program is permitted including having a GPA of 2.5 or better on a 4.0 scale, completing all prerequisite courses with a C or better (Anatomy & Physiology 1 & 2, Chemistry, Microbiology, Probability & Statistics, Introduction to Allied Health, and Patient Care & Assessment), and meeting specific health and technical standards of the profession. Due to the number of applicants each year, admission criteria are highly selective and placement is competitive.

ETSU CPSC Curriculum

Semester & Course #	Course Name	Credit hours
First semester- Fall		
CPSC 3000	Foundations of CPSC	4
CPSC 3010	Foundations of CPSC Lab	3
CPSC 3040	Pharmacology in CPSC	3
ALHE 4030	Professional Issues	3
Second semester- Spring		
CPSC 3100	Cardiopulmonary Critical Care	3
CPSC 3110	CPSC Critical Care Lab	3
CPSC 3140	CP Disease Pathology	3
CPSC 3150	Clinical Education I	3
ALHE 4100	Information Management	3
Third semester- Summer		
CPSC 3350	Clinical Education II	4
CPSC 3550	Patient Centered Practice (W)	3
Fourth semester- Fall		
CPSC 4500	CP Diagnostics & Therapeutics	3
CPSC 4150	Clinical Education III	3
CPSC 4200	Neonatal & Pediatric CP Care	3
ALHE 4060	Research in Allied Health	3
ALHE 3040	Interprofessional Teams	3
Fifth semester –Spring		
CPSC 4100	Advanced CP Critical Care	3
CPSC 4350	Clinical Education IV	3
CPSC 4550	Cardiopulmonary Science Capstone	4
ALHE 4070	Leadership in Allied Health	3
COBH 4607	Gerontology	3

Interprofessional Education

Cardiopulmonary Science faculty at ETSU value the lessons learned from introducing other allied health care professions into the current Respiratory Therapy curriculum. Starting in 2013, faculty in the cardiopulmonary science and radiography programs partnered to offer interprofessional education experiences to its students. Interprofessional education, or learning to work across health care disciplines to ensure better patient outcomes, is now a well-established priority at ETSU. Today, physicians, pharmacists, nurses and respiratory therapists work together as a team to bring clinical training to the next level. We believe interprofessional activities help to better prepare our graduates for independent clinical practice and promote effective collaboration among professions.

Simulation

Cardiopulmonary science students have access to a patient simulator lab which is housed at the Center for Experiential Learning on the Quillen College of Medicine campus. The Patient Simulated Lab (PSL) caters to all levels of health care providers, from BS RTs to medical doctors. The simulators are computer operated and can mimic almost any medical condition. The lab also provides audio and visual recordings to assist during post-simulation feedback. Staff at the PSL believe “proper preparation and application of learned knowledge on simulated mannequins provide the necessary skills and confidence needed to transfer to a real-world hospital setting.” (<http://www.etsu.edu/com/simlab/>) Students frequently say that what they experienced during simulation has had a direct impact on their overall learning while in the Cardiopulmonary Science program. Students frequent this facility during their senior year.

Student Association for Respiratory Care

The Student Association for Respiratory Care allows for anyone interested in the cardiopulmonary science field to meet other students pursuing the same interest and to gain knowledge about the program. This student led and faculty advised organization coordinates events that help increase respiratory therapy profession awareness on and off campus. Since the majority of members are already RT students, they also serve the community by participating in community education.

ASRT to BSRT Bridge Program (Online)

The online completion Bachelor of Science in Cardiopulmonary Science Program is designed to offer students with an Associate of Applied Science

(A.A.S.) degree in respiratory therapy the opportunity to obtain a baccalaureate degree by using more of their A.A.S. hours than would normally transfer to a four-year institution. Traditionally, A.A.S. graduates find that many of their allied health credit hours do not transfer to a four-year institution. This program allows A.A.S. graduates the opportunity to receive undergraduate credit for allied health professional courses completed at a community college. The curriculum is designed to build upon their existing knowledge to enhance their skills in communication, critical thinking, problem solving, research, and leadership theory. In addition, this degree will equip graduates with entry-level management, group dynamic, and supervisory skills as they relate to the allied health disciplines. Successful completion of the program will increase the mobility of graduates into leadership positions in their respective professions. For more information, please visit <https://www.etsu.edu/crhs/alliedhealth/cpsc/>

Program Faculty Members



Donna Lilly MA, RRT - Cardiopulmonary Science Program Director, Assistant Professor in the Department of Allied Health.

Donna began her career in Respiratory Therapy after graduating from East Tennessee State University's Respiratory Therapy program with a certificate in 1985. She immediately began working as a Respiratory Therapist in a hospital department. Donna returned to ETSU to obtain her AS, BA, and MA degrees. Her main focus of interest was working in the adult critical care population, but soon realized her desire for education when precepting respiratory students assigned to her. In 1992, she took a position in Pineville, KY as a respiratory care instructor. In 1997 she accepted the position as Director of Clinical Education at Walters State Community College (WSCC) and continued on to become the Program Director. She served on the curriculum review and revision committee for the Tennessee board of Regents. In August 2019, after 22 years at WSCC, Donna came back to ETSU to live her adult life dream of being the Program Director of the program in which she began her career as a Respiratory Therapist. She resides in Rogersville, Tennessee with her husband and son.



Wendy Wright MS, RRT-NPS - Director of Clinical Education, Assistant Professor in the Department of Allied Health. Wendy came to ETSU from Southeast KY where she held the position of Program Director and Allied Health Division Chair. She has been a registered respiratory therapist since 1993. She has an A.A.S degree in Respiratory Care and a BS and MS from Eastern Kentucky University in Career and Technical Education. Wendy has been the co-chair of the Kentucky State Respiratory Care Curriculum Review and Revision Committee. She has served administratively for the Kentucky Society of Respiratory Care. She resides in Kingsport, Tennessee with her husband.



Dr. Ester L. Verhovsek-Hughes - Chair, Department of Allied Health Sciences, Professor, College of Clinical and Rehabilitative Health Sciences. Dr. Verhovsek-Hughes teaches undergraduate courses in the radiologic science program and graduate courses in education and administration for the Master of Science in Allied Health (MSAH) Program. She has been a registered radiologic technologist for 38 years with advanced certification in mammography. She has a Bachelor's Degree in Radiography

from LaRoche College, a Master's Degree in Education from Frostburg State University, and a Doctorate in Educational Leadership from West Virginia University. Dr. Verhovsek-Hughes developed two accredited radiography programs and an on-line graduate program in allied health. Currently, she serves as program coordinator for online programs in Allied Health Leadership, Cardiopulmonary Science, and the Radiologic Science. She served as academic auditor for the Tennessee board of Regents and academic program reviewer for Tennessee Higher Education Commission.



Girendra V. Hoskere MD - Cardiopulmonary Science Medical Director. Dr. Hoskere is a faculty member for the Department of Internal Medicine in Pulmonary Disease and Critical Care. His practice is primarily located in Bristol, Tennessee, with other offices in Lebanon, Virginia. He has 28 years of experience. His specialties include critical care medicine, other specialty, and pulmonary disease. Dr. Hoskere graduated from the Kasturba Medical College Manipal,

Kasturba Medical College Mangalore in 1993 and then came to ETSU for his residency.



Don Samples, EdD, RRT, RPSGT – Dean, College of Clinical and Rehabilitative Health Sciences. Dr.

Samples has worked in the field of respiratory care for 37 years. He began his career as a neonatal-pediatric respiratory therapist at the Johnson City Medical Center, in Johnson City, Tennessee. At the end of his clinical practice, he worked at Vanderbilt University Medical Center as the NICU supervisor. His clinical practice included assisting in the establishment of the first extracorporeal membrane oxygenation (ECMO) program in the state of Tennessee. In 1990, Dr. Samples started at ETSU as the Cardiopulmonary Science program's director of clinical education. During the past 30 years in academia, Dr. Samples has served as the Cardiopulmonary Science program director, Chairman of the Department of Allied Health Sciences, Associate Dean, and currently the Dean of the CCRHS. Dr. Samples completed a Doctorate of Education in Higher Education Administration at ETSU. He has a diverse experience in curriculum development at ETSU that includes the development of the Bachelors of Science degrees in Cardiopulmonary Science and Allied Health Leadership, and a Master of Science degree in Allied Health.

Program Website

If you would like to know more about the Cardiopulmonary Science/Respiratory Therapy at East Tennessee State University, please visit our website at <http://www.etsu.edu/crhs/alliedhealth/cpsc/>.

Professional Positions Posted

***University of North Carolina-Wilmington, *Augusta University,
*Upstate Medical University-Syracuse, *Norton Healthcare,
*University of Virginia Health System**

Interview

Gregg Marshall, PhD, RRT, RPSGT, RST, FAARC
Professor & Chair, Department of Respiratory Care and
Texas State Sleep Center-Director
Texas State University – Round Rock Campus
President-Elect, Coalition for Baccalaureate and
Graduate Respiratory Therapist Education

By Jeff Ward, MEd, RRT, FAARC
Mayo Clinic Multidisciplinary Medical Simulation Center
Rochester, Minnesota



- 1. Tell us about your early days as a respiratory therapist.**
- What brought you into the profession?

I grew up on the coast of Texas and early on became interested in healthcare. At the age of 15, I began my journey by being trained as an “orderly.” For those younger readers, an orderly was a “male clinical assistant” that primarily took care of the male patients in the hospital. I really enjoyed the environment in the hospital. Besides the work itself, I was also permitted to observe surgery, deliveries, work in the nursery, help in the ER...it was a great experience. That small hospital had a physical therapy department but no respiratory therapy department. However, several of the PTs were also dually credentialed as CRTT’s--back when OJTs were allowed to challenge the national board exams. I enjoyed watching them provide RT therapeutics and asked a lot of questions. The PT director told me that if he were me, he would “lean toward RT” as it was a new profession with many new developments to come in the scope of practice. I asked him where I could go to school and he recommended Southwest Texas State University in San Marcos, Texas. Although I continued to work as an orderly until I was 20, I made future plans to head for RT school. I first graduated from Baylor University with a biology degree in 1975 and enrolled in RT school at SWTSU the fall of 1976.

- 2. Who were your mentors?**
- What/how did they contribute to your career?

By the time I had enrolled in RT school, it never occurred to me that most of the students in my cohort would already have had previous RT experience. With a large class of 55 students, only one other student and I did NOT have experience

in RT. WOW! I was a nervous wreck thinking “I’ll never make it through school because everyone else seems so at ease with the equipment and therapy concepts!” That provided motivation to work extra hard to learn all the basics and my success helped me better enjoy classroom, lab, clinical rotations, and the fine faculty. At this time, “oral exams” were still part of the NBRC RRT credentialing process so as part of our classwork, we were also being prompted to give oral responses at any time. I carried a stack of 3x5 cards with answers to potential questions. For example, walking down the hallway and passing a RT faculty member, often the faculty member would turn and say “give me the definition of pneumonia—GO!” We were required to give a response within 5 seconds---it was nerve-racking, but it sure prepared us for oral exams.

I would say my key mentor was the Program Director at SWTSU, Mr. Cade Harkins. This cowboy/Native American rodeo king knew more about RT and how to communicate concepts in the classroom in a humorous/pleasant/effective way than any faculty member that I’d ever had in my college experience to date (sorry about that, Baylor University!). During my last semester, we were given a topic to “teach” to the 1st year students and mine was a favorite topic, chest X-ray interpretation. I worked hard on my presentations which included 35 mm slides for a carousel projector; only those with gray-hairs recognize this form of media. I presented my talk on CXRs and about half the class was asleep when the lights went out....but I enjoyed the opportunity. Afterwards, Cade came up to me and said, “That was good.” Since he seldom gave compliments, I thought he was joking. He then repeated his statement and asked if I’d ever thought about teaching. I laughed and said “NO WAY” but he kept after me until I finally filled out a faculty application before I graduated. I thought that was the end of that until several years later he called to offer me a job as a faculty member at the university where I went to RT school. That began my journey of 41 years of teaching at SWTSU. I still count Cade as a hero in my life to this day.

3. How did furthering your education contribute to your professional career? What got you on your path with leadership positions with respiratory care?

I had a very unusual entrance into teaching at the higher education level. My previous bachelor’s degree from Baylor University qualified me to teach in the RT program at the associate degree level but as soon as I accepted the position at Texas State, the Dean of the College of Health Professions called me into his office for a “chat.” Dean Don Green was a quiet, stern, and slightly scary guy who was always serious. I nervously went to his office where he welcomed me to the faculty and told me he would give me one semester to get my teaching “under my

belt” and then he expected me to begin working on my master’s degree which was offered in the College of Health Professions. He talked about my long-term goals as an educator and that I needed to begin graduate school immediately; I was 26 at the time. I taught full-time and gradually took graduate courses finishing my master’s degree in 3 years. During the next 10 years, the RC faculty begin to recognize the need for our faculty to advance to the doctoral level so three of us began working on a PhD from the University of Texas in College of Education with a major in curriculum & instruction in higher education. While teaching fulltime, we all completed the degree and enjoyed the new educational and research tools we acquired through our doctoral studies.

4. What are some key lessons you have learned as a clinician, educator, administrator and leader in the profession?

I have continued to love both the RT profession and practice. I believe that has been the key to success as a clinician, educator, administrator and leader. I taught clinicals for the first 23 years of my tenure at Texas State while serving as the director of clinical education for 20 of those years. I was always looking for ways to convey my passion for excellence in patient care and the important role we play in the healthcare team to our students. To be honest, I still miss teaching in clinicals and experiencing those amazing “teachable moments” that appear every day. I had outstanding students and we all learned together every clinical day.

I can honestly say that respiratory care has been so very good to me and becoming an educator has been more rewarding than I can express. If I had my life to do all over again, I have no regrets and would do it all the same way. I was very fortunate to have mentors around me that saw potential in my life and encouraged me to step out and strive for more education and experiences in the profession. Just over 18 years ago, I had the honor of becoming the chair of the department of respiratory care at the university as well as the program director for our BSRC Entry Level degree program. Since that time, we have added a Master of Science in Respiratory Care degree program with major concentrations in either leadership or polysomnography and we added a BSRC-Online degree completion program that allows associate degree graduates “working therapists” the opportunity to complete their BSRC in three semesters or 1 year. Both of our Degree Advancement programs have grown out of the **need** to advance the profession and provide new opportunities to both our past graduates and graduates of other fine programs to increase their career choices for advancement. Surrounded by an outstanding faculty that is an honor for me to serve with, we together celebrate and cheer on all degree advancement programs throughout the country as we prepare RTs for future roles as leaders, researchers,

and academic educators. I love what I do and I still have more to give—which is an honor.

5. What would you recommend to new graduate therapists just beginning their career?

The respiratory care profession is such an amazing profession. We are trained as “generalist” and required to know patient care from preemie/neonates to the very elderly. We have subspecialties that allow us to become content experts in our specialty areas. Our practice adds to the quality and quantity of life for respiratory patients and we have the privilege of stepping into the patient room or home to make a difference that may be either immediate or progressive.

Education continues to be such a career-maker for RTs of the future. Several states are moving toward the “RRT for RCP” and “BSRC for RRTs” with big plans to advance the profession. I would say the BSRC degree is an essential starting place for all therapists who wish to make RT their life-long career. Once the “bug bites,” we all know what happens. We love the fast-paced, adrenalin-junkie rush of being in the right place at the right time to save a life or make a huge difference in their outcome. The clinical side of our profession will always make us smile with lots of memories—that is an essential part of our RT-DNA.

Doors open with advanced degrees coupled with excellent clinical knowledge and experience. The MSRC degree will open up supervisor position opportunities, along with unit manager positions, fulltime teaching positions at community colleges and universities, and the PhD option opens up research, scholarship, grant writing, and academic leadership opportunities.

New grads: go ahead and RUN to the ICU, RUN down the hall to the ED, RUN to the codes and learn from it all. When you are ready, there is so much more ahead for you and just like in my life....one open door opens onto another open door which opens onto another open door....it’s all out there just waiting for you!

CoBGRTE Membership Committee Update

By Daneen Nastars, DHSc, RRT, RRT-ACCS

The CoBGRTE membership committee is continuing to work hard to increase active memberships and student memberships. To be successful, we need people like our members and the hard-working members of the committee. The 2021 membership committee members are:

Daneen Nastars, DHSc, RRT, RRT-ACCS-Chair

Tom Barnes, EdD, RRT, FAARC

Paul Eberle PhD, RRT, FAARC

Nancy Guyse, MSc, RRT, RRT-NPS, AE-C

Christy Kane, PhD, RRT-NPS, RRT-ACCS, AE-C, FAARC

Tim Op't Holt, EdD, RRT, AE-C, FAARC

Michele Pedicone, DHSc, RRT

Nate Rodrigues, MSIS, RRT, RRT-NPS, RRT-SDS, EMT-B

Aaron Roebuck, MSc, RRT

Gary Wickman, MSc, RRT, FAARC

Lee Wisdom, MHS, RRT, RRT-ACCS, RRT-NPS

One of our largest member recruitment events has been during the AARC National Convention, but with the current pandemic and conferences going virtual, we have not had the opportunity to have these events. COVID-19 will again present some challenges to obtaining our goals in 2021. Still, I am confident in our membership committee and members to help spread the word about CoBGRTE and everything it does to promote and advance the profession.

Please encourage your colleagues working in hospitals, clinics, or education to join CoBGRTE and help us reach our goals and help keep the profession moving forward.

The 2021 Goals for the Membership Committee

1. Increase active, student, and institutional membership.
2. Convert 5% of student members to active members.
3. Increase corporate membership.
4. Recommend committee appointments for student members.
5. Prepare at least one call or promotion for membership in each issue of *The Coalition Chronicle*.

In addition, we are excited to report the new membership management program, Join IT, is live and on the CoBGRTE website. So far, it has gone well, and many of you have already renewed and used the new system. If you have not

renewed your CoBGRTE membership, the platform is user-friendly and if you have any questions, click on [Contact CoBGRTE](#), and we will get back to you as soon as possible. The Join IT membership management system will help us keep track of our members, allow members to access their membership, and make changes to your email, employment, or even your name. Join IT also allows an annual renew option, so you do not have to remember each year.

The digital membership card can be stored in apple wallet or the passport app for android users. The new membership software has streamlined membership processing and will allow the membership committee time to recruit new members and convert student members to active memberships.

I want to thank the membership committee for their hard work, and we are looking forward to a wonderful and productive year for baccalaureate and graduate respiratory care education.

BS Respiratory Care Students as Frontline COVID-19 Vaccinators in California

**Richard Deane Nelson, MD, MSRC, RRT, RCP
Department of Cardiopulmonary Sciences
School of Allied Health Professions
Loma Linda University**

Often, the public may view the respiratory therapist as an intensive care specialist although the scope of practice of the respiratory therapist includes inpatient and outpatient care involving babies, children, and adults. During 2019, the faculty of the BS Respiratory Care program at Loma Linda University decided to include influenza and pneumococcal vaccination training as part of student outpatient clinical experience. The State of California Respiratory Care Board provides under section 3702 and 3707.7 of the Business and Professions Code that Respiratory Care Practitioners (respiratory therapists licensed in California) are within their scope of practice to administer vaccines.¹ When the COVID-19 pandemic hit, both a need and an opportunity presented for our respiratory care students to obtain intramuscular (IM) deltoid injection training to meet the demand for frontline COVID-19 vaccinators.

The deltoid IM vaccination program was included as part of the curriculum for BS respiratory care students during the academic year 2020-2021. The theoretical part of the training included completion of: (1) a free online Centers for Disease Control vaccine certificate program;² (2) a training module on the prevention of Shoulder Injury from Vaccine Administration (SIRVA);³ and (3) a

review of current vaccine practice skills assessment.⁴ A comprehensive clinical competency evaluation form was developed to assess student achievement.

Vaccine training was led by program director Richard Nelson, MD, MSRC RRT, RCP, with support from medical director N. Lennard Specht, MD. Clinical coordination was carried out by Abdullah Alismail, PhD(c), MS, RRT, FCCP, RCP. Following completion of the didactic training module, students were assigned to the COVID-19 vaccine clinic under the mentorship of a licensed respiratory care practitioner trained in vaccine administration. After completion of at least 25 satisfactory vaccinations under continuous observation, students were offered a competency evaluation. Upon successful completion of the competency evaluation, students were then allowed to provide vaccinations under supervision of a licensed healthcare provider, who countersigned every vaccination. The student training involved three eight-hour shifts at the vaccine clinics with students gaining experiences both as time pharmacist assistants and vaccinators. During such division of assignments, the first group of students (n=6) administered an average of 50 vaccines per day. A total of 13 respiratory care students completed the training, having provided in all 1,237 vaccinations (average of 31 vaccinations per shift) over the first three days of the reported training period. It is important to note that a part of each shift did not include the provision of vaccinations, but in assisting the pharmacist in vaccine reconstitution and preparation. A clerical team handled the registration of vaccine recipients; our students only received clients ready for vaccination, after which they referred clients to a waiting team for post-vaccine observation. This arrangement allowed students to have the maximum experience possible in administering vaccines. There were no documented cases of SIRVA in clients vaccinated by the students. There were no wasted doses of vaccine recorded by students.

During the practical stage of training, the students worked both with a PharmD (Doctor of Pharmacy) for learning vaccine reconstitution and preparation, and with a licensed RCP (respiratory care practitioner/respiratory therapist) for performing deltoid IM injections. The Loma Linda University Vaccine Clinic was operated in collaboration with San Bernardino County and registered over 1,000 recipients per day with other vaccinators which included student nurses, student pharmacists, student physicians, dentists, and volunteers from other professions licensed to administer vaccines.

During February 17, 2021, the governor of the State of California stopped by to observe our students vaccinating the public and tweeted⁵ a photo (see below) that included two of our students with a pharmacist preparing vaccines. Loma Linda University president Dr. Richard Hart wrote of this visit, “Today, that vaccine clinic was honored with a visit from California Governor Gavin Newsom;

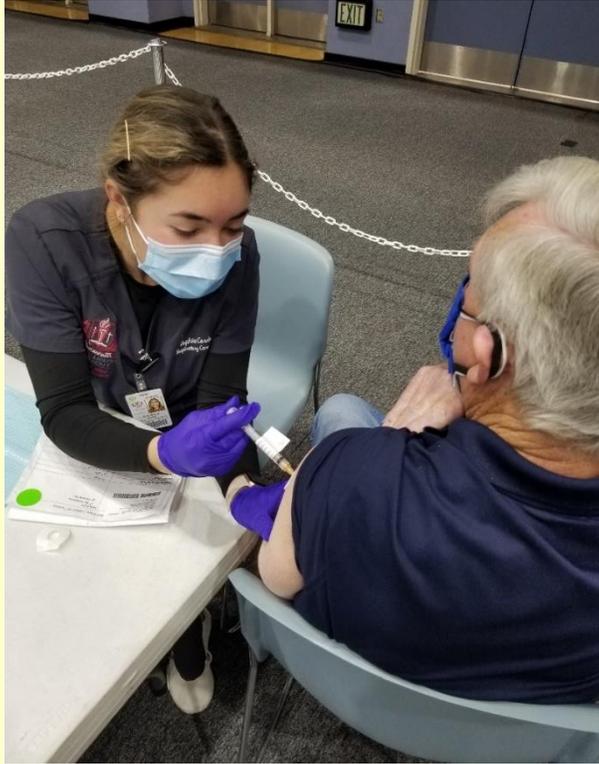
Pete Aguilar, U.S. congressman representing California's 31st district, and James Ramos, state assemblyman from San Bernardino. Their visit was intended to commend the Loma Linda University Health team for our efforts to serve the San Bernardino County region through the vaccine clinics, as well as our year-long effort in treating COVID-19 patients.”

After touring the vaccination clinic, the governor stated, “What I love about this is the virtuous cycle of students giving back with practical and real experience in saving lives and encouraging people, while also providing a listening board to address some of the myths and the hesitancy in a way that only this student body and faculty possibly could.” One student reported that she never knew it could be so much fun being a student respiratory therapist noting the continuous line of grateful clients who were receiving the vaccines. Faculty and students observed that this has been an excellent interdisciplinary experience working closely with pharmacists, nurses, and other providers serving the public in an area of great need.

APPENDIX

Photos from the Clinic





Respiratory Care student Sophia Cordura vaccinating (February 2021)



Richard Nelson, MD MSRC RRT RCP, center, with Respiratory Care student volunteer vaccinators Pamela “Denise” Cohen (left) and Veronica Kim (right) at the San Bernardino Seventh-day Adventist church parking lot where 500 vaccinations were provided during one day clinic (February, 2021)

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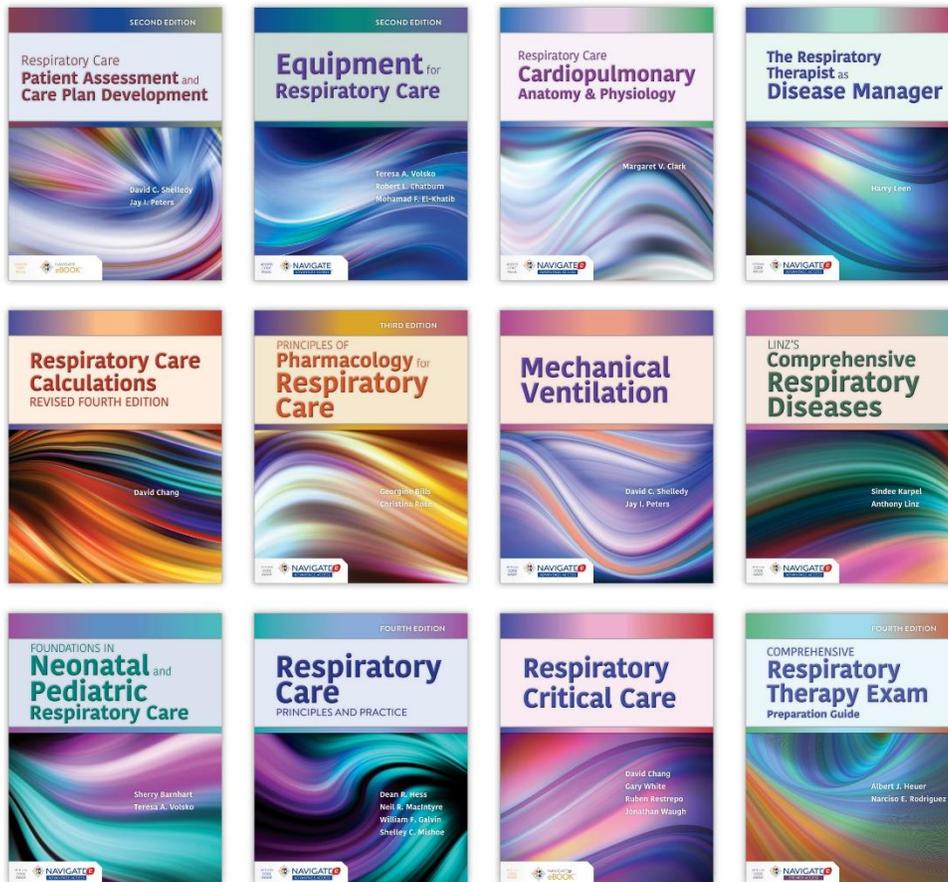
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Spokane Community College
California Society for Respiratory Care



If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

Reasons Why You Should Become a CoBGRTE Member

1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 70 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Mentoring program for new graduates as well as new faculty members.
8. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
9. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
10. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
11. Access to over 75 Spotlight articles on BSRT and RT graduate programs, and major medical centers.
12. Round table discussion dinners and Meet & Greet member receptions held in conjunction with the AARC Summer Forum and the International Congress.
13. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with CoARC and AARC to improve respiratory therapy education.

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Coalition for Baccalaureate and Graduate
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“Dedicated to Improving Respiratory Therapy”

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