# The Coalition Chronicle

**Coalition for Baccalaureate and Graduate Respiratory Therapy Education**

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# The Ohio State University

## Columbus, Ohio


# *Spotlight Article*

## *Advanced Practice Respiratory Therapy*


**Georgianna Sergakis, PhD, RRT & Sarah Varekojis, PhD, RRT**
**College of Medicine**
**School of Health and Rehabilitation Sciences**
**Division of Respiratory Therapy**


### History

In 1971, the Respiratory Technology Division was established in the School of Health and Rehabilitation Sciences within the College of Medicine at The Ohio State University. For over 47 years, the division has offered an undergraduate major for a Bachelor of Science degree in

Health and Rehabilitation Sciences. The original mission of the program was to prepare inhalation therapists as hospital department managers, community college faculty, clinical specialists, and future professional leaders for the developing field called "inhalation therapy." The program was initially accredited by the Joint Review Committee for Inhalation Therapy Education (JRCITE) as an advanced-level inhalation therapist program in 1976 and has been fully accredited ever since

The Division evolved with the profession, and the name changed to Respiratory Therapy in 1978. As clinical practice expanded, the undergraduate curriculum adapted. The curriculum became entirely upper division built upon two years of undergraduate preparation in liberal arts and natural sciences. Academic courses were created to address the full scope of practice and became prerequisite to clinical courses in basic therapeutics, intensive care, diagnostics, neonatal, pediatrics, long-term care, and rehabilitation. Clinical affiliates and experiences expanded throughout Ohio to include many community hospitals, several children's hospitals, long term acute care, sub-acute care, home care, and major medical centers.

Undergraduate research became a significant component of the curriculum. With more credit hours devoted to the science and clinical practice of respiratory therapy, the preparation of managers and educators shifted to the master's degree level. In 2007, F. Herbert Douce (Program Director from 1974 – 2009) and Marc K. Mays (Director of The Ohio State Wexner Medical Center Respiratory Therapy Department) began the development of a proposal for an advanced practice program for respiratory therapists. Over the course of the next ten years, in parallel with national development of the CoARC standards development and tripartite APRT committee work in the area, the proposal developed further and was submitted to the appropriate channels at the university. On November 17, 2017, the Ohio Chancellor's Council on Graduate Studies approved the Master of Respiratory Therapy, an advanced practice clinical graduate degree in respiratory therapy.

Today the mission of Ohio State's Division of Respiratory Therapy is to impact the advancement of the profession through leadership in teaching, research, and service. Specifically:

- Provide model undergraduate and graduate respiratory care educational programs.
- Engage all faculty and students in research and scholarly activity.
- Provide state and national leadership for the respiratory care profession and professionally-related community outreach activities.

## Faculty

Dr. Georgianna Sergakis

Dr. Sarah Varekojis

Since 1971, twenty-one individuals, including eighteen registered therapists (ARIT, ARRT, and RRT) have been regular faculty. Three have earned tenure and promotion to associate professor. The number of full-time regular faculty began with one in 1971 and reached four in 2009. There have been four volunteer medical directors, and countless therapists have been non-salaried clinical instructors and preceptors. The School of Health and Rehabilitation Sciences (HRS) is led by the school Director and Associate Dean of the College of Medicine, Deborah Larsen, PhD, FAPTA, FASAHP. Georgianna Sergakis, PhD, RRT, FAARC is the fifth program director, and Sarah Varekojis PhD, RRT, FAARC is the eighth director of clinical education. Additional faculty currently include lecturer Rebecca Oppermann, MS, RRT; lecturer Chris Mead, RRT, clinical professor Crystal Dunlevy, EdD, RRT and Medical Director, Jeffrey Weiland, MD. An additional 1.5 FTE will round out the faculty to support the MRT program. A dozen therapists at The Ohio State University Wexner Medical Center and 18 physicians currently are involved in contributing to the program.

Having graduated over 700 alumni, the Respiratory Therapy Division has impacted Ohio and the nation by providing exceptional educators, managers, advanced clinicians, and leaders for the respiratory care profession. Alumni include leaders of the American Association for Respiratory Care, multiple presidents of the Ohio Society for Respiratory Care, members of the state licensing board, community college and university faculty, and administrative leaders of community hospitals and major medical centers throughout Ohio.

**Master of Respiratory Therapy – An Advanced Clinical Practice Respiratory Therapist**

The Respiratory Therapy Division of the School of Health and Rehabilitation Sciences at The Ohio State University will implement a new degree program leading to the Master of Respiratory Therapy (MRT) degree in fall of 2019. The Master of Respiratory Therapy degree is a professional, non-thesis graduate degree program which includes advanced-level academic courses with integrated clinical application courses in one of several respiratory therapy specialties. The program is built upon a Bachelor of Science degree in Respiratory Therapy degree and will provide an attractive career option for respiratory therapists.

The rationale for this program is grounded in the evolution of respiratory therapy education and practice. This evolution has paralleled the rapid changes in the healthcare environment where the respiratory therapist is increasingly needed to provide and manage patient care through

independent supervised practice. Fewer specialty physicians in community medical settings combined with a reduction in the number of medical resident hours in teaching hospitals has created a practice gap that can be filled by an advanced practice respiratory therapist.

The focus of the program is "advanced respiratory therapy practice" which emphasizes the science of respiratory care, evidence-based practice, and independent supervised clinical practice. Graduates of the program are intended to be "practitioner-level advanced respiratory therapists" or "respiratory therapist practitioners." Similar to nurse practitioners and physician's assistants, graduates of the program will be uniquely qualified as "limited practitioners" under Ohio law.

"The credentialed Respiratory Therapist Practitioner will be a perfect position to help improve the efficiency of respiratory care, cost effectiveness, quality and safety," said Georgianna Sergakis, PhD, RRT, RCP, FAARC, associate clinical professor and Program Director of the Respiratory Therapy program. "We have many graduates who are superb practitioners and want to advance their practice. Until now, they might go to a physician assistant or nurse practitioner programs. This new degree builds upon their clinical experiences and advances their career."

Respiratory therapist practitioners will learn leadership skills and evidence-based practice techniques to create treatment plans, not just execute them. These graduates will have the skills and education necessary to ensure the application of evidence-based practice (EBP) clinical guidelines and protocols as an integral part of the interprofessional team.

"The MRT program will allow for a stronger influence on patient care decisions, allow RTs to play a larger role in development of disease management plans and directing care of cardiopulmonary patients," Sergakis said.

The disciplinary purpose of the program is to provide career opportunities for graduates of the proposed program, which include employment in a community or academic medical center, physician's office, clinic, sleep lab, and other areas as a respiratory care practitioner. Graduates of the MRT program will be eligible for licensure in all 50 states, and it is anticipated that graduates of the MRT will have additional licensure and credentialing options in the near future.

The demands of the profession require that advanced level respiratory therapists be capable of complex problem solving, critical inquiry, and decision making in order to practice more independently, thereby necessitating an educational process consistent with these demands and consistent with the focus of graduate education. Until recently graduate education for respiratory therapists has been primarily for preparing therapists for non-clinical roles in education and in administration of hospital departments relying primarily on the fields of allied health, business, education, and health administration. The Master of Respiratory Therapy degree offered by Ohio

State would be the first graduate degree of its kind in the United States addressing the need for advanced Respiratory Therapist Practitioners. We expect the MRT degree program to be the model graduate program for advanced practice in RT.


Upon successful completion of the didactic, laboratory, and clinical courses students will be prepared to:

1) Demonstrate advanced clinical skills in a cardiopulmonary practice area.
2) Contribute to cardiopulmonary disease management and health promotion.
3) Demonstrate communication skills to effectively participate in and lead professional teams.
4) Translate research to respiratory therapy practice and application of Evidence-Based Practice clinical guidelines.
5) Demonstrate skill in measurement, data collection and analysis of patient care outcomes.
6) Demonstrate an understanding of medical ethics applicable to respiratory care.

Respiratory therapy and physician leaders at adult and pediatric medical centers in Ohio have expressed a need for an advanced respiratory care practitioner to manage and facilitate patient care using clinical protocols and to direct and coordinate respiratory care, including such functions as:

- Provide consultation in decision making/planning for clinical respiratory care services;
- Assess, manage, and treat patients pursuant to prescribed clinical protocols for medical gas therapy, hyperinflation therapy, bronchopulmonary hygiene therapy, airway medication therapy, and ventilation therapy;
- Order diagnostic tests and respiratory care services under prescribed clinical protocols,

including discharge instructions/orders;

- Initiate consults/referrals to other health care providers;
- Authorize and supervise licensed respiratory care professionals (RCP) to provide respiratory care under clinical protocols;
- Assume a leadership role in airway management and cardiopulmonary resuscitations;
- Assume a leadership role in applying evidence-based practice and identifying evidence-based opportunities for improvement in patient care.

## The Significance and Benefits of the MRT Program

**Students:** Graduates of the MRT will have increased professional responsibility and autonomy. The availability of an advanced practice clinical Master's degree will also reduce professional attrition. Highly motivated and bright students will have the option to pursue advanced clinical graduate education, allowing the clinician to stay in their chosen profession. In the past five years, it is estimated that approximately 30% of students, graduating from the undergraduate RT program, pursued advanced clinical practice in another profession such as medicine, physical therapy, nurse practitioner, occupational therapy and physician assistant.

**Region or state**: There are several premier respiratory therapy departments located in institutions recognized for excellence in the region/state that would be prime environments to advance respiratory therapy practice in Ohio (for example: The Ohio State University Wexner Medical Center, The Cleveland Clinic, Nationwide Children's Hospital, and Cincinnati Children's Hospital).

**Professional and Societal:** The benefit is to those that choose to hire advanced practice therapists.

**Benefits to the institution and the patients** receiving care from MRTs may include the following:

- Facilitate implementation of clinical respiratory medication and treatment protocols
- Facilitate weaning patients from mechanical ventilation
- Increase efficiency of providing respiratory patient care
- Improve communication between respiratory care prescriber and therapists
- Decrease misallocation of respiratory care
- Reduce the occurrence of medical errors

- Enhance the professionalism of respiratory therapists
- Better assure evidence-based/best practice of respiratory care
- Improve timeliness of providing respiratory patient care
- Increase time respiratory expert coverage is available
- Reduce length of stay
- Improve patient clinical outcomes
- Improve disease management
- Improved recruitment and retention of staff therapists

The RT division will submit the Letter of Intent (LOI) for accreditation for the MRT program with the CoARC in January 2018. The CoARC released accreditation standards for advance practice programs in respiratory care in 2015, with revisions published in 2016, requires submission of a letter of intent, an approval of this letter of intent, completion and submission of a self-study, and a site visit.

## Needs Assessment

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) published "Development of Baccalaureate and Graduate Degrees in Respiratory Care" which recognizes the Master's degree in respiratory therapy as desirable and appropriate for advanced practice. CoBGRTE asserts that graduate education in respiratory therapy is needed to advance the practice of respiratory care and to increase knowledge in the discipline. Subsequently, the AARC proposed goals of graduate respiratory care education to include: prepare advanced level respiratory therapists for clinical practice, develop clinical specialists in the areas of adult critical care, pediatric critical care, neonatal critical care, and other clinical areas, as needed, develop individuals who can apply research results to the practice of respiratory care, prepare clinical practitioners with advanced knowledge and skills in basic and clinical sciences.

The faculty conducted surveys in 2011 and 2012 to explore the need, anticipated roles, benefits and demand for an advanced respiratory therapist practitioner and to determine student interest in completing an education program designed to prepare a respiratory therapist practitioner. An electronic survey addressing the need for and the benefits of a respiratory therapist practitioner was sent to 160 respiratory therapy department and medical directors of Ohio hospitals. A separate electronic survey was sent to education program directors and forwarded to students in 55 baccalaureate respiratory therapy education programs in the US. Students were asked to indicate their interest in completing graduate education that would lead to practice as a respiratory therapist practitioner.

Our hospital response rate was 55%, and 62% of respondents indicated a need for 403 respiratory therapist practitioners in the next 5 years. Hospital respondents represented a variety of hospital sizes, types, and locations in Ohio. Hospital respondents identified six roles and responsibilities and 10 benefits of having a Respiratory Therapist Practitioner at their facilities.

We received 157 responses from students graduating with a bachelor's degree in respiratory therapy. The responses came from 20 colleges and universities in 16 states. One hundred fifty-two (97%) respondents indicated an interest in a clinical Master of Respiratory Therapy program. The results of our studies suggest there is a widespread need for advanced respiratory therapist practitioners in Ohio, there are significant benefits to patients and employers of respiratory therapist practitioners, and there is strong student interest in completing a clinical Master of Respiratory Therapy program designed to prepare a respiratory therapist practitioner. The needs assessment manuscript was published in the Respiratory Care Education Annual.

## Curriculum

The MRT program will emphasize advanced problem solving, critical thinking, clinical reasoning and management, and differential diagnosis to support the level of advanced practice expected of advanced respiratory therapists in the coming decades. In addition, it is expected that the graduate will be prepared to be a critical consumer of the scientific literature and to support clinical research in the health care arena.

The first year focuses on the didactic and laboratory experiences needed for advanced-level clinical practice, peer-reviewed evidence for respiratory care, and ethical issues of advanced practice. Several courses were strategically included in the initial curriculum of the program so that students will be training alongside other student healthcare practitioners. The second year introduces advanced clinical experiences including diagnostic testing, differential diagnosis, clinical reasoning and decision making. The program includes approximately 1000 clock hours of supervised clinical practice by licensed physicians in a clinical specialty such as adult critical/emergent care, pediatric critical care, neonatal critical care, primary respiratory care, neuromuscular respiratory care, or sleep disorders.

The proposed MRT program includes three clinical courses. It is expected that at least two of these experiences is at the specialty area care site consistent with their specialty track and that the composite of experiences provides a breadth of exposure to the respiratory therapy practice arena. The Director of Clinical Education (DCE) will arrange and oversee the student clinical experiences. During each clinical experience, each student is supervised directly by a Clinical Instructor (Physician) at the clinic site. Each site has an affiliation agreement contract with the University that establishes the relationship between the site and the program.

Each clinical experience will require a satisfactory level of performance across clinical competency and professional behavior with the criteria for a satisfactory completion increasing between the first two clinical practica (8189 and 8289) and the subsequent clinical practica (8389). Also, during Respiratory Therapy 8389, each student will complete the data collection for their Master's examination. During the last experience, 8389, the students will establish individual goals, approved by the clinical site and the program, with a focus on refining their skills for MRT practice.

## OSU MRT CURRICULUM

| AUTUMN YR 1 | SPRING YR 1 | SUMMER YR 1 |
|---|---|---|
| **HTHRHSC 7900**: Evidence Based Practice I: Critical Analysis of Measurement and Diagnostic Tests (1)<br><br>**NURSING 7450**: Pathophysiology of Altered Health States (5)<br><br>**RESPTHR 7700**: Ethical Issues in Advanced Practice (2)<br><br>**RESPTHR 7895**: Seminar: Evidence for Respiratory Care I (1) | **HTHRHSC 7910**: Evidence Based Practice II: Critical Analysis of Intervention Research & Systematic Review (1)<br><br>**NURSING 7410**: Advanced Health Assessment (3)<br><br>**NURSING 7470**: Advanced Pharmacology in Nursing Practice (4)<br><br>**RESPTHR 7895**: Seminar: Evidence for Respiratory Care II (1) | **RESPTHR 7800**: Advanced Practice in Respiratory Care (3)<br><br>**RESPTHR 8189**: Advanced Clinical Practice I (4)<br><br>**RESPTHR 7895**: Seminar: Updates and Current Developments I (2) |
| **9 credits** | **9 credits** | **9 credits** |
| **AUTUMN YR 2** | **SPRING YR 2** | |
| **RESPTHR 7800**: Advanced Practice in Respiratory Care (3)<br><br>**RESPTHR 7895**: Seminar: Updates and Current Developments II (1)<br><br>**RESPTHR 8289**: Advanced Clinical Practice II (7) | **RESPTHR 7895**: Seminar: Professional Practice Issues (2)<br><br>**RESPTHR 8389**: Advanced Clinical Practice III (7) | |
| **11 credits** | **9 credits** | **TOTAL CREDITS: 47** |

The Master's examination is a part of Respiratory Therapy 8389 Advance Clinical Practice III. The course will consist of a culminating clinical practice experience, clinical competency evaluations, presentation of a case study and clinical simulations as well as those examinations developed by the National Board for Respiratory Care, the American Association for Respiratory Care, the National Asthma Educator Certification. Competency evaluations will be conducted during the final clinical practice experience and graded using performance evaluations developed from evidence-based Clinical Practice Guidelines and institutional policy and procedure manuals.

## Excellent Clinical Training

Students have the opportunity to select an area of specialization listed below in consultation with their program advisor. Specialization occurs through the selection and completion of various clinical rotations in the Respiratory Therapy 8189, 8289 and 8389 courses.

In addition, the services, equipment and facilities of the Clinical Skills Assessment Center of the The College of Medicine (the School of Health and Rehabilitation Sciences is a part of the College of Medicine) will be reserved for the MRT students to engage in simulation and laboratory skills practice and competency assessment. MRT students will have several opportunities for interprofessional simulation with other health sciences educational programs and physician trainees on our campus. Competencies will be assessed during these simulations, and participation in the simulations allows the students additional opportunities for team leadership, evaluation and critical thinking.


The Clinical Skills Education and Assessment Center is a procedural and high-fidelity simulation area that serves as a learning space for students, residents and other medical trainees from all fields of study to have the opportunity to practice a wide variety of procedures, with the ultimate intent of advancing patient care.

The Simulation and Procedures space includes:

- 18,000 square feet of space
- High technology simulators and equipment
- 3,000 square foot procedures training lab
- Wireless environment allowing ready access for PDA’s and laptops
- Digital recording systems
- Four virtual critical care and surgery bays with observation and control station
- An ultrasound room
- A 70-seat seminar room
- Staff offices and conference room

The Standardized Patient space includes:

- 8,000 square feet of space
- 14 exam rooms
- Wireless environment allowing ready access for PDA's and laptops
- Digital recording systems
- A 40-seat classroom
- Staff offices

Faculty run several established practice sessions in the lab for different rotations, but students are encouraged to initiate the opportunity to practice procedures. In addition to the millions of dollars worth of simulators and supplies, the center also has video teleconferencing capabilities, where procedures happening anywhere in the world can be shown live on plasma screen TVs. Trainees can watch from a bird's eye view of the surgery on one screen and from inside the patient on another, all while speaking the physicians performing the procedure.

The clinical resources available to the program include the outpatient clinics and inpatient facilities of the Wexner Medical Center and Nationwide Children's Hospital where the medical faculty practice. These clinical resources will meet the needs of the student's clinical education. The Ohio State University is the perfect environment for the MRT program. As stated previously, there are numerous professional programs in the School and at the University to provide a supportive and collaborative environment. In addition, the program is situated in the midst of one of the largest comprehensive academic medical centers in the nation, providing not only clinical support but an environment rich in scholarship and technology. Thus, the students have unlimited opportunities to be immersed in cutting-edge research and clinical practice. Finally, the program is well supported by an extended clinical community with contracts in place for over 300 clinical sites for student clinical experiences.

## ADMISSION QUALIFICATIONS

Admission to the Master of Respiratory Therapy (MRT) program is competitive. Applicants whose credentials are the most complete and who present the highest qualifications are accepted for admission. Completion of the stated selection criteria does not assure admission to the MRT program.

**1. CoARC ACCREDITED DEGREE**: Graduate of a Bachelor of Science or MS degree from a CoARC accredited Entry Level Respiratory Therapy program, or a CoARC accredited Degree Advancement Program in Respiratory Care; to determine if an applicant's program is CoARC accredited, please visit https://coarc.com.

**2. RT IN GOOD STANDING:** Applicants must be a registered respiratory therapist in good standing as evidenced by NBRC official credential verification letter (see Application Materials).

**3. GPA**: A minimum cumulative GPA of 3.0 on a 4.0 scale. The GPA will be computed using ALL grades earned from ALL institutions attended, and only applicants with a cumulative GPA of a 3.0 or higher (on a 4.0 scale) at the time of application will be evaluated for possible admission.

**4. GRE**: Competitive GRE (Graduate Record Exam) scores of 33rd percentile in the verbal and quantitative sections, and at least at 4.0 in the analytical writing section. MCAT scores are also accepted if a 33rd percentile score in each section was earned.

## APPLICATION MATERIALS

The following materials must be submitted to be considered for admission to the MRT Program.

**1. TRANSCRIPTS:** All transcripts from all coursework an applicant has completed must be submitted.

**2. OFFICIAL GRE SCORES:** Applicants must submit official GRE scores. Scores are only valid for 5 years from the date of the examination. Scores must be sent to OSU's Graduate and Professional Admissions Office using the OSU's code: **#1592.** The deadline to take the GRE is **January 15th, 2019**. Information on the GRE is available online at www.gre.org. Official MCAT scores will also be accepted.

**3. RESUME:** Applicants must submit a resume that includes evidence of at least 1 year of experience in their desired clinical specialty: *adult critical/emergent care, pediatric critical care, neonatal critical care, pediatrics, primary respiratory care, neuromuscular respiratory care, or sleep disorders*.

**4. PERSONAL STATEMENT**: All applicants are required to submit a personal statement that shows that they have an established and direct career pathway and have chosen a desired clinical specialty. The statement should explain why they have decided to pursue a career as an MRT, as well as how an MRT degree relates to the applicant's immediate and long-term professional goals, and describe how their personal, educational, and professional background will help them to achieve their career goals.

**5. REFERENCE EVALUATIONS**: All applicants are required to submit contact information for three references who can provide personal and/or professional evaluations. The applicant must include:

- One (1) licensed and practicing physician with whom the applicant has spent time clinically in the applicant's desired clinical specialty
- One (1) professor or instructor in the applicant's undergraduate course of study; if the applicant cannot obtain a reference in this category, a 2nd licensed and practicing physician that meets the criteria above can serve as their 2nd reference
- One (1) current or former employer

Your references will be asked to complete an evaluation on you and attach a letter of recommendation. Applicants are not permitted to use family members for evaluations.

**6. NBRC VERIFICATION LETTER:** All applicants must submit an official NBRC Verification Letter attesting that the applicant is a registered respiratory therapist. Applicants can visit the NBRC website, https://practitionerportal.nbrc.org/directory/all, to download a letter template, save the letter as a PDF, and upload it to their application. If an applicant does not have an Ohio license, they will receive assistance from the program in obtaining an Ohio license before they can begin clinicals.

**APPLICATION PROCESS**

1. **APPLICATION** – Applicants must first apply through OSU's Graduate and Professional Admissions website at the following link: https://gpadmissions.osu.edu/programs/program.aspx?prog=0269#&&tab=apply
2. **REVIEW** – The RT Division will review applications from November to March
3. **INTERVIEW** – Interviews will be held for competitive applicants from mid-February to mid-March
4. **ADMISSION DECISIONS –** End of March – beginning of April

## IMPORTANT DATES

- **Monday, December 31st –** Priority deadline if applying for a fellowship
- **Friday, February 1st, 2019 –** Application submission deadline
- **Tuesday, August 13th, 2019 –** Tuition is due for Autumn semester
- **Tuesday, August 20th, 2019** – Classes begin for Autumn semester

## National and State Updates

The AARC is currently working in conjunction with the NBRC and the CoARC to define advanced practice for the respiratory therapist, has conducted a needs assessment related to adequacy of education and personnel available to provide advanced care to patients with cardiopulmonary disease, to explore additional state licensing to reflect potential advanced practice scope and responsibilities, and to explore additional credentialing examinations for advanced practice respiratory therapists. The Ohio Society for Respiratory Care (OSRC) has been supportive of the development of the MRT, mostly through their legislative agenda that includes pursuing expanded licensure for the graduates of the program. Currently, the OSRC has secured several legislative sponsors for robust, model protocol language to be incorporated in to the current licensure law that will set the stage for future development of differential practice acts. Through the process of securing support for this initiative, the OSRC has been in discussions with all relevant Boards, Commissions, and Associations in the state, including the Ohio Hospital Association, the Ohio State Medical Association, the Ohio Nurses Association, the State Medical Board of Ohio, the State of Ohio Board of Pharmacy, and the State of Ohio Board of Nursing regarding future directions. These conversations have been positive and have allowed the OSRC to further develop strategies to be successful accomplishing the legislative agenda associated with development of the MRT.

## CONTACT US

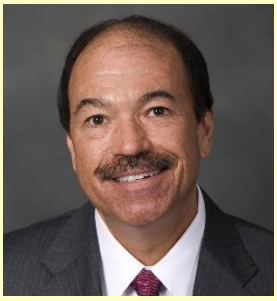
Should you have any questions regarding the application requirements or process of applying, please contact us at HRSGraduateStudentServices@osumc.edu. For additional information regarding the MRT Program, please visit us at: go.osu.edu/MRT

## Publication:

Douce H, Sergakis G**,** Dunlevy C, Varekojis S. The need for and interest in the advanced respiratory therapist practitioner. Respiratory Care Education Annual. 2014;23:3-7. http://www.aarc.org/wp-content/uploads/2015/05/rcea14.pdf

# Presidents Update and Call for CoBGRTE Committee Members

**David C Shelledy, PhD, RRT, FAARC, FASAHP**
**President, 2018-19**



The *mission* of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education is to advance respiratory care education. Our *vision* is to become a global leader for respiratory care education. We cannot serve our mission or achieve our vision without your help. Please look at some of our achievements for 2018, and volunteer to help us continue to succeed in the upcoming year.

## CoBGRTE Mission, Vision and Objectives

The purpose of CoBGRTE is to make respiratory care education better. CoBGRTE is organized to help students, faculty members, and key stakeholders advance baccalaureate and graduate respiratory care education. A key resource is our monthly *Coalition Chronical* which is sent to all our members, as well as key stakeholders in the AARC, CoARC and NBRC (circulation 900). The CoBGRTE Roster also serves as a communication tool for faculty members developing new baccalaureate and graduate respiratory care programs. Currently we have 70 institutional members, 272 active members, 516 student members, and two corporate members for a total membership of 862.

## Objectives of CoBGRTE are to:

- Award scholarships to baccalaureate and graduate respiratory care students.
- Maintain a current roster of baccalaureate and graduate respiratory care programs located in regionally accredited colleges or universities in the United States.
- Provide a means of communication among respiratory care educators.
- Assist faculty members that are developing curricula for new baccalaureate and graduate respiratory care programs.
- Conduct research on respiratory care educational programs and the healthcare workforce.
- Engage in study and planning related to the development of new baccalaureate and graduate respiratory care programs.
- Assist associate degree respiratory care programs in developing consortium and transfer agreements with colleges offering baccalaureate and graduate degrees.
- Advocate for development and establishment of the baccalaureate and graduate

respiratory care programs.

CoBGRTE has recently completed a strategic planning process to review our mission, vision, values and strategic goals. Our revised mission, vision, values, and strategic goals are here:

***Mission:*** to advance respiratory care education.

***Vision:*** to become the global leader for respiratory care education.

***Values:*** excellence, integrity, leadership, advocacy, inclusion, innovation, collaboration, diversity, and dedication to the profession.

***Strategic Goals:***

a. Transform the profession by advancing quality academic programs, professional knowledge, and faculty resources.

b. Increase the number of graduates from baccalaureate and graduate respiratory care educational programs.

c. Develop a center of academic excellence to provide faculty development and advance the art and science of respiratory care education.

d. Ensure that we have the resources to meet our mission and vision.

## CoBGRTE 2018 Activities

1. Elections for officers and board members were held this summer. Officers and three new directors were elected to the Board:

    a. Treasurer (2019-2020): Jonathan Waugh, PhD, RRT, RPFT, FAARC, Samford University, Birmingham, Alabama.

    b. Secretary (2019-2020): Jennifer Anderson, EdD, RRT, RRT-NPS. Dr. Anderson is Chair of the Respiratory Care Program at Midwestern State University, Wichita Falls, Texas.

    c. Medical Advisor (2019-2020): Russ Acevedo, MD, FAARC, FCCP. Dr. Acevedo is presently the Medical Director of the Respiratory Care Department and the Intensive Care Unit at Crouse Hospital in Syracuse, NY and Clinical Professor of Medicine and Adjunct Professor of Respiratory Care at the Upstate Medical University. Dr. Acevedo is also the Medical Director for the NY Society for Respiratory Care.

    d. Douglas S. Gardenhire, EdD, RRT, RRT-NPS, FAARC. Dr. Gardenhire is Chair of the Department of Respiratory Therapy at Georgia State University.

    e. Michele Pedicone, MS, RRT, RRT-NPS. Ms. Pedicone is Director of Clinical Education at East Tennessee State University.

    f. Christopher Russian, PhD, RRT, RRT-NPS, RPSGT, RST. Dr. Russian is Professor, Department

of Respiratory Care at Texas State University

2. Dr. Jennifer Anderson represented the CoBGRTE at the October AARC, NBRC, CoARC Collaborative Meeting to promote the baccalaureate degree. CoBGRTE continues to collaborate with AARC to increase the number of BS programs and the number respiratory therapists that have at least a BS degree in respiratory care. We've developed a list of consultants to help associate degree programs in converting to the bachelor's level and are working on a list of master's degree respiratory care program graduates who may serve as prospective faculty for BS degree programs.
3. The Graduate Council continues to work on a white paper to provide guidance on development and implementation of graduate (e.g. MS degree) respiratory care programs. The purpose of this paper will be to provide the rationale for implementing such programs, as well as a blue print regarding costs and associated funding sources. A primary target audience for this paper will be administrators, deans and directors of allied health schools and departments at institutions authorized to grant a master's degree.
4. Recent publication of a model curriculum for an Advanced Practice Respiratory Therapist (APRT) program that provides the competencies identified by the CoARC Standards and the DACUM process (this involved participation by members of the ACCP Respiratory Care Networks Committee). The model curriculum is available on the CoBGRTE website: http://www.cobgrte.org/specialarticles.html and http://www.cobgrte.org/images/APRT_Commmittee_Article_August_2018.pdf. We are also very pleased that one of our member institutions (The Ohio State University) has received permission to go forward with their advanced practice respiratory therapist master's degree program.
5. CoBGRTE hosted a booth at the AARC Congress in the Exhibition Hall held in Las Vegas Nevada, December 4-7, 2018. Special thanks to Dr. Janelle Gardiner, at Weber State and her team, which made this happen.
6. CoBGRTE hosted a Round Table Discussion Group session and Dinner at the Las Vegas AARC Congress on Wednesday, December 5 at 7 pm. The discussion topic was marketing respiratory care educational programs. Thanks to all who were able to attend.
7. Activities at the 2018 AARC Summer Forum included:
    a. Meeting with the AARC, NBRC and CoARC Collaborative Group to explore further collaboration to advance respiratory care education.
    b. A faculty development session that awarded continuing education credits.
    c. A Round Table dinner discussion of respiratory care educational enhancement topics.
    d. CoBGRTE Executive Committee and AARC Executive Committee meeting that focused on working together to increase AARC membership, ways to promote professional

advancement and support the BS and higher educational mandate. Gary Wickman continues to serve as AARC Liaison to CoBGRTE. Lynda Goodfellow was appointed as the AARC - CoBGRTE liaison to the APRT task force.

e. CoBGRTE Executive Committee and the CoARC Executive Committee meeting to continue discussing opportunities for collaboration and joint work on enhancing and promoting baccalaureate and graduate program accreditation, degree completion plans, and the APRT.

8. The American College of Chest Physicians (ACCP) approved a liaison role between the two organizations and appointed Dr. Jonathan Waugh, who serves as a member of the CHEST Respiratory Care Networks and Treasurer/BOD member of CoBGRTE, as the liaison. CoBGRTE leadership met with the ACCP Respiratory Care Network Steering Committee in October of this year.
9. CoBGRTE recently completed an MOU with Liaison International, the parent organization of the Allied Health Centralized Admission System (AHCAS). Liaison will sponsor CoBGRTE to further promote the use of AHCAS by respiratory care educational programs. Look for more information about the respiratory care centralized application service (AHCAS) in an upcoming issue of The Coalition Chronicle.

While our board, committees, and members achieved a great deal in 2018, there's much left to do. Please consider volunteering your help (or committing to continue to serve) with one of the following 2019 committees:

- The Coalition Chronicle Editorial Board – Monthly newsletter with spotlight articles on institutional members, special topics in professional education and helpful resources.
- CoBGRTE Graduate Council – Provide data to support development of RC graduate programs and help programs advocate for starting graduate programs.
- Advanced Practice Graduate Committee – Provide a model curriculum, support the AARC needs assessment process and work with institutions seeking to establish APRT programs (such as shared teaching agreements).
- International Outreach Committee - Provide assistance for the development and implementation of baccalaureate and master's degree respiratory care programs located outside of the USA.
- Membership Committee – Continue membership growth and participation.
- New Program Committee - Assist in the development of new baccalaureate and graduate

respiratory care educational programs.

- Program Standards Committee – Develop standards for clinical instruction and simulation learning. Provide workshops to enhance clinical instruction.
- Program Committee – Plan and implement programming at professional meetings such as the AARC Congress and Summer forum.
- Student Scholarship Committee – Oversee student scholarship selections and work to increase scholarship funding.
- Social Media Committee – Enhance the presence and activity of CoBGRTE on various social media platforms.
- External Affairs Committee – Lead interaction with and involvement by institutional members. Enhance current relationships with other professional organizations and develop new relationships. Work closely with other planning committees for external events.
- Strategic Planning Committee – Develop and refine strategic goals and associated action items to achieve the mission and vision.

I'd like to take a moment to thank all our current board members, our committees, our membership and sponsors for their support and hard work in 2018. A special shout out to Dr. Christy Kane, our President-elect and Dr. Tom Barnes, our Immediate Past President who both continue to do yeoman's work for the Coalition. Please look at the current committees and see if you would be able to serve in 2019 (my contact information is: Shelledy@UTHSCSA.edu). Have a great Holiday Season, and a very Happy New Year!

**Professional Positions Posted at http://www.cobgrte.org/professionalpositions.html**
*University of Arkansas for Medical Sciences, *Bellarmine University, *Norton Healthcare, *The University of Toledo, *University of South Alabama, *Texas State University, *Liberty University, *University of Texas Health Sciences Center – San Antonio, *University of Hartford, *University of North Carolina – Charlotte, *University of Virginia Health System, *Salisbury University, *Skyline College, *Boise State University, *Canisius College, *Boston Children's Hospital, *Nova Southeastern University, *Northern Kentucky University, *Iman Abdulrahman Bin Faisal University.

*"Commit to a career of life-long learning"*

## An Interview with

## Daniel D Rowley, MSc, RRT, RRT-ACCS, RRT-NPS, RPFT, FAARC

**Clinical Coordinator, Pulmonary Diagnostics & Respiratory Care Services**
**University of Virginia Medical Center**
**Charlottesville, Virginia**

Q. Tell us about your early days as a respiratory therapist. What brought you to the field?

A. I became a respiratory therapist by chance. While in high school I was selected to participate in a one-year healthcare occupations program that provided me with my first exposure to respiratory therapy during a clinical rotation elective. Having been exposed to various healthcare occupations during the program, I thought that medicine was the career path for me. My initial pursuit was pre-med, but after changing colleges during freshman year I learned about a local respiratory therapy program that was accepting applicants for admission. The program's curriculum heightened my curiosity further, so I met with the program director and we had an excellent meeting. He was enthusiastic about the profession and demonstrated to me how respiratory therapists are valued members of the healthcare team. Soon, I was sitting in the classroom in pursuit of becoming a respiratory therapist.

My early days as a respiratory therapist helped me to cultivate my career path. I moved across the country to work at the University of Virginia Medical Center where respiratory therapists had an excellent reputation for clinical practice, participation in clinical research, and strong physician, nursing, and hospital administrative support. This combination of support provided me with myriad opportunities to care for diverse patient populations while learning how to apply the art and science of respiratory care where professional pride and pursuit of excellence was an expectation among respiratory care department leadership.

Q. Who were your mentors? What did they contribute to your career?

A. I have had few mentors but many coaches throughout my career. In terms of clinical mentorship, Randy Harris, RRT was a senior respiratory therapist who took me under his wing and mentored me in adult critical care. I remember being assigned to work with him during my critical care orientation as a new graduate. He impressed me with his professionalism, respiratory care knowledge of critically ill patients, ability to reference literature during patient care rounds, and his unapologetic and unwavering demand for me to

demonstrate attention to detail and excellence in clinical practice. Several physicians, nurses, and respiratory therapists have been excellent short-term coaches to me at different times. Each coach has specialized knowledge and skills that has helped me acquire clinical knowledge and technical skills necessary to provide effective respiratory care clinical leadership for patients.

Aside from clinical practice, I have also had mentors and coaches within my involvement with the Virginia Society for Respiratory Care and American Association for Respiratory Care volunteerism. Early in my career, Patricia A. Doorley, MS, RRT, FAARC was the first person who introduced me to the Virginia Society for Respiratory Care (VSRC). She invited me to a VSRC meeting where I was introduced to many respiratory therapists from around the Commonwealth of Virginia who shared the same passion for respiratory care and patient advocacy as I.

Patricia Doorley represented to me an exemplar model of being a true professional. She was well informed on important issues effecting the respiratory care community and patients we serve; she was articulate; she was dedicated to her profession; and she was reliable and always followed through with her commitments. Those qualities resonated with me and they continue to serve as a self-calibration check for me even today. Camden McLaughlin, RRT, FAARC also served as a mentor to me during my time as President and Delegate for the VSRC. He helped me to develop effective committee leadership skills that I'm able to apply today while serving on AARC committees.

Q. How did furthering your education contribute to your career path?

A. Earning a master's degree in respiratory care leadership from Northeastern University contributed significantly to my career path. As the adult clinical coordinator for my department, I provide staff education, conduct clinical research, and have a seat on the department's clinical practice committee. Knowledge that I acquired during graduate school has helped me to introduce new ways of providing a multigenerational workforce with just in time skill demonstrations related to low frequency procedures. For instance, I learned how to develop and link demonstration video to QR codes. Recognizing that workflow is interrupted when one must ask a colleague for help to demonstrate a low frequency task, I created skill demonstration videos, linked them to QR codes, and then posted the QR codes on respective equipment or clinical practice guidelines so that staff could view demonstrations from an employer provided smart phone via internet connection.

In terms of research, I have been able to transfer knowledge gained from graduate level research and team leadership classes into effective clinical quality improvement initiatives and IRB approved clinical research studies. Developing a solid research design foundation,

learning to work with statistical software, and having a better understanding about project management has increased my overall effectiveness as clinical researcher and member of my department's clinical practice committee.

Q. What are some key leadership lessons you have learned?

A. Inspire others by encouraging them, but also provide constructive feedback when opportunity for improvement presents itself. Invite others to develop at their own pace and don't underestimate the importance of offering sincere recognition for a job well done. Also, be kind to yourself. To be your best and offer your best, one must recognize when to rest as well.

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

A. Take pride in being a respiratory therapist and commit to a career of life-long learning. Identify people you work with who demonstrate professionalism, clinical excellence in patient care, and the image you see for yourself in the future. Work hard to apply existing knowledge while also learning how to use and leverage evidence-based literature to help guide clinical decisions. Ask for help when you need help and speak up when you do not understand something. Take initiative to identify and solve problems and aspire to be a transformative leader that improves patient care and all that you do as a respiratory therapist. Be the change you want to see!

## *You Can Do It - Advancing Your Education*

**Daneen Nastars, MS, RRT, RRT-ACCS**
**Director of Clinical Education**
**Respiratory Therapy Program**
**University of Texas Medical Branch - Galveston**

In response to the AARC 2015 and Beyond conferences, the American Association for Respiratory Care (AARC) issued a position statement for the preferred entry into practice that recommended programs award a baccalaureate or master's degree in respiratory care or equivalent degree titles.[1] In collaboration with the 2015 and Beyond vision to increase the level of education, the Commission on Accreditation for Respiratory Care (CoARC) mandated that newly accredited programs must award a minimum of a bachelor's degree in respiratory care.[2] The respiratory care field's push for advanced education has increased the number of degree completion (AS to BS), baccalaureate and master's level programs.[2] This increase has caused an immediate and likely continued demand for faculty with advanced degrees. CoARC accreditation standards require

that each program have a program director, director of clinical education (DCE) and medical director.[3] Programs that award bachelor and master's degree must have a program director and DCE that hold a minimum of a master's degree.[3] As the profession moves forward towards baccalaureate entry level, it more important now for those who already have their bachelor's degree to keep going. There may be personal reasons to pursue an advanced degree, but a more urgent reason is to serve the profession as it needs more educators.

After I graduated in 1997 with a baccalaureate degree in respiratory care, my academic preparation seemed fine; there no need to pursue a masters. My perceptions have changed after a few years of working at the bedside as I began to more clearly see the need to plan for the next 10 to 20 of my professional career. At that time, I considered management, education, or sales. Now there are even more options of growth within the profession but with most of these opportunities comes the need for advanced degrees. With the goal of the profession becoming bachelor entry level, it means that career advancement will likely call for master or doctoral degrees. Whether you are on the fence about getting a masters, doctorate, or haven't even thought about it yet, my advice to you is to do it!

Many fall into the trap of negative thinking about major changes. They don't think they will have the time. They weren't a straight A student or didn't even appear on the Dean's list. It's easy to see where you are but very hard to see what you can be. Every course I took involved a lot of work, but I was able to get my master's degree, and now am working on my doctorate. In fact, to my surprise, my master's degree seemed easier than my undergraduate. Of course, that could have been because I took fewer hours (better paced myself?) and was a more mature student. The saying, "if only I knew then what I know now, "was completely true. If I had only approached my undergraduate degree in the same was the master's degree and I would not have struggled as much. My master's degree was a very different experience. After one or two classes I was able to get into a routine, and the fears quickly went away. I took one class at a time, and when possible took two courses. Some people had no problem taking more than one class and completed their degree faster, but I wanted to set myself up for success and maintain a work-life balance. Taking more time also helped me gain more from each class because I was able to apply the course to aspects of my work and not just get through each assignment. When deciding to select my master's degree program, I had help based on a recommendation of a peer. The program was good, and a lot was learned, but recommend that you carefully research the programs which will best match your end goal and are relevant. If you are not sure if your goal is education or management, either focus would be acceptable. According to CoARC standards, programs offering a bachelor's or master's degree must include content related to leadership development in management, education, research and/or advanced clinical practice.[3] However, regional accreditation agencies expect faculty members to have completed 18 graduate credit hours in respiratory care subjects as part of your program of study. When deciding to work

towards my doctorate, I took my time and researched the different programs and decided to go with something that will help me the most instead of focusing on cost. In the long term the additional cost should be recouped through promotion and the possible future opportunities the degree will bring.

I cannot stress how important it is to talk to people in the profession and ask them about where they got their degree and how the program has helped their career. Having a mentor can be extremely valuable.

In conclusion, the profession is growing, and new opportunities will present themselves, and you need to be ready. Imagine you have been thinking about getting a masters or doctorate but have not taken that first step, and then one day an opportunity presents itself, and it's your dream job or a job you would love to pursue, but it requires a master's or doctorate. The bottom line is you will never be 100% ready to go back to school, life will always be busy, and there will still be some level of hesitation. Take that first step and keep moving forward, and before you know it will be over, and you will be ready for any opportunity that comes your way.

**"Nothing happens unless something is moved." Albert Einstein**

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## Round Table Discussion Dinner - AARC Congress 2018

**Chris Russian, PhD, RRT, RRT-NPS, RPSGT, RST, Program Committee Chair**
**Michele Pedicone, MS, RRT, RRT-NPS, Program Committee Member**

CoBGRTE continued the tradition of having a dinner for members, guests, and anyone who would like to join the comradery and discussion. The program committee searched for a place with character, with a menu to meet a variety of tastes, and with appealing spirits. The Lazy Dog

Restaurant & Bar appealed to our desires. The establishment is located on Las Vegas Boulevard, just a short drive from the Mandalay Bay Resort and Casino. Founder Chris Simms created a place inspired by unplanned adventures, an enduring love of food and fireside conversations. Lazy Dog uses sourced ingredients carefully picked from places and farmers and prepared with love and respect. Every meal is made by hand each day. There is also a seasonal menu, to celebrate Mother Nature's wonderful handiwork. The Lazy Dog accommodated us like family and honored our separate checks request. We collected 60 reservations as the event approached. However, I suspect the chilly weather and the attraction of the casino whittled away our number of attendees. Forty-one folks participated in the dinner and discussion. The program committee was incredibly pleased with the turnout and the discussion that occurred.

During the AARC Congress, the program committee has a single charge of arranging the round table dinner and discussion. Moving away from our usual pattern, the program committee decided to have a single topic for the round table dinner. We wanted the discussion to focus on a topic that is important to the survival of our programs and profession. We believed *Marketing and Recruiting Plan for Respiratory Care Programs* warranted our undivided attention. Attracting a large number of qualified applicants to our programs, every year, is an ever-present desire for respiratory care programs. Increasing enrollment is important for so many reasons. First, respiratory care programs have institutional enrollment requirements. Programs are obligated to remain financially viable. It is very expensive to run a respiratory care programs and if enrollment drops the institution may have no choice but to shutter the program. Second, there are workforce requirements. All professions need a steady influx of new talent to replace the outgoing employees and to meet growth projections for the field. The need for Respiratory Therapists is expected to increase substantially as more baby boomers see their healthcare needs increase. Third, we have a professional mandate of increasing the number of bachelor's degree holding therapists in the field. Therefore, we need more programs that award a bachelor's degree and we need to increase the number of students we admit. This is hugely daunting because convincing a university to start a Respiratory Care program is not easy and asking a current

program to accept more students, without an initial increase in faculty, is not well received by administration. Fourth, bachelor's completion programs and graduate programs are becoming increasingly prevalent. Each of these programs needs a steady stream of qualified applicants. During the 2018 AARC Summer Forum Seminar we held a discussion on strategies to increase student numbers with Gregg Marshall, Paul Eberle and Tim Op't Holt serving as our expert panelists. All three are Full Professors and Chairs for their programs. One strategy shared by the panelists was exercising the 10% option the COARC allows to increase the number of admitted students. This would increase enrollment into BSRC programs, generating more student credit hours for the program/university, and increase graduates into the workforce. However, a program cannot exercise the 10% rule if qualified applicants are not available. Some of the seminar audience shared their struggles with finding enough applicants to fill the available seats. The panelists were familiar with the scenario and enlisted the help of university advisors to help "sell" the benefits of Respiratory Therapy. This was the impetus for our Round Table dinner discussion at the 2018 AARC Congress.

The Round Table gatherings bring about opportunities to network, recruit new members and discuss topics critical to the advancement of the CoBGRTE mission. Visiting with our academic, clinical and managerial community across the country is an enjoyable and refreshing way to grow our professional expertise. We learn from each other. We solve problems together, and ideally, we advance the profession. As always, we ask the Round Table attendees to record their comments on placards, so the program committee can gather and summarize the discussion ideas. Reviewing qualitative data is time consuming but critical to producing output from the dinner and for CoBGRTE members. Although there are innumerable topics that can be discussed at these gatherings the program committee is pleased with the entries on the placards.

Below are the dominant ideas generated at the Round Table dinner on *Marketing and Recruiting* students into respiratory care programs.

- Market to students unable to get into other healthcare programs, e.g. Physician Assistant programs, nursing, pre-medicine, etc.
- Hold an Open House to showcase the program/profession, live or virtual
- Create a dual track BS/MS program or a pre-medicine track
- Purchase names from the Graduate Record Exam (GRE) for health profession majors
- Monthly newsletter, electronic
- Increasing social media presence
- Create a BS completion program
- Faculty visits to health programs/courses in high schools and community colleges
- Conduct intro courses and dual enrollment courses for Health Education high school students.
- Updated Life and Breath Video and use during recruitment days
- Info sessions at the university anatomy and physiology/science courses
- Create an intro to respiratory care course as an elective for campus students

Obviously, many worthwhile ideas. The devil is in the details. It takes a lot of work to run a program and most faculty have a full plate of responsibilities. However, recruiting qualified applicants is paramount to our continued existence. But truthfully, it is not a problem for academia alone. The above suggestions need focused attention from folks within the academic programs and therapists in the field.

Overall, the dinner produced eager discussion and provided vision to a complex and significant issue. While the topics provide structure, it is the participation of the attendees that shape the output. We thank all the attendees for making time for CoBGRTE. The program committee works hard each year to produce events that the membership can enjoy. But we would not be successful without the strong support from the CoBGRTE Board of Directors and the members that attend the events.

As I look back at past program committee reports it is obvious that new topics are discussed but some topics persist as omnipotent challenges to our profession. I'm sure we will be discussing the above topic again real soon. Please join us at the next CoBGRTE Seminar and Round Table Dinner & Discussion at the 2019 AARC Summer Forum in Fort Lauderdale, Florida.

## MSRC Graduate Profile

**Maria Madden MS, RRT, RRT-ACCS (Class of 2018).** The Master of Science in Respiratory Care Leadership program with a concentration in respiratory specialty practice from Northeastern University has benefited me in many ways. It has confirmed the knowledge I have from 27 years in the clinical setting with various roles as a respiratory therapist, educator, and leader. The professors are always willing to help and know how to encourage you to advance your skills and education. The knowledge I have gained is contributing to my interest in research and the field of respiratory care, my continued thirst for knowledge, and my love of my profession.

The MS program has led to my increased involvement with the AARC. With the guidance from professors like Dr. Thomas Barnes and Dr. Dean Hess, I am now assisting the AARC with clinical practice guidelines (CPG). The course Development of CPG and Respiratory Care Protocols taught by Dr. Aaron Light is one that I have found to be most helpful with CPG development.

The program has assisted me in expanding my research skills with courses taught by Dr. Barnes in Research Design and Applied Research in Respiratory Care. At the 2018 AARC Congress, I was honored to moderate several lectures and an open forum session. I also had two abstracts accepted for presentation. Finally, I shared my experience and knowledge with spinal-cord injury patients during a lecture.

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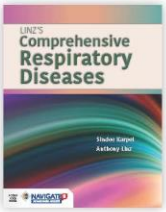


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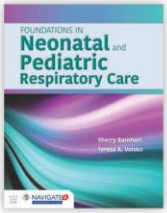


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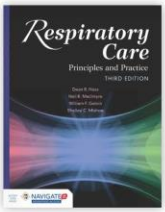


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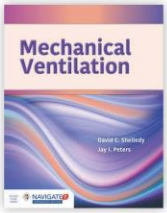


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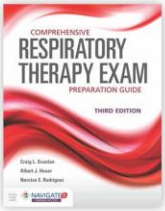


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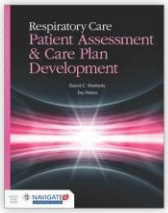


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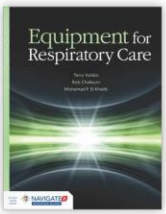


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1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 63 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 45 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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