

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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**University of Texas Medical Branch
Galveston, Texas**

Spotlight Article



Department of Respiratory Care
School of Health Professions

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Associate Professor and Chairman

About the University

The University of Texas Medical Branch and Galveston have a rich history. The campus was established as the first medical school in the state of Texas in 1891. It is also home to the first nursing and allied health science schools in Texas. Despite two major hurricanes that nearly destroyed the island (the Great Storm of 1900 and Hurricane Ike in 2008), the University has grown to include four schools (a Medical School, School of Nursing, Graduate School of

Biomedical Sciences, and a School of Health Professions). UTMB is a major academic medical center and a member of the Texas Medical Center, a non-profit umbrella organization that constitutes the largest medical complex in the world.¹ The combined enrollment in Fall of 2018



was over 3,000 students. The School of Health Professions, established in 1968, offers graduate programs in Clinical Laboratory Science, Health Professions, Nutrition and Metabolism, Occupational Therapy, and Physical Therapy. It also offers undergraduate programs in Clinical Laboratory Science and Respiratory Care.

The images above serve to represent the resiliency of Galveston and UTMB. The bronze

sculpture is located on the Seawall and was dedicated on the 100th year anniversary of the “Great Storm of 1900”. That storm was the greatest natural disaster to ever strike the United States and

over 6,000 people were lost to the storm. The statue represents the suffering of the victims of the storm and the strength of the survivors who stayed and rebuilt the city. The storm struck in the infancy of the medical school and there were suggestions that UTMB should close after the 1900 storm. The now famous telegram from the Chairman of the Board of Regents at the time to the Galveston campus “the University of Texas stops for no storm”, serves as a



reminder of the resiliency of the University and the people of Galveston. When faced with similar destruction after Hurricane Ike, the University again dug in and resolved to rebuild. The imagery above represents the efforts of citizens, faculty, and students to rebuild and raise the schools to even better position. UTMB lives up to its motto of “working together to work wonders”. The original medical school, Old Red as it is affectionately called, is being maintained and lifted to new heights. Above Old Red you see the newest addition to the Galveston campus, the Health Education Center (set to open officially on August 1).

Health Education Center

The new Health Education Center is a 160,000 square foot building, five-story building that features collaborative space to expand interprofessional education. It is a state-of-the-art simulation center that includes standardized patients and non-human simulation. The center includes a community home environment, acute care units, birthing suites, operating rooms, an ambulance bay, and critical care units. In addition to simulation space, the center boasts modern learning classrooms and studios that will enhance interprofessional learning. The clinical space increases in acuity as one raises to different levels of the building.

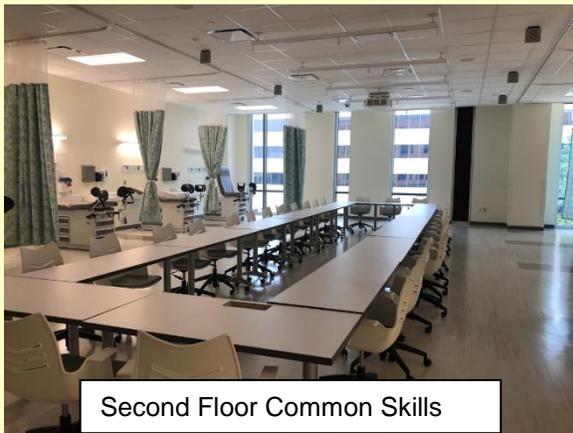


First floor. Student study space.

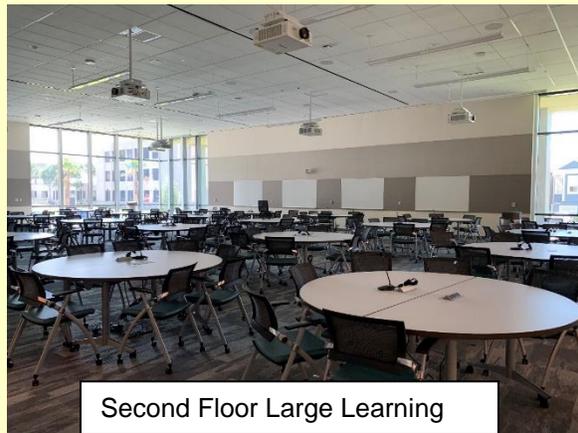
The first floor has large learning spaces, group study rooms, individual student study cubicles, and a food grill. The second floor has three large classrooms, group study rooms, and large clinical skills labs. The third floor has acute care hospital beds with human patient simulators (birthing moms, SimMan, and pediatric patients), and a community home environment. The fourth floor is dedicated to standardized patient encounters. Finally, the fifth floor has a 10-bed critical care environment and two simulated

operating room suites.

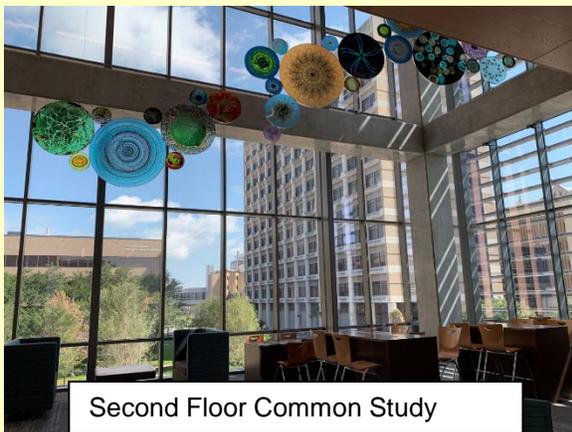
Although the center opens officially in August, the Respiratory Care and Physical Therapy programs coordinated the first interprofessional activity hosted in the center (*the early mobilization of a mechanically ventilated patient*). In this activity, teams of respiratory therapists and physical therapists had to plan and coordinate treatment for a mechanically ventilated patient to include sitting the patient at the bedside. The activity has both professions learning with and from each other on how to provide collaborative care for a complicated patient.



Second Floor Common Skills



Second Floor Large Learning



Second Floor Common Study



Fourth Floor Standardized Patient Exam Room



Fifth Floor Critical Care Rooms - Interprofessional education activity in Health Education Center, early mobility of a mechanically ventilated patient activity with PT and senior respiratory care students.

Inaugural IPE Activity in the HEC. Life in the Northern Caribbean (aka Gulf of Mexico)



Respiratory Care

The Respiratory Care Program at UTMB was established in August of 1993, following transfer from the University of Texas Health Science Center in Houston. The program has six full-time faculty and seven paid PBL clinical instructors. The program offers a Foundation (2+2) entry-level baccalaureate degree, an AS to BSRC Bridge degree, and a master's degree (MSHP) that is a post-baccalaureate degree program for therapists interested in education or leadership opportunities.

Foundation Program (BSRC)

The Entry Level Bachelor's Degree (BSRC) or Foundation Program is designed for those just beginning their professional training with little prior knowledge of Respiratory Care and requires 49 semester hours of prerequisites for admission and 79 semester hours (2 years) of professional course work after entry into the program.

Junior Year

Junior Year Total: 42 Credits

Note: scroll left to view full table on mobile devices.

Semester	Course	Title	Credits
Fall	RESC 3412	Pulmonary Physiology	4
Fall	RESC 3413	Pathophysiology & Patient Assessment	4
Fall	RESC 3335	Respiratory Pharmacology	3
Fall	RESC 3315	Respiratory Therapeutics	3
Fall	RESC 3116	Respiratory Therapeutics Lab	1
			Total: 15
Spring	RESC 3523	Critical Application of Mechanical Ventilation	5
Spring	RESC 3124	Critical Care Instrumentation Lab	1
Spring	RESC 3237	Pediatric Respiratory Care	2
Spring	RESC 3621	Physiologic Monitoring	6
Spring	RESC 3125	Graphics Interpretation Lab	1
			Total: 15
Summer	RESC 3332	Pulmonary Functions	3
Summer	RESC 3133	Pulmonary Functions Lab	1
Summer	RESC 3235	Pulmonary Functions Clinic	2
Summer	RESC 3238	Intro to Adult Clinical Practice	2
Summer	RESC 3239	Intro to Pediatric Clinical Practice	2
Summer	RESC 3236 ***	Diagnostic Procedures	2
			Total: 12

Senior Year

Senior Year Total: 37 Credits

Note: scroll left to view full table on mobile devices.

Semester	Course	Title	Credits
Fall	RESC 4265	Neonatal Respiratory Care	2
Fall	RESC 4444	Adult Critical Care Clinical I	4
Fall	RESC 4266	Pedi/Neo Critical Care Clinical I	2
Fall	RESC 4167	Specialty Rotation Clinical I	1
Fall	RESC 4165	Advanced Cardiovascular Life Support or Pediatric Advanced Life Support	1
Fall	RESC 4248 ***	Intro to Research	2
			Total: 12
Spring	RESC 4153	NBRC-MCE Review	1
Spring	RESC 4554	Adult Critical Care Clinical II	5
Spring	RESC 4355	Pedi/Neo Critical Care Clinical II	3
Spring	RESC 4356	Specialty Rotation Clinical II	3
			Total: 12
Summer	RESC 4268	NBRC-Clinical Simulation Review	2
Summer	RESC 4361 ***	Rehabilitation and Home Care	3
Summer	RESC 4264 ***	Professional Issues	2
Summer	RESC 4367	Adult Critical Care Clinical III	3
Summer	RESC 4368	Clinical Internship & Specialty Rotations III	3
			Total: 13

Total Foundation BSRC Program Credits: 128 credits

Bridge Program

The **AS to BSRC Bridge Program** is designed for graduates of associate degree respiratory care programs who have passed the NBRC Registry examinations and provides for **up to 50** semester hours of block credit. In addition to the same 49 semester hours of prerequisites required for admission to the Foundation program, **AS to BSRC Bridge** students must complete **33** semester hours of professional courses after entering the program.

Semester	Course	Title	Credits
Spring	RESC 3621	Physiologic Monitoring	6
Spring	RESC 3125	Graphics Interpretation Lab	1
			Total: 7
Summer	RESC 3332	Pulmonary Functions	3
Summer	RESC 3133	Pulmonary Functions Lab	1
Summer	RESC 3236	Diagnostic Procedures	2
			Total: 6
Fall	RESC 4165	Advanced Cardiovascular Life Support or Pediatric Advanced Life Support	1
Fall	RESC 4248	Intro to Research	2
			Total: 3
Spring	RESC 4367	Adult Critical Care Clinical III	3
Spring	MSHP 5302	Scientific Writing 5302	3
			Total: 6
Summer	RESC 4361	Rehabilitation & Home Care	3
Summer	RESC 4264	Professional Issues	2
			Total: 5
Fall	RESC 4153	NBRC-MCE Review	1
Fall	RESC 4268	NBRC-Clinical Simulation Review	2
Fall	RESC 4368	Clinical Internship & Specialty Rotations III	3
			Total: 6

AS to BSRC Bridge Program Credits: 33 credits

Note: RESC 4367 - ACC III can be met by a Clinical Portfolio: Clinical competencies in 2 specialty areas (ACC, PICU, NICU, Sleep, Diagnostic procedures, Clinical Staff Education, Advances floor, Burn, Homecare, LTC, etc.)

Note: RESC 4368 Internship and Specialty can be met by completing any of these advanced credentials: NPS, ACC, SDS, AE-C, CPFT (if not previously achieved) RPFT.

Master's Program (MSHP)

The School of Health Professions started offering a master's degree program for health professions in the spring of 2012. This program leads to a Master of Science Degree in Health Professions with a specialty in respiratory care. The MSHP is a graduate degree targeting, among others, registered therapists who are looking to advance their training in specialty areas of management and education. The program offers an on-line advanced degree that opens opportunities for leadership as healthcare managers or executives within their organizations. The degree allows individuals with bachelor's degrees in the arts or sciences to expand their field of study into exciting and fulfilling healthcare careers.

Note: scroll left to view full table on mobile devices.

Semester	Title	Title	Credits
Summer	MSHP 5301	Medical Ethics	3
Summer	MSHP 5310	Human Resources and Leadership	3
Summer	MSHP 5323	Technology Clinical Simulation	3
Summer	OCCT 6359	Health Promotion and Wellness (elective)	3
			Total: 12
Fall	MSHP 5303	Health Care Policy	3
Fall	MSHP 5313	Quality Assurance and Risk Management	3
Fall	MSHP 5315	U.S. Health Care System	3
Fall	MSHP 5322	Education Laboratory and Clinical	3
Fall	MSHP 5204	Thesis Project I	2
Fall	PHYT 6270	Global Health Interprofessional Studies I (elective)	2
			Total: 16
Spring	MSHP 5302	Introduction to Scientific Writing *	3
Spring	MSHP 5311	Management of Health Information	3
Spring	MSHP 5314	Management in Healthcare	3
Spring	MSHP 5320	Developing Educational Materials	3
Spring	MSHP 5205	Thesis Project II	2
Spring	OCCT 6253	Evidence-Based Practice (elective)	3
Spring	PHYT 6271	Global Health Interprofessional Studies II (elective)	2
			Total: 19
Summer	MSHP 5321	Classroom Technology	3
Summer	MSHP 5312	Financing Health Care	3
Summer	MSHP 5206	Thesis Project III	2
			Total: 8

* Note: Introduction to Scientific Writing is also offered in the Summer semester.

Outcomes

UTMB has graduated over 200 therapists since 1993. Our graduates have gone on to enjoy successful careers in respiratory care throughout the State of Texas. Not only are our graduates sought out by regional employers, we also have sought graduates of our program as paid clinical instructors. In addition, two of our most recent full-time faculty positions have been filled by UTMB alumni. UTMB has received recognition from the CoARC for Distinguished RRT Credentialing Success annually since 2012. The recognition is based on meeting four metrics reported in the CoARC Annual Report of Current Status. Those metrics include: 1) three or more years of outcomes data; 2) continued accreditation without a progress report; 3) RRT credentialing success of 90% or greater; and 4) meet or exceed established CoARC thresholds for CRT credentialing success, retention, and on-time graduation rate.

Faculty and Staff



José D. Rojas, PhD, RRT – Associate Professor (Tenured), Chair and Program Director. Dr Rojas has been an Associate Professor with UTMB since 2007. He became chair of the department in 2014. He is a non-traditional student who completed his PhD after having worked as a registered therapist for 17 years. He received his PhD in Physiology from Texas Tech University Health Sciences Center in 2000 and completed a three-year post-doctoral fellowship at Yale University School of Medicine in the Department of Cellular and Molecular Physiology. Dr. Rojas then went on to teach Respiratory and Renal Physiology at Ross University School of Medicine for three years. Since coming to UTMB his undergraduate teaching interests have been in simulation and mechanical ventilation. His teaching interests in our graduate program are in educational technology and simulation. He has basic science interests in cell physiology, intracellular pH regulation, and fluid transport. Besides his basic science publications and presentations, Dr. Rojas has presented at the AARC Conferences focusing on simulation and teaching technologies.



Daneen Nastars, MS, BS, RRT, RRT-ACCS – Assistant Professor of Instruction and Director of Clinical Education. Daneen Nastars will be entering into her 10th year of teaching at UTMB. Daneen is a graduate of Texas State University, earning her BSRC in 1997. She completed her Master of Science in Clinical Practice Management from Texas Tech University in 2013 and is nearing completion of Doctor of Health Science degree with an emphasis in health care education. In addition to her DCE duties, Daneen teaches Pathophysiology and Patient Assessment, Mechanical Ventilation, Graphics Interpretation Lab and Rehabilitation and Home Care. Daneen's areas of interest are interprofessional education, simulation, and COPD education. Daneen recently had a manuscript approved for the

Respiratory Care Journal entitled Race/Ethnicity and 30-Day Readmission Rates in Medicare Beneficiaries with COPD. Daneen's clinical background includes ten years' experience working in a children's hospital. After leaving the hospital, Daneen worked as a Donation Clinical Specialist for Life Gift Organ Donation.



Bruce Adcock, MEd, RRT, RRT-NPS – Assistant Professor of Instruction. Bruce Adcock has been an Assistant Professor of Instruction at UTMB since 2013. He completed his Bachelor of Science in Respiratory Care from Texas State University and his Master of Education in Instructional Technology from Texas Tech University. With 17 years of pediatric and neonatal respiratory care experience, Bruce serves as the department's specialist in neonatal and pediatric respiratory care. Along with neonatal and pediatric respiratory care, he teaches pharmacology, graphics interpretation and diagnostics.

Clinically, he instructs in the PICU, NICU and pediatric floors at Children's Memorial Hermann in the Texas Medical Center in Houston. He also serves as faculty for the Master of Health Professions, where he teaches courses in course development, clinical and laboratory education and clinical simulation. Since joining UTMB, Bruce has been active in interprofessional education and human patient simulation. Bruce has been on the planning committee and a facilitator for the school wide interprofessional activity, "What's Wrong with Warren", which includes the School of Medicine, School of Health Professions, Graduate School of Biomedical Sciences and School of Nursing. His current research interests are pediatric and neonatal respiratory care, clinical simulation and interprofessional education. Bruce currently has several manuscripts on these subjects in process.



Muzna Khan, MS, RRT, RRT-ACCS -- Assistant Professor of Instruction. Muzna Khan has been an assistant professor at UTMB since 2015. She completed her Bachelor of Science in Respiratory Care from UTMB in 2010 and her Master of Science in Clinical Practice Management from Texas Tech University in 2013. As a faculty member of the Respiratory Care department, Muzna teaches Pulmonary Functions Testing, Physiologic Monitoring, Introduction to Research, and graduate courses such as Health Information Management, and Quality Assurance, Risk Management. In addition, her clinical coursework focuses on Adult ICUs and floors at UTMB. Prior to her

joining the UTMB Respiratory Care department, Muzna primarily conducted cardiopulmonary research with the UTMB Department of Anesthesiology, and was involved with several grants funded by NIH, Department of Defense Office of Naval Research (ONR), US Army Medical Research and Material Command since 2010. She has presented her work as an invited speaker or abstracts at several conferences including American Association for Respiratory Care, Society of Critical Care Medicine, and Military Health Science Research Symposium. Muzna's research

focuses on developing and testing fluids and medical devices for treating shock and trauma. She is currently collaborating on development of decision support and closed-loop resuscitation systems with the use of smart monitoring technology. Muzna's full bibliography at myNCBI can be viewed here:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/1X7zaQShvzh5A/bibliography/49890000/public/?sort=date&direction=ascending>



Melissa Yanes, MS, RRT, RRT-ACCS -Assistant Professor of

Instruction. Melissa has been an Assistant Professor of Instruction at UTMB since 2015. She completed her Bachelor of Science in Respiratory Care from the University of Texas Medical Branch in 2012 and her Master of Science in Health Education from Texas A&M University in 2014. Prior to joining UTMB, Melissa worked in adult critical care areas at Houston Methodist Hospital in the Texas Medical Center. Her teaching areas of interest include adult critical care, chronic obstruction pulmonary disease (COPD) education, respiratory therapeutics, and critical care instrumentation. Clinically, she instructs in the intensive care unit and general floors at Houston Methodist

Hospital in the Texas Medical Center. She also holds instructor credentials for advance cardiovascular life support (ACLS), basic life support (BLS) and teaches at the Life Support Education Lab at UTMB. Since joining UTMB, Melissa has been active in interprofessional education activities, recruitment and community outreach programs. Melissa has facilitated interprofessional activities involving Occupational Therapy, Physical Therapy, Physician Assistant and Respiratory Care students. She has attended several local high schools and universities to talk about the Respiratory Care profession and the Respiratory Care program at UTMB. She also serves as the Student Section co-chair for the Texas Society for Respiratory Care Program Committee where she hopes to continue taking an active role for future respiratory therapists in the state of Texas.



Frank P. Ward, EdD, MSA, PA – Associate Professor Interim

Assistant Dean of Academic and Student Affairs. Dr Ward joined the Department of Respiratory Care in Fall of 2014. His clinical training was as an orthopedic physician assistant. He has served in multiple leadership positions. In addition to his role as interim Dean of Academic and Student Affairs. Dr Ward teaches in the MSHP curriculum.



Gina Rovello-Martinez – Coordinator Gina joined the department in 2015 and serves as our departmental Wonder Woman.



Dr. Koutrouvelis is a board-certified anesthesiologist and critical care intensivist. He has served as Co-Medical Director since the program moved to Galveston. Dr Koutrouvelis serves as the Associate Chief Medical Officer at the UTMB Clearlake Campus and the Division Chief for Critical Care Medicine.



Beth Teegarden, MD Assistant Professor and Co-Medical Director. Dr. Teegarden joined UTMB as an Assistant Professor in the Department of Anesthesiology in 2015 and has served as the Medical Director of the Surgical Intensive Care Unit and a Co-Medical Director of the Respiratory Care Department since April 2019. Additionally, she was appointed to the National Board of Respiratory Care’s Board of Trustees in 2018 and the American Society of Anesthesiologist’s Committee on Respiratory Care in 2019. She is a board-certified Anesthesiologist and Critical Care physician from the American Board of Anesthesiology, and holds a testamur status from the National Board of Echocardiography in Critical Care Echocardiography. She earned her medical degree from the University of Texas Health Science Center at San Antonio, completed a residency in Anesthesiology at the University of Illinois- Chicago, and a fellowship in Critical Care Medicine at the Medical University of South Carolina.

References

1. Texas Medical Center. <https://www.tmc.edu/about-tmc/facts-and-figures/>

CoBGRTE Board Approves Position Statement

The CoBGRTE Board of Directors unanimously approved the following position statement on July 22, 2019.

The Commission on Accreditation for Respiratory Care (CoARC) is the “Gold Standard” for respiratory care accreditation and all respiratory care educational programs should seek and obtain the CoARC’s accreditation.

For additional information on support of CoARC see the March issue of *The Coalition Chronicle* pages 22-24.

CoBGRTE 2019 Board of Directors Election

Four director positions (for the term of 2020-2024) are open. Active CoBGRTE members will be sent a link to the election ballot. Voting will be open September 1 – September 30, 2019. Each nominee was asked to answer the following questions (see below for answers).

- How can CoBGRTE assist in the further development of the profession of respiratory care?
- How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?
- How can CoBGRTE better represent its membership?
- What additional programs, services, or activities should CoBGRTE seek to provide for its members?

2019 CoBGRTE Elections Committee

Christy Kane, PhD, RRT-NPS, RRT-ACCS, AE-C, FAARC, Chair, Bellarmine University

Thomas Barnes, EdD, RRT, FAARC, Northeastern University

David Shelledy, PhD, RRT, FAARC, University of Texas Health Science Center at San Antonio

Jonathan Waugh, PhD, RRT, FAARC, Samford University

Board of Directors Candidates



David Burnett, PhD, RRT, AE-C. David Burnett has twenty-five years of experience in a variety of healthcare settings. Much of Dr. Burnett's RT experience has been as an advanced practice respiratory therapist (APRT) in a pulmonary clinic while leading a pulmonary rehabilitation program and diagnostics. Over the last decade, he's had the pleasure to teach for the respiratory care program in the department he chairs at the University of Kansas Medical Center. Also, in the capacity as the Associate Dean for Faculty Practice and Community Partnerships, he is currently exploring opportunities for RT's to function in a variety of clinical sites.

How can CoBGRTE assist in the further development of the profession of respiratory care?

The purpose of CoBGRTE is to improve respiratory therapy (RT) education and help increase the number of baccalaureate and master's degree programs in the United States. In turn, continued support to schools desiring the move towards degree advancement is necessary. Exploring innovative models to help assure students can matriculate from community colleges, to baccalaureate programs, and further to a graduate degree will be helpful. It's far past the time for our profession to stand beside most health professions that have advanced beyond where we currently are in regard to academic standards. We need to follow the lead of all other healthcare professions that have already traveled towards a minimum entry baccalaureate and graduate degree. In doing so, CoBGRTE should continue to nurture and build collegial relationships with all stakeholders including the AARC, CoARC, NBRC, CHEST, and RT's. Creating a unified consensus will help move the needle for degree advancement, licensure as advanced practitioners, reimbursement status like other health professions, and long-term viability of our profession.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

Continue to work alongside all stakeholders involved in the profession of respiratory therapy. As previously mentioned, help develop innovative strategies for transitioning our profession from the past to a sustainable future. Continue to spread awareness of the need for advanced degrees through evidence obtained by both quantitative and qualitative data. Beyond the story that can be told by data alone, is the sound judgement that we will not advance our profession without increasing our education standards. These stories have been demonstrated through previously published manuscripts. Now, CoBGRTE must continue to work with all stakeholders to create an

educational model that will serve our profession and keep everyone in the game that currently has a position to play.

How can CoBGRTE better represent its membership?

Simply by listening to the needs of the membership and the reason why they are members. Then incorporate the members' message into CoBGRTE's strategic plan. I can say with a certain level of confidence that a RT who becomes a member of CoBGRTE desires to see the profession advance. Therefore, if CoBGRTE can help with the expansion of baccalaureate and graduate respiratory care education as well as further develop the profession, then CoBGRTE will represent its members well.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

First, ask the members what their needs are. I believe this has been done well in the past. The result has been many opportunities for members to voice their opinions and concerns during their respective committee meetings. The membership is growing and with growth comes more diverse ideas. Establishing a process for gathering the needs from a much larger membership can help capture themes that may have gone unnoticed. Next, I recommend not duplicating services that may be already provided by other organizations. If possible, collaborate with another organization in order to support our membership. Currently, there is a need for: 1) a roadmap for academic institutions seeking educational partnerships for degree advancement, 2) advanced practice licensure, and 3) reimbursement for RT services. CoBGRTE can help disseminate models for accomplishing these large initiatives to its members. Overall, CoBGRTE can continue to be a positive voice for the advancement of our profession.



Randy Case, PhD, RRT, RRT-NPS. Dr. Case began his teaching career as a Clinical Instructor and Adjunct Faculty member for Midwestern State University in 2004. In 2013, Dr. Case accepted an Assistant Professor position at MSU. This year, he was promoted to Director of the Traditional Online RRT to BSRC Program at MSU. Dr. Case holds a Bachelor of Science in Respiratory Care, Master of Arts in Management Specializing in Health Care Administration, and a Ph.D. in Educational Leadership. His research interests include the development and implementation of interdisciplinary health care education.

How can CoBGRTE assist in the further development of the profession of respiratory care?

Renew, Revive, and Reinvigorate. This, of course, should be the goal of everyone within our profession. As members of the respiratory therapy profession, we have diligently fought to get

where we are. However, we still have areas of improvement to work on. In an effort to gain more attention to our profession, we must show our worth and our capabilities. This means renewing our passion for providing the utmost care for our patients. This means reviving our collaborative efforts with other educators to create a unified front to enhance and expand our profession. This means reinvigorating our efforts to recruit solid cohorts of students in an effort to develop and cultivate the upcoming generations of outstanding respiratory therapists. CoBGRTE plays a significant role in these initiatives by providing the support and guidance the baccalaureate and graduate respiratory programs seek. CoBGRTE can further enhance the development of the respiratory therapy profession by offering baccalaureate and graduate programs opportunities to network, collaborate, and find support within their educational pursuits.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

CoBGRTE has the rare ability to reach a large percentage of universities, faculty, and students seeking guidance and opportunities regarding the baccalaureate and graduate respiratory therapy programs within the United States. As the health care system continues to evolve and change within the United States, it is imperative the baccalaureate and graduate programs within our profession continue to seek opportunities to develop and grow. Although the responsibility for future expansion should not solely fall on CoBGRTE, the organization does have a pivotal role in advocating for baccalaureate and graduate respiratory therapy programs. Continued support and advocacy of these programs is essential and one area CoBGRTE has excelled in and should continue to do so. With this being the primary focus of CoBGRTE, the continued development of baccalaureate and graduate programs will ensue.

Specific areas CoBGRTE could support the expansion of baccalaureate and graduate programs include:

1. Providing additional scholarship opportunities for graduate level students seeking to enter respiratory therapy academia.
2. Providing associate programs with assistance in the development of consortium and transfer agreements with colleges offering baccalaureate and graduate programs.

How can CoBGRTE better represent its membership?

I believe CoBGRTE already does an excellent job at representing its members. Through *The Coalition Chronicle*, numerous baccalaureate and graduate programs throughout the country are highlighted each year. This allows programs an amazing opportunity to share information about their programs. CoBGRTE is also an essential component to developing programs through the various networking opportunities provided. These gatherings and meetings allow existing and upcoming programs the opportunity to share thoughts, concerns, and new ideas which is vital to

the continued development and enhancement of baccalaureate and graduate programs in respiratory therapy.

It would be invaluable to enhance the CoBGRTE networking platform by incorporating and enhancing the use of social media. This could allow CoBGRTE members the opportunity to actively engage with one another on a regular basis. Sharing ideas and innovative educational strategies throughout the year would be extremely beneficial to all.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

I would like to see an enriched scholarship program provided by CoBGRTE to respiratory therapy students. Financial burdens are a genuine concern for health care profession students. The monetary responsibilities associated with clinical practicums along with the basic tuition and fees for college can be overwhelming to many of our students. Providing scholarships that are academically-based, need-based, as well as other opportunities, such as student research awards, would be an outstanding addition to the services already provided by CoBGRTE.

Additionally, I would like to see an enhanced recruitment strategy for students seeking their bachelor and/or master's degree. Over the past couple of years, I have witnessed an increased number of prospective students seeking advanced degrees, but ultimately deciding on an alternative educational route, such as health care administration.

Although obtaining this type of degree is to be commended, I do believe we need to develop a stronger push for the degrees specifically associated with respiratory care. With the use of updated promotional and recruitment strategies, CoBGRTE could play a critical role in capturing a larger student population for the baccalaureate and graduate programs in respiratory care.



Kimberly Clark, EdD, RRT, RRT-NPS. Dr. Clark received her undergraduate Bachelor of Science degree in respiratory therapy from Wheeling Jesuit University in 1991 and began working as a staff respiratory therapist in Washington, Pennsylvania. During that time, she served as a clinical preceptor, which led to her first academic appointment as program director for an associate degree respiratory therapy program in 2001. In 2004, she served as the respiratory therapy department education coordinator for Carolinas Medical Center in Charlotte, North Carolina. In 2007, she joined the University of North Carolina at Charlotte to serve as program director and initiated the Bachelor of Science degree in respiratory therapy degree advancement program. Following completion of her doctoral degree in education leadership, she served as an academic dean in the North Carolina Community College System for several years. In 2017, she returned to UNC Charlotte as program director and initiated the MS in respiratory care degree advancement program. She currently teaches undergraduate and graduate courses in respiratory therapy, serves as the North

Carolina Society for Respiratory Care Delegate to the AARC, and recently joined the CoBGRTE Graduate Council.

How can CoBGRTE assist in the further development of the profession of respiratory care?

The AARC 2015 and Beyond initiative identified major competency and sub-competency areas for all respiratory therapists. A taskforce later determined which competencies should be acquired either before or after entry into practice.¹ There is a significant challenge among respiratory therapy programs to include everything to prepare graduates for an ever-changing healthcare system.

CoBGRTE plays a significant role in promoting and facilitating the advancement of the profession. I believe CoBGRTE can have an even greater impact by facilitating the development of best practices for creating learning experiences that can be integrated into the respiratory therapy degree advancement programs to facilitate acquisition of post-graduation competencies, especially in the areas of leadership, evidence-based practice, and post-acute care. Providing opportunities to engage in face-to-face and online workshops would help facilitate networking and sharing of ideas from programs across the country.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

Unfortunately, as we hear about a new baccalaureate program opening, we hear about another one closing often due to shifting institutional priorities or financial constraints. Associate degree programs remain the primary source for new respiratory therapy graduates. It is important that CoBGRTE continues to work with associate degree programs in developing consortium and transfer agreements with baccalaureate and graduate degrees to increase the number of graduates with higher levels of education. In addition, an area of opportunity would be to work with associate degree programs by bringing educators from associate, baccalaureate, and graduate programs together to share information and identify strengths and areas of opportunity in an effort to better align programs to encourage and support the transition to higher levels of education. This may be a large undertaking but this is something we do in our state. We work together to increase the number of graduates with baccalaureate and graduate degrees. I believe this concept can be replicated on a larger scale with CoBGRTE as a leading voice.

Another area of opportunity to increase interest would be to highlight more individual success stories. One of the most common questions I get when talking to a prospective graduate student is “What can I do with this degree?” Highlighting success stories can help answer that question and promote more interest in obtaining higher levels of education. CoBGRTE should continue to highlight respiratory educational programs and departments in *The Coalition Chronicle* newsletter but also actively seek more individual success stories to be included.

How can CoBGRTE better represent its membership?

CoBGRTE continues to be a positive voice for advancing respiratory care education by increasing its presence at the AARC Congress and Summer Forum. State Societies can be an opportunity to increase CoBGRTE's reach to represent and grow membership by opening or enhancing the lines of communication to bring greater visibility to its mission, goals, and objectives.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

The need to increase graduates from baccalaureate and graduate programs is often met with significant challenges. One of the biggest challenges is finding qualified faculty members. It would be helpful to establish a mentee/mentor program in which students and members who are aspiring to become faculty or those who want to know more about being a faculty member can apply to team up with a designated mentor. This platform could be used to facilitate graduate student internships, recruit and develop future faculty, and networking.

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Megan Koster, EdD, RRT. Megan Koster has been an educator for nearly 10 years, beginning as an adjunct laboratory instructor for the on-campus BSRT program at Boise State University. She feels fortunate to teach students in a variety of environments, ranging from the clinical to graduate environments, and has enjoyed it all. In particular, Dr. Koster is drawn to teaching and learning in the online environment and worked exclusively in the Boise State BSRT online Degree Advancement Program (DAP) between the years 2014-2017. In 2017, Dr. Koster worked with the Boise State Department of Respiratory Care to develop an online Master of Science in Respiratory Care (MSRC) program and became the Director of that program. The Boise State MSRC Program began in the Fall of 2018 and received CoARC Provisional Accreditation as a Degree Advancement Program in the Spring of 2019. She is passionate about advancing the field of Respiratory Care through the development of accessible and rigorous degree advancement opportunities.

How can CoBGRTE assist in the further development of the profession of respiratory care?

We need to advocate strongly for our profession. The membership of CoBGRTE includes some of the most talented and innovative people in the field. I would like to see CoBGRTE continue to strengthen professional bonds with both the AARC and NBRC as well as state societies to

explore opportunities through which we may increase the volume of our collective voice in raising awareness about the necessity of the practice. From providing support, to maintaining or adding to the scope of licensure at both the state and national levels, to working with employers to identify avenues for RT's with advanced degrees to pursue, we must continue to prove that Respiratory Care Professionals are indispensable to the healthcare management team.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

My experience has been that even the most intelligent and motivated clinician may be unsure of how best to navigate the next phase of their career. It often seems there is a very distinct gap between curriculum designed to develop effective bedside clinicians and that designed to develop the next generation of leaders. This gap is likely perceived as daunting to those who wish to leap across but are unsure of how to get started. I would love to see CoBGRTE help to close that gap by working to make more transparent the opportunities available, de-mystify the processes required, and provide support for those wishing to begin the next phase of career development. Additionally, there must be shift in favor of an emphasis on advanced education. This means working with employers to assign value to those positions that require additional skill sets. Similarly, I would like to see support across educational programming in favor of a linear progression of degree advancement towards a terminal degree in the field of Respiratory Care. Exploring how best to provide a clear and accessible path for students to achieve their goals should be among the top of priorities.

How can CoBGRTE better represent its membership?

An increased presence is needed to not only make ourselves more identifiable to students, but also employers. I believe the best way to do this is to explore how best to make CoBGRTE more visible and create meaning around membership in the Coalition. We must have representation at state, national, and international meetings. There should be strong legislative support for the maintenance and advancement of the scope of Respiratory Care licensure in areas in which it is needed. There should be an increase in the number of educational and professional resources available through the organization that are recognized as valuable to both students and employers. Essentially, membership to the Coalition should be received as an indication that students, clinicians, educators, and managers are dedicated to the advancement of the profession. There should be a focus on developing a rich online presence through the use of social media platforms and the development of a more inclusive and intuitive website.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

The CoBGRTE network should be the first stop for students who wish to advance their education as well as for employers looking to hire the best practitioners in the field. This means there needs to be opportunities for members to connect with both degree advancement programs, peers, and potential employers. One of the primary concepts that seems to be lacking throughout the field of

Respiratory Care is that of mentorship. I would be a strong advocate for the development of programs or opportunities that support the development of mentor/mentee relationships. Through this network, I would hope to see an increase in opportunities for those who desire to assume a leadership role or to, at least, broaden or diversify their experiences within the profession. Some examples of what an emphasis on mentoring may accomplish include:

- The creation of localized representative roles. For example, state societies could have a CoBGRTE representative who would work with students and employers in their area to assess the needs in that area, match students to employers, and serve as a resource for students who want to pursue their education or advance their career in Respiratory Care. Opportunities to partner with other organizations should be explored to represent a united front and a cohesive mission toward advancing the profession.
- The identification of research opportunities between individuals or amongst institutions.
- The development of a web-based lecture series may be another opportunity not only for the membership to connect, but also to provide a platform from which aspiring leaders may gain experience through exposure to a broad membership base.



Tom Malinowski, MSc, RRT, FAARC. Tom Malinowski is the Director of Pulmonary Diagnostics and Respiratory Therapy Services for the University of Virginia Health System, an institutional member of CoBGRTE. Mr. Malinowski has spent nearly four decades as a leader in the profession and advocate for Baccalaureate and graduate respiratory education, serving as Director of Respiratory Services at Mary Washington Hospital, INOVA Fairfax Hospital, and Loma Linda University Medical Center. He has also served as a full-time and adjunct faculty member at Loma Linda University. His publications focus on quality improvement in respiratory care. Mr. Malinowski's book chapters center on patient safety, pulmonary rehabilitation, clinical assessment and monitoring in the intensive care unit. He has served in multiple roles to Virginia and California state affiliates, including President, for both the Virginia and California Society for Respiratory Care.

How can CoBGRTE assist in the further development of the profession of respiratory care?

The profession of Respiratory Care is influenced by multiple factors, but professional and educational advocacy is at the front of any efforts that will propagate our growth. CoBGRTE needs to continue to be a voice that strives for the advancement of respiratory education standards. The respiratory therapist of the future must focus on a number of areas including assessment, care plan development, protocol administration, chronic disease management, quality and process improvement, research, rehabilitation, and patient education, to name a few.

Bachelor's and graduate programs are essential to help respiratory therapists obtain these skills, and CoBGRTE is the arm that has consistently advocated for respiratory curricular development.

The advanced level professional (APRT) has the potential to play an important role in the intensive and acute care settings, clinics, physician offices, telemedicine, home care, long term care and rehabilitation facilities. The program curricula described by the CoBGRTE workgroup is an excellent example of where we can start.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

- Continue the work with existing Associate Programs, assisting existing associate degree programs develop transfer agreements and consortiums with colleges offering degrees.
- Expand and formalize allegiances with regional managers and directors to expand Bachelor's and graduate program availability to clinical staff.
- Continue the excellent work done with advanced respiratory program curriculums (APRT) and continue to apply pressure to help assure the APRT curricula standards are made available within the next calendar year.
- Continue pushing for the migration from technical-to-professional at the baccalaureate and graduate degree level.
- CoBGRTE must be an influencer within the Triumvirate (AARC, NBRC, CoARC) and drive the AARC's mandate to raise the level of education within the profession.

How can CoBGRTE better represent its membership?

CoBGRTE is *the* sustained voice that advocates for advanced respiratory care education standards. Engage your state and local affiliates to include a topic at your state meetings each year related to advanced practice and the value of graduate education!

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

The area or group I would most like to see CoBGRTE partner with is the directors and managers of cardiopulmonary departments. My bias is that respiratory care hiring managers/directors are a leverage point that can be greater utilized to drive associate-to-bachelor's-to-graduate education efforts. I see every day that our clinical practice needs require that the entry level respiratory care provider be prepared at a level beyond that which was expected even 10 years ago. Our present and future clinical needs require the entry level provider to be bachelor's prepared. The New York State Survey published in the Respiratory Care Journal identified that a key incentive for retention of RTs to the field was the development of a clinical ladder (growth/upward mobility),

followed by an increased scope of practice. Managers and Directors can provide incentives through clinical ladders and the creation of scope of practice and salary advancements.

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Richard Wettstein, MMed, RRT, FAARC. Since entering the health care field as a professional, Richard Wettstein has had a passion to provide patients with the best respiratory care available anywhere. This naturally led him to become an educator to foster a new generation of professionals with a passion for excellent patient care and patient advocacy.

For more than 20 years, he has been privileged to mentor students, medical residents, and most recently junior faculty in becoming lifelong learners that provide only the best-evidence based medical care. One of his greatest pleasures is the testimonials regarding the skill, knowledge and professionalism of the graduates that he repeatedly encounters while visiting our clinical partners. This is highlighted when employers cannot offer enough praise for the graduates that were not academic stars but, through encouragement and mentorship, successfully completed the program and now provide care at the highest level.

He has now taught respiratory care in Canada, Saudi Arabia and the United States. Everywhere he travels he encounters graduates who have picked up the torch and, now in their own positions of influence, are promoting excellence in health care. This is what makes education such a fulfilling and enriching career.

What role do you think CoBGRTE should play in the further development of the profession of respiratory care?

Roughly 90% of all respiratory care graduates enter the profession with an associate's degree. These programs can provide good candidates to provide direct patient care, but these graduates are missing key components necessary to move our profession forward through increased scope of practice, advanced practice, and research that drives that practice. It appears to me that CoBGRTE needs to focus on providing assistance in these three areas for entry into practice:

- Guidance for community colleges to advance their degree from an associate to the baccalaureate level.
- Provide model curriculum and guidance for establishing new baccalaureate level programs.

- Provide model curriculum and guidance for establishing new graduate level programs.
- Lastly, to continue to work to establish the first advanced practice respiratory care programs.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

- First by providing model curricula and guidance on the process of establishing new baccalaureate level programs.
- Second by continuing to work with the AARC, CoARC, and NBRC to establish the necessity of moving from the Associate level to the baccalaureate and graduate level to move the profession forward.

How can CoBGRTE better represent its membership?

- Increasing visibility within the profession
- Establish or enhance relationships with state professional societies and state licensing agencies to promote advanced degrees in respiratory care, expand scope of practice, and establishment of advanced practice respiratory therapists.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

The CoBGRTE objectives are well stated and comprehensive, covering most aspects of our mission. However, maybe the most challenging unstated objective is to develop a strategy to diffuse associate level leaders' resistance to moving the profession forward with baccalaureate and graduate respiratory care education.



John B. Zamjahn, Ph.D., MHS, RRT, RPFT. Dr. Zamjahn is Professor of Clinical Cardiopulmonary Science and Program Director of Respiratory Therapy (since 2004) in the Department of Cardiopulmonary Science at LSU Health Sciences Center in New Orleans (LSUHSC-NO). Dr. Zamjahn has been a faculty member in the department since 1993. His respiratory care education/training was from LSU Medical Center in New Orleans, where he earned a B.S. and Master of Health Sciences in Cardiopulmonary Science. He received his Ph.D. in pathology from LSUHSC-NO. Dr. Zamjahn serves as treasurer (since 2011) on the Board of Directors of the Louisiana Society for Respiratory Care and is completing his first term (2015-2019) as a member of the Board of Directors for CoBGRTE. During this time Dr.

Zamjahn has been a member of the Program Committee assisting in the planning of CoBGRTE's summer forum continuing education seminar and round table discussions.

How can CoBGRTE assist in the further development of the profession of respiratory care?

CoBGRTE, under the leadership of its Board of Directors, has been and continues to be a leader in respiratory therapy (RT) education and the advancement of the RT profession. CoBGRTE, through dialogue and committee work assignments, provides numerous resources that promote educational and professional development for RT programs and respiratory therapists. To assist in the further development of the RT profession, CoBGRTE can remain focused on addressing issues that hinder our profession's growth. There continues to be low student enrollment in RT programs. Although the number of baccalaureate and master's degree programs has increased since the origination of CoBGRTE, the vast majority are not filled to annual student capacity. A criterion often expressed to me by prospective students when considering a career in RT is career mobility within the profession. CoBGRTE can help facilitate an increase in number of programs offering the advanced practice respiratory therapist graduate degree, which may result in more students entering the profession. To advance support of a baccalaureate degree as the minimum entry level for respiratory care practice, CoBGRTE should take the lead in research comparing levels of RT training to patient-related outcomes, work efficiency, cost savings, etc. CoBGRTE can assist the AARC in actively encouraging more acute-care hospital managers/directors to obtain AARC membership. Thus, more managers/directors can demonstrate to their staff therapists the importance of supporting the RT profession rather than exhibiting indifference. What is most important is that CoBGRTE continue to advocate for AARC goals set forth in the "2015 and Beyond" conferences.

How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?

CoBGRTE can continue to collaborate with the AARC to provide resources for programs seeking to transition to a baccalaureate or graduate degree program. They can continue to provide appraisal of CoARC policies and inform members of positions in opposition to or support of baccalaureate and graduate RT education that necessitate member action. They can develop strategies to increase the number of graduates from existing baccalaureate and master's degree programs. According to the 2018 CoARC Report on Accreditation in Respiratory Care Education, 2017 new enrollments represented approximately 63% (934/1491) and 41% (51/123) of baccalaureate and master's degree programs' maximum annual enrollment capacity, respectively. Perhaps a recruitment toolbox, similar to that of the AARC, could be developed by CoBGRTE that is specific to earning a baccalaureate or master's degree in RT.

How can CoBGRTE better represent its membership?

CoBGRTE can annually or semi-annually survey its membership to 1) identify topics of interest to present during the Summer Seminar or Round Table discussions, 2) identify those wishing to

serve on CoBGRTE committees, and 3) solicit concerns of its members that can be addressed by the Board of Directors.

What additional programs, services, or activities should CoBGRTE seek to provide for its members?

CoBGRTE may consider awarding RT program faculty travel grants to support research-related activities that require travel, such as research training or peer-reviewed poster and oral presentations.

Adding Research to Undergraduate Respiratory Therapy Curriculum

**By Randy Case, PhD, RRT, RRT-NPS
Assistant Professor, Respiratory Care
Director of Traditional Online RRT to BSRC Program
Director of Interdisciplinary Education
Midwestern State University, Wichita Falls, Texas**

Across the country, a significant number of undergraduate students are increasingly receiving first-hand independent research experience in the bachelor's degree curriculum. Many universities have instituted programs for students to become involved in the scientific research community as early as their freshman year.¹ These types of programs provide undergraduate students with the opportunity to learn about the basic components of research including inquiry design and approach, execution, and writing. This also allows students to recognize and understand their place in the discovery and application process of research.² Unfortunately, the implementation of these types of research programs do not take away the innate fear of the word "Research."

Several studies have found that understanding and implementing research findings is a fundamental element of being an effective medical professional.³ According to a study conducted by Martins and Kenaszchuk, respiratory therapists understand the importance of research.⁴ In fact, 80% of those surveyed within the study agreed that respiratory therapy research is important and does, in fact, have the ability to advance the profession as a whole. However, several barriers to engaging in active research were mentioned by those surveyed, including the therapists' lack of educational background and experience in performing research.⁴ Personally, I can attest to this. Prior to starting my doctoral program, I was extremely apprehensive about actually performing research. It was unfamiliar and an unknown to me. However, with the proper guidance and direction, I quickly realized my ability to conduct, analyze, and discuss research findings.

Several years ago, I began teaching the undergraduate respiratory therapy research course at Midwestern State University in Wichita Falls, Texas. I wanted to change the structure of the course to allow the students the opportunity to conduct their own research versus writing a literature review on others' research. As expected, I was met with many reservations from the students when I presented the idea to them. As a general consensus, the students expressed being intimidated by the basic topic of research. Many students stated they were unsure on how to even begin the process of selecting a topic. Some were uncertain and perplexed on the data collection process. The majority of the students expressed their confusion on how to interpret statistical data and incorporate their findings into their own words. In general, most of the respiratory therapy students were turned off by a lack of understanding in the research process, and their inability to see results and determine their significance and validity. However, just as I had previously experienced within my own education, I wanted to provide the students with the necessary tools and supervision to afford them with the basic understanding of how to conduct research in a structured manner. Therefore, I discussed the objectives and goals for the research course with the students in-depth. I gave them my expectations, but also reassured them that there would be continual support for them throughout the process. To help provide guidance to the students, each research group was assigned two faculty mentors, myself and one other faculty member. Did the fear of research still exist for the students? Absolutely. However, the students were now open to the idea of conducting their own research. In addition, the students were excited that the successful culmination of the research course included the development of a research poster that would be presented at the University's Celebration of Scholarship Research Forum.

The development of the course content included the breakdown of each component of the research process in an effort to not overwhelm the students. Each week, the students were responsible for reviewing, discussing, and creating each section of their research project. During



Dr. Tammy Kurszewski mentoring Respiratory Care students Caleb Castillo, Jacob Spicer,

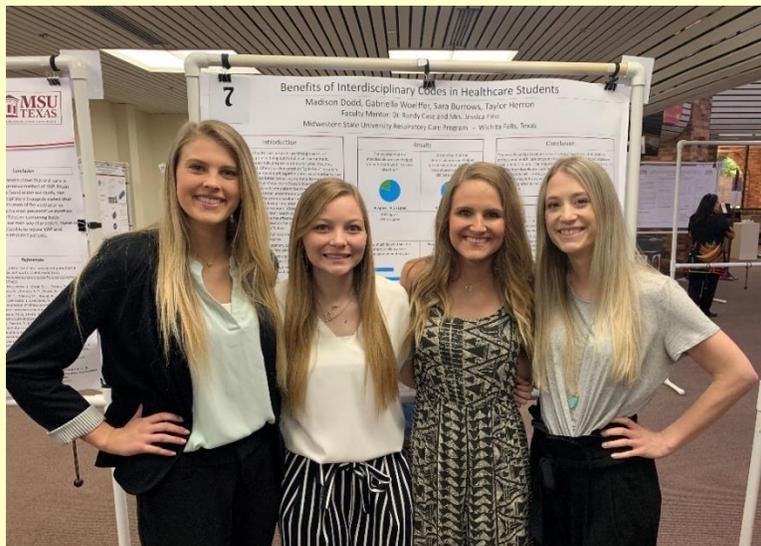
the first several weeks of the course, students were broken into groups and completed the appropriate ethics training, research question development, abstract formation, and survey creation. Allowing the students, the opportunity to brainstorm and discuss potential research topics proved to be successful. The students bounced ideas around and actually helped each other develop their research questions and survey information. Throughout the next three weeks, students developed and submitted their IRB approval letters. Although several groups were presented with necessary corrections and revisions, the process allowed the students to

understand the potential frustration and eventual satisfaction associated with IRB approval. Once

IRB approval was granted, the groups began the survey process. Some of the groups conducted their surveys on the MSU Texas campus, while others utilized internet sources to manage their surveys. Over the next four weeks, the students utilized class time to develop and write each section of their research poster presentation including the introduction, methods, results, and conclusions. After each section was proof-read and revised by faculty mentors and student-peer reviewers, the students implemented the sections into the appropriate area within their research poster template.

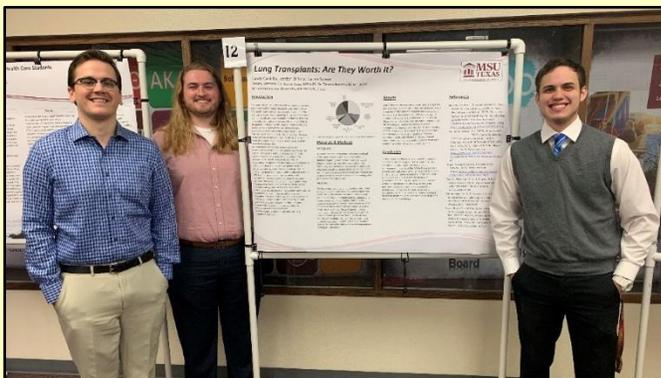
All research groups within the respiratory care department were approved and invited to present their research findings at the 2019 Midwestern State University Celebration of Scholarship. Research posters along with the presentation of the posters were assessed and evaluated by the Celebration of Scholarship Committee. During the 2019 Celebration of Scholarship, over 100 presentations were exhibited, including the following eight from the respiratory care department.

- Benefits of Interdisciplinary Codes with Health Care Students – Madison Dodd, Sara Burrows, Gabrielle Woelffer, and Taylor Herron with faculty mentors Dr. Randy Case and Mrs. Jessica Fino
- The College Student Struggle – Ashly Acevedo and Michelle Rieves with faculty mentors Dr. Randy Case and Dr. Jennifer Anderson
- VAP: The Most Effective Preventative Methods Based on Respiratory Therapists' Opinion – Shelbe Mabra, Christina Nguyen, Tierra Shears, and Julienne Clare Sistoso with faculty mentors Dr. Randy Case and Dr. Erica Judie
- Nicotine Content in E-Cigarettes Versus Traditional Cigarettes – Madison Riggins, Misty McLaughlin, Maggie Sanchez, and Brittany Thompson with faculty mentors Dr. Randy Case and Mrs. Jessica Fino
- The Therapists View on the Effects of Marijuana on the Lungs – Sara Nelson, Emmy Geibe, Sierra Norwood, and Shelbie Wright with faculty mentors Dr. Randy Case and Mrs. Mary Sue Owen
- Hello, Is it STRESS You're Looking For? – Shellianne Jules and Ka-Terra Brown with faculty mentors Dr. Randy Case and Dr. Jennifer Anderson
- Lung Transplants: Are They Worth It? – Jacob Spicer, Caleb Castillo, and Jordan O'Neal with faculty mentors Dr. Randy Case and Dr. Tammy Kurszewski
- The Psychological Impact of Death and Dying on Health Care Students – Wenica Brodie and Pollyann Bethel with faculty mentors Dr. Randy Case and Dr. Erica Judie

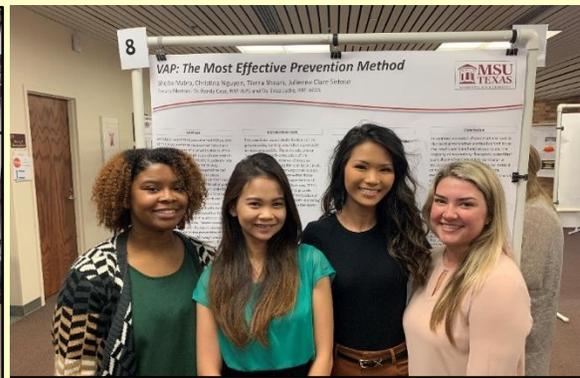


Respiratory Students - Gabrielle Woelffer, Madison Dodd, Taylor Herron, and Sara Burrows

Implementing independent research within the curriculum provides respiratory therapy students the opportunity to engage in academic activities that are often underutilized within the allied health professions' educational process. Is it challenging? Yes. Do the students benefit from those challenges? Yes.

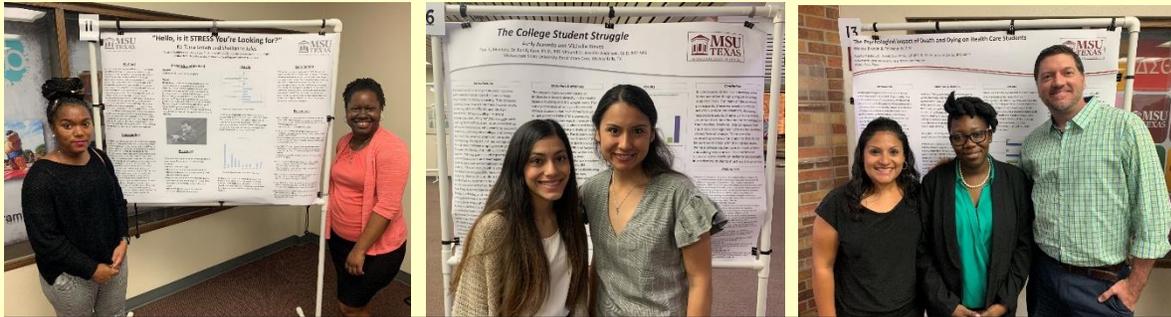


Respiratory Students - Jordan O'Neal, Jacob Spicer, and Caleb Castillo



Respiratory Students - Tierra Shears, Julienne Clare Sistoso, Christina Nguyen,

At the conclusion of the research course, students within the respiratory care program at MSU felt accomplished and expressed how impressed they were that they were able to participate in and conduct their own research. It was an opportunity for growth, both



Respiratory Students and Faculty, Ka-Terra Brown, Shellianna Jules, Ashly Acevedo and Michelle Rieves, Dr. Erica Judie, Wenica Brodie, and Dr. Randy Case.



Respiratory Students and Faculty - Dr. Randy Case, Maggie Sanchez, Madison Riggins, Mrs. Jessica Fino, Misty McLaughlin, Brittany Thompson, Mrs. Mary Sue Owen, Shelbie Wright, Emmy Geibe, Sierra Norwood, and Sara Nelson

independently and collaboratively. Not only did the entire 2019 Class of Respiratory Care participate in research during their senior year, two groups were awarded for their research at the Celebration of Scholarship. For the MSU Gunn College of Health Sciences and Human Services, Jacob Spicer, Caleb Castillo, and Jordan O’Neal were awarded Second Place Poster Presentation for their research, Lung Transplants: Are They Worth It. Wenica Brodie and Pollyann Bethel were awarded First Place Poster Presentation for their research, The Psychological Impact of Death and Dying on Health Care Students.

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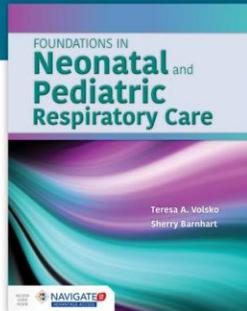
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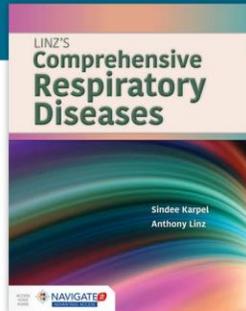
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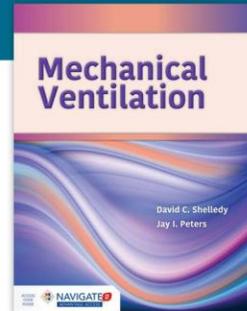
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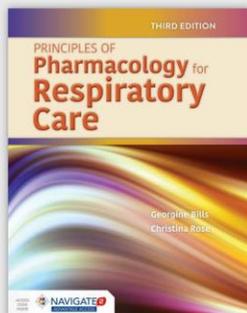
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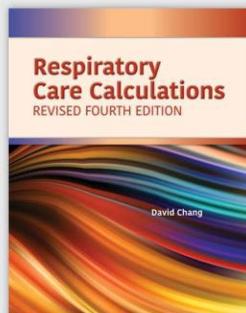
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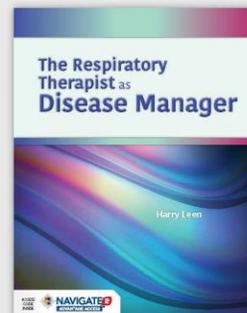
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University of Texas Medical Branch - Galveston
Wheeling Jesuit University
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University of South Alabama
Long Island University
University of North Carolina – Charlotte
Louisiana State University Health Science Center – New Orleans
Midwestern State University
Jefferson College of Health Sciences
Youngstown State University
Nova Southeastern University
University of Arkansas for Medical Sciences
State University of New York at Stony Brook
University of Texas Health Science Center – San Antonio
University of Hartford
University of Kansas Medical Center
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Shenandoah University
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Respiratory Care Board of California

CoBGRTE Institutional Members – Continued

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Utah Society for Respiratory Care
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Southern Connecticut State University
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Northern Kentucky University
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Ozarks Technical College
North Carolina Respiratory Care Board
Skyline College
Vidant Medical Center
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Duke University Hospital
Ohlone College
Ferris State University
Dona Ana Community College – New Mexico State University
University of Pennsylvania Health System

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 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 72 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.

Become a CoBGRTE member by completing the application on the Membership Page: <http://www.cobgrte.org/membership.html>

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