The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

University of Toledo

Respiratory Care Program
College of Health and Human Services
By Nicole McKenzie, PhD, RRT

Overview

Since 1872, The University of Toledo has been empowering and preparing driven individuals to make an impact on the world. UToledo is a student-centered public research university where every member of the campus community is committed to helping students achieve their educational goals. UToledo has a wide range of offerings on campus and online, with more than 200 undergraduate and graduate degree programs across the arts, business, education, engineering, law, medical sciences, and natural sciences.

The Respiratory Care Program at The University of Toledo began in 1972 as an Inhalation Therapy Program under the direction of Dr. Harold Stevens, MD, with two faculty members, Dr. Jerome Sullivan, RRT, and Dr. Margaret Traband, RRT, within the University of Toledo's Community and Technical College.

Together the trio built an expansive program that drastically increased the regional workforce while fueling a passion for the profession locally. In 1993, the original degree program morphed into a 2 + 2 program to award an associate degree through the Community and Technical College followed by a bachelor's degree through partnership with the university's College of Education. In 1999, the university simultaneously dissolved the Community and Technical College and founded the College of Health & Human Services and named Dr. Jerome Sullivan as Dean, at which time the Bachelor of Science in Respiratory Care degree program replaced the 2+2 model, while retaining the stand-alone 2-year degree advancement bachelor's program. In 2020, Dr. Jerome Sullivan and Dr. Nicole McKenzie formally transitioned the degree advancement program to a fully online curriculum. At present, there are three full-time faculty members and the entry to practice baccalaureate degree program graduates on average 20 students per year, while the fully online degree advancement baccalaureate degree program has its first 5 students in progress.

Curriculum

UToledo entry to practice respiratory care students take two years of general courses and health science pre-requisites. They then apply to the professional portion of the program, which includes almost 1,000 hours of clinical experience

within our 13 clinical affiliation locations across the Toledo metropolitan area which provide training in areas that include the emergency department, general care floors, a variety of intensive care units (including adult, pediatric, neonatal, and various specialty care areas), long term acute care, home care, patient transport, pulmonary function testing, bronchoscopy, sleep studies, asthma education, and case management. Our focus is on competency-based learning as well as outcomes-based training and education. Our students attend several simulations each year in our cutting-edge simulation center to test their critical-thinking and judgment skills. Housed within the Lloyd A. Jacobs Interprofessional Immersive Simulation Center on our Health Science Campus, the Advanced Clinical Simulation Center contains a virtual hospital with an ICU, Trauma Suite, OB & Delivery Suite, homecare environment, and Operating Room equipped with human patient simulators, clinical equipment, cadaver lab space, and debriefing and control rooms. Also included are two patient care rooms, an ultrasound lab, clinical skills area, break out rooms, and interprofessional collaboration rooms designed to be flexible. Our Advanced Clinical Simulation Center is the heart of the center and nearly every learner majoring in a healthcare related field passes through this center.

Interprofessional education is highlighted throughout the curriculum, starting with a yearlong, two-semester course required of all 11 healthcare profession majors across the university. Professions represented include athletic training, medicine, nursing, occupational therapy, pharmacy, physical therapy, physician assistant studies, respiratory care, social work, speech language pathology, and public health. The goal of the IPE program is for students to gain an understanding and appreciation of the roles and scope of practice of different professions; the impact of “team” on patient care and quality improvement; and the importance of the IPEC Core Competencies. Students meet bi-weekly during the fall semester with Friday afternoons set aside for IPE across campus. The course is taught by an Interprofessional (IP) faculty group in 48 small IP teams of 11- 12 students. The course is experiential, case-based and includes simulations. Components of the course include IP team simulations, team communications, standardized patient interviews, IP care planning exercises, vital signs training in IP groups, social determinants of health, roles/responsibilities, and a hands-on session focused on patient safety hazards. A "passport/portfolio" approach is employed in the spring semester to offer and track students' involvement in IPE activities. Most of the professions require students to conduct one interprofessional simulation in which students work in an IP team to participate in a simulation with a high-fidelity simulator. Simulation scenarios are designed to build upon skills taught in the fall semester and reinforce team communication. In addition, most professions require a second IPE experience of their choosing. Some of the options include Cost of Poverty Experience, Naloxone training, health behavior change module, rehabilitation team conferences, multidisciplinary trauma team conferences, Senior Behavioral health conferences, Writing Mentor experience, Escape Room, Impede the Bleed, and human trafficking. The passport program allows students to choose sessions based on their interests and schedule. Throughout the final year of the respiratory care curriculum, multidisciplinary simulations are scheduled around course content.

Student Centered Approach

The program goals include preparing leaders in the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and advanced clinical practice. Faculty work diligently to ensure curricular content supports advanced level practice. Additionally, our program has a 93% average first-time TMC pass rate. The program has received the CoARC Distinguished Credentialling Success Award annually starting in 2017. UToledo has also received the prestigious Program Excellence Award from the Ohio Board of Regents twice in program history.

Outside of the classroom, the Student Respiratory Care Organization is active in philanthropic endeavors. This organization is entirely student-led and offers opportunities for leadership. The group organized the first Pulmonary Fibrosis Foundation 5K Run in Ohio history for the first time in 2019. This has become a beloved annual event, which typically raises around $2,000 for the Pulmonary Fibrosis Foundation.

Programs of Study

For entry to practice, the Bachelor of Science in Respiratory Care requires 120 credit hours for graduation. Students begin their studies as a Pre-Respiratory Care major, as admission into the Professional Division of the Respiratory Care Program is selective, competitive, and limited due to the number of students who can be accommodated by the faculty and clinical facilities.

First Year		
FIRST TERM		HOURS
CHEM 1120	Chemistry for Health Sciences	4
ENGL 1110	College Composition I	3
HEAL 1800	Medical Terminology	3
HHS 1000	Health & Human Services College Orientation	1
MATH 1320	College Algebra	3
	Hours 14	
SECOND TERM		
ENGL 1130	College Composition II	3
EXSC 2560	Anatomy & Physiology I	3
EXSC 2460	Human Anatomy & Physiology I Lab	1
PHIL 1020	Critical Thinking	3
PSY 1010	Principles of Psychology	3
	Arts/Humanities Core	3

Second Year		
THIRD TERM		
EXSC 2570	Human Anatomy & Physiology II	3
EXSC 2470	Human Anatomy & Physiology II Lab	1
HEAL 3800	Death & Dying	3
MATH 2600	Introduction to Statistics	3
	Diversity of US	3
	Hours 13	
FOURTH TERM		
EXSC 2590	Microbiology and Infectious Diseases	3
HEAL 4700	Nutritional Science	3
PHIL 3370	Medical Ethics	3
Social Sciences Core		3
Non-US Diversity		3
	Hours 15	
FIFTH TERM (SUMMER)		
RCBS 3010	Respiratory Care Fundamentals	4
RCBS 3020	Respiratory Care Practice I	4
	Hours 8	
Third Year		
SIXTH TERM		
RCBS 3110	Respiratory Care Therapeutics I	4
RCBS 3120	Respiratory Care Practice II	7
RCBS 3130	Cardiopulmonary Diagnostics I	4
	Hours 15	
SEVENTH TERM		
RCBS 3200	Introduction to Critical Care	1
RCBS 3210	Respiratory Care Therapeutics II	4
RCBS 3220	Respiratory Care Practice III	7
RCBS 3230	Cardiopulmonary Diagnostics II	2
	Hours 14	
Fourth Year		
EIGTH TERM		
RCBS 4140	Integrated Clinical Practice I	4
RCBS 4150	Neonatal/Pediatric Respiratory Care	4
RCBS 4160	Clinical Assessment	3
RCBS 4700	Research Analysis in Respiratory Care	3
	Hours 14	
NINTH TERM		
RCBS 3300	Advanced Cardiac Life Support	1
RCBS 4240	Integrated Clinical Practice II	3
RCBS 4510	Respiratory Care in Alternative Sites	3
RCBS 4800	Issues in Professional Practice	3
RCBS 4810	Preparation for Professional Practice	1
	Hours 11	
	Total Hours: 120	

For degree advancement, the Bachelor of Science in Registered Respiratory Therapy is 100% online and is designed as a nontraditional track for individuals who have completed an associate degree in respiratory care and have already earned the Registered Respiratory Therapist (RRT) credential granted by the National Board for Respiratory Care. The program includes upper division professional courses, which are currently contained in our traditional B.S. program, but allows for student selection of an area of specialization for enhanced professional growth. In addition, the professional support courses encompass many issues in health care and health education that are relevant to the practicing professional.

First Year		
FIRST TERM		HOURS
HCAR 4360	Quality Improvement In Health Care	3
HIM 4230	Compliance and Ethical Issues	3
PHIL 3370	Medical Ethics	3
RCBS 4160	Clinical Assessment	3
RCBS 4700	Research Analysis In Respiratory Care	3
	Hours 15	
SECOND TERM		
ACTG 2310	Financial Management for Health Care	3
LGL 4230	Health Care And The Law	3
	Professional Support Elective	3
	Respiratory Care Specialization Elective	3
	Respiratory Care Specialization Elective	3
	Hours 15	
THIRD TERM		
	Professional Support Elective	3
	Elective (upper level)	3
	Hours 6	
	Total Hours: 36	

Faculty

Nicole McKenzie, Ph.D., RRT is an assistant professor and the Program Director. She received her Bachelor of Science in Respiratory Care from The University of Toledo, Master of Health Administration from Ohio University, and Doctor of Philosophy in Health Education from The University of Toledo. Dr. McKenzie has been a Registered Respiratory Therapist for 14 years with 9 years of teaching experience within respiratory care. Nicole's clinical expertise includes neonatal and pediatric critical care. Her research interests include simulation, interprofessional education, disaster preparedness, and vaping behaviors.

Christa Turley, M.Ed., RRT is a senior lecturer and the Director of Clinical Education. She earned her Bachelor of Science in Respiratory Care from The Ohio State University, and her Master of Education from The University of Toledo. Christa has been a Registered Respiratory Therapist for 25 years with 15 years of teaching experience within respiratory care. Christa's clinical expertise includes working with adult populations in the critical care setting.

Zakaria Alyousif, Ph.D., RRT is an assistant professor. He earned his nursing diploma from the Arab Development Institute in the Kingdom of Saudi Arabia, followed by his Bachelor of Science in Respiratory Care, Master of Science and Doctor of Philosophy in Exercise Science all from The University of Toledo. Dr. Alyousif has been a Registered Respiratory Therapist for 10 years with 4 years of teaching experience within respiratory care. Zakaria's teaching interests are focused on research analysis and issues in professional practice. His research interests include physiology of respiratory disease.

Contact Information

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INTERVIEW

Lois Rowland, MS, RRT, RRT-NPS, RPFT, FAARC
Richmond, Virginia

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

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

After high school, my academic goal was to earn an undergraduate degree which would immediately lead to sustained employment. The AMA Healthcare Careers guidebook from the 1970s introduced Respiratory Therapy as a unique career through which emergency care was rendered and job prospects were excellent. When I graduated from high school, only 10 baccalaureate degree programs were known to me and I enrolled in the closest one to my home in Virginia, Indiana University of Pennsylvania (IUP) and West Penn Hospital.

2. **Who were your mentors?**

While in RT school, I remember thinking how overwhelming the healthcare field was and that I would never be able to learn it all. I now know that one cannot learn it all and how essential it is to gather knowledge from others. My mentors ranged from academia to on-the-job trained technicians at the bedside to my work supervisors. Robert "Bob" Martin, RRT, my Program Director at IUP prompted my continuous membership in the AARC, as he strongly preached that being a professional mandated being a member of their professional society. Clinically and professionally, my first mentors on the job were Wayne Campbell, RRT, and Mary "Scottie" Scott, CRT. Both were excellent clinicians who taught me skills and allowed me to share knowledge. Wayne offered me my first supervisor position and training in human resource management. Scottie supported me with clinical confidence and friendship. Perspective in humanity was given by my dad after I relayed how emotional I was after a frequently admitted patient passed away while I was at his bedside. My dad advised me that when I stopped being upset at those times, it would be time to get out of the field. My friend, colleague, and eventual director, John Dever, RRT, provided me with multiple opportunities and support to build my management skills, reminding me that “nothing replaces experience except experience.” Thomas “Tom” Barnes, EdD, RRT, FAARC has been a motivator to me since I first virtually met him when I was his student in the Northeastern University Master of Science Respiratory Care Leadership (MSRCL) program. He has a knack for prompting self-reflection and goal-setting.

3. **How did furthering your education contribute to your career path?**

Attaining a master's degree was deliberate to build my eligibility to enter into academia after years of supervision and management and the desire to redirect my career path. I was hired as the Respiratory Care Education Coordinator at Virginia Commonwealth University Medical Center soon after earning my MSRCL degree. After a few years, an opportunity arose as Director of Respiratory Care at VCUMC and I accepted the challenge back into management and served in it for almost 10 years until retirement. I would not have been eligible for that position without a master’s degree.

Most of my contributions to serving our professional societies have been to The Virginia Society for Respiratory Care. Several AARC-based projects I have been involved with were linked to the VSRC while I served as VSRC President, PACT member or as Virginia delegate to the AARC. Attending AARC conferences was crucial to networking and relationship-building, including with professionals working for the AARC.

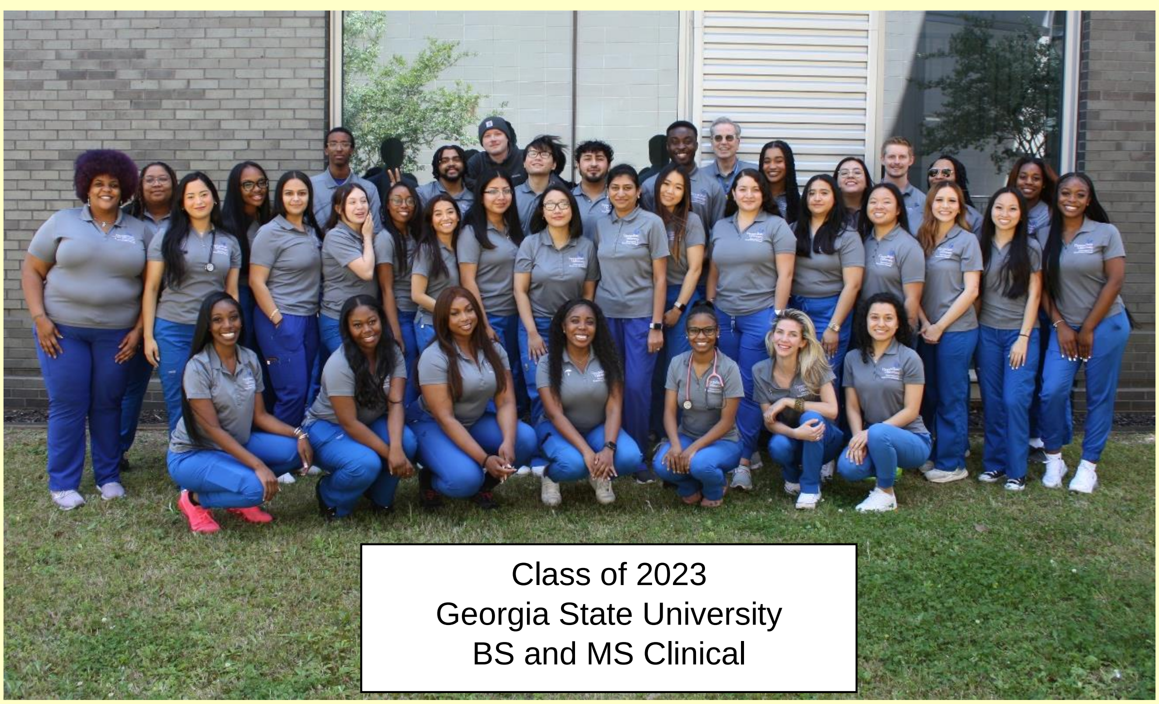
4. **What are some key lessons you have learned as a clinician, educator, and leader in the profession?**

- Look around and see what needs to be done, but collaborate with others before embarking on a mission.
- As a clinician, read all the package inserts for medications and supplies.
- Keep learning from others, including those outside of our immediate profession.
- Show up (to work, school, professional meetings, and challenges)

5. **What would you recommend to new graduate therapists just beginning their careers.**

- Accept that healthcare is hard work and sometimes has grueling hours
- Accept that despite an outstanding education, you must continue to learn from those around you
- Make efforts to make personal connections with co-workers, and students, even if it moves you to tears

Class of 2023
Texas State University



Class of 2023
Georgia State University
BS and MS Clinical

Road to Success: Developing an RT Driven Interventional Pulmonary Program

Manjula Parne, N.D., RRT, Director of Interventional Pulmonology and Thoracic Services, Inova Health System, Falls Church, Virginia[1]

Inova Interventional Pulmonology

Interventional pulmonology (IP), an advanced subspecialty of pulmonary medicine, focuses on using minimally invasive procedures to diagnose and treat conditions in the lungs and airways. IP procedures yield exceptional outcomes and offer patients several advantages by avoiding more invasive surgeries. The Inova Health System's nationally recognized IP program treats more patients than any other program in the Washington, DC metropolitan area. Our board-certified interventional pulmonologists work together with an expert team of thoracic surgeons, oncologists, radiation oncologists and respiratory therapists to successfully manage complex airway and pleural diseases, including lung cancer and non-malignant diseases of the chest.

Early Bronchoscopy at Inova

Bronchoscopy has evolved over the past few decades and has been traditionally utilized by pulmonologists to diagnose various airway and lung diseases. As lung cancer continues to be the second most common cause of cancer and the leading cause of death from cancer, early diagnosis is paramount to survival.

Prior to the advent of IP at Inova, traditional bronchoscopy procedures were performed under moderate sedation. Additionally, respiratory therapists (RT) were involved in all three stages of patient care: pre-procedure, intra-procedure, and post-procedure. The RTs received training in all relevant areas prior to participating in patient care. A majority of procedures used consisted of flexible bronchoscopy with lavage, brushing, and biopsies. Advanced bronchoscopy cases were transferred to neighboring tertiary care centers or were attempted by thoracic surgeons at Inova.

Origin of Interventional Pulmonology Services at Inova

RTs are often subject to demanding roles where they adapt to clinical situations that are outside of the typical respiratory care practice. Today IP has vastly expanded, including a greater number of complicated tests and procedures, all of which are challenging for those who want to enter this specialty. With the continuously evolving role of the RT and the addition of new pulmonary

RT supporting a physician during a procedure-team approach

procedure technologies, the previous definition of diagnostic therapist is no longer appropriate to summarize the broad demands of the specialty. RTs now fill a specialized role in the IP field as the IP respiratory therapist (IPRT).

As IP started to evolve at Inova, administrative leadership understood the need for procedural services for lung patients. In 2014, the hospital decided to provide more diagnostic and therapeutic procedures for lung disease patients. Inova additionally brought in Dr. Amit "Bobby" Mahajan,[2] a fellowship trained interventional pulmonologist, to support thoracic surgery services and to start the interventional pulmonology program at Inova. Initially, scheduling cases for the operating room was very challenging due to lack of surgical space. In response, the respiratory care department directed all IP services to the bronchoscopy suite, a stable location with corresponding services. The respiratory care practitioners in the department, with their preexisting in-depth knowledge and expertise of pulmonary disease, quickly became invaluable resources in the new IP department.

Interventional Pulmonology Respiratory Therapist (IPRT) Role

Even though RTs are familiar with the bronchoscopy and pleural procedures, a considerable learning curve exists given the introduction of new procedures and demands. Some challenging transitions that took place included the shift from moderate sedation to general anesthesia care, flexible bronchoscopy to rigid bronchoscopy, and a change from use of simple disposable tools to more advanced technologies.

RT assisting Interventional pulmonologist during ultrasound bronchoscopy procedure.

Dr. Mahajan served as the medical director of Interventional Pulmonology & Complex Airway Diseases. He is both the program initiator and mentor for all RTs. His support was crucial in transitioning from previous technologies to the new advanced systems. He provided continuous education to the RTs, assisting where possible to support cases.

Without his dedication and leadership, launching this novel, state of the art, department would not have been possible.

In addition to traditional bronchoscopy procedures, the IP team initially started with the endobronchial ultrasound bronchoscopy (EBUS), electromagnetic navigation bronchoscopy (EMN) bronchoscopy, and rigid bronchoscopies. As these were all new procedures to the institution, EBUS and EMN bronchoscopies were performed in bronchoscopy suites, while rigid bronchoscopy was performed exclusively in the operating rooms. These procedures lasted one to two hours compared to past flexible bronchoscopies, which lasted sometimes only ten minutes. This was a major transition for RTs, having to learn new technologies, understand procedural concepts, and adopt to a new scope of practice. As part of the new practice, the team had to adjust to working longer hours in the procedure room, following new guidelines for high- level disinfection, along with collaborating with the peri-operative team and anesthesia physicians. The RTs were successful in adapting to their new role due to their past specialized respiratory care education.

Prepping a patient for electro navigational bronchoscopy procedure

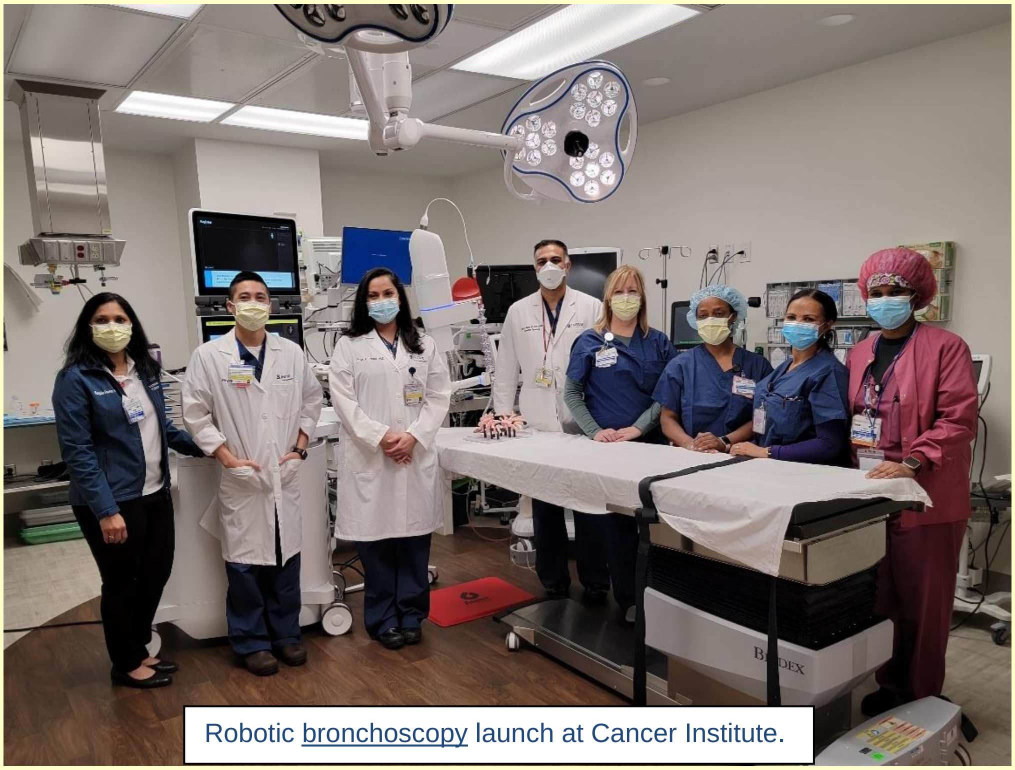
Procedure Growth and RT Role Expansion

Shortly after initiating the EBUS and EMN programs, Dr. Mahajan added procedures like indwelling catheter placement, thoracentesis, and chest tube placement. Immediately the RTs received education and training to assist in pleural procedures. Seeing the potential and scope of RTs, Dr. Mahajan and the RT administration decided to move rigid bronchoscopy from OR to the bronchoscopy suite. This decision was based on excellent outcomes and the overwhelming positive safety profile observed for rigid bronchoscopies performed in the operating rooms. This change provided the RTs confidence in supporting airway obstructions independently and it became a keystone decision in respiratory care services at Inova. IP physicians are supported by the right people, those who can understand the language of airways.

Over time, RTs became proficient in assisting procedures such as rigid bronchoscopy, EBUS, and EMN bronchoscopy. Aside from this, we implemented bronchoscopic lung volume reduction (BLVR) using endobronchial valves for the treatment of emphysema. This procedure opened more opportunities for RTs to evolve clinically. RTs were able to use their respiratory knowledge completely in these cases, as their original core training was in providing care for emphysema patients.

To cope with the surge in patient volume a new electronic procedural program, OpTime, was introduced to support procedure documentation. Also, policies and procedures to support IP practices and standards of work for procedures were developed. Expanded RT orientation with new competencies was needed to ensure staff development.

As technology in the department continued to evolve, IP physicians started updating their diagnostic technologies from navigation to robotic and cone beam systems, where RTs again played an essential role. They continued to pursue newer more efficient systems, thus growing the RT capabilities, and expanding the IP skillset of RTs.

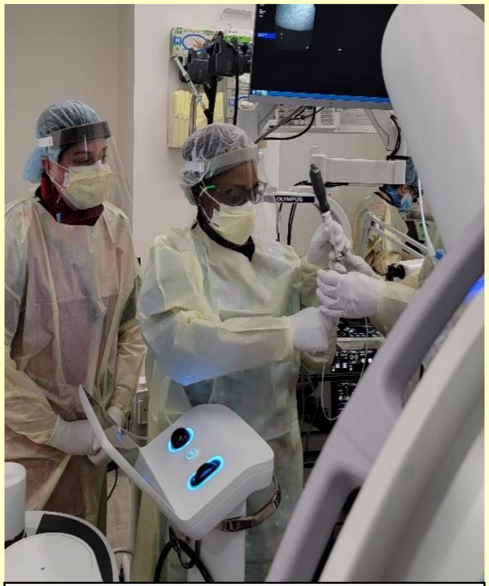


Robotic bronchoscopy launch at Cancer Institute.

Staff Model

The Inova IPRT model has received significant national recognition. Physicians who observe the workflow and staffing structure often attempt to implement the same standards in their own IP program.

The patient workflow resembles that of an operating room model. The patient check-in to discharge time is divided into 3 parts: pre-procedure, intra-procedure, and post-procedure. Pre-procedure and post-procedural care are managed by peri-op nurses, while intra-procedure care is completed solely by RTs.



Training respiratory therapist on Ion Robotic technology

To ensure efficiency and oversight in patient care we developed a standardized system for RTs, using a two pair model, a first assistant and second assistant. The first assistant's role is to support the physician, assisting during the case. The second assistant is responsible for specimens and documenting the procedure details along with supporting the first assistant. Both RTs will support anesthesia physicians during intubation and in airway management as well. The personnel available in the procedure room consists of two RTs , an IP Physician, an anesthesia physician, and cytology technologist. RTs work very closely with cytology technologists who participate in ROSE (rapid onsite evaluation) for biopsies. In our staffing model, endoscopy technicians are placed as support for RTs in the procedure room. They are trained to support the first assistant as well as second assistant in the procedure room.

Title Change from RT to IPRT

Since the role of the RT in the IP department evolved from the typical RT scope of practice there was a need to create a new, specialized role, appropriate for current practice. As such, department leadership implemented a new title set for the RTs in the IP, IPRT entry level and IPRT Sr level, based on the experience in IP department. As a point of reference, the IPRT Jr level is equivalent to a typical RT level 4, qualifying them to take charge of patient independently using their strong clinical background.

IP Growth

Since its conception 8 years ago, the IP department's procedure volume has grown exponentially. Dr. Amit Mahajan, IP department medical director, performed greater than 400 procedures in the initial 3 months when starting the program. As more advanced cases were added to our scope of practice, IP reached more than 2,000 procedures per year. Sixty percent of these were advanced cases, where most often the patients required either airway management or a diagnostic procedure.

Currently, Inova IP supports thoracic surgery, oncology, lung transplant, lung cancer screening, the lung nodule program, and many others. We are currently the highest volume IP program in the Mid-Atlantic region, recently reaching the milestones of 125 BLVR cases and 100 robotic bronchoscopy cases. Our team consists of 10 IPRTs, 2 endoscopy technicians, 5 nurses, 1 clinical technician at three different locations with 3 IP physicians.

Career Opportunities for RT

Advanced bronchoscopy work naturally lends itself to creating new work for RTs in areas such as management, quality, data, and research. Several centers are already incorporating RTs in such roles, which will lead to enhanced job satisfaction, growth, and other professional opportunities. Three fields in particular which RTs can grow into are as a lung navigator, research coordinator, and roles in administration.

RTs who serve as a lung navigator serve as a liaison between the patient and physician, particularly with the emphysema population and lung cancer patients. RTs are involved in research projects involving molecular studies, advanced lung disease, and transplant patient post-transplant rejection. Their knowledge and understanding of disease states help RTs to be part of quality management and data collection, making them ideal candidates as a research coordinator. Lastly given their experience in managing the department, RTs can transition to becoming a supervisor of IP, lead therapist manager of IP, and director of interventional pulmonology and thoracic surgery.

Summary

As qualified health care professionals with extensive knowledge in the respiratory field, RTs have the potential to make a large impact in the evolving field of IP. They play an integral role in our IP program and have contributed to its success, allowing for great patient experiences and improved outcomes. Physicians rely heavily on the skills, expertise, and presence of RTs in each case. RTs are increasingly asked by hospital administrations and healthcare organizations to provide leadership and expertise whenever bronchoscopy-related questions arise.

Hospitals large enough to employ a variety of healthcare professionals should be more attentive to the capabilities in each occupation's scope of practice. Respiratory care department managers should be educating their superiors about the therapeutic and diagnostic procedures that relate to the respiratory therapy profession and fall within their range of knowledge.

Interventional Pulmonology team

There is an increased demand for IP procedures and a changing environment in many centers that perform advanced bronchoscopy. The RT profession and associations like AARC, American Association for Bronchology and Interventional Pulmonology (AABIP), and Chest should view advanced diagnostic bronchoscopy as another opportunity for the profession to train, develop, and lead the path forward. Today, we need RTs in advanced bronchoscopy with the skills, knowledge, and desire to continually help lead us at the bedside and lead the profession as this space evolves.

Inova IP have achieved our current success and status with the support of leadership and tireless mentorship of the medical director of IP, Dr. Mahajan, without whom none of this would be possible.

1. **Manjula Parne, N.D., RRT, CPFT** is the director of the Interventional Pulmonology and Thoracic Services program for Inova Health System. She has been a respiratory therapist for 16 years and has experience in critical care, pulmonary diagnostics, and interventional pulmonology (IP). Dr. Parne has a special interest in the interventional pulmonology field and has focused on expanding the role of respiratory therapists in IP. As the director of the program, she is working to further advance the Inova IP department, ensuring streamlined and high-quality care. Dr. Parne is a naturopathy physician from India who conducts yoga therapy and wellness sessions during her free time.

2. **Amit K. Mahajan, M.D., FCCP, DAABIP** serves on the board of medical advisors of the American Association for Respiratory Care (AARC), and American Association of Bronchoscopy and Interventional Pulmonology (AABIP). He is working on creating a national certification for IPRTs. With the support of similar physician practitioners and

passionate RTs, IPRT certification for RTs nationwide may become possible in the near future.

Acknowledgement

Dr. Amit "Bobby" Mahajan, Medical Director, Interventional Pulmonology, Inova Health System encouraged and supported this article on the evolving role of respiratory therapists in the interventional pulmonology field.

The Value of Research and the MSRC Post-professional Degree: The Graduate Student's Perspective

Chris Russian, Ph.D., RRT, RRT-NPS, RPSGT, FAARC
Professor, Program Coordinator, Master of Science in Respiratory Care
Texas State University

Arzu Ari, Ph.D., RRT, PT, CPFT, FAARC, FCCP
Professor, Master of Science in Respiratory Care
Associate Dean for Research, College of Health Professions
Texas State University

The Master of Science in Respiratory Care program at Texas State University is designed to advance the knowledge and skills of practicing respiratory therapists. This advanced online post-professional master's degree program offers practicing registered respiratory therapists (RRT) the opportunity to pursue current and emerging knowledge in the evolving respiratory care discipline within specific concentration areas. The program aims to prepare respiratory therapists seeking career advancement opportunities through graduate education for advanced respiratory care leadership roles, for healthcare-based clinical educators' positions, and for academic educators' positions in the discipline of respiratory care. The program offers a comprehensive curriculum that covers advanced topics in respiratory care, including cardiopulmonary physiology, academic and healthcare leadership, cardiopulmonary diagnostics and therapeutics, patient education, mechanical ventilation, polysomnography, and curriculum development. All MSRC courses implement best practices in the pursuit of locating, reviewing, and conducting research. To strengthen the research acumen of the MSRC student, the curriculum includes a research methods course and an applied research course.

Dr. Arzu Ari's Approach to Teaching Research

My commitment is to support each student in maximizing their performance and comprehending the content from both research courses. I am particularly dedicated to dispelling any misconceptions related to research methodology, applied research, statistics stereotypes, fostering proficiency and comfort in reading literature, developing a research proposal, and writing your manuscript. I place value on unique backgrounds, preparedness, and learning styles, and will adapt the teaching approach accordingly to facilitate learning. Moreover, Dr. Ari is highly receptive to any feedback students have regarding instruction or the course. She is exceptionally responsive to suggestions for the course.

In the research methodology course, students learn about research methodology, pick their research topic, and design their research project while exchanging and critiquing ideas about their studies. They also prepare the IRB application and apply for the IRB before they start collecting data. Once students receive approval from the IRB, they take the applied research course in which they learn how to collect, analyze, and interpret data. They also review the literature and present their studies in the applied research course. Both are writing-intensive courses that help students improve their research, writing, and presentation skills while making them better scholars with good critical thinking.

Course Descriptions

RC5303 Respiratory Care Research Methods and Design offers a comprehensive exploration of medical research, emphasizing the evaluation of peer-reviewed research designs. Students analyze research articles and assess evidence-based research findings. The topics covered include research ethics, sampling and research design, test statistics, drawing conclusions, and distinguishing between practical and statistical significance. A primary objective of the course is to instill a mindset that appreciates the value of research methods in all aspects. Additionally, students delve into research protocol development, crafting research proposals, and managing projects.

RC5305 Respiratory Care Applied Research provides a practical opportunity for students to apply research methods and design principles. Students will engage in a research project focused on their area of interest, explore research methods and processes relevant to respiratory therapy, and submit an original research paper to a peer-reviewed journal. The course emphasizes data collection, analysis, interpretation, and manuscript writing. A key objective of this course is for the student to appreciate the value of a mindset that integrates respiratory care applied research in all aspects. Prior to enrolling in RC 5305, students must obtain approval from the Institutional Review Board (IRB) at Texas State University to conduct the research project.

The Graduate Student Experience

All MSRC students are required to develop and implement a research project prior to graduation. Students are encouraged to submit their projects to funding agencies to acquire financial resources to support the research process. This year, Ms. Anita Respondek and Ms. Dawn Headrick will receive the CoARC George G. Burton, MD Student Education Research Scholarship Award for their research project titled "Effect of Clinical Simulation Technology on the Success of Students on Respiratory Care Credentialing Exam." Anita and Dawn designed this project in the RC5303 Research Methodology course. Dr. Arzu Ari is the course faculty and the supervising faculty for the research project. It is not uncommon for these MSRC projects to be presented at the AARC Open Forum and to be developed into a full manuscript for publication. We encourage students to push the boundaries of their comfort zone.

Anita Respondek, BSRC, RRT, RCP is a 30+-year veteran in the field of respiratory care. After some out-of-state residences in Utah and Louisiana, due to her husband's Air Force career, they settled in the Rio Grande Valley in 2008. She has experience in long-term care and acute care settings. Currently she is a full-time instructor at South Texas College in McAllen. Anita has a long history with our Respiratory Care Program. She entered Southwest Texas State University (now called Texas State University) in August of 1990. She completed our BSRC degree advancement program in August 2019, and will graduate with her MSRC in December 2023.

Below is an abridged version of her State of Purpose to the Texas State MSRC program. I think it exemplifies the passion she holds as a respiratory therapist, graduate student, and educator.

> *"I waited 27 years to add a bachelor's credential to my name. There was no such thing when I left Southwest Texas State in December of 1991. In 1999, I challenged the NBRC Registry exam and passed both parts on my first attempt. It is hard to believe how much our field has advanced in the years since I was first in respiratory therapy school. Attaining a Bachelor of Science in Respiratory Care has given me serious confidence to put all I have learned to good use. My plan after having earned the BSRC was to become a clinical instructor for our local community college. I wanted to help future respiratory therapists hone their skills while becoming excellent caregivers. I have always enjoyed patient care and consider it my gift and calling to be at the bedside when people need a caring individual the most, when their health is faltering. I want to help "build" excellent respiratory therapists and encourage them to always keep learning, expand their knowledge base, and maintain a sense of compassion for their patients. As of January 2021, I have achieved my goal by becoming an adjunct faculty member at South Texas College in McAllen. I believe a Master of Science in Respiratory Care is my next step in becoming an instructor on the collegiate level. The MSRC program attracted me because I want to continue to educate myself to effectively teach. What once may have been a distant thought, something I watched others do to advance their careers, is now in my own sights. I feel prompted, called, and motivated to move further into my own career with a graduate degree in Respiratory Care. The Texas State website*

describing career paths available after receiving the MSRC range from research specialists to program directors. However, with this degree in hand, I see an opportunity to be able to stand in a classroom and pass along years of experience that I have obtained. I feel absolutely compelled to do so. I am certain the additional knowledge I will learn through taking these advanced courses will give me the position needed to help educate the future of our profession."

Dawn Headrick, BS, RRT, RRT-NPS, RCP is a full-time faculty member at Collin College in McKinney, Texas and has been a respiratory therapist for over 15 years. Dawn graduated from the Collin College program with an associate degree in 2008 and shortly after began working for Children's Hospital Dallas. Dawn was hired as an associate faculty member at Collin College in 2010, started teaching clinicals in 2012, and was hired as full-time faculty in 2017. She obtained her BSRC in 2017 from Midwestern State University in Wichita Falls, Texas and entered the Texas State University MSRC program in the spring of 2021. She will be graduating with her MSRC degree in December 2023!

Below is an abridged version of her statement of purpose to the MSRC program.

"I've always been interested in the medical field, initially pursuing a kinesiology degree. It seems life had other plans for me. After starting a family, I decided to return to school for a second career choice later in life. I stumbled across respiratory therapy and fell in love. It checked all my boxes: medical field, flexible schedule, and being a part of improving someone's quality of life. Several years later and many tears shed, I walked across that stage to get my BSRC. I had arrived. I worked in the NICU. I loved every minute of my job. What more could I want? Then came the second calling…. teaching. I never dreamed I'd enjoy teaching as much as working bedside. I was wrong. I enjoy teaching more. It's like no other feeling to watch a student's 'light bulb' moment. I was hooked. Now I'm working full time at the hospital and teaching respiratory care classes/clinicals part-time in hopes that one day I can teach full time. All the stars aligned, and the day came when an esteemed colleague decided to step down from her fulltime teaching position and move back home. The door was now open for me to pursue both of my passions, working in direct patient care while teaching full time. Every time I've taught a four-hour lab or been in an eight-hour clinical day, I've never dreaded going or hoped the day was over. Teaching to me is not something I "have" to go to, but something I can't wait to go to. Fast

forward three years and I'm ready to take on another challenge and pursue my MSRC. Besides the fact that I really enjoy learning, my children are almost grown, graduating college themselves and ready to lead their own lives. I know having my MSRC will afford more teaching opportunities in different cities and states or possibly a program directors' position one day. Not to mention I'll be the first one in my family to walk the stage and receive a master's degree!"

In fall 2022, Dawn enrolled in our Advanced Respiratory Care Diagnostics and Therapeutics course. Students are required to complete a literature review paper on a topic related to the course content. Her paper - *Congenital Central Hypoventilation Syndrome in the Neonate: A Historical Literature Review and Recommendations* - was published in the 2023 Winter edition of Neonatal Intensive Care: The Journal of Perinatology-Neonatology. Dawn had this to say as we were submitting her manuscript to the journal,

"I'm so excited just for the opportunity to do this. I hope to be a part of more things like this in the future. I think I've found my second niche...teaching and research. When I started this master's program, I absolutely dreaded the research component of these classes. But have really enjoyed the process."

Although it is not uncommon to be apprehensive about entering a research-based graduate program, like the MSRC, the knowledge and skills gained are invaluable to the growth and development of the respiratory therapy professional. Engaging in research allows you to delve deep into a specific area of interest and gain a comprehensive understanding of the subject matter, to be an expert on the topic and in the field of study. Research requires us to analyze information, evaluate evidence, and draw conclusions which will cultivate analytical and problem-solving skills. Engaging in research can challenge us intellectually and foster lifelong curiosity. This personal and professional development is transferable to many areas of life and work. An MSRC can prepare respiratory therapists for a successful career in academia or other professional fields. We are so proud of the hard work and passion for research Anita and Dawn are demonstrating. They are star students in our MSRC Program and deserve this award and recognition! They both have embraced teaching and research.

CoBGRTE Scholarships Reminder

The Mission Continues

José D. Rojas, PhD, RRT, RPFT, FAARC
Chair CoBGRTE Scholarship Committee

The CoBGRTE Board of Directors, with steadfast tenacity, continues to make scholarship money available to help support school expenses for members pursuing baccalaureate, graduate, or doctoral degrees. Encourage your friends, colleagues, and students to apply! It is not an onerous process. This year to improve the process for application and distribution, the scholarship committee has made the recommendations outlined below. The process for application is relatively simple and the application has been posted on the CoBGRTE website since April 1, 2023. Don't let this opportunity pass you by! **The application cycle will remain open until October 1, 2023**, and we hope to make announcements of winners and present awards at the AARC Congress.

1. **The scholarship cycle:** for all awards (NBRC supported, Merit, Malinowski, Smallwood) opened April 1 and closes on 10/1/23. Send your applications early!
2. **There are four award categories:**
   a. **Merit Scholarships ($8,000)**

      -eligibility (BS and MS entry-level CoBGRTE member, BS and MS degree advancement CoBGRTE members; *Propose to allocate four (4) $1,000 scholarships for entry-level and four (4) $1000 scholarships for degree advancement depending on number of applications*)

      -required materials (letter of support from faculty/PD/DCE, professional resume, completed application, unofficial transcript, and essay)

   b. **Smallwood Research Scholarship ($2,000)**

      -eligibility: BSRC and MSRC entry-level CoBGRTE member, BSRC and MSRC degree advancement CoBGRTE members.

      -required materials: research proposal that includes a budget; proposal should include literature review with hypothesis or research question; project timeline; letter of faculty support; and professional resume.

   c. **Malinowski Leadership Award ($2,000)**

      -eligibility (therapist in a supervisory or lead position; BSRC or MSRC degree advancement or clinical research program; CoBGRTE member)

-required materials (QI project or clinical research proposal; includes a budget; proposal should include literature review/hypothesis or research question/ specific aims/ project timeline; letter of faculty or hospital administration support; professional resume)

d. NBRC-supported faculty awards ($20,000)

-eligibility (RRT, CoBGRTE member, current faculty member or pursuing faculty position, enrolled in doctoral program)

-required materials (proposal for required funds that includes budget/justification; letter of support from Chair/Dean; CV)

-award $5,000 to $10,000 based on proposal/need

Members of the CoBGRTE Scholarship Committee

Bruce Adcock, M.Ed, RRT, RRT-NPS, CHSE	Assistant Professor University of Texas Medical Branch
Brian Cayko, MBA, RRT, FAARC	Clinical Assistant Professor Boise State University
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Molly Quinn Jensen, MBA, RRT, RRT-ACCS, RRT-NPS	Assistant Professor Louisiana State University Health Science Center
Nancy Colletti, PhD, RRT, CPFT, FNAP	Professor University of Cincinnati
Nicholas Henry, PhD, RRT-ACCS, RRT-NPS, AE-C	Associate Professor Texas State University
Thomas Stokes, MEd, RRT	Assistant Professor University of Texas Health Science Center – San Antonio
Tyler Weiss, MSc, RRT, RRT-ACCS, AE-C, FCCP	Assistant Professor Rush University
José D Rojas, PhD, RRT, RPFT, FAARC	Associate Professor CoBGRTE Scholarship Committee Chair University of Texas Medical Branch

International Spotlight

Sara Han, RRT, CRE

Manager, Community Programs and Partnerships
Lung Health Foundation
18 Wynford Drive, Suite 401,
Toronto ON M3C 0K8

By Wendy Castro, MS, RRT, RRT-NPS
Chair, CoBGRTE International Outreach Committee

1. **Describe a typical day practicing as an RT in your country.**

I have been a practicing RT in Ontario, Canada for the past 16 years. I spent my first years working at an acute care hospital in the ICU, NICU, medical wards, OR and ED, however, in the last 10 years, I have been working at the Lung Health Foundation (formerly known as the Ontario Lung Association) in community programs and services. The programs that I manage are funded by our provincial government under their asthma and COPD funding. I initially started off implementing an evidence-based asthma and COPD program for primary care sites including taking part in quality improvement initiatives. That involved working with healthcare providers in primary care to deliver asthma and COPD education and management. Currently, I work as the Manager of Community Programs and Partnerships. In my role, I manage our virtual exercise maintenance programs called Fitness for Breath and lead and facilitate peer support groups for those living with chronic lung disease. Fitness for Breath is an exercise maintenance program intended for those who have graduated from a PR program. However, due to lack of access to PR, most utilize our program as a continual form of exercise while they are waiting to get into a PR program. We were in-person before the pandemic partnering with mostly local gyms and YMCAs, but since the pandemic, we have re-imagined our program to deliver virtual programming. We offer it with our delivery partner, the Abilities Centre, which is a sport, recreation, training, education, and research center co-designing innovative, accessible solutions that address all needs of the community. Our program is offered 4 times per year. Exercises are delivered live over Zoom two days/week for 10 weeks. Our organization provides intake and registration, technical expertise, respiratory education, and overall participant support. Our staff RT and CRE come in at the mid-point of the cycle to do a 1-hour education session. The Abilities Centre offers the exercise program/curriculum along with research and evaluation. Our participants have been quite happy with the program so far (since we went virtual in 2021) and we can now reach communities outside of Ontario. We have had participants from Alberta, BC, Saskatchewan, and Quebec.

Our virtual exercise program runs four times a year offering exercise to over 240 people living with lung disease. My role also involves working with community partners to deliver and maintain the exercise program. We are really doing more qualitative research. We initially rolled out an online survey, however, we experienced poor uptake. Questions such as “please record your CAT score” were quite difficult to obtain as some were confused about the questionnaire without having someone do it with them. What we currently do is a focus group after the last session for each of our classes, the research staff asks questions about the following:

Physical benefits. Answers are subjective and the answers we have received are:

- “Can move places with oxygen tank because they are now able to lift the tank and maneuver it” and
- “Lost ability to walk or stand during COVID shutdowns – regained it through this program”

Condition management

- “Increased confidence in self-management and experiencing less exacerbations. Feel that this program is keeping them out of ER, hospital, and doctor’s office”
- “Overall increased comfort with day-to-day living with COPD

Fitness and Wellness

- “Improvements with other conditions such as shoulder and knee pain/conditions”
- “Gains in strength. Improvements seen in movements during class and during daily life”

When I first started my career as an RT, most RTs were working in acute care settings and there were a limited number of opportunities to work outside of those centres. Though most RTs still work in hospitals, there are a lot more opportunities now for RTs to be working in other settings such as primary care, education/academia, nonprofit and opportunities for RTs to use their skills in different roles such as being quality improvement facilitators, health system advisors and community case managers.

2. **What drew you to respiratory care?**

Respiratory care kind of found me. When I graduated from high school, I knew I wanted to be in healthcare, but I didn't know what I wanted to do in healthcare. I applied and got accepted into a combined Bachelor of Life Science and Respiratory Therapy degree and diploma program offered in partnership between Queen's University in Kingston, Ontario and The Michener Institute of Education in Toronto, Ontario. What really sparked my passion for this profession was when I started my clinical rotation last year. I fell in love with the hands-on role RTs had in all areas of the hospital as well as the community. It was so rewarding to be extubating a patient in the ICU after a long journey with ARDS and then a few weeks later, seeing them in the PFT lab for follow-up. RTs play a critical role in a patient's journey, and I fell in love with that.

3. **What obstacles did you have to overcome to obtain your degree and practice in your country?**

I didn't face any obstacles as I got into a Baccalaureate program in university that led directly to the diploma and training as an RT. However, the challenge I did face was after I started practicing. The RT profession still does not require a baccalaureate degree level of education as entry-to-practice in Canada. See position statement from the CSRT. Though many RTs do enter the RT diploma program with a 4-year baccalaureate degree, having this requirement not only ensures that people entering the profession have the necessary skills and knowledge, but also place us in the same playing field as other similar professions who have a baccalaureate degree requirement for entry to practice, such as RNs, PTs, and OTs for example. Having this requirement would help when advocating for our profession.

4. **What formal education did you have?**

As noted previously, I was in a combined baccalaureate/diploma program at Queen's University. Unfortunately, this program no longer exists due to lack of interest. I do wish that there were more programs like this to bring into visibility, our profession, and ensure that RTs who are entering practice, have as a minimum, a baccalaureate degree.

5. **What profession associations are you a member of?**

I am a part of the College of Respiratory Therapists of Ontario (CRTO) as our regulatory body, in addition, I am a member of the Respiratory Therapy Society of Ontario (RTSO) who advocate for our profession provincially and I am also a member of the Canadian Society of Respiratory Therapists (CSRT) who advocate for our profession nationally. I also received my certification in respiratory education and am a Certified Respiratory Educator (CRE) through the Canadian Network for Respiratory Care.

Kimberly Harvey Wins the Membership Committee Drawing

The 2023 CoBGRTE Membership Committee drawing was held on May 1. The winner was randomly selected from all CoBGRTE active members who used auto-renewal to pay their annual dues. **Kimberly Harvey, MS, RRT, RRT-NPS,** Valencia College, Orlando, Florida was the lucky winner of Apple Airpods Pro Second Generation. Her reaction to the news follows below:

"I want to thank CoBGRTE for the generous gift I won for choosing to renew my membership with auto-renewal. I have been a member of CoBGRTE for many years and have always paid year to year. This option helps by keeping me from forgetting to renew my membership, and continue support for the work CoBGRTE does for our profession and current students with scholarship opportunities. As a respiratory care educator, I find that it is very important to support the future of our profession. I encourage my students to become members of all associations that will protect and improve their profession."

SAVE THE DATE

CoBGRTE
ROUND TABLE DINNER

SUNDAY, JULY 16TH

7:30-10:00 PM

BOATYARD RESTAURANT

3033 NE 32nd Ave

Fort Lauderdale, FL

(1.8 miles from the Marriott (35 min walk, 13 min by car).

RSVP: http://cobgrte.org/contactcobgrte.html
Space is limited RSVP early


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University of Toledo

If you have not already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 15 reasons why you should join the coalition.

Reasons Why You Should Become a CoBGRTE Member

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

Editorial Board

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