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Spotlight Article



**University of Arkansas for Medical Sciences
College of Health Professions
Department of Respiratory Care**

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The University of Arkansas for Medical Sciences (UAMS) is a metropolitan academic medical center located in Little Rock, Arkansas. As the state's only comprehensive health sciences university, UAMS—together with its clinical affiliates, Arkansas Children's Hospital and the VA Medical Center—advances healthcare improvement and population wellness through integrated education, research, and clinical service programs.

UAMS maintains a statewide presence through regional health education centers, advanced telehealth and telemedicine initiatives, and specialized clinical research institutes. The institution offers 73 baccalaureate, master's, doctoral, professional, and specialist degree programs through its Colleges of Medicine, Nursing, Pharmacy, Health Professions, and Public Health, as well as the Graduate School. Its academic community includes nearly 5,000 students and 2,200 faculty members. Students' complete coursework at the main campus in Little Rock and at the regional campus in Fayetteville, Arkansas, Arkansas Children's Hospital, and the VA Medical Center.

About the Program

Brief History

The Respiratory Care program was established in 1975 as a certificate program offered through the Veterans Administration Hospital. In the late 1970s, the program partnered with the University of Arkansas for Medical Sciences to meet accreditation requirements. Under the leadership of Erna Boone, DrPH, RRT, FAARC, the program achieved four decades of sustained success and growth. During this period, the curriculum, program structure, and degree pathways underwent multiple revisions, ultimately culminating in the establishment of Arkansas' only baccalaureate degree program.

Since Dr. Boone's retirement in 2019, the program has continued its longstanding tradition of excellence and leadership in respiratory care education throughout Arkansas. The program remains committed to preparing future respiratory care professionals and advancing the profession at the national level. This was demonstrated by the addition of an MSRC program in 2024.

The Department of Respiratory Care offers two traditional entry-to-practice programs: Bachelor of Science in Cardio-Respiratory Care entry-to-practice program and a Master of Respiratory Care. There is also an online A.S. to B.S. degree advancement program.

Program Mission & Values

All [UAMS Respiratory Care](#) programs are dedicated to developing practitioners of influence who demonstrate the value of our profession and lead it forward to meet the needs of a dynamic healthcare community. We value and steward our legacy of student excellence and national prominence, our collective vision that embraces change to promote the future of respiratory care, and a supportive environment that promotes a culture of professional achievement, diversity, and mutual respect.

Philosophy and Culture

The department has long held a philosophy of excellence while maintaining a supportive climate for high-achieving learners. The program's success is largely due to eight unique systems that combine to form the program's learning culture: 1) creation of a supportive environment, 2) promotion of a sense of community, 3) expectations of excellence, 4) intentional professional mentoring, 5) ensuring meaningful clinical experiences, 6) requiring reflection / self-evaluation, 7) promotion of critical thinking, and 8) commitment to continuous improvement.

Expected Student Learning Outcomes (ESLOs)

The department has developed extensive assessment and analysis systems built on CoARC accreditation outcomes, an internally developed mentoring program and portfolio documentation evaluates student and program outcomes on five essential professional competencies which establish the program's ESLOs:

- Perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.
- Function within inter-professional, patient-centered teams.
- Communicate effectively with diverse populations (varied ages, abilities, ethnicities).
- Apply problem-solving strategies in patient care setting (critical thinking).
- Demonstrate ethical decision-making and professional responsibility (intellectual honesty and appropriate academic and professional conduct).

Graduates of the master's degree program are expected to meet the following ESLOs:

- Evidence-based inquiry: Apply research methods to develop and answer a relevant research question.
- Advanced knowledge: Demonstrate critical thinking and reasoning to explain advanced concepts relating to cardiovascular critical care, disease management, clinical management and care coordination, or an approved area of focus.
- Professional Communication: Use effective oral and written communication skills consistent with professional practice.
- Education: Apply educational and health literacy theory in the development of an educational project directed at colleagues, patients, or peers.
- Leadership: Apply leadership theories to demonstrate leadership in an interprofessional team.

Traditional B.S. Program: Students enrolled in the traditional program complete 120 hours for a bachelor's degree in Cardio-Respiratory Care. The program is offered in full time (5 semester) or part time (8 semester) degree plan. The program requires fifty-eight hours of general science, liberal arts, humanities, and elective coursework as prerequisites for admission. Students complete sixty hours of professional credit in the discipline of respiratory care.

**Traditional Entry to Practice Curriculum
B.S. Degree Program
(Full-Time Curriculum)**

FALL 1 – 15 Credits		
RESP-34104	Cardiopulmonary Anatomy & Physiology	4 SC
RESP-34124	Equipment and Techniques I	4 SC
RESP-31131	Equipment and Techniques I Laboratory	1 SC
RESP-33143	Basic Assessment and Diagnosis	3 SC
RESP-31151	Basic Assessment and Diagnosis Lab	1 SC
RESP-31161	Pharmacology I	1 SC
RESP-31171	Clinical Practicum I	1 SC
SPRING 1 – 15 Credits		
RESP-34204	Cardio-Respiratory Disorders	4 SC
RESP-33203	Equipment and Techniques II	3 SC
RESP-32232	Equipment and Techniques II Laboratory	2 SC
RESP-33273	Neonatal Cardiopulmonary Care	3 SC
RESP-31281	Pulmonary Function Testing	1 SC
RESP-32262	Clinical Practicum II	2 SC
SUMMER – 6 Credits		
RESP-4331X	Evidence Based Inquiry	3 SC
RESP-31301	Pharmacology II	1 SC
RESP-32302	Clinical Internship I	2 SC
FALL 2 – 12 Credits		
RESP-41401	Legal & Ethical Issues in Respiratory Care	1 SC
RESP-42402	Advanced Assessment & Diagnosis	2 SC
RESP-43403	Critical Care Practices	3 SC
RESP-42432	Pediatric Cardiopulmonary Care	2 SC
RESP-44454	Clinical Practicum III	4 SC
SPRING 2 – 12 Credits		
RESP-41461	Respiratory Care Education	1 SC
RESP-44503	Disease Management	3 SC
RESP-43553	Leadership and Management	3 SC

RESP-42552 Respiratory Care Seminar	2 SC
RESP-43563 Clinical Internship II	3 SC
TOTAL = 60	

Entry-to-Practice B.S. Degree Program (Part Time Curriculum)

Part-time students add an additional year to their degree plan. The curriculum divides the traditional 1st year into two part-time years. The first year is entirely academic, with the 2nd year adding laboratory, simulation experiences, and clinical rotations. The third year is completed as a full-time student. The part-time option allows students who are full-time the opportunity to decelerate their academic load rather than withdraw from the program.

FALL 1 – 8 Credits	
RESP-34104 Cardiopulmonary Anatomy & Physiology	4 SC
RESP-33143 Basic Assessment and Diagnosis	3 SC
RESP-31161 Pharmacology I	1 SC
SPRING 1 – 5 Credits	
RESP-34204 Cardio-Respiratory Disorders	4 SC
RESP-31281 Pulmonary Function Testing	1 SC
SUMMER 1 – 1 Credit	
RESP-31301 Pharmacology II	1 SC
FALL 2 – 7 Credits	
RESP-34124 Equipment and Techniques I	4 SC
RESP-31131 Equipment and Techniques I Laboratory	1 SC
RESP-31151 Basic Assessment and Diagnosis Laboratory	1 SC
RESP-31171 Clinical Practicum I	1 SC
SPRING 2 – 10 Credits	
RESP-33203 Equipment and Techniques II	3 SC
RESP-32232 Equipment and Techniques II Laboratory	2 SC
RESP-33273 Neonatal Cardiopulmonary Care	3 SC
RESP-32262 Clinical Practicum II	2 SC
SUMMER 2 – 5 Credits	
RESP-4331X Evidence Based Inquiry	3 SC
RESP-32302 Clinical Internship I	2 SC

FALL 2 – 12 Credits		
RESP-41401	Legal & Ethical Issues in Respiratory Care	1 SC
RESP-42402	Advanced Assessment & Diagnosis	2 SC
RESP-43403	Critical Care Practices	3 SC
RESP-42432	Pediatric Cardiopulmonary Care	2 SC
RESP-44454	Clinical Practicum III	4 SC
SPRING 2 – 12 Credits		
RESP-41461	Respiratory Care Education	1 SC
RESP-44503	Disease Management	3 SC
RESP-43553	Leadership and Management	3 SC
RESP-42552	Respiratory Care Seminar	2 SC
RESP-43563	Clinical Internship II	3 SC
TOTAL = 60		

Entry-to-Practice MSRC Degree Program

FALL 1 – 15 Credits		
RESP 34104	Cardiopulmonary Anatomy & Physiology	4 SC
RESP 34134	Equipment and Techniques I	4 SC
RESP 31131	Equipment and Techniques I Laboratory	1 SC
RESP 33143	Basic Assessment and Diagnosis	3 SC
RESP 31151	Basic Assessment and Diagnosis Laboratory	1 SC
RESP 31161	Pharmacology I	1 SC
RESP 31171	Clinical Practicum I	1 SC

SPRING 1 – 15 Credits		
RESP 34204	Cardio-Respiratory Disorders	4 SC
RESP 33203	Equipment and Techniques II	3 SC
RESP 32232	Equipment and Techniques II Laboratory	2 SC
RESP 53273	Neonatal Cardiopulmonary Care	3 SC
RESP 31281	Pulmonary Function Testing	1 SC
RESP 32262	Clinical Practicum II	2 SC

SUMMER – 6 Credits		
RESP 53343	Research & Evaluation	3 SC
RESP 51341	Pharmacology II	1 SC
RESP 5232X	Master's Internship I	2 SC

FALL 2 – 13 Credits		
RESP 51441	Legal & Ethical Issues in Respiratory Care	1 SC
RESP 52442	Advanced Assessment & Diagnosis	2 SC
RESP 53443	Critical Care Practices	3 SC
RESP 52452	Pediatric Cardiopulmonary Care	2 SC
RESP 52573	Literature Review	1 SC
RESP 54454	Clinical Practicum III	4 SC

SPRING 2 – 14 Credits		
RESP 51461	Respiratory Care Education	1 SC
RESP 54543	Disease Management	3 SC
RESP 52461	Scholarship Project	1 SC
RESP 53543	Leadership and Management	3 SC
RESP 42552	Respiratory Care Seminar	2 SC
RESP 54464	Master's Internship II	4 SC
TOTAL = 63		

The research core of Research, Literature Review, and Scholarship Project, along with special projects in Respiratory Care Education and Disease Management courses make up the elements of the MSRC capstone project. Master's degree students have an option of declaring a "focus" area in which they can concentrate their studies, assignments, and special projects. Rising graduates defend their work in the focus area and, if approved, the designation is placed on the official transcript.

Unique Opportunities

UAMS provides a broad range of experiential learning opportunities to support students' academic preparation and clinical education. Students complete approximately 800 hours of bedside instruction under the supervision of clinical faculty and preceptors. During the clinical phases of the program, student cohorts also consistently document more than 400 hours of interaction with physicians. In addition to standard clinical rotations, the curriculum includes two concentrated clinical internships. These internships promote students' professional development in clinical practice, communication, interprofessional collaboration, critical thinking, and professional behavior.

The program faculty regularly engage students in the state-of-the-art clinical simulation center throughout each semester. Simulation-based learning provides students with structured opportunities to develop clinical competence before entering direct patient-care settings. These experiences address communication, medication-error recognition and response, interprofessional communication, fundamental patient assessment, evaluation of oxygenation, basic therapeutic interventions, mechanical ventilation initiation and assessment, rapid-sequence intubation, and Neonatal Resuscitation Program (NRP), Pediatric Advanced Life Support (PALS), and Advanced Cardiovascular Life Support (ACLS) training.

The interprofessional education (IPE) program at the University of Arkansas for Medical Sciences integrates students from the Colleges of Health Professions, Medicine, Nursing, Pharmacy, and Public Health in campus-wide learning opportunities. These opportunities include workshops, research

projects, clinical experiences, and educational milestones intended to foster interprofessional relationships and prepare students for collaborative practice after graduation. Interprofessional learning is further supported through student participation in the UAMS 12th Street Health and Wellness Center, a student-led free clinic that serves underserved residents of the greater Little Rock area.

Through its affiliation with Arkansas Children's Hospital, the program provides comprehensive experiential learning in neonatal and pediatric cardiopulmonary care. Clinical rotations and academic presentations encompass emergency care, neonatal intensive care, pediatric intensive care, discharge planning, and outpatient services, including cystic fibrosis, asthma, and allergy clinics.

A distinctive component of the program is its active partnership with the Education and Student Success Center and a dedicated learning specialist. This collaboration supports the early identification and remediation of academic skill deficits through pre-matriculation academic skills assessments, student workshops, referrals for remediation, peer tutoring, and individualized academic improvement plans.

The formal faculty mentoring program supports students' academic development and attainment of professional competencies in communication, critical thinking, interprofessional practice, and ethical behavior. Each student is paired with a faculty mentor who facilitates ongoing self-assessment and evaluation of progress toward these competencies. Students also develop an electronic portfolio throughout the program that documents evidence of learning and professional growth; portfolios are evaluated periodically using a standardized rubric.

The program recognizes the essential contribution of respiratory therapists to palliative and end-of-life care. Accordingly, it offers an annual Palliative Care and End-of-Life Seminar that examines the respiratory therapist's role, provides practical resources for ethical decision-making, and strengthens practitioners' capacity to address the clinical and emotional challenges associated with serious illness and end-of-life care. The seminar is open to the public, and respiratory care programs at area community colleges are invited to participate.

The program's medical director provides integral support to both its academic and clinical components. In addition to facilitating student clinical rotations in the intensive care unit, the medical director conducts a monthly academic session, MD Perspectives. The medical director also contributes actively to curriculum review, program evaluation, and ongoing curricular guidance.

Activities and Achievements

A recent partnership with a local medical enterprise has led outstanding service-learning projects for the program's students. The Divine Mercy Medical Clinic is a mobile clinic that sees patients monthly at various underserved and homeless communities in the Little Rock area. Patients receive a primary care visit, blood tests, a mental health evaluation, and comprehensive care coordination that includes respiratory care consults, pulmonary function testing, tobacco cessation, asthma education, COPD education, MDI instruction. Faculty and students are the sole providers of respiratory care services at 6-8 clinics per year.

MSRC students presented poster presentations representing their capstone projects at the 2026 UAMS Student Research Day. Over 400 entries were presented. As the first graduating class of MSRC students in Arkansas, this scholarly accomplishment was a highlight of their academic journey.



UAMS MSRC students present posters and interact with attendees at UAMS Research Day, March 10, 2026.

Since 2020, the program has been recognized with the AARC Apex award for three consecutive 2-year cycles and expects to be receiving the award again for 2026-2027. The program has a long history of successful accreditation outcomes and credentialing success. The Bachelor's Degree program has received a CoARC Distinguished Award for Credentialing Success each year since the award's inception in 2010. Most notably, CoARC has recognized the program with the *President's Award for Excellence in Credentialing Success* from 2021-2025. The awards recognize an overall credentialing success rate of 90-100% over a three-year average.

Future initiatives include exploration of off campus lab sites for rural Arkansas communities through the UAMS Regional Programs network; advancing apprenticeship opportunities for prospective BS and MS students; and

scholarly endeavors related to clinical evaluation, the use of portfolios for outcome assessment, and task awareness and engagement theory.



Dr. Tom Jones with the first UAMS MSRC students at UAMS Research Day, March 10 2026.

A.S. to B.S. Degree Advancement Program:

The A.S.-to-B.S. Degree Advancement program is offered through the University's accreditation by the Higher Learning Commission and is designed to allow practicing RRT's who graduated from an accredited Associate Degree program the opportunity to meet their educational and professional goals as practicing professionals. The thirty-semester professional credit program is offered in a 100% online format, which is perfect for working therapists who need flexibility to complete their bachelor's degree while meeting family, professional and personal obligations. The curriculum allows students to pursue study in specific areas of interest or professional specialty through various projects, papers and/or directed study. Upon completion of all program requirements, the graduate will be awarded the Bachelor of Science degree in Cardio-Respiratory Care.

Learning Outcomes: Students in the degree advancement program are expected to demonstrate competence in the following areas:

- *Communication:* Students deliver a consultative presentation that reflects the knowledge gained through courses in this program.
- *Problem Solving and Critical Thinking:* Students demonstrate the ability to formulate a clinical question, search the medical literature, and assess the collected literature for quality, relevance, and limitations.
- *Interprofessional and Patient-Centered Practice:* Students complete the required UAMS Interprofessional Education milestone for degree

completion students and demonstrate the ability to educate patients, their families, and healthcare professionals.

- *Ethical Decision Making and Leadership*: Students demonstrate the ability to lead a group of professionals in an ethical manner.

The program is recognized as one of the most affordable degree advancement programs in the country. There is no out-of-state tuition, and most fees have been reduced from the cost of attendance.

The degree advancement program requires a total of 120 semester credits for successful completion. Upon completion of all pre-requisite coursework (55 semester credits) and the UAMS professional curriculum (30 semester credits), a balance of 45 hours of course credit is awarded in recognition of the courses completed in the entry-level associate's degree program and successful completion of the RRT credential.

The program has established several articulation agreements with Associate Degree programs. We welcome the opportunity to explore additional agreements with community colleges to open the door for more students to achieve the baccalaureate degree and advance the profession.

The degree advancement program is offered as a full time (three semester) or part time (five semester) degree plan. Full-time students begin each May. Part-time students begin each August. The program offers flexibility in creating an option that suits either a newly credentialed graduate or experienced practitioner.

Degree Advancement B.S. Degree Program (Full Time 3 semesters)

Course #	Title	Credits	Total
<i>Summer</i>			
RESP4330	Research and Evaluation	3	
CHPI 4310	Multicultural Health	3	6
<i>Fall</i>			
RESP 4241 RESP 4250	Advanced Assessment and Diagnosis OR Integration Project*	2	
RESP 4342	Critical Care Practices OR	3	

RESP 4361	Special Topics in Acute Resp Syndromes*		
RESP 4140	Legal and Ethical Issues in Health Care	1	
RESP 4257	Literature Review	3	
CHPI 4301	Healthcare Systems in America OR <i>Substitute Course</i>	3	12

<i>Spring</i>			
RESP 4146	Foundations of Respiratory Care Education	1	
RESP 4244	Scholarship Project	1	
RESP 4355	Leadership and Management	3	
RESP 4452	Disease Management	3	
CHPI 4700	Directed Study in Professional Practice	4	12
TOTAL			30

**Degree Advancement B.S. Degree Program
(Part-Time 5 Semesters)**

Course #	Title	Credits	Total
<i>Fall 1</i>			
RESP 4241 RESP 4250	Advanced Assessment and Diagnosis OR Integration Project*	2	
RESP 4342 RESP 4361	Critical Care Practices OR Special Topics in Acute Resp Syndromes*	3	
RESP 4140	Legal and Ethical Issues in Health Care	1	6

Spring 1			
RESP 4355	Leadership and Management	3	
RESP 4452	Disease Management	3	6
Summer			
RESP 4330	Research and Evaluation	3	
CHPI 4310	Multicultural Health	3	6
Fall 2			
RESP 4257	Literature Review	3	
CHPI 4301	Healthcare Systems in America OR <i>Substitute Course</i>	3	6
Spring 2			
RESP 4146	Foundations of Respiratory Care Education	1	
RESP 4244	Scholarship Project	1	
CHPI 4700	Directed Study in Professional Practice	4	6
Total			30

Faculty

The UAMS faculty make up a diverse collection of expertise and experience. Ranging in tenure from one to twenty years, the full time and adjunct faculty is an embodiment of the UAMS and program's values of integrity, respect, teamwork, creativity, and excellence. Faculty members have established themselves as leaders both on campus and in the profession. Dr. Jones serves as a commissioner for the Commission on Accreditation for Respiratory Care, is a past Board of Directors for American College of Respiratory Therapy Education (formerly CoBGRTE) and is recognized as a Fellow of the American Association for Respiratory Care. Tonya Cook, Director of Clinical Education, serves on the Board of Directors for Lambda Beta and the National clinical committee for Platinum Planner and is recognized as an accomplished mentor for DCEs. Denise Willis is an Associate / Section Editor for *Respiratory Care Journal*. This accomplished faculty is a strength for students and the profession.

Tom Jones, EdD, RRT, CPFT, FAARC
Associate Professor, Chair, Program Director

Tonya Cook, MEd, RRT
Associate Professor, Director of Clinical Education

Kendra McCraney, MBA, MHA, RRT-NPS
Assistant Professor, Neonatal / Pediatrics

Matthew Simoncavage, BS, AAS-RT, RRT
Assistant Professor, Adult Critical Care

Elisandra Bueno-Rivas, BS, RRT
Adjunct Instructor / Academic Coach

Denise Willis, BS, RRT-NPS, CRS
Adjunct Instructor / Research & EBM

Mike Anders, PhD, RRT
Associate Professor of Assessment & Evaluation

Erna Boone, DrPH, RRT, FAARC
Emeritus Associate Professor

Kathy Rye, Ed.D., RRT
Emeritus Associate Professor

Anand Venkata, MD
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Interview



Christopher Mayo, DHS, RRT, CHSOS
Health Science Simulation - Lab Coordinator
Washtenaw Community College
Ann Arbor, Michigan

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

1. Tell us about your early days as a respiratory therapist. What events or circumstances brought you into the profession?

I began my medical care career as a veterinary assistant. The work involved a variety of clinical responsibilities, including intubation, IV catheter placement, surgical assistance, and physical therapy for canines, felines, and other animals. Through these experiences, I discovered my passion for healthcare and confirmed that I wanted to continue a career but dedicated to (human) patient care.

My interest in respiratory therapy developed while working in a hospital as a Certified Nursing Assistant and cardiac monitor technician. I frequently observed a group of healthcare professionals who moved from room to room, providing more specialized care. I was most impressed with the opportunities they had to spend meaningful time with patients and respond to emergency situations throughout the hospital. Curious about their role, I learned they were respiratory therapists. The more I learned about the profession, the more I realized it aligned perfectly with my interests and strengths.

The RT's role combined critical thinking, advanced technology, and direct patient care drew me to begin an educational program and ultimately became my calling. Early in my clinical experiences, I was inspired by the profound impact respiratory therapists had on patients during some of their most vulnerable moments, from neonatal and pediatric care to critical care and emergency situations.

As a new therapist, I quickly learned the importance of adaptability, teamwork, and lifelong learning. The profession provided opportunities to collaborate closely with physicians, nurses, and other healthcare professionals while making meaningful contributions to patient outcomes. These early experiences laid the foundation for my passion for leadership, education, simulation-based learning, and advancing the profession through innovative training methods.

2. Who were your mentors?

What and how did they contribute to your career?

Throughout my career, I have been fortunate to learn from exceptional clinicians, educators, and leaders who have profoundly influenced my professional growth. The most impactful mentors were those who challenged me to think beyond routine patient care responsibilities. They urged me to consider how I could become further involved in education, leadership, and innovation that could improve healthcare outcomes.

One of the most influential individuals in my career was Program Director of Respiratory Care at St. Petersburg College in Florida Steve Hardt. As both my clinical instructor and educator, Steve played a critical role in developing the foundational knowledge and clinical skills that shaped me as a respiratory therapist. Just two years after graduation, I was invited to serve as a clinical instructor for my alma mater. The guidance, mentorship, and example Steve provided during those formative years continues to influence my approach to leadership and education today.

Another key mentor was Brian Connor, my first respiratory therapy department director at Blake Medical Center in Florida. Brian recognized my potential for leadership and appointed me as a night supervisor only eight months after graduation. His confidence in my abilities was instrumental in developing my leadership skills. Through his mentorship, I learned how to navigate complex clinical situations. I also was able to gain an appreciation for the operational and business aspects of a healthcare department.

Equally influential have been the many professionals as my career took me from Florida to Massachusetts, North Carolina, and Michigan. Those moves have contributed and expanded my development as an educator and leader in medical simulation. While there are too many individuals to name individually, each has played a significant role in refining my skills and expanding my understanding of healthcare simulation. Their expertise, support, and willingness to share their knowledge have been invaluable to my growth in this field.

Collectively, these mentors exemplified professionalism, clinical excellence, innovation, and servant leadership. They encouraged me to pursue advanced education, become actively involved in professional organizations, and contribute to the development of future healthcare professionals. Their examples reinforced the importance of me becoming a mentor and inspired me to invest in the next generation of respiratory therapists, simulation educators and other healthcare professions. I strive to honor their influence by fostering a culture of learning, collaboration, and continuous improvement in every role I have served.

3. How did furthering your education contribute to your career path? What led you toward leadership roles in the AARC and related organizations?

Earning a bachelor's degree in healthcare administration, a Master's degree in Respiratory Care Leadership, and a Doctor of Health Science degree all expanded my perspective far beyond bedside clinical care. These educational experiences strengthened my skills in leadership, education, program development, strategic planning, and organizational management. Graduate education provided me with a deeper understanding of both healthcare systems and leadership principles while equipping me with tools that continue to influence my decision-making and professional practice today.

As my career progressed, I became increasingly passionate about multidisciplinary simulation-based education, interprofessional learning, and professional advocacy. Working with students, clinicians, and healthcare professionals from multiple disciplines reinforced the importance of collaboration, innovation, and effective teamwork in improving patient outcomes. I witnessed firsthand how simulation enhances the opportunity for learners to develop clinical skills, critical thinking, communication, and confidence in a safe and supportive environment.

My commitment to advancing healthcare education led to active involvement in numerous professional organizations, including the American Association for Respiratory Care (AARC), several respiratory care state societies, the American College of Respiratory Therapy Education (ACRTE), the International Nursing Association for Clinical Simulation and Learning (INACSL), the Organization for Associate Degree Nursing (OADN), and the Society for Simulation in Healthcare (SSIH). Through these organizations, I have collaborated with educators, clinicians, and leaders across disciplines to promote educational excellence, strengthen professional standards, and support innovation in healthcare education and simulation practice.

These experiences further reinforced my dedication to advocating for the respiratory therapy profession while advancing simulation-based education and interprofessional collaboration. As my involvement in professional development and organizational leadership grew, I was naturally drawn toward leadership opportunities within these associations. These roles allowed me to contribute to the advancement of educational standards, promote the value of respiratory therapists as essential members of the healthcare team, and support initiatives focused on professional growth, mentorship, credentialing, and lifelong learning. Through both my educational journey and professional experiences, I have developed a leadership philosophy centered on service, innovation, mentorship, and continuous improvement. I remain committed to fostering environments where learners and professionals can thrive, collaborate across disciplines, and ultimately improve the quality of care delivered to the patients and communities we serve.

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

Throughout my career as a clinician, educator, and leader, I have developed a philosophy grounded in service, lifelong learning, and a commitment to excellence. While each role has provided unique challenges and opportunities, the core principles that guide my work remain consistent.

As a clinician, I learned that patient-centered care must always be the priority. While technical competence and clinical expertise are essential, they are only part of what defines exceptional healthcare. Compassion, effective communication, and collaboration are also essential in achieving positive patient outcomes. Whether caring for a critically ill patient, supporting a family during a difficult time, or working alongside members of the healthcare team, I have seen firsthand that patients benefit most when care is delivered with both skill and empathy.

As an educator, I have come to appreciate that meaningful learning occurs when individuals are actively engaged in the educational process. My involvement in simulation-based education has reinforced the value of experiential learning, by providing an educational strategy for learners to develop critical thinking, clinical judgment, communication skills, and confidence in a safe environment before caring for patients in the real-world. Seeing students and healthcare professionals grow through these experiences continues to be one of the most rewarding aspects of my career.

As a leader, I have learned that the responsibility for that role is less about authority and more about service. The most effective leaders invest in others, create opportunities for growth, and foster environments where individuals and teams can succeed. Leadership is about empowering people to reach their full potential and helping them accomplish goals they may not have believed possible on their own. By supporting, mentoring, and advocating for others, leaders can create lasting impacts that extend far beyond their own accomplishments.

Across all three roles, one lesson remains constant: continuous improvement and lifelong learning are essential. Healthcare is constantly evolving, driven by advances in technology, research, education, and patient care practices. To remain effective, healthcare professionals must be willing to adapt, grow, and embrace new opportunities for development. This commitment to learning has guided my educational pursuits, shaped my professional growth, and inspired my dedication to advancing respiratory therapy, healthcare simulation, and interprofessional education. As I continue my career, I remain committed to serving patients, developing future healthcare professionals, and contributing to the ongoing advancement of healthcare through leadership, innovation, and collaboration.

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

Reflecting on my career journey, there are several lessons I would share with those entering the respiratory therapy profession:

First, never stop learning. The knowledge and skills you acquire during your formal education provide a strong foundation, but they are only the beginning of your professional journey. Healthcare is constantly evolving, and successful respiratory therapists embrace lifelong learning through continuing education, professional development, certifications, and new clinical experiences.

Second, seek out mentors who will both challenge and support you. Throughout my career, mentors have played a critical role in my growth as a clinician, educator, and leader. Experienced professionals can provide guidance, share valuable lessons learned, offer honest feedback, and help you navigate opportunities and challenges. Their influence can significantly accelerate your professional and personal development.

Third, do not be afraid to step outside of your comfort zone. Some of the most rewarding opportunities in my career came from taking on unfamiliar roles and

responsibilities. I would encourage volunteering for committees, participation in quality improvement initiatives, exploring specialty practice areas, contributing to educational programs, and becoming involved in professional organizations. These experiences broaden your perspective, expand your network, and open doors to leadership opportunities you may never have anticipated.

Finally, remember that every patient interaction matters. Technical expertise and clinical competence are essential components of respiratory care, but they are not what patients and families remember most. Compassion, professionalism, respect, and empathy leave a lasting impression and can profoundly influence the patient's experience. The ability to connect with patients during some of their most vulnerable moments is one of the greatest privileges of our profession.

The field of respiratory therapy offers countless opportunities for growth, leadership, innovation, education, and patient advocacy. Whether your passion lies in bedside care, management, research, education, simulation, or professional service, there are numerous pathways to make a meaningful impact. Stay curious, remain committed to excellence, and never lose sight of the difference you can make in the lives of others. Most importantly, invest not only in your own development but also in those who follow behind you, because the future of our profession depends on the next generation of respiratory therapists being prepared, supported and inspired to lead.

[ASRT to BSRT & MSRC Degree Advancement Programs](#)

[BSRT and MSRT Entry Programs](#)

[Graduate Respiratory Therapist Programs](#)

www.acrte.org

The Silent Student Isn't Always Disengaged: Rethinking Participation in Respiratory Care Education

By Randy Case, PhD, RRT-NPS

**Associate Professor, Graduate Coordinator MHA,
Director of Interprofessional Education
Midwestern State University, Wichita Falls, Texas**

A 73-year-old patient with severe COPD has just arrived in the emergency department. The arterial blood gas shows a pH of 7.25, a PaCO₂ of 78 mmHg, and a PaO₂ of 51 mmHg while receiving oxygen by nasal cannula. You look around the classroom and ask, 'What should be our first intervention?'

Immediately, one student raises her hand. Another begins writing notes. A third quietly stares at the arterial blood gas values projected on the screen. Several students avoid eye contact altogether.

After waiting only a few seconds, you call on the eager volunteer.

Class continues, but something important just happened. We naturally assume the student who answered first was the most engaged. Yet the quiet student may have been mentally organizing the patient's pathophysiology, recalling COPD treatment guidelines, considering contraindications to oxygen therapy, and formulating a thoughtful clinical response. In respiratory care education, silence is often mistaken for disengagement when it may represent deeper cognitive processing

Respiratory care educators often equate classroom participation with learning. The student who eagerly answers questions, volunteers during simulation scenarios, and contributes to group discussions is frequently viewed as highly engaged. Conversely, the student who rarely speaks may be perceived as disinterested, unprepared, or disengaged. While this assumption is understandable, educational research suggests that silence is often far more complex than a lack of motivation.

Respiratory therapy students represent an increasingly diverse population of learners. Many are first-generation college students balancing employment and family responsibilities. Others are innately introverted, experience performance

anxiety, come from cultural backgrounds that require questioning, or simply require additional time to process complex information before responding. In a profession where thoughtful clinical reasoning is valued and expected, educators should carefully reconsider whether speaking first truly reflects better learning. Research in health professions education and cognitive psychology consistently demonstrates that learning is enhanced when students are provided opportunities to process information, retrieve prior knowledge, and discuss concepts before being expected to respond publicly. ¹

Respiratory care education presents unique challenges that amplify this issue. Students are expected to integrate physiology, pharmacology, ventilator management, arterial blood gas interpretation, and patient assessment while simultaneously developing clinical judgment. Asking a learner to immediately answer a complex ventilator management question in front of peers may measure their confidence more than competence. The student who quietly pauses to mentally organize information may demonstrate stronger clinical reasoning than the first student to raise their hand. ²

Educators may also have witnessed this phenomenon during clinical simulations debriefings. Following a patient scenario, one student might immediately recommends increasing the FiO₂, while another quietly analyzes the ventilator graphics, reviews the patient's blood gas values, and considers the underlying pathophysiology before offering an answer. In clinical practice, respiratory therapists are rewarded for thoughtful, evidence-based decision making, not simply for being the fastest to respond. Our classrooms and simulation debriefings sessions should cultivate these same attributes.

Fortunately, increasing participation does not require dramatic curricular redesign. Often, small instructional adjustments create more inclusive learning environments while maintaining active engagement. One particularly effective strategy is replacing the familiar question, *"Who wants to answer?"* with a structured sequence of events:

- THINK - Write first.
- PAIR - Discuss with a partner.
- SHARE - Report out together.

This simple progression allows every student to retrieve information independently before social interaction begins. Writing first reduces the cognitive load associated with simultaneously processing information and formulating a summary verbal response. Partner discussions provide an opportunity to test

reasoning in a psychologically safer environment before speaking to the entire class. By the time groups report their conclusions, nearly every student has participated in the learning process, even if only one individual voice the definitive answer. Cognitive psychology and medical education literature consistently support retrieval practice, elaboration, and peer discussion as mechanisms that strengthen long-term learning and clinical reasoning.^{1, 2}

Equally important is recognizing that some active learning techniques unintentionally increase student anxiety. Practices such as cold calling (not asking a volunteer to answer a question), public correction, or requiring immediate responses without preparation may disproportionately affect students who experience fear of negative evaluation, particularly first-generation college students.^{3, 4} Studies within STEM education have demonstrated that while active learning generally improves learning outcomes, students benefit most when instructors intentionally create psychologically safe environments that normalize uncertainty and mistakes.^{3, 4}

This does not suggest educators should lower expectations or eliminate accountability. Rather, it encourages instructors to thoughtfully design participation opportunities that invite every learner into the conversation. Small changes can make a substantial difference:

- Allow 30 to 60 seconds of silent thinking before requesting responses.
- Encourage students to write their answers before discussion.
- Utilize pair-share or small-group conversations before whole-class reporting.
- Praise sound clinical reasoning, even when the final answer is incomplete.
- Rotate spokespersons so that every student experience success speaking without constant pressure.

These simple instructional modifications are supported by research demonstrating that structured active-learning environments improve participation while reducing student anxiety.^{3, 4}

These strategies mirror the collaborative nature of respiratory care practice. Rarely does a respiratory therapist independently manage a critically ill patient without communicating with nurses, physicians, pharmacists, or fellow therapists. Encouraging collaborative reasoning within the classroom reinforces the communication skills expected in modern healthcare.⁵

The most important lesson is this: participation should not be measured solely by who speaks first or the most. Engagement is demonstrated when students retrieve knowledge, analyze clinical information, defend their reasoning, and refine their thinking through discussion. ⁵ Sometimes those processes occur quietly before they are ever spoken aloud.

As respiratory care educators, our responsibility extends beyond delivering content. We are developing future clinicians who must think critically under pressure, collaborate effectively with healthcare teams, and make sound decisions in a timely manner. By recognizing that silence does not necessarily indicate disengagement and promoting strategies for reflection, we create learning environments that value thoughtful reasoning as much as confident speaking. In doing so, we not only improve student participation, but we also prepare stronger respiratory therapists.

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Scholarship Announcement

American College of Respiratory Therapy Education

Tradition Continues

Since its start in 2012, a primary objective of the American College of Respiratory Therapy Education (ACRTE); formerly known as CoBGRTE, has been to advance respiratory therapy education. To accomplish this goal, ACRTE employs a multi-tiered approach that includes educational scholarships. The first scholarships were awarded in 2012. To date, ACRTE has awarded \$111,900 in merit and research scholarships to 103 baccalaureate and graduate students. In the spirit of inclusiveness, and with our name change, we are supporting all respiratory therapy education, from the associate degree to the doctoral level. We strongly believe the future of respiratory therapy education depends on us all. The NBRC also believes in this mission and has graciously supported ACRTE with \$20,000 per year to support therapists in pursuit of doctoral degrees, to date for a total of \$80,000, increasing the award to \$25,000 for this year's cycle. That support thus far has seen ten respiratory therapists supported in their pursuit of doctoral degrees, with one earning a PhD in rehabilitation science and another an EdD in workforce education.

There are several doctoral programs in health professions education that accept respiratory therapists. Most of the other scholarships to date have been awarded to students pursuing a baccalaureate degree. The ACRTE has opened scholarship opportunities to all student members, including those who are in associate degree programs, and multiple associate degree students received merit scholarships, reinforcing the organization's commitment to inclusivity and supporting academic excellence across all levels of respiratory therapy education. Scholarships awarded thus far have been to students of 26 of our institutional members.

In the 2025 award cycle, there were 43 applicants from multiple ACRTE institutional member programs for respiratory therapy programs. Given that our goal is to advance respiratory therapy education, ACRTE will recognize all promising students in the RT profession. Opening the scholarships to community college RT students and their faculty will help to achieve ACRTE's mission to advance respiratory therapy education. The 2026 scholarship cycle will again offer four types of scholarships (Merit, Smallwood Research, Malinowski Leadership, and NBRC supported faculty scholarships).

This year, ACRTE will continue to award 10 Merit scholarships as well as the Smallwood, Malinowski, and NBRC scholarships. The scholarship applications open May 1, 2026, and will close November 1, 2026. Submit application materials electronically to (ACRTE Scholarship Committee Co-Chairs):

Khamron Micheals, PhD, MHA, RRT

kmicheals@utexas.edu

Nicholas Henry, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C

nh14@txstate.edu

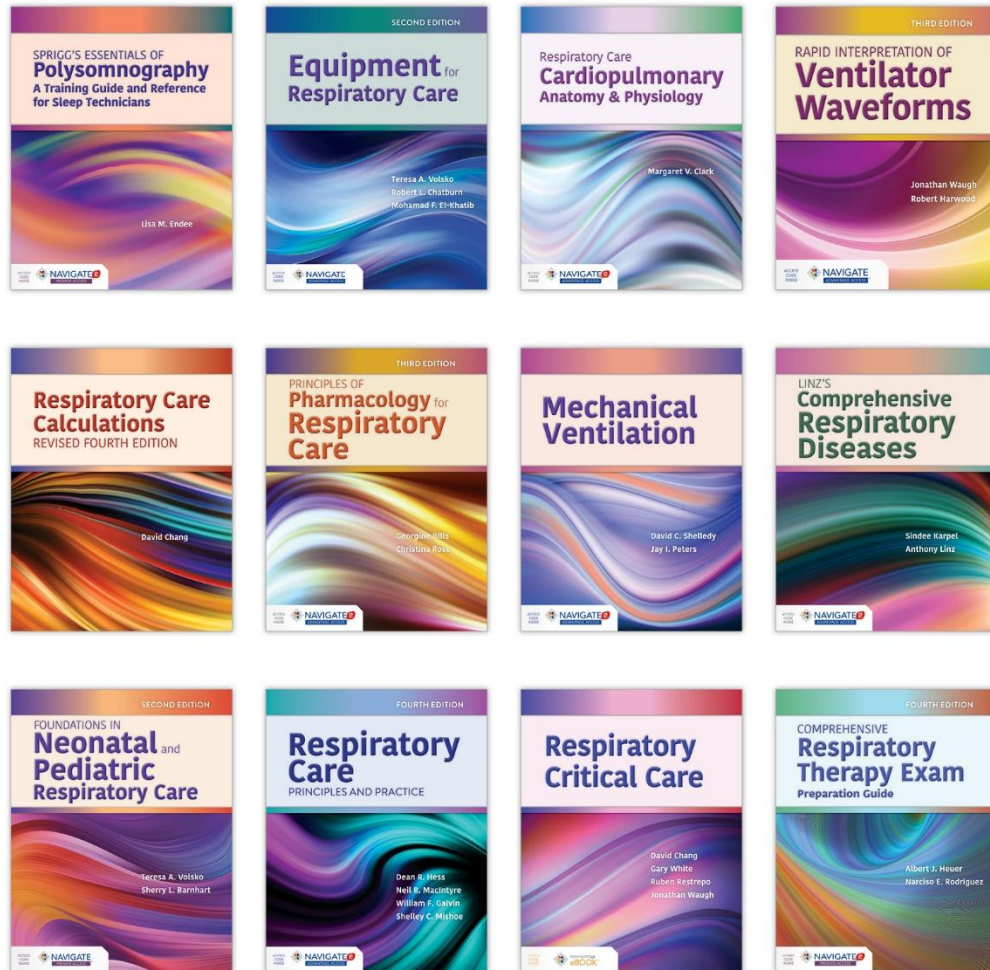
ACRTE Scholarship Committee Update

By: Nick Henry, PhD, RRT, RRT-NPS, AE-C

The American College of Respiratory Therapy Education (ACRTE) Scholarship Committee, co-chaired by Nicholas Henry, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, and Khamron Micheals, PhD, MBA, RRT, has been actively promoting scholarship opportunities and preparing for the 2026 award cycle. The committee is currently accepting applications through October 1 and continues its mission of supporting respiratory therapy students, clinicians, researchers, and educators in their pursuit of academic and professional advancement. Throughout the summer the committee has been actively collecting scholarship applications and responding to applicant inquiries. The scholarship program includes four distinct award categories: the Merit Scholarship, which recognizes academic achievement, service, research activities, and leadership; the Smallwood Research Scholarship, which supports student-led respiratory care research projects; the Malinowski Leadership and Research Scholarship, which recognizes practicing respiratory therapists pursuing leadership, quality improvement, or research initiatives; and the NBRC-Supported Faculty Scholarship, which provides financial support for current or aspiring respiratory therapy faculty enrolled in doctoral education.

As the application period continues, the committee encourages qualified ACRTE members to apply for these opportunities and share information with colleagues and students who may benefit from scholarship support. These awards reflect ACRTE's ongoing commitment to advancing respiratory care education, fostering research and leadership development, and strengthening the future educator workforce. Scholarship application information can be found at <https://acrte.org/2026scholarships/> and application materials may be submitted to Nick Henry, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C at nh14@txstate.edu. The committee looks forward to reviewing applications this fall and recognizing outstanding recipients whose work contributes to the advancement of respiratory care education and practice.

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Youngstown State University



If you have not already decided to become an ACRTE member after visiting www.acrte.org, the following are 15 reasons why you should join ACRTE.

Reasons Why You Should Become an ACRTE Member

1. Award scholarships to associate, baccalaureate, and graduate respiratory therapy students.
2. Help 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 colleges/universities awarding associate, 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 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 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 support a roster and website for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with NBRC, CoARC, and AARC to improve respiratory therapy education.
15. Faculty development through financial support and publishing/presenting opportunities.

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ACRTE program directors may submit requests for posting of faculty career opportunities by using the **acrte.org** **“Contact” form**.