

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

University of North Carolina Wilmington



By Jamy Chulak, MSc, RRT

Program Coordinator Respiratory Care Program
University of North Carolina - Wilmington

Brief History

Wilmington College joined the University of North Carolina (UNC) System in 1969 and became what is now the University of North Carolina Wilmington. The college that opened its doors to 238 students in 1947 has evolved into a nationally ranked university of nearly 18,000 students that is recognized for its commitment to excellence, student-centered learning experiences, diversity, innovation and community engagement.¹

The College of Health and Human Services (CHHS) will launch its newest degree program, Bachelor of Science in Respiratory Therapy (BSRT), in the fall semester of 2021. It will be housed within the School of Health and Applied Human Sciences (SHAHS). The College of Health and Human Services consists of three professional schools: [School of Health and Applied Human Sciences \(SHAHS\)](#), School of Nursing, and School of Social Work. These schools offer nationally accredited undergraduate and graduate programs of study in nursing, clinical research and product development, social work, athletic training, exercise science, gerontology, public health, physical education, health teacher licensure, recreation therapy and recreation, respiratory therapy, sports leadership and tourism. Through in-class and field experiences, our students learn to develop and apply knowledge regarding illness, health, wellness and human needs.

Respiratory Care Program

A market analysis by the Educational Advisory Board identified the BSRT as the highest priority new degree program for the college. The program has been fully approved by the UNC Board of Governors, the Southern Association of Colleges and Schools Commission on Colleges and the college's letter of intent for professional accreditation has been accepted. "This program follows the College of Health and Human Services' model of preparing students to enter a career where they will make a positive impact on the health and quality of life of residents in the state of North Carolina and beyond," SHAHS Director Steve Elliott said.

"Jamy Chulak, MSc, RRT and Thomas Nietman, MSRC, RRT, RRT-ACCS will serve as program coordinator and director of clinical education, respectively. We are fortunate to have recruited Jamy and Thomas, two leaders in the field of respiratory care, to join our team. They are working extremely hard to develop a program that will provide students with the knowledge, skills, and dispositions to have successful careers in this field."

Chulak, a registered respiratory therapist, received his baccalaureate degree in cardiopulmonary science from the University of Central Florida. He earned his master's degree in respiratory care leadership from Northeastern University at the College of Professional Studies and is pursuing a doctoral degree at the Florida State University in higher education leadership and policy. Chulak has worked in all critical care areas, including medical intensive care Unit (ICU), neuro ICU, cardiovascular ICU, coronary care unit, trauma ICU, and the emergency department. His assignments were predominately in the emergency department and trauma ICU. Jamy is a member of the American Association for Respiratory Care (AARC) and a board member of the Coalition for Baccalaureate

and Graduate Respiratory Therapy Education (CoBGRTE). He has taught students entering the profession at two Florida colleges but more recently as Program Chair at Valencia College.

Nietman received his undergraduate and graduate degrees in respiratory care from the University of North Carolina Charlotte. He holds an advanced professional credential, Adult Critical Care Specialist (ACCS), from the National Board for Respiratory Care (NBRC) and is a current member of the American Association for Respiratory Care (AARC) and Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) member. Nietman has previous director of clinical education and teaching experience in respiratory therapy, as well as a diverse clinical experience and background, including heavy rotations in all adult critical care units, at the time 20th busiest emergency room in the country and neonatal ICU.

According to the U.S. Bureau of Labor Statistics, employment of respiratory therapists is projected to grow 19% from 2019 to 2029, much faster than the average for all occupations. Growth in the middle-aged and elderly population will lead to an increased rate of respiratory conditions such as chronic obstructive pulmonary disease and pneumonia. And, the coronavirus has demonstrated that respiratory therapists are frontline workers and play a critical role in treating Covid-19 positive patients. Their expertise ranges from assessing blood gases and assisting with intubations and bronchoscopies to ventilator management.

“Never has the role of a respiratory care professional been more important than it is today with the COVID-19 pandemic. There is a need for more respiratory care professionals, and we believe that the timing of our new program will provide a much-needed service to society,” SHAHS director, Dr. Steve Elliott says.

Nietman adds, “I think one thing that people don’t necessarily realize about respiratory therapists is that there aren’t many areas in the hospital in which we don’t work. Respiratory therapists are a vital part of interdisciplinary teams in many parts of the modern health care system, including the NICU, labor and delivery rooms, emergency departments, acute care areas, pulmonary rehab, and diagnostic sleep laboratories. We have our hands in just a little bit of everything.”

Chulak adds, “The gratifying thing for us is being part of the interprofessional healthcare team – the physician, nurses, the dietician, the pharmacist, the physical therapist. Respiratory therapists are a key part of improved outcomes for patients.”

Kevin Briggs, is the administrator of New Hanover County Regional Medical Center's laboratory and respiratory care services. He has found that the respiratory therapist is often one of the top vacancies in health care. "We're very excited to not only have that additional resource from a workforce standpoint but to have quality graduates who have studied the theory and cardiopulmonary science of respiratory care." Briggs also indicates a new BSRT program is perfect for individuals who are looking for other health care career or developmental opportunities or who would like to transition from entry-level positions such as a medical assistant or phlebotomist. "This program is a direct link for those individuals. As they stand and watch the respiratory therapist bedside care for patients, they want to have conversations with you about, How do I get there?"

The CHHS collaborated with Cape Fear area employers, respiratory therapists, and representatives from community college programs to develop the BSRT program. It will be delivered as a four-year residential program and as a degree advancement online accelerated program, specifically designed for respiratory care therapists in the workforce.

Chulak says of the new program, "We, at UNCW, can demonstrate that this is the right place and time to host the first entry-level baccalaureate degree in respiratory therapy for the community and state of North Carolina while advancing the profession of respiratory care."

Students within the respiratory therapy program will participate in interprofessional education in a state-of-the-art Simulation Learning Center in McNeill Hall with nursing students using high, medium and low fidelity human patient simulators. Through laboratory exercises and simulation, we will prepare students through a realistic environment and powerful learning experience that promotes learning through cognitive, psychomotor and affective domains.

The opportunities for interprofessional applied learning will extend to the new Veteran's Hall Interprofessional Teaching Clinic, a 3,326 sq. ft. space which will house a fully operable patient care clinic. In partnership with - a local community primary care provider, our students will learn and collaborate alongside a team of healthcare providers and students from other professional programs to prepare for team-based care in an interprofessional environment. For example, undergraduate respiratory therapists, nurses, gerontology graduate students and medical students from UNC Chapel Hill might collaborate on a comprehensive rehabilitation plan for a retired veteran using core principles of interprofessional collaboration and teamwork.

Providing spaces for students to work alongside other healthcare peers is essential in preparing the health and human services workforce of tomorrow and

results in better patient satisfaction, fewer diagnostic errors, reduced costs for organizations and happier employees with stronger retention rates.

The program will accept its inaugural class in the fall of 2021 to begin classes in Veteran's Hall, the university's newest campus building that completes the campus vision of a Health Science Quad. The Commission on Accreditation for



Respiratory Care has affirmed the letter of intent and we are pursuing provisional accreditation in advance of the 2021 inaugural class.

The BSRT will be available to students through an entry-level base program, a cohort model, providing pathways to the respiratory therapy profession. We will also offer a degree advancement program for current respiratory therapists working to advance their academic credentials in an online accelerated program (OAP) format.

**Requirements for the B.S. Degree with a Major in Respiratory Therapy
(*Proposed entry-level curriculum*):**

Year I - Fall Term

- RSP 300 Fundamentals of Respiratory Care
- RSP 330 Fundamentals of Respiratory Care Lab
- RSP 301 Cardiopulmonary Anatomy and Physiology
- RSP 302 Cardiopulmonary Pharmacology
- RSP 303 Patient Assessment
- RSP 333 Patient Assessment Lab
- RSP 351 Clinical Practice I

Year I - Spring Term

- RSP 304 Cardiopulmonary Diseases & Diagnostics
- RSP 306 Introduction to Mechanical Ventilation
- RSP 356 Introduction to Mechanical Ventilation Lab
- RSP 410 Ethical Dilemmas in Healthcare
- CHHS 411 Research and Evaluation Methods in Human Services
- RSP 352 Clinical Practice II

Year II - Fall Term

- RSP 402 Advanced Techniques in Mechanical Ventilation
- RSP 307 Advanced Critical Care Management
- RSP 309 Advanced Critical Care Management Lab
- RSP 308 Neonatal/Pediatric Respiratory Care
- RSP 401 Evidence-Based Practice in Respiratory Care
- RSP 353 Clinical Practice III

Year II - Spring Term

- RSP 412 Cardiopulmonary Rehabilitation and Long-Term Care
- RSP 403 Healthcare Management and Leadership
- RSP 470 Capstone Project
- RSP 320 Exam and Career Preparation
- RSP 454 Clinical Practice IV

Total: 60 hours

The Degree Advancement program provides working professionals the opportunity to promote understanding of advanced clinical concepts, leadership, and evidence-based practice that can be applied to a disease management strategy for patient populations in a student's local context.

Students will be admitted six times per academic year. Courses will be delivered in the online accelerated program (OAP) and are seven weeks in length. Courses are delivered asynchronously via the University's learning management system. The core courses are a 36-credit hour competency focused curriculum that can be completed in as little as one year by students who meet all admission requirements. Students with the RRT credential may be awarded 34 elective credits at UNCW after completion of the entry course RSP 324 Disease Management for Respiratory Therapists. University Studies, or general education requirements, must be met by transferring up to 64 accepted course credits from previous institutions and/or completion of University Studies at UNCW to satisfy the 120-credit requirement for the bachelor's degree in respiratory therapy.

Requirements for the B.S. Degree with a Major in Respiratory Therapy (Degree advancement online program):

- RSP 324 Disease Management for Respiratory Therapists
- RSP 422 Advanced Critical Care Respiratory Therapy
- RSP 425 Advanced Cardiovascular Pathophysiology

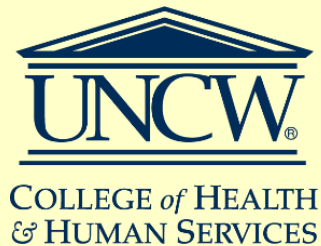
- RSP 420 Health Law and Ethics
- RSP 426 Advanced Pulmonary Physiology
- RSP 424 Advanced Cardiopulmonary Pharmacology
- RSP 427 Advanced Renal and Endocrine Pathophysiology
- EXS 310 Research Methods in Exercise Science
- RSP 423 Healthcare Policy and Administration
- RSP 428 Neonatal/Pediatric Critical Care Pathophysiology
- RSP 432 Subacute Care and Telemedicine in Respiratory Care
- RSP 421 Information Literacy in Respiratory Care

Total: 36 hours

1. *Source: Chancellor Sartarelli's installation remarks, March 30, 2016*

Contact Information

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Professional Positions Posted

<http://www.cobgrte.org/professionalpositions.html>

***University of North Carolina-Charlotte, *University of North Carolina
Wilmington, *Norton Healthcare, *University of Virginia Health System**

Interview

Tom Smalling, PhD, RRT, RRT-NPS, RRT-SDS, RPFT, RPSGT, FAARC
Chief Executive Officer
Commission on Accreditation for Respiratory Care
Northport, New York

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



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

While attending the State University of New York at Stony Brook [commonly known as Stony Brook University (SBU)], I was a neurobiology and behavior major for my first two years. I knew I wanted to go into a science or healthcare field, but I was not sure which one. During my sophomore year, I heard about a program at the Health Sciences Center called Cardiorespiratory Sciences (CRS). That sounded interesting to me, but I was not entirely sure what that program entailed. At that time, I also joined the volunteer fire service and became an EMT. Working in the prehospital system made me gravitate more towards the healthcare field as a future career; I honestly could not see myself trying to get a job as a biologist after graduating.

At the end of my sophomore year, I applied for the CRS program at Stony Brook. I received a letter stating that the fall class was full; I was placed on a waiting list. I went about my summer not thinking about it and expecting to continue with my neurobiology and behavior major. I recall a hot summer day in 1988 while working on my car (you could change your own oil back then, lots of luck now). I received a phone call from the program director stating that a spot had just opened and I was offered admission. I accepted it on the phone and went back working on my car not realizing that this one phone conversation and my decision to enroll would alter the course of my career and life. A month later, I was elbows deep in a medical school-level human cadaver anatomy course that ran all day long, five days a week, and I was loving it (except for the smell). I wish I could go back in time and thank that individual who gave up his/her spot.

2. Who were your mentors?

- What/how did they contribute to your career?

A mentor is there to help you when you need it and to provide you with counsel. A mentor to me is someone who inspires me to be more than I am and who I aspire to be more like. Over the course of my career, I've had a number of mentors- each taught me and guided me along a different part of my professional path. My first mentor was Ex-Chief Bruce Berglund of the Northport Fire Department who taught me that honesty, integrity, accountability and respect were at the forefront of good leadership. He taught me what it meant to have a good work ethic. Barbara Azara, an OJT in the pulmonary function laboratory, Dr. Edward Bergosky, and Dr. Avram Gold, all at the Northport (VAMC), taught me that proficiency, commitment, and passion were essential qualities to be a successful clinician.

When I transitioned from clinician to educator in the mid 1990's, I sought advice from a few experienced professors. Dr. George Tortora in the clinical laboratory technology program at SBU was always there to provide some sage advice. He helped me understand how the largest public higher education system worked and that it was important to maintain my focus on the students while I expanded my knowledge of academia. Dr. Tortora was always there to help me (and scare me to a certain extent with his stories) when I was working on my dissertation.

Carl Wiezalis helped me to aspire to become involved with the Faculty Senate at Stony Brook and then subsequently with the SUNY system. This involvement in the SUNY system and faculty governance evolved into my dissertation research. Carl also served by example with his service as AARC President. It was Carl along with Claire Aloan, Bob Fluck, and George Gaebler that showed me the importance of giving back to my profession by way of serving in elected positions with the state society and the AARC.

I knew SBU Professor Steve Smith since July 1989 when I was a second-year student in the CRS Program. Steve was an adjunct clinical assistant professor at Stony Brook and was responsible for overseeing my home care rotation. I recall at the time how passionate he felt not only about teaching students but also about caring for patients. To this day, Steve is as passionate and enthusiastic as he was when I met him. He helped me understand what it really meant to be empathetic and to always care about what you are doing- whether it is patient care, teaching, or service to your profession.

When reflecting on my career change from a faculty position to my current role with Commission on Accreditation for Respiratory Care (CoARC), I can think

of three individuals that I would consider to be mentors: Sam Giordano, Shelley Mishoe, and Allen Gustin. When I assumed my role as Executive Director with CoARC, I did not have the benefit of a predecessor grooming me for the position. However, Shelley Mishoe was the CoARC President at the time. She was a tremendous help in providing me with advice and support that made that transition possible. Sam Giordano helped me to understand my new role in relationship to the many other organizations and how each interacted with each other. Both Shelley and Sam had so much knowledge of the profession and its history that I could tap into whenever I needed it. They showed me how dedication and determination were essential to getting the job done and to keep my focus on making our profession better. Sam taught me that when you're in a leadership position, to always keep in mind that the decisions you make need to be what's in the best interests of the patient. Dr. Allen Gustin was on the CoARC Board right after I joined CoARC as a Commissioner. He was my lighthouse during the stormy times and was always there to offer his guidance or to just listen.

Overall, my mentors taught me the importance of making a difference. They inspired me, motivated me, showed me about commitment and compassion, and taught me to think and respect differing perspectives. I can honestly say that I would probably not have reached the level of my own professional achievement if not for the mentorship provided by the individuals I have mentioned.

3. How did furthering your education contribute to your professional career?

- What got you on your path as in an executive position with respiratory care accreditation?

My career pathway began in 1988 at the VA Medical Center in Northport, where I had the privilege of taking care of America's *greatest generation* and making a difference in the lives of those who gave so much for this country. As a respiratory therapist, I had the experience of getting to know many of the veterans, some on a very personal level. This experience also inspired me to serve in the U.S. Army, which I did from 1988 to 1996. During my time at the VA and in the Army, I became interested in teaching and experiencing the rewards of instructing health care students. When you teach, you have the potential to make a difference in the lives of many patients- not just the patients you care for yourself.

When the opportunity arose in 1995, I accepted a part-time teaching position in the Respiratory Care Program at SBU. I thought that if teaching one health care student at a time was rewarding, then teaching an entire class of students would be that much more rewarding (and challenging)- I was right. It was a great

opportunity to be part of the faculty for almost 13 years (and to have helped over 400 graduates make a difference in the lives of so many patients).

I can say that with five other brothers, competition was not a scare resource in my house growing up. Those experiences made me somewhat of an over-achiever- I guess I was trying to outshine my siblings. So, with that mindset, I knew early on that I wanted to earn a doctoral degree because nobody in my family had achieved that, and higher degrees, generally speaking, open up more career opportunities. In 2008, while serving on the CoARC Board, I was offered the opportunity to head the profession's accreditation agency. The position required a doctoral degree, which I had earned from New York University in 2006.

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

Other than what my mentors taught me, what I learned was that I didn't have to be the best student, the best clinician, the best educator, or even the best leader for that matter to have a positive impact on others. What I had to do was treat my teachers with respect, care for my patients like I would a loved one, inspire and be a good example to my students, and to empower and be accountable to those I lead. While the decisions I make in my leadership position at CoARC often impact over 450 programs and 6,000 graduates a year, the tradeoff is that I don't easily get to see the rewards of those decisions and the impact they have on the lives of patients. I learned that it your ability to make a difference in the lives of those around you and those you care for that will be your greatest reward and highest achievement.

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

Your first job(s) after graduation are critical to how you will view your potential in the profession. During my first job, I was working while completing my senior year at SBU (this was prior to state licensure). It was me, another fellow student, along with the burnt-out night shift therapist that covered the entire 400-bed hospital. We learned a lot but had no leadership and guidance. I thought to myself, if this is what it's like at other places, I'm going to burn out pretty fast myself. After graduation, we both got positions at the Northport VAMC. It was so different at this new place. Most of the staff were graduates of the program, the department director and medical director were very supportive. We could do pretty much everything- we were first in line to intubate over anesthesia (intubating a patient is stressful enough but try having an anesthesiologist next to you while doing it). We placed arterial lines, ran the

cardiac stress center, and set up a bronchoscopy suite in radiology just to name a few. That place made such a difference because it allowed us to reach beyond what we thought our potential could be as a respiratory therapist. So, if your first job is at a facility where you don't get to see much or do much, that may have a negative impact on how you view the profession.

You will learn more from your failures than from your successes. Never lose sight of the fact that the career you are entering is not an occupation – it's a profession. Your passion drives your career. If you see yourself becoming indifferent or burning out, do something about it. Try expanding by looking at different areas of the profession. There are so many things you can do and remain a respiratory therapist.

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

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www.CoBGRTE.org

Referral Bonus Plan

Refer a new CoBGRTE member and receive a 20% discount on your 2020-21 dues payment. The new member also receives a 20% discount. Take advantage of the Referral Bonus Plan at:

<http://cobgrte.org/membership.html>

Meet CoBGRTE's New Directors

The Elections Committee is pleased to announce three new directors for the Board of Directors of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education. The Directors were elected by the CoBGRTE active membership and bring with them extensive academic experience and enthusiasm for the profession. A very special THANK YOU to the five candidates who ran for office and to those members who voted in this important election. Respectfully submitted by the 2020 Elections Committee: Gregg Marshall, PhD, RRT, RPSGT, RST, Chair; Tom Barnes, EdD, RRT, FAARC, Christy Kane, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC; David Shelledy, PhD, RRT, FAARC and Jonathan Waugh, PhD, RRT, FAARC.



Abdullah Alismail, PhD(c), M.S., RRT, RRT-NPS, RRT-SDS, FCCP (Term 2021-2025). As the director for the Master of Science in Respiratory Care Program, certified in polysomnography, and the director of Clinical education in the respiratory care program at Loma Linda University, Abdullah brings significant academic expertise and experience as a new Board Director. He earned his Bachelor of Science in Respiratory Care and Master of Science in Health Professions Education from Loma Linda University. He also earned a second Master of Art, education, degree from Claremont Graduate University and is currently a PhD candidate in education at Claremont Graduate University as well. As an educator and researcher, his passion and interest are in health professions education, promoting the field of respiratory care, clinical studies, and innovation to improve healthcare. Alismail is a frequent reviewer for several scholarly journals such as: *PLoS One*, *Annals of Internal Medicine*, *CHEST*, *IEEE*, and *RESPIRATORY CARE*.

He has published various research papers in the field of respiratory care, medical education, innovation, and pulmonary medicine. Alismail also serves as a member in various committees across medical professional societies, in addition to CoBGRTE, such as: Clinical Practice Committee (California Thoracic Society), Section on Medical Education Pods (American Thoracic Society), and journal CHEST Educator Development Subcommittee. Based on his contributions to the field of respiratory care, pulmonary, and chest medicine, he has been recognized as a Fellow of the American College of Chest Physicians (FCCP). He was also a member of the Sputum Bowl Champion team from California, AARC-2011. Alismail enjoys traveling, an active lifestyle and reading about history of civilizations, cultures, and comparative religions.



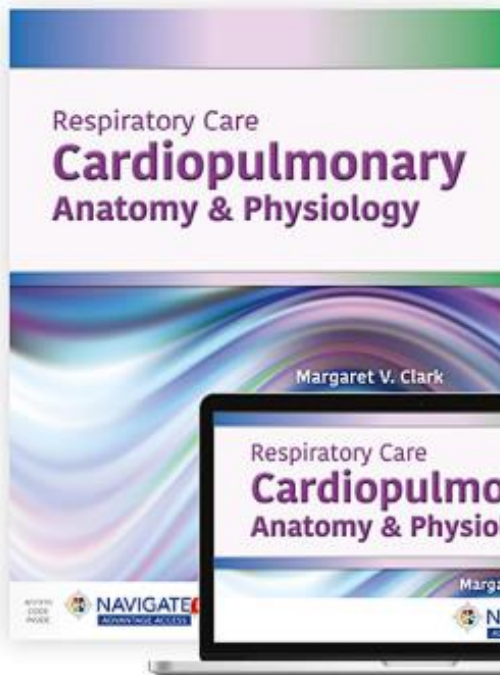
Daneen Nastars, DHSc, RRT, RRT-NPS (Term 2021-2025) Dr. Nastars completed her Bachelor of Science in Respiratory Care from Texas State University, a Master of Science in Clinical Practice Management from Texas Tech University and recently completed her Doctor of Health Science degree with an emphasis in Health Professions Education, from Nova Southeastern University. Before teaching at University of Texas Medical Branch - Galveston (UTMB), Daneen primarily worked as a respiratory therapist for ten years and as a donation clinical specialist for an organ procurement organization. Dr. Nastars began teaching at the UTMB in 2009, promoted to assistant professor in 2013, and has served as the director of clinical education since 2016. Her research interests are interprofessional education and simulation. She has had accepted abstracts with topics covering critical thinking, interprofessional education simulation, and race/ethnicity and 30-day COPD readmission rates, which resulted in a published manuscript in the RESPIRATORY CARE. Dr. Nastars is also the chair of the membership committee for CoBGRTE.T



Will Beachey, PhD, RRT, FAARC (Term 2021-2024) - With a distinguished career as a respiratory care educator since 1974, Dr. Beachey's passion for human anatomy and physiology resulted in more than 40 years of teaching and mentoring students while watching them become competent, caring health care professionals. He served as professor and chair of the Respiratory Therapy Department at the University of Mary, Bismarck, ND from 1990-2015. Upon assuming this position in 1990, he developed and implemented an entry-level BS degree curriculum and in 2011 he developed an entry level Master of Science in Respiratory Care degree program for individuals with BS degrees in other disciplines.

Dr. Beachey earned his respiratory care and undergraduate degree at Indiana University, his graduate degree at the University of Illinois, and his doctoral degree from the University of North Dakota. He is currently Professor Emeritus at the University of Mary and has been a CoBGRTE member since its inception in 2002. He has also faithfully served two terms as a delegate in the AARC House of Delegates. His dedication to see the baccalaureate degree become the entry to practice degree has been evident throughout his academic career. Dr. Beachey will serve the remaining 2021-2024 CoBGRTE Board of Director term of Tom Malinowski, MSc, RRT, FAARC, who suddenly passed away on September 7, 2020.

Respiratory Care Cardiopulmonary Anatomy & Physiology



This NEW comprehensive, highly illustrated text has a strong emphasis on cardiovascular and pulmonary physiology, acid/base balance, and blood gas interpretation. This text will expertly guide students throughout schooling and professional life. With brand new content covering genetics, the inflammatory cycle, and pulmonary remodeling this text provides students with the most current information on cardiopulmonary anatomy and physiology. This text was also written with the understanding to prepare students for the National Board for Respiratory Care Examination Matrix.

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Georgia State University
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CoBGRTE Institutional Members – Continued

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Carlow University
Jacksonville State University
Modesto College
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Vidant Medical Center
Norton Healthcare
Duke University Hospital
Ohlone College
Ferris State University
University of Pennsylvania Health System
Loma Linda University
Spokane Community College
California Society for Respiratory Care



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

Reasons Why You Should Become a CoBGRTE Member

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

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