

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

September 29, 2017 Volume 6 (9)

Spotlight Article



SAMFORD UNIVERSITY

Respiratory Care Programs

Cardiopulmonary Sciences Department

School of Health Professions

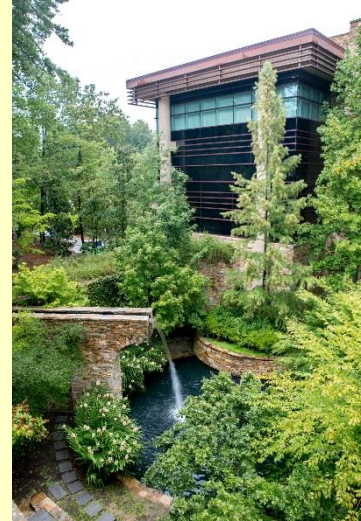
By Jonathan Waugh, PhD, RRT, RPFT, FAARC, Chairman

Samford University in Birmingham, Alabama is a premier nationally ranked private university deeply rooted in its Christian mission. Founded in 1841, Samford is the 87th-oldest institution of higher learning in the United States. With the establishment of Samford's College of Health Sciences in 2013, the university has seen tremendous growth of the degrees program offered by the college's four schools: School of Health Professions, Ida Moffett School

of Nursing, McWhorter School of Pharmacy and School of Public Health. In 2016-17, the university enrolled 5,471 students from 47 states and 29 countries in 10 academic units: arts, arts and sciences, business, divinity, education, health professions, law, nursing, pharmacy and public health.

The faculty-to-student ratio is 1:12, and no classes are taught by teaching assistants. Among Samford's 49,000-plus alumni are more than 60 U.S. congressmen, seven state governors, two U.S. Supreme Court justices, four Rhodes Scholars, multiple Emmy and Grammy award-winning artists, two national championship football coaches, and recipients of the Pulitzer and Nobel Peace prizes.

Samford offers 30 undergraduate and graduate/professional degrees with 166 undergraduate majors, minors and concentrations and 71 graduate majors, minors and concentrations. Samford's College of Health Sciences will continue to grow as new programs are scheduled to launch in the coming years.



Samform Distinctives from Our Dean's Perspective

Dr. Alan Jung is Dean of the School of Health Professions at Samford University. The school offers a variety of professional degree programs, including athletic training, physical therapy,



respiratory care, and speech pathology, among others. As a school, it is essential that we do more than simply educate future professionals. Our hope is that our students will see their profession as a tool to serve people. We are committed to using our knowledge and experience to work toward making the lives of people better, here at home and in communities around the world. Our mission is to prepare leaders in a Christian environment, who promote health, wellness, and quality of life through excellence in professionalism, scholarship and service.

The School of Health Professions is part of the larger College of Health Sciences, which includes programs in nursing, pharmacy and public health. Having so many health professions under one roof allows our students to learn, study and train together. This innovative learning environment is designed to foster interprofessional collaboration and cutting-edge experiential learning so that our



graduates are prepared to practice collaboratively, safely and effectively in the ever-evolving health care environment. Some of our interprofessional education includes case studies, clinical simulations, disaster simulations and field work. We believe these experiences will help students understand that working with other healthcare professionals will improved health outcomes for their patients.

Respiratory Care Programs



Samford's respiratory care programs (B.S. & M.S. entry to profession) were established in 2016, and the programs' faculty represent a broad scope of health care expertise including federal- and industry-funded research, leadership of clinical departments, corporate relations and advanced training in interprofessional simulation for learning (Harvard University Center for Medical Simulation).

Samford's respiratory care programs function within the School of Health Professions that also contains the departments of Communication Sciences and Disorders, Kinesiology and Physical Therapy. Work has begun to create departments of Occupational Therapy and Physician Assistant.

Vision and Purpose of the Respiratory Care Programs

The Department of Cardiopulmonary Sciences' name reflects the strong emphasis on both cardiovascular and pulmonary medicine taught in our respiratory care programs. Our purpose is to equip students to be exceptional cardiopulmonary specialists, able to respond to health care needs with creative solutions and compassion grounded in Biblical values.

We do this by blending cherished traditions with new approaches and technology to prepare students to meet the challenges of modern health care. Interprofessional education (IPE) is one of the foundation pieces of our College of Health Sciences. To ensure that IPE goes beyond good intentions and consistently occurs throughout the curriculum of our many programs, the four schools that comprise the college relocated to one



interconnected complex that includes a 23,000-square-foot Experiential Learning and Simulation Center.

Service learning in the form of asthma camps and community clinics help students discover how to use their talents to help others beyond the context of employment. Samford students graduate with the expectation they can and should be agents of transformation for good in society.

Experiential Learning and Simulation Center



The special opportunities for interprofessional learning take place most extensively in the **Experiential Learning and Simulation Center** of the College of Health Sciences. The learning spaces on the floor can be configured to many clinical settings and are connected by live wireless video links for simultaneous communication. The college works with standardized patients to allow students to hone their patient assessment skills. Every room in the

simulation center has video recording capabilities to a central media server that students use to evaluate their performance. In addition to emergency and critical care simulation settings, a full home suite with half-height walls allows students to practice home care with the challenges of limited space, navigating furniture obstacles and cleaning/disinfecting medical equipment. A full operating room suite is equipped with a manikin that exhales physiologically accurate gas fraction concentrations.

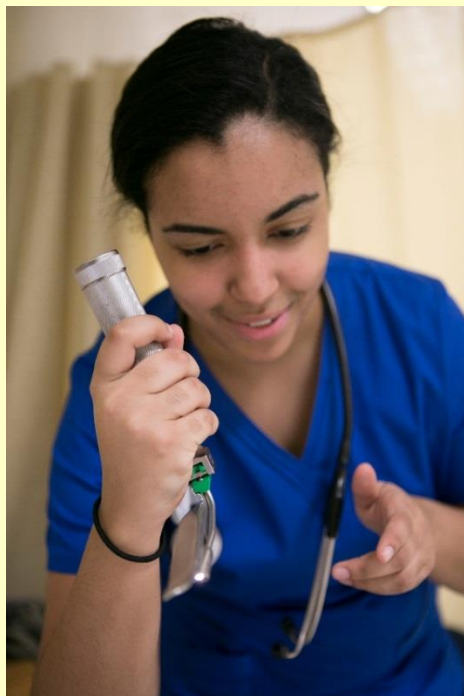
Center for Faith and Health

The Center seeks to open doors of opportunity for faculty and students through effective, interprofessional community partnerships and global involvement. While each school within the College of Health Sciences maintains academic autonomy with its programs, the center seeks to connect and support these diverse health professional degree programs in community engagement and service-oriented research that touches the world. The center supports the full engagement of the college's four schools: School of Health Professions, Ida Moffett School of Nursing, McWhorter School of Pharmacy and the School of Public Health.

Programs Offered

Entry to Profession Undergraduate Program (B.S. in RC)

The baccalaureate entry-level program has 70 semester credit hours of professional courses and 128 credit hours total. Clinical practice occurs in most of the professional phase of the program but predominantly in the final year. The university does not allow undergraduate courses to be required in the summer term so that students have opportunity to participate in study abroad, mission trips and other experiential learning. Students have access to rare clinical rotations such as helicopter and jet medical transports, ECMO, cardiac catheterization lab and allergy testing. Student learning through discovery occurs in a variety of ways including team-based research. Students conduct original research with a small group of peers and a mentor, as is most often the case in the real-world setting. Students also interact with respiratory therapists employed as clinical trial managers in an academic medical research center (UAB Lung Health Center and Children's Hospital Pulmonary Pediatric Center).



Entry to Profession Graduate Program (M.S. in RC)

This program is also an entry-level program designed to provide all training needed for someone with a non-respiratory care bachelor's degree to be eligible to sit for NBRC board exams. The program of study entails 69 total semester credit hours completed in five semesters. It has an additional 280+ clinical contact hours compared to the B.S. program that allows more scheduled interaction with physicians and mid-level specialty practitioners.

RRT (A.S. or B.S.) to M.S. in Respiratory Care

This new online option for working therapists was approved by the university's curriculum committee however additional options are being added including some valuable interprofessional courses (i.e., a new health policy and law course taught by our school of law) to complement

the respiratory core curriculum. When this program is officially launched, it will prepare students for case management and advanced diagnostics, giving students additional skills to expand their employment options.

Curriculum

Bachelor Degree Plan of Study		
Second Undergraduate Year		
Spring Semester		Credit Hours
RCBS 312	Cardiopulmonary Physiology	4
Third Undergraduate Year		
Fall Semester		Credit Hours
RCBS 320	Respiratory Care Principles	3
RCBS 322	Cardiopulmonary Pathophysiology	3
RCBS 324	Patient Assessment and Disease Management	3
RCBS 326	Assessment, Diagnostics, and Therapeutics Lab	3
RCBS 328	Clinical Practice Observation I	1
RCBS 329	Cardiopulmonary Diagnostics	3
		Total Credits: 16
Spring Semester		Credit Hours
RCBS 330	Pediatric and Neonatal Respiratory Care	3
RCBS 332	Critical Care and Mechanical Ventilation I	3
RCBS 334	Introduction to Research	2
RCBS 336	Critical Care Lab	2
RCBS 338	Clinical Practice I	5
		Total Credits: 15
Fourth Undergraduate Year		
Fall Semester		Credit Hours
RCBS 440	Critical Care and Mechanical Ventilation II	3
RCBS 442	Clinical Seminar I	3
RCBS 444	Research Project I	1
RCBS 446	Advanced Critical Care Lab	2
RCBS 448	Clinical Practice II	8
		Total Credits: 17

Spring Semester		Credit Hours
RCBS 450	Clinical Seminar II	3
RCBS 452	Senior Seminar and Simulation	2
	Capstone	
RCBS 454	Research Project II	1
RCBS 456	Management and Education	3
RCBS 458	Clinical Practice III	6
		Total Credits: 15

Master's Degree Plan of Study

First Year

Fall Semester		Credit Hours
RCMS 529	PFT and Cardiopulmonary	3
	Diagnostics	
RCMS 512	Cardiopulmonary Physiology	4
	and Pathology	
RCMS 520	Respiratory Care Principles	3
RCMS 524	Patient Assessment and Disease	3
	Management	
RCMS 526	Assessment, Diagnostics, and	3
	Therapeutics Lab	
RCMS 528	Clinical Observation I	1
		Total Credits: 17

Spring Semester		Credit Hours
RCMS 510	Cardiopulmonary Pharmacology	3
RCMS 530	Neonatal and Pediatric	3
	Respiratory Care	
RCMS 532	Critical Care and Mechanical	3
	Ventilation I	
RCMS 536	Critical Care Lab	3
RCMS 538	Clinical Practice I	5

Total Credits: 17
Credit Hours

Summer Semester

RCMS 534	Introduction to Research	2
RCMS 640	Critical Care and Mechanical	3
	Ventilation II	
RCMS 646	Advanced Critical Care Lab	1
RCMS 548	Clinical Practice II	5
		Total Credits: 11

Second Year

Fall Semester

		Credit Hours
RCMS 642	Clinical Seminar I	3
RCMS 648	Clinical Practice III	6
RCMS 644	Research Project I	1
RCMS 656	Management and Education	3
	Total Credits: 13	

Spring Semester

		Credit Hours
RCMS 650	Clinical Seminar II	3
RCMS 654	Research Project II	1
RCMS 658	Clinical Practice IV	6
RCMS 660	Critical Thinking and Professionalism	1
	Total Credits: 11	
	Total Program Credits: 69	

Faculty



Michael W. Canfield, M.A.Ed., RRT, CCT is a native of Parkersburg, West Virginia and serves as the Director of Clinical Education for the Department of Cardiopulmonary Sciences. Previously, he was the Pulmonary Lab Manager in the Internal and Family Practice Clinic in Ozark, Alabama. Other experience includes working with Covidien Health as a clinical specialist for the mechanical ventilation division. Additionally, he is a veteran of the U.S. Army and served during Operation Just Cause, Desert Shield and Desert Storm.



T. Jabril Cooper, M.A.Ed., RRT joined the Cardiopulmonary Sciences department faculty in 2016 and serves as the Cardiopulmonary Sciences laboratory coordinator. She earned her Bachelor's degree in Respiratory Care and Master's degree in Health Education from the University of Alabama at Birmingham (UAB). She completed her graduate-level traineeship at Children's Hospital of Alabama in the Pediatric Pulmonary Center, one of only six federally funded centers in the U.S.A. She previously taught at the UAB respiratory therapy program and as an educator and simulation specialist in the Office of Interprofessional Simulation for Innovative Clinical Practice at the same institution. She completed training through the Harvard University Center for Medical Simulation Instructor Course and serves as part of the Samford University College of Health Sciences Experiential Learning and Simulation Center. She currently serves as the central district representative on the Alabama State Board for Respiratory Care.



Abby Head, M.H.L.P. is the administrative assistant for the Cardiopulmonary Sciences department and ExamSoft coordinator for the College of Health Sciences. She earned her Bachelor's degree in Nutrition from the University of Alabama and Master's degree in Health Law and Policy from the Cumberland School of Law at Samford University.



Jonathan Waugh, Ph.D., RRT, RPFT, FAARC is professor and chair in the Cardiopulmonary Sciences department. He obtained his B.S. in respiratory therapy at the University of Central Florida and his M.S. (allied health) and Ph.D. (cardiopulmonary sciences) from the Ohio State University. His academic career has involved teaching students in a variety of health professions and medicine. He has served as director of clinical education, program director, chairman and director of a university center for teaching and learning. Waugh managed subawards for two large, multi-year, NIH-funded studies with the goal of improving medical student proficiency at tobacco cessation treatment of patients. While past chair of a national tobacco prevention and treatment roundtable (AARC) he contributed to both the patient and clinician guides to tobacco cessation treatment (which included case scenarios). He was consultant to a NSF-funded SBIR grant to develop and test a new mobile application educational technology to teach difficult monitoring skills that require much opportunity to practice. His most recent funded interprofessional training project with Nicole Redmond, M.D., and Jeffery Ring, Ph.D., focused on how to respond to health disparities faced in practice and becoming proficient at culturally responsive care (train the trainer model).



Wynton Hoover, M.D. is an Associate Professor (University of Alabama at Birmingham School of Medicine), Director of the Pediatric Pulmonology Fellowship Program, Director of the Pulmonary Function Laboratory and Infant Pulmonary Function Program and Associate Director of the Cystic Fibrosis Care Center at Children's Hospital of Alabama. He is board certified in pediatrics and with a sub-board specialty in pediatric pulmonology. His interests include clinical care of general pediatric respiratory disorders and the complications of cystic fibrosis. He conducts clinical research in CF involving the prevention and eradication of pseudomonas prior to chronic colonization. He is also involved with quality improvement initiatives pertaining to the care of cystic fibrosis.

Contact Information

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www.samford.edu/healthprofessions/cardiopulmonary-sciences

“You can make a big difference!”

An Interview with Teresa A. Volsko, MBA, MHHS, RRT, CMTE, FAARC

Director, Respiratory Care, Transport and the Communication Center

Akron Children’s Hospital



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

A. I did not begin my post-secondary education exploration with the intention of becoming a respiratory therapist. I wanted to pursue an undergraduate degree that would best prepare me for medical school. My dreams were crushed, when my parents were not supportive of my medical school aspirations and limited my options for attending college to a local, commuter based university (Youngstown State University). Since I needed to explore other options, I sought the advice of a student I knew who was attending Youngstown State University (YSU). This student was accepted into the second cohort of the respiratory therapist technology program. He provided a brief explanation of the program and offered the opportunity for me to shadow him for a short time during his shift at a local children’s hospital. It is important to remember, that at this time, we did not have licensure for our profession and students often worked as an RT with very little formal training. After my shadowing experience, I was so intrigued, applied and was subsequently accepted to the program at YSU in the fall following my high school graduation.

Throughout my tenure in the profession, I worked in a variety of roles across the continuum of care, from acute/critical care to homecare, long term care and academia. I was committed to the respiratory care profession and never did pursue medical school, which is a decision that I have not regretted!

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

A. I was fortunate enough to have many mentors throughout my career! Some have influenced my career in a very direct and formal way, while others may not have been cognizant of how influential they really were. Perhaps the one person who had the most influence on my career was Lou Harris, RRT, EdD, Program Director for the RC program at YSU. Lou’s passion for the profession was contagious. He taught me the value of pursuing additional formal education, the importance of advocacy and service to the community, and the profession. Lou introduced me to respiratory care leaders at the state level, which paved the way for my participation in committees and elected board positions, with our state affiliate, the Ohio Society for Respiratory Care. This work provided a great foundation, and opened doors for

involvement on national boards, such as a Trustee for the NBRC, and editorial board member for RC Journal, as well as committee work for the AARC, including program planning, and the evidence based clinical practice guideline committee. Although it has been decades since I left his classroom, Dr. Harris and I still keep in touch. He left an indelible mark, from which I am eternally grateful.

The one constant throughout my career has been my insatiable curiosity, specifically in determining how new and emerging therapies and developing technology worked. Also, therapies and technology can be used to improve patient, process and financial outcomes. Rob Chatburn taught me how to operationalize that interest, by properly conducting and disseminating my research findings. As his protégée, I not only learned the fundamentals of scientific inquiry, but the essential elements needed to mentor others. If it were not for his mentorship, I would have never had the knowledge and skills to develop the culture of inquiry with the departments within my service line, or the honor of mentoring so many first-time authors.

Lisa Aurilio, MSN, MBA, RN, NEA-BC, my former Chief Nursing Officer who is now serving as our organization's current Chief Operating Officer is also a very influential and special mentor. Lisa is special because she was my first female mentor. She taught me the principles of effective operational leadership by the example she set for the leaders in her division. Her expertise and lessons learned on the art of assessing and navigating the political landscape have been invaluable. Under Lisa's guidance, my leadership involvement in the community blossomed. She connected me with community leaders, which launched my involvement with the regional chamber, on community boards and with advocacy work directed at improving the health of the children we serve within our region. Lisa taught me the value of servant leadership. She also modeled the way, demonstrating how to draw on personal strengths and effectively challenge processes to successfully lead by example.

Q. What prompted you to move into a leadership/education position?

A. Autonomy was always very important to me, and therefore gravitated toward leadership positions. I found that leadership positions offered me an opportunity to learn, stretch of my comfort zone, influence positive change at the bedside and serve the profession and my community.

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

A. I have to qualify this by explaining that I love learning and really enjoyed furthering my education! Currently, I have two graduate degrees; a Master in Health and Human Services (MHHS) with a concentrated focus area in Healthcare Administration and a Master in Business Administration (MBA). My MHHS focused on healthcare policy, human resource management, needs assessment and program development, and strategic

planning. The MBA filled in the gaps through focused study with project management, finance, accounting, global business skills, public relations, marketing and advertising. The graduate degrees opened the door for employment opportunities in academia, and hospital operations as well as growth opportunities with my current employer.

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

- A. Perhaps the most overt lesson is the only constant is change. My role is as a leader has changed tremendously throughout the years. Technology has made it easier to collect, analyze and communicate data. However, more often than not, today's leaders at every level are inundated with communication, through e-mail, text messages, tweets, and calls. This makes it nearly impossible to disconnect.

Very early in my career as a leader, I took pride in my ability to multi-task. I did not fully appreciate that the art of listening or the value of being present. I did not have the experience to understand the impact my inattention had on a staff member, colleague, or physician when I responded to a text or an e-mail regarding a discussion we were having. My lack of attention example can easily be perceived as I did not value the person with whom I was conversing, or the information he/she was sharing.

Fully listening and being present sets a tone for the interaction – from a casual conversation to an important discussion during a high stakes meeting. It also facilitates the flow of ideas, rather than shutting them down, enhances engagement and staff satisfaction.

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

- A. Be a risk taker! Embrace change, by seeking out and taking advantage of opportunities that allow you to stretch, grow and move out of your comfort zone. During your career recognize that there will be many individuals that can influence your career. Embrace the opportunity to learn from formal mentors as well as those who are not.

The key to launching a successful career is being open to opportunities and new experiences. Lastly – pay it forward. Give freely your time and talents to your organization, community and profession. You can make a big difference!

Professional Positions Posted at <http://www.cobgrte.org/professionalpositions.html>

*East Tennessee State University, *Mid-Western State University, *University of Virginia Health System, *Samford University, *Texas State University, *University of Texas Health Sciences Center – San Antonio, *The University of Toledo, *Salisbury University, *Skyline College, *Boise State University, *Canisius College, *Boston Children's Hospital, *Nova Southeastern University, *Northern Kentucky University, *Iman Abdulrahman Bin Faisal University.

Report from the Web Site Committee – Help Needed!

By Tom Barnes, EdD, RRT, Chair
Northeastern University, Boston, MA

The CoBGRTE web site has been managed by the Committee Chair with help from committee members, Aaron Roebuck, MS, RRT Membership Resources page, and Nicholas Henry, MS, RRT-ACCS, RRT-NPS, AE-C (Scholarship page). Two new pages have been added recently (Scholarships, Institutional Members) and the News and Events page has been assigned to the Social Media and Program Committees to manage. Training committee members and adding content managers for each web site page will be a priority in the last quarter of 2017. A manager for the Professional Positions page and a creative manager with graphic arts experience are being recruited from CoBGRTE members. The pages listing BSRT and MSRT programs (several pages) require constant attention to keep them up-to-date and a Committee member will be assigned for each page. Finally, a director of photography needs to be appointed to the Committee to update header photos on a regular basis and to photograph CoBGRTE events. So, I hope you can see that a lot of work is involved in managing the web pages and understand why the Committee needs more volunteers to help. If you are interested in joining the CoBGRTE Web Site Committee, send an email with the area where you can help to

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



Coalition for Baccalaureate and Graduate Respiratory Therapy Education

*****Scholarship Announcement*****

Welcome to the CoBGRTE Web Site!

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) is organized to help students, faculty members, and the general public learn about baccalaureate and graduate respiratory therapy education in the United States. A roster of baccalaureate and graduate respiratory therapy programs provides contact and basic information on: location, program director, medical director, curriculum design, entering class size, start dates, and provides a link to each program's web site. The CoBGRTE Roster also serves as a communication tool for faculty members developing new baccalaureate and graduate respiratory therapy programs. Students and faculty members are encouraged to visit program web sites and to contact each program directly for additional information.

The objectives of CoBGRTE are to:

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

To support CoBGRTE objectives become a member - Join [Now](#)

Northeastern University Reunion

Carrying on a long-standing tradition, Northeastern University alumni, students and faculty members will gather at the bar at TGI Fridays on Wednesday October 4th 5-6:30 pm at the 2017 AARC Congress in Indianapolis. TGI Fridays is 500 feet from JW Marriott (Congress Headquarters Hotel) and should be a lively watering hole. Please spread the word and contact Dr. Tom Barnes t.barnes@northeastern.edu if you have questions.

California RRT Minimum for Licensure – Three Year Observations

By Michael Madison, MBA, RRT, President
California Society for Respiratory Care
Alan Roth, MS, MBA, RRT-NPS, FAARC, FCCP,
President, Respiratory Care Board of California

After celebrating along with Ohio as the first two states to move forward to an RRT License Minimum, the CSRC made plans to congratulate and thank Assemblyman Brian Jones for authoring Assembly Bill 1972. In early February 2015, the CSRC Board of Directors and ~200



CSRC members traveled to the California State Capitol for its CSRC Legislative Day. During our Legislative Day, the CSRC presented Assemblyman Jones with the first ever CSRC Legislator of the Year Award. The CSRC formally thanked Assemblyman Jones and presented the award to him on the floor of the California Assembly Chamber.

Since Assembly Bill 1972 (AB 1972) was carefully written to grandfather in California RCPs who were licensed prior to January 1, 2015, there was very little (if any) impact on existing CA RCPs. AB 1972 was written as forward-looking legislation and affected only new license applicants. If a CRT in California keeps their license current, they will not be impacted. All in all, this has been good for California RCPs. No one lost their job because of the legislation. The CSRC is pleased to see that other states (Arizona, Oregon and others) are following through on implementing a RRT License minimum within their states. It's clear that the excitement and drive to move our profession ever forward is building and will eventually go coast to coast. It's great to be part of building a strong future for those who follow will follow us.

The Respiratory Care Board of California in 2016 commissioned a study with the Institute for Health Policy Studies(UCSF) to examine the key issues facing Respiratory Care Practitioners and was presented to the Board on June 30, 2017. The broad research topics included preparedness of new graduates to enter the workforce, supervised clinical experiences in respiratory therapy education, minimum degree requirements for entry in professional practice,

utilization of respiratory therapist-driven protocols, and continuing education requirements for practitioners.

Related objectives were to (1) discern curricular content differences between baccalaureate-level and associate degree educational programs, (2) identify differences in competences and minimum curricula requirements between entry level and baccalaureate programs, and (3) search academic literature that addresses the type of degree with patient outcomes.

The overall conclusions of the study supported (1) additional educational requirements for Respiratory Care Practitioners due to the consensus that new graduates were not job ready and that institutions no longer could expend extensive orientation time getting the therapist ready for work, (2) a baccalaureate degree was necessary for the expansive training and skill set necessary for the profession, (3) a lack of consistency in the organization of supervised clinical experience for students and preceptors, (4) variability in the number of clinical hours that students rotate that fail to expose them to the full range of clinical experiences, (5) exploring the possibility of prescriptive authority per protocol, (6) additional structured continuing education requirements, (7) continued law and professional ethics course requirement, and (8) faculty training for teaching advanced degree and availability.

The Respiratory Care Board reviewed the report at our meeting and will be incorporating these ideas into our new strategic plan for 2018-2021. Several will require changes that need to go before the legislature, others as part of our regulatory authority. The legislature approved a 6-year pilot program for 2 community colleges to offer a baccalaureate in respiratory care along with 13 other professions. These two programs are now enrolling students. They are aimed at working therapists in the field who are already RRT. They follow the CoARC triad of education, research, and management.

The California RRT requirement has not significantly changed the number of licenses offered and parallel the number (slightly decreased) of new graduates. We have established new regulations related to ease military access to licensure. We also expanded formally the scope of practice for practitioners to spell out specific advanced tasks within our training and competencies. We look to the future for increasing our footprint upon healthcare to protect our patients through vigilance, regulation, and discipline as necessary.

The CoBGRTE Social Media Committee

By Karsten Roberts, MS, RRT, Chair

Penn Medicine, University of Pennsylvania Health System

The CoBGRTE Social Media Committee was formed in 2014 with the purpose of increasing members' engagement with news and information regarding the Coalition. The primary outlets for posting updates have been Facebook and LinkedIn. As of September 2017, the Facebook



page has 330 members following posts and the LinkedIn page has 136 members following posts. With each post, the committee can see how many people view the posts. Our most popular posts are viewed between 700 and 1000 times. This means that many more people are seeing our posts than actively follow our page, which means that the mission and vision of CoBGRTE is visible to a wider audience.

The first project the committee focused on was photos of the graduating respiratory care classes from around the country. We still strive to do this annually, but unfortunately responses from respiratory programs has waned in the last few years. We need the help of members to gather information for these posts. In addition to graduation photos and announcements, we are looking for information about goings on in the programs. Our most recent project started over the summer of 2017: publishing interview with community leaders who have demonstrated excellence as educators, managers, researchers, and mentors. Participants have included Joe Sorbello, MEd, RRT; Robert L Chatburn MHHS RRT-NPS FAARC; and most recently Robert Kacmarek, PhD, RRT, FAARC. Look for more great interviews coming soon to the Coalition Chronicle, Facebook, and LinkedIn.

The most value in using these platforms is for you as a member to share, like, and comment on each of our postings. If everyone did this, we would reach a much larger audience. Also, invite people that may be interested in our message to like the Facebook page or follow us on LinkedIn.

Additionally, please share progress and updates on your program or state toward meeting the goal of more baccalaureate and graduate degrees. Send your thoughts and ideas to social.cobgrte@gmail.com.



CoBGRTE: Round Table Discussion Dinner

Date: Thursday October 5th

Time: 7:00PM-10:00PM

Location: The Old Spaghetti Factory Indianapolis, Indiana



Join the Conversations with CoBGRTE

Please join our conversations while meeting a few new friends and colleagues. The Round Table dinner discussions have been instrumental in growing the community of educators, leaders and emerging practitioners interested in advancing the profession & practice of Respiratory Therapy. We tackle “B.I.G.” (bold, innovative, global) ideas to answer the challenges we face in our profession.

Using table topics, our discussions are focussed, deep and rich with ideas that build with each event. This October, we will be hosted by *The Old Spaghetti Factory* in downtown Indianapolis. For nearly 50 years, the Dussin family has shared their love of spaghetti, tradition, and good company with millions of Old Spaghetti Factory guests across America. Guss and Sally Dussin opened the first Old Spaghetti Factory restaurant in Portland, Oregon on January 10, 1969. They knew that honesty, dignity, respect, hard work, and guest satisfaction were the recipe for dining success. Isn't this true within our profession?

As always, we will be mindful of the challenges our large group poses on the servers. The success of these Round Table discussions is evident in the growing numbers of participants, new faces and returning leaders interested in shaping the future of Respiratory Therapy Education. Join Us. [RSVP HERE](#)

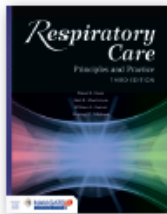




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We strive to provide textbooks, eBooks, and online courses and resources that improve learning outcomes and enhance student achievement by combining authoritative content written by respected authors with innovative, proven, and engaging technology applications that meet the diverse needs of today's instructors, students, and professionals.

RECENTLY PUBLISHED - TEXTBOOK WITH EBOOK AND ONLINE RESOURCES



Respiratory Care: Principles and Practice, Third Edition

Dean R. Hess, PhD, RRT, FAARC
Neil R. MacIntyre, MD, FAARC
William F. Galvin, MSEd, RRT, CPFT, AE-C, FAARC
Shelley C. Mishoe, PhD, RRT, FAARC

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- Exploration of the technical and professional aspects of respiratory care
- Reviews respiratory assessment, therapeutics, diseases, basic sciences, and respiratory care application
- Cross-references the NBRC examination matrices
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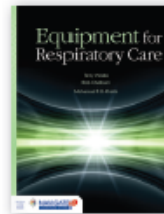


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David C. Shelleby, PhD, RRT, RPFT, FAARC, FASAHP
Jay I. Peters, MD

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- Students will learn how to implement appropriate respiratory care plans
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- Clinical Focus: Clinical case studies offer opportunities for critical thinking and application of essential concepts
- RC Insights!: These tips provide the clinician with useful information on patient assessment and management
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Equipment for Respiratory Care

Teresa A. Volsko, MHHS, RRT, FAARC
Robert L. Chatburn, MHHS, RRT-NPS, FAARC
Mohamad F. El-Khatib, MS, PhD

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3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 63 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
8. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
9. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
10. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.

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