

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

Middle Georgia State University

Department of Respiratory Therapy

**Bachelor of Science in Respiratory Therapy
Entry-level and Degree Completion Programs**

By Teri Miller, MEd, RRT, CPFT

Chair and Program Director

University History

Middle Georgia State University has a history that is unlike most other institutions of higher education in the United States. Not only is it Georgia's newest university -- as of July 2015 -- it's also one of Georgia's oldest institutions. Its origins go back to the late 19th century, and its name has been changed several times.

In 1884, the New Ebenezer Baptist Association established New Ebenezer College, a junior college in Cochran, Georgia. In 1919, the Georgia State College of Agricultural and Mechanical Arts – a division of the University of Georgia – opened a branch on the Ebenezer campus. In 1929, the name was changed to Middle Georgia College, which remained as a two-year junior college operated by a board of trustees. Two years later, in 1931, the college became a junior college unit of a new organization called the University System of Georgia. Middle Georgia College eventually added two campuses: Dublin and Eastman, an aviation campus.

Macon Junior College opened in 1968 with more than 1,100 students -- the largest enrollment ever for a new college in Georgia. In 1987, it became Macon College when the USG dropped the word “junior” from its two-year institutions. The college continued to grow, and in 1997 when it began offering bachelor’s degrees, the name changed to Macon State College.

In 2012, the Board of Regents voted to consolidate Macon State College and Middle Georgia College; the new college was initially named Middle Georgia State College, which incorporated all facilities and all five campuses of the two previous institutions.

Today, what is now Middle Georgia State University (MGA) serves over 8000 students on five campuses – Macon, Cochran, Dublin, Eastman, and Warner Robins. The University offers dozens of bachelor’s degrees, including respiratory therapy, business, nursing, information technology, new media and communications, and contemporary musicianship, and professional master’s degrees in cybersecurity, nursing, management, and secondary education. Other graduate programs are under development. The university is home to Georgia’s only public school of aviation—and a four-year degree in flight.

Department of Respiratory Therapy

The middle Georgia region has a strong history of employing respiratory therapists who practice at the highest level of their scope of practice. In 1994, with the support of regional medical centers, the Department of Respiratory Therapy Program was developed and began at the associate degree level on the Macon campus of MGA. Over the years, that program graduated over 400 entry-level RTs who have gone on to serve our local communities and beyond. In 2008, the Macon campus developed an advanced degree program offering a Bachelor of Science in Respiratory Therapy AS to BS Bridge for RRTs. Designed to strengthen therapists in the specialty areas of respiratory therapy practice, this program is currently offered partially online and has seen continual growth as our profession is moving toward more advanced degrees. RRTs may be awarded up to 21 credit hours for their RRT credential, leaving only thirteen courses in the major toward their BS Respiratory Therapy degree.

In fall 2017, after making a strategic decision to transition our AS entry-level program to a BS entry-level program and working diligently to align all stakeholders, our program received the approval of MGA, the University System of Georgia, CoARC, and our regional accrediting



agency to implement this change. Beginning in August 2018, we will begin our first BS entry-level cohort of students utilizing our newly developed curriculum which features a problem-based learning (PBL) format, incorporates a structured simulation program, and includes specialty focus on education, leadership, research, and advanced neonatal-pediatric care. This program will also continue its long tradition of connecting closely with our community through

service learning initiatives as well as engaging in undergraduate research. While the challenges ahead are great, we are very excited for the new future for our program.

When asked recently what it takes to make a transition from an AS to a BS entry-level degree, I shared that there are four key ingredients: planning, networking, teamwork, and tenacity. As we looked toward building our proposal, one requirement was that it be unique



within our system. Our planning included not only aligning stakeholders' support, but also preparing ourselves as faculty to implement a new curricular design such as PBL. We designed the curriculum by listening to what our community needed and wanted, as well as considering where we want to go in advancing our profession and practice. We also called upon the support of those voices which advocate for advancement in our profession and bringing more science into our professional

training as therapists. One goal we hope to achieve is creating a desire for our graduates to continue as life-long learners and activists within our profession. Having a great team who works well together is essential and MGA is blessed with an experienced faculty whose combined talents and passion for the profession complement each other well. Finally, tenacity is essential. The road to transition is not always easy, and there will be obstacles which must be overcome; however, don't give up! The team must be tenacious in keeping the goal in mind, being proactive, and adjusting until the goal is met. (As RTs, we naturally know about tenaciousness, don't we?!)

Clinical Faculty

Our program is fortunate to have the support and talents of our clinical instructors: Nancy Guyse, BS, RRT, RRT-NPS; Jason Hunter, BS, RRT, RRT-NPS, Nancy McDowell, MS, RRT, RRT-ACCS; Alexis Pope, MS, RRT, RRT-ACCS and Addie Smith, BS, RRT.

Full-time Faculty



Beth Brown, MS, RRT, Associate Professor of Respiratory Therapy, graduated from Georgia State University and has been a faculty member since the program's inception in 1994. While she has served in various roles, including DCE and interim director, her passion is for her students and in teaching. With a background in management and homecare, Beth brings unique perspectives and experience to the team. She also has a long and distinguished background service to our profession. Beth has served on the National Board for Respiratory Care (NBRC), served as President of the Georgia Society for Respiratory Care (GSRC), and as Georgia's delegate in the AARC House of Delegates for several years, just to name a few. One of Beth's passions is championing causes which support student success and elevating the role of the RT in our communities.



Jasmine Brown, MS, RRT, ACCS, Assistant Professor and Director of Clinical Education for Respiratory Therapy, is an alumnus of this program, as well as earning her BS degree from Arkansas State University and her MS degree from Georgia State University. Jasmine has served in the role as DCE for three years, adding value to this program through the development and implementation of our simulation program, development of a neonatal specialty track for select students, as well as serving as the RT liaison for MGA's Experiential Learning Program. She also serves on the Faculty Senate for the University.



Charles Matson, PhD, RRT, Associate Professor of Respiratory Therapy, graduated from Augusta University (formerly the Medical College of Georgia) and earned his PhD in Adult Education from the University of Georgia. Charles served at Navicent Health System (formerly The Medical Center of Central Georgia) for many years as the Education Coordinator for Respiratory Care and was integral in the development of this program at MGA. After completing his M.Ed., he joined MGA as the Program Director, serving over ten years in that role before deciding to return to the classroom fulltime. He has served as GSRC President and as interim dean for the School of Health Sciences and numerous university committees. Charles' research is on ethics in healthcare and he has presented at numerous RT and other health profession conferences on this topic.



Teri Miller, M.Ed., RRT, CPFT, Associate Professor and Chair for the Department of Respiratory Therapy graduated from Augusta University (formerly the Medical College of Georgia) and completed her M.Ed. in Instructional Technology at Georgia College and State University. She is currently completing her doctorate in Educational Leadership at Valdosta State University. Teri is experienced in adult, neonatal and pediatric critical care, transport, management, pulmonary function testing and education. She has been a faculty member with MGA for 15 years, the last four of which she has served as program director and chair for the Department. Teri has been actively engaged in the Georgia Society for Respiratory Care, serving as PACT representative, president and delegate, and now serves as speaker-elect for the AARC House of Delegates.

Curriculum – BSRT Entry Program

Core Curriculum Requirements - 60 hours		Upper Division RESP Major Coursework - 60 hours Five consecutive semesters starting each FALL semester
Area A: Essential Skills 9 Hours	ENGL 1101 - English Composition I ENGL 1102 - English Composition II Math Elective - MATH 1101, Math 1111 <u>or</u> Math 1113	RESP 3110 PBL (3) RESP 3111 Fundamentals of Resp. Care 1 (3) RESP 3112 Virtual Clinical 1(3) RESP 3113 Diagnostics (1) RESP 3114 Cardiopulmonary Research (2) RESP 3115 Clinical Rotation I (1) RESP 3120 Teaching/Precept (2) RESP 3121 Fundamentals of Resp. Care 2 (3) RESP 3122 Virtual Clinical 2 (3) RESP 3123 Cardiopulmonary Critical Care 1 (3) RESP 3125 Clinical Rotation II (2) RESP 3126 Clinical Rotation III (1) RESP 3131 Neonatal/Pediatric Care (3) RESP 3133 Cardiopulmonary Critical Care 2 (3) RESP 3135 Clinical Rotation IV (1) RESP 4110 Alternative Resp. Care (2) RESP 4111 Neonatal/Pediatric Specialty (3) RESP 4112 Virtual Clinical 3 (3) RESP 4113 Advanced Critical Care (3) RESP 4115 Clinical Rotation V (2) RESP 4116 Clinical Rotation VI (1) RESP 4120 Respiratory Care Seminar (2) RESP 4123 Leadership/Management (3) RESP 4125 Clinical Rotation VII (7)
Area B: Institutional Options 4 hours	Perspectives Elective/Critical Thinking Preferred: HS 1000,1002,1003,1004, or 1005 but any Area B accepted	
Area C: Humanities 6 hours	Literature- ENGL 2111, 2112, 2121, 2122, 2131, 2132, 2141 <u>or</u> 2142 Area C-COMM 1110, ARTS 1000, MUSC1100, THEA1100, FREN1001/2, GRMN 1001/2, SPAN 1001/2 <u>or</u> HUMN 2151, 2152, 2155 or 2156	
Area D: Science, Math & Technology 11 hours	CHEM 1151K & 1152K Survey of Chemistry Area D Elective - MATH 1200 Elementary Statistics suggested	
Area E: Social Sciences 12 hours	HIST 2111 <u>or</u> HIST 2112 –US/GA History POLS 1101 - American Government Area E Electives (Choose 2): SOCI 1101, SOCI 1160, ECON 2105, ECON 2106, ANTH 1102, HIST 1111, HIST 1112, <u>or</u> POLS 2301	
Area F: Major Field 18 hours	BIOL 1114K -Anatomy & Physiology I BIOL 1124K - Anatomy & Physiology II BIOL 1134K - Microbiology for Health Sciences PSYC 1101 - Introduction to Psychology Major Guided Elective: Choose <u>one</u> : PSYC 2103, PHYS 1111, PHYS1112, PHYS 2211, CHEM 2211 <u>or</u> CHEM 2212	

Curriculum – BSRT Completion Program

Core Curriculum Requirements - 60 hours		Upper Division Requirements - 60 hours
Area A: Essential Skills 9 Hours	ENGL 1101 - English Composition I ENGL 1102 - English Composition II Math Elective - MATH 1101, Math 1111 <u>or</u> Math 1113	<p><i>Credit by Validation is given for the following Respiratory Therapy courses based on the RRT credential and accepted as 3000-level courses>(* subject to transcript review):</i></p> <p>RESP 2202 (3 hrs) – Clinical Experience II RESP 2203 (4 hrs) – Mechanical Ventilation RESP 2204 (3 hrs) – Case Studies in Respiratory Care and Ethical Issues RESP 2205 (3 hrs) – Pediatrics/Neonatology RESP 2206 (3 hrs) – Clinical Experience III RESP 2209 (3 hrs) – Clinical Experience IV RESP 2215 (2 hrs) – Advanced Airway Techniques</p> <p><u>Upper-Division Classes :</u></p> <p>HLSA 3310 (3 hrs) – American Health Care System HLSA 3320 (3 hrs) – Health Care Management RESP 3010 (3 hrs) – Advanced Mechanical Ventilation RESP 3020 (3 hrs) – Intensive Respiratory Physiology RESP 3030 (3 hrs) – Respiratory Research RESP 3040 (3 hrs) – Advanced Pediatrics/Neonatology RESP 3050 (3 hrs) – Advanced Adult Critical Care RESP 4010 (3 hrs) – Case Management and Protocol Evaluation RESP 4020 (3 hrs) – Quality Control and Collaborative RESP 4050 (3 hrs) – Mentoring and Preceptorship RESP 4030 (3 hrs) – Polysomnography RESP 4040 (3 hrs) – Respiratory Community Health RESP 4060 (3 hrs) – Pulmonary Function Technology</p>
Institutional Options 4 hours	Perspectives Elective/Critical Thinking Preferred: HS 1000,1002,1003,1004, HUMN 1009	
Area C: Humanities 6 hours	Literature- ENGL 2111*, 2112*, 2121, 2122, 2131, 2131, 2132, 2132, 2141, <u>or</u> 2142 Area C-COMM 1110, ARTS 1000, MUSC1100, THEA1100, FREN1002, GRMN 1002, SPAN 1002 <u>or</u> HUMN 2151, 2152, 2154, 2155, 2156	
Area D: Science, Math & Technology 11 hours	CHEM 1151K and 1152K Survey of Chemistry Area D Elective - MATH 1200 Elementary Statistics suggested	
Area E: Social Sciences 12 hours	HIST 2111 <u>or</u> HIST 2112 -US History POLS 1101 - American Government Area E Elective: Choose one from: SOCI 1101, SOCI 1160, ECON 2105, ECON 2106, or ANTH 1102 Area E Elective: Choose one from: SOCI 1101, SOCI 1160, ECON 2105, ECON 2106, <u>or</u> ANTH 1102	
Area F: Major Field 18 hours	BIOL 1114K -Anatomy & Physiology I BIOL 1124K - Anatomy & Physiology II BIOL 1134K - Microbiology for Health Sciences PSYC 1101 - Introduction to Psychology Major Guided Elective : PSYC 2103, PHYS 1111K, PHYS1112K, PHYS 2211K, PHYS 2212K, CHEM 1211K, CHEM 1212K, CHEM 2211K, CHEM 2212K	



Contact Information

Tel: 478-471-2783 or 2069

Email (preferred): teri.miller@mga.edu

URL: <https://www.mga.edu/health-sciences/respiratory-therapy/index.php>

CoBGRTE 2018 Board of Directors Election

Four director positions (for a five-year term of 2019-2023) are open. Active CoBGRTE members will be sent a link to the election ballot. Voting will be open September 1 – September 30, 2018. Each nominee was asked to answer the following questions (see below for answers).

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

2018 CoBGRTE Elections Committee

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

Tom Barnes, EdD, RRT, FAARC, Northeastern University

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

Board of Directors Candidates



Douglas S. Gardenhire, EdD, RRT, RRT-NPS, FAARC

Dr. Gardenhire began his respiratory therapy career in 1991. During his time, he has served as a staff therapist/educator at several institutions throughout Kansas. He served as a domestic and international transport therapist on the University of Alabama Hospital's Critical Care Transport team. In 1998, he started his career in respiratory therapy education serving as the Director of Clinical Education at Labette Community College in Parsons, Kansas. In 2001, he joined the respiratory therapy faculty at Georgia State University (GSU) in Atlanta, Georgia. In 2004, he assumed the role as Director of Clinical Education serving until 2015. In 2016, he was selected Chair of the Department of Respiratory Therapy at GSU.

During his 20 years in respiratory therapy education, Dr. Gardenhire has authored numerous publications in aerosol pharmacology. He is author of *Rau's Respiratory Care Pharmacology*, lead author for the *AARCs Guide to Aerosol Delivery Devices for Respiratory Therapist*, chapter author on Airway Pharmacology for *Egan's Fundamentals of Respiratory Care*, as well as

chapter author on *Airway Pharmacology and Delivery of Aerosol Drug Therapy* in Respiratory Care Clinical Lab Competency Manual. Dr. Gardenhire has garnered over \$200,000 of internal and external grants in respiratory therapy. His research interests continue to focus on respiratory care education and trends, pharmacology, and aerosol product evaluation. His teaching interests include pharmacology and online education. He created the first fully online course for all majors at GSU, which has served over 5,000 students since its inception. In 2012, he was selected Educator of the Year by the AARC Education Section. He has served CoBGRTE on the APRT and Accreditation committees.

- **What role should CoBGRTE play in the further development of the profession of respiratory care?** CoBGRTE has been the advocate for baccalaureate and graduate education and should continue in this role. Additionally, CoBGRTE has and should continue to develop/expand graduate education. CoBGRTE can do this by continuing to foster opportunities through workshops/education events for institution members to collaborate and expand education across the country. The sharing of resources to all members is essential to expanded development.
- **How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?** The support that CoBGRTE and its members provide students through scholarship opportunities has been vital in the support of expansion. I believe investment in our future is the best use of funds. I would like to see the expansion of scholarships and the addition of grants for members and institutions that may need funding to assist in their expansion. State funding for higher education continues to be targeted, college and university funding continues to shrink. I would support a small increase in institution/individual dues or redirection of funds to develop grant funding opportunities.
- **How can CoBGRTE better represent its membership?** The expansion of membership would allow for increased funding to position CoBGRTE as the leader in respiratory therapy. This funding as discussed earlier will allow for more opportunities to expand the footprint of CoBGRTE. In addition to grants and scholarships, the funding of a science journal would allow an additional avenue for members to spread their scholarship in teaching and learning as it pertains to respiratory therapy. Additionally, a standalone conference for members to share current trends and resources may be beneficial. If possible, smaller regional conferences could begin to decrease costs associated with travel expenses. These regional conferences may serve to compete with other conferences as conference costs continue to rise.
- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?** CoBGRTE should be the leader in connecting ASRT with BSRT and graduate programs. Activities that assist in bringing educators together can only strengthen the

profession as we transition to higher education levels. These activities may assist in garnering an increase in membership.



Michele Pedicone, MS, RRT-NPS

In 2014, Michele Pedicone began teaching full-time at a community college in WA State. Soon afterwards, she began to teach for the first entry-level bachelor's degree program in the state and was a faculty member for the first graduating class. In January, she accepted an assistant professor, tenure-track position, at East Tennessee State University where she is also the Director of Clinical Education.

- **What role do you think CoBGRTE should play in the further development of the profession of respiratory care?** The 2015 and Beyond Conferences identified future competencies needed by respiratory therapists to provide safe, effective, evidence-based medicine in a changing health-care system. Furthermore, these conferences identified the education necessary to meet these potential new roles and responsibilities.

Now that the need has been identified, the challenge is upon all respiratory therapists to acknowledge and embrace how this will impact their careers. The profession of respiratory care is on the cusp of growth in which the needs are identified, the workforce must prepare for that momentous forward shift.

In this progression, CoBGRTE plays a significant role. Respiratory Care education will need to shift to meet the needs of a healthcare system which demands an evolving scope of practice. CoBGRTE can support programs in developing curriculums to meet these needs. By identifying and supporting programs that desire to increase educational offerings, CoBGRTE has the potential to impact the profession on a high level. Providing opportunities for networking aligns programs with resources which they otherwise may not have access to.

- **How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?** In the 2011 *Survey of respiratory therapy education program directors in the United States*, Barnes, Kacmarek, and Durbin identified that there are significant differences between baccalaureate degree and associate degree programs.¹ To be successful, respiratory care programs will need more resources; space, clinical education opportunities, instructors, the list is exhaustive. The respiratory care instructor pool is limited. Many programs are unable to expand their competencies due to inadequate staffing. Instructors are not available or do not have the necessary credentials. This shows an absolute need for more RT's with advanced degrees. CoBGRTE should support this expansion by offering more scholarships, especially for faculty who are pursuing higher education to align with the 2015 and beyond conference results.²

CoBGRTE provides a repository of all baccalaureate and graduate respiratory care programs. This is extremely valuable for therapists who desire to increase their education to fulfill the need for increased faculty for expanding programs. This list is being constantly updated.

- **How can CoBGRTE better represent its membership?** CoBGRTE does a great job representing its members. By continuing to provide information on existing programs as well as supporting the development of new programs through information sharing and networking, members have the tools to research appropriate programs.

The CoBGRTE members are rich in knowledge, in not only respiratory care education but also management, leadership and research. An increased mentoring and networking pool would support new members as well as those who encounter obstacles in their career paths. Offering a way for members to volunteer by listing specific needs of the organization would allow members to become involved. This could ensure a greater sense of responsibility not only to the organization as a stakeholder, but also to the profession of respiratory care.

- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?** Support and scholarships. One of the greatest resources that CoBGRTE offers to its member is networking. The Summer Seminar features highly respected leaders in respiratory education who share relevant evidence-based knowledge in seminar, lecture and discussion format. The round table discussions provide rich dialogue on current respiratory care education issues as well as identifying future needs and potential obstacles for the profession. It's all a great networking tool.

REFERENCES

1. Barnes, TA., Kacmarek, RM., Durbin CG. Survey of respiratory therapy education program directors in the United States. *Respir Care* 2011;56(12):1906-1915.
2. Kacmarek RM, Durbin CG, Barnes TA, Kageler WV, Walton JR, O'Neil EH. Creating a vision for respiratory care in 2015 and beyond. *Respir Care* 2009;54(3):375-389.



Aaron Roebuck, MS, RRT

Aaron Roebuck is currently a Clinical Specialist with Mallinckrodt Pharmaceuticals. In addition, he is an adjunct professor for Washington Adventist University BSRC program (2016-present). He has served as a clinical educator at several hospitals throughout his career. Aaron has provided clinical education for RT students at his various hospitals as well as served on several RT program advisory boards.

- **What role do you think CoBGRTE should play in the further development of the profession of respiratory care?** It is important to assist faculty members that are developing curricula for new baccalaureate and masters programs, but there should be a focus on helping with the development of new doctoral level or APRT programs as well. CoBGRTE should continue to push to raise the bar for minimal educational requirements for becoming a registered respiratory therapist while also supporting paths for higher learning and advancement.
- **How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?** Expansion can be supported by developing and offering support resources (e.g., FAQs, contact numbers, articles discussing challenges and success stories) for associate degree programs to partner with baccalaureate programs. Associate degree program directors should be able to access these resources online. CoBGRTE will need to continue conducting research on respiratory therapy educational programs and the healthcare workforce to show the importance of attaining an advanced degree.
- **How can CoBGRTE better represent its membership?** It is important for the CoBGRTE Board of Directors to create and maintain positive and respectful relationships with AARC, NBRC and CoARC leadership. There is strength in numbers, so the membership committee should continue its focus on increasing the number of student and active members. A continued effort to show department directors and managers the differences between respiratory therapists with associate, baccalaureate, and graduate degrees will help as well.
- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?**
 - It would be good for CoBGRTE members to have a place on the website where they could post questions and share resources.
 - CoBGRTE should have an annual or bi-annual conference call open to all current members thanking them for their support and discussing what the committees have been working on and/or have achieved.
 - Create a research committee tasked with developing a list of CoBGRTE research ideas and goals, as well as a means for conducting this research.



Christopher Russian, PhD, RRT, RRT-NPS, RPSGT, RST

Dr. Russian began teaching in the Department of Respiratory Care at Texas State University in 1999 as a clinical instructor/lecturer and accepted a tenure-track Assistant Professor appointment in 2002. In 2008, Dr. Russian was tenured and promoted to Associate Professor, and promoted to Professor in 2016. He served as Director of Clinical Education for the Department of Respiratory Care for twelve years prior to accepting the title of Program Coordinator for the Master of Science in Respiratory Care. He is nationally credentialed in respiratory care, polysomnography technology, and neonatal-pediatrics. Dr. Russian holds a Bachelor of Science in Kinesiology, a Bachelor of Science in Respiratory Care, and a Master of Education in Physical Education, and a Ph.D. in Adult, Professional and Community Education. Dr. Russian teaches undergraduate and graduate courses in respiratory care and polysomnography. His research experience includes respiratory muscle testing and training, ventilator setting optimization, sleep assessment, learning styles and inter-rater reliability. Dr. Russian has published high quality, peer-reviewed journal articles, textbook chapters, abstracts, and serves as a reviewer for several peer-reviewed national journals. He regularly provides peer-reviewed presentations at state, national, and international conferences. He is actively involved with his state organization and currently serves as the Texas Society for Respiratory Care Delegate to the AARC.

- **What role do you think CoBGRTE should play in the further development of the profession of respiratory care?** Healthcare is fraught with uncertainty. Single-party payer or free-market competition, new ways to cut costs, healthcare provider shortages and reallocation of resources are upon us. In this age of uncertainty, administrators are forced to constantly evaluate the most efficient manner to utilize resources. The most expensive resource in the hospital is personnel. Although we know the value of respiratory therapists, most of us would question whether a new-graduate administrator, sans any experience in the clinical disciplines, can truly appreciate our profession. Therefore, it is up to respiratory therapists and our organizations to continue to show our value across current and future roles. CoBGRTE doesn't have a specific objective to "develop the profession by showing our value" but CoBGRTE is well positioned to impact the respiratory therapy profession through its primary efforts and mission. CoBGRTE must remain the leader in advocating for baccalaureate and graduate education and advancing the educational requirements for entry into practice. This is the fundamental role that can allow the profession to hold its place in healthcare and generate future opportunities for the profession. CoBGRTE must remain steadfast in advocating for the baccalaureate degree as entry into practice. CoBGRTE's role of assisting programs to transition to the baccalaureate degree, to develop consortiums between associate degree programs and baccalaureate degree programs, to assisting with the creation of additional

baccalaureate programs will have a positive impact on the profession. Although we have the AARC advocating for us as a profession, they do not have a singular focus on baccalaureate and graduate education. CoBGRTE must maintain that unwavering focus.

- **How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?** Expansion can be viewed in two ways. First, we can expand the number of seats available in the current baccalaureate and graduate respiratory therapy programs. This can be challenging because there are so many factors influencing the number of seats available. For entry into practice programs, the seats available are determined by the clinical site opportunities. If the program cannot place additional students into the available clinical sites, it will be a struggle to convince a program director or The CoARC to allow an increase in enrollment. However, this is a challenge that needs to be repeatedly tested. If all entry into practice programs could increase enrollment, with a goal of reaching 40 students, this would create a huge expansion of baccalaureate and graduate education. CoBGRTE can support this expansion by opening dialogue with program directors about the possibility of increasing student numbers. Program Directors may have anxiety about increasing student numbers because that will mean more faculty to hire, more clinical instructors, more work and a much costlier program. However, CoBGRTE can be a reassuring voice, by way of its dedicated members, that this transition is necessary and worthwhile. Second, we can expand respiratory therapy education by increasing the number of institutions that house a baccalaureate and graduate respiratory therapy program. We need individuals to approach four-year institutions with a proposal to start a new academic program in respiratory therapy. This is a huge task because clinical programs are very expensive. Academia, much like healthcare, is not too keen on starting programs that will cost much more than they generate. So, CoBGRTE can assist by determining the costs associated with four-year Respiratory Therapy programs, find programs that are able to generate positive revenue, and create a model that can be replicated into other institutions.
- **How can CoBGRTE better represent its membership?** I think COBGRTE does a good job of providing a product to its members. The objectives of CoBGRTE are clear and the Board is diligent about staying focused on those objectives. During the AARC Congress and Summer Forum, COBGRTE offers a Round Table gathering and a CEU seminar for members and non-members. Also, COBGRTE makes every effort to represent the members in front of the CoARC, NBRC, AARC, etc. I believe these efforts must continue. We need CoBGRTE's voice in front of our other national/international organizations. Hopefully, they are viewing CoBGRTE favorably. Nevertheless, they need to know we aren't going away and we are passionate about advancing the profession. CoBGRTE should continue to produce materials that support the vision of baccalaureate and graduate education. This material needs to be in

the hands of the members to assist our efforts to recruit additional members. The Coalition Chronicle is a great source of that information. Additional materials should be developed and distributed, through email or on the website, for members.

- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?** We need more advertising for MSRC programs. We need the profession to view the MSRC as the preferred and most beneficial route when seeking a graduate degree. It is important that BSRC graduates leave school and consider the MSRC first versus getting a degree in another field. The infancy of the MSRC is a huge obstacle before us. We have many non-MSRC graduate degree holders, me being one of them. We don't want the future graduate degree student to overlook the benefits of the MSRC because history implies another degree is more beneficial. CoBGRTE does a great job in providing scholarships to students seeking a respiratory therapy degree. This is such a benefit to current and future students. Tuition is expensive and can be a deterrent to enrolling in an academic program. The opportunity to receive a scholarship to assist with tuition costs can make a difference for many students. Scholarship opportunities need to be expanded. CoBGRTE can seek to start or expand its fundraising abilities to generate additional money to be placed in scholarships for baccalaureate and especially graduate education.



Jonathan Waugh, PhD, RRT, RPFT, FAARC

Jonathan Waugh received his undergraduate Bachelor of Science degree in respiratory therapy from the University of Central Florida and his MS and PhD degrees from the Ohio State University. He is a registered respiratory therapist and registered pulmonary function technologist. Dr. Waugh is a member of the Tobacco Free roundtable of the American Association for Respiratory Care and an allied health member of the American College of

Chest Physicians.

Dr. Waugh joined Samford University in 2015, to serve as chairman for the new Department of Cardiopulmonary Sciences and launch entry to profession BS and MS respiratory care programs. He has an appointment as a scientist with the UAB Lung Health Center and conducts research in the areas of mechanical ventilation, capnography, high flow therapy, and tobacco treatment/prevention. His academic career has involved significant teaching responsibilities with students focused in the health and medical professions. In his prior role as director of a Center for Teaching & Learning (University of Alabama at Birmingham), he mentored faculty to improve teaching and support educational innovation at the university.

He has served as a site director and investigator for subawards from two large, multi-year, NIH-funded studies with the goal of improving medical student proficiency at tobacco cessation treatment of patients, which provided valuable experience and insight into designing for improvement in both teaching practice and medical school curriculum. Jonathan served as chair of the AARC Tobacco Free Lifestyle roundtable and contributed to the patient and clinician guides to tobacco cessation treatment (which included mini-case scenarios). His involvement with a National Science Foundation SBIR grant to develop and test a new educational technology was intended to leverage mobile technology to teach difficult clinical interpretation skills that require much opportunity to practice. He was an investigator on an interprofessional training project with Nicole Redmond, MD and Jeffery Ring, PhD, that focused on how to respond to health disparities faced in practice and becoming proficient at culturally responsive care (train the trainer model).

His collaboration with geneticist Dr. Tino Unlap has involved testing peptides to treat cystic fibrosis and GHK to reduce inflammation and induce tissue repair. Introducing students to and involving them in research of real clinical problems are important personal goals of Dr. Waugh. By creating rich educational experiences for students, it enhances and advances the profession.

- **What role do you think CoBGRTE should play in the further development of the profession of respiratory care?** CoBGRTE has clearly made an impact on respiratory care education and has significantly contributed to the enhancement of the profession's educational standards and practices. There is no other entity I can think of that is directly invested in systematic advancement of educational curriculum to meet the goals and priorities of future needs outlined in the AARC 2015 and Beyond reports. CoBGRTE must remain engaged in with the AARC, NBRC and CoARC to create curriculum models that keep pace with advances in health care and expand the number of undergraduate and graduate educational programs to meet the needs of our nation.
- **How can CoBGRTE support the expansion of baccalaureate and graduate respiratory care education?** Many AS programs began to explore how to transition to BS programs after the AARC/CoARC announcements in 2016 mandating the need to move to a BS degree as the minimum to enter the profession. The CoBGRTE membership includes nearly all BS and MS programs so it is an excellent resource to mentor programs seeking to transition to BS or higher. Many new BS programs will need to be added at institutions across the country that currently have no respiratory program, to meet the future need of BS entry to profession programs. CoBGRTE can provide the tools and advice to help this happen and even help institutions find the qualified faculty they need to start new programs.

- **How can CoBGRTE better represent its membership?** As CoBGRTE membership, partnerships and accomplishments have grown, the opportunities to represent it members and the profession have increased. Representation on task forces and boards of other professional organizations are important ways to represent the CoBGRTE membership. Participating in interprofessional research studies, both by initiating and invitation, are logical next steps.
- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?** Qualified applicants for RT faculty positions are in short supply and the problem will intensify as retirements increase in the next ten years. CoBGRTE can help programs share strategies to recruit graduates to be groomed for faculty roles. It would be helpful to establish fellowships that allow students to pursue full-time graduate study. CoBGRTE could serve as a nexus for other organizations, businesses and individuals to combine their resources and establish fellowships. CoBGRTE can serve as a voice and venue for issues faced by educators for which there are not ready platforms for discourse. This could be done via multiple settings: online events and discussions, serving as a clearinghouse for topical information and new practices, and sponsoring panel discussions at professional meetings.



Richard Wettstein, MMed, RRT, FAARC

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

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

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

- **What role should CoBGRTE play in the further development of the profession of respiratory care?**

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

- Guidance for community colleges to advance their degree from an associate to the baccalaureate level.
- Provide model curriculum and guidance for establishing new baccalaureate level programs.
- Provide model curriculum and guidance for establishing new graduate level programs.
- Continue to work to establish the first advanced practice respiratory care programs.

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

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

- **How can CoBGRTE better represent its membership?**

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

- **What additional programs, services, or activities should CoBGRTE seek to provide for its members?** The CoBGRTE objectives are well stated and comprehensive, covering most aspects of our mission. However, maybe the most challenging unstated objective is to develop a strategy to diffuse associate level leaders' resistance to moving the profession forward with baccalaureate and graduate respiratory care education.

CoBGRTE Board of Directors Meets

By David Shelledy PhD, RRT, FAARC, FASAHP, President

The CoBGRTE held its annual face-to-face Board of Directors meeting July 16, 2018 in conjunction with the AARC Summer Forum held in San Antonio. Sixteen BOD members were in attendance, along with our AARC Representative (Gary Wickman, MS, RRT), chair of this year's program committee (Dr. Chris Russian) as well as the chair of the International Outreach Committee (Dr. Lisa Trujillo).



Highlights of the Board meeting include:

- Membership currently totals 688 including 68 institutional members representing almost all the baccalaureate and graduate respiratory therapy educational programs in the United States.
- An extensive membership survey was conducted in the spring. Our members were highly satisfied with CoBGRTE services and activities. They listed the top reasons why they were members:
 - To change the image of the RT profession from technical to professional at the baccalaureate and graduate-level.

- Work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
- Support a national organization representing 68 colleges and universities awarding bachelors and graduate degrees in respiratory care.
- Help associate degree programs to provide access to baccalaureate degree completion opportunities for their students.
- Educate department directors and managers about the differences between respiratory therapists with associate, baccalaureate, and graduate degrees.
- The Board heard reports and recommendations from 15 CoBGRTE committees, as well as our AARC representative (Gary Wickman, MS, RRT) and AARC APRT Liaison, Dr. Lynda Thomas Goodfellow.



- The Board awarded *Life Membership* to Dr. Tom Barnes, in recognition of his service and dedication to the profession. The Board also honored Wade Jones (*Life Membership*) and Drs. Lisa Trujillo, Paul Eberle and Karen Schell (*International Service Award*).
- The Board held a strategic planning session to finalize CoBGRTE 's mission, vision and values and develop our strategic goals. The approved mission, vision and values for CoBGRTE are:

- **Mission:** *The mission of the CoBGRTE is to advance respiratory care education.*
- **Vision:** *CoBGRTE seeks to become the global leader for respiratory care education.*
- **Values:** *The CoBGRTE values are excellence, integrity, leadership, advocacy, inclusion, innovation, collaboration, diversity, and dedication to the profession.*

The Board also began work on our **Strategic Goals** to:

1. *Transform the profession by advancing quality academic programs, professional knowledge, and faculty resources.*
 2. *Increase the number of graduates from baccalaureate and graduate respiratory care educational programs.*
 3. *Develop a center of academic excellence to provide faculty development to advance the art and science of respiratory care education.*
 4. *Promote research to advance the profession.*
- We continue to publish the Coalition Chronicle monthly and send to all our members, as well as the leadership of AARC, NBRC and CoARC (circulation 800)
 - CoBGRTE continues to develop a collegial and collaborative relationship with CoARC, to include regular reports to the Commission. CoBGRTE provided a written and oral report to the Commission and the Executive Committees of CoARC and CoBGRTE met to discuss opportunities to work with community colleges to support career ladder programs for their students, articulation agreements, and help those community colleges able to offer the BS degree support in developing such programs.
 - At CoARC's suggestion, our Graduate Council is working on a white paper for the development of graduate respiratory care education. The purpose of this paper is to provide data useful to justify the initiation of graduate respiratory care educational programs at colleges and universities. The target audiences include deans and other university decision-makers. The paper will include enrollment and related financial information.
 - Our APRT committee remains active. We've developed a sample curriculum for the APRT and hope to get that into the public domain this fall.
 - Our Summer Forum education seminar was held July 16, and we had several great presentations germane to RT education.
 - Our roundtable discussion dinner was held Wednesday, July 18th from 6:30 to 9 pm at BJ's Restaurant in San Antonio and there as a great turnout.
 - CoBGRTE continues to support the AARC Collaborative Work Group for advancement of the profession.

- The Executive Committees of AARC and CoBGRTE also met to discuss progress on the on the APRT, promotion of BS degrees in respiratory care, promotion of master's degrees in respiratory care and regional accreditation issues.

I would like to thank the CoBGRTE committee members for all their hard work this year. Please take the time to continue promoting individual and institutional membership, so that we may grow and continue *to make respiratory therapy education better*.

Photos Needed for Web Site

The CoBGRTE Web Site Committee is in the process of replacing photos on each page of the web site. Members are encouraged to send photos of students and faculty members during lab or clinic exercises and other program activities for use on the web site. Let the us know if you have sent photos of your Class of 2018 and wish to have them considered for use on the web site. Photo credits will be provided on a separate web site “Photo Credits” page. The Committee also plans to include university/college logos next to each program listed on the BSRT/MSRT roster page that when clicked will take the reader to your web site. Please send to Tom t.barnes@northeastern.edu your logo and photos (as a large jpg file), along with the URL to your web site.



**CoBGRTE Round Table Discussion Dinner
at BJ's Brewhouse and Restaurant**
CoBGRTE Seminar at the JW Marriott Hill Country Resort
San Antonio, Texas
AARC Summer Forum July 2018
By Chris Russian, Program Committee Chair

BJ's Brewhouse and Restaurant in the Alamo City was the host for the 2018 CoBGRTE Round Table Dinner and Discussion. The program committee searched for a place that had a unique feel and a variety of food choices. We anticipated a group size of 30 to 40 so space was an issue as well. Lastly, the site had to be willing to accept individual checks. That's a deal



breaker for many restaurants. However, BJ's proved to be the perfect place for us to wine, dine and discuss the pressing topics of baccalaureate and graduate respiratory therapy education. BJ's is known for craft beers and Chicago-style pizza. I don't believe anyone order the pizza, but the brew was cold and

refreshing given the 100+ temperature Texas has been experiencing this summer. As our party began to expand to eventually 55 participants, BJ's didn't blink. They accommodated us like family and honored our separate checks request. The program committee was incredibly pleased with the turnout and the hospitality of BJ's.

During the AARC Summer Forum, the program committee had two charges, arrange the continuing education seminar and the round table dinner & discussion. The program committee developed a three CRCE seminar on the Monday before the start of summer forum. The seminar

was well received, and the speakers and panelist were great. The program committee decided to carry the topics from the seminar over to the round table dinner. Given the make-up of the group – faculty, therapists, physicians, administrators, managers – the dinner offers a unique



environment for the respiratory therapy professional community to gather, learn from each other, solve problems, and unwind. Specifically, participants were asked to discuss: 1) using social media to market our programs, 2) strategies for growing and mentoring new faculty, 3) strategies to increase student numbers. Lastly, the attendees were asked to provide possible

topics for the next CoBGRTE seminar at Summer Forum 2019. We asked the attendees to record their comments on placards, so the program committee could gather and summarize the discussion. After reviewing the placards, the discussion was robust, and the hot wing appetizer was messy. Luckily sharpies can write over anything.

These gatherings bring about opportunities to network, recruit new members and discuss topics critical to the advancement of the CoBGRTE mission. Visiting with our academic, clinical and managerial community

across the country is an enjoyable and refreshing way to grow our professional expertise. We learn from each other and solve problems together and advance the profession.

Although there are innumerable topics that could be discussed at these gatherings the program committee is pleased with the entries on the placards. It was clear, that Facebook, Twitter, LinkedIn, and university



websites are popular social media outlets. However, some of us are not doing enough or anything at all with social media. I appreciate the candor in those attendees that wrote “*we aren’t doing*

anything or enough.” We recognize the power of social media to reach the current and future generation of students but some of us feel overwhelmed in how to initiate it. The reality is we have full time jobs so how can we take on another responsibility. And how can we become savvy enough to post content that will catch the fleeting glances of this and the next generations. Although daunting, the starting point was provided by Randy Case, MA, RRT, RRT-NPS from Midwestern State University at the CoBGRTE seminar on Monday. I took copious notes on his suggestions and we have already begun posting on some social media sites he shared. Based on the placard comments, many of us would benefit from another presentation by Randy.

Growing and mentoring faculty is another essential topic for our profession. As we expand educational offerings into four-year, research-minded institutions, we see the need to develop faculty that can be successful in the core of academe – teaching, scholarship and service. Lynda Goodfellow, EdD, RRT, FAARC provided her invaluable experiences in this area at the seminar. The presentation was on-point and enlightening. The dinner discussion reflected wonderful ideas for growing new academicians. Suggestions such as protected workloads, matching mentor with mentee, educator boot camps, faculty exchange program, and CoBGRTE fellowships. The ideas filled two placards and reflect the thoughtful insight from a group of professionals. Based on my experiences at Texas State, research is king and *publish or perish* is still apropos. Being a good teacher is expected not necessarily rewarded. As the saying goes, *you won't get tenure if you are a bad teacher. You also won't get tenure if you are a great teacher with no scholarship.* Service is still required but the tenured, full professors will carry the major burden of service. So, mentoring new faculty needs to focus on growing great teachers and sound researchers. Not an easy task but the round table dinner discussion provided good information to assist the effort.

We had superb discussion on strategies to increase student numbers. It started with a panel discussion at the seminar by Drs. Gregg Marshall, Paul Eberle and Tim Op't Holt. All three are full professors and chairs for their programs. The expertise and institutional memory of our three panelists was intact. The program committee essentially recruited the “Dream Team” to take on a complex and critical problem threatening our profession, low student numbers. This problem can be viewed from two perspectives. First, we need more BSRC graduates to enter the workforce. Therefore, we need our current BSRC programs to produce more graduates. One strategy shared was exercising the 10% option the CoARC allows to increase the number of admitted students. This would increase enrollment into BSRC programs, generating more student credit hours for the program/university, and increase graduates into the workforce. Second, we need to assist struggling programs to increase the number of students entering their program. Some of audience shared their struggles with finding enough applicants to fill the available seats. The panelists were familiar with the scenario and enlisted the help of university advisors to help “sell” the benefits of Respiratory Therapy. The dinner discussion produced additional ideas such as health

fairs, student clubs, using social media to increase awareness of the profession, scholarships, and visiting community colleges. This placard had many good ideas.

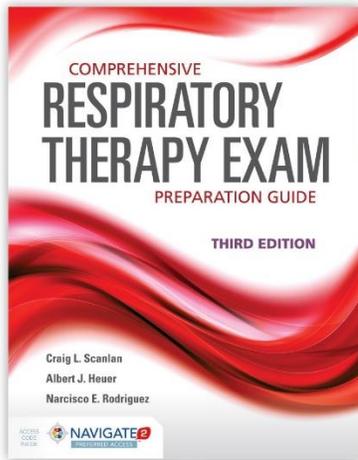
Overall, the seminar and dinner were a success. The dinner produced enthusiastic discussion and the seminar provided insight and met educational objectives. While the topics provide structure, it is the participation of the attendees that shape the output. The program committee works hard each year to produce events that the membership can enjoy. But we would not be successful without the strong support from the CoBGRTE Board of Directors.

As I look back at past program committee reports, it is obvious that new topics are discussed but some topics persist as “wicked” challenges to our profession. I guess this means we will always have something to discuss. Please join us at the next CoBGRTE Round Table Dinner & Discussion in Las Vegas at the AARC 2018 International Congress.



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

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Craig L. Scanlan, EdD, RRT, FAARC
Al Heuer, PhD, MBA, RRT, RPFT
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If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

Reasons Why You Should Become a CoBGRTE Member

1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 63 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Mentoring program for new graduates as well as new faculty members.
8. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
9. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
10. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
11. Access to over 45 Spotlight articles on BSRT and RT graduate programs, and major medical centers.
12. Round table discussion dinners and Meet & Greet member receptions held in conjunction with the AARC Summer Forum and the International Congress.
13. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with CoARC and AARC to improve respiratory therapy education.

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

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