

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

Providence Regional Medical Center



By Carl Hinkson, MSc, RRT, RRT-ACCS, RRT-NPS, FAARC

Director, Pulmonary Service Line
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Everett, Washington

Overview

Twenty miles north of Seattle, Washington lies the city of Everett. Originally founded as a logging town, it has grown into the largest city in the northern portion of the Puget Sound. Providence Regional Medical Center Everett (PRMCE) was founded by the Sisters of

Providence in 1905. PRMCE is a part of the Providence-St. Joseph Healthcare system, a 51-hospital organization throughout seven states: Washington, Oregon, California, Montana, New Mexico, and Texas. The Sisters of Providence purchased Everett's Monte Cristo Hotel and converted it to a hospital. After several years the Sisters had a new hospital built and in 1994 Providence merged with the other hospital in Everett known as Everett General Hospital. The combined facilities were soon renamed Providence Regional Medical Center Everett. These changes made PRMCE the largest hospital north of Seattle and reflects the prominent role PRMCE has in the community. Currently, PRMCE is licensed for 591 beds spread over two campuses. PRMCE is a Level II trauma center, Level III NICU, and cares for a wide variety of medical and surgical patients.

The respiratory care department is a mix of recent graduates as well as senior respiratory therapists (RTs) who worked at either the original Providence or Everett General hospitals. The department structure includes a director: Carl Hinkson, MSc, RRT-ACCS, NPS, FAARC, manager: Dawn Coleman, BS, RRT, supervisor (open position), educator: Scott MacConnell, RRT, RRT-NPS, leads, and bedside staff. Like many departments at PRMCE, the respiratory care department strives to fulfill the mission of the Sisters of Providence with the motto: *know me, care for me, ease my way.*

Department Activities

PRMCE offers respiratory therapists opportunities to develop a wide variety of skills to practice at the top of their license. There is an active clinical ladder program, called the RCP II program. Staff who obtain specialty credentials, participate in department or hospital activities, and generally go beyond the daily work to be eligible. Opportunities to participate in advancing practice include participating in the Code Blue Committee, Rapid Response committee, NICU leadership, and critical care committee. In addition to traditional floor modalities the RT's assist interventional pulmonologists and thoracic surgeons in specialty bronchoscopies such as endobronchial ultrasound (EBUS) and navigational bronchoscopy. PRMCE RTs are members of the NICU transport team who have received special training travel to the local communities' hospitals and transport neonates to our Level III NICU. The transport team provides community outreach; Michelle Stratton, BS, RRT, NICU transport team member has provided community education to local and rural hospital on resuscitation of infants. When given enough advance notice, the NICU transport team will attend high risk deliveries at local community hospitals to assist with the delivery.

The PRMCE RT department also maintains its own College of Pathology (CAP) license. The proficiency program is overseen by Janice Haas, MHA, RRT, RRT-NPS. The RT department offers the only arterial blood gas services for PRMCE, but also service to provide some limited backup support to the main laboratory.

The department is served by a robust Unit Based Council (UBC) co-chaired by Angela Loth, RRT and Laura Ozment, RRT. The council is an integral part for staff to bring their own ideas

forward. Eighty percent of the care is delivered via therapist driven protocols and the UBC assists with staff input into the development and refinement of protocols and policies used to deliver bedside care.

PRMCE is proud to be the first respiratory care department in Washington state to be able to offer the [PHIL award from the Face Foundation](#). The PHIL award recipients are nominated by patients, family, nursing, or physicians. Two RT's here have received the prestigious award: Brett (Pete) Petterborg, RRT and Darryl Keffer, RRT. Each were selected for their compassion and patient focused care.



Brett (Pete) Petterborg, RRT Award Ceremony

The PRMCE RT department was faced with the challenge of being one of the first facilities to care for COVID-19 patients. The first patient diagnosed in the United States was admitted to PRMCE in January 2020. Initially, PRMCE was thought to just be an assessment center and not a

treatment center. That changed quickly when it was realized that the surge of COVID-19 patients would need to be cared for locally. Our census quickly increased with COVID-19 positive and



Darryl Keffer, RRT Award Ceremony

COVID-19 rule out patients. Our ICU census swelled with patients on mechanical ventilation and our acute care

floors also rapidly filled. Initially, testing was a challenge, greatly increasing our census and complicating our PPE usage. The RT staff rose to the challenge, learning quickly how to care for patients with a novel disease, adapting to frequent changes to PPE practice and policy, and providing high quality care and compassionate care for these patients. In late March, Carl Hinkson and Darryl Keffer presented a webcast to the AARC's adult acute care section helping to prepare respiratory care departments who had not yet seen the surge. That video was made available to the AARC's general membership.

Professional Service

Many of the respiratory therapists are active within professional organizations and volunteer their time. Many of the staff have served on the Board of Directors for the Respiratory Care Society of Washington (RCSW). Ty Sauve, RRT served as Cascade chapter president. Scott Mahoney, BA, RRT has served in multiple positions including Cascade Chapter president, director-at large and president of the RCSW in 2011. Cindy Nelson, RRT has served as a director-at-large. Janice Haas, MHA RRT-NPS served multiple terms as Cascade Chapter president where she was praised for her efforts to increase the educational opportunities for respiratory therapists in Snohomish County.

In addition to professional service, the PRMCE RT department is active with community service. During the Christmas season, Ty Sauve leads a “adopt a family” effort, purchasing items for a family’s wish list. In years past not only has the department been able to purchase all the toys and clothes asked for, there has been funds left over to help the family in other ways. Also during the holiday season, the department creates and donates a Christmas tree for the Providence’s Children’s Foundation, Festival of Trees which benefits children with Special needs.

The PRMCE RT department has seen tremendous growth over the years. It has transformed from two small community-based departments to a larger tertiary center able to meet the challenges of a global pandemic. The future looks bright for the RTs in Everett Washington.

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Interview

Dean R. Hess, PhD, RRT, FAARC, FCCM
Massachusetts General Hospital & Northeastern University
Boston, Massachusetts

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



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

I graduated from college in 1972 with a degree in chemistry and no idea what to do with it. At the time I was living in Harrisburg, PA and one of my roommates was working in the Inhalation Therapy Department at Harrisburg Hospital. He recommended that I apply for a job as an inhalation therapist. I had no idea what an inhalation therapist did, but I needed a job. I walked to the hospital, found their personnel department (now human relations), and filled out an application. They called the director (his office and department were located in the basement) and he gave me the grand tour. I remember him talking about pH, blood gases and oxygen flows, and I was most fascinated. Although I had taken enough chemistry courses for a major, as well as physiology and biochemistry, I'd never realized that these topics had some practical value. To make a long story short, he hired me on the spot, and I started the next day. One day I woke up having no idea what an inhalation therapist was and the next day I was one! And the rest is history.

- **Who were your mentors?**
- What/how did they contribute to your career?

There are many persons who supported my career, but none more than Bob Kacmarek. In 1992, Bob convinced me to move my family 500 miles and join the management team at the Massachusetts General Hospital. To this day, I value Bob as a mentor and friend. I have been privileged to work in arguably the best respiratory care department in the world. That was made possible through Bob's efforts. Beyond that, he has provided the support and encouragement that allowed me to develop my career to the fullest potential. The decision to take the job at the Massachusetts General Hospital was the most consequential of my career.

Regarding my career as an editor of RESPIRATORY CARE, that began with Phil Kittredge. Back in the 1980s, no one encouraged me more than Phil. This was before email and the widespread availability of computers. We prepared our manuscripts using the typewriter, made the requisite number of copies, stuffed it into an oversized envelope, added the correct number of stamps, and delivered it by the US Post Office. There were times that Phil and I spoke on the phone nearly every day; sometimes more than once a day. He taught me so much about good

writing. Although he has been gone for more than two decades, I still think of him often. There were many others who also influenced me during my journey with the Journal: Ray Masferrer, Sam Giordano, Pat Brougher, Dave Pierson, and Rich Branson – to name just a few.

I also want to recognize those who contributed to my early professional career. Mike Murray was the department director who offered me my first job in Harrisburg, PA. In 1975, Jim Smoker and William Rexrode MD offered me the position of chief instructor (aka, program director) of a fledgling hospital-based respiratory technician program in York, PA. My first clinical coordinator (aka, director of clinical education) was Garry Kauffman, who later served as AARC President and has been a friend and colleague for nearly my entire career. I am pleased to say that the program in York, PA, evolved to offer a baccalaureate degree when I stepped down as program director 15 years later and continues as an RT program to this day.

Finally, I want to mention Tom Barnes. As I was winding down my clinical career, Tom called and offered me a part-time faculty position in the MS Program at Northeastern University. This was my first time back in the classroom in 25 years, albeit a virtual classroom. This has provided an opportunity for me to interact with young sharp minds in the twilight of my career. My assigned courses were new to the curriculum, which required me to dust off the cobwebs and use skills I had not used in decades.

- **How did furthering your education contribute to your career path?
-What got you on your path as an educator?**

My career was unique, in that I had an undergraduate degree before I entered the profession. This immediately opened doors, as RTs with a baccalaureate degree were few back then. (Later I learned that in the 1970s many other inhalation therapists entered the profession that same way.) Continuing my education kept those doors open.

But degrees and formal education are not sufficient on their own. Most of what I learned was not in the classroom. Thus, I encourage everyone to develop a plan to stay current in the field. For me, that meant spending time every week – often every day – reading the literature, determining what is relevant, and applying that to my practice. For new knowledge, like the ARDS Network study published in 2000, I tried to incorporate that into my clinical practice and find ways to encourage others to do the same. For other practices lacking high level evidence, and there are many in respiratory care, I've tried not to be quite as dogmatic (some who know me well might disagree with this statement).

For much of my career, my students were often physicians in either their residency or fellowship. They were both my students and my teachers. Their tough questions challenged me to learn more. Moreover, this taught me to be concise in my teaching. Physicians in training are busy and, except for the ones really interested in respiratory physiology, don't have time to hear all of the details. For many years, I did 7 AM lectures on mechanical ventilation in the medical ICU at the Massachusetts General Hospital. I would constantly remind myself that my audience

only needed to hear what would help them get through patient rounds after my lecture. My audience was residents, half of whom were just getting off night shift. I judged the quality of my lectures by my ability to keep everyone awake. These were always interactive chalk talks (started out as chalk talks and then became whiteboard talks); no PowerPoint and lights on full.

- **What are some key lessons you have learned as: clinician, educator, writer and leader in the profession?**

Hard work: At least for me, success always meant hard work. I tried to be the first one to work and the last one to leave, but Bob Kacmarek often arrived before me. My textbooks, both in the 4th edition, were written mostly on evenings and weekends. When lecturing around the country, I would often work the day at the MGH, head to Logan Airport in late afternoon, fly across the country arriving late, lecture the next morning, and then fly home, arriving late and back in the office at 6:30 am the next day.

Take risks: I took a big risk in 1992 when I moved my young family 500 miles to Boston. But it turned out to be the best decision of my professional life. Teaching at the bedside can also present with some risk. For many years, I would do teaching rounds in the medical ICU one afternoon every week. The residents would commonly select a tough case. Together we would work through the physiology and treatment options. Then we would actively measure respiratory mechanics and gas exchange, often including esophageal manometry and volumetric capnography. I would write on the glass doors of the patient's room with an erasable marker (when I showed up, one of the residents would hand me a marker in anticipation), drawing diagrams and making bullet lists. Sometimes family members would be present so the human aspects of the patient's care could be considered. These impromptu interactions were extremely risky. I usually did not know the patient or discussion topic until I arrived. But this taught me a lot about thinking on my feet. It's good to practice at the edges of your comfort zones.

Build relationships: It's impossible to be a one-person team. Advancing professionally requires finding like-minded people to work with you. I use my textbook, *Respiratory Care Principles and Practice*, as an example. This project would have never happened without the teamwork of co-authors Neil MacIntyre, Bill Galvin, and Shelley Mishoe. And in addition to my co-authors, chapter contributors made the book extraordinary. Given the breadth and depth of respiratory care today, only a fool would try to write a textbook alone.

Accept criticism: It's a tough pill to swallow, but so important to accept criticism. It's too easy to blame the person who criticizes you, when our response should be, "I'll never make that mistake again" or "I'll do better the next time." In academics and publishing, peer review is the rule. If you want to excel in those areas, learn to accept criticism and use it to improve.

- **What would you recommend to graduate therapists just beginning their career?**

Be a clinical leader: There is a difference between the boss and a leader. All of us can be clinical leaders; few of us are the boss. Make a difference in every clinical interaction. Advocate for your patients. Bring the best available evidence to the care of every patient.

Never stop learning: Try to learn something new every day. Read RESPIRATORY CARE and other journals. Pay attention to the peer-reviewed literature. There should come a time not too long into your career when what you have learned after graduation is greater than what you learned before graduation.

Use the best evidence: Evidence-based practice is the standard. There's no acceptable alternative. Don't be one of those persons who goes through their careers doing the same things over and over with increasing confidence.

Be a team player: Healthcare delivery is a team activity. If you do not agree with the care plan, use the best available evidence to advocate your position and get it changed. Don't take pot shots at other members of the team. Be respectful of other members of the team and they will respect you. "Play fair. Don't hit people. Say you're sorry when you hurt somebody." (Robert Fulghum)

Remember your family: Work hard, but schedule time for your family. Be available for your parents, spouse, and children. "I've always thought anyone can make money. Making a life worth living, that's the real test." (Robert Fulghum)

Take time for yourself: Also take time for yourself. Find something that you enjoy doing outside work. Find the best balance between profession, family, and self.

Support your professional organization: Finally, support the AARC. We're all in this together. "And it is still true, no matter how old you are, when you go out into the world it is best to hold hands and stick together." (Robert Fulghum)

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

[BSRT and MSRT Entry Programs](#)

[Graduate Respiratory Therapist Programs](#)

www.CoBGRTE.org

CoBGRTE 2020 Board of Director Election

Two Board of Director positions are open. CoBGRTE members will be sent a link to the election ballot. Voting will be open September 1 – September 30, 2020. Each nominee was asked to answer the following questions (see below for answers).

- How can CoBGRTE assist in further development of the profession of respiratory care?
- How can CoBGRTE support 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 member?

2020 CoBGRTE Elections Committee

Gregg Marshall, PhD, RRT, RPSGT, RST, Chair, Texas State University

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

Thomas Barnes, EdD, RRT, FAARC, Northeastern University

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

Jonathan Waugh, PhD, RRT, FAARC, Liberty University

Board of Directors Candidates (for a five-calendar year term 2021-2026):



Abdullah Alismail, PhD(c), M.S, RRT, RRT-NPS, RRT-SDS, FCCP is the Program Director for the Master of Science in Respiratory Care Program, Certificate in Polysomnography, and the Director of Clinical Education in the Respiratory Care Program at Loma Linda University. He earned his Bachelor of Science in Respiratory Care and Master of Science in Health Professions Education from Loma Linda University. He also earned a second Master of Art, education, degree from Claremont Graduate University and is currently a PhD candidate in Education at Claremont Graduate University as well. As an educator and researcher, his passion and interest are in health professions education, promoting the field of respiratory care, clinical studies, and innovation to improve healthcare. Mr. Alismail is a frequent reviewer for several scholarly journals such as: *PLoS One*, *Annals of Internal Medicine*, *CHEST*, *IEEE*, and *Respiratory Care*. He has published various research papers in the field of respiratory care, medical education, innovation, and pulmonary medicine. He also serves as a member in various committees across medical professional societies, in addition to CoBGRTE, such as: Clinical Practice Committee (California Thoracic Society), Section on Medical Education Pods (American Thoracic Society), and CHEST Educator Development Subcommittee. Based on his contributions to the field of respiratory care, pulmonary, and chest medicine, he has been

recognized as a Fellow of the American College of Chest Physicians (FCCP). He was also a member of the Sputum Bowl Champion team from California, AARC-2011. Mr. Alismail enjoys traveling, an active lifestyle and reading about history of civilizations, cultures, and comparative religions.

(Response to Questions)

1. How can CoBGRTE assist in further development of the profession of respiratory care?

I believe CoBGRTE can further the development of the profession by leading the discussion and expansion of the RRT, and APRT, roles in areas such as telemedicine, advanced procedures, innovation, educational evaluation and assessment such as Entrustable Professional Activities. In addition, offering mentorship and faculty development opportunities for new faculty in CoBGRTE member programs.

2. How can CoBGRTE support expansion of baccalaureate and graduate respiratory care education?

Expanding the role and access of CoBGRTE newsletter by making it available to all public, including AS programs. This should assist in promoting networking and collaboration opportunities between programs (AS, BS, and graduate) such as encouraging Program development support to interested programs. Moreover, offering a roadmap service and mentorship opportunities to programs and faculty who are interested in considering moving up to a BS or graduate degree. This will support in the expansion of programs by giving its faculty the needed support, mentorship, and roadmap.

3. How can CoBGRTE better represent its membership?

More networking opportunities between members. This can be achieved by providing a CE virtual webinar opportunity of new published articles in various areas of respiratory care, with an emphasis on education articles or topics with educational emphases (program development, successful AS to BS stories, simulation, assessment and evaluation, outcomes, etc). This virtual webinar can be done on a monthly or quarterly basis to not just members, but to the respiratory care community. In addition, offering platforms (webinars) for bachelors and graduate students to showcase their projects (i.e. open forum for research presentation), especially from CoBGRTE member programs.

4. What additional programs, services, or activities should CoBGRTE seek to provide for its members?

In addition to creating virtual webinars, considering the use of podcasts to discuss relevant topics in the profession and CoBGRTE mission and goals. The use of podcast is growing significantly, especially in healthcare and education. This will also provide an opportunity for CoBGRTE members to discuss and listen to various critical topics in the profession. By doing so, these services (CE virtual webinars, podcasts, etc), will aid in having a measurable outcome for CoBGRTE membership, mission, and goals.



Will Beachey, PhD, RRT, FAARC has been a respiratory care educator since 1974. Soon after entering the profession he discovered his passion for learning about the human body and the physiological basis for medical interventions. Dr. Beachey also discovered his ability to explain complicated concepts in a way that others could grasp and comprehend. This naturally led him to become an educator. For more than 40 years he has enjoyed teaching and mentoring students, and watching them become competent, caring health care professionals. Most recently, he was professor and chair of the Respiratory Therapy Department at the University of Mary, Bismarck, ND from 1990-2015. Upon assuming this position in 1990, he developed and implemented an entry level BS degree curriculum. In 2011 he developed and received University approval for an entry level Master of Science in Respiratory Care for individuals with BS degrees in other disciplines.

Dr. Beachey earned his respiratory care and undergraduate degree at Indiana University, his graduate degree at the University of Illinois, and his doctoral degree from the University of North Dakota. He is currently professor emeritus at the University of Mary. He has been a CoBGRTE member since its inception and has served two terms as delegate in the AARC House of Delegates. He served as a member of CoARC from 2002-2009. Dr. Beachey has been a long-time proponent of the baccalaureate degree as the minimum educational level for entry into the profession, now a long overdue AARC priority.

(Response to Questions)

1. How can CoBGRTE assist in further development of the profession of respiratory care?

- Provide guidance and expertise in the development of baccalaureate entry-level curricula for current associate degree programs.
- Develop model curricula for establishing new baccalaureate and master's programs.
- Continue to collaborate with the AARC to facilitate the timely achievement of its goal that all educational programs must award the baccalaureate degree upon graduation.

2. How can CoBGRTE support expansion of baccalaureate and graduate respiratory care education?

- Develop model curricula for programs to use
- Serve as consultants to programs seeking to develop baccalaureate and graduate curricula

3. How can CoBGRTE better represent its membership?

- Continue to host annual programs for the membership during AARC conferences

4. What additional programs, services, or activities should CoBGRTE seek to provide for its members?

- CoBGRTE already provides its membership with helpful, relevant services and activities. Membership surveys could elicit further needs of the CoBGRTE community.



Erica Judie, DHSc, RRT, RRT-ACCS has been an assistant professor at Midwestern State University since 2013. She began working in healthcare 20 years ago. Her healthcare career began as a certified nurse aide throughout high school and college. Upon graduation from college she began her practice as a staff respiratory therapist. She then advanced to a team leader. Her specialty in respiratory care is in adult critical care. She completed her BSRC degree from Midwestern State University, her MA in Healthcare

Administration from Wayland Baptist University, and her Doctorate in Health Sciences in Leadership and Organizational Behavior from A.T. Still University. Her research interests include the advancement of respiratory therapy through the use of simulation.

(Response to Questions)

1) How can CoBGRTE assist in further development of the profession of respiratory care?

CoBGRTE's mission is to advance respiratory care education. CoBGRTE can assist in the development of our profession by expanding our scope of practice. In conjunction with the NBRC and AARC, regulation of such practices can be established and ensure that every therapist is providing safe and competent patient care. Our scope of practice is often blurred with other healthcare professionals. Establishing a board to enforce our scope of practice within the healthcare community would help strengthen our profession.

2) How can CoBGRTE support expansion of baccalaureate and graduate respiratory care education?

A strategic goal of CoBGRTE is to increase the number of graduates from baccalaureate and graduate respiratory care educational programs. I would like to see CoBGRTE, in unity with the AARC, promote the profession at a variety of different levels. Unfortunately the general public does not realize that Respiratory Therapy is a profession. We currently have a unique opportunity, with COVID-19, to market our profession and increase awareness of what we do and who we are. As we become better known, applicants into educational programs will increase thus resulting in an increase of the number of graduates.

3) How can CoBGRTE better represent its membership?

Promotion. The first step in doing so is to promote the organization. CoBGRTE needs to be seen more and let the profession know who we are. This begins with promotion and presence at the national and state levels. Members want to see that there is someone representing and supporting

them. There should also be resources available to members for advancement within the profession.

4) What additional programs, services, or activities should CoBGRTE see to provide for its members?

It is often overwhelming going into academia from the bedside and most new faculty struggle with the transition. Providing services for new faculty to reference would alleviate the obstacles often encountered in academia. Guidance in developing and improving educational standards would help relieve some of the stressors encountered during the transition. It would also be great to see guidelines created in advancing programs to offer additional certifications for their students.



Dr. Tammy Kurszewski, D.H.Sc, RRT, RRT-ACCS, Assistant Professor, Clinical Chair for the Department of Respiratory Care, Midwestern State University, is a registered respiratory therapist who has been teaching in the field for 20 years. Dr. Kurszewski has 27 years at the bedside with experience in acute care, long term care, LTAC, homecare as well as the rehab setting. Her research interests include COPD and adverse childhood experiences, global health as well as innovative educational strategies in both the classroom and clinical setting. She earned her Bachelor of Applied Arts and Sciences as well as her Master of Education from Midwestern State University in Wichita Falls, Texas. Dr. Kurszewski completed her Doctor of Health Sciences - Global Health Studies program at Nova Southeastern University in Ft. Lauderdale, Florida in December 2017. Dr. Kurszewski is currently serving her 3rd term as Secretary for the Texas Society for Respiratory Care and is active with the Commission on Accreditation for Respiratory Care as a site visitor.

(Response to Questions)

1) How can CoBGRTE assist in further development of the profession of respiratory care?

The world as we know it has been changed forever as a result of COVID-19. Respiratory therapists have long been essential in life and breath; however, society has now been introduced to the critical role that RTs play in saving lives. I believe now is the time for all professional organizations associated with respiratory therapy (including CoBGRTE) to bond together to further promote the field of respiratory care. Resources should be pooled and leaders within our profession should be pushing to continue to highlight our role in the pandemic. The use of interviews, video clips, and social media presence are all potential avenues to further the development of our profession in the short-term as a result of these extraordinary times.

2) How can CoBGRTE support expansion of baccalaureate and graduate respiratory care education?

In order for CoBGRTE to support the expansion of baccalaureate as well as graduate education in respiratory care, we must first reach out to our existing associate and baccalaureate level programs and determine their needs. Do we have respiratory care education programs wishing to advance to the next level? What obstacles are they facing? What resources could they use? Is there a need for grant funding and/or development funds? Simply put, how can we help?

3) How can CoBGRTE better represent its membership?

I have a dream that one day the public will easily recognize respiratory therapists. That I no longer will have to explain what I do to the young lady checking me out at the grocery or walking my groceries to my car. That the world knew who we were and what we did. Respiratory therapists make an impact in their patient's lives every day. Why are we always in the shadows?

How can CoBGRTE better represent its membership? My suggestion is a fundraising initiative to hire a marketing consultant. As a leader in RT, I would love to see a nationwide marketing campaign from our professional organizations (possibly with corporate sponsors). I would start with a huge thank you commercial to all of our frontline therapists broadcasted on every major network (NBC, CBS, ABC and FOX).

This would do a world of good for our membership. It could spark interest, increase enrollment and simply improve the overall morale of the profession. Happy therapists will market and grow our profession!

4) What additional programs, services, or activities should CoBGRTE seek to provide for its members?

Education, education, education! I believe CoBGRTE has the opportunity to set the standard for respiratory care education for our respiratory care educators. Our organization is blessed to have many of the very best educators in our profession. I believe our focus should be to bring innovative and cutting-edge classroom, lab and simulation strategies to those who are molding our future therapists through possibly newsletters, workshops, continuing education and even virtual learning. CoBGRTE has the opportunity to fill that specific niche and be the expert for the experts. Thus, ultimately elevating respiratory care education across the nation!



Daneen Nastars, DHSc, RRT, RRT-NPS completed her Bachelor of Science in Respiratory Care from Texas State University, a Master of Science in Clinical Practice Management from Texas Tech University and recently completed her Doctor of Health Science with an emphasis in Health Professions Education, from Nova Southeastern University. Before teaching at UTMB, Daneen primarily worked as a respiratory therapist for 10 years and as a Donation Clinical Specialist for an Organ Procurement

Organization. Dr. Nastars began teaching at the University of Texas Medical Branch in 2009, promoted to Assistant professor in 2013, and has served as the Director of Education since 2016. Her research interests are interprofessional education and simulation. She has had accepted abstracts with topics covering critical thinking, Interprofessional education simulation, and race/ethnicity and 30-day COPD readmission rates, which turned into a published manuscript in the science journal RESPIRATORY CARE. Dr. Nastars is also the chair of the membership committee for CoBGRTE.

(Response to Questions)

1) How can CoBGRTE assist in further development of the profession of respiratory care?

I envision CoBGRTE helping to develop respiratory care by continuing to work alongside the state societies and the AARC to move the profession forward. CoBGRTE is helping associate degree programs develop ways to award baccalaureate degrees, if possible, but has not stopped there. Our institutional members are helping associate degree, and baccalaureate degree RC practitioners advance to MSRC. Leading by example and the continued movement forward is where CoBGRTE will help develop the profession.

2) How can CoBGRTE support expansion of baccalaureate and graduate respiratory care education?

CoBGRTE can support the expansion of baccalaureate and graduate respiratory care through its members and institutional members. CoBGRTE has a great resource in its membership and institutional members. They can draw upon experiences of advancement to graduate degrees and help those looking to enroll in a graduate program or develop a graduate program.

3) How can CoBGRTE better represent its membership?

CoBGRTE can continue to maintain a strong voice for the advancement of the profession with the AARC, NBRC, and CoARC. It can inform and update its members of the state of the profession, obstacles, and victories in the advancement of respiratory care. We can keep members engaged and excited about where we are going. Provide a strong presence at national meetings, increasing awareness and membership. Additionally, another way CoBGRTE can represent members is by sponsoring lectures provided by CoBGRTE members at state society and national conferences. This will help increase awareness and represents who we are as a group.

4) What additional programs, services, or activities should CoBGRTE seek to provide for its members?

The AARC offers a lot of resources to practitioners. The areas of research, advanced practice, simulation, and education are all areas of need. I believe CoBGRTE can help fill in the gaps and provide programs for beginning researchers, educators, and simulationists. CoBGRTE can provide resources or education on advancements in cardiopulmonary medicine to appeal to the area of advanced practice.

Referral Bonus Plan

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

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

Professional Positions Posted

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

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



2020 Scholarship Information

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) was formed to help students, faculty, and the public learn about baccalaureate and graduate respiratory therapy education in the United States of America. To that end, the CoBGRTE Board of Directors voted to make scholarship money available to help support school expenses or travel to the AARC Open Forum to present research abstracts for students enrolled in BSRT or MSRT programs.

Given the COVID-19 Pandemic, the Board of Directors voted to increase the amount of merit scholarship support. We have increased the dollar amount for these scholarships to \$1000 and we will continue to offer 8 of these annually. In addition, we increase to \$2000 the research scholarship and refer to it as the Dr. Craig Smallwood Memorial Research Scholarship. Dr. Smallwood was an avid supporter of CoBGRTE, the AARC, the respiratory profession and research. His untimely passing has left a tremendous void for his friends, family, and the profession. Although increasing the scholarship support for research cannot fill the void created by his passing, our hope is that the support provided in his name will motivate bright and inquisitive minds in our profession to continue the work that he found to be so important. It is that motivation that drove us to rename the research scholarship in his honor and increase the scholarship award to \$2000. This year will mark the inauguration of the Dr Craig Smallwood Research Scholarship. We hope that the recipient of this award will continue Dr. Smallwood's inquisitive nature and continue to propel the profession forward.

The current pandemic has begun to make the public aware of the profession of respiratory care and we hope that these scholarship awards will support bright, innovative, and dedicated individuals as they embark on their professional journey. The application period for these scholarships opens on June 1, 2020 and closes on October 16, 2020.

Scholarships Available: Two types of scholarships are available.

Merit Scholarships: Scholarship awards will be based on Academic Achievement, Service, Research Activities, and Awards and Honors. The committee expects to award eight \$1000 merit scholarships to BSRT and MSRT students in 2020.

Research Scholarship: In addition to the above merit scholarship criteria, the research scholarship will also be based on the quality of an approved research proposal and budget designed to study any aspect of respiratory care. The committee expects to award one \$2000 research scholarship to a BSRT or MSRT student in 2020.

Eligibility criteria: The successful candidate will be a BSRT or MSRT student enrolled and in good academic standing at a regionally accredited university. Applicants must also be members of CoBGRTE. Scholarship awards are open to graduate students and full-time undergraduate students having completed one year of respiratory therapy major coursework.

Submission guidelines: Application materials are due to the Chair of the Scholarship committee by October 16, 2020. Only complete applications will be considered.

Applicants for merit scholarships are required to submit the following:

1. Official transcript verifying GPA and current enrollment in a RT program
2. Current professional resume
3. One-page typed essay that addresses the question of how CoBGRTE can accomplish its goal to increase the number of graduates from baccalaureate and graduate respiratory care educational programs.

Applicants for research scholarships are required to submit the following:

1. Research proposal and budget
2. The research scholarship proposal should include an introduction with literature review, methods and literature citations.
3. A letter from faculty adviser supporting the feasibility of the research proposal.
4. Current professional resume

Notification of awards is expected to be made by November 20, 2020.

2020 Scholarship Committee:

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Members:

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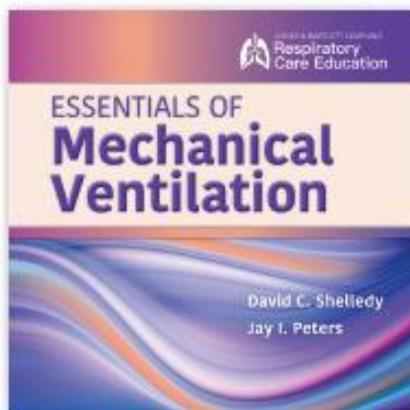
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Mike Canfield, MAEd, RRT



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In continued response to the COVID-19 pandemic and the on-going need for mechanical ventilators we will be providing **Essentials of Mechanical Ventilation**, a free on-line educational resource for clinicians that outlines the initiation and adjustment of ventilator support, as well as important information regarding the more common ventilators you may encounter in hospitals today.

This on-line resource provides clinicians with essential information on when to start a patient on a ventilator and how to initiate and adjust ventilation. **Essentials of Mechanical Ventilation** also includes a **Comprehensive Mechanical Ventilation Synopsis Deck**, comprised of **1000 slides** in PowerPoint™ format, which provides an overview of various ventilator types arranged by Critical Care Ventilators; High Frequency Ventilators; Portable, Transport, and Non-invasive Ventilators; and Neonatal Ventilators.

Source Code: CoBORT6emv



Learn More and Get Access

<https://info.jblearning.com/jbl-covid-19-home-1>

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Spokane Community College
California Society for Respiratory Care



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

Reasons Why You Should Become a CoBGRTE Member

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

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

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