

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

December 28, 2020 Volume 9 (12)

Spotlight Article

Dixie State University



Bachelor of Science in Respiratory Therapy Program
College of Health Sciences, St. George, Utah
By Jessica Robinson, EdD, MBA, RRT, RRT- NPS, Program Director

Mission

The mission of the Dixie State University Respiratory Therapy Program is to provide comprehensive and integrated education of the highest quality in order to meet the needs of our students, potential employers, and the communities we serve.

Goals

- **Critical Thinking:** To foster critical thinking in the classroom and the clinical setting.
- **Teamwork:** To begin teamwork in the classroom that will carry over to the clinical sites and future employment.
- **Personal Responsibility:** All students will take responsibility for all assignments, paperwork, and actions performed in the classroom and at the clinical sites. There

- is an expectation that all students will have a good attitude when representing Dixie State University.
- **Maintain a Dynamic Learning Environment:** Faculty will stay abreast of current respiratory practice, procedures, and research to assure that students will be able to pass national exams and be clinically competent.

Program Description

The Bachelor of Science in Respiratory Therapy program consists of comprehensive classroom and clinical curricula that prepare students for the credentialing exam offered by the National Board of Respiratory Care (NBRC). Successful completion of the curriculum and the NBRC examinations credentials students as a registered respiratory therapist (RRT) and



enables them to apply for licensure in their state of residence. Employment opportunities with health care providers range from home health and hospice to neonatal, pediatric, and adult intensive care units in Dixie State University's (DSU) service area and across the country.

Program Learning Outcomes

At the successful conclusion of this program, students will be able to:

- Provide comprehensive patient assessment and care using therapist-driven protocols and evidence-based medicine.
- Demonstrate understanding and application of the American Association of Respiratory Care (AARC) code of ethics and professionalism, including patient rights and HIPPA confidentiality.
- Promote health and wellness through patient and family education and community outreach.
- Demonstrate critical thinking skills when making patient bedside decisions.
- Use oral and written communication skills in collaboration with other members of the health care team.

Admission Requirements

To be considered for admission to the Respiratory Therapy program, an applicant must first be accepted as a Dixie State University student. Then, the applicant must complete a separate application to the Respiratory Therapy program.

Application deadline is May 1st. Applications are available from the Respiratory Therapy program website at: <https://health.dixie.edu/respiratory-therapy/program-admissions/>.

Admission to the Respiratory Therapy program is based upon academic performance in both general education and specific program prerequisite courses in addition to other selection criteria, including:

1. Submission of a complete Program Application
2. Minimum cumulative GPA of 2.25 or higher
3. Completion with a “C” or better of specified program prerequisite courses
4. Individual interview with the Respiratory Therapy Program Selection Committee

Additional factors that will be taken into consideration for program admission include previous health care experience and weighted GPA in specific prerequisite courses. A criminal background check and selected immunizations will be required upon acceptance to the program.



Program Prerequisites

ENGL 1010	Introduction to Writing (EN)	3
MATH 1050	College Algebra / Pre-Calculus (MA)	4
PSY 1010	General Psychology (SS, GC)	3
CHEM 1150, CHM 1155	Integrated Chemistry for Health Sciences and Lab	5
BIOL 2320, BIOL 2325	Human Anatomy and Human Anatomy Lab	5
BIOL 2420, BIOL 2425	Human Physiology and Human Physiology Lab	4
NURS 3900	Pathophysiology	3
RESP 1010	Introduction to Respiratory Therapy	2

Students must complete specified prerequisite courses prior to admission to the Respiratory Therapy Program. Respiratory Therapy Program courses include 64 semester hours that must be completed sequentially. Students will be eligible for employment after graduation and meeting licensure requirements.

Program Curriculum (121 credits)

DSU General Education Requirements

All DSU General Education requirements must be fulfilled. A previously earned degree may fulfill those requirements, but courses must be equivalent to DSU's minimum General Education standards in American Institutions, English, and Mathematics.

General Education Core Requirements

English	3-7
Mathematics	3-5
American Institutions	3-6
Life Sciences	3-10
Physical Sciences	3-5
Laboratory Science	0-1
Fine Arts	3
Literature/Humanities	3
Social & Behavioral Sciences	3
Exploration	3-5

Respiratory Therapy Core Classes

RESP 2020	Cardiopulmonary Anatomy and Physiology	3
RESP 2040	Respiratory Care Therapeutics I	3
RESP 2041	Laboratory Practice/Therapeutics I	2
RESP 2060	Patient Assessment	2
RESP 2065	Cardiopulmonary Pathophysiology	3
RESP 2200	Cardiopulmonary Diagnostics	3
RESP 2100	Clinical Practice I	5
RESP 2070	Respiratory Care Therapeutics II	3
RESP 2300	Introduction to Mechanical Ventilation	3
RESP 2301	Laboratory/Adult Mechanical Ventilation	2
RESP 3005	Critical Care/ACLS	3
RESP 3010	Introduction to Respiratory Care Pharmacology	3
RESP 3020	Neonatal/Pediatric Respiratory Care	3
RESP 3021	Laboratory Practice/Neonatal Care	2
RESP 3150	Critical Thinking Seminar/NBRC Review	3
RESP 3310	Advanced Mechanical Ventilation	4
RESP 3765	Clinical Practice III/Clinical Application of Neonatal/Pediatric Respiratory Care	5
RESP 3775	Clinical Practice II/Clinical Application of Adult Critical Care	5
RESP 4230	Advanced Diagnosis, Assessment, and Management of Respiratory Disease	3
RESP 4410	Teaching Foundations and Techniques for Healthcare Professionals	4

Choose 4 of the preapproved HLTH courses.

Graduation Requirements

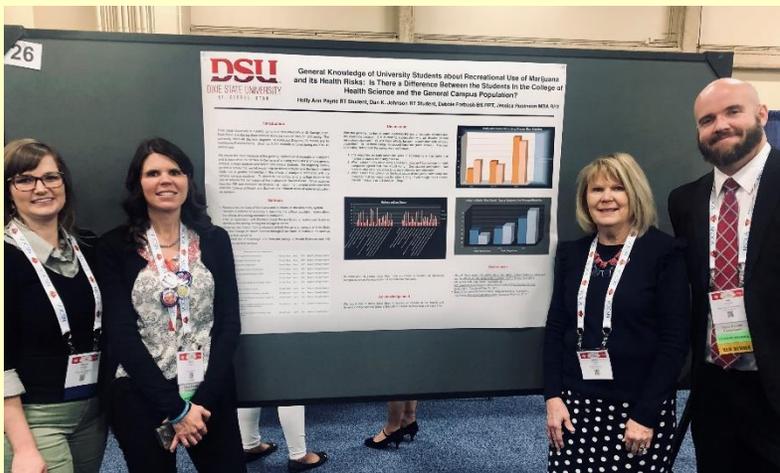
1. Complete a minimum of 120 college-level credits (1000 and above).
2. Complete at least 40 upper-division credits (3000 and above).
3. Complete at least 30 upper-division credits at DSU for institutional residency.
4. Cumulative GPA 2.0 or higher.

Graduation Plan

1 st Year		
FALL SEMESTER		
GE Fine Arts		3
MATH 1050	College Algebra/Pre-Calculus (MA)	4
GE American Institutions		3
BIOL 1300	Evolution & Ecology	1
ENGL 1010	Introduction to Writing (EN)	3
Hours		14
SPRING SEMESTER		
BIOL 2320 & BIOL 2325	Human Anatomy and Human Anatomy Lab	5
ENGL 2010	Intermediate Writing Selected Topics: (EN)	3
CHEM 1150 & CHEM 1155	Integrated Chemistry for Health Sciences and Integrated Chemistry for Health Sciences Laboratory	5
PSY 1010	General Psychology (SS, GC)	3
Hours		16
2 nd Year		
FALL SEMESTER		
BIOL 2420 & BIOL 2425	Human Physiology and Human Physiology Lab	4
RESP 1010	Introduction to Respiratory Therapy	2
GE Literature/Humanities		3
HLTH Elective Course		3
Hours		12
SPRING SEMESTER		
HLTH Elective Course		3
GE Exploration		3
HLTH Elective Course		3
HLTH Elective Course		3
Hours		12
3 rd Year		
FALL SEMESTER		
RESP 2020	Cardiopulmonary Anatomy and Physiology	3
RESP 2040	Respiratory Care Therapeutics I	3
RESP 2041	Laboratory Practice/Therapeutics I	2
RESP 2060	Patient Assessment	2
RESP 3010	Introduction to Respiratory Care Pharmacology	3
NURS 3900	Pathophysiology	3
Hours		16
SPRING SEMESTER		
RESP 2070	Respiratory Care Therapeutics II	3
RESP 2200	Cardiopulmonary Diagnostics	3
RESP 2100	Clinical Practice I	5
RESP 2065	Cardiopulmonary Pathophysiology	3
RESP 4410	Teaching Foundations and Techniques for Healthcare Professionals	4
Hours		18

4 th Year		
FALL SEMESTER		
RESP 2300	Introduction to Mechanical Ventilation	3
RESP 2301	Laboratory/Adult Mechanical Ventilation	2
RESP 3775	Clinical Practice II/Clinical Application of Adult Critical Care	5
RESP 4230	Advanced Diagnosis, Assessment, and Management of Respiratory Disease	3
RESP 3005	Critical Care/ACLS	3
		Hours
		16
SPRING SEMESTER		
RESP 3310	Advanced Mechanical Ventilation	4
RESP 3020	Neonatal/Pediatric Respiratory Care	3
RESP 3021	Laboratory Practice/Neonatal Care	2
RESP 3765	Clinical Practice III/Clinical Application of Neonatal/ Pediatric Respiratory Care	5
RESP 3150	Critical Thinking Seminar/NBRC Review	3
		Hours
		17
		Total Hours
		121

Student Program Activities and Achievements



Students are encouraged to participate in research and, in 2018, two DSU respiratory therapy students were able to present their research at the 2018 AARC Open Forum in Las Vegas. Respiratory therapy students participate in the Department of Healthcare

Diagnosics and Therapeutics Research Day every year where students make a research poster presentation summarizing their research.

Students play an active role in recruitment by participating in career fairs and freshman orientation. At these events, students get to talk about the profession of respiratory care and show prospective students some of the skills they have developed.

Faculty



Jessica Robinson, EdD, MBA, RRT, RRT-NPS is a tenured assistant professor and program director of the Respiratory Therapy Program at Dixie State University, College of Health Sciences. Before becoming the program director, she was the director of clinical education for seven years. Dr. Robinson has been teaching respiratory therapy for over seven years and has been a practicing respiratory therapist for 14 years. Her career as a respiratory therapist started in the newborn intensive care unit where she worked until becoming an educator. While working in the NICU, she was a clinical preceptor and loved to teach students about neonatal respiratory care. Dr. Robinson received her Bachelor of Science in respiratory therapy from Weber State University, MBA from Western Governors University, and EdD from North Central University. She was a co-chair of Dixie State University's Interprofessional Education Committee and was part of the team that organized the first interprofessional education activity at the College of Health Sciences, that is now a semi-annual event.



Jason Semple MS, RRT is an assistant professor and the director of clinical education for the Respiratory Therapy Program at Dixie State University College of Health Sciences. Jason received his Bachelor of Science in Respiratory Care from Missouri State University and his Master of Health Administration from A.T. Still University. Mr. Semple's respiratory career began at a critical access hospital where he developed his trauma skills. He then worked at a level-one trauma center specializing in cardiovascular services including ECMO management. Jason then took a position as an Educator Coordinator at Mercy Hospital where his duties included training new staff, assisting in curriculum development for local colleges, and coordinating student/preceptor schedules. In addition, he served as a liaison and community outreach coordinator for local high schools and professional development programs.

Contact Information

Prospective Students: <https://health.dixie.edu/respiratory-therapy/prospective-students/>

BSRT Entry-Level Program: <https://catalog.dixie.edu/programs/healthcare-diagnostics-and-therapeutics/respiratory-therapy-bs/>

For other questions please contact Jessica Robinson at robinsonj@dixie.edu

Interview

Sheri Tooley, BSRT, RRT, RRT-NPS, CPFT, AE-C, FAARC

President & CEO 2021-2022

American Association for Respiratory Care

Supervisor Respiratory Care Education

Rochester Regional Health, New York

By Jeff Ward, MEd, RRT, FAARC

Mayo Clinic Multidisciplinary Medical Simulation Center

Rochester, Minnesota



1. Tell us about your early days as a respiratory therapist.

- What brought you into the profession?

My sister, who is 13 years younger than I, started her life with multiple hospital admissions. As an infant and toddler, she was initially diagnosed with reactive airway disease and later asthma. The respiratory therapists who cared for her made a huge impression on me. They spent time telling me what a respiratory therapist did and that I should consider the profession when I got ready to go to college. Later a good friend of mine had a baby that spent 3 months in the NICU; she was born with bilateral chylothoraxes which required multiple chest tubes and needed the services of respiratory therapists. The baby continued to need respiratory therapy after discharge and her mom always raved about her respiratory therapists; she's an emergency department RN today. When I later enrolled in the local community college's math/science program, my A&P professor asked me what my plans were. He'd been a pulmonary function tech in the Navy and spent a good deal of time telling me how they gathered and analyzed exhaled gas in a Douglas bag. I had told him that I wanted to go into the medical field but that I did not want to be a nurse. He knew of the profession of respiratory therapy and suggested that I investigate it. By the next academic year, I was enrolled in a respiratory therapy program. Circling back 20 years, that same professor became a patient of mine and I was able to put him in a wheelchair and give him a tour of a new PFT lab I had just opened. To say he was proud would be an understatement.

2. Who were your mentors?

-What/how did they contribute to your career?

I have had so many it will be hard to name just a few. Each mentor mentioned below made a contribution; it is now my turn to “pay it forward.” My very first mentor was Claire Aloan, MS, RRT, FAARC. She was the Program Director at Onondaga Community College where I received my AAS in respiratory therapy. She modeled the importance of being an active member of our professional organization and of volunteerism. She also was very good at realizing an individual’s potential and giving students the opportunity to give input in their educational goals. I will be forever grateful that she developed a pediatric and neonatal clinical rotation for me in my second year when I told her that I didn’t want to do any of the other specialty rotations. I had the first, and very unique, opportunity to spend an entire semester with neonatologist Dr. David Clark. That rotation was pivotal in my career and I still love working with babies and children.

My very first job in respiratory therapy was in between my first and second year of respiratory school. At that time, RTs didn’t even need a license to work and I started two months before I graduated from the certification program. Lewis County General Hospital is a small rural hospital in what was largely a Mennonite Community in Upstate New York. There I met so many wonderful individuals that mentored and encouraged me to be the best that I could be. My Director was Clyde Simmons. Clyde was not your average RT director; he also taught microbiology and biology at the community college. The respiratory department was responsible for the blood gas lab including maintenance, drawing and analysis of all the ABG’s. This was an active service as there were no pulse oximeters in 1982. Clyde made sure that not only did I know how to draw and analyze but connect the acid base physiology and basis for treatment. He emphasized the importance of knowing your patient, reading the chart, and making sound recommendations because the physicians there depended on us contributing to the best patient outcomes. We transported a lot of patients to higher levels of care and RTs always accompanied the patient in the ambulance. That’s where my next mentor comes in. Bill Dermady was a CRNA that taught me volumes about airway management and intubation. While everyone there was very invested in seeing me succeed, a key mentor I will mention from Lewis County is Dr. Hermann. He was a general surgeon who taught me to do bedside tracheostomies. In my 38 years as a RT, he still has the best technique I have ever seen. The skills he taught me helped save lives several times.

While I have had many more individual mentors, the last I will mention are the group of individuals in the AARC House of Delegates (HOD). They exemplify

the essence of the profession! If you have a question, need a policy, best practice, leadership guidance, or just a friend, this is the group of highly dedicated and talented individuals for one to call on. While some individuals are elected to the AARC board of directors (BOD) without having served in the House, most of the BOD and past presidents have spent time in the HOD. I often tell people that I am confident that I could be in any state in the USA, and if I had a problem and needed a friend, I know someone there to call. What a terrific feeling. Just that happened about 10 years ago when I was in Boston working for a company at Boston Children's. I went with a friend to the New England Aquarium and my wallet was stolen out of my bag. I lost absolutely everything. As I was going up the escalator, I passed a fellow RT. When he heard my story, he took \$100 bill out of his pocket and said, "Don't worry about returning it. I hope everything works out for you."

3. How did furthering your education contribute to your professional career? What got you on your path with leadership positions with respiratory care?

Today for almost any career advancement you need a bachelor's degree. Many years ago, State University of New York Upstate Medical University, (SUNY Upstate) began offering satellite classes to our hospital if we could get enough RTs interested in their advanced Cardiorespiratory Degree Program. Since competing that program, I have had access to manager, director, and education roles at various institutions.

4. What are some key lessons you have learned?

- As a clinician- always be willing to listen. Patients, families, colleagues, can all help you be the best RT. If something doesn't look or sound right, follow it up; never give up. Keep looking for the answer. You will thank yourself later.
- As an educator- everyone has a story. It might not be your story. Listen and learn. Then teach.
- As a manager- Be a leader. Do not ask someone to do something you yourself would not do. Model the behaviors you want to see in others. Create the team that you need and want. Give individuals roles/responsibilities and then let them do it. Give them guidance to support their success.
- As an AARC leader in the profession? Do not be afraid to ask hard questions. Seek help from the experts. Listen... listen to what the membership is saying they want and need. Work collaboratively with all your counterparts. In any leadership role, you will not always agree, but be respectful and listen with an open mind and heart. Understand that there are a LOT of individuals, like

yourself, that have given their heart and soul to this profession. We all want the very best for our patients and our fellow RTs. Be patient and recognize that many great things take time.

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

Find a mentor who you trust and respect, and then model that professional behavior. Do not get caught up in negativity. All days are not good, but my grandmother always told me that you need to learn something new every day. Ask yourself at the end of the day, “what did I learn?” Will it help me in life? In clinical or business practice? In being a better person? As a role model to someone else? Then, apply what you learned. It is the well-rounded individual that makes the best respiratory therapist. And last, do not ever forget to pay it forward. Someday YOU will be the one training our next generation of respiratory practitioners.

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

[BSRT and MSRT Entry Programs](#)

[Graduate Respiratory Therapist Programs](#)

www.CoBGRTE.org

Professional Positions Posted

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

***Augusta University, *Upstate Medical University-Syracuse,
*University of North Carolina-Charlotte, *Norton Healthcare,
*University of Virginia Health System**

Looking Back and Moving Forward!

**Christy Kane, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC
CoBGRTE President 2020-2021**

What a challenging year!!! I am not sure any of us could have predicted the challenges we faced in 2020. My heart is heavy as I watch colleagues working harder than ever before and hear about those respiratory therapists (RTs) and other healthcare professionals who gave the ultimate sacrifice fighting this horrific virus. During these difficult times, I also have hope. Hope in a vaccine that will make the virus more manageable. Hope that the world now appreciates the important work of respiratory therapists. I am also proud of our profession including the bedside therapists who have provided excellent care in extraordinary circumstances and the managers who have ensured adequate equipment and staffing. I am proud of the educators who quickly pivoted to a virtual classroom. This pandemic has proven what we have known all along: respiratory therapists are adaptable, professional and compassionate. I am proud of our profession. As we close out 2020, I wanted to provide an update of CoBGRTE's 2020 activities and plans for 2021.

CoBGRTE 2020 Activities

CoBGRTE had another productive year in 2020. I am excited as we begin our 10th year as a professional association in the coming year. A special thank you to Dr. Tom Barnes for continuing as our part-time Executive Director. Here are a few highlights of CoBGRTE's 2020 activities.

CoBGRTE Board of Directors (BOD) Meetings: CoBGRTE's BOD met twice virtually in 2020. The summer BOD meeting was held on July 10th and 14th and then a fall meeting was held on October 30th. Thank you to Tom Smalling (CoARC Chief Executive Officer), Gary Wickman (AARC's liaison), Lori Tinkler (NBRC's Chief Executive Officer), and Katherine Fedor (NBRC President) for providing the CoBGRTE with updates at the BOD meetings. At the October meeting, the BOD used a new format and spent half of the meeting in breakout sessions discussing student recruitment and faculty recruitment/development issues.

CoBGRTE Seminar: The CoBGRTE Summer Seminar was held on July 22nd. Discussion topics for the event included best practices for online teaching, ideas for virtual clinical/labs, how to address budget cuts/program viability, and strategies to improve enrollment numbers. Approximately 25 educators attended the two-hour event.

Named Scholarships: This year, we lost two respiratory therapy champions close to CoBGRTE, Craig Smallwood and Tom Malinowski. Craig was an active researcher at Boston Children's Hospital and taught at Northeastern's MSRC program (both CoBGRTE institutional members). Tom was the RT Director at University of Virginia Medical Center and also served on CoBGRTE's board of directors. Both contributed significantly to the profession and will be missed greatly. A \$2,000 research award will be given annually in honor of Craig Smallwood, with the inaugural award going to Craig Wheeler (a mentee of Smallwood). Next year, a named scholarship in Tom's honor will be added. In addition to the Smallwood Research Award, an additional eight \$1,000 scholarships were awarded to degree advancement and entry-to-practice students.

In April, CoBGRTE issued the following press release:



Respiratory therapists are specialized healthcare practitioners with training and expertise in the diagnosis, treatment, and management of cardiopulmonary diseases, including mechanical ventilation in emergency, critical care, and long-term care settings. Respiratory therapists are licensed, and specialty board credentialed to implement and manage mechanical ventilation; in this process, they work together with critical care physicians and nurses to develop treatment strategies.

Respiratory therapists understand how to manage airways, administer specialty gases, manage mechanical ventilation, and deliver pharmacologic agents. Their education and clinical experience include assessment of patients' oxygenation, ventilatory and hemodynamic status as well as recommending care based on the results of laboratory tests and medical imaging. Respiratory therapists are skilled at assessment, treatment and care of patients with acute respiratory failure to include support of oxygenation and ventilation, and care of patients with pneumonia, sepsis and adult respiratory distress syndrome.

The respiratory therapist is also skilled at anticipating other needs of critically ill patients to include nutritional support, prevention of ventilator associated pneumonia, hemodynamic support and end-of-life care.

If you are interested in setting up an interview with a respiratory therapist to discuss mechanical ventilation of the COVID-19 patient, please contact: Dr. Christy Kane at ckane@bellarmine.edu or Dr. Doug Gardenhire at dgardenhire@gsu.edu.

To find a baccalaureate or graduate respiratory therapy program, please use the links below.

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

[BSRT and MSRT Entry Programs](#)

[Graduate Respiratory Therapist Programs](#)

www.cobgrte.org

Other notable 2020 CoBGRTE activities:

- New Programs Committee exploring ways (including online resources) to assist those starting new baccalaureate and graduate RT programs.
- Met with a few state leaders to discuss APRT to provide assistance as they begin work toward APRT licensure.
- Marketing committee is creating videos for CoBGRTE and CoBGRTE Institutional Members to use on their websites. The videos include recruitment for the profession, degree advancement programs as well as entry-level programs. We hope to have these available in 2021.
- Collaborated with AARC for the Health Professions Week initiative. Thank you to the AARC for funding this endeavor.
- CoBGRTE will be using a new membership software starting in 2021. Thanks to all that have renewed!
- Tom Barnes and I represented COBGRTE on the AARC BSRT Entry Committee.

2021 CoBGRTE Officers and Board of Directors

CoBGRTE has 19 members on the Board of Directors (BOD). CoBGRTE officers and directors are listed below. CoBGRTE’s Executive Committee continues to meet monthly.

Christy Kane, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, FAARC	President ckane@bellarmine.edu
David Shelledy, PhD, RRT, FAARC	Immediate Past President
Gregg Marshall, PhD, RRT, FAARC	President-Elect
Doug Gardenhire, EdD, RRT, RRT-NPS, FAARC	VP – External Affairs
Janelle Gardiner, DHS, RRT, AE-C	VP – Internal Affairs
Chris Russian, PhD, RRT, RRT-NPS, RPSGT, FAARC	VP – Research
Jonathan Waugh, PhD, RRT, FAARC	Treasurer*
Jose Rojas, PhD, RRT, RPFT	Secretary*
Russ Acevedo, MD, FAARC, FCCP	Medical Advisor*
Tom Barnes, EdD, RRT, FAARC	Executive Director

*Re-elected for 2021-2022 term.

2021 CoBGRTE Board of Directors:

Will Beachey, PhD, RRT, FAARC Re-elected to fulfill Tom Malinowski’s term	CHI St. Alexius Medical Center-Univ. of Mary
Randy Case, PhD, RRT, RRT-NPS	Midwestern State University
Jamy Chulak, MS, RRT	University of North Carolina - Wilmington
Kim Clark, EdD, RRT, RRT-NPS	University of North Carolina - Charlotte
Tom Jones, MEd, RRT, CPFT	University of Arkansas for Health Sciences
Megan Koster, EdD, RRT*	Boise State University
Daneen Nastars, DHSc, RRT, RRT-ACCS*	University of Texas Medical Branch - Galveston
Michele Pedicone, DHSc, RRT, RRT-NPS	East Tennessee State University
Abdullah Alismail, M.S., RRT, RRT-NPS, RRT-SDS, FCCP*	Loma Linda University

*Recently elected; serving first term.

2021 CoBGRTE Committees

The 2021 CoBGRTE committee chairs and goals are still being approved. The CoBGRTE standing committees include:

<i>Coalition Chronicle</i> Editorial Board	CoBGRTE Graduate Council
Advanced Practice Committee	International Outreach Committee
Membership Committee	Program Dev/New Program Committee
Legislative Committee	Program Committee
Scholarship Committee	Social Media Committee
External Affairs Committee	Strategic Initiative Committee
Election Committee	Web Site Committee
Marketing Committee	Exhibit Committee

Please contact me at ckane@bellarmine.edu if you would like to volunteer on one of the CoBGRTE committees listed.

Looking Ahead to 2021

CoBGRTE continues to have a lasting impact on the respiratory therapy profession and we look forward to continuing our work. In 2021, CoBGRTE's Executive Committee and BOD plan to focus on student recruitment and faculty development initiatives. The New Program Committee will finalize a one-stop web-based resource to help those individuals developing new programs. The Advanced Practice and Legislative Committees will develop draft language for states to use as they work for APRT licensure. CoBGRTE representatives will continue working with other organizations on the AARC's BS Collaborative Committee. In the last 9 years, we have made tremendous progress on advancing respiratory care education. I look forward to the progress we will make in 2021. Many thanks to each of you for your contributions in moving our profession forward. In closing, I wish you and your family a wonderful, safe, and healthy holiday season.

Smoking as a risk factors for COVID-19 pneumonia

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

There is limited but growing evidence that smokers are more likely to develop significant pulmonary manifestations and have worse outcomes if they contract COVID-19. This premise was presented in a recent issue of the Mayo Clinic Proceedings.¹ The key objective of the article was to advocate tobacco cessation treatment as an important intervention to add to mitigation tactics of social distancing, mask wearing and handwashing. Respiratory therapists are now well aware that up to 25% percent of coronavirus patients develop severe disease which may require intensive care management. The route of entry of the coronavirus is by mucosal membranes of the eye and respiratory tract. The virus enters body cells by access to the angiotensin-converting enzyme II (ACE-2) receptors. Tobacco smoking has been shown to both impair and upregulate ACE-2 receptors which may impact both potential for infection and/or severity of respiratory symptoms.² Data supporting this premise comes from clinical experience in China. Twenty-five percent of patients who required either ICU-based care, ventilator support or died were smokers compared to less than 50% of patients who survived and did not need aforementioned interventions.³ Another China-based report noted that patients with a history of smoking were 14.3 times more likely than non-smokers to develop severe symptoms and develop COVID-19 pneumonia. There was also a prevalence of non-recovery among smokers.⁴ Besides traditional cigarette smoking, vaping electronic cigarettes and use of the shisha (hookah) has been associated with similar negative immune response pathophysiology but not yet reported as a definite risk factor.

REFERENCES

1. Hashmi SK, Hussain F, Taylor JT. Thank you for not smoking. Mayo Clin Proc. 2020;95(10):2062-2064.
2. Feldman C, Anderson R. Cigarette smoking and mechanism of susceptibility to infections of the respiratory tract and other organ systems. J Infect 2013;67(3):169-184.
3. Guan W, Ni Z, Hue Y, et al. Clinical characteristics of coronavirus disease 2019 in China. N Engl J Med. 2020;382(18):1708-1720.
4. Liu W, Tao ZW, Lei W, et al. Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease. Chinese Med J (Engl) 2020;133(9):1032-1038.

CoBGRTE Membership Committee Drawing

All Active Members Eligible

Win an Apple Mini iPad 5 by paying for 2021 dues with the
Auto Renewal Option

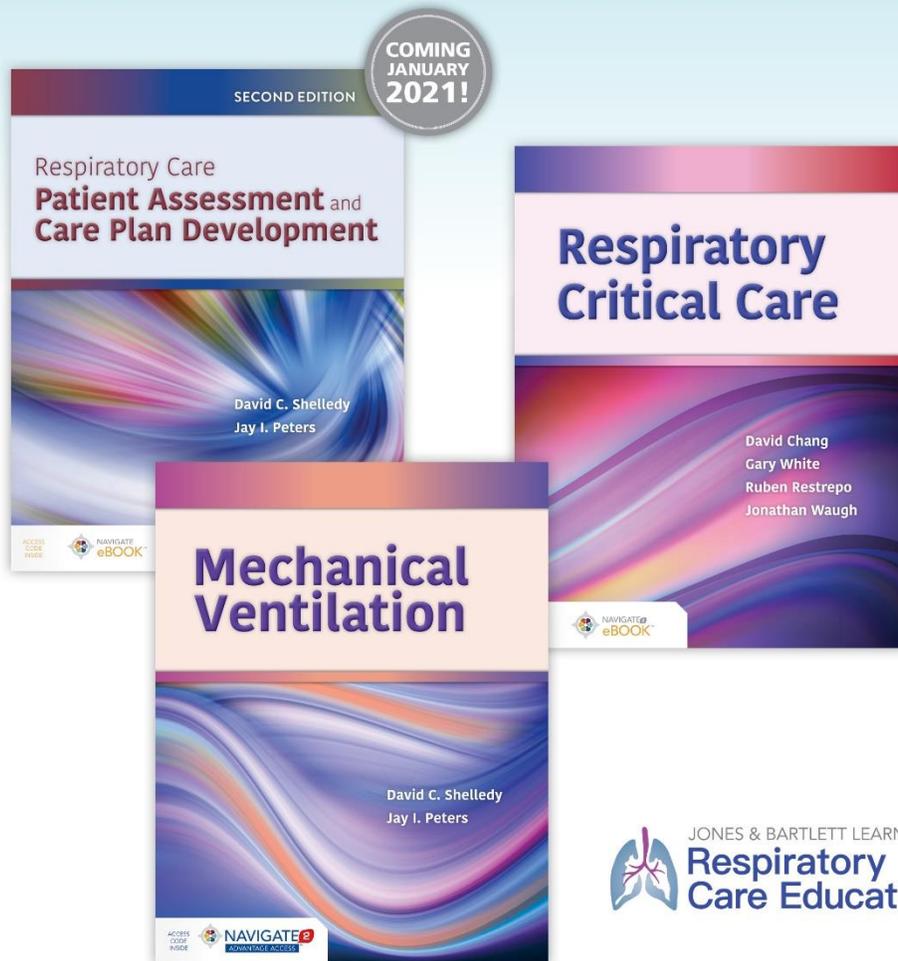
Drawing will be held on February 1, 2021 and include all active members with Auto Renewal with paid 2021 dues by 1/31/21.



Apple Mini 7.9-inch iPad mini Wi-Fi 64GB

(Latest Model 5)

Blending the Latest Content with Technology



Learn More and Get Access
go.JBlearning.com/CoBGRTEcluster

CoBGRTE Institutional Members

Indiana Respiratory Therapy Consortium
Georgia State University
Weber State University
Boise State University
Bellarmine University
Rush University
Salisbury University
University of Toledo
The Ohio State University
State University of New York Upstate Medical University - Syracuse
Northeastern University
University of Texas Medical Branch - Galveston
Texas State University
University of North Carolina – Charlotte
Louisiana State University Health Science Center – New Orleans
Midwestern State University
Radford University
Youngstown State University
Nova Southeastern University
University of Arkansas for Medical Sciences
State University of New York at Stony Brook
University of Texas Health Science Center – San Antonio
University of Hartford
University of Kansas Medical Center
College of Southern Nevada
Highline College
University of Akron
Augusta University
CHI St. Alexius Health-University of Mary
Valencia College
Kettering College of Medical Arts
Middle Georgia State University
York College of Pennsylvania
University of North Carolina - Wilmington
Respiratory Care Board of California
St. Catherine University

CoBGRTE Institutional Members – Continued

Georgia Southern University
University of Virginia Medical Center
Florida Southwestern State College
Utah Society for Respiratory Care
Southern Connecticut State University
Northern Kentucky University
Boston Children’s Hospital
Canisius College
Carlow University
Jacksonville State University
Modesto College
Newberry College
Eastern Tennessee State University
University of Cincinnati
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North Carolina Respiratory Care Board
Vidant Medical Center
Norton Healthcare
Duke University Hospital
Ohlone College
Ferris State University
University of Pennsylvania Health System
Loma Linda University
Spokane Community College
California Society for Respiratory Care



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

Reasons Why You Should Become a CoBGRTE Member

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

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Happy New Year!



Coalition for Baccalaureate and Graduate
Respiratory Therapy Education

“Dedicated to Improving Respiratory Therapy”

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