

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

Northeastern University



**Master of Science in Respiratory Care Leadership Programs
College of Professional Studies, Boston, Massachusetts**

**By Thomas A. Barnes, EdD, RRT, FAARC
Professor Emeritus of Cardiopulmonary Sciences**

Overview

COVID-19 global pandemic, shortage of ventilators and RRTs, recent technological advances, and a growing elderly population are escalating the need for skilled respiratory therapists. To be successful, today's respiratory care leaders must be knowledgeable respiratory care specialists, educators, department managers, case managers and research coordinators. In response, Northeastern University College of Professional Studies offers the [*Master of Science in Respiratory Care Leadership program*](#). Created for practicing respiratory therapists, this master's degree in respiratory care incorporates an action-learning approach that builds leadership

competencies and advances the student's clinical knowledge. Six core courses cover areas such as advanced cardiopulmonary physiology, development of clinical practice guidelines and protocols, development of patient management plans, evolving roles in respiratory care, research design and applied research in respiratory care.

The MSRCL program requires completion of 45-46 quarter hours depending on the concentration selected. Six core respiratory courses, four to five concentration courses, and two leadership courses are required for the MS degree (see curriculum on page 7). The four areas concentrations available for concentration are: respiratory specialty practice, adult and organizational learning, clinical trial design and health management. Two leadership course electives (6 credits) are required for the master's degree (see curriculum on page 7)

Program History

Respiratory care education at Northeastern University dates back to 1967 when Jimmy A. Young started an inhalation therapist program that awarded an associate degree based in University College (later to become the College of Professional Studies). In 1970, Jimmy left Northeastern to become the director of the respiratory care department at Massachusetts General Hospital. Jimmy Young was president of the AARC in 1973, and a member of the NBRC Executive Committee when he passed away unexpectedly in 1975. In recognition of his dedication and service to the respiratory care profession, the AARC awards the Jimmy A. Young Medal each year, the highest award given.

Evelyn Cassara, BSN, RN, RRT became the RT program director in 1971 and the program moved to the College of Pharmacy and Allied Health. In 1976, Tom Barnes, EdD, RRT, FAARC became the program director and under his leadership a bachelor of science degree in respiratory therapy was established in 1978. The program continued to offer both associate and baccalaureate degrees until 1982 when a decision was made to only offer the BSRT degree. By 1990, the College of Pharmacy and Allied Health had changed its name to Bouve College of Health Sciences and the major was changed to Cardiopulmonary Sciences in recognition of two new programs added to the department, a master's degree in perfusion technology and a BS degree in cardiovascular technology. In 2007, Bouve College of Health Sciences, decided to only offer health science programs that offered graduate degrees. Concurrently, the RT faculty moved to the College of Professional Studies where an online Master of Science in Respiratory Care Leadership (MSRCL) program was established under the direction of Scott Stanley, EdD, RRT. The first Master of Science Respiratory Care Leadership degree was awarded in 2009 and to date 139 RRTs have been graduated from the program (2009-2020). Dr. Tom Barnes assumed leadership of the MSRCL Program in 2011. The average student completes the program in two years, with some taking three years because of a financial, family or job-related event that requires time off from their graduate work.

Concentrations

The goal of the *respiratory specialty practice* concentration is to help students working in one or more specialty practice areas reach a competency level where they can become NBRC board certified respiratory specialists in Adult Critical Care (ACCS) and/or Neonatal Pediatric Specialist (NPS). The *adult and organizational learning* concentration is designed for students interested careers as a faculty member in an accredited RT program or to serve as the clinical educator for a hospital RT department. The *clinical trials* concentration prepares students for careers as research coordinators for hospital RT departments or for companies in the respiratory care industry. The *health management* concentration is designed for RRTs working in supervisor or director positions for hospitals or the industry. (See concentration curriculum requirements on pages 7-9)

New A2M Pathway

A new accelerated respiratory therapy (RT) degree advancement program MSRCLPlus was approved on April 1, 2020. This is an “out of box,” 100% online, A2M pathway for graduates of regionally and CoARC accredited respiratory care associate degree RT (ASRT) programs. The ASRT graduate will earn as bachelor of science degree with Health Science major and RT concentration, and a master of science in respiratory care leadership degree. The associate degree graduate will be able to transfer 60 credit hours from their program and will take five RT graduate course courses which will leave only 45 undergraduate credits to be completed for the BS degree. After completion of the baccalaureate degree, only 26 credits of graduate RT work will be needed to complete the Master of Science in Respiratory Care Leadership degree.

Hospital tuition reimbursement of \$5,000 to \$10,000 (dependent on employment site) and Northeastern University scholarships, \$10,000 for RTs in the six New England states and \$5,000 for those outside of New England, will be available to help A2M students pay for tuition while earning their BS degree. It is expected that students will finish the undergraduate baccalaureate program in two years and the master’s degree in one year. It is expected, that the accelerated A2M pathway can be completed in three years while the student is employed as a RRT.

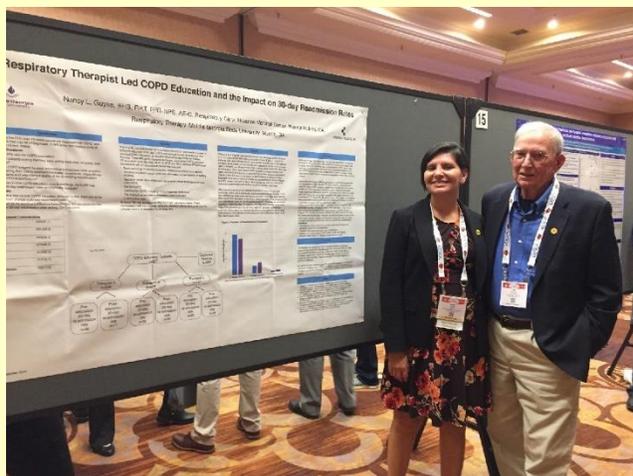
Why Earn a BS in Health Science degree with a RT Concentration?

Stakeholders and have asked for needed changes in RT education to meet the goals recommended by the Respiratory Care in 2015 and Beyond conferences ([2015 Conferences](#)) that were sponsored by American Association for Respiratory Care (AARC) in 2008-2010. In 2018, the AARC Board of Directors acted upon the 2015 conferences recommendations for entry to RT practice. The AARC asserted in a [2019 issue paper](#) summary, “that a minimum of a baccalaureate degree in respiratory therapy, or health science with a concentration in respiratory therapy, is essential to meet minimum competency requirements to enter practice.” This issue paper summary also recommended the registered respiratory therapist (RRT) credential for entry to practice as a respiratory therapist. These two requirements were identified as “needed to

achieve consistency in practice and the provision of safe, efficient, and effective care to individuals with cardiopulmonary impairment or disease requiring respiratory therapy services.” The AARC Board of Directors proposed both requirements for entry for respiratory therapists entering active practice beginning in 2030 and thereafter. The COVID-19 pandemic has underscored the critical need for RRTs to obtain a baccalaureate and graduate level of education as soon as possible. The federal government and other healthcare providers consider the baccalaureate degree to be the minimum requirement to be considered a professional.

Who Should Pursue a Master’s in Respiratory Care Leadership?

Northeastern’s MSRCL program is designed to meet the need for RRTs to increase their competency in one or more specialized practice areas: adult critical care, neonatal and pediatric respiratory care, asthma, and COPD wellness coordination. The goal is to help students working



in these areas to reach a competency level where they can become [National Board for Respiratory Care](#) certified specialists. This concentration, and the graduate certificate program in respiratory specialty practice, require completion of four courses for a total of 16 quarter hours. Students in the graduate certificate program are able to transfer all credit hours to the MSRCL program and will have their master’s concentration courses completed on day one. This offers an opportunity to practicing RRTs who have

been out of school for some time (and thus may be nervous about completing a graduate degree) to work on courses in areas where they are most likely to succeed. Earning a graduate certificate in respiratory specialty practice prepares students for NBRC specialty examinations and documents their competency as advanced clinical specialists.

Master’s programs in respiratory care are well suited for those who wish to assume a managerial position within a healthcare organization, teach respiratory therapy in an academic setting, assume roles as clinical specialists, or become coordinators of respiratory care research. Students must be registered respiratory therapists (RRTs) and have earned an undergraduate degree—typically a bachelor’s degree in respiratory therapy or an associate degree in respiratory therapy combined with a bachelor’s degree in health sciences (or its equivalent).

Careers and Salaries

Many alumni of Northeastern’s MSRCL program work as faculty members at universities with starting annual salaries of \$80,000. Others work for international corporations earning \$150,000 per year. Research shows that advanced degrees are particularly valuable in health and

social/behavioral sciences, with graduate degree holders earning 35 percent more than those with bachelor's degrees.

There is a great demand for RRTs with master's degrees in respiratory care to serve as faculty members, program directors, and directors of clinical education for 444 CoARC accredited respiratory care programs located throughout the United States. There are also many opportunities for graduates of the master's in respiratory care programs to fill leadership positions in 3800 acute care hospitals throughout the United States.

Most MS in respiratory care leadership students are full-time professionals in acute care hospitals as managers/supervisors or as staff RRTs assigned to adult, pediatric, or neonatal ICUs. Students may be faculty members for associate or baccalaureate RT programs. Northeastern's program is 100 percent online, allowing students to work full-time while completing their master's degree.

Program Objectives

- Develop and evaluate strategies for appointment to leadership positions.
- Prepare and evaluate 3, 5, and 10-year plans for career advancement and for professional service.
- Evaluate the leadership challenges facing the respiratory care profession.
- Describe and interpret statistical tests applied to medical research data.
- Apply evidence-based medicine and advanced cardiopulmonary physiology concepts to clinical practice.
- Review and evaluate the level of evidence and quality of published research.
- Analyze and apply research-based evidence.
- Evaluate respiratory therapists' evolving professional roles and responsibilities.
- Compare and contrast the political and economic factors that affect the profession of respiratory care.
- Understand how to complete systematic state-of-the-art reviews to summarize research evidence based on a thorough literature search and critical appraisal of individual studies.
- Understand how to be an effective RT department manager/supervisor, or a program director/director of clinical education for BSRT or MSRT Programs.
- Prepare clinical practice guidelines and evidence-based respiratory care protocols.
- Design study protocols and conduct applied research in respiratory care.
- Prepare research abstracts and manuscripts for submission to refereed science journals.
- Prepare for National Board for Respiratory Care advanced specialty practice exams.

MS in Respiratory Care Leadership: Alumni Profiles

Maria Madden, MSc, RRT, RRT-ACCS, Class '18

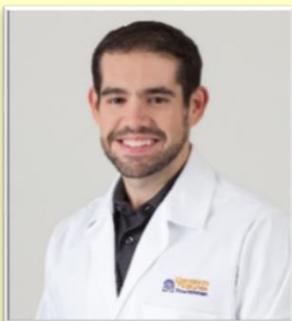


“The Master of Science in Respiratory Care Leadership program with a concentration in respiratory specialty practice from Northeastern University has benefited me in many ways. It has confirmed the knowledge I have from 27 years in the clinical setting with various roles as a respiratory therapist, educator, and leader. The professors are always willing to help and encourage you to advance your skills and education.

The knowledge I have gained is contributing to my interest in research and the field of respiratory care, my continued thirst for knowledge, and my love of my profession. The MS program has led to my increased involvement with the AARC. With guidance from professors like Dr. Thomas Barnes, Dr. Dean Hess, and Dr. Aaron Light, I am now assisting the AARC with clinical practice guidelines (CPG). The program has assisted me in expanding my research skills with courses taught by Dr. Barnes in Research Design and Applied Research in Respiratory Care.”

At the 2018 and 2019 AARC Congress, I was honored to moderate several lectures and an Respiratory Care Open Forum session, and have been elected chair-Elect for the AARC Adult Critical Care membership section. I also provided lectures in 2018 and 2019 at the AARC Congress, and I was awarded the 2019 Philips Respiroics Fellowship in Mechanical Ventilation there in 2019. I am confident in my skills and the knowledge that I am enjoying educating and mentoring other respiratory therapists to grow in our field.

Daniel Gochenour, MSc, RRT, RRT-ACCS, RRT-NPS, AE-C, Class '15



After graduating from Northeastern University in 2015 with my Master of Science in Respiratory Care Leadership I was promoted into the role of clinical supervisor of pulmonary diagnostics & respiratory therapy services at the University of Virginia Medical Center.

During that time, I had the opportunity to teach as an online adjunct faculty member in the BSRT program at Jefferson College of Health Sciences, Roanoke, Virginia. This spring I will be an online adjunct instructor for the new BSRT program at Liberty University in Virginia.

I have also recently received a governor-appointed position to serve on the Virginia Board of Medicine Respiratory Therapy Advisory Board. In 2017, I began working on my doctor of health sciences degree at Jefferson College of Health Sciences. I look forward to continuing to use the skills I learned through the NEU MSRCL program to serve in leadership and educational roles in respiratory therapy.

Curriculum

Master of Science in Respiratory Care Leadership General Requirements Required Respiratory Care Courses

RPT 7200 - Advanced Cardiopulmonary Physiology	4.00
RPT 7205 - The Evolving Roles of Respiratory Care Professionals	4.00
RPT 7210 - Research Design	4.00
RPT 7215 - Applied Research in Respiratory Care	4.00
RPT 7300 - Development of Clinical Practice Guidelines and Respiratory Care Protocols	4.00
RPT 7305 - Development of Patient Management Plans	4.00

Required Leadership Courses

Complete two of the following:

LDR 6100 - Developing Your Leadership Capability	3.00
LDR 6110 - Leading Teams	3.00
LDR 6135 - Ethical Leadership	3.00
LDR 6140 - Strategy Development and Implementation	3.00

Concentrations

- + Concentration in Respiratory Specialty Practice**
- + Concentration in Adult and Organizational Learning**
- + Concentration in Clinical Trial Design**
- + Concentration in Health Management**

This program requires successful completion of a minimum of 45 credit hours that meet the degree requirements.

- Concentration in Respiratory Specialty Practice

RPT 7400 - Pulmonary Diseases and Disorders	4.00
RPT 7401 - Cardiopulmonary Assessment and Diagnostics	4.00
RPT 7402 - Adult Critical Care	4.00
RPT 7403 - Neonatal and Pediatric Care	4.00

Concentration in Adult and Organizational Learning

Complete four of the following:

EDU 6051 - Culture, Equity, Power, and Influence	4.00
EDU 6201 - The Landscape of Higher Education	4.00
EDU 6202 - Faculty, Curriculum, and Academic Community	4.00
EDU 6221 - Enrollment, Retention, Graduation, Success	4.00
EDU 6319 - How People Learn	4.00
EDU 6323 - Technology as a Medium for Learning	4.00
EDU 6447 - The Demographics of Higher Education	4.00
RPT 7302 - Respiratory Therapist Education	4.00

Concentration in Clinical Trial Design

Complete four of the following:

BTC 6210 - Human Experimentation: Methodological Issues Fundamentals	4.00
BTC 6211 - Validation and Auditing of Clinical Trial Information	4.00
BTC 6213 - Clinical Trial Design Optimization and Problem Solving	4.00
BTC 6260 - The Business of Medicine and Biotechnology	4.00
RGA 6000 - Introduction to Food and Drug Administration (FDA) Pharmaceutical Regulation	2.00
RGA 6001 - Introduction to Food and Drug Administration (FDA) Medical Device Regulation	2.00
RGA 6202 - Medical Device Development: A Regulatory Overview	4.00
RGA 6205 - Emerging Trends and Issues in the Medical Device Industry	4.00

Concentration in Health Management

Complete five of the following:

HMG 6110 - Organization, Administration, Financing, and History of Healthcare	3.00
HMG 6120 - Human Resource Management in Healthcare	3.00
HMG 6130 - Healthcare Strategic Management	3.00
HMG 6140 - Principles of Population-Based Management	3.00
HMG 6160 - Healthcare Information Systems Management	3.00
HMG 6170 - Health Law, Politics, and Policy	3.00
NPM 6120 - Financial Management for Nonprofit Organizations	3.00
NPM 6125 - Promoting Nonprofit Organizations	3.00
NPM 6130 - Fundraising and Development for Nonprofit Organizations	3.00

Bachelor of Science in Health Science Respiratory Care Concentration Curriculum

Foundation Courses 30 semester hours

English

Complete one of the following two courses with corresponding lab:

ENG 1105 - College Writing 1	3.00
ENG 1106 - Lab for ENG 1105	1.00
ENG 1103 - College Writing 1 for Nonnative Speakers	3.00
ENG 1104 - Lab for ENG 1103	1.00

Complete the following two courses with corresponding labs:

ENG 1107 - College Writing 2	3.00
ENG 1108 - Lab for ENG 1107	1.00
ENG 3105 - Writing for the Professions: Science and Engineering	3.00
ENG 3106 - Lab for ENG 3105	1.00

Mathematics

MTH 1100 - College Algebra	3.00
MTH 2310 - Statistics for the Behavioral and Social Sciences	3.00

Information Technology

Choose one of the following:

ITC 1000 - Computer Applications	3.00
ITC 2016 - End-User Data Analysis Tools	3.00

Psychology

PSY 1100 - Foundations of Psychology	3.00
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Communication

CMN 1100 - Organizational Communication	3.00
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Philosophy

Choose one of the following:

PHL 2130 - Ethical Issues in Healthcare	3.00
PHL 2140 - Ethical Issues in Science and Engineering	3.00

Major Required Courses

36 semester hours

Health Management

HMG 1100 - Foundations of Healthcare Management	3.00
HMG 2110 - Health Law and Regulation	3.00

Biology

BIO 1100 - Principles of Biology 1	3.00
BIO 1101 - Lab for BIO 1100	1.00
BIO 1200 - Principles of Biology 2	3.00
BIO 1201 - Lab for BIO 1200	1.00
BIO 1600 - Human Anatomy and Physiology 1	3.00
BIO 1601 - Lab for BIO 1600	1.00
BIO 1700 - Human Anatomy and Physiology 2	3.00
BIO 1701 - Lab for BIO 1700	1.00

Chemistry

CHM 1100 - General Chemistry 1	3.00
CHM 1101 - Lab for CHM 1100	1.00
CHM 1200 - General Chemistry 2	3.00
CHM 1201 - Lab for CHM 1200	1.00

Health Science

HSC 3300 - Epidemiology	3.00
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Capstone

HSC 4850 - Project in Health Science	3.00
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Professional Electives

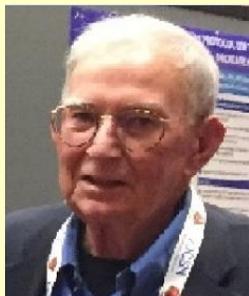
15 semester hours

Choose five courses from the MSRCL curriculum

Electives

Complete a minimum of 39 elective semester hours to reach 120 semester hours
(respiratory care courses from the associate degree program can be used as electives)

Faculty



Thomas A. Barnes, EdD, RRT, FAARC

Dr. Tom Barnes is a Professor Emeritus of Cardiopulmonary Sciences in the Department of Health Sciences, Bouve College of Health Sciences; and Lead Faculty member and consultant for the Master of Science in Respiratory Care Leadership Program, College of Professional Studies. Dr. Barnes was a tenured Full Professor and Director of the BSRT Program at Northeastern for 29 years before moving to emeritus status. Tom teaches RPT 7210 Research Design, RPT 7215 Applied Research in Respiratory Care, RPT 7200 Advanced

Cardiopulmonary Physiology. He is an AARC Past president, an AARC Life Member, and a Jimmy A. Young Medalist and AARC Fellow. Dr. Barnes has published over a 100 research articles and abstracts, editorials, textbooks, book chapters and multimedia programs. He has served as co-chair of the AARC 2015 Conferences 2 & 3 and is first author on two 2015 conference papers published in *Respiratory Care*. Dr. Barnes served as Chair of the 2015 Research Group for the third AARC 2015 Conference. Tom has served for 16 years as the AARC's representative to the American Heart Association Emergency Cardiovascular Care Committee. He has also been the AARC's representative to the NBRC for 9 years and JRCRTE for 8 years. Early in his career he was Speaker of AARC House of Delegates. He is a product design consultant for Mercury Medical and a consultant for Philips Research North America. Dr. Barnes is executive director of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE). CoBGRTE awarded Tom Life Membership at their Board meeting in July, 2018. He was selected in 2010 by the AARC Education Section as Practitioner of the Year.



Dawn DeYoung, DHSc, RRT

Dr. Dawn DeYoung is an alumnus of the Master of Science in Respiratory Care Leadership program at Northeastern University. She obtained her doctor of health sciences (DHSc) from A.T. Still University, where she completed research on perceptions that practicing respiratory therapists have in regard to credentials and education needed to enter the respiratory care profession. At A.T. Still University, Dr. DeYoung completed a manuscript entitled *Perceived Entry-Level Requirements for Respiratory Therapists* that will be submitted for publication. Her previous

experience in the field of respiratory care includes working in a burn/trauma ICU, department supervisory roles, and as a faculty member for an associate degree program where she later became the program director. Currently she is employed as the director of cardiopulmonary services and point-of-care testing at Valley Hospital Medical Center in Las Vegas, Nevada. In her current position as director, she created several new roles to advance the respiratory care profession at the hospital. These roles include the point of care coordinator, the progressive mobility respiratory therapist, and the COPD Navigator. Dr. DeYoung has held the position of director-at large and substitute delegate for the Nevada Society for Respiratory Care. She has been a member of the American Association for Respiratory Care since 2003 and is active in the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE). She was a past committee member and chair for the CoBGRTE New Programs Committee and currently serves on the Website Committee. Her previous awards include the Marlon B. Siegel Award, faculty of the quarter, and the TEACH award.



Dean R. Hess PhD, RRT, FAARC, FCCM

Dean Hess has over 45 years of experience in respiratory care, including clinical, research, teaching, and administrative responsibilities. For many years, he served as Assistant Director of Respiratory Care, Massachusetts General Hospital, and Associate Professor of Anesthesia, Harvard Medical School, Boston, MA. He is a part-time lecturer in the Master of Science in Respiratory Care Leadership program at Northeastern University. From 2008-2017, Dean Hess was Editor in Chief of RESPIRATORY CARE, the official science journal of the American Association for Respiratory Care, and currently serves as Managing Editor of the Journal. He is on the Editorial Boards of the Journal of Aerosol Medicine and Pulmonary Drug Delivery, and Simulation in Healthcare. His academic interests include aerosol delivery techniques, adult mechanical ventilation, and critical care monitoring. He is a Fellow of the American Association for Respiratory Care and the American College of Critical Care.

Dean Hess has published over 250 papers and several books. He has had a high level of professional activity, including committee appointments with the American Association for Respiratory Care, the Society of Critical Care Medicine, the American Thoracic Society, and 2 years as President of the National Board for Respiratory Care. He has lectured extensively throughout the United States and around the world. He has received numerous awards including the Forrest M. Bird Award for Lifetime Scientific Achievement (1999); American Association for Respiratory Care Life Membership (1999); American College of Chest Physicians Simon Rodbard Memorial Honor Lecture (2001); Jimmy A. Young Medal (2006); Robert H. Miller Award (2007); Shubin-Weil Master Clinician/Teaching (2009); Chadwick Medal (2011); SCCM Presidential Citation (2012); Hector Leon Garza MD Achievement Award (2014); Massachusetts Lifetime Achievement Award (2016); Legends of Respiratory Care (2018). He has received teaching awards from the medical residents at the Massachusetts General Hospital (1999) and the Harvard Pulmonary and Critical Care fellowship program (1996, 1998, and 2001).



Aaron Light, DHSc, RRT, RRT-ACCS, FAARC

Aaron Light is a registered respiratory therapist that has worked in adult, pediatric and neonatal intensive care units in Springfield, Missouri. He has served as a staff therapist, clinical instructor, director of clinical education and currently serves as program director at Ozarks Technical Community College and part-time lecturer at Northeastern University. Aaron graduated from the Master of Science in Respiratory Care Leadership program at Northeastern in 2009. In 2012 he graduated with his doctorate in health science from Nova Southeastern University. Along the way he has served a variety of roles for the Missouri Society for Respiratory Care and the American Association of Respiratory Care that includes positions as the Adult Critical Care Chair for the MSRC, Vice President of the MSRC, AARC Delegate of the MSRC, and Director at Large for the AARC.



Timothy Op't Holt, EdD, RRT, AE-C, FAARC

Tim Op't Holt has been a therapist since 1975. He received his BS in physiology from Michigan State University, respiratory therapy certificate from University of Chicago, Master's in Health Professions Education from University of Illinois, and EdD in Educational Leadership from Auburn University. Tim has served as a faculty member and recently chair of Cardiorespiratory Care at the University of South Alabama, in Mobile. In their 40 years of conducting the program, Tim and colleagues have graduated nearly 500 therapists who are serving in the Gulf Coast region and nationally. Tim and his colleagues conduct a disease management program at Victory Health Partners, a clinic for uninsured adults. Since 2003, they have cared for several thousand low income adults with asthma, COPD, sleep apnea and other pulmonary problems. Tim received the Mike West award from the ARCF for his efforts. Tim's research interests include problem-based learning, mechanical ventilation, and disease management. Tim has held many state and national offices in the Alabama Society, AARC Board of Directors, National Asthma Education Certification Board, National Board for Respiratory Care, CoBGRTE, and Association of Asthma Educators. He has taught in the NEU Master's program since 2017. He has lectured extensively in China, Abu Dhabi, and Saudi Arabia.



Michele Pedicone, MSc, DHSc(e) RRT, RRT-NPS

Michele Pedicone is a registered respiratory therapist with neonatal pediatric specialty credentials. An alumnus of the Master of Science in Respiratory Care Leadership program at NEU, she continues to serve in leadership roles within the profession of respiratory care, both in the US and abroad and has traveled extensively to promote respiratory care. Michele has held various respiratory care board positions in WA state including vice president, chapter president, and delegate. She has served as a Political Advocacy Contact Team member for both the State of WA, TN, and NY. Michele continues to be active in the AARC by serving on the membership committee and holds a position on the board of directors for CoBGRTE.

Contact Information

Request Information: <https://cps.northeastern.edu/request-information>

Master of Science in Respiratory Care Leadership Plus (A2M) Program:

Send email or text message to Dr. Tom Barnes t.barnes@northeastern.edu 617-851-3529

Master of Science in Respiratory Care Leadership program:

<https://www.northeastern.edu/graduate/program/master-of-science-in-respiratory-care-leadership-online-264/>

Respiratory Therapists...Pandemic Healthcare Heroes!

By Kim Bennion MSHS, RRT, CHC
Intermountain Healthcare, Salt Lake City, Utah
Special Report May 21, 2020

Respiratory therapists are compassionate caregivers who are often the most misunderstood and unsung heroes of healthcare; however, those entering the field seek to be caregivers, not heroes! In an [April 7, 2020 article published in the Washington Post](#), Dr. Chethan Sathya acknowledged the worth of a respiratory therapist. He said,

“They’re often the first to be called by nurses when a patient is having trouble breathing. They know more about oxygen, breathing support and ventilators than most others in the hospital, They work complex machines, suction secretions from the airway, take patients off the ventilators and, in many hospitals, they even position the breathing tube in the first place or teach trainees how to do so.”

Respiratory therapists from Intermountain Healthcare left Utah when a call came to assist with the COVID-19 pandemic surge in New York. **Fred Asthton RRT, Jesse du Toit BSRT, RRT and Kate Wright BSRT, RRT**, each served approximately two weeks in New York during some of the state’s most challenging times. Hear their stories as they answer key questions from which we can all learn.

What key findings did you experience that were unexpected (e.g., equipment and supplies, staffing ratios)?

These caregivers expressed compassion as they reported equipment, supply and staffing shortages.

*“There were times I had to tie a tube with shoe-laced sized strings that cut brutally into the face, but there were no other options,” stated **Kate Wright BSRT, RRT**.*

Jesse du Toit BSRT, RRT reported,

“This hospital typically had about 30 ventilators running prior to COVID-19, but they had 133 running during my first shift. We were having rapid response calls every 15 to 20 minutes, which was rather challenging. There were several shifts during which I was assigned 22 intubated patients with me being the sole RT providing for them.” Fredric Ashton RRT stated, “An incredible amount of resources had been dedicated to creating patient care areas out of essentially “blank” spaces such as break areas or conference rooms and maintaining more visible spaces.”

What did you do to practice “self-care” during your stay in New York?

Kate Wright reported,

“The burden of lives lost every day was overwhelming, especially while being away from home and a regular support system. All I could do was try to get plenty of sleep, remember to eat and keep going to work the next day.”

Jesse’s team created their initial plan. Jesse stated:,

His team’s first plan was to have “battle buddies”, which meant each person had someone to look out for and they would do the same. This plan of action was felt to be very effective.

Mr. Ashton stated,

“I think everyone underestimated the cumulative effect that social-distancing and all masked and unfamiliar faces would have on them. A few days in, I managed to assemble a small group for the purposes of keeping tabs on each other and socializing (to the limited extent possible).”

Were there any special heroes you encountered during your journey? If so, tell us about him/her/them.

Jesse reported a deeply touching story in terms of his concept of healthcare heroes during the crisis. In his words:

“The heroes for me were the healthcare workers who kept coming into work despite having a loved one sick with COVID-19. There were multiple heroes who I met with loved ones in the ICU and they kept on picking up extra shifts so that they could help care for someone else’s loved one. It was very humbling, to work with true heroes like that.”

Fred put it best when he said,

“There were several nurses in Heart CCU which was one of five cardiac ICUs that treated me with the trust, respect, and comradery of a valued, long-time coworker. Two of them specifically were Darya Gavrilova and Amanda Gariola. They brought me into their unit family by making sure I was part of the Starbucks run or food order, helping me with needed items or patient issues, or just talking. If this pandemic has affected their patient care or dampened their spirits, I couldn’t tell. They are outstanding nurses and they are heroes for those they care for, but whether they realized it or not, they were heroes for me. I was only there for two weeks and got to come back to Utah. They have been there the whole time with no end in sight.”

What did you feel were the unique skills and expertise that RTs brought to your work during the COVID-19 surge in NY?

The details of a formal respiratory education often go unrecognized, even with the most basic skills. **Ms. Wright** reported:

“The tenacious tan secretions and mucous plugs associated with ventilated COVID-19 patients are enough to end a patient’s life if not managed appropriately. Experience with secretion management was one huge asset respiratory was able to bring. We immediately began vigorously suctioning every patient and preaching the importance of it to nursing staff and providers.”

Would you encourage other RTs to participate in the future? If so, why?

During and after the “heat of the battle,” respiratory therapists would still volunteer to march in to provide expertise and compassionate care. **Kate Wright** explained that she:

*“would absolutely encourage other RTs to participate on the front lines. I know from experience that just **one** competent RT on the team can mean the difference between recovery and death for these patients.”*

Mr. Ashton stated it another way when he said,

“I don’t think I would actually encourage anyone because the physical and emotional stakes are high. You really can’t know what you are getting into until you are there and it could change quickly. You want someone to be there because they wanted to. It would be someone with enough experience to be able to walk into a unit and assume an unreasonable load of critical patients on equipment they may not have used before, without orientation, guidelines, report, or access to charting or patient data. Do it with little support while assuming responsibility for their own personal safety and could successfully return to normal standards of care afterward.”

What, if anything, would you have wished to have had taken with you or could have done differently during your work in NY?

When asked what these RTs wish they would have taken with them to the “front lines”, **Jess** said it best:

“One thing I wish I could have brought with me and used on patients is the set of protocols that Intermountain Healthcare has for respiratory care. The protocols we have in place give us autonomy to practice within reason. I found it extremely frustrating having to ask a busy practitioner to make a ventilator change that I could have done myself under the protocols that I am used to.”

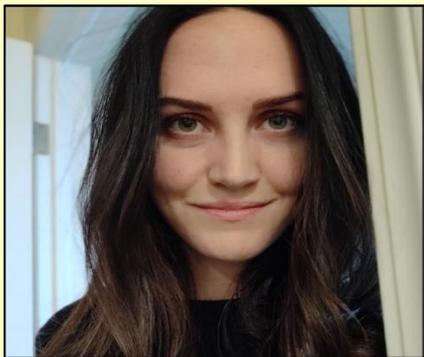
Fred Ashton was creative in keeping himself from contamination. When asked this question, he reported,

“One of the things I struggled with initially was finding a way to chart in a manner that would not contaminate myself or everyone else with papers that were moved in and out of rooms. While this might seem like a simple problem, it didn’t have a simple solution. I was able to order a folding clip board, and have it shipped to my hotel by 2nd day air.”

This allowed me to have paper and a clean writing surface to use and it was easy to decontaminate the outside of the folded clipboard before placing it in my pocket.”

As respiratory therapists, we embrace high quality, safe patient care. Our hats off to these healthcare heroes who left the comforts of home to enter directly into the pandemic “war zone”. Respiratory Therapist make a difference every day. Working as valuable members of the healthcare team, we recognize what others may well have forgotten...

“When you can’t breathe, nothing else really matters!”



Kate Wright, BSRT, RRT



**Jesse Du Toit BSRT, RRT
in empty
Times Square**

S



Jesse Du Toit BSRT, RRT



Fredric “Fred” Ashton, RRT



Fred Ashton RRT with Darya Gavrilova RN and Amanda Gariola RN

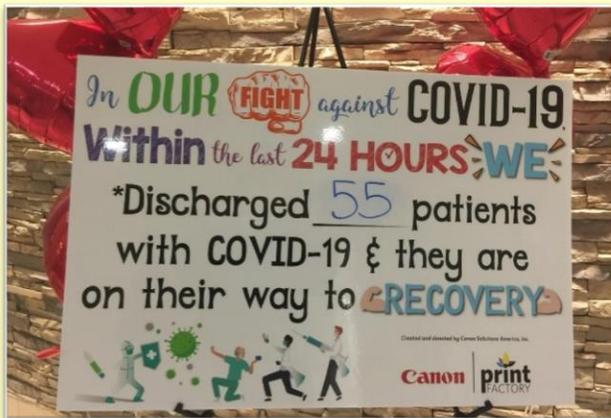
Social distancing rules are broken for a moment as I pose for a farewell photo with my angels in scrubs, Darya Gavrilova (left) and Amanda Gariola (right). After working together for two weeks, they just now realize I have a moustache.



Workers assemble to welcome our healthcare workers to an otherwise deserted JFK airport



Fred Ashton RRT reported:
"It takes a little time to perceive the order and structure amid a jungle of equipment."



Fred Ashton RRT:

"Whenever a COVID-19 patient is discharged or extubated, a celebratory song is played over the intercom system."

Interview

**Casie Renee' Caliva, MHA RRT
Assistant Professor of Clinical Instruction
University of Texas Medical Branch
Galveston, Texas**

**By Daneen Nastars, DHSc, RRT, RRT-ACCS
Director of Clinical Education and
Assistant Professor of Clinical Instruction
University of Texas Medical Branch
Galveston, Texas**



How long have you been a respiratory therapist?

I have actively practiced as a respiratory therapist for 5 years. I have had opportunity to work at several hospitals within the Texas Medical Center in a variety of areas including surgical, cardiovascular, cardiac, neurological, and neonatal intensive care units.

Take me through a typical shift in the COVID-19 unit.

I am currently working in the designated COVID-19 ICU. Patients are only brought to this designated unit if they have a *confirmed* positive diagnosis of the COVID-19 virus. In addition to patients admitted through the ER, some patients are being transferred to the Texas Medical Center from outlying hospitals in order to receive an elevated level of care.

As patients arrive to the unit, my role is to greet the EMS team or healthcare providers transporting the critical COVID-19 patient. My primary role is to place them on the ventilator, target the appropriate tidal volumes based on their ideal body weight, and ensure lung protective strategies. In addition, we perform lung recruitment maneuvers and identify optimal positive end-expiratory pressure (PEEP).

Frequent arterial blood gases are collected to optimize ventilation and oxygenation. P/F ratios are assessed to determine if the patient is an appropriate candidate for prone positioning. If prone positioning is appropriate, respiratory therapists play an important part in facilitating placing patients in a prone position. It takes approximately 50 min to safely prone a patient and ensure the airway is secure throughout the repositioning process. Every four hours the respiratory therapist is required to reposition prone patient's head and ETT to prevent skin breakdown.

Intubated COVID-19 patients must be seen at minimum every four hours and properly donning and doffing the PPE between patients takes almost 20 min per patient. During our peak admissions, I could receive approximately seven intubated patients a shift.

How have the PPE methods progressed since the COVID-19 pandemic?

The PPE requirements may change daily. Initially we utilized airborne precautions and then changed to include face shields. Respiratory therapists have been given new powered air purifying respirators (PAPRs). The respirators use a battery-operated blower that filters-out contaminants in the air through hooded devices. Fortunately, this has been very convenient for the respiratory therapists because we are not required to wear N-95 masks for the entire 12-hour shift. The PAPRs allow for healthcare professionals to go into multiple COVID-19 patients’ rooms more easily.



Conserving PPE gowns and mask is the new challenge within the hospital systems. Healthcare workers are having to share gowns and all masks given to the employees at the beginning of their shift have to be returned for sterile processing so they can be redistributed.

Tell us about the personal hardships you have encountered as a respiratory therapist while treating COVID-19 patients.



I took for granted my *normal* daily routine of putting on my uniform, applying my make-up, brushing my hair, putting on my stethoscope, and clocking into work. Currently, I arrive to work an hour early to stand in line to get my temperature taken, retrieve loaner scrubs, and seek out a place to change clothes prior to starting my shift. I am unable to wear make-up because it will ruin the PPE equipment I have to share with my fellow co-workers. We are no longer allowed to use our personal stethoscopes and are required to use plastic isolation stethoscopes. A single-patient stethoscope is designed for use with patients under isolation precautions, stay in the patient’s room while the patient is in isolation, and are disposed of when no longer needed.

The process of leaving the hospital has become a nightmare because the lines to shower and change out of the loaner scrubs is extremely time consuming. The required COVID-19 precautions add approximately an extra two hours to my workday.

How did you or the Respiratory Therapy Department in the hospital play a role to prepare for COVID-19 patients?



The respiratory department prepared for surge of COVID-19 positive patients by ordering and increasing supplies such as mechanical ventilators, filters, MDI spacers, filtered nebulizers, and stylets for intubations. In addition, specialized supplies such as longer ventilator electrical cords were ordered to extend the ventilator monitors to the outside of the patient rooms.

Although the initial thought of noninvasive ventilation was discouraged, we have implemented methods of oxygenating and ventilating patients with helmet hoods. These bubble hoods, essentially, are high flow oxygen devices that do not require a COVID-19 patient to be in a negative pressure room and prolong the need for intubation. Intubation boxes were created to provide healthcare providers a safer means of establishing a patent airway required for invasive mechanical ventilation.

Has this pandemic changed your view of the respiratory therapy profession?

The COVID-19 pandemic has given me a more positive outlook on the respiratory profession, and I have always been proud of my career choice. The pandemic has allowed me to develop more confidence in the clinical skills I have acquired. My knowledge and expertise are making a direct impact on the treatment of COVID-19 patients. It is apparent how significant my personal role is in the treatment of these patients. This pandemic has also challenged me to increase my knowledge and utilize skills that I typically don't use on a routine basis.



Intubation Box

As an alumnus of the University of Texas Medical Branch at Galveston, I am sincerely appreciative for the exceptional education received from the dedicated respiratory care faculty. I have a newfound appreciation for the foundation they provided me to properly and humbly treat COVID-19 patients.



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>

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

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[Graduate Respiratory Therapist Programs](#)

www.cobgrte.org



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 will leave 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 scholarships 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. 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:

Chair:

José D Rojas, PhD, RRT, RPFT
301 University Blvd
Galveston, TX 77554
jdrojas@utmb.edu

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FAARC
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Nancy Colletti, PhD, RRT
Mike Canfield, MAEd, RRT

CoBGRTETM

**Coalition of Baccalaureate and Graduate
Respiratory Therapy Education**

**SAVE THE DATE
WEDNESDAY, JULY 22ND from 6-8pm**

**Summer Virtual Town Hall and
Panel Discussion**

Hosted by the CoBGRTE Program Committee



The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) is organized to help students, faculty members, and the public learn about baccalaureate and graduate respiratory therapy education in the United States

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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 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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