

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

October 31, 2017 Volume 6 (10)

Spotlight Article



SEATTLE CHILDREN'S HOSPITAL

Respiratory Therapy Department

Dave Crotwell, BA, RRT-NPS, FAARC

Director of Respiratory Therapy

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Manager Quality Improvement & Research

Seattle Children's Hospital (SCH) is a free-standing regional children's medical center serving patients from Washington, Alaska, Montana and Idaho (WAMI region). In 2016, it was ranked as the 5th best children's hospital in America by *U.S. News and World Report*. SCH is affiliated with the University Of Washington School Of Medicine and is licensed for 407 inpatient beds. There are also several local and regional clinics serving children on an outpatient basis.

Respiratory Therapy Scope

The Seattle Children's Respiratory Therapy (RT) Department is comprised of 110 RTs. Included in this RT roll-up is RT Director, Dave Crotwell RRT-NPS, FAARC, four Managers, eight Clinical Supervisors, three Discharge Coordinators, and five Clinical Diagnostics Therapists. In recent years, there has been a hospital-wide emphasis on improving patient safety with the RT staff's goal of eliminating all preventable harm. By keeping patients safe, RTs and other clinicians can better meet the SCH mission to prevent, treat and eliminate pediatric disease. In the last five years, SCH RT Department has embarked on a mission to train staff in continuous improvement efforts with the goal of reducing hospital acquired infections, severe clinical deterioration, serious safety events, adverse drug events, and pressure ulcers.

SCH RTs are cross-trained between acute care and ICU settings. A full-time RT is staffed in the ER around the clock performing an expanded role such as IV starts, oral steroid delivery, and conscious sedation. Using clinical standard work and evidence-based practices, RT leadership has developed and trained staff in the use of several RT driven protocols and disease management guidelines, including bronchiolitis, asthma, high flow nasal cannula therapy, neonatal ventilator management, and airway clearance. RTs also have available training tools at the fingertips by accessing a cell phone application developed by the RT team to access policies, procedures, and job aids.

Each year, the SCH RT department supports RT practice by taking part in several national and international ventilator workshops. RTs regularly present at AARC Congress through lectures and/or Open Forum Research Presentations. The SCH RT department is also very interactive in organizing the annual Respiratory Care Society of Washington meeting's neonatal/pediatric symposium.

Approximately 30% of SCH RTs have baccalaureate (or higher) degrees and 100% of RT staff have the National Board for Respiratory Care (NBRC) Registered Respiratory Therapist (RRT) credential, and Pediatric Advanced Life Support (PALS). Until very recently, there were no baccalaureate RT programs in the Greater Seattle area but that has changed recently and three schools now offer Bachelors of Applied Science (BASRT) programs.

Pulmonary Diagnostics/Ambulatory Clinic

The Pulmonary Diagnostic's Lab RTs manage and operate simple and complex diagnostic respiratory tests, which include spirometry, plethysmography, DLCO, Nasal F_ENO, exhaled Nitric Oxide Measurements, and Lung Clearance Index. They are involved in several research projects related to Cystic Fibrosis (CF), Nasal Primary Ciliary Dyskinesia, and Thoracic Insufficiency Syndromes. For those who prefer the outpatient environment, SCH therapists have the opportunity to work in several outpatient medical specialty areas, which includes CF, asthma, chronic ventilation, and sleep clinics. Therapists in these clinics assist physicians in conducting

exams, performing diagnostic tests, manipulating ventilator settings, and training patients and families on aerosol drug delivery and airway clearance techniques. Seattle Children's has the only sleep center in the region dedicated to caring for babies, children and teens. RTs or Polysomnography staff perform all sleep studies alongside physicians in a lab specially designed to accommodate children and have designed the lab so that family members have a place to stay with their child during the overnight sleep test.

Transport Team

Seattle Children's Hospital has a very active Infant Transport Team, which provides critical care infant transport services to our Western Washington communities. The Infant Transport Team mission is to provide emergency care and stabilization of the infant patient population within our community. The transport program provides critical care inter-facility transportation, 24 hours a day 7 days a week with approximately 450 ground transports a year. The team provides transportation combined with a high level of care to critically ill patients from referring hospitals to Seattle Children's Hospital to receive specialty care. RTs are also involved in fixed-wing transport of critically ill patients. On occasion, the team provides inter-facility transport services to partner hospitals, and "reverses" transportation services to referring hospitals after receiving care at Seattle Children's Hospital. This service allows patients to be close to their family once their conditions has improved, and reduces the stress on families from outside the Seattle area. The team is comprised of RTs, Registered Nurses, and Emergency Medical Technician drivers. The team works closely with our medical directors and medical control physicians, and all medical care is driven by a combination of medical director approved protocols and guidelines, and on-line medical control via telephone during the transport process. This team is highly skilled in providing a level of care only SCH provides. When the team arrives at a referring facility, they raise the level of care, which helps improve outcomes for patients in our community. The SCH transport team is currently expanding the program to offer full-time dedicated air & ground RT services for both infant and pediatric patient populations.



Seattle Children's Infant Transport Team RT's Tien Tran, Ashley Strickland, and Kellie Micheletti

Extra Corporeal Life Support (ECLS)



Christine Farag, RRT-NPS and ECLS Specialist

RTs and RNs are actively involved in bedside ECLS care as part of the interdisciplinary ECLS Specialist Team. This highly specialized team is accredited through the Extracorporeal Life Support Organization (ELSO). Michael McMullan MD, Medical Director of the ECLS program at SCH, is the current President of ELSO. ECLS Specialists receive comprehensive training to manage both veno-venous (VV) and veno-arterial (VA) ECLS systems. There are currently eight RT members on the team. SCH offers the most comprehensive neonatal/pediatric ECLS services in Seattle with 50-60 cases each year and ECLS ground transport capabilities. Of note, RTs have been involved in a number of ECLS related research projects and even presented at several national conferences.

Translational RT Research and Quality Program

A unique feature of the SCH RT department is the Translational Research Laboratory, which is the only one of its kind on the west coast. RT staff work to advance neonatal and pediatric science by identifying bedside RT equipment performance issues and clinical management questions, bringing them back to the bench, exposing them to vigorous testing, with the goal of improving the equipment or process performance in this complex care environment. This program was initiated by RT leadership over 10 years ago to test new equipment performance to insure it was safe before using it in our pediatric patient populations.

The lab has grown through the implementation of improved safety standards, continuous process improvement, and clinical standard work. The RT leadership and staff review all new projects to assure close alignment with the SCH goal to improve the safety, delivery, quality, or cost of care for our patients. High fidelity lung simulators and anatomically accurate nasal airway 3D models derived from CT scans were developed to conduct needed research in order to



The Seattle Children's Research Institute's Jack MacDonald Building



Donna Parker RRT-NPS, a visiting researcher from Colorado Children's Hospital characterizes aerosol particle size in the RT aerosol lab

ascertain support provided by noninvasive techniques, like heated/humidified high flow nasal cannula. There is also an RT Aerosol Research Lab and Physiology Lab, located at the Seattle Children's Research Institute, to help answer some of the more complex research questions. There are several RT initiated clinical studies underway. The lab prides itself in its accomplishments because the majority of the research and QI projects are initiated, implemented, and completed by RT staff. Since the lab has opened, the RT Department has had over 50 poster presentations, 30 publications in peer-reviewed journals, and 10 textbook chapters. RT researchers have also served on the Editorial Board for Respiratory Care Journal and advanced their profession by assisting in the development of several AARC Clinical Practice Guidelines. The lab has also collaborated with RN staff to help conduct research as part of the recently acquired Nursing Magnet Status Designation. The lab receives its funding from the Seattle Children's Research Institute and several different industry sponsors. Current projects

include: CO₂ elimination and pressure delivery with HFNC in children, breath-synchronized, aerosolized surfactant delivery with NCPAP in surfactant-deficient subjects, volume guarantee mode performance with and without ET Tube leaks, and work of breathing between different subacute ventilators in patients with BPD.

The RT department lab personnel are always willing to collaborate with RTs from other institutions who may not have the available tools to conduct research. The SCH RT department continues to be excited about the opportunity to help advance neonatal/pediatric practice through research and quality improvement. The department looks forward to continuing the work we have been doing for over a decade, and to collaborating with industry leaders or other institutions in the future.

Contact Information

Main Campus

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Telephone: 206-987-3622

URL: <http://www.seattlechildrens.org/clinics-programs/respiratory-therapy/contact/>

CoBGRTE Elections Results

The Elections Committee is delighted to announce the election of three new officers and three new directors for the Board of Directors of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education.

Officer Election Results



President – Elect (2018-2019): Christy Kane, PhD, RRT-ACCS, RRT-NPS, AE-C, FAARC (top left photo). Dr. Kane is currently the Department Chair and Respiratory Therapy Program Director at Bellarmine University in Louisville, KY. Programs which Dr. Kane directs include the Bachelor of Science in Health Sciences (Respiratory Therapy) and a new first professional Master of Health Sciences in Respiratory Therapy degree program. Christy has over 22 years of experience in respiratory care education including teaching positions at the University of Louisville and Bellarmine University. Christy’s clinical experience includes work in neonatal and pediatric intensive care as well as experience serving at a Level I Trauma Center. Christy is a past member of the AARC House of Delegates and has been a member of the Board of Directors of the CoBGRTE since 2012. She is currently a CoBGRTE Officer and member of the Executive Committee. Christy is also Chair of the Membership Committee, and member of the External Affairs Committee, Elections Committee and *Coalition Chronicle* Editorial Board. She will complete her term of office as BOD Secretary in 2017.

Vice President for External Affairs (2018-2019): Jamy Chulak, M.S., RRT (middle photo). Jamy is currently serving as the Interim Dean of Allied Health, and Program Chair for the Respiratory Care Program at Valencia College in Orlando, Florida, a position he has held since 2009. Jamy holds a Bachelor of Science in Cardiopulmonary Care from the University of Central Florida and a Master of Science in Respiratory Care Leadership from Northeastern University. Jamy has recently served as the President of the Florida Society for Respiratory Care and is currently completing his term of office as Immediate Past President for the Society. He has been a member of the CoBGRTE BOD since 2013.

Vice President for Research (2018-2019): Gregg Marshall, PhD, RRT, RPSGT, RST (top right photo). Dr. Marshall is currently Chair and Professor of the Department of Respiratory

Care at Texas State University in San Marcos, Texas. Gregg also serves as the program director for the BSRC Program and the program director for the polysomnography portion of their MSRC program. Gregg has been teaching full-time at Texas State for over 37 years, 23 years as director of clinical education and 14 years as program director and chair. Gregg has been an active member of the CoBGRTE BOD as well as serving as a board Chair for the Texas Board of Respiratory Care – Texas Medical Board.

Board of Directors Election Results

We had an amazing group of 10 nominees for three open positions. Although it was a difficult choice because of the outstanding candidates, three new directors for a term of 2018-2022 were elected.



José D. Rojas, PhD, RRT (top left photo). Dr. Rojas began his teaching career in 1988. He joined the faculty at the University of Texas Medical Branch at Galveston in 2011 and became Chair of the Respiratory Care Department in 2014. Dr Rojas has been on the CoBGRTE Board of Directors since 2015. He also served as Chairman of the Texas Society for Respiratory Care (TSRC) Education Committee from 2011-2014. Dr. Rojas has been a Registered Respiratory Therapist for over thirty-two years. Dr Rojas is a graduate of an AAS Respiratory Care program. He earned his baccalaureate degree in Biology in 1995 and completed the Physiology PhD program at Texas Tech University in 2000. He completed a post-doctoral fellowship in the Department of Cellular and Molecular Physiology at Yale University School of Medicine.

Janelle Gardiner, DHSc, RRT, AE-C (middle photo). Dr. Gardiner is a full-time faculty member for Respiratory Therapy at Weber State University (2004-present). She has held the following academic ranks: Associate Professor (2015-present), Assistant Professor (2009-2015), Instructor (2004-2009), and Adjunct Clinical Faculty, Weber State University/McKay-Dee Hospital, (1997-2004). Dr. Gardiner has served the Utah Society for Respiratory Care in multiple roles on the Board of Directors including President and Delegate (twice). Janelle currently serves as AARC Delegate, Chair of Bylaws Committee, and Member of Membership Committee and

Programs Committee. She is also a member of the AARC Membership Committee (2014-present), AARC HOD Student Mentorship Committee, and Co-chair of HOD Best Practices Committee (2013-14), (2014-15). In 2015, Janelle served as a member of the CoBGRTE Committee on Accreditation.

Thomas D. Jones, MEd, RRT, CPFT (top right photo): Mr. Jones has been active in respiratory care education for more than 27 years including service as Program Director at Northwest Medical Center, Springdale, Arkansas, Program Director at the University of Arkansas for Medical Sciences BS degree satellite program in Batesville, and Program Director of the Respiratory Care Consortium Program at Arkansas State University – Mountain Home. Tom is currently the Associate Chair and Program Director for the University of Arkansas for Medical Sciences BS Degree Program in Little Rock. Tom also currently serves as a delegate to the AARC House of Delegates.

Respectfully submitted,

The 2017 Elections Committee

David Shelledy, PhD, RRT, FAARC, Chair

Tom Barnes, EdD, RRT, FAARC

Christy Kane, PhD, RRT-ACCS, RRT-NPS, AE-C, FAARC (recused from President - elect ballot discussion or vote)

Jonathan Waugh, PhD, RRT, RPFT, FAARC

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

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

Call for Committee Volunteers

**David Shelledy, PhD, RRT, FAARC
2018-2019 CoBGRTE President**

The 2018 calendar year is almost here and it's time to appoint/reappoint the CoBGRTE 2018 Committees. Please take a look at each committee and a draft summary of the **2018 Goals**, and consider which you might volunteer to join, rejoin or lead. Committee members must be active CoBGRTE members.

The 2018 committee goals will be presented to the Board of Directors for review and approval in January, 2018. The 2018 committees and draft goals include:

- **Graduate Council**
 - Gather and share data that will support development of additional respiratory care graduate programs (e.g. first professional masters, RRT to master's leadership programs, advanced practice masters, clinical doctorate).
 - Serve as a means of communication between existing and planned respiratory care graduate programs.
 - Assist with the development of proposals for respiratory care graduate programs.
 - Assist current baccalaureate programs in the development and offering of entry-to practice first professional masters.
 - Assist current baccalaureate programs in the development of advanced practice and leadership masters.
 - Prepared two or more articles about graduate respiratory care education for the *Coalition Chronicle*.
- **Advanced Practice Graduate Committee**
 - Work closely with AARC and CoARC to establish APRT programs.
 - Continue to develop sample curricula for advanced practice respiratory care programs to include a model clinical doctorate.
 - Work with AARC and other agencies to collaborate/assist/disseminate the advanced practice provider needs assessment.
 - Work with AARC and state societies to assist in the feasibility of an APRT addition to state licensure.
 - Prepare two or more articles during the year for the *Coalition Chronicle*.

- **New Program Committee**
 - Assist in the development of new baccalaureate respiratory care educational programs to include:
 - Traditional programs.
 - Conversion of associate to baccalaureate programs.
 - Associate to baccalaureate consortium programs.
 - Baccalaureate degree completion programs.
 - Assist the Graduate Council in the development of additional master's degree respiratory care educational programs.
 - First professional masters.
 - Conversion of traditional baccalaureate to first professional masters.
 - Establishment of new first professional degree masters.
 - RRT to master's leadership programs.
 - RRT to advanced practice masters.
- **International Outreach Committee**
 - Continue to provide a list of BSRT and MSRT programs located outside of the USA and publish this list on the website.
 - Contact programs outside the US and seek collaboration with CoBGRTE to include encouraging institutional and individual membership.
 - Provide assistance for the development and implementation of baccalaureate and master's degree respiratory care programs located outside of the USA.
 - Prepare two or more articles during the year about international respiratory care for the *Coalition Chronicle*.
- **Membership Committee**
 - Increase active membership to 500.
 - Increase institutional membership to 75.
 - Increase student membership to 600.
 - Recommend committee appointments for student members.
 - Increase corporate membership by three additional corporate members.

- Prepare at least one call or promotion for membership in each issue of the *Coalition Chronicle*.
- **Program Committee**
 - Plan and implement a two hour program for the 2018 Summer Forum to include location, registration fees, refreshments, speakers and activities.
 - Plan and implement a Round Table Discussion Dinner for the 2018 Summer Forum and Annual Meeting.
 - Continue to implement a speaker honorarium and travel expense policy.
 - Handle speaker invitations and arrangements.
 - Arrange program logistics and marketing.
 - Arrange for exhibitors at CoBGRTE events, to include associated fees and support.
 - Plan and implement a CoBGRTE student event at the AARC Annual Meeting.
 - Apply for AARC CEU credits for program offerings.
 - Provide sufficient advertising and associated announcements regarding all Program Committee offerings.
- **Scholarships Committee**
 - Continue to implement guidelines for applying for scholarships.
 - Prepare announcements and articles for 2018 scholarship offerings and publish these in the *Coalition Chronicle*.
 - Consider mechanisms to increase scholarship funding and make recommendations to the Board regarding scholarship amounts.
- **Social Media Committee**
 - Continue to maintain the Facebook and LinkedIn sites and increase the number of followers and participants.
 - Increase engagement in terms of clicks, likes, posts and comments.
 - Increase interactions with other respiratory care social media groups.
 - Increase Facebook page visibility across the web.
 - Increase the news and events content.
 - Prepare two or more articles during the year for the *Coalition Chronicle*.

- **External Affairs Committee**
 - Continue to organize and activate the Institutional Membership Council.
 - Continue to seek formal relationships with ASAHP, ACCP, ATS, ASA, SCCM, and COPD Foundation.
 - Work closely with the AARC Executive Committee and the CoBGRTE AARC representative.
 - Prepare suggested agendas for the AARC Summer Forum CoBGRTE Executive Committee meetings with:
 - AARC Executive Committee
 - CoARC Executive Committee
 - Develop and present face-to-face reports to the CoARC as scheduled.
 - Prepare two or more articles during the year for the *Coalition Chronicle*.
- **Strategic Planning Committee**
 - Review the Environmental Scan completed in 2017.
 - Develop a mission and vision statement for CoBGRTE.
 - Develop strategic goals and associated action items to achieve the mission and vision.
 - Submit proposed plan to the CoBGRTE Board of Directors for their consideration at the 2018 AARC Summer Forum Board meeting.
- **Website Committee**
 - Maintain the website.
 - Review and revise the current webpages to improve functionality and usefulness to members and the public.
 - Coordinate with CoBGRTE committee chairs to provide information and resources on the web.

As you can see, CoBGRTE continues to promote an ambitious agenda for respiratory care education. Please consider volunteering to serve on one or more committees. If you're willing to serve, please contact David Shelledy at Shelledy@UTHSCSA.edu.

Engaging Learners Using Simulation and Interprofessional Education

Samantha Davis, MS, RRT-NPS, AE-C

Clinical Assistant Professor, Boise State University



Imagine that today you are discussing advanced airway management and airway emergencies. Both are interesting topics, your slides are fantastic, and you even have some great videos! It's time for class – you're excited, but are your learners? It's an hour into your class now and the clock ticks quietly in the background. Occasionally a hand goes up and a thought-provoking question is asked, but as you look around at the rest of the class you wonder, "Am I losing them?" or "Are they getting this?" Unfortunately, you may have to wait until the exam to get answers to those questions.

In addition to gaining knowledge, simulation provides learners the opportunity to practice skills in a risk-free environment. Using simulation, concepts like airway emergencies can be taught safely and consistently. Each group of learners has access to the same patient scenario – there is no wondering *if* they will see it in their clinical rotation. If something doesn't go as planned, there is an opportunity immediately following the debriefing session where learners can get hands-on practice until skill mastery is achieved. Perhaps the best part? No lives were put at risk to make this experience possible!

Best practice in simulation emphasizes the importance of authentic, challenging scenarios integrated throughout the curriculum.¹ The airway emergency scenario described previously is performed with 4th semester Respiratory Care students in the simulation center. Upon entry to the room, the patient's vital signs and physical exam mimic a patient in severe respiratory distress. After initial assessment, learners try to identify the cause for distress and eventually find a disposable inner cannula that is obstructed. From there, learners decide how to manage an obstructed airway in a patient who is rapidly deteriorating. It's a fairly simple scenario, but tremendously beneficial. Learners could spend days, weeks, even months in clinical and never see an obstructed airway. Now, they've managed an airway emergency first hand without putting a patient at risk. Perhaps the best part? They got to *do* this, rather than taking notes while listening to a Professor *tell* them how to manage an obstructed airway.

Although this scenario currently only involves Respiratory Care students, it could easily be adapted to include Nursing or Medical Provider students. Simulation is an ideal environment for interprofessional education (IPE) to flourish. IPE Core Competencies of values/ethics, roles/responsibilities, interprofessional communication, and teamwork may be addressed in a variety of ways using simulation-based IPE.² Realistic scenarios such as Advanced Cardiovascular Life Support (ACLS) or post-partum hemorrhage combine performing accurate

clinical assessment with demonstrating interprofessional communication and teamwork. Interprofessional communication is not only a Commission on Accreditation for Respiratory Care (CoARC) Accreditation Standard, but an essential skill. If we prepare students who are technically competent, but don't prepare them to be functioning team members in a clinical environment, then we have failed as educators.

One of the most documented barriers to implementing simulation is lack of resources, whether human, financial, or technological.^{3,4}

The scenario described above utilized a high-fidelity manikin capable of simulating breath sounds, tachypnea, and tachycardia – but it doesn't *have* to. This scenario can be done

using a low-fidelity manikin with vital signs documented in the chart and water sprayed on the manikin to simulate diaphoresis. An airway obstruction is nothing more than gelatin in a disposable inner cannula. A little creativity can go a long way!



As learners leave the simulation center, you can *feel* their excitement. They just took part in a realistic scenario where they saved a life! They were able to ask questions and practice skills in a non-threatening environment. Things that didn't go well aren't penalized, but discussed through the lens of continuous improvement. From an assessment perspective, the things they said and the actions they took confirmed skill mastery. Overall, learners feel their team communication and ability to prioritize care has improved; they are more confident when assessing patients and recognizing distress, and they feel better prepared to handle similar situations in real-life. As educators, aren't those the things we hope for?

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Valencia College Respiratory Care Program Students: (L-R) Michael Stuck, Rachell Dumanoir, Marco Manso, Isa Hasbun

Florida Respiratory Care Students Place Second in the National Sputum Bowl Competition

Valencia College’s Respiratory Care Program was honored to send four of their graduates to the nationally recognized Sputum Bowl Competition at the American Association for Respiratory Care



(AARC) Congress. This is the fourth time that Valencia College students have represented Florida at the national competition. Twenty-three student teams from around the country competed in the 2017

National Sputum Bowl competition held at the AARC Congress in Indianapolis, Indiana this past October. The event was held over three days, during which Florida’s student team competed many times to move up the ranks to the finals. It was a challenging endeavor and tensions were high as the final two teams faced off, Florida versus Texas. Their match was a joy to see, and you could feel the excitement in the air as the teams faced off against each other. When the scholastic dust settled, the Florida student team managed to secure 2nd place, nationally. Valencia College’s Respiratory Care Program and the FSRC (Florida Society of Respiratory Care) are proud of our team for achieving such a high ranking. This is the second time Florida students have placed this high in the national competition, proving Florida students are true competitors in this arena. We look forward to this trend not only continuing but also improving by one more position. Thanks again to the 2017 student team and good luck to all future Florida student teams.

SPUTUM BOWL COMPETITION 2017

Valencia
College
Respiratory
Care
Program
Represented
Florida
Respiratory
Care
Students

2017 2nd
Place
Nationally



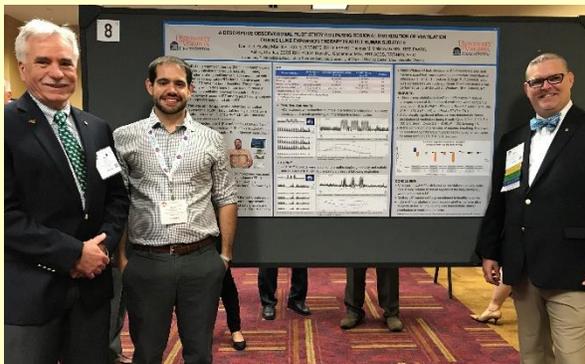
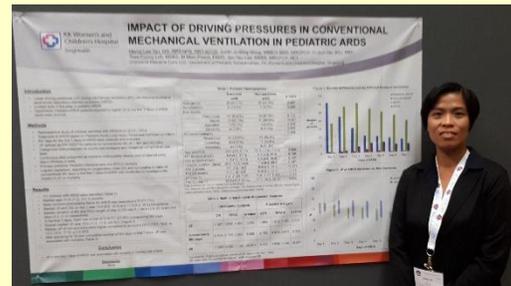
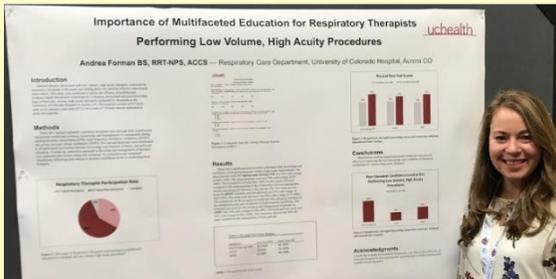
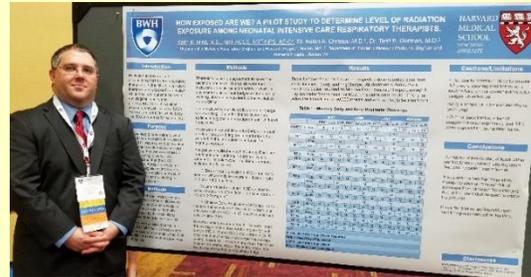
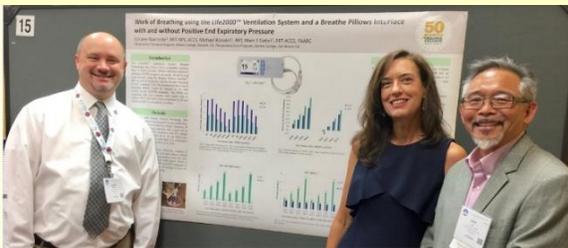
Author:
Kimberlee
Harvey, MS,
RRT-NPS
(Director of

Clinical Education for the
Respiratory Care Program at
Valencia College) 10/17

Northeastern University Reunion at AARC 2017 Congress



Northeastern Students and Alumni at 2017 Open Forum

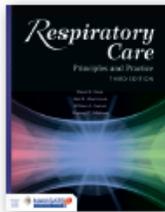




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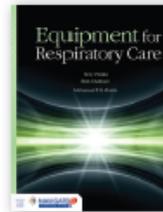


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Equipment for Respiratory Care

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

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- Focuses on the principles of the equipment
- Includes in-depth discussion, case-based critical thinking modules, practical solutions, illustrations from the user's point of view
- Focus on clinical application of patient care enhances critical thinking skills
- New approach: Emphasis on clinical application rather than engineering technical detail to drive critical thinking
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University of Toledo
The Ohio State University
State University of New York Upstate Medical University
Northeastern University
University of Texas Medical Branch - Galveston
Wheeling Jesuit University
Texas State University
University of South Alabama
Long Island University
University of North Carolina – Charlotte
Louisiana State University Health Science Center – New Orleans
Midwestern State University
Jefferson College of Health Sciences
Youngstown State University
Rutgers University - North
Nova Southeastern University
Loma Linda University
University of Arkansas for Medical Sciences
State University of New York at Stony Brook
University of Texas Health Science Center – San Antonio
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Oregon Institute of Technology
Augusta University
CHI St. Alexius Health-University of Mary
Valencia College

CoBGRTE Institutional Members – Continued

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St. Catherine University
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Cincinnati Children’s Hospital Medical Center
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Iman Abdulrahman Bin Faisal University
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Respiratory Care Society of Washington
Samford University
Canisius College
Carlow University
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Jacksonville State University
Modesto College
Newbury College
Eastern Tennessee State University
University of Cincinnati
University of Michigan - Flint

If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 10 reasons why you should join the coalition.

Ten Reasons Why You Should Become a CoBGRTE Member

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

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

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