

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

September 30, Volume 10 (9)

Spotlight Article University of Missouri



Mizzou Columns Viewed from Francis Quadrangle

**School of Health Professions
Department of Clinical and Diagnostic Sciences**

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University of Missouri

Established in 1839, the University of Missouri knows what it means to be first. We were the first public university west of the Mississippi River. We are home to the world's first journalism school. We started the tradition of

homecoming. As a flagship, land-grant institution and one of only 65 universities across the U.S. and Canada to be a member of the prestigious Association of American Universities, we are a campus where empathy, innovation and hard work combine to solve the world's grand challenges. Our community of students, faculty and staff enhances bovine reproduction, composes award-winning music and generates life-saving radioisotopes in the most powerful university research reactor in the country. We tackle diverse problems because Missouri is a diverse state — from the southern Ozarks to the northern plains. We are Mizzou, where Black and Gold runs deep, and Truman the Tiger embodies our bold spirit.

School of Health Professions

The School of Health Professions became an independent academic unit by action of the University of Missouri Board of Curators on Dec. 14, 2000. The school's programs have a long and distinguished history, some dating back to the early 1900s, and have produced many well respected and nationally recognized professionals.

At the time of its establishment, the school consisted of Respiratory Therapy; Radiologic Technology; Nuclear Medicine; Health Psychology; Occupational Therapy; Physical Therapy; and Speech, Language and Hearing Sciences.



Addressing the increasing health care needs of Missouri and across the nation, the school has continued to grow in programs to prepare professionals to care for an increasingly diverse population. Today, the school is home to degree programs in Clinical Laboratory Sciences, Diagnostic Medical Ultrasound, Health Sciences, Public Health and Social Work, in addition to the founding departments.

As Missouri's only state-supported school of health professions on a campus with an academic health center, we are uniquely positioned to educate highly qualified health care, public health and social work professionals. Students gain valuable experience through our school's clinics and community outreach programs. They also train at more than 800 fieldwork sites across the nation.

In addition to becoming skilled practitioners, our graduates will assume leadership responsibilities as faculty, researchers, and administrators in their respective disciplines. Our commitment to improving the health and well-being of individuals and communities through teaching, research and service has never

been stronger. In 2021, The School of Health Professions turned 20, with an enrollment of more than 3,300 students and 16,000 living alumni worldwide

Commitment to Diversity, Equity and Inclusion

The mission of the MU School of Health Professions is to improve the health and well-being of others. We care deeply about the effects of the social and cultural climate on every person's ability to live, work, study, innovate, serve and thrive on this campus. We welcome and strive to foster an inclusive and diverse community of people, cultures and abilities.

We also acknowledge our responsibility to dismantle systemic inequities within our professions, which have contributed to long-standing health disparities and the lack of diversity among health care providers. It is our duty to respect and uphold the individual dignity of each student, faculty and staff member in our school, and each person receiving our care and attention, without exception. It is our duty to challenge ourselves to root out systems of bias.

Health Professions students leave our school and become health care providers for a diverse population. They will take an oath to care for others in need without bias. All students, faculty, and staff in the School of Health Professions deserve and are called to contribute to an educational experience and a workplace that holds the same promise.

Mizzou Bachelor of Health Science RT Entry to Practice Program



The University of Missouri (Mizzou) Respiratory Therapy Program was established in 1967. The curriculum consists of two years of prerequisite course work and a two-year (six-semester) professional phase, which includes two summer semesters, two fall semesters and two spring semesters. The professional phase is offered on the Columbia campus and at Mercy Hospital in St. Louis. Primary clinical sites include Level 1 trauma centers at University of Missouri Health Care and Mercy Hospital-St. Louis. Graduates earn the Bachelor of Health Science degree upon

successful completion of the program.

The mission of the Mizzou RT Program is to coordinate superior classroom, laboratory, and clinical experiences to prepare advanced Respiratory Care Practitioners, develop learners who will effectively engage in professional

leadership roles, and provide an environment where research and service are expectations.

Mizzou RT students are actively engaged at the national, state, and community levels. They serve as student liaisons who represent Missouri at the AARC Congress, present lectures at student break-out sessions at the annual



Missouri Society for Respiratory Care (MSRC) conference, and consistently earn awards for their writing, including the John Rogers Memorial Scholarship. They also participate in campus and community outreach events such as Camp Catch-Ya-Breath, the Caleb Science Fair, the CF Foundation's Great Strides Walk, and Summer Welcome Family Panels during new student orientation.

Clinical coursework is a clear strength of the Mizzou RT program, where students complete 1,090 clinical hours prior to graduation. First year clinical coursework is taught by full-time faculty who also teach didactic courses, so faculty quickly identify students' strengths and opportunities for growth. Consistent instruction in didactic and clinical coursework makes for clear connections between classroom and bedside practice. Mizzou RT students build teamwork skills in interprofessional simulations with other students including medicine, nursing, physician's assistant, pharmacy, physical therapy, health management and informatics, and ultrasound.

Mizzou RT students learn alongside hospital-based preceptors in their senior year to refine their critical thinking skills and build new clinical, administrative, educational, and research skills in sleep medicine, air transport, pulmonary rehabilitation, asthma education, and smoking cessation. Students select final semester externships from a list of over 40 clinical sites around the U.S. to complete rotations in adult critical care, general pediatrics, pediatric intensive care, neonatal intensive care, child health, EKG, pulmonary function testing, hyperbaric oxygen therapy, pulmonary rehabilitation, subacute care, intubation,

and management. Students interact with a diverse array of equipment and procedures in their externships to build confidence and networking relationships that frequently result in multiple offers of employment before graduation. Prior to graduation, all students earn BLS, ACLS, NRP, and PALS credentials.

After graduation, 100% of employers communicate satisfaction with program alumni, a number which exceeds the national average. One hundred percent of Mizzou RT program graduates earn the NBRC TMC high cut score, a number



which also far exceeds the national average. Mizzou's RT Program is one of only three programs to have received the CoARC *Distinguished RRT Credentialing Success* Award every year since inception of the award.

MU Respiratory Therapy program cohorts regularly experience 100% job

placement after graduation, exceeding the national average. Mizzou RT graduates are employed throughout the world as advanced clinicians, department managers, infection control specialists, industry leaders, clinical and academic educators, medical consultants, and ECMO and organ procurement coordinators.

Applications for admission are available mid-late October and due Feb. 1. Transfer guides are available for many of the accredited public/private colleges, universities, and community colleges in Missouri and a few outside of Missouri. Each guide lists the courses that will transfer to meet the Mizzou RT program's prerequisite requirements. To receive a specific Missouri school's transfer guide, please contact the Respiratory Therapy Program Director, Jennifer Keely.

Mizzou Bachelor of Health Science RT Degree Advancement Program

The University of Missouri [Degree Advancement Program](#) for Registered Respiratory Therapists is one of the first of its kind in the U.S. Students complete core respiratory therapy course work online, which offers many of the same experiences as traditional classroom learning including: timely and evidence based assignments and projects, discussion with other students, and feedback from faculty experts with advanced credentials. This is a 100% online, self-paced,

semester-based program with courses such as *Advanced Mechanical Ventilation*, *Adult Critical Care*, *Clinical Ethics*, *Community and Patient Education*, *Pediatric Respiratory Care*, and *Pulmonary Rehabilitation*.



Applications for admission to the bachelor's degree advancement program are accepted any time throughout the year.

Mizzou Master of Health Science RT Degree Advancement Program

Accomplished and ambitious respiratory therapists who hold the bachelor's degree and the RRT credential may be eligible for admission to a program that awards the degree in

[Clinical and Diagnostic Sciences](#), with an emphasis in Respiratory Therapy degree upon completion. The 30-credit online curriculum enables professionals to complete coursework part-time and at their own pace while concurrently employed. Students may complete the program in as few as two years. The program prepares RTs for leadership positions such as those listed below.

- Sales in the medical equipment or pharmaceutical industry
- ICU team leader
- Clinical/education coordinator
- Educator for an entry-to-practice RT education program
- Online educator for an RT education program
- Consumer/product support in the medical equipment or pharmaceutical industry

University of Missouri MHS CDS program students may add value to their experience by carefully choosing their elective courses. Strategically selected electives allow students to earn a graduate certificate and prepare for advanced RT-related certifications while completing requirements for the master's degree.

Applications for admission to the master's degree advancement program are accepted any time throughout the year.

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Respiratory Therapy in India: A Profession in Transition

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Human resources for healthcare facilities in India are diverse and multifaceted. Given the large and growing number of patients with chronic respiratory diseases, as well as the scarcity of well-trained respiratory physicians and nurses, the quality of care for both outpatient and hospitalized patients with respiratory diseases is severely jeopardized. Respiratory Therapy (RT) is regarded as a middle-tier profession in India, where therapists work alongside physicians to diagnose, treat, and manage patients with cardiopulmonary diseases. The rapid growth of the population, as well as the concurrent development of healthcare facilities, has had a significant impact on the progress of RT in India. RT has evolved as a specialty over the last two and a half decades. As a result, the country has seen the establishment of numerous academic institutions offering respiratory therapy programs.

Important events in the evolution of respiratory therapy profession in India

Years	Event
1995	Four-year BSc in Respiratory Care courses started MCOAHS - Manipal, Karnataka SRMC - Chennai, Tamil Nadu
1996	Two-year Diploma in Respiratory Care CMC - Vellore, Tamil Nadu
1997	Two-year Diploma in Respiratory Care started NIMS - Hyderabad, Andhra Pradesh MediCiti Hospital - Hyderabad, Andhra Pradesh
1998	Establishing ARCI in Hyderabad. It is India's first official professional association for RTs

1999	Three-year BSc in RCT under RGUHS - Karnataka SJIC - Bangalore
2002	Diploma in Respiratory Care KMCH - Coimbatore Under Dr. MGR Medical University, Tamil Nadu
2006	Manipal College of Allied Health Sciences - Manipal, Karnataka Started the first master's program in respiratory care
2006	BSc in Respiratory Care in the state of Maharashtra SIU - Pune
2010	Bachelor's and Master's Program in Respiratory Care Amrita Viswavidyapeetham University - AIMS, Kochi - Kerala
2011	ARCI changes its name to IARC and is formally registered under the Karnataka Society Act
2012	Launching the Prestigious Indian Journal of Respiratory Care - IJRC (The official scientific publication of IARC).
2019	Bachelors program at All India Institute of Medical Sciences, Rishikesh
2020	Launch of Indian Academy of Respiratory Care, the academic wing of IARC Curriculum & Advisory board
2020	Starting three collaborative Fellowship programs and one honorary fellowship https://www.iarc.in/iarc/news
2021	Profession is formally recognized by the Government of India, by including RT in the National Commission for Allied Healthcare Professions Act 2021.

Table adopted and modified from Sreedharan JK et.al.¹: MCOAHS: Manipal College of Allied Health Sciences, SRMC: Sri Ramachandra Medical College, CMC: Christian Medical College, NIMS: NIZAM'S Institute of Medical Sciences, ARCI: Association for Respiratory Care-India, RT: Respiratory therapists, RGUHS: Rajiv Gandhi University of Health Sciences, SJIC: Sri Jayadeva Institute of Cardiology, KMCH: Kovai Medical Center Hospital, SIU: Symbiosis International University, AIMS: Amrita Institute of Medical Sciences, IARC: Indian Association of Respiratory Care, IJRC: Indian Journal of Respiratory Care, BSc: Bachelor of Science, RCT: Respiratory care technology.



To date, approximately 12 of India's 993 universities and 50+ schools offer an RT program, with 2,500+ graduates since 1995 (<https://iarc.in/education>). India is on the right track in following international recommendations to have a bachelor's degree with a minimum four-year duration for entry into the profession, and it has already up scaled all diploma programs to baccalaureate and graduate level degree-granting programs by 2018. According to a recent study published in RESPIRATORY CARE, 90% of Indian RTs have a baccalaureate or higher degree in respiratory therapy, while less than 10% are diploma holders or on-the-job job trainees with varying educational backgrounds. Today, many universities are successfully facilitating Ph.D. programs, and graduates of these programs hold the highest positions in India's health care industry.



Details of formal Respiratory Therapy programs in India

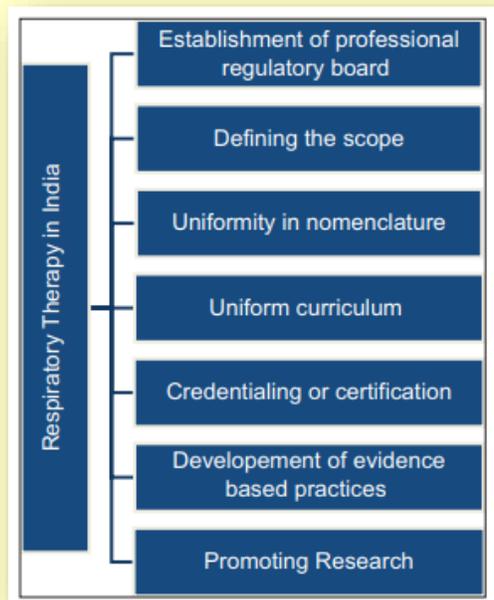
<i>Name of the degree</i>	<i>Duration</i>	<i>Number of institutions</i>
Bachelor of Science in Respiratory Therapy	4 years	52
Master of Science in Respiratory Care (with 4 identified subspecialties)	2 years	8
Ph.D. in Respiratory Therapy (Health Sciences)	5 years	4

The Indian Association of Respiratory Care (www.iarc.in) is India's only professional organization for practicing RTs. It was founded in 1996 with the goal of uniting all RTs in the country. Since its inception, IARC has primarily served as a self-regulatory body for the professional practice of respiratory care in India, and is governed by its members. IARC provided a professional identity and was instrumental in collective advocacy and ensuring the welfare of RTs. In addition, the society launched a self-funded-indexed journal, the Indian Journal of Respiratory Care (www.ijrc.in), which celebrated its 10th anniversary in 2021. The journal now publishes four issues per year. During the past year, the society has also established a dedicated academic wing, the Indian Academy of Respiratory Care, to foster its members' academic and research endeavors, and thus become the center of academic excellence in Respiratory Therapy. IARC now offers a unified and well-structured curriculum for both the bachelor's and master's programs in RT. Furthermore, the society assists in the establishment of new programs at various universities by providing job descriptions and guidelines for establishing and recognizing academic programs and clinical departments. The society is working to update and unify the current curriculum structures in the institutions that currently offer respiratory therapy programs. IARC is supplying guidelines that will assist RT leadership and clinicians in demonstrating their value through affordable care and departmental performance. The IARC also works to establish state committees in areas where respiratory therapy is a well-known and established profession. All of these efforts combined are effective in establishing professional status and autonomy in RT practice.



As an adjunct to traditional RT functions or practices, RTs have begun to assume new responsibilities and have been asked to play a larger supportive role. This is primarily due to a shortage of

doctors and nurses. A systematic approach and implementation of research-oriented, evidence-based protocols and best practices is a necessary skill for taking on this challenge. As the number of patients with COVID 19 has increased, so has the demand for RTs, which is higher than ever before. Given the difficult involvement of RTs at all levels of patient care, they will play a significant role in the future of healthcare services in India.



The outline of the respiratory therapy profession's road map in India
(Courtesy Sreedharan JK et.al.)¹

RTs are known to work in the acute care setting in India. According to the findings of a national survey conducted by Ms Shevade et al., more than 55% of them work in ICUs. When the Indian government's idea of establishing small scale intensive care settings in rural areas and advanced home care/long term care facilities is implemented, the scope of practice of RT will expand exponentially. In India, there is currently no authorized central or state council that governs the RT profession. This is the primary reason for the wide variation in curriculum and training standards seen across the country. The inclusion of the RT profession in the National Commission for Allied Healthcare Professions Act 2021 (NCAHP Act 2021) will standardize the RT profession with a unified entry-level qualification, a uniform course duration, a uniform curriculum, and consistent educational resources. The new act will provide numerous opportunities for respiratory therapy educators to collaborate with clinical practitioners to develop effective, evidence-based teaching and assessment strategies, thereby preparing students to transition from education to practice. Along with the training, the roles and responsibilities of RTs will be standardized, and the scope of practice may expand proportionally. Most importantly, more jobs will be created across the country, allowing RTs to work and serve patients. It is expected that the remuneration for RT expertise will improve as a result of their skills and what they can offer society as a whole. The role of RTs in the intensive care unit, pulmonology laboratories, and during ECMO runs should make them the ideal pillars on which the medical profession should rely. As a profession, RT in India is at a crossroads; opportunities have arisen, and it is time for RTs to transform dramatically at this time. There is a real possibility that the profession will rise to greater heights in India.

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

[BSRT and MSRT Entry Programs](#)

[Graduate Respiratory Therapist Programs](#)

www.CoBGRTE.org

CoBGRTE 2021 Scholarships

José Rojas, PhD, RRT, Chair Scholarship Committee

Dr. Craig Smallwood Research Scholarship Recipient

This year's applicants for the Dr Craig Smallwood Scholarship were all in doctoral programs! Craig was an avid supporter of CoBGRTE, the AARC, the respiratory profession, and research. Our hope is that the support provided in his name will continue to motivate bright and inquisitive minds in our profession to continue the work that he found to be so important. This year's applicants would have made him extremely proud and excited about the future for our profession. We were impressed with the quality of applications this year and look forward to that continued interest. We are pleased to announce that the winner of the Craig Smallwood Research scholarship is Sarah Pehlke. Her proposal was entitled "Professional Quality of Life in Respiratory Therapists: A Cross-Sectional Study of the Prevalence and Predictors for Compassion Fatigue, Burnout and Compassion Satisfaction".



Ms. Sarah Pehlke, MHS, RRT is the Program Director for Respiratory Therapy within the Donna and Allen Lansing School of Nursing and Clinical Sciences at Bellarmine University. She is a doctoral candidate pursuing a PhD in Health Professions Education. Ms. Pehlke gained clinical respiratory care experience with neonatal, pediatric, and adult acute care patient populations. She went on to serve as the first Respiratory Therapy Clinical Coordinator at Norton Children's Hospital prior to her move to academia, where she served as an instructor at Bellarmine University beginning in 2016. Ms. Pehlke serves as committee co-chairs for the Kentucky Society for Respiratory Care and Coalition for Baccalaureate and Graduate Respiratory Therapy Education. She is a regular volunteer and advocate for the Cystic Fibrosis Foundation and American Lung Association. Her research interests include compassion satisfaction, compassion fatigue, and burnout in respiratory therapists. She presented her previous work on asthma management at the American Thoracic Society International Conference in 2016 and implementation of evidence-based practice projects in the respiratory care curriculum at the American Association for Respiratory Care Summer Forum in 2021. We hope that this award and recognition will allow her to continue Dr Smallwood's inquisitive nature and help to propel the profession forward.

Tom Malinowski Research/Leadership Award Recipient

Tom Malinowski was an extraordinary therapist, manager, researcher, and leader who contributed significantly to our profession through his service on the CoBGRTE Board of Directors and the AARC. The newly established research award in his honor gives preference to proposals from managers or individuals in management positions that are advancing respiratory care related clinical research. We hope that the recipient of this research award will continue Tom Malinowski's efforts to advance the respiratory care profession. In this inaugural year of the award, Megan Keith's proposal entitled "Ventilator Driving Pressure and Mortality after Cardiac Surgery" was selected. After reading her proposal and considering that she had been a mentee of Tom Malinowski, the committee felt that this award would be a very fitting tribute to Tom's legacy.



Megan Keith, BSRC, RRT, RRT-ACCS is an adult critical care respiratory therapist at the University of Virginia Health System in Charlottesville, VA where she has been for 7 years. Megan graduated from JS Reynolds Community College in 2014, Boise State University with her BSRT in 2018 and is currently enrolled in Northeastern University's Master of Leadership in Respiratory Care program. She currently is a Clin 3 in the Cardiovascular ICU. She is one of a handful of therapists who can place and interpret esophageal balloons and is on the new Lung Safety Team. Megan has been on many committees such as Respiratory Care Week, Clinical Ladder Committee, she is also a Hamilton G5, Draeger V500 and NoxBoxi super user. Megan is also the Vice President and media co-chair of the Virginia Society for Respiratory Care. Outside of the respiratory world, Megan has two kids, Olliver and Emory and two dogs, Maizy and Apollo. She loves traveling, board games and reading in her spare time.

CoBGRTE Merit Scholarship Recipients

Given the continued COVID-19 Pandemic, the Board of Directors voted to continue to offer eight, \$1000 merit scholarships to worthy members of CoBGRTE who were enrolled in baccalaureate or graduate programs related to respiratory care. Interested candidates were required to submit application materials that included a one-page essay on how CoBGRTE could meet its goal to increase the number of graduates from baccalaureate and graduate respiratory care educational programs. This year we had twenty-two applicants from a variety of educational programs which represent the many paths currently available to advance in respiratory care. The accompanying table provides a breakdown of applicant demographics.

Program Type	Number
BSRC Entry Level	4
BSRC- DA	4
MSRC Entry Level	2
MSRC-DA	9
MSHP-DA	1
MSRC-Integrated	2
Total	22

The Scholarship Committee evaluated each applicant’s materials and were very appreciative of the time and effort that applicants put into their essays. We hope to utilize some of their excellent ideas and have invited all to become more involved in CoBGRTE! The Scholarship Committee appreciates the contributions these applicants have made to the profession and encourage them to remain engaged with CoBGRTE. There are many opportunities to advance the profession by serving on CoBGRTE committees, and we could use

your help to continue to move the profession forward. Consider reaching out to committee chairs to offer your help if interested.

Below are short bios abstracted from provided resumes and the scholarship recipients themselves. Despite the ongoing pandemic these individuals are striving to improve our profession and we applaud their service and contributions. Please join us in congratulating this year’s scholarship recipients (listed in alphabetical order) and we look forward to next year’s applicants.



Hareem Ali, BSRC is currently a student in UTMB’s Master’s in Health Professions Program. She graduated from the University of Houston in 2015 with a degree in Biology, and from UTMB’s Respiratory Care program in 2020. She will be starting a job as a neonatal/pediatric respiratory therapist at Lurie Children’s Hospital of Chicago. During her time at UTMB she states, “I was fortunate enough to

participate in the AARC’s House of Delegates Student Mentorship Program” and that she truly enjoyed the experience. “I was also able to travel to West Texas as part of an Interprofessional Education grant and completed a clinical rotation at Midland Memorial Hospital. These opportunities allowed me to observe the roles and duties of RTs in different clinical environments, as well as to learn more about executive functions such as policymaking, professional advocacy, and the advancement of Respiratory Care procedures. I want to be an active participant of organization such the AARC and CoBGRTE throughout my career to help advance my profession and encourage current and future RTs to do the same. Respiratory Care is more essential now than ever, and I hope to do my part in making it more a more effective and accessible service.”



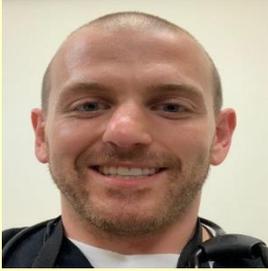
Jessica Bernard, BSc, RRT is a professor of Respiratory Therapy at Conestoga College and Fanshawe College in Ontario, Canada. She also works in adult critical care at Hamilton General Hospital and has a background in simulation education. She received her Bachelors of Science in Biology and Psychology with a health sciences specialization from Trent University, an advanced diploma in Respiratory Therapy from Conestoga College and is currently pursuing her master's degree in Respiratory Care Leadership through Northeastern University. Her interests include interprofessional education, simulation, pathophysiology and disease management.



Sue Carvin, BSRC, RRT, RRT-ACCS received her AAS in Respiratory Therapy at Reading Area Community College in 2010. She has worked as a staff therapist at Lehigh Valley Health Network in Allentown, Pennsylvania since 2010 and is involved in multiple departmental committees. Sue received her BSRC from University of Kansas Medical Center in 2019 and is currently pursuing an MS in Respiratory Care Leadership at Northeastern University with planned completion in 2023. Sue would like to pursue a clinical educator position and is also interested in research. She is a member of CoBGRTE, AARC, and PSRC.



Lindsey Couch, RTS is a Respiratory Therapy student at Jacksonville State University. She states that she “chose to major in respiratory therapy because she has a sleeping disorder and in addition loves taking care of people but did not want to deal with anything below the waist.” She is currently employed at UAB as a respiratory care technician. After graduation she plans to continue at UAB after graduation, and eventually hopes to take on some travel assignments elsewhere in Alabama. Lindsey emphatically states, “I hope that I can make a difference in respiratory care and bring about some new ideas that will help CoBGRTE spread the word about baccalaureate and graduate respiratory care educational programs”.



Joseph Di Peppe II, BS RRT-ACCS, AE-C graduated from Virginia Tech in 2007 with a degree in Marketing Management. After working several successful years in the business world, he was left unfulfilled by his pursuits. After deciding to become a Respiratory Therapist, in 2011 he started fulltime employment as a nursing tech at a local hospital, so he could learn the foundations of healthcare while in school. In 2014, he graduated from J. Sargent Reynolds Community College with an AS Degree in Respiratory Care. He was hired to work in Surgical/Trauma/Neurology unit at the University of Virginia Health System as a staff therapist. In 2017, he was promoted to manage the Surgical/Trauma/Neurology Assess and Treat Protocol, which he continues to manage today. In 2016, he began studies at Northeastern University pursuing a MSc in Respiratory Care Leadership with a focus in Specialty Practice. He is expected to graduate in 2022. Under the tutelage of mentors Dan Rowley, MSc, RRT-ACCS, FAARC and the late Tom Malinowski, MSc, RRT, FAARC, he coauthored several publications that have been presented at the AARC Congress, one of which was selected as a 2018 Editor's Choice. His goals include growing bedside respiratory therapist autonomy and promoting compassionate patient care. He is passionate about patient education and coaching the sick and injured to be active participants in their recovery. He lives with his wife and three children in Richmond, VA. He enjoys Yoga, Wim Hof Breathwork, Meditation and studying and instructing in the Japanese Art of Aikido in which he holds a 2nd degree black belt.

Giselle Lai , BSc, RRT is the Clinical and Professional Lead for Respiratory Therapists in the Women and Babies Program at Sunnybrook Health Sciences Centre in Toronto, Canada.



Giselle has completed a Bachelor of Science in Human Biology degree from the University of Toronto and completed the Respiratory Therapy Program at the Michener Institute in Toronto. She is currently working on a Masters of Science in Respiratory Care Leadership program at Northeastern University with a focus on adult education and specialty practice. A growing area of interest includes simulation training to establish and maintain clinical competencies for students and staff. An important part of her role as a leader includes ensuring best practices in neonatal respiratory care and contributing to clinical research. She will be leading the

Sunnybrook group in upcoming research including different interfaces and modalities in non-invasive ventilation and oxygen use in neonatal resuscitation. Giselle has an interest in Quality Improvement methodologies as it applies locally and engages frontline staff. She is currently involved with QI initiatives including the prevention of unplanned extubations in low birth weight infants and prevention of nasal skin breakdown of babies on respiratory support. She is committed to team building, interprofessional collaboration and building global relationships.



Kaci McKinnon, AAS, RRT works as a registered respiratory therapist at a major hospital in the ICU in downtown Fort Worth, Texas. She earned her AAS from Weatherford College in 2021. She is pursuing her bachelor's degree in respiratory care at Midwestern State University with the aspiration of becoming a director of a cardiopulmonary department or possibly teaching respiratory care someday. Kaci states, "I love helping people, giving back to the community, spending time with my wonderful husband and great sons, a recently gained a daughter in-law, my family, friends, reading, traveling, dancing and karaoke. I have worked hard my whole life to be where I am today. I am a first-generation college student in my family, and I was a teenage mother. I always have tried to lead by example and to give my sons someone to look up to instead of becoming a statistic. The day I walked across the stage, it made it all worthwhile, just to see them smile. I sincerely appreciate becoming the recipient of this scholarship of the CoBGRTE Merit award, it has helped me continue to reach for the stars and it has enabled me to continue my education in the field of respiratory that I care so deeply for." She is the proud mother of four adult sons, two of whom are in the US Army. In addition to all her other activities she finds time to volunteer at the local Tarrant County Food Bank and an organization called People Reaching People, whose missions are to provide food and clothing for those less fortunate.



Caylie Sheridan, BS, MSRC student I have always had an interest in human physiology and, more specifically, respiratory physiology. I graduated from The University of Iowa in May 2020 with a Bachelor of Science in Human Physiology. During my time at Iowa, I was given the opportunity to be a research assistant in the Integrative Pathophysiology and Genetics Laboratory. I studied the effects of chest wall strapping on COPD patients. This is when I was introduced to respiratory therapy and knew I wanted to pursue respiratory care for my graduate education. I am currently a master's student at Rush University Medical Center in the Respiratory Care Program. After graduating from Rush, I hope to become a registered respiratory therapist and continue my education to obtain a doctorate degree. Ultimately, I want to become a professor teaching respiratory care and a principal investigator. In addition, I have a great interest in critical care medicine and patient education. As a future respiratory therapist and educator, I hope to inspire future generations to pursue a career in respiratory care

Professional Positions Posted

***University of Missouri, *Liberty University, *St. Catherine University, *University of North Carolina-Wilmington, *Augusta University, *Upstate Medical University-Syracuse, *Norton Healthcare, *University of Virginia Health System**



Statement on Proposed Accreditation Standard Change

It is the position of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education that the current accreditation policy (CoARC Standard 1.01) remain in effect requiring that all new entry-to-practice respiratory care educational programs must award program graduates a baccalaureate or graduate degree in respiratory care upon completion.

Statement Rationale

Respiratory care is the health profession focused on the evaluation, treatment, and care of patients with acute and chronic cardiopulmonary disorders.¹ The recent coronavirus pandemic has highlighted the need for highly trained and educated respiratory therapists (RTs) to provide advanced levels of care in an increasingly complex health care environment. Respiratory therapists work across multiple healthcare settings caring for patients with cardiopulmonary disease, shock, trauma, neuromuscular disease, and those suffering from a variety of other conditions which impair oxygenation and the ability to breathe.² Respiratory therapists are responsible for the institution, adjustment, monitoring, and care of patients receiving mechanical ventilation; they often devote a great deal of their time to caring for critically ill patients in the ICU.²

The need for highly skilled respiratory therapists to provide the complex care needed by severely ill COVID-19 patients has been demonstrated time and time again across the country. COVID-19 patients often require the application of sophisticated life-support technologies, including high-flow oxygen therapy, mechanical ventilation, hemodynamic support and (in some cases) extracorporeal membrane oxygenation (ECMO). Preparation of competent respiratory therapists to provide these essential services requires a solid foundation in the basic sciences, mathematics, communication skills, and in-depth instruction in medicine, physiology, pathophysiology, pharmacology, patient assessment, and critical care.³⁻⁶

Respiratory therapists are trained at colleges and universities accredited by the Commission on Accreditation for Respiratory Care (CoARC).⁷ Because of the extensive training required, current accreditation standards require that all new respiratory therapist educational programs must award a bachelors or master's degree in respiratory care upon graduation.⁵⁻⁸ Further, the American Association for Respiratory Care (AARC) has stated that all respiratory therapists should hold a *minimum* of a baccalaureate degree in respiratory care (or an equivalent degree) by the year 2030.⁶ According to the AARC:

“Current practice requires respiratory therapists to have extensive assessment abilities and practice competencies to initiate and provide cardiopulmonary interventions for their patients across a broad scope of practice and in a variety of patient care venues. Ultimately, the goal of the respiratory therapy educational system and state licensure process is to prepare competent respiratory therapists to provide safe and effective patient care in an increasingly complex health care environment.”⁶

CoARC is currently considering changing respiratory care program accreditation standards to allow for the establishment of new two-year programs awarding the associate degree. **This proposed change is in direct opposition to the needs of patients, the public and the profession for the following reasons:**

1. Preparation of competent RTs to deliver the complex care required by today's health care environment requires advanced education and training best provided at the baccalaureate or graduate (i.e., master's degree) level.
2, 5, 6, 8
2. Lowering the educational standards for RTs jeopardizes the quality, safety, and efficacy of delivered care.
3. Establishment of new respiratory care educational programs is a complex process, generally taking extensive planning and at least two years of operations before graduates begin to contribute to the workforce. New training programs at the Associate Degree level will not have a significant impact on the workforce for several years and graduates of such programs are generally ill-prepared to care for highly complex, critically ill patients.
4. Established, accredited respiratory therapist programs are currently significantly under enrolled.⁹ The most efficient way to rapidly increase the available RT workforce is to ensure existing programs are at maximum enrollment capacity.

5. The field of respiratory care has become immensely complex. It is not possible to prepare the competent, advanced level RTs needed in today's environment within the confines of a 2-year associate degree program.^{5,6}
6. There is currently a shortage of qualified respiratory care educational program faculty; establishment of new associate degree programs may exacerbate this shortage and impair existing programs ability to meet their mission.
7. Scarce resources should be devoted to expansion of enrollment in existing respiratory care educational programs, ensuring that current programs fill all of their seats and focusing on continuing to train and educate competent RTs for the complex health care environment of the 21st century.

In summary, reducing program accreditation requirements for new respiratory care educational programs is contrary to the established goal of preparing respiratory therapists with extensive assessment abilities, and practice competencies to initiate and provide advanced cardiopulmonary interventions for their patients across a broad scope of practice and in a variety of patient care venues.^{5,6} Respiratory care educational programs must prepare competent respiratory therapists to provide safe and effective patient care in an increasingly complex health care environment. This requires minimal entry into the profession to be at the baccalaureate or graduate degree level, therefore:

It is the position of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education that the current accreditation policy (CoARC Standard 1.01) remain in effect requiring that all new entry-to-practice respiratory care educational programs must award program graduates a baccalaureate or graduate degree in respiratory care upon completion.

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Non-traditional Pathways for Respiratory Therapists: A Glimpse into Clinical Risk Management

Lee E. Wisdom, MHS, RRT, RRT-ACCS, RRT-NPS

Though there are varying statistics, it is estimated that 1 in 4 American families are affected by healthcare harm in the United States, while as many as 16% of Americans will experience preventable healthcare harm at some point in their lifetime (Johnson, 2018; Denham et al., 2012; Macrae, 2008). There is no immunity to human error, and to combat patient harm, *every* healthcare team member must work together. Respiratory therapists are experts when it comes to providing care for patients with a host of issues across the lifespan, and throughout the continuum of care. Therapists have been known to serve in various capacities including bedside practitioners, clinical educators, educators in higher-education, and leaders for respiratory therapy departments throughout the United States. By nature, we, as respiratory therapists, are critical thinkers, team-players, and advocates for our patients, both with regards to treatment modalities and keeping our patients safe. For each of these reasons, a career in risk management is a unique pathway for respiratory therapists!

Patient safety has often been described as an essential aspect of *everyone's* role in healthcare. This critical responsibility transcends professions and may impact patient's outcomes directly. Traditional ways respiratory therapists may be involved in patient safety activities include placing patient safety reports, advocating for best practice with providers, participating in interdisciplinary team rounding, and offering support during internal investigations when patient safety events occur.

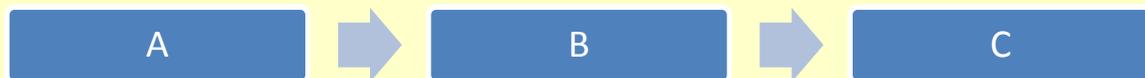
Risk Management is a department dedicated to the elimination of preventable healthcare harm. Team members in this department may be responsible for investigating patient safety events, setting internal reserves for potential compensatory events (an event that could result in litigation), threat assessments, risk assessments, and other types of reviews involving patient-specific events. Risk leaders and team members may come from various backgrounds. Individuals having experience in the legal sector (most commonly medical malpractice), nursing, and other clinical and even non-clinical professions make up these teams. These risk management professionals work with others across all areas of the hospital to do this important work. Experiences in the clinical setting and knowledge of various patient populations for

respiratory therapists serve as a valuable segway into this very interesting profession. Being a member of the risk management team challenges respiratory professionals to think outside of the traditional “respiratory toolbox.” Some days a risk leader may look at an event through the respiratory therapy lens, while other days the team member may need to consider things from the perspective of nursing, physical therapy, radiology, environmental services, dietary, etc.

Preventable healthcare harm is just that—preventable. To evaluate what happened leading to harm, risk leaders will often ask two questions:

1. What is the process as designed, or how should the situation have gone (1a below)?
2. How did this event go – where did the situation deviate from normal (2a)?

1a.



2a.



Once these two questions have been asked, risk managers, operational team leaders and educators come together with additional key stakeholders in the facilities and begin to look for how and why it made sense for individuals to follow the process or steps that were followed. These types of events are often analyzed by evidence-based, problem-solving methodologies including apparent cause, root cause, aggregate cause, and common cause analysis (Johnson, 2018). This is perhaps one of the most interesting aspects of risk management. As a respiratory therapist, we are often a part of the interdisciplinary team, but may not always understand or see how and why teammates in other professions do things the way they do them. Following identification of the “how” and “why” behind the deviation from normal process/evidence-based standards of care, risk management leaders in collaboration with the operational leaders and other key stakeholders begin to look for actionable items for how to impact change. In this stage, respiratory therapists can be engaged to search the literature for best practice as it relates to these events, or brainstorm solutions that promote safety in practice.

Encouraging respiratory therapists to consider advanced degrees, including information specific to these types of outcomes and patient safety, may be beneficial. Through advanced degrees, respiratory therapists learn to think outside the box and to consider things through a different lens which may prove beneficial, specifically when it comes to understanding the roles various professionals have on the interdisciplinary team and in promoting patient safety. Let's spread the word that these advanced degrees open doors to exciting opportunities that may be considered non-traditional for our profession, may pique the interest of some and may add to the growing list of pathways open to respiratory therapists. Questions regarding this article may be directed to the author at: Lwisdomo1@bellarmine.edu

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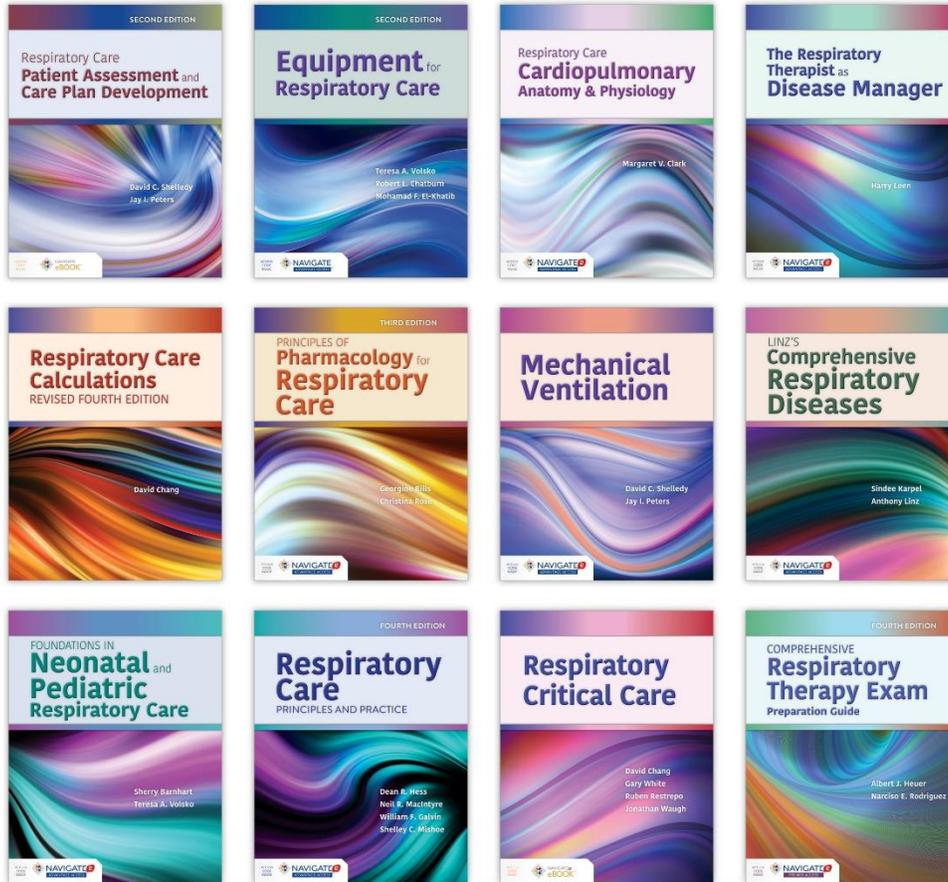
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If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

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.

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