

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Georgia Southern University Savannah, Georgia *Spotlight Article*



Artist rendition: The new Georgia Southern Health Professions Academic Building houses the virtual hospital and simulation labs in the Department of Diagnostic and Therapeutic Sciences.

Department of Diagnostic and Therapeutic Sciences

Waters College of Health Professions

**By Douglas E. Masini, Ed.D., RRT, RPFT, RRT-ACCS, RRT-NPS, AE-C, FCCP, FAARC
Program Director, Respiratory Therapy Program**

About the University

Georgia Southern University, a public Carnegie Doctoral/R2 institution founded in 1906, offers 141 degree programs serving nearly 26,500 students through nine colleges on three campuses in Statesboro, Savannah, Hinesville and online instruction. A leader in higher education in southeast Georgia, the University provides a diverse student population with expert faculty, world-class scholarship and hands-on learning opportunities. Georgia Southern creates

lifelong learners who serve as responsible scholars, leaders and stewards in their communities. Visit GeorgiaSouthern.edu.

About the Program

The Georgia Southern University's Respiratory Therapy program is housed within the interprofessional Department of Diagnostic and Therapeutic Sciences (with bachelor of science degrees in radiologic science, medical laboratory science and respiratory therapy, and four career ladder/bridge asynchronous, online BS degree completion programs, featuring an Honors Thesis and a Graduate Certificate program in radiologic sciences).



Respiratory therapy senior students practice tracheostomy care.

The Georgia Southern University Respiratory Therapy program started in 1970 as a hospital-based program at Memorial Hospital of Savannah, under the medical direction of Robert DiBenedetto, MD, FCCP. Stephen Morris, MD, FCCP has served for over 30 years of the program's existence, and in 2019 he continues as the medical director. The program moved to Armstrong

State College in 1974. Ross Bowers, MS, RRT was program director for over 30 years, and during his tenure the program graduated many of Georgia's most productive and successful respiratory therapists, respiratory therapy educators and professional allied health department leaders. In 2018, this program became a part of the Eagle Nation, Georgia Southern. The program, housed in the recently renovated Ashmore Hall and new Health Professions Academic Building, serves as the largest provider of hands-on healthcare professionals in Georgia, and the University was cited as one of the most military friendly universities in the United States.



Georgia Southern University, surrounded by five major military bases, was named one of the most military friendly colleges and universities in the country.

Georgia Southern University Respiratory Therapy program awards the Bachelor of Science degree on the Armstrong Campus in Savannah, Georgia, and has received recent continuing accreditation by the Commission on Accreditation for Respiratory Care (<http://www.coarc.com>). The University offers an Associate of Science (A.S) degree track that prepares students who wish to apply to the Respiratory Therapy program, and the Bachelor of Science (B.S.) degree in Respiratory Therapy. Graduates are eligible for credentials after graduation and are eligible for three board sub-specialist certifications after significant

experience and training under medical direction. Students of respiratory therapy focus their didactic and clinical study on treating patients with cardiopulmonary (heart/lung) illnesses and breathing difficulties. Georgia Southern has standing agreements with many regional hospitals, and the first four semesters of clinical practicum are done at local hospitals and clinical sites outside of greater Savannah. The Georgia Southern program has an advanced practitioner, registered respiratory therapist (RRT) outcome goal. Our graduates do well on the National Board for Respiratory Care (NBRC) examinations at graduation, 88 percent achieve high-cut scores, 100 percent pass the therapist multi-choice exam (TMC), and 86 percent pass the CSE. We have a near 100 percent job placement history and our annual student, graduate, and advisor/employer surveys indicate satisfaction with our program. Because enrollment in the program is competitive, we strongly recommend that pre-respiratory therapy majors contact the department regarding advisement after enrolling at Georgia Southern.

Unique Attributes of the Program

Students in the Respiratory Therapy BS degree residential program will have the opportunity to train in outpatient safety-net clinics, sleep, neonatal-pediatrics, long-term acute care, home care, durable medical equipment, cystic fibrosis and asthma patient education, and other diverse diagnostic and patient respiratory care specialties.

Faculty Practice, Interprofessional Continuing Education and Safety-Net Clinics

St. Mary's Clinic and other local safety-net clinic sites allow students and faculty to care for the medically underserved community (MUC), as well as individuals who are underinsured or who are ineligible for coverage. These clinics allows patients to receive physician supervised



Cardiovascular Interventional Science (CVIS) students demonstrate a virtual heart catheterization.

plans of care, medications, and visitation with physicians, mid-level providers and clinical supervisors like Douglas Masini, Ed.D., RRT, RPFT, RRT-NPS, AE-C, FCCP, FAARC, who provide outpatient care as well as training for respiratory therapy students, student nurses and pharmacy students, as well as providing guidance and access to medical specialists who volunteer to care for these patients. The clinic also trains students to be advocates and coaches in the MUC, allowing health professions students an opportunity to work with diverse practitioners and patient

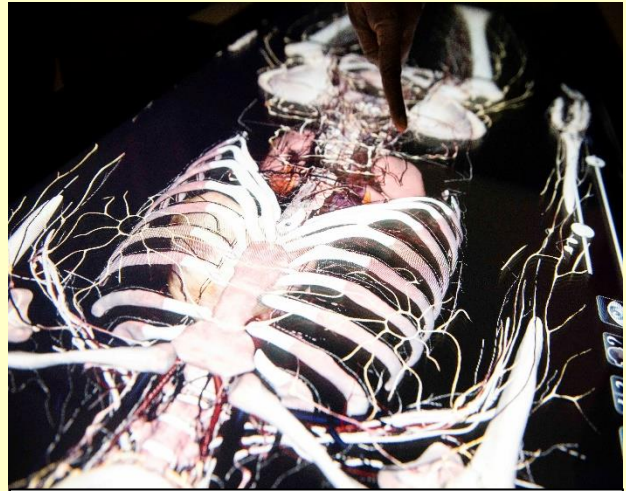
populations before qualifying for a health-professions major. Annually, the department sponsors an Asthma Summit with local partners to provide asthma educators-certified (AE-C) continuing education credit.

Tomorrow's technology is at Georgia Southern today. Students participate in interdisciplinary high-fidelity simulations using the Laerdal Mystic and 3G simulators, the Anatomage Table, and the Angio-Mentor Cardiac Catheterization Lab Simulator. Georgia Southern became the first



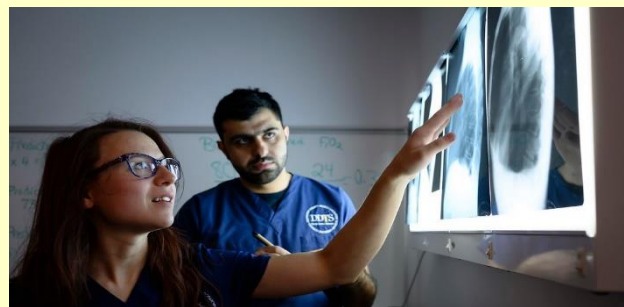
school in the state of Georgia to purchase the Anatomage, an interactive virtual anatomy dissection table. To date, the Anatomage Table is the most technologically advanced anatomy

visualization system for anatomy education and is being adopted by many of the world's leading medical schools and institutions. The digital anatomy table features a visualization screen that spans 81 inches long and 22 inches wide, and has been featured in the TED Conferences, PBS, Fuji TV and numerous journals for its innovative approach to anatomy education. Developed at Stanford University, the Anatomage Table has an interactive display system using an infrared touch center shooting light rays that sense where the user is touching. The table simulates an 'operating room' table and allows for full body, three-dimensional renderings. This equipment is the only virtual system that can display human gross anatomy in real life size. Users interact with the displays by flipping them and rotating them or by using a scalpel tool to "dissect" and reveal certain areas of the body. Students can remove layers such as skin and muscle tissue to reveal bone and organ renderings. The table even allows for users to load their own images from CT scans and radiographs. The data used to create the models come from real patient scans or cadavers, which makes the simulations highly accurate. The Angio Mentor uses unique technology combined with a high-end haptic system for visual and tactile feedback, which realistically mimics the look and feel of endovascular interventions. The computer, which connects to the machine, shows the patient as if he or she is on a medical table. A



L, R The Anatomage table allows virtual dissection using data from human subjects.

wire is put through the device, which acts as the human body, and displays images on a computer screen. A "live" patient electrocardiogram even simulates the patient's blood pressure, which



Respiratory therapy senior students interpret abnormal findings in a chest x-ray.

must be monitored during real life procedures. Integrating the lessons learned using medical apps, high fidelity simulators like the 3G and Mystic simulation scenarios with the Anatomage Table and the Angio Mentor, the roles these devices play in the Department of Diagnostic and Therapeutic Sciences at Georgia Southern are significant. This technology offers a diverse interdisciplinary group of students the opportunity to work together and simulate hands-on experiences in a controlled lab setting to advance their education and to make them more comfortable with other professionals in real life scenarios. This cutting-edge technology not only underscores Georgia Southern's status as a hub of healthcare education in Georgia, but also advances the future of our respiratory therapy graduates. The use of these grant-funded devices, along with traditional didactic, laboratory and clinical experiences, should improve not only student critical literacy, but also the hands-on physical assessment, treatment and care of the cardiopulmonary patient.

Internship

In the fifth semester, students may apply for a respiratory therapy 10-14 week internship at hospitals across the states of Georgia, South Carolina and Florida. If a hospital and the



Senior students explain bedside ventilator strategy to juniors.

University agree to provide the student an opportunity, the student may work with a preceptor at a hospital where they would like to be employed after graduation. Preceding the internship, students also receive preparation in writing and using therapist driven protocols, and intensive reviews on information gathering and decision-making skills for the national boards and credentialing examinations.

Following the internship, students attend an intensive review prior to taking their exit exams and national boards.

The 2019-2020 Respiratory Therapy Program Curriculum

The following courses are required, an approximate 60 semester hours:

HLPR 2000 INTRODUCTION TO RESEARCH IN THE HEALTH PROFESSIONS.

RESP 2110 MEDICAL TERMINOLOGY 3-0-3

The language of medicine and health care: word construction, definitions, spelling, abbreviations, symbols and information technology systems. Development of ability to comprehend and discuss medical records and professional journals. Development of effective written and oral communication skills.

RESP 3110 PATIENT ASSESSMENT 3-0-3

Open only to majors in respiratory therapy-BS. A problem solving approach to evaluation and treatment of patients with cardiopulmonary disease. History-taking, physical examination, radiographs, ECG, lab tests, spirometry, and blood gas analysis. May substitute DDTS3001 and 3001L, 3.0 hrs. with a grade of C or better.

RESP 3120 RESPIRATORY CARE EQUIPMENT 2-2-3

Open only to majors in respiratory therapy-BS. Theory of operation, application, and evaluation of equipment used in respiratory care. Lab emphasis on selection, trouble-shooting, quality control, and asepsis.

RESP 3151C CLINICAL PRACTICUM I 0-6-1

Corequisite: RESP 3110 or Permission of department head. Open only to majors in respiratory therapy-BS. Preclinical skills development, orientation to the hospital environment, and introduction to electronic information systems.

RESP 3210 CLINICAL PHARMACOLOGY 3-0-3 Prerequisite: Permission of department head)

Principles of pharmacology including pharmacokinetics, dynamics, drug interactions, and toxicology emphasizing drug groups used in treatment of cardiopulmonary disease.

RESP 3220 RESPIRATORY CARE FUNDAMENTALS 2-2-3 (Prerequisite: RESP 3110 or Permission of department head)

Development and implementation of the care plan; evaluation of patient response to therapy with laboratory experience and extensive use of therapeutic protocols and decision-making algorithms.

RESP 3230 DIAGNOSTIC PROCEDURES 3-0-3 (Prerequisite: RESP 3110 or Permission of department head.)

A problem-solving approach to evaluation and diagnosis of cardiopulmonary disease with emphasis on procedural protocols, analysis of results, and application to the care plan.

RESP 3252C CLINICAL PRACTICUM II 0-18-3 (Prerequisite: RESP 3110 or Permission of department head).

Application of therapeutic protocols, assessment of patient response to therapy, and modifications of the care plan based on patient response outside of the critical care environment.

RESP 3315 PRINCIPLES OF MECHANICAL VENTILATION 2-3-3 (Prerequisite: RESP 3210 or Permission of department head).

Student focus on the operating principles of ventilators used in critical care. Laboratory experience in pneumatic and electronic circuits, setting the control panel, phasing the respiratory cycle, ventilator modes, alarms and troubleshooting will be emphasized.

RESP 3325 MANAGING THE VENTILATOR PATIENT 2-0-2 (Prerequisite: RESP 3110 or Permission of department head).

Introduces students to indications for vent support, initiating and monitoring the ventilator-dependent patient, recognizing acute respiratory distress and managing adverse response.

RESP 3353C CLINICAL PRACTICUM III 0-18-3 (Prerequisite: RESP 3110 or Permission of department head).

Care of the ventilator-dependent patient in the critical care environment. Patient assessment, airway care, trend monitoring, calibration, and set up of life support systems. CAI, apps and simulations used to develop critical thinking skills.

RESP 3400 CARDIOPULMONARY ANATOMY AND PHYSIOLOGY 3-0-3

Emphasis on cardiopulmonary disease resulting from the most commonly seen illnesses in the region, microbiologically mediated disease (including agents, etiology, and issues related to bioterror), trauma, and lifestyle issues such as both indoor and outdoor air quality, sleep disordered breathing, and obesity.

RESP 4110 ADVANCED VENTILATORY SUPPORT 2-3-3 (Prerequisite: RESP 3400 or Permission of department head).

Case-oriented approach to management of the ventilator dependent patient. Laboratory experience in patient assessment and modifications of the care plan based on patient response.

RESP 4120 CARDIOPULMONARY CRITICAL CARE 3-0-3 (Prerequisite: RESP 3400 or Permission of department head).

Hemodynamic monitoring, fluid/electrolyte management, cardiovascular pharmacology, and ACLS protocols.

RESP 4130 PERINATAL CARE 3-3-4 (Prerequisite: RESP 3400 or Permission of department head).

Care of the pediatric and neonatal patient in the critical care environment. Laboratory experience in patient assessment, initiation and modification of the care plan based on patient response.

RESP 4140 CARDIOPULMONARY MEDICINE 3-0-3(Prerequisite: Permission of department head).

A problem-solving approach to the pathophysiology and medical management of cardiopulmonary problems encountered in the hospital setting.

RESP 4154C CLINICAL PRACTICUM IV 0-18-3 (Prerequisite: RESP 3400 or Permission of department head).

Advanced monitoring of the CP and CV system in the adult ICU environment. Home/subacute care rotation will emphasize care of the chronically ill patient. Introduction to the role of the RCP in pediatric/neonatal ICU.

RESP 4215 PROFESSIONAL ISSUES IN RESPIRATORY CARE 3-0-3 (Prerequisite: RESP 3400 or Permission of department head).

A senior capstone course with emphasis on the economics of health care, fundamental principles of management and leadership, applied research and legal issues.

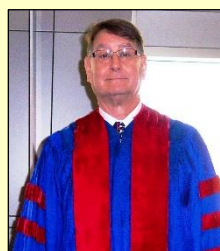
RESP 4265C CLINICAL INTERNSHIP 0-36-12 (Prerequisite: RESP 3400 or Permission of department head).

A preceptor-based clinical capstone course designed to facilitate independent practice of respiratory care and transition into the workforce. Students must pass a comprehensive, summative clinical evaluation and exit examination to earn a passing grade. Evenings, nights, and weekend scheduling will be required. Application and interview required.

Faculty Members



Christine J. Moore, DHSc, RRT, RRT-NPS, CPFT, Director of Clinical Education, Respiratory Therapy program is a senior lecturer at Georgia Southern University in the Department of Diagnostic and Therapeutic Sciences, Respiratory Therapy program, where she serves as the director of clinical education. She has a Doctor of Health Science degree from Arizona College of Health Sciences at A. T. Still University in Mesa, Arizona. Dr. Moore received a Master in Adult Education degree and Bachelor of Science degree in Respiratory Therapy from Armstrong Atlantic State University in Savannah, Georgia. She is a member of the Lambda Beta Academic Honor Society, Armstrong Chapter, and was the first student recipient of the Robert DiBenedetto, MD, FCCP Outstanding Student Scholar Award and the William Smith Outstanding Student Clinician Award. Dr. Moore is co-author of the book chapter “Cardiopulmonary Resuscitation” in the Hess and associates textbook “Respiratory Care: Principles and Practice” Jones and Bartlett Publishers, 4th Edition, which will be published in 2020. Dr. Moore has served in several capacities for the Georgia Society for Respiratory Care (GSRC), with her most recent office as the Georgia Society secretary. Her teaching and research interests include neonatal/pediatric cardiopulmonary development and diseases, parathyroid hormone, technology in the classroom setting, and online teaching.



Douglas E. Masini, Ed.D., RRT, RPFT, RRT-ACCS, RRT-NPS, AE-C, FCCP, FAARC, Program Director, Respiratory Therapy Program. Dr. Masini began his career in the emergency medical services, and as a GI Bill student, graduated from the University of Toledo’s Respiratory Therapy program in 1983. He continued his education, receiving a BSc degree from Regents College, a master’s degree from Tusculum College in 1997, and his fellowship and doctoral qualification at East Tennessee State University in 2001. He served as a clinical assistant professor of internal medicine and as an asthma educator-certified in

allergy/immunology and pediatrics at the James H. Quillen College of Medicine from 2004 until 2015. For his service as a contributor to the profession, Dr. Masini received the distinction of Fellow of the American Association for Respiratory Care (FAARC) in 2001. He was the program director of the Cardiopulmonary Science program at East Tennessee State University when the program received the inaugural 2007 Committee on Accreditation for Respiratory Care (CoARC) Award of Excellence. Dr. Masini is the author of the book *The Promise of an Accidental Pedagogy*; and co-author of *Respiratory Care Protocols* with Judy Tietsort and Mike McPeck, and the chapter 'The Ethics of Health Care Delivery' in Dean Hess' textbook *Respiratory Care: Principles and Practice*, Jones and Bartlett Publishers (4th edition), to be published in 2020. Dr. Masini is currently chair of the inter-professional Department of Diagnostic and Therapeutic Sciences at Georgia Southern University where he was honored by the 2019 Award for Distinguished Service to the Community. He is a clinical assistant professor, Internal Medicine, at the Mercer University College of Medicine, in Savannah, Georgia. He is an active member of the Respiratory Care Network with the American College of Chest Physicians (ACCP), and he received the distinction of Fellow of the College of Chest Physicians (FCCP) in 2014 at the international Chest Meeting in Austin, Texas. In 2017, his department was awarded the Georgia Medical Society Award for Community Service for the joint military exercise Innovative Readiness Training (IRT) in Savannah, where their team cared for over 10,000 medically underserved patients (and their pets!) In 2019, he was elected to the ETSU College of Clinical and Rehabilitative Health Sciences (CRHS) Alumni Hall of Fame as well as receiving the Georgia Society for Respiratory Care Morton B. Duggan Award for distinguished service. He was just elected the 2020 Georgia Society for Respiratory Care delegate-elect to the AARC House of Delegates.



Hannah Beriault, MPH, RRT Visiting Lecturer, has been a respiratory therapist for 14 years. She is a 2005 graduate of the Medical College of Georgia Respiratory Therapy Program, and completed her Master of Public Health degree in Epidemiology in 2010. Beriault's clinical background includes over 14 years of specialty in critical care, with experience working in a Level I Trauma Center, Emergency Room, Cardiothoracic and Surgical Intensive Care units, as well as the Medical Intensive Care Unit at the Medical College of Georgia Hospital in Augusta, Georgia. She was previously the director of clinical education at Augusta University for 4.5 years, before joining the Respiratory Therapy program at Georgia Southern University - Armstrong campus in September 2019. She and colleagues at Augusta University just published a peer-reviewed case study, "Rescue with high frequency oscillatory ventilation in patients with severe pneumomediastinum." Her interests are in critical care trauma and cardiothoracic hemodynamic and ventilation strategies.



Georgia Southern Respiratory Therapy students in the Classes of 2020 and 2021 take a photo opportunity and debriefing after a high-fidelity critical care simulation.

Contact Information

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CoBGRTE Officer Election Results

The Elections Committee is delighted to announce the election of three new officers (for a two-year term 2020-2022) for the Board of Directors of the Coalition for Baccalaureate and Graduate Respiratory Therapy Education.

President-Elect



Gregg Marshall, PhD, RRT, RPSGT, RST

Dr. Marshall completed a Bachelor of Science degree in biology from Baylor University, an Associate in Applied Science degree in respiratory care from Texas State University, a Master of Science degree in Healthcare Administration from Texas State University, and a doctoral degree in education/curriculum & instruction in higher education from The University of Texas-Austin. Professor Marshall has served on the Texas State faculty since 1980 and as the Respiratory Care Department chair since 2003. He is currently also serving as Director of the Texas State Sleep Center with a 4-bedroom accredited sleep center on the Texas State Round Rock campus. He is nationally credentialed as a Registered Respiratory Therapist (RRT), a Registered Polysomnographic Technologist (RPSGT), a Registered Sleep Technologist (RST), and licensed as a Respiratory Care Practitioner (RCP) in the State of Texas. He is a 30+ year member of the American Association for Respiratory Care (AARC) and has served in leadership roles for the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE), the Texas Society for Respiratory Care (TSRC), the Texas Society for Sleep Professionals (TSSP), the American Academy for Sleep Medicine, and the American Association for Sleep Technologists. He has authored multiple book chapters and peer-reviewed journal articles on respiratory care and sleep medicine topics and has presented at state, national, and international conferences. Marshall's primary areas of research include mechanical ventilation, oxygen delivery devices, circadian physiology, nasal cycling, and sleep disorders. He enjoys collaborative interprofessional research with discipline researchers in nursing, physical therapy, social work, psychology, computer science and music.

Vice President for Research



Christopher Russian, PhD, RRT, RRT-NPS, RPSGT, RST

Dr. Russian began teaching in the Department of Respiratory Care at Texas State University in 1999 as a clinical instructor/lecturer and accepted a tenure-track Assistant Professor appointment in 2002. In 2008, Dr. Russian was tenured and promoted to Associate Professor and promoted to Professor in 2016. He served as Director of Clinical Education for the Department of Respiratory Care for twelve years prior to accepting the title of Program Coordinator for the Master of Science in Respiratory Care. He is nationally credentialed in respiratory care, polysomnography technology, and neonatal-pediatrics. Dr. Russian holds a Bachelor of Science in Kinesiology, a Bachelor of Science in Respiratory Care, and a Master of Education in Physical Education, and a Ph.D. in Adult,

Professional and Community Education. Dr. Russian teaches undergraduate and graduate courses in respiratory care and polysomnography. His research experience includes respiratory muscle testing and training, ventilator setting optimization, sleep assessment, learning styles and inter-rater reliability. Dr. Russian has published high quality, peer-reviewed journal articles, textbook chapters, abstracts, and serves as a reviewer for several peer-reviewed national journals. He regularly provides peer-reviewed presentations at state, national, and international conferences.

Vice President for External Affairs



Douglas S. Gardenhire, EdD, RRT-NPS, FAARC

Dr. Gardenhire began his respiratory therapy career in 1991. During his time, he has served as a staff therapist/educator at several institutions throughout Kansas. He served as a domestic and international transport therapist at the University of Alabama Hospital's Critical Care Transport. In 1998 he started his career in respiratory therapy education serving as the Director of Clinical Education at Labette Community College in Parsons, Kansas. In 2001 he joined the respiratory therapy faculty at Georgia State University (GSU) in Atlanta, Georgia. In 2004 he assumed the role as director of clinical education serving until 2015. In 2016 he was selected Chair of the Department of Respiratory Therapy at GSU.

During his 20 years in respiratory therapy education Dr. Gardenhire has authored numerous publications in aerosol pharmacology. He is author of *Rau's Respiratory Care Pharmacology*, lead author for the *AARC's Guide to Aerosol Delivery Devices for Respiratory Therapist*, chapter author on Airway Pharmacology for *Egan's Fundamentals of Respiratory Care*, as well as chapter author on *Airway Pharmacology and Delivery of Aerosol Drug Therapy* in *Respiratory Care Clinical Lab Competency Manual*. Dr. Gardenhire has garnered over \$400,000 of internal and external grants in respiratory therapy. His research interests continue to focus on respiratory care education and trends, pharmacology, and aerosol product evaluation. His teaching interests include pharmacology and distance education. He created the first fully online course for all majors at GSU which has served over 5000 students since its inception. In 2012 he was selected Educator of the Year by the AARC Education Section. He has served CoBGRTE on the APRT and Accreditation committees.

Board of Director positions will be announced in the October issue of the *Coalition Chronicle*. Thank you to the seven candidates who ran for office and to those members who voted in this important election.

Respectfully submitted,

The 2019 Elections Committee

Christy Kane, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C, FAARC, Chair

Tom Barnes, EdD, RRT, FAARC

David Shelledy, PhD, RRT, FAARC

Jonathan Waugh, PhD, RRT, RPFT, FAARC

INTERVIEW

**David Vines, PhD (c), MHS, RRT, FAARC, FCCP
Associate Professor, Chairperson
Department of Cardiopulmonary Sciences
Division of Respiratory Care, College of Health Sciences
Rush University, Chicago**

**By Jeffrey J. Ward, MEd, RRT, FAARC
Mayo Clinic Multidisciplinary Medical Simulation Center
Rochester, Minnesota**



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

I was finishing my third year as a premed major at a liberal arts university in Shreveport, LA when I discovered the LSUMC's Cardiopulmonary Sciences program in the Yellow Pages of the telephone book. I scheduled an appointment to meet with Dennis Wissing, program director, and he convinced me that the program was the right opportunity for me.

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

Earlier in my career, Dr. Dennis Wissing was an important mentor. He involved me in research and teaching, provided opportunities to speak at local conferences, opened doors for my involvement in the LSRC, and encouraged me to pursue my master's degree.

When I moved to an educational role in 1999, Dr. David Shelledy became my primary mentor. He provided me with his wisdom and knowledge associated with training entry level respiratory therapists and course development. Dr. Shelledy explained the accreditation process and demonstrated how to be an excellent chairperson for a respiratory care program. He opened doors for me to be involved on committees as part of the American College of Chest Physicians (ACCP) and the AARC. Dr. Shelledy ensured that I was active in faculty government, speaking at national congresses, and completing research which was needed to promote through the academic ranks.

3. How did furthering your education contribute to your career path?

-What got you on your path as an educator?

Obtaining the master's degree allowed me to start teaching in a bachelor of science degree program. Not long after graduating I became a clinical nightshift supervisor. In the beginning this role was challenging. Although after several years, staff were added and trained to solve many of problems that I was getting called to correct. I was also only participating in research for others, none of the projects were my own. My professional growth stalled. An educational opportunity then became available at UT Health Science Center in San Antonio and a colleague pointed out to me that I needed this challenge. I interviewed, got the job, the rest is history and have never been bored since the opportunities continue to improve.

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

- As a clinician you should always treat the patient like they are family and ensure that they get the best healthcare that you can provide. Continue to learn and grow as a clinician, it will create opportunities for you.
- As an educator you should be open to new ideas and seek feedback from others to hone your craft. You should also stay involved clinically to make sure that you are current. With that said, it is important to understand past practices and why the profession has moved on.
- As a leader you should always seek to understand before you change processes. You should also build a shared vision in your department because you will accomplish very little in isolation.

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

Find a job that challenges you to make clinical decisions and not just do what someone orders and periodically write down ventilator settings. Search for a mentor in the job that you would like to have. If the mentor is not helping create opportunities for you to grow, find a new one.

BSRT-in-10 Legislation

**Gregg Marshall, PhD, RRT, RPSGT, RST
CoBGRTE Vice-President of Research
Texas State University, Round Rock**

The central purpose and mission of CoBGRTE is to advance respiratory care education and transform the profession through increasing the number of graduates from baccalaureate and graduate respiratory care programs. Recently, the State of New York passed “an act to amend the education law, in relation to the educational preparation for practice of professional nursing.” The act expresses in detail the complexity and rapid change of technology within the healthcare system and calls for an expansion of the educational preparation of the registered professional nurse within the state. The act states current nurses licensed in New York and students in programs preparing for registered professional nursing are to be exempt from the new requirement, but future nurses graduating from associate degree or diploma nursing programs would be required to obtain a baccalaureate in nursing within ten years of initial licensure. The act goes on to explain a temporary commission, to be known as the nursing program evaluation commission, will be created to make recommendations on barriers to entry into nursing, availability and access to baccalaureate programs, financial barriers to entry, and other alternative equivalents through which nurses may obtain training and experience. Failure to complete a baccalaureate degree or higher in nursing within ten years of initial licensure will result in loss of a practicing nurse’s license.

<https://www.nysenate.gov/legislation/bills/2017/s6768>

The BSN-in-10 legislation (SB S6768) was approved by the Senate of the State of New York on June 16, 2017 during the 2017-2018 regular sessions and was signed into law by New York Governor Andrew Cuomo on December 17, 2017. As progressive as it first appears, one must not forget that nursing is wrestling the same issues professionally that we face as respiratory therapists. Both nursing and RT are watching other healthcare team professions demanding master and doctoral degrees as their entry point including physical therapy, occupational therapy, clinical laboratory science, pharmacy, radiology, and radiation therapy programs. However, as time has passed and the clock is ticking for New York nurses, there still remain questions, concerns, worries, fears and protests from nurses. A study of this legislation model could provide valuable insight for the respiratory therapy profession.

In 2017, the NY State RT delegation submitted the following resolution to the AARC House of Delegates (HOD):

Resolution:

Resolved that the AARC support states in obtaining legislation to require future respiratory therapy graduates from an associate degree program to obtain a baccalaureate

or higher degree in respiratory care within seven (7) years of completion their associate degree, in order to maintain their license to practice.

The resolution was defeated in a vote of the House and a new resolution was introduced the following year at the summer AARC HOD meeting in 2018. It read as follows:

Resolution:

Resolved that the AARC work with the National Board for Respiratory Care and the Commission on Accreditation for Respiratory Care requiring future respiratory therapy graduates from an associate degree program to obtain a baccalaureate or higher degree in respiratory care within ten (10) years of completing their associate degree, in order to maintain their RRT credential.

This resolution was also defeated in a vote of the House members. At this point, members from New York in the HOD realized the issue needed to be addressed at the state level. Currently in New York State, the movement is “on hold” with discussions ongoing with Program Directors from the nine associate degree and four baccalaureate degree programs as they continue working together toward an agreement to pursue achieve a BS in RT for future respiratory therapy graduates of associate degree programs in New York State.

In considering the BSN legislative challenges as a model from introduction to implementation, it took 14 years to get the bill through the legislature process. It would seem an effort in New York State for BSRT in 10 would following a similar track. Currently, no other state in the nation has a state law like the New York law for BSN-in-10. Rhode Island and New Jersey have put forth BSN-in-10 bills, but both are still under study and have not yet passed. Several other states are considering a similar bill and have been waiting to see what happened in New York. The BSN-in-10 specifically requires the RN to obtain a BSN and other baccalaureate degrees will not fulfill the requirement. Grandfathering current licensed nurses is a critical aspect the bill acknowledging the current nursing workforce without requiring additional degree requirements. (<https://www.nurse.com/blog/2018/03/13/11-things-know-about-new-york-bsn-in-10-law/>)

In most states, the Respiratory Care Practitioner (RCP) license is linked to the national credential with some designating the CRT or the RRT as the minimally required national credential for state licensure. Because our credential, rather than the degree, is required for state licensure, the RT profession may have a greater battle to fight in moving states toward degree-specific requirements at each individual state level. AARC and CoARC have produced powerful statements of support for the profession’s future for current practitioners and future graduates. On January 27, 2016, the AARC Board of Directors released an unprecedented position statement on respiratory therapy education calling for advanced degrees beyond the baccalaureate level to meet future demands stating: “Respiratory therapists seeking to practice in advanced clinical settings, leadership roles, research, and in professional educator roles should

seek higher education at the masters and doctoral levels.” In response to the AARC statement, CoARC Board of Commissioners released the following statement on January 28, 2016:

“The CoARC acknowledges that respiratory therapists with baccalaureate and graduate education are needed in larger numbers to serve as educators, researchers, managers, clinical specialists, and other roles through the healthcare delivery system...To support the increasing extent and complexity of the skills required of graduates of Respiratory Care programs and the associate movement of the profession toward baccalaureate and graduate degrees, the CoARC Board of Commissioners, in collaboration with the AARC, is proposing the following change in Standard 1.10 in the Accreditation Standards for Entry into Respiratory Care Professional Practice, to be effective January 1, 2018:

An educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education and must award graduates of the program a baccalaureate or graduate degree upon completion of the program.”

At the most recent CoARC Commissioners meeting during Summer Forum 2019, Standard 1.01 was supported to stand as stated above following a period of comment.

Where does this leave us as a profession? With a “mixed bag” professionally of national credentials and state licensure, it seems the movement toward advancing entry to practice credentials and degrees continues to rest with the individual states. New York State modeling of the first BSN-in-10 program coupled with New York RT’s attempts to unsuccessfully introduce AARC national resolutions through the HOD seems to “ring the bell” regarding the role of state societies to energize their professional base at the state level to effectuate change. Embracing professionals in respiratory care from all levels of education is certainly part of our reality and professional responsibility but motivating movement toward higher educational standards of our current and future practitioners is certainly the progressive goal in the eyes of a majority of respiratory care practitioners. Afterall, we desire that state and federal government view us as professionals and that requires an BSRT entry level of education.

What is CoBGRTE’s position on BSRT in 10? Plans are almost completed for a CoBGRTE Legislative Committee with the 2020 goal of preparing model BSRT in 10 legislation that would be sent to certain state licensure boards. Initially, the focus will be on New York, Pennsylvania, Virginia and North Carolina. The Committee will also strive to increase the number of states that require RRT for licensure as a respiratory care practitioner. It is important to note that the AARC recently released an [issue paper and position statement](#) that addresses: “BS-entry degree in respiratory therapy, or health sciences with a concentration in respiratory therapy; and the need to earn the Registered Respiratory Therapist (RRT) credential prior to entry to practice.” See Executive Summary of the issue paper on Pages 18-19.



Issue Paper — Entry to Respiratory Therapy Practice 2030

PURPOSE

The Entry to Respiratory Therapy Practice 2030 issue paper presents the American Association for Respiratory Care's (AARC) proposed recommendations for the requirements for Respiratory Therapists entering the workforce in 2030 and thereafter. These requirements, which must be achieved by all new therapists prior to beginning their practice, are as follows:

- Must obtain a minimum of a baccalaureate degree in respiratory therapy, or health sciences with a concentration in respiratory therapy,
- AND
- Must have earned the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC).

Evidence supporting these recommendations as well as resources for the proposed roadmap to 2030 are provided. The proposed requirements are not intended to negatively affect the practice of respiratory therapists engaged in active practice prior to 2030, if they have maintained their NBRC credentials and state licensure in good standing. However, state licensure regulations will ultimately determine the impact on this group of practitioners.

INTRODUCTION

The respiratory therapy profession has made several transitions since its beginning as inhalation therapy. Education has transitioned from on-the-job training to certificate programs and entry into practice, as of this publication, requires a minimum of an associate's degree with options for baccalaureate and master's degrees. Paralleling these education changes, a credentialing system has been developed to assess whether a candidate has sufficient competency to provide safe and effective respiratory therapy services. While the Certified Respiratory Therapist (CRT) credential granted by the NBRC is the minimum credential required to practice in many states, all respiratory therapy educational programs are accredited based on their ability to prepare graduates to meet the admission requirements for taking the NBRC examinations for the RRT credential. Since the most recent education

and credentialing requirements were implemented, health care has dramatically changed and the respiratory therapy profession must now prepare for the next phase. Each health care profession is being tasked to expand its scope in order to support the needs of patients within the ever-changing system, or become obsolete. Advances in technology, disease management, telemedicine, patient navigation, disease protocols, evidence-based medicine, palliative care, and clinical research now are mainstays in medicine and clinical practice. The future demands respiratory therapists to be well versed in these areas of patient care in order to remain relevant members of the interprofessional health care team.

Baccalaureate Degree for Entry to Practice

With former specialty areas in medicine merging into mainstream health care, there is a demand to include these areas in the entry level curriculum of respiratory therapy educational programs. However, the need for additional credit hours and clinical time typically stretches beyond what is achievable within a two-year curriculum. Additionally there is evidence to support that baccalaureate degree educational programs can provide improved opportunities for the development of psychosocial, critical thinking, and critical decision making skills. These skills are considered essential for respiratory therapists to improve the quality and effectiveness of their patient care, become active team members on interprofessional health care teams, and assume leadership positions within the developing interdisciplinary practice model of patient care.

RRT for Entry to Practice

The Commission on Accreditation for Respiratory Care's (CoARC) current respiratory therapy program accreditation standards have been developed to prepare respiratory therapy educational program graduates to demonstrate competence at the RRT level. With this as the CoARC standard, there is no longer a need to continue to award the CRT credential as all new graduates are expected to be prepared at the RRT level. This is supported by the content matrix and structure of the clinical simulation examination which is designed to test the candidate's decision-making skills in a variety of simulated real-life clinical situations.

The ability to competently demonstrate this skill set is highly desirable, and essential, for respiratory therapists to effectively provide patient care and practice as a member of the interprofessional health care team.

The proposed changes in the education degree and NBRC credential required license for entry to practice may necessitate policy changes at the state level. These changes may include, but are not limited to:

- licensure law changes to alter the requirements to include a minimum of a baccalaureate degree and the RRT credential for all new license applications,
- grandfather clauses to acknowledge licensees who are in good standing within the state at the time of the implementation of the proposed requirements, and
- education policy changes allowing community colleges to provide baccalaureate degrees or develop articulation agreements with institutions that award baccalaureate degrees.

Resources are currently available to AARC state affiliates to assist in the implementation of the changes, if required. These include successful models employed by AARC state affiliates that have already made the transition to the RRT credential for licensure and respiratory therapy programs based at community colleges that have either received permission to award baccalaureate degrees or developed articulation agreements with other institutions of higher education.

SUMMARY

This issue paper provides the evidence-based justifications for both the proposed baccalaureate degree and RRT requirements for respiratory therapists to enter practice beginning in 2030 and thereafter. Some resources for achieving these goals in the proposed time frame are provided within the document.

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“CoBGRTE is delighted to publish the Executive Summary of the AARC landmark Issue Paper, that has provided such a forward-thinking roadmap for our profession.”

David C. Shelledy, PhD, RRT, FASAHP, FAARC
President, Coalition for Baccalaureate and Graduate Respiratory Therapy Education
Dean and Professor
School of Health Professions
UT Health San Antonio

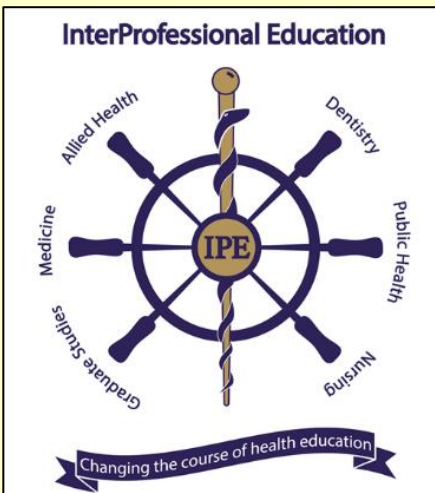
The Window-Shopping Patient

By John Zamjahn, PhD, MHS, RRT, RPFT
Professor of Clinical Cardiopulmonary Science
Program Director of Advanced Respiratory Therapy
LSU Health Sciences Center, School of Allied Health Professions
Department of Cardiopulmonary Science
Louisiana, New Orleans



In recognition of both Health Care Simulation Week (September 16-20th) and World Patient Safety Day (September 17, 2019), students at Louisiana State University Health Sciences Center New Orleans (LSUHSC-NO) had the chance to put their knowledge of patient safety risks to the test. Daryl Lofaso, M.Ed., RRT, Director of Simulation Operations, School of Medicine Learning Center, Alison Davis, Ph.D., RN, CHSE, Director Nursing Skills and Technology Center, School of Nursing Simulation Center, and Amanda Goumas, M.P.H., Coordinator, Center for Interprofessional Education and Collaborative Practice created a simulated patient

room for all onlookers (anyone in the Health Sciences Center walking by the room). Onlookers had the chance to check in on the patient through the hospital glass, identifying the numerous patient safety risks and enter for a chance to win prizes.



Senior LSUHSC-NO respiratory therapy students participate above in annual fall semester obstetrical emergency high-fidelity simulation with nursing students and obstetric residents to promote interprofessional collaboration and problem solving in both maternal and neonatal assessment and treatment with a focus on teamwork and communication.

September marks the start of TeamUP™, a two-year longitudinal interprofessional education experience integrated within the curriculum of all six LSUHSC-NO Schools (Allied Health Professions, Dentistry, Medicine, Nursing, Public Health and Graduate Studies) for all first- and second-year students. TeamUP™ uses the national Interprofessional Education Collaborative (IPEC) sub-competencies to develop interprofessional learning activities and evaluates students' outcomes through reflections, validated perception questionnaires, and team projects. Our respiratory therapy students will be among the sixty interprofessional student teams, each of which comprises 12-14 students from among the Schools' twenty academic programs that will meet monthly through March to learn about, from and with each other. First year students will focus on building their interprofessional team and developing effective communication and collaboration skills that they will utilize during the Health Partner Project. Each student team selects an individual living in the community to be the team's Health Partner. The student team develops an interprofessional history questionnaire to get a better understanding of the Health Partner's health goals and healthcare experiences. Each student team develops a resource list of opportunities that the Health Partner may consider while working to achieve established health goals.

Second year students, working in their previous Team Up™ Year 1 student teams, will focus on the roles and responsibilities of each team member in the primary and secondary prevention of a wide spectrum of client conditions presented through case studies. The culminating project is the development of an interprofessional primary or secondary assessment tool specific to an age or medical condition. An evening is set aside for all student teams to present their assessment tools in a poster format. In 2019, members of Blue Cross Blue Shield of Louisiana and the National Kidney Foundation Louisiana Chapter, who sponsored four awards, judged the posters.

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Louisiana State University Health Sciences Center New Orleans, Sept. 2019,
www.lsuhscc.edu/administration/academic/cipecp/team_up_overview.aspx .

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Strategic Planning

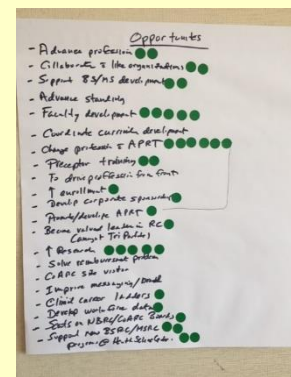
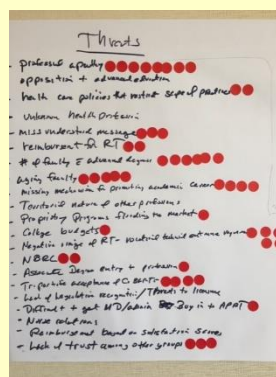
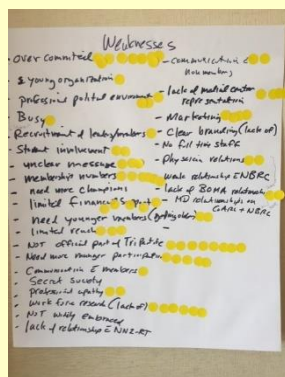
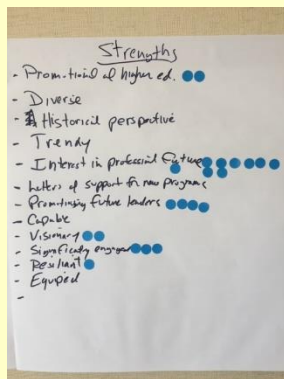
Jamy Chulak, MS, RRT

CoBGRTE Vice President for External Affairs

Valencia College, Orlando, Florida

On June 26th, 2017 the CoBGRTE Board met in Tucson, Arizona to begin a formal process to develop a strategic plan. This followed years of growth in members, individual and institutional, along with the development of a culture among educators committed to supporting our profession led by Dr. Thomas Barnes, past President of the CoBGRTE.

A process of reflection was facilitated by Dr. David Shelledy, president of the CoBGRTE, utilizing the S.W.O.T. tool (*strengths, weaknesses, opportunities and threats*) for both analysis and promote on specific aspects of our profession. Participants chose dialogue to discuss, debate and rank aspects of the results from this exercise. Summary documents provided a guide for future meetings including Executive Committee discussions.



On July 16th, 2018 the CoBGRTE BOD Meeting San Antonio, Texas explored ways to discuss strategic planning using creative practices. Participants utilized a *divergent* practice to answer stem questions which promote the profession of respiratory care. The goal for *divergent* activities, when answering stem questions, is to generate a volume of ideas both broad and unrestrained; this process is also known as *fanning*. From those ideas, the group began to *converge* similar responses into themes that can help shape the language around a strategic plan. This is also called *funneling*. Participants were able to visualize areas of consensus and recognize the inclusive contributions of each member. The development of CoBGRTE Mission, Vision and Values, will help create a vocabulary around how our organization orients itself to serve and grow the profession.

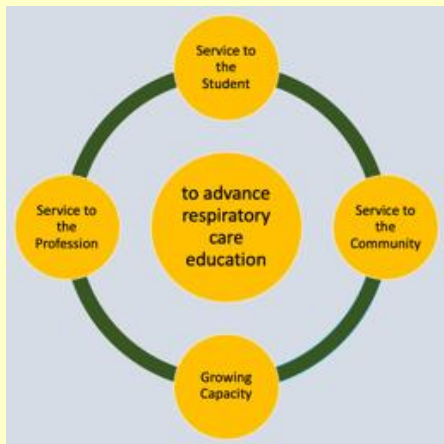
- o **Mission:** *The mission of the CoBGRTE is to advance respiratory care education.*
- o **Vision:** *CoBGRTE seeks to become the global leader for respiratory care education.*

- **Values:** *The CoBGRTE values are excellence, integrity, leadership, advocacy, inclusion, innovation, collaboration, diversity, and dedication to the profession.*

The Board began work on *Strategic Goals* to organize activities and energy towards meeting the mission of the CoBGRTE.



1. *Transform the profession by advancing quality academic programs, professional knowledge, and faculty resources.*
2. *Increase the number of graduates from baccalaureate and graduate respiratory care educational programs.*
3. *Develop a center of academic excellence to provide faculty development to advance the art and science of respiratory care education.*
4. *Promote research to advance the profession.*



On July 22nd, 2019 the CoBGRTE BOD met in Ft. Lauderdale to discuss activities that align with our mission and strategic goals. The board orientated our work around advancing respiratory care education. There was discussion on how to develop capacity to align efforts around our mission in service to the community, student and profession. Our mission to advance respiratory care education made it clear to our board to recognize the CoARC as the gold standard for respiratory care accreditation. The language we developed to identify who the CoBGRTE is and why we exist, continues to help shape collaborative efforts with our professional organizations through committee work, research and open dialogue.



Z

Our conversations about strategic planning inform and are informed by the community of members throughout the year. While we meet regularly in virtual settings, the CoBGRTE board meets at the AARC Summer Forum in person to discuss, among other items, strategic planning. We host a Summer Seminar, in conjunction with the Summer Forum, to focus conversations around advancing the profession. Our Round Table dinner discussions occur at both the AARC Summer Forum and the AARC Congress with an abundance of issues of interest within a community of educators, students and partners that you must experience. We are a dedicated group, in service to our profession, that through inclusion, innovation and leadership...invite you to [join](#) the CoBGRTE.



COBGRTE ROUND TABLE DINNER

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Space is limited to 50 persons.

A Life of Service

**By Thomas A. Barnes, EdD, RRT, FAARC
Northeastern University
Boston, Massachusetts**



The Reverend Edward A. Scully , MA, M.Div., RRT, FAARC, 78, Temple Terrace, died on September 7, 2019 after a life-time of service to the respiratory therapy community. Ed started his RT career as a staff respiratory therapist at Sequoia Hospital, Redwood City, California (1961-1965). From 1965–1968 he was the Chief Respiratory Therapist at Stanford Children’s Hospital at Stanford University, Palo Alto, California. From 1968 to 1971, he was Chief Respiratory Therapist at Children’s Hospital Medical Center of Northern California, Oakland, California, Valley Children’s Hospital, Fresno, California, Doctor’s Hospital of Modesto, Modesto, California. He started his career as an RT educator in 1969 as a part-time instructor at Fresno City College, Fresno, California. Ed became a faculty member at the Respiratory Therapy Program at Skyline College, San Bruno from 1971-1977 and served as program director from 1971-1975. During his time in California he was on the Executive Committee of the RT Golden Gate Chapter serving as president 1968-69. In 1965-1975 Ed was active in forming the California Society for Respiratory Care. He worked with 4 or 5 chapters to dissolve them and reform as the California Society. Scully wrote the Bylaws and with input from previous chapter presidents, divided the state into geographic regional groupings termed chapters.

In 1977, Scully left California to become the RT program director at Santa Fe Community College, Gainesville, Florida (1977-1980). He moved to Alabama to become an Assistant Professor and Program Director University of Alabama, Birmingham, Alabama (1981-1984). From 1984-1987 he attended the Episcopal Divinity School in Cambridge, MA and was granted a M.Div. degree. He was ordained as an Episcopal priest in May 1989, by the Holy Orders: Priest, Anglican Church of Canada. He served a priest and chaplain 1987-2010. In 2010, in addition to his work with the Episcopal church he taught RT students as an adjunct faculty member at respiratory care programs in the Tampa Florida region.

During his tenure as AARC Vice President (1973-1975), he took on the mission of encouraging AARC Chapters throughout the USA to form state societies and worked with them to affect that change. He was pleased recommend to the Board approval of many reformed or newly formed societies. He worked with them on their charter and especially on their Bylaws. In 1976 and continuing until 1987, he worked as parliamentarian for the House of Delegates. Of the work done there, Ed was proudest of working with the Board and the House on new Bylaws. Because the new Bylaws reduced the number of Directors, I was asked to write the “Scully Amendment” to affect that reduction.

Reverend Scully was a member of the AARC for 57 years from 1963 until he died in 2019. He was honored with AARC Life Membership and with induction as an AARC Fellow (FAARC) in 2013. He earned his RRT credential in 1965 and held RRT #288. Throughout his career as a therapist, manager and educator he worked very hard to improve respiratory therapy as a profession at state and national levels. Edward A. Scully was an extraordinary professional and role model for younger therapists. He will be missed!

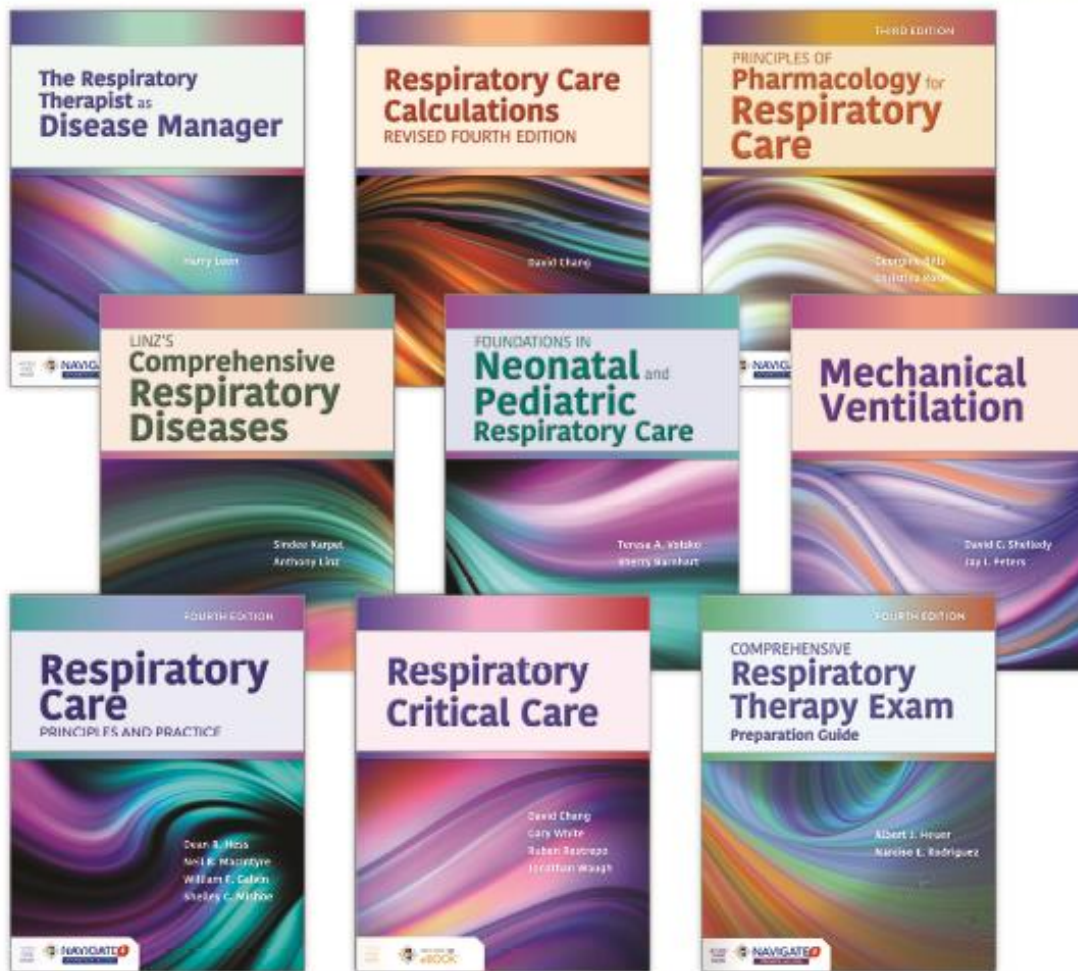
New Member Bonus

New CoBGRTE members effective August 1, 2019 will have all of 2020 added as an additional benefit. Take advantage of the bonus at <http://cobgrte.org/membership.html>.

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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 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. 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 72 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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