The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

UNIVERSITY OF NEBRASKA MEDICAL CENTER (UNMC)



College of Allied Health Professions

Master of Respiratory Therapy Programs
Entry into Professional Practice
Degree Advancement Option
Master of Respiratory Care (MRC)

By Lisa Fuchs, EdD, MHA, RRT, CTTS, CHWC, FAARC, ACUE

Overview: UNMC and Innovation

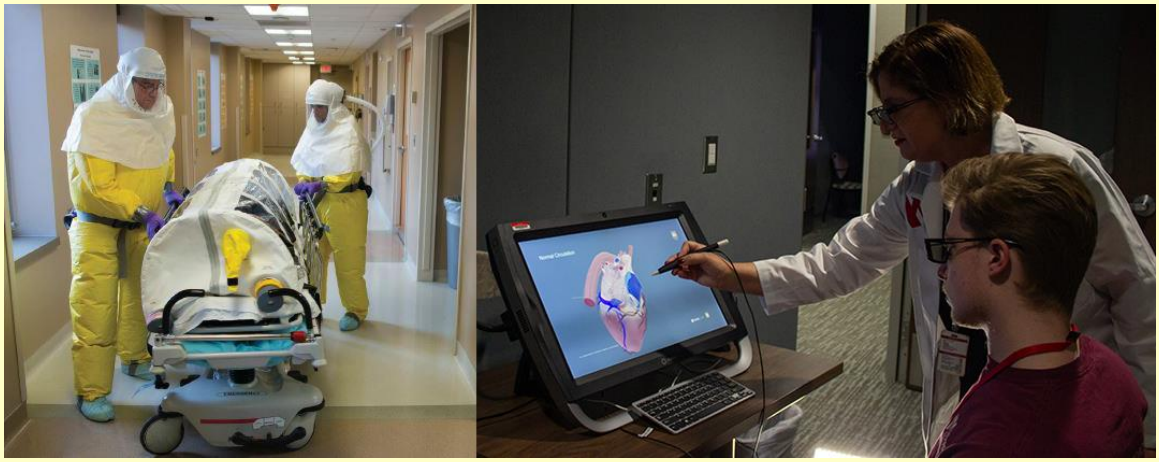
The University of Nebraska Medical Center (UNMC) was founded in 1869, then chartered in 1881 as the state of Nebraska's first medical college and became part of the University of Nebraska in 1902. The University continues to grow, with more than 3% increased enrollment in 2023. UNMC is known for attracting external funding for research, education, and public service, and in 2022-23, $173.4 million was awarded for research grants. UNMC and its hospital partner Nebraska Medicine, have an annual economic impact of $5.9 billion. The University takes rural care seriously, with the percentage of graduates practicing direct patient care in rural areas tied for seventh in the nation. Our primary care program is ranked seventh in the nation and the nursing bachelor's program 15th. Also, other UNMC programs ranked among the best in U.S. News & World Report rankings include: physical therapy, physician assistant, pharmacy, and our online nursing programs.

Innovation experiences take place in the Dr. Edwin G. & Dorothy Balbach Davis Global Center with forward thinking and advanced skill set practice. The center is a highly advanced clinical simulation facility purposefully designed to foster the practice of patient care to include interprofessional practice teams. The unique 192,000 sq. ft. facility is made up of five levels that work together to create a clinic and hospital-like setting, providing a safe and innovative learning environment.



Education and training happen within the Davis Global Center with the Interprofessional Experiential Center for Enduring Learning (iEXCEL). This innovative program distinguishes Nebraska by creating a novel model of education, training, and research for emerging healthcare professionals. The goals that address the model are medical error and avoidable deaths, an outmoded educational model, and a new generation of learners. This is a training model that focuses on using assessments and measuring outcomes in using an interprofessional collaboration for experiential learning. Research, clinical simulation, visualization, surgical and clinical practice skills are scheduled in various learning platforms to create an inclusive environment where virtual reality, iWalls, which are large 3D CADWalls, @D interactive digital iWalls, a holographic theater, and 5 sided-laserCAVE immersive environment is included with augmented reality, virtual reality, and technology innovation labs.

Davis Global Center for Health Security houses a biocontainment unit that received national attention when the first Ebola patients were treated there. The University of Nebraska Medical Center and Nebraska Medicine treated three patients with Ebola in 2014. Later the biocontainment unit would house and research the Sars-Cov-2 pathogens and treat patients. Nebraska Medicine is one of a few in the nation dedicated to research and treatment of new pathogens and pandemic investigations. Biocontainment units and medical specialists are integral in training future medical professionals to include an interprofessional team that includes respiratory therapists.



Biocontainment unit ***Z Space***

Davis Global Center Flythrough

YouTube – https://youtu.be/9u5Gp7kipTo

The College of Allied Health Professions

In 1972, the University of Nebraska Board of Regents officially created the School of Allied Health Professions, which became a college in 2015 – the same year they expanded by adding a campus in Kearney, Nebraska. The College of Allied Health Professions (CAHP) celebrated 50 years in 2022 and includes 15 health profession programs, two inter-professional master's degree programs, and five degree-advancement programs with the newest being the inaugural Master of Respiratory Care program. CAHP has an annual enrollment of over 750 students between the Omaha, and Kearney campuses.

A major goal of the College of Allied Health Professions and a critical factor in our strategic plan is to increase prominence as a research health sciences center that supports evidence-based medicine. The College is expanding its research enterprise in the areas of prevention and management of chronic disease and team science to improve healthcare delivery in both metropolitan and rural areas where more doctors, nurses, and allied healthcare professions are needed to decrease chronic disease, provide preventative care, build skill sets to perform diagnostic tests and treatment.

In 2022, the Nebraska State Legislature approved an expansion of UNMC on the Kearney, Nebraska campus. A second building will allow the respiratory care program, along with other allied healthcare programs education to expand in rural Nebraska.

UNMC- College of Allied Health Education Graduate Programs include:

Graduate-Level Professional Programs

- Clinical Perfusion
- Diagnostic Cytology
- Genetic Counseling
- Medical Nutrition
- Occupational Therapy
- Physical Therapy
- Physician Assistant
- Respiratory Therapy (Entry-to-Practice)
- Dual-MBA Degree

Students enrolled in certain allied health profession education programs may earn both a health professions graduate degree and a Master of Business Administration (MBA) degree.

Online Programs

- Health Professions Teaching & Technology (Masters)
- Healthcare Delivery Science (Masters)
- Applied Health Informatics (Certificate)
- Health Professions Teaching & Technology (Certificate)
- Healthcare Quality Improvement (Certificate)
- Doctor of Medical Science

Degree Advancement Options

- Imaging Sciences
- Medical Laboratory Science
- Perfusion Science
- Respiratory Care

Respiratory Therapy Programs

The Entry-To-Practice Master of Respiratory Therapy program at UNMC will welcome the first cohort in the Fall of 2024. The program is a future-forward and innovative progression into advanced respiratory care. The student will be part of an elite group of respiratory professionals who will develop elevated skill sets at Nebraska Medicine, Children's Hospital, as well as numerous specialized healthcare organizations in the Midwest. The program will provide two classrooms – one in Omaha, Nebraska, and one in Kearney, Nebraska. The program will be the first to have a respiratory program on the ground in rural Nebraska.

While the Master of Respiratory Care (MRC) is groundbreaking with opportunities beyond that of an entry to practice education, students will be prepared to sit for the National Board of Respiratory Care (NBRC) exam. The priority of the program is a quality program dedicated to understanding the fundamentals of respiratory care practice while immersing the student in innovative opportunities such as state-of-the-art simulation, interprofessional education, management of chronic diseases, invasive diagnostic procedures,

management of acute diseases, evidence-based medicine, high-level patient assessment, respiratory care protocols, awareness of research data related to health outcomes, leadership skills, professional communication, critical care, and critical thinking, evaluation of therapies, and health care policy development and implementation.



ICU simulation and ZSpace viewing lab at Davis Global Center

The goal of the program is to produce a student who can critically think and embrace the opportunities in modern healthcare from bedside to global pandemics. The clinical experience will address the boundless opportunities of a future-forward profession, respiratory therapy. In addition to traditional clinical practice students in UNMC's respiratory therapy program will learn advanced clinical skills and opportunities in lung ultrasound, mid-line placement, intubation, arterial-line placement, lung transplant, the biocontainment unit,

specialty clinics, state of art high fidelity simulation, virtual reality and augmented reality education and skill set at Davis Global Center. The student will spend a significant amount of time in neonatal and pediatric clinical rotations with introductory and advanced courses and four semesters of clinical rotations in high-acuity healthcare organizations, along with adult critical care practice and specialty clinics. The master-prepared student can work alongside other healthcare professionals to provide safe, evidence-based care from bedside in metropolitan areas to working with physicians in rural areas to stabilize a premature baby in a rural setting and prepare for transport to a higher level of care.

MRC Mini-Clinical Rotating Internships

Nebraska Medicine is a world-renowned medical center that affords exceptional clinical expertise, ground-breaking research, interventional diagnostic advancements, innovation, and doctors from around the world that make the internship rich with interprofessional sharing of knowledge, communication, and evidence-based practice for the entry-to-practice Master of Respiratory Care student. The student may work with other allied healthcare professionals during Internships, which may take place outside of Nebraska Medicine with approval from the program director and director of clinical education.

Each internship will be four weeks in length with one internship per student. The final semester of the entry-to-practice program will offer seven clinical mini-internships to include:

- **Infectious Disease + Pulmonary Research**
- **Pulmonary Medicine + Interventional Pulmonary Diagnostics**
- **Emergency Medicine & Management/Trauma + Bioterrorism/Decontamination and air ambulance**
- **Sleep Medicine + ENT Group**
- **Neonatal/Pediatric Pulmonary**
- **Ethics/Palliative Care + Education**
- **Innovation/Leadership/Interprofessional Education**

The program is 21 months, or five semesters in length with a total of 82 credits to earn a Master of Respiratory Care (MRC) degree.

The **Master of Respiratory Care Degree Advancement Option (DAO)** is a well-rounded degree for the working respiratory care professional. In the first semester, the MRC degree advancement option online course curriculum is an

introduction to the advancement of respiratory care principles including teaching, critical thinking, and inquiry, gaining knowledge on managing public health-related respiratory care patient population, and completing the year with advanced clinical practice and cardiopulmonary diagnostics management. By the end of the semester, the student will reflect on how to earn an advanced certification in the Special Topics in Respiratory Care course related to the advancement of the respiratory care profession. An online advanced clinical practice and innovation in respiratory care course will use the elements of high-fidelity simulation from the Davis Global Center with virtual reality to introduce the student to advanced learning and practice for respiratory clinicians.

The second semester of education will present the student with research synthesis and application for respiratory care practitioners with application to current respiratory practice. The elevation of a respiratory therapist as a disease manager, case studies with interprofessional and evidence-based practice to include quality improvement. The application of the health status gap and the impact on urban and rural education and cultural competence courses will include interprofessional education, research, disease management, evidence-based practice, and enhanced learning of advancing health equity for respiratory care.

The third semester and final semester will include a leadership course on interprofessional education and the healthcare team, a course on coaching for well-being as it relates to self-care, and coaching patients and/or staff toward growth and behavior change. The student will participate in a comprehensive respiratory care project by completing a practicum or project that synthesize the degree advancement to include the knowledge gained through the MRC program in an area of interest in healthcare delivery or clinical practice.

The DAO program has two options full-time (12 months), or part-time (24 months) in length for a total of 33 credits. The Program Director will work with each student to design a schedule that meets the needs of family, school, and work life.

MRC ENTRY-TO-PRACTICE PROGRAM
https://www.unmc.edu/alliedhealth/academics/programs/rc/index.html

MRC DEGREE ADVANCEMENT OPTION PROGRAM
https://www.unmc.edu/alliedhealth/academics/programs/rc/mrcdao/index.html

Entry to Practice

FIRST YEAR

FALL		CREDIT HOURS
RESP 610	FOUNDATIONS OF RESPIRATORY CARE	3
RESP 611	CARDIOPULMONARY ANATOMY & PHYSIOLOGY FOR RESPIRATORY CARE	3
RESP 612	PATIENT ASSESSMENT AND INTERPROFESSIONAL EDUCATION (IPE) IN RESPIRATORY CARE	4
RESP 613	PROFESSIONALISM AND COMMUNICATION IN RESPIRATORY CARE	1
PAMM 690	BIOLOGY OF DISEASE	5
	Credit Hours	**16**
SPRING		
RESP 620	CLINICAL PRACTICE I	5
RESP 621	INTRO TO NEONATAL & PEDIATRIC DISEASE IN RESPIRATORY CARE	3
RESP 622	INTRO TO ADULT CRITICAL CARE AND DIAGNOSTICS LAB IN RESPIRATORY CARE	4
RESP 623	PULMONARY DISEASE IN ADULTS	3
RESP 624	PHARMACOLOGY IN RESPIRATORY CARE	3
	Credit Hours	**18**

SUMMER		
RESP 630	CLINICAL PRACTICE II	6
RESP 631	ADVANCED NEONATAL AND PEDIATRIC PRACTICE IN RESPIRATORY CARE	3
RESP 632	ADVANCED CRITICAL CARE AND DIAGNOSTIC PRACTICE IN RESPIRATORY CARE	4
RESP 633	INTERPROFESSIONAL EDUCATION AND THE HEALTHCARE TEAM IN RESPIRATORY CARE	4
	Credit Hours	**17**
SECOND YEAR		
FALL		
RESP 640	CLINICAL PRACTICE III	6
RESP 641	PRINCIPLES OF TEACHING AND LEARNING FOR RESPIRATORY CARE	2
RESP 642	ADVANCED CLINICAL PRACTICE & INNOVATION IN RESPIRATORY CARE	3
RESP 654	PRINCIPLES FOR PUBLIC HEALTH AND POPULATION MANAGEMENT IN RESPIRATORY CARE	3
CAHP 723	PRINCIPLES OF CRITICAL INQUIRY	3
	Credit Hours	**17**
SPRING		
RESP 650	CLINICAL PRACTICE IV	6
RESP 651	CAPSTONE PROJECT RESPIRATORY CARE	4

RESP 652	RESEARCH SYNTHESIS AND APPLICATION FOR RESPIRATORY CARE PRACTITIONERS	3
RESP 653	CURRENT ISSUES AND TRENDS IN RESPIRATORY CARE	1
	Credit Hours	**14**
	Total Credit Hours	**82**

DEGREE ADVANCEMENT OPTION

FIRST YEAR

FALL		**CREDIT HOURS**
RESP 658	SPECIAL TOPICS IN RESPIRATORY CARE	1
CAHP 723	PRINCIPLES OF CRITICAL INQUIRY	2
RESP 641	PRINCIPLES OF TEACHING AND LEARNING FOR RESPIRATORY CARE	3
RESP 654	PRINCIPLES FOR PUBLIC HEALTH AND POPULATION MANAGEMENT IN RESPIRATORY CARE	3
RESP 642	ADVANCED CLINICAL PRACTICE AND INNOVATION IN RESPIRATORY CARE	3
	Credit Hours	**12**
SPRING		
RESP 652	RESEARCH SYNTHESIS AND APPLICATION FOR RESPIRATORY CARE PRACTITIONERS	3
RESP 643	RESPIRATORY THERAPIST AS A DISEASE MANAGER	3
RESP 655	INTERPROFESSIONAL AND EVIDENCE-BASED PRACTICE IN RESPIRATORY CARE	3

RESP 656	ADVANCING HEALTH EQUITY FOR RESPIRATORY CARE	3
	Credit Hours	**12**
SUMMER		
RESP 661	COMPREHENSIVE RESPIRATORY CARE PROJECT	4
RESP 633	INTERPROFESSIONAL EDUCATION AND THE HEALTHCARE TEAM RESPIRATORY CARE	3
RESP 657	COACHING AND WELL-BEING FOR RESPIRATORY CARE PRACTITIONERS	2
	Credit Hours	**9**
	Total Credits	**33**

Faculty, Medical Directors, and Support Staff



Lisa Fuchs, EdD, MHA, RRT, CTTS, CHWC, FAARC, ACUE is the inaugural Program Director of the Master of Respiratory Care Program. Dr. Fuchs brings over 12 years of experience in the field of academia. As an associate professor with certifications as a certified tobacco treatment specialist and wellness and well-being coach, she engages in having a positive mindset in working with students and faculty. Dr. Fuchs enjoys writing for fun and to advocate for the profession. She is familiar with accreditation and serves as an accreditation site reviewer for business and respiratory programs around the country. She is currently authoring a book due out in 2025. Dr. Fuchs enjoys lectures with students and is a known local, national, and global speaker, most notably speaking in London, England.



Andrew Marking, MHA, RRT is transitioning from Nebraska Medicine to UNMC to be a part of the development and implementation of the inaugural Master's in Respiratory are program. After working in the clinical environment for 20 years, Andy is eager to embrace the new challenge. Those years of experience at the bedside will benefit him in this new role. Along with a dedication to the advancement of the respiratory profession, he has a passion for soccer - playing and coaching. He has coached players from elementary age up to collegiate student-athletes for the past 12+ years and believes those coaching strategies and skills will come in handy in his new role.



Ruxana Sadikot, MD, MRCP (UK) is the Medical Director for the Master of Respiratory Care program. Dr. Sadikot graduated from the Bombay University with a Medical Doctorate following which she continued her medical training in England where she received the prestigious Membership of the Royal College of Physicians (MRCP) of the United Kingdom. She then trained in respiratory medicine at Yorkshire Health Authority in the U.K. and completed a fellowship training in pulmonary and critical care medicine at the Vanderbilt University in Nashville, Tennessee. She was then appointed as an assistant professor (tenure track) in the Division of Pulmonary and Critical Care. After four years she was recruited to the University of Illinois in Chicago where she served as the associate program director for pulmonary and critical care fellowship, medical director for the ICU and was tenured and promoted to the rank of associate professor. In 2014 Dr. Sadikot was recruited to the Emory University as a Professor of Medicine and section chief of Pulmonary and Critical Medicine at the Atlanta VA Medical Center. She joined the University of Nebraska Medical Center in June 2021 as the Division Chief for Pulmonary, Critical Care, and Sleep Medicine.

Dr. Sadikot' s research has focused on defining the lung immune response and mechanism of lung injury. Her research is focused on defining the role of lipid mediators (prostaglandins), PPARgamma, superimmunoglobulin receptor TREM-1, and mitochondrial function in resistant infections such as *P. aeruginosa*. Her clinical interests include sepsis, non-CF bronchiectasis, and resistant infections such as *P. aeruginosa* and non-tuberculous mycobacteria. She has published extensively on these topics in high-impact peer-reviewed journals and book chapters. Dr. Sadikot is funded by the Department of Veterans Affairs, the National Institutes of Health, and the Cystic Fibrosis Foundation.



Monti Sharma, MD, FACS is Co-Medical director for the Master of Respiratory Care program. Dr. Abhineet (Monti) Sharma has a great passion for caring for children and is currently practicing as a neonatologist and pulmonologist at Children's Nebraska. Dr. Sharma is a respiratory therapist advocate and looks forward to collaborating with the Master of Respiratory Care students through their journey of caring for neonates and pediatric patients.



Nicholas Hanson, MLS is staff for the Master of Respiratory Care program.

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INTERVIEW



Jennifer Keely, MEd, RRT, RRT-ACCS

Respiratory Therapy Program Director and
Associate Clinical Professor.
Department of Clinical and Diagnostic Sciences
Respiratory Therapy
University of Missouri -Columbia

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

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

I've been interested in medical matters since I was a kid. When I was in 6th grade, after telling my dad that I wanted to be a doctor, he bought me a copy of *Grey's Anatomy*. I quickly found the book was too complicated for casual perusing but carried it around with me anyway. My path changed as I moved through high school and into college where I was a music major (flute). After successfully auditioning for the Air Force Band, I left college after 3 ½ years to join the Air Force. About halfway through my enlistment, I ended up with a terrible bronchitis which lasted for weeks. My lungs were never the same after that and I needed albuterol and, eventually, inhaled steroids to exercise. The Air Force didn't like its members to have asthma (though I knew of plenty of asthmatics who flew under the radar while serving) and they likely wouldn't have let me re-enlist, even if I'd wanted to. So, before my enlistment was up, I dug up an old University of Missouri (MU) course catalog and started looking at the health professions majors. I came across respiratory therapy and contacted the program director, Mike Prewitt, who mailed me a brochure about the program. When I saw a photo of a therapist standing in front of a ventilator (I think it was a PB 7200), I became fascinated and decided that would be the path I'd pursue when my enlistment was up. My music studies left me short on prerequisite courses I'd need to apply, so I started taking classes long distance. That meant mailing my assignments in and

waiting for my grades to get mailed back to me. Fast forward a couple years and I was accepted into the program of which I am now the director.

My first job was at a private hospital that was smaller than the University Hospital where most of my clinicals had occurred. Everyone would start out the shift by grabbing their IPPB machine and a 20 mL bottle of albuterol, with some ipratropium to add in on occasion, saline ampules, and our treatment cards. We were also big on fanny packs to carry medication, if by some chance we didn't have anyone getting IPPB. Though I really enjoy the fast-paced environment of the adult ICU, I remember those early days that were heavy with floor therapy as foundational to my professional development. What I remember the most from those early years is my conversations with those patients and their families. They were funny, poignant, and sometimes frustrating. I remember interactions with patients that make me cringe with embarrassment now. Even though I received a very good RT education, there's still a lot of growth that happens after graduation!

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

Early mentors were people who worked at my first hospital (where I'd also worked as a student therapist). Todd Bocklage was a fellow MU graduate in charge of the level III nursery and later became the department educator as well. He supported my transition from being a student to being a practicing therapist, helped me grow confident in working with premature babies, and demonstrated professionalism that I learned to emulate. Tim Meador , another MU alum, was also primarily a NICU therapist who approached his job with competence, humor, and gentleness that provided reassurance to patients, their families, and all who worked with him. Tim passed away several years ago and I still miss him and our work conversations. Really, everyone I worked with at my first hospital in those early years helped to "raise me up." I'm grateful for their patience with me.

3. How did furthering your education contribute to your career path?
-What got you on your path towards leadership roles in the AARC and/or related organizations?

I started a Master of Education in Higher Education program the same time I started teaching as I'd been hired at an R1 university where faculty with only bachelor's degrees were woefully underprepared by academic standards. Because my master's program was in education and not in the health professions, I had to be very intentional about connecting my coursework with my job. In some cases, the connections were obvious and applicable, like a class in Program Planning or the American Community College. Other classes, such as the History of Higher

Education, were interesting, but less related. Now, I'm two and a half years into a PhD program in Educational Leadership and Policy Analysis, which I started pursuing because I feel strongly that respiratory therapists need to be academically prepared to do research. As an educator who is helping to prepare the next generation of RTs, I need to develop my own research skills to pass them along. I'm encouraged by the increasing number of dissertations written by respiratory therapists that I encounter in my literature reviews. I get the sense that are many of us who are working on doctorates right now and there will be an explosion of RT researchers in the coming years.

Regarding further professional development, when I first started teaching, MU's program director was Dr. Shawna Strickland, who was working on her PhD at the time. She was, and continues to be, a highly motivated person, who was active on the speakers' circuit and in the Missouri Society for Respiratory Care and, eventually, the AARC. She encouraged the rest of the faculty to run for office in the MSRC and apply to speak at conferences. It was all out of my comfort zone initially, but it was hard not to be involved when it was such a part of our program culture. I became the treasurer for the MSRC, which I enjoyed. It helped me get to know RTs from around the state who I don't think I would have met otherwise. I look forward to running for office with the MSRC again once I'm done with my doctoral program. That'll be a while!

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

As a clinician, I'd say the most important thing is that we communicate clearly with our patients and their families about what is happening to them and the plan of care. Being sick in the hospital is hard enough, but not knowing or understanding what is happening compounds feelings of fear and frustration. My own mother has been back and forth between the hospital and nursing home for the last month, and we have experienced this frustration firsthand. As an educator, I'd say the most important thing is that RTs understand how much students learn from them before they even get to the patient care unit. Professional demeanor, appearance, body language, interactions with coworkers, and the expectations they have of themselves, are all observed by students who are developing their own professional identities. Treat that responsibility with the solemnity it deserves. Students will model what they see. Regarding leadership, I'm new to the program director role. But I think that leaders are most effective when they allow team members to show and utilize their individual strengths for the benefit of the group. No one is the best at everything.

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

I have two bits of advice. I encourage students and new graduates to follow themes from Ken Coleman's *Proximity Principle*. The author suggests that you find the people who are doing what you want to do, in the way that you want to do it, and put yourself in their orbit. Make those your people. Secondly, there are many different paths to success in this profession and there is no set timeline by which you must hit certain milestones in your career. Have goals in mind, but also recognize that life can create unexpected delays or detours that require a change of approach…like being a flute player in the military who eventually finds herself leading a respiratory therapy program. Life is funny that way.

Professional Positions Posted

***University of North Carolina-Charlotte, *STIMIT-Dräger, *Georgia State University, *University of Nebraska Medical Center, *Massachusetts College of Pharmacy and Health Sciences, *Thomas Jefferson University, *Stony Brook University, *Liberty University, *St. Catherine University, *University of North Carolina-Wilmington, *Augusta University, *Upstate Medical University-Syracuse, *Norton Healthcare, *University of Virginia Health System**

ASRT to BSRT & MSRC Degree Advancement Programs

BSRT and MSRT Entry Programs

Graduate Respiratory Therapist Programs

www.CoBGRTE.org

CoBGRTE Transitions to the American College of Respiratory Therapy Education

Gregg Marshall, PhD, RRT, RPSGT, RST, FAARC
CoBGRTE President 2022-2023

Doug Gardenhire, EdD, RRT, RRT-NPS, FAARC
ACRTE President 2024-2025

Greetings and Happy Holidays to each of you!

We are pleased to update you on a special moment in the history of CoBGRTE and its original mission. Established initially as a committee by the AARC, through the years the group evolved into an organization championing the advancement of respiratory therapy education. The emphasis of education through the eyes of CoBGRTE was to advance the RT profession to the baccalaureate or master's level of preparedness to foster the consultative role that respiratory therapists can provide to the healthcare team. CoBGRTE recognized the critical role that associate degree programs provide representing the vast majority of the RT workforce. In no way did CoBGRTE at any time recommend a reduction in the associate degree workforce to accomplish this advancement, the emphasis was to advance the associate degree RTs to the baccalaureate and graduate levels to meet the needs of academics, management, research, and clinical practice.

To reflect the advancing mission of CoBGRTE to provide expertise and support to all RT academic institutions including current and emerging RT programs at the associate degree, baccalaureate degree, and master's degree level, on January 1, 2024, the Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) will be officially and legally known as the **American College of Respiratory Therapy Education (ACRTE**) as approved by the membership**.**

The ACRTE organization will provide academic support to all programs, faculty, and students with the goal of advancing professional education at all levels. Connectivity/mentoring regarding tenure/promotion and its impact on faculty workload will be developed. ACRTE will provide expertise by the many seasoned and experienced academicians within the organization to promote, support, develop, and implement meaningful projects and research. ACRTE will continue to support and award scholarships to students at the undergraduate level, both associate and baccalaureate degree programs, graduate education scholarships, and faculty/practitioner's doctoral scholarships.

ACRTE Mission: to serve as advisors to faculty members of all respiratory therapy education programs in the United States and the world, to assist them in producing graduates capable of functioning as consultants and collaborators with physicians in the development and implementation of evidence-based patient care strategies.

ACRTE Vision: to be the global leader in respiratory therapy education by supporting, promoting, and recognizing educational programs that prepare graduates to function as competent collaborators with other health care providers in the care of patients of all ages.

ACRTE Values: excellence, integrity, leadership, advocacy, inclusion, innovation, collaboration, diversity, and dedication to the profession.

ACRTE Strategic Goals:

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 through degree advancement programs.
3. Develop a center of academic excellence to provide faculty development and advance the art and science of respiratory care education.
4. Ensure that we have the resources to meet our mission and vision.

***ACRTE Objectives*:**

A. Maintain a current roster of baccalaureate and graduate respiratory therapy (RT) programs located in regionally accredited college or universities in the United States.

B. Provide a means of communication and collaboration among respiratory therapy educators to continuously elevate the profession.

C. Assist and provide mentorship to faculty members who are developing curricula for new RT programs**.**

D. Conduct research related to RT education and the healthcare workforce.

E. Assist and engage in study and planning related to the development of new and cross-over baccalaureate and graduate RT programs, both entry-to-practice and degree advancement programs.

F. Assist RT programs to develop consortia and transfer agreements with colleges offering baccalaureate and graduate degrees.

G. Advocate for development and establishment of baccalaureate and master's degree programs for the education of entry-level respiratory therapists.

H. Award scholarships to students enrolled in associate, baccalaureate, or graduate RT programs for their progression of academic need and success.

The need for highly skilled academicians in respiratory therapy education is and will continue to be in demand. The ACRTE is the organization that is and will continue to lead the most influential educators in respiratory therapy. If you are a member, please recruit new members in your department. If you are a member, but your College/University is not an institutional member , please insist they join. If you are an administrator looking to add one of the most exciting healthcare professions to your school, please reach out to our Executive Director, Dr. Thomas Barnes (barnes@acrte.org) for more information. The American College of Respiratory Therapy Education is the pinnacle of academic success for scholars around the world.

Texas State University Hooding Ceremony

On December 8, 2023, the Texas State University (TSU) respiratory therapy faculty held a hooding ceremony for 12 graduating MSRC students followed by the university commencement. They had a great reception for the TSU RT graduate students who were allowed to invite family/friends. Chris Russian, PhD, RRT, RRT-NPS, RPSGT, RTS, FAARC is the program coordinator for the TSU



MSRC Program. Dr. Russian organized the reception attended by 75 for the hooding. Above is a photo of some happy folks, some of which came from Missouri, Virginia, and other distant places for this special day.

Georgia State University RT-Study Abroad
Dominican Republic 2024

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

On March 2, 2024, thirteen Georgia State Respiratory Therapy (GSURT) students will set out to discover the impact they can provide to the communities of Puerto Plata. Puerto Plata is located on the north wide of the island where agrobusiness is the main form of income in the area. However, tourism continues to grow as the only ports for passenger ships are allowed to dock. GSURT will continue to complete lung health assessments and provide education on asthma, COPD, and hypertension. This year we plan to work in the local hospital with other healthcare practitioners to provide the respiratory therapy services and knowledge that is lacking. In the Dominican Republic, there are no respiratory therapists, and many of the duties are shared by the nurse, physical therapist, and physician.



The people of Puerto Plata are not wealthy. They are hardworking with a rich culture, open to sharing and giving, even as many survive with substandard housing and work that may only allow a family to earn a couple of dollars a day. Simply how they cook can be different. Below shows four different stoves that are used to cook food. One is very common to use, but the others are wood or charcoal burning, and some may be in the home, leading to an increase of carbon monoxide. The smoke can be very intense! The open burning apparatuses have been the main focus for GSURT in prior trips to the Dominican Republic and Nicaragua.



During this trip, students will take in the culture and dine on traditional Dominican meals during their stay.



After serving in the community for 4 days students will learn more about the area of Puerto Plata and travel to Old Colonial Santo Domingo to visit the UNESCO World Heritage site. Below is a statue of Columbus, he landed in what is Santo Domingo in 1492.



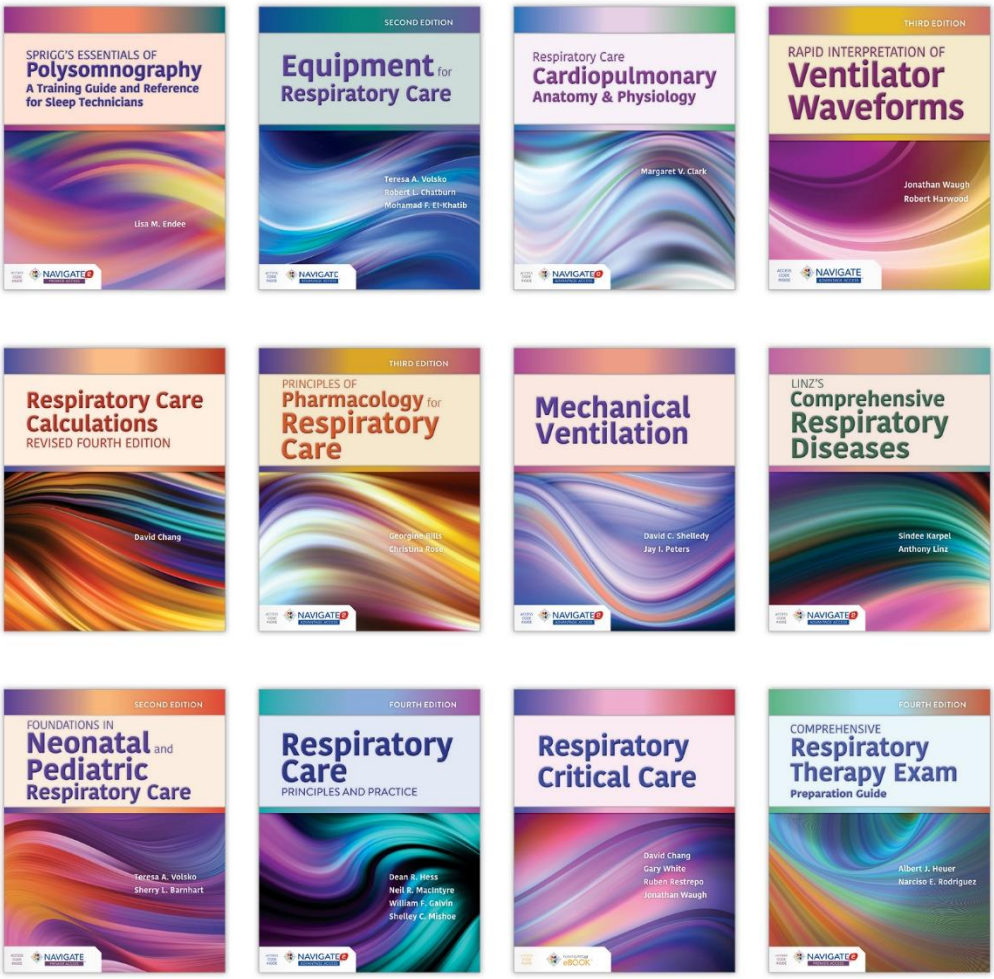
After Columbus' arrival, Santo Domingo became the site of the first cathedral, hospital, customs house, and university in the Americas. Below are the ruins of the first hospital in the Americas.



GSURT expects to have a great trip in 2024 to learn, give, and educate. The trip could not be possible without the assistance of gracious donors. GSURT has created a crowdfunding site, sponsored by the Georgia State University Foundation. **ALL** monies donated are **TAX DEDUCTIBLE** and **100% of ALL** monies go directly to the students attending the trip. If you would like to support GSURT and their trip to the Dominican Republic, please go to this website, no donations is too small! Thank you for the support!

https://impact.gsu.edu/project/39912

A Full-Curriculum Approach to Respiratory Care Education



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If you have not already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 15 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.
15. Faculty development through financial support and publishing/presenting opportunities.

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