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Spotlight Article



Respiratory Care Department

Robert D. & Carol Gunn College of Health Sciences & Human Services

By Erica Judie, DHSc, RRT, RRT-ACCS and Randy Case, PhD, RRT, RRT-NPS

About the University

Established in 1922, Midwestern State University is a leading public liberal arts university committed to providing students with rigorous undergraduate and graduate education in the liberal arts and the professions. Through an emphasis upon teaching, augmented by the opportunity for students to engage in research and creative activities alongside faculty and to participate in co-curricular and service programs, Midwestern State prepares its graduates to embark upon their careers or pursue advanced study. The university's undergraduate education is

based upon a comprehensive arts and sciences core curriculum. The understanding that students gain of themselves, others, and the social and natural world prepares them to contribute constructively to society through their work and through their private lives. With an average class ratio of 18:1, students develop close ties to their professors who mentor them through the challenging years. Current enrollment is 6,102. Website: www.msutexas.edu/respiratory

The Robert D. & Carol Gunn College of Health Sciences and Human Service is comprised of eight departments: Athletic Training and Exercise Physiology, Criminal Justice, Dental Hygiene, Health and Public Administration, Radiologic Sciences, **Respiratory Care**, Social Work, and Wilson School of Nursing.

Respiratory Care Program

The Respiratory Care Program was established in 1992 as a consortium program between Wichita General Hospital and Midwestern State University. In 1994, the program transitioned to a traditional undergraduate Bachelor of Science in Respiratory Care program at MSU. In 2002, the RRT to BSRC online completion program was established. Over the past 17 years, the RRT to BSRC program has experienced exponential growth in new student enrollment. Faculty members teach both on-campus and online for the Respiratory Care program. Currently, the program has seven full time faculty members, two secretaries, and several adjunct faculty members.



On Campus BSRC Class of 2019

Our Mission

The Respiratory Care Program at MSU is dedicated to providing state of the art instruction emphasizing clinical practice based on scientific inquiry and meeting the needs of a diverse healthcare community. The educational framework focuses on the unique skills of the respiratory therapist and emphasizes the importance of lifelong learning to the healthcare professional. The program provides a student centered undergraduate educational experience based on a strong liberal arts foundation and strives to prepare graduates to embrace ethical practice, reflect competence in clinical skill, and display professional conduct.

Our Goals

- To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists.
- To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one or more of the following: management, education, research, advanced clinical practice (which may include an area of clinical specialization).

Programs Offered

On Campus BSRC

The Respiratory Care Department offers a curriculum leading to a Bachelor of Science in Respiratory Care degree. The Entry-level Bachelor of Science degree with a major in Respiratory Care currently consists of 120 semester hours. As a 2 + 2 program, the respiratory care





curriculum begins during the second summer semester of the junior year and concludes after the spring semester of the senior year.

The On Campus BSRC respiratory care program is affiliated with 20 different clinical sites including institutions such as Carrus Hospital of Sherman, Children's Hospital at OU, Children's Medical Center of Dallas, Cook Children's Medical Center, Medical City Denton, Medical City Arlington, Medical City Plano, Medical City Dallas, Memorial Medical Center of Odessa, Mercy Hospital of Ardmore, OK, Methodist Hospital of Dallas, Methodist Hospital of Charlton, Methodist Hospital of Mansfield, Oklahoma University Medical Center, Presbyterian Hospital of Denton, Texas Health Harris Methodist Hospital Alliance, United Regional Health Care System, University Medical Center of Lubbock, and UT Southwestern Clements Hospital and Zale Lipshy.

In accordance with our mission, students within the on campus BSRC program participate in a variety of activities enhancing their diverse healthcare skills in addition to aspects of lifelong learning. Upon graduation, students are equipped with certifications in CPR, NRP, and ACLS. Students also have their knowledge and skills put to the test during the Annual MSU Community Health Fair . Students teach the community about numerous healthcare related topics including, CPR, Smoking Cessation, Medication Administration, Heimlich Maneuver, Environmental Allergens, COPD, and Asthma. Additionally, students conduct Pulmonary Function Testing for the community members. The MSU Respiratory Care Program also recently partnered with the Wichita Falls Health Department to take an active role in the community's Fresh Start program which offers free smoking cessation to the public. Students participating in the Fresh Start program teach a series of four classes within each course.





Online RRT-BSRC

The MSU Respiratory Care Program also offers an online RRT to BSRC degree-completion program. This program provides Registered Respiratory Therapists with the opportunity for professional growth and development, and career advancements. The RRT to BSRC online program offers a flexible and accommodating schedule that is essential for the demand of today's working professional. Courses are taught 100% online via Desire 2 Learn (D2L). There are

currently students from all over the United States and internationally enrolled in the RRT to BSRC programs at MSU.

The Bachelor of Science degree with a major in Respiratory Care consists of 120 semester hours. MSU requires 49 semester hours of academic foundation core curriculum for the BSRC degree. Many, if not all, of these hours may have been completed during the associate's program. These academic foundation courses may be taken at any appropriately accredited college or university and transferred to MSU. If all academic foundation courses have been completed, the student will only be required to complete 10 upper level respiratory courses (30 semester hours) through MSU, as well as the writing proficiency requirements prior to graduating with the BSRC degree. An additional 41 semester hours are granted for the RRT credential, which is an admission requirement for the RRT to BSRC program at MSU. Students may enter the RRT to BSRC program during the fall, spring, or summer 1 semesters in either the traditional 16-week course format or the accelerated 8-week course format.

The RRT to BSRC program prides itself on keeping a low student to faculty ratio. All online courses are capped at 30 students. This helps to optimize communication between students and faculty. In a recent analysis of accredited four-year public and private universities, the Affordable Colleges Online (AC Online) ranked Midwestern State University 12th in the state for offering the most affordable online degree programs. Additionally, MSU online students pay in-state tuition.

Traditional: 16 Week Courses

Students enrolled in the traditional 16-week course format are advised from the main MSU campus located in Wichita Falls, Texas. Those within the traditional program have the flexibility to choose from a variety of online respiratory courses. Currently, 14 different courses are offered within the program and each student has the ability to choose which 10 courses they wish to complete. In addition, students can take these courses in any order they choose as well as the number of courses they desire to take at any given time.

Accelerated: 8 Week Courses



MSU Texas at Flower Mound

Students enrolled in the accelerated 8-week course format are advised from the MSU Flower Mound campus located in Flower Mound, Texas. Those within the accelerated program begin as a cohort in either the fall, spring, or summer 1 semester. During each of the fall and spring semesters,

students are enrolled in two predetermined courses in Block A (first eight weeks of the semester) and two predetermined courses in Block B (last eight weeks of the semester). The remaining two courses are of the student's choice taken during the summer semester. This format completes the 10 respiratory course requirements within a three-semester period.

Interdisciplinary

In 2010, an interdisciplinary committee was established in the Robert D. & Carol Gunn COHSHS. Several disciplines are represented on the committee including Respiratory Care, Athletic Training, Nursing, Radiologic Sciences, Criminal Justice, Social Work, and Health and Public Administration. The collaboration among disciplines has helped faculty and departments to grow and develop. Over the past few years the committee has successfully completed several publications and presentations. Committee members have also conducted interdisciplinary labs, health fairs, and developed two interdisciplinary online courses, Data Analysis and Research. Students from nursing, radiology, social work, athletic training, and respiratory care are all combined in the interdisciplinary online courses. Students must collaborate and work together throughout the courses. These courses are taught by faculty members from each discipline.

Each semester, the interdisciplinary committee hosts the Interdisciplinary Communication Event, which is a simulation exercise involving students from nursing, respiratory care, radiologic sciences, and social work. Within the event, a mock scenario takes place involving a



Fall 2018 ICE Event

critical healthcare situation. Students must collaborate and work cohesively to provide the appropriate care based on the scenario. In recent years, the event has grown to include other

departments within the university including theatre, mass communications, and the university police department. These events have enhanced the experiential learning process for all students involved.

Four years ago, the Interdisciplinary Committee developed an Academic Core class available to all students at MSU titled, Global Health and Wellness. Students from numerous disciplines take the course as an academic core option to fulfill their Cultural and Global Understanding component requirement. Last year, two professors from the respiratory care program at MSU, Dr. Tammy Kurszewski and Dr. Jennifer Anderson, utilized the Global Health and Wellness curriculum to pilot a study abroad opportunity at the Caribbean island of Grenada at St. George's



2018 Studv Abroad Cohort

University. Students within this study abroad course gain an understanding of how the global community is affected by changes in economic, political, and social factors.

MSU Centennial Hall

Coming Soon!!! In the Fall of 2019, MSU will host the Grand Opening of the new Health Sciences building, Centennial Hall. This new building will feature state-of-the-art classrooms, simulation rooms, laboratories, equipment, and student collaboration areas. The new respiratory care department will feature an expanded skills lab with an oxygen bar/classroom in addition to four new simulation lab rooms with advanced technology and equipment.



Faculty



Jennifer Anderson, Ed.D., RRT, RRT-NPS is an assistant professor, program chair at Midwestern State University. She received her BSRC from MSU in 2001, her MA in teaching from Texas Woman's University in 2007, and her Ed.D. in Higher Education from the University of North Texas in 2014. Throughout her career she has predominantly worked with neonatal and pediatric patients. Prior to becoming a faculty member, she was a clinical educator at Children's Medical Center of Dallas. Her research interests include interdisciplinary healthcare development, pediatric respiratory care, and transition experiences of new respiratory care faculty.



Tammy Kurszewski, DHSc, RRT, RRT-ACCS is an assistant professor, clinical chair, and the Director of Assessment at Midwestern State University. Dr. Kurszewski has over 20 years of experience in respiratory therapy. She has experience in acute care, long term care and the home care arena. Prior to returning to full time teaching, Dr. Kurszewski served as Director of Quality Management, Rehabilitation and Respiratory Services at a long-term acute care facility. She earned a BAAS and a Master in Education degrees from Midwestern State University in Wichita Falls, Texas. She then earned her DHSc in Global Health Studies from Nova Southeastern University in Tampa, Florida in 2017. Her research interests include adult critical care and generational management strategies.



Randy Case, Ph.D., RRT, RRT-NPS is an assistant professor and the Director of the Traditional Online RRT to BSRC Programs at Midwestern State University. He received his BSRC degree from MSU in 2000, his MA in Health Care Administration from Wayland Baptist University in 2012, and his Ph.D. in Educational Leadership from the University of the Cumberlands in 2018. He has worked in numerous aspects of respiratory care however; the majority of his respiratory career has been specializing in neonatal and pediatric care. His research interests include interdisciplinary healthcare development and implementation.



Erica Judie, DHSc, RRT, RRT-ACCS is an assistant professor and the Director of Satellite and Partnership Online RRT to BSRC Programs at Midwestern State University. She completed her BSRC degree from MSU in 2006, her MA in Health Care Administration degree from Wayland Baptist University in 2012, and her DHSc in Leadership and Organizational Behavior from A.T. Still University in 2018. Throughout her career as a respiratory therapist, Dr. Judie primarily worked in adult critical care and was a charge therapist at United Regional in Wichita Falls, TX. Her research interests include respiratory leadership and multicultural aspects of healthcare.



Jessica Fino, MA, RRT is an assistant professor at Midwestern State University. She completed her BSRC degree from Midwestern State University in 2009 and her MA in Health Care Administration degree from Wayland Baptist University in 2012. Throughout her career as a respiratory therapist, Mrs. Fino worked in numerous areas of healthcare including adult critical care and neonatal/pediatric care at United Regional in Wichita Falls, TX. She is currently pursuing her Ed.D. from A.T. Still University.



Mary Sue Owen, MS, RRT, RRT-NPS, RRT-ACCS, AE-C is an assistant professor at Midwestern State University. She completed her AAS from Tarrant County College in 1999, her BSRC degree from Midwestern State University in 2008 and her MSRCL degree from Northeastern University in 2012. Throughout her career as a respiratory therapist, Mrs. Owen worked in numerous areas of healthcare specializing in the burn intensive care unit at Parkland Memorial Hospital in Dallas, TX. Prior to coming to MSU, Mrs. Owen was a clinical instructor for Tarrant County College for 13 years and an assistant professor at Collin College for two years.



Yasha, Med., RRT, RRT-NPS, CPFT is an assistant professor at Midwestern State University. She completed her AAS in Respiratory Care at Tarrant County College, her BSRC degree from Midwestern State University in 2013, and her MEd. In Physical Education from the University of Houston in 2016. She is currently pursuing a Doctor of Health Sciences degree at the California University of Pennsylvania. She began her respiratory therapy career as a student therapist at Plaza Medical in 2012. Since then, Yasha has worked at Dallas Methodist Medical Center, Texas Health Alliance, and Cook Children's Medical Center in Fort Worth, Texas.



Ann Medford, MA, RRT, RRT-NPS, Professor Emeritus. Mrs. Medford served the Midwestern State University Respiratory Care Program for 17 years. She served as assistant professor from 1995-1997, Director of Clinical Education from 1997-2001 and Program Chair from 2002-2013.

Website: www.msutexas.edu/respiratory

Suspending Reality in Medical Simulation by Use of Standardized Patients

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Mayo Multidisciplinary Medical Simulation Center
Rochester, Minnesota

Over the past 70 years, teaching strategies and tactics of respiratory care educators have evolved to parallel changes in technology as well as clinician's roles and responsibilities of clinical practice. Recently this has become a daunting task as clinicians' demands have advanced in areas of patient assessment, critical thinking-problem solving, humanistic and interactive communications skills and increased work within healthcare teams.[1-5] One theme has remained constant over time, the goal of educators to help learners provide competent and safe care.[6]

Use of medical simulation has now become imbedded as part of formal curriculum, continuing education as well as recertification or competency assurance of physicians, nurses and most allied health professionals. This article will briefly review the use of simulated or standardized patients (SPs) and how their use can enhance both learning and evaluation of clinical skills. The terms are often used interchangeably. A simulated patient may generically refer to any normal person portraying a patient, family member, or other participants who may be part of a medical team. The latter may also be called a "confederate." SP is used to describe either a real patient or "actor" that has been carefully coached to present the illness or problem in a standard unvarying manner. They usually follow a script and consistently convey a specific set of symptoms or problems; they are given a set of guidelines or criteria to follow in terms of behaviors and emotions. [This should not be confused with *roll-playing*. The goal for that is to impart learning to person playing the role not those interacting with them.] Guidelines for an SP's script may follow an algorithmic approach which changes in response to learner's interactive approach. SPs are commonly asked to provide feedback in terms of the participants communication skills and humanistic behaviors.

Over the past twenty years, medical-oriented simulation has experienced exponential growth as it caught up with a long history of its use in military and aviation training**.** When used for demonstration, practice sessions or full-blown scenarios, mechanical devices, aka task trainers, have been used to prepare pilots, soldiers and medical professionals for real-life events. Asmund Laerdal's Resusci Anne was initially developed in 1958 and is a standard task trainer for teaching cardiopulmonary resuscitation (CPR).

Mechanical ventilator simulation training began as instructors squeezed a sponge-filled rubber bag to mimic a patient's inspiratory efforts. Trainees were coached to adjust sensitivity controls on Bird Mk7, Bennett PR-2's or MA-1s. Later intubation and arterial puncture task trainers became part of the standard repertoire of task trainers.

Simulation technology's use of full human body manikins took a leap in 1962 when Stephen Abrahamson, PhD, ScD, at the University of Southern California, teamed up with engineers at AeroJet General (manufacturer of space control systems and rocket engines) to create *Sim One*. That manikin was interfaced with a room-sized analog computer that controlled functions such as breathing, pupillary responses, upper airway movements, and was initially used in training anesthesia residents.[7] This was followed in 1974 by Dr. Michael Gordon's development of *Harvey*, an automated manikin to teach physical exam in cardiac assessment and diagnosis of cardiac conditions.[8]

With the advent of the digital microcomputer, "flat-screen" clinical simulations were created to prepare and evaluate therapist's ability to gather information, make decisions such as recommend changes in respiratory care. In 2001 the National Board for Respiratory Care began using simulated patient management problems as part of their registry examination system.

Computers were soon interfaced with an array of task trainers including lung analogs. Realistic computer manipulated manikins (neonatal, pediatric and adult) have become commonplace in simulation centers internationally. They can convey voice, physical signs (pulse, breath sounds, pupillary response etc.), and are able to be interfaced with multisystem physiologic monitors. These systems can be operated "on the fly" or programmed to run predetermined clinical scenarios. However realistic the replicated clinical setting, high-fidelity simulator, moulage, ancillary medical equipment, and scenario's case-based context, learners often report that they cannot *suspend the reality* that they are <u>not</u> interacting with real-life situations. Use of well-prepared actual patients or convincing standardized patients can help learners believe the simulation is real. Suspension of reality is a critical aspect of a good play, movie or magic act. The brain goes wholly into a perceiving mode and the participant is transported "into" the fiction. When a SP, acting as the mother of a sick child in the ED, goes into tears at the bedside of her child (a manikin), it tends to embellish the suspension of reality. In addition, the learner was challenged to interact with and care for a frantic parent.

Historically, the key components of communication and interpersonal aspects of patient care were learned through observation and working with mentors in real-life encounters. This type of learning classically occurs on physician rounds as well as scheduled clinical practicums with varied types of patients and/or settings. These tactics are fraught with time constraints, patient access, unpredictable nature of clinical experiences, and variable interest and quality of mentor's teaching abilities or mentee's readiness to learn. Mistakes and interruptions could both negatively impact patient care and the learner's experience. In the 1960s, educators realized that medical training needed to replicate these actual human encounters; often the instructors themselves served as SPs. Neurologist Howard Barrows is credited with the first formal use of standardized patients in 1963. He realized the difficulty in teaching neurological examinations to medical students and finding patients with specific findings for psychiatry and neurology board examinations.[8]

Developing a cadre of SPs gained interest as medical schools in the United States, Canada, and the United Kingdom began giving objective structured clinical examinations (OSCE) or the clinical practice examinations (CPE). The exams are used as part of introductory patient assessment courses and comprehensive exams (during the third and fourth years). Use of standardized patients has evolved to become an important component in evaluation in medical education in addition to traditional testing and peer review. Real patients are often too ill to provide accurate and objective feedback.[9] Post encounter evaluation by SPs is usually limited to communication and interactive behaviors. SPs must be prepared to convey evaluation in as objective manner as possible noting specific use of language and impressions of behaviors consistent with a caring approach. Approaches to insure inter-rater reliability should be employed. Medical licensing and certification boards in the United States and Canada are either currently or planning implementation of SPs as part of their methodologies for assessment.[10]

More recently, advances in healthcare delivery have promoted even greater need for clinicians to deal with patient-centered feedback. The potential for solving especially logistical problems has led to increasing utilization of SPs to facilitate skill development within clinical simulation courses.

Advantages of simulation-based learning with standardized patients

- Solve challenges with scheduling and timing;
    - SPs can be available at any time & designated locations (ED, ICU, general care, skilled nursing facility and home
    - Learners can have an experiences or evaluation at key points in the clinical or didactic curriculum
- SPs can present problems in an unvarying way to facilitate objective learning and evaluation.
- High level of reality; learners don't know if they are dealing with a simulated or patient with the real disorder.
- Experiences can be staged building from novice to expert.
- Specific clinical problems (common vs. rare) can be targeted.
- Errors of omission or commission occur in a safe environment and sessions can be started over if needed.
- SPs can deliver feedback in a "timeout" during the scenario or debriefed at the end of a leaning event.
- Hands-on physical/technical examination skills can be performed on a real human body.
- Interactive communication and interpersonal skills can occur with consistent patterns.
- The passage of time can be "ignored." A patient seen in the ED could be visited a few hours

or months later to continue with that initial or chronic problems.

- Moulage can mimic physical lesions, sham monitors can convey abnormal physiologic conditions (SpO_2, BP, HR, and ECG) and mock imaging display pathologic conditions.
- Hybrid simulations can be conducted using both SP and a task trainer (e.g. arterial puncture arm).
- Electronic stethoscopes: can be used to replicate abnormal sounds (lung & heart) [11]
- SPs with varied racial or ethnic background can contribute to developing diversity understanding and deal with language barriers

Disadvantages of simulation-based learning with standardized patients

Use of SPs requires an additional and significant level of preparation as part of simulation development:

- Curriculum and faculty need to have skills which are effective in learner-centered teaching especially debriefing with SPs
- Careful attention to training SPs
- Detailed scripting; not just history but physical findings, emotional and personality characteristics
- Often a dry-run is required for new scenarios
- Difficulty in avoidance of over-acting
- Need to provide immediate and post-course feedback and assurance of inter-rater reliability

Because of its longer history, one would think that there would be a long list of evidence-based research demonstrating solid science for the preparation and re-certification of military and commercial aircraft pilots as well as other situations that can rely only on simulation (e.g., space travel). Interestingly, there is surprisingly little peer-reviewed literature on the validity of simulation testing versus pilot error or in response to aircraft incidents. Data does confirm that pilot skills can be improved, but limited valid research in assessing responses to real-life crises is available.[12,13]

In the recent past there has been significant enthusiasm for medical simulation and it has become established as a key component of modern healthcare education and its evaluation. A considerable research literature has developed.[14-16]

Like aviation, similar problems have occurred in the validation of simulation learning for physicians, nurses, and allied health practitioners in either primary or continuing education programs. Since the OSCE was introduced to medical education in the 1980s, there have been

few comprehensive validity studies. Practice of medicine is a complex process and validation must extend to qualitative aspects or contextual fidelity and role reproduction and go beyond a quantitative aspect to also cover values and attitudes.[17,18] A growing number of medical simulation centers have tested advanced cardiac life support skills that heavily involve crisis resource team management skills, and most of those centers document face-validity.[19-21] Several articles have made significant contribution to this area of research. Educators at the Washington University Medical School describe using simulated acute care situations with medical students, anesthesia residents and nurse anesthetists. They discuss the development of scenarios and statistical support of scoring/evaluation over a relatively broad domain of cognitive and hands-on/psychomotor skills.[22,23]

A literature analysis using a scoping review approach identified 24 out of 33 research studies confirming the effectiveness of SPs in facilitating either cognitive skill development or technical or non-technical skills.[24] A survey of the one hundred most cited articles on healthcare simulation found that 16% of the research studies used standardized patients.[25] The Association of Standard Patient Educators (ASPE) provides documentation of Standards of Best Practice (SOBP) in addition to a website with archival resources.[26]

The Mayo Clinic Multidisciplinary Medical Simulation Center currently provides SPs for approximately 40% of its clinical simulation courses. It maintains a group of over 80 individuals which allows matching with variable and specific scenario requirements with regard to age, gender, and race/ethnic background. Some SPs include those with previous theater experience or medical practitioners including retired clinicians and emeritus staff.

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National organizations with resources for use of standardized patients in medical simulation

Association of Standardized Patient Educators
https://www.aspeducators.org/ Accessed June 19, 2019.

Society for Simulation in Healthcare: Standardized Patient Special Interest Group
https://www.ssih.org/Interest-Groups/Standardized-Patient-SIG Accessed June 19, 2019.

Open Letter to CoBGRTE Membership

Dear Colleagues,

I hope that your year is going well. I am reaching out to you in hopes that I can get you to encourage any students to apply for the CoBGRTE Merit Scholarship (8 at $500) or the Research Scholarship (1 at $1000). CoBGRTE has awarded 55 scholarships for a total of $28,900. These recipients came from 16 different educational programs. How many of these came from your program? I am certain that you have students who are worthy of the recognition and monetary support. In 2018, there were only 28 applicants for merit scholarship and 3 applicants for the research scholarship. I am sure we have many more students who are worthy of the recognition and could use $500.

Our goal is to have at least one applicant from each CoBGRTE member institution. I cannot say that the process is painless, but it is not excessive. I hope that this brief summary and reminder convinces you to help us in our efforts to increase interest is this "free money"!

Below, please find the scholarship announcement for sharing with colleagues and students. I hope to see many of you at Summer Forum!

Best regards,

José Rojas, PhD, RRT
Chair CoBGRTE Scholarship Committee

2019 Scholarship Information

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) was formed to help students, faculty, and the general public learn about baccalaureate and graduate respiratory therapy education in the United States of America. To that end, the CoBGRTE Board of Directors voted to make scholarship money available to help support school expenses or travel to the AARC Open Forum to present research abstracts for students enrolled in BSRT or MSRT programs.

Scholarships Available

Merit Scholarships: Scholarship awards will be based on Academic Achievement, Service, Research Activities, and Awards and Honors. The committee expects to award eight $500 merit scholarships to both BSRT and MSRT students in 2019.

Research Scholarship: In addition to the above category, one research scholarship will be awarded to support a quality student research project. The committee expects to award one $1000 research scholarship to a CoBGRTE member enrolled in a graduate program in 2019.

Eligibility Criteria: The successful candidate will be a BSRT or MSRT student enrolled and in good academic standing at a regionally accredited University. Scholarship awards are open to graduate students and full-time undergraduate students having completed one year of respiratory therapy major coursework.

Submission Guidelines: Applications are accepted from June 1 through October 15 with notification of awards by December 1. Application materials are due to the Chair of the Scholarship Committee by October 15. Only complete applications will be considered. Applicants are required to submit the following:

Merit Scholarship:

1. Typed Application Form
2. Official transcript verifying GPA and current enrollment in a RT program
3. One page typed essay that addresses the question of how CoBGRTE can accomplish its goal to increase the number of graduates from baccalaureate and graduate respiratory care educational programs.
4. Current professional resume

Research Scholarship:

1. Typed Application Form
2. Official transcript verifying GPA and current enrollment in a graduate program

3. Current professional resume
4. Research proposal including introduction/literature review, methods and literature citations
5. Letter from faculty advisor supporting the feasibility of the research proposal

   If awarded, recipients of the scholarship will be required to submit a head/shoulder photo taken in a large file format for publication in the *Coalition Chronicle.*

Notification of awards is expected to be made by December 1, 2019.

Contact Information

For additional information regarding CoBGRTE Scholarships, please contact the Scholarship Chair:

2019 Scholarship Committee:

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Michael Canfield, MA., Ed, RRT
Nick Henry, MS, RRT, RRT-NPS, RRT-ACCS, AE-C
Carl Hinkson, MS, RRT, RRT-NPS, RRT-ACCS, FAARC
J. Brady Scott, MS, RRT, RRT-ACCS

Professional Positions Posted at http://www. cobgrte. org/professionalpositions. html
*Boise State University, *Georgia State University, *University of North Carolina – Charlotte, *University of Arkansas for Medical Sciences, *Liberty University, *Norton Healthcare, *The University of Toledo, *Texas State University, *University of Texas Health Sciences Center – San Antonio, *University of Hartford, *University of Virginia Health System, *Skyline College *Canisius College, *Boston Children's Hospital, *Nova Southeastern University, *Northern Kentucky University.

A Note from the Treasurer

Jonathan Waugh, PhD, RRT, RPFT, FAARC

I recently heard a commentary on the state of our nation's economy. The financial expert was explaining that job growth had slowed compared to the past year but this was actually a sign of strength, not weakness. The unemployment rate is reaching historic lows for the past 50 years in many parts of the country, so businesses have fewer potential employees to recruit, hence the flat hiring statistic. New opportunities are opening up for individuals who previously found it hard to compete in the job market, some who had given up are searching again, including those with disabilities. Perspective makes a big difference on how we act.

How does this relate to health care and the respiratory care profession? Health care has been viewed as a "safe haven" when the economy struggles but we may find it more difficult to attract and recruit students to respiratory therapy education programs during this time of growth. That might seem like a bad thing, but it could also be the push we need to rethink how we present our profession to the public and attract students. We need something better than the current fragmented approach. This is a challenge to overcome together and to that goal, CoBGRTE will host an event during the Summer Forum weekend and one of the topics focuses on what works for marketing and student recruitment (Sunday, July 21st, 5-7 pm). New developments in graduate education will also be discussed.

I spoke with a long-time leader in the profession yesterday and he made the comment, "I wish I could jump into today's respiratory care as a new respiratory therapist—there is so much potential and so much that needs to be done." That is a good message to share with students who are searching for significance in their education and future. Extended "coasting" is only possible if you are headed downwards. It is normal to expend effort when climbing the hill of progress. Let's use our combined strengths to see the vision of respiratory therapists practicing at full potential become reality in our time.

Member Resources Page Access

Tom Barnes, EdD, RRT, FAARC
Chair, CoBGRTE Web Site Committee

Access to the Member Resources Page on the CoBGRTE web site requires a User ID and Password. Because of the large number of CoBGRTE members *Institutional Member (IM) Numbers* are now used for both ID and Password to access the Member Resources page on the website. Contact the Institutional Member you are affiliated with to obtain their four-digit IM Number. Alternatively, you may use the Contact Us page on the CoBGRTE web site to obtain the *IM Number* by sending your active or student membership number.

CoBGRTE Summer Seminar and Round Table Dinner & Discussion

Marriott Harbor Beach Resort and Spa - Fort Lauderdale, Florida





COBGRTE SUMMER SEMINAR
Sunday July 21st

Location: Key West/Palm Beach Room

5:00-6:00pm- *"Marketing and Recruiting Students"*
Speakers:
Kim Clark, EdD, RRT, RRT-NPS, UNC-Charlotte
Megan Koster, EdD, RRT, Boise State University
Thomas "TJ" Wing, EdD, RRT, Boise State University

6:00-7:00pm- *"Panel Discussion: The Need for Graduate Education in Respiratory Care"*
Panelists:
Kim Clark, EdD, RRT, RRT-NPS, UNC-Charlotte
Chris Russian, PhD, RRT, Texas State University
Richard Wettstein, MEd, RRT, UT Health-San Antonio

CoBGRTE Member- $30
AARC Member- $55
Other $70

ROUND TABLE DINNER

"Discussion on Marketing and Recruiting Students"

Sunday, July 21st

Tarpon River Brewing

Seating is limited to 40 people
7:30-9:30pm

Registration is now open
RSVP at http://www.cobgrte.org/contactus.html
Please provide names and number in party.

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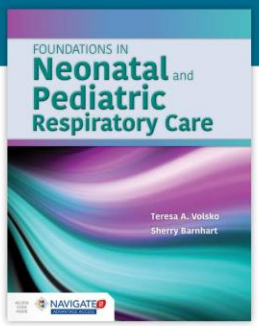

Foundations in Neonatal and Pediatric Respiratory Care

Teresa A. Volsko,
MBA, MHHS, RRT, CMT-E, FAARC
Sherry Barnhart,
RRT, RRT-NPS, AE-C, FAARC
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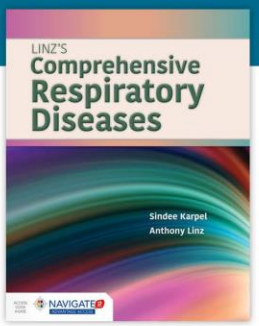

LINz's Comprehensive Respiratory Diseases

Sindee Karpel, MPA, RRT, AE-C
Anthony James Linz, DO, MPH
ISBN: 978-1-4496-5271-5
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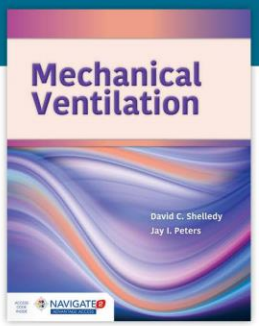

Mechanical Ventilation

David C. Shelledy,
PhD, RRT, RPFT, FAARC, FASAHP
Jay I. Peters, MD
ISBN: 978-1-284-12593-1
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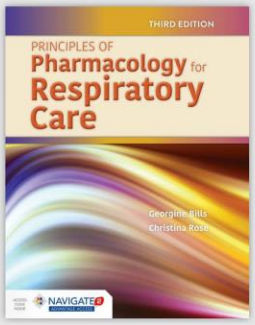
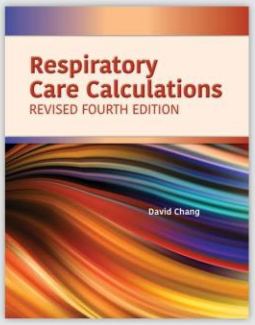


Principles Of Pharmacology For Respiratory Care, Third Edition

Georgine Bills, MBA, RRT
Christina Rose, Pharm.D., BCPS, BCCCP



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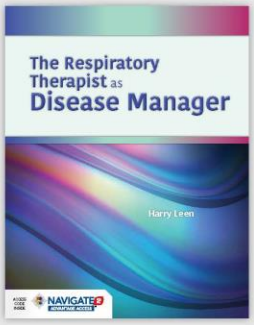
David Chang, NPS, CPFT, RRT, RCP



The Respiratory Therapist as Disease Manager

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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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