Notes from the Chair
by Catherine M. Foss, BS, RRT, RPFT

There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries:
On such a full sea are we now afloat,
And we must take the current when it serves,
Or we lose our ventures.
— Shakespeare

Have you ever considered expanding your role in the profession of respiratory care diagnostics? If so, the opportunity is here and now. Specialty sections need the input and ideas from members at large. For our section to be strong and have a greater voice in the AARC, we need to project a chorus, not just a single voice. In other words, I cannot run this section alone — I need you!

The AARC has issued a policy that each Specialty Section shall have a Nominations Committee, Publications Committee, Program Committee, Recognition Committee, and Consultant Panel to aid the section in the accomplishment of its goals and charges. Additionally, one or two people are needed to serve as Internet coordinators. Each committee shall have an appointed chair and members.

Currently, the Diagnostic Section volunteers consist of two practitioners who have agreed to serve as Bulletin editors. As you can see from the number of committees noted above, many more volunteers are needed. To ensure the growth and continued development of our specialty, we need your active involvement. Please consider giving a little of your time and volunteering for one of the committees. The following list outlines the responsibilities for each committee. Contact me via e-mail (foss0005@mc.duke.edu) if you are interested in taking advantage of one of these opportunities to expand your professional horizons.

The responsibilities of the Section Nominations Committee shall include:
• Soliciting nominations for the office of section chair-elect.
• Submitting nominations for the office of section chair-elect to the AARC Elections Committee in accordance with Association Bylaws.

The responsibilities of the Section Publications Committee shall include:
• Solicitation of information pertinent to section members and publishing six section Bulletins each year.
• Actively solicit specialty articles for Associations publications, as requested by the president and/or the executive director.

The responsibilities of the Section Program Committee shall include:
• Assisting the Association Program Committee, as appropriate, with the preparation of a specialty program for the International Congress and Summer Forum.
• Making recommendations through the section chair to the Association Program Committee and the Board of Directors regarding educational programs pertinent to the specialty area which may be considered for presentation to the Association membership.

The responsibilities of the Section Recognition Committee shall include:
• Developing and implementing programs within the specialty section that recognize exemplary contributions to, or participation in, section activities by section members (e.g., the Specialty Section Practitioner of the Year Award Program).

The responsibilities of the Section Consultant Panel shall include:
• Providing the President and Board of Directors with expert advice and counseling regarding matters pertinent to respective specialty practice areas and to the specialty practitioners in those areas.
• The Consultant Panel shall be composed of section members with recognized expertise in topic areas/issues encompassed by the specialty section.

All specialty section committee chairs and members shall be appointed by the specialty section chair from among the section’s members.

Internet Coordinator Position
• The person or persons in this position will monitor the specialty section e-mail list on the Internet and alert the section chair or AARC Executive Office of postings that require an official response.
• Post answers to questions as appropriate or refer them to experts on the Consultant Panel.
• Monitor the AARC Help Line and respond as appropriate.
• Suggest links from the section page to other web site resources.
• Suggest other content ideas for AARC Online.
Clinical Practice Guideline Steering Committee Update
by Carl Mottram, BA, RRT, RPFT, co-chair, CPG Steering Committee

I was recently nominated and approved by the AARC Board of Directors (BOD) as co-chair of the Clinical Practice Guideline (CPG) Steering Committee. Dean Hess, PhD, RRT, FAARC, will remain as the other co-chair, with Ray Masferrer, RRT, acting as the AARC staff liaison. The others members include:

Russell Acevedo, MD, BOMA representative; Alex Adams, MPH, RRT, FAARC; Tom Kallstrom, RRT, FAARC; Timothy Myers, BS, RRT; and Helen Sorenson, MA, RRT.

I want to take this opportunity to update you on committee activities and also to thank those Diagnostic Section members who have acted as peer-reviewers or in other roles on past diagnostic-related CPGs. I would especially like to thank the members of the Cardiopulmonary Diagnostic Guidelines Committee for their tremendous volunteerism and devotion to quality practice in the diagnostic arena. Those members, excluding myself, are: Susan Blonshine, BS, RPFT, RRT, FAARC; Catherine Foss, BS, RRT, RPFT; Gregg Ruppel, MEd, RRT, RPFT, FAARC, and Jack Wanger, MBA, RRT, RPFT. It has been a privilege working with such a dedicated group of colleagues and friends.

I am sure you are aware of the quintessential role the CPGs play in providing quality care for patients utilizing respiratory care services, as well as the impact the CPGs have had on our professional recognition. This past fall Susan Blonshine and myself were asked to serve on an Ad Hoc subcommittee of CLIA at the Centers for Disease Control and Prevention. It was very apparent during the committee sessions that the CPGs have given us a position of strength and credibility as a profession. However, many of the CPGs are outdated, and when new procedures warrant guideline development, that they are written professionally and expeditiously.

Other organizations follow this policy. NCCLS, for example, where I also held a committee position, has a revision structure for their standards that is systematically implemented every five years or less. This is why one of the CPG Steering Committee’s main objectives will be to develop new strategies to ensure timely revision of past guidelines and identification of new guidelines. Dean Hess has suggested that we establish a Request for Proposal (RFP) to solicit persons to write or revise CPGs. If the BOD approves this new methodology at their March meeting, the following criteria would be used:

a) Individuals should only select CPGs to review that fall within areas where they have demonstrated expertise. It is acceptable for a group of 2-3 or more individuals to work together on the revision of the CPG.

b) Before revising the CPG, reviewers should read the CPG thoroughly to become familiar with its content and scope.

c) A thorough Medline and CINAHL literature search should be conducted using multiple key words related to the CPG. Abstracts of all relevant citations should be printed. This search should target all citations published between 1990-2000. Individuals who do not have the expertise to do such a literature search should not volunteer to revise a CPG.

d) After reviewing all abstracts, retrieve full copies of the papers. Individuals who do not have access to a medical library should not volunteer to revise a CPG.

e) Read the papers carefully and consider how the evidence presented will be incorporated into a revision of the CPG.

f) Rewrite the CPG reflecting the new evidence.

We currently have 49 CPGs, many of which were published or revised in the early 1990s. The information contained in these CPGs is approximately ten years old, and most likely practice has changed substantially in that time. If revisions do not occur soon, these guidelines will be in jeopardy of losing their credibility. This is why it is so important to develop a systematic process to ensure that current documents are continually reviewed and updated, and when new procedures warrant guideline development, that they are written professionally and expeditiously.
**AARC Supports Project to Integrate Genetics into Practice**

The AARC has joined more than 100 other professional organizations on a coalition aimed at integrating genetics content into the knowledge base of health professions. Linda Smith, AARC vice president of external affairs, has been appointed to represent the AARC on the National Coalition of Health Professional Education in Genetics (NCHPEG).

AARC board member Linda Van Scoder, representing the Commission on Accreditation of Allied Health Education Programs, recently attended the initial meeting of the Human Genetics Curricula for the Health Professions project group meeting at the National Institutes of Health. Through her participation, the AARC is getting involved in a project that is an offshoot of the Human Genome Project of 1990.

The importance of these efforts to diagnosticians cannot be underestimat- ed. Recent medical literature is dealing more and more often with the genetics of diseases, and news about genetic testing for disease is becoming commonplace in the general media. Van Scoder says, “Patients will ask us more questions about genetics testing and their risk for disease. Other health professionals will be well-versed in genetics. Respiratory therapists need to keep pace with these advances to ensure that as practitioners and students we are meeting the needs of our patients and contemporary medicine.”

Van Scoder explains that genetics-based medicine will most certainly be taking a sharp rise with the mapping of the human genome, which was completed earlier this year. Drugs will be prescribed based on a person’s genetic makeup. Gene therapies are being developed for conditions such as cystic fibrosis, asthma, and alpha 1 antitrypsin deficiency.

Dr. David Gale, of Eastern Kentucky University, is heading the genetics curriculum project, which is funded by the Bureau of Health Professions. He says, “As patients ask more questions about genetic tests and disease risk, more responsibility for the use and interpretation of genetic tests and information will fall to allied health professionals. As the U.S. health care delivery system moves into the 21st century, it is imperative that all of our nation’s health professionals have the knowledge, skills, and resources to effectively integrate new knowledge and technology into practice.

The goals of the NCHPEG are to integrate genetic content into the knowledge base of practicing health professionals and students of the health professions. It will also assist in developing educational tools and information resources to facilitate the incorporation of genetics into health professional practice.
Early Bird Savings for the 47th International Respiratory Congress

How can you get up to 25 hours of continuing education credit (CRCE) for the lowest possible price? Take advantage of the opportunity for early bird savings by registering now for the AARC’s 2001 International Respiratory Congress, to be held this December 1-4 in San Antonio, TX. As the longest running respiratory therapy convention in the world, the AARC’s annual show boasts:

- The lowest cost of continuing education per credit of any show, anywhere. And the early bird savings make your costs are even lower.
- The largest and most impressive exhibit hall with the most vendors.
- The largest gathering of respiratory care experts in the world.
- The most diverse and most dynamic series of lectures.
- The largest presentation of original research in the profession by RCPs.
- The most opportunities for YOU to participate in your profession through research and networking.

The following chart provides the registration deadlines and costs for each phase of registration. So secure your low-cost registration fee by signing up to attend today. Registration forms are available in AARC Times magazine, online at www.aarc.org, or by calling the AARC office, (972) 243-2272. Hotel reservation materials will be available soon, and you can learn more about San Antonio, a great holiday destination, at www.sanantoniocvb.com.

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The AARC Online Buyer’s Guide: Your Ultimate Resource for Respiratory Product Information

The AARC Online Buyer’s Guide is your ultimate resource for locating product information, company profiles and contacts, and trademarks and brand names.

Since it is updated continually throughout the year, the Buyer’s Guide contains the latest information on companies and products. What’s more, the Buyer’s Guide is your source for information about new product releases. Three main information resources provide you with everything you need to find the products you’re looking for: the Company Directory, the Equipment and Supplies Directory, and the Trademarks/Brand Names Directory. Product information is only a click away with our email and URL links, and you can also access unbiased information to assist you in selecting products, such as “Clinical Perspectives” articles from AARC Times and peer reviewed articles from the science journal Respiratory Care. The Buyer’s Guide is also just one click away from the National Library of Medicine and free access to Medline. Visit the Online Buyer’s Guide today at http://buyersguide.aarc.org.

AARC Wants to Know Your Top Five Areas of Concern

The AARC is currently seeking input from section members regarding the top five areas of concern unique to our specialty area. Please mail, email, or fax your top five concerns related specifically to the specialty (not to the AARC or the practice of respiratory care in general) to: Kelli Hagen, 11030 Ables Lane, Dallas, TX 75229, email: hagen@aarc.org, FAX (972) 484-2720 or (972) 484-6010. The Association will utilize our input in determining priorities for the coming year.
JCAHO Accreditation Report

The AARC is currently seeking information on JCAHO accreditation site visits. Please use the following form to share information from your latest site visit with your colleagues in the Association. The information will be posted immediately on the AARC web site at http://www.aarc.org/members_area/resources/jcaho.html and will also be featured in the Bulletin.

Accreditation visit you are reporting (choose one):

- Home Care
- Hospital
- Long Term Care
- Pathology & Clinical Laboratory Services

Inspection Date: _____________________________________________________________

Facility Name: _____________________________________________________________

Contact: _________________________________________________________________
(Please provide name and email address.)

1. What was the surveyors’ focus during your site visit? ________________________
   _______________________________________________________________________  
   _______________________________________________________________________  
   _______________________________________________________________________  

2. What areas were cited as being exemplary?
   _______________________________________________________________________  
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3. What suggestions were made by the surveyors?
   _______________________________________________________________________  
   _______________________________________________________________________  
   _______________________________________________________________________  

4. What changes have you made to improve compliance with the guidelines?
   _______________________________________________________________________  
   _______________________________________________________________________  
   _______________________________________________________________________  

Additional comments:

Mail or fax your form to:
William Dubbs, RRT
AARC Associate Executive Director
11030 Ables Lane
Dallas, TX 75229
FAX (972) 484-2720
**Specialty Practitioner of the Year**

Don’t forget to make your nominations for the 2001 Diagnostics *Specialty Practitioner of the Year*. This honor is given to an outstanding practitioner from this section each year at the AARC’s Annual Convention.

The recipient of this award will be determined by the section chair or a selection committee appointed by the chair. Each nominee must be a member of the AARC and a member of the section.

Use the following form to send in your nominations for this important award:

I would like to nominate ____________________________ for Diagnostics *Specialty Practitioner of the Year* because

_____________________________________________________________________________________________

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Mail or FAX your nomination to the section chair at the address/number listed on page 2 of this issue.
call for abstracts

RESPIRATORY CARE • OPEN FORUM 2001

The American Association for Respiratory Care and its science journal, RESPIRATORY CARE, invite submission of brief abstracts related to any aspect of cardiorespiratory care. The abstracts will be reviewed, and selected authors will be invited to present posters at the OPEN FORUM during the AARC International Respiratory Congress in San Antonio, Texas, December 1-4, 2001. Accepted abstracts will be published in the October 2001 issue of RESPIRATORY CARE. Membership in the AARC is not required for participation. All accepted abstracts are automatically considered for ARCF research grants.

SPECIFICATIONS—READ CAREFULLY!

An abstract may report (1) an original study, (2) the evaluation of a method, device or protocol, or (3) a case or case series. Topics may be aspects of adult acute care, continuing care/rehabilitation, perinatology/pediatrics, cardiopulmonary technology, or health care delivery. The abstract may have been presented previously at a local or regional—but not national—meeting and should not have been published previously in a national journal. The abstract will be the only evidence by which the reviewers can decide whether the author should be invited to present a poster at the OPEN FORUM. Therefore, the abstract must provide all important data, findings, and conclusions. Give specific information. Do not write such general statements as “Results will be presented” or “Significance will be discussed.”

ESSENTIAL CONTENT ELEMENTS

Original study. Abstract must include (1) Background: statement of research problem, question, or hypothesis; (2) Method: description of research design and conduct in sufficient detail to permit judgment of validity; (3) Results: statement of research findings with quantitative data and statistical analysis; (4) Conclusions: interpretation of the meaning of the results.

Method, device, or protocol evaluation. Abstract must include (1) Background: identification of the method, device, or protocol and its intended function; (2) Method: description of the evaluation in sufficient detail to permit judgment of its objectivity and validity; (3) Results: findings of the evaluation; (4) Experience: summary of the author’s practical experience or a lack of experience; (5) Conclusions: interpretation of the evaluation and experience. Cost comparisons should be included where possible and appropriate.

Case report. Abstract must report a case that is uncommon or of exceptional educational value and must include (1) Introduction: relevant basic information important to understanding the case. (2) Case Summary: patient data and response, details of interventions. (3) Discussion: content should reflect results of literature review. The author(s) should have been actively involved in the case and a case-managing physician must be a co-author or must approve the report.

FORMAT AND TYPING INSTRUCTIONS

Accepted abstracts will be photographed and reduced by 40%; therefore, the size of the original text should be at least 10 points. A font like Helvetica or Times makes the clearest reproduction. The first line of the abstract should be the title in all capital letters. Title should explain content. Follow title with names of all authors (including credentials, institution(s), and location; underline presenter’s name. Type or electronically print the abstract single spaced in one paragraph on a clean sheet of paper, using margins set so that the abstract will fit into a box no bigger than 18.8 cm (7.4") by 13.9 cm (5.5"), as shown on the reverse of this page. Insert only one letter space between sentences. Text submission on diskette is allowed but must be accompanied by a hard copy. Data may be submitted in table form, and simple figures may be included provided they fit within the space allotted. No figure, illustration, or table is to be attached to the abstract form. Provide all author information requested. Standard abbreviations may be employed without explanation; new or infrequently used abbreviations should be spelled out on first use. Any recurring phrase or expression may be abbreviated, if it is first explained. Check the abstract for (1) errors in spelling, grammar, facts, and figures; (2) clarity of language; and (3) conformance to these specifications. An abstract not prepared as requested may not be reviewed. Questions about abstract preparation may be telephoned to Linda Barcus at (972) 406-4667.

Early Deadline Allowing Revision. Authors may choose to submit abstracts early. Abstracts postmarked by May 31, 2001 will be reviewed and the authors notified by letter only to be mailed by June 15, 2001. Rejected abstracts will be accompanied by a written critique that should, in many cases, enable authors to revise their abstracts and resubmit them by the Final Deadline (July 17, 2001).

Final Deadline. The mandatory Final Deadline is July 17, 2001 (postmark). Authors will be notified of acceptance or rejection by letter only. These letters will be mailed by September 1, 2001.

Mailing Instructions. Mail (Do not fax!) 2 clear copies of the completed abstract form, diskette (if possible), and a stamped, self-addressed postcard (for notice of receipt) to:

2001 RESPIRATORY CARE OPEN FORUM
11030 Ables Lane
Dallas TX 75229-4593

submit your OPEN FORUM abstract electronically
visit www.rcjournal.com
1. Title must be in all upper case (capital) letters, authors’ full names and text in upper and lower case.

2. Follow title with all authors’ names including credentials (underline presenter’s name), institution, and location.

3. Do not justify (i.e., leave a “ragged” right margin).

4. Do not use type size less than 10 points.

5. All text and the table, or figure, must fit into the rectangle shown. (Use only 1 clear, concise table or figure.)

6. Submit 2 clean copies.

Mail original & 1 photocopy (along with postage-paid postcard) to

**2001 RESPIRATORY CARE OPEN FORUM**
11030 Ables Lane
Dallas TX 75229-4593

*Early deadline is May 31, 2001 (postmark)*

*Final deadline is July 17, 2001 (postmark)*

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