



# Education

---

## Bulletin

Sept./Oct. '01

- 3**  
**Summer Forum Summary**
  
- 4**  
**Educational Strategies and Developing Skills that Promote Research**
  
- 5**  
**Cheating: A Cultural Perspective**
  
- Bulletin Bullets: Short Notes of Interest to Educators**
  
- 6**  
**Get it on the Web**
  
- Submission Guidelines For Bulletin Articles**

**American Association  
for Respiratory Care**

## Notes from the Editor

by Fred Hill, MA, RRT

*"Yes, even I am dishonest. Not in many ways, but in some. Forty-one, I think it is."*

— Mark Twain, in a letter to Joseph Twitchell, March 4, 1905

The July 6 issue of *The Chronicle for Higher Education* featured an article entitled "The Cat-and-Mouse Game of Plagiarism Detection," by Jeffery R. Young. Student plagiarism involving the copying of material available on the Internet has become widespread. Internet services and software are being produced and marketed to help professors detect copied material. Below are some excerpts from this article.

*Some professors say that checking papers for cheating may soon become a routine part of grading.*

*Plagiarism-detection software has been available for several years, but its use appears to be growing.*

Many professors were alarmed by an incident in April at the University of Virginia, when a professor used a computer program to check for plagiarism and turned up more than 100 suspicious cases. The professors say it highlights the need to take a harder line on cheating. If so many students appear to be cheating in a single course at a university known for its strict honor code, many wondered, could the situation be even worse elsewhere?

*... Officials at some colleges say that in recent years they have seen a sharp increase in students cutting and pasting material into papers from web sites without attribution, or*

*purchasing term papers from online term-paper mills.*

*Professors say that some students do not even see cheating as a big deal.*

*John Workman, an associate professor of marketing at Creighton University . . . says . . . "We are finding that there is a lot of pent-up frustration among faculty" about cheating . . . "It's a touchy subject that we never talk about. It's almost like our dirty laundry."*

Anyone who wishes to read the entire article can find it at: <http://chronicle.com/free/v47/i43/43a02601.htm>. I want to thank Jeff Welsh, PhD, RRT, dean of academic affairs at the California College for Health Sciences, for calling this article to my attention.

At the Education Section Business meeting held during the recent Summer Forum in Naples, FL, 12 members agreed to serve on the Education Section Publications Committee. I want to thank all of those who agreed to help. This should assure more diverse contributions to the *Bulletin*. Ellen Becker and Bill Wojciechowski have already made contributions in this issue. I want to recognize the other volunteers as well: Anna W. Parkman, Gudrun Pryor, Bethanne Tinkler, Nancy E. Colletti, Patrick Johnson, Albert Moss, Tom Johnson, Pat Munzer, Janice R. Close, and Bill Croft. But please remember — you don't have to be a member of the Publications Committee to contribute an article! ■

## Notes from the Chair: Recruitment for RC Programs

by Susan P. Pilbeam, MS, RRT

During the week prior to the Summer Forum, I decided to email a few friends to see how things were going with recruitment at their programs, hoping to get at least some feedback before I left for the meeting. One thing led to another, and before I knew it, I had unofficially polled 127 programs. In less than four days, I received 55 responses from at least 20 different states, which I think shows how interested people are in the issue.

Basically, I asked three questions:

1. How have application numbers and class sizes been for your program compared to previous years?
2. Have you gotten help with recruitment from your college administration or from area clinical affiliates?

"Notes from the Chair" continued on page 2

## **Education Bulletin**

"Notes from the Chair" continued from page 1

3. What have been your most and least successful recruitment tools?

Here's a rough breakdown of the data:

**Question 1:** How have application numbers and class sizes been for your program compared to previous years?

In terms of application numbers, 41 programs were down, four were the same, six showed modest increases, and four showed significant increases (one of those was from an economically depressed area).

Regarding class size, 36 were down, seven the same, four up slightly, and four up a lot.

General comments related to Question 1 went something like this: six stated the quality of applicants was down, four stated the program may close, two stated the program was on hold, and four stated faculty had left because of enrollments.

**Question 2:** Have you gotten help with recruitment from your college administration or from area clinical affiliates?

Three programs stated they were getting a lot of help from college administration, 20 stated they were getting help, nine said things were pretty much normal, 12 said they were getting no help, and one said the administration was doing harm.

Regarding who is getting help from local affiliates: four said they were getting lots of help, 14 said some help, 12 said things were pretty much as they normally were, eight said they were getting no help, and one said the local hospital was doing more harm than good in terms of recruitment.

**Question 3:** What have been your most and least successful recruitment tools?

Twenty-two programs said word-of-mouth was their most effective recruitment tool. Many programs also said they had applicants who had experienced life events related to respiratory care, such as sick family members or a personal history of asthma.

Seven respondents said campus activities like career days, open houses, open labs, and bake sales had been successful, five stated recruitment of students who had not been accepted into other allied health programs, and four credited changing the program curriculum to allow student enrollment into the program during virtually any semester. Others attributed their success to new brochures/fliers featuring students (3) and teaching or talking at campus science classes (3).

In addition, many people listed isolated items that were helping them with recruitment, including:

- Recruitment committees
- Active advisory committees
- Radio/TV/newspaper ads
- Web sites
- On-line counseling and interactive email dialogues
- Regularly scheduled (monthly) orientation program to allied health in general or respiratory therapy in specific
- Program reputation
- High school health career classes and medical explorer groups
- Tuition-paid programs through local hospitals
- Improved communication with high school or college counselors
- Direct mailing to undeclared majors and to parents of undeclared majors
- Job fairs
- Recruitment fairs
- Public relations or marketing departments on campus
- Requesting that the Department of Labor send clients
- Improved applicant tracking
- Rapid response time to inquiries
- Asthma education
- Anti-smoking programs and better breathers clubs

- Mass marketing via mail using the college's database for pre-required classes and GPA
- Affiliates recruiting bright and ambitious certified nursing assistants
- One-on-one or face-to-face meetings with potential students
- Clinical affiliates advertising openings for the program both in employee newspapers and local newspapers.

Among this group, two very innovative ideas caught my attention. A program director in North Carolina decided to never say "no" to an eligible applicant. He even teaches the introductory respiratory class twice a year to accommodate this change. Students can enter the program summer, spring, or fall. Some he counsels into needed related curriculum courses, while others start into RES 101. He really believes this approach has paid off in terms of enrollment numbers. Now there is someone who is committed!

Another program has gotten the support of its local respiratory care community (Long Island, NY). At the state RC meeting, the program committee officially invites the college dean(s), college admissions office staff/college counselors, and, I believe, local high school counselors, to a presentation designed specifically for them — including lunch. (That always helps.)

In terms of what doesn't work, nine of the respondents stated their least successful tool was visiting or teaching high school classes, four said hospital respiratory staff were saying bad things about the profession, and four stated open houses or college fairs didn't work. One said curriculum changes were ineffective, one said letters to undeclared majors, one said radio ads, one newspaper ads, and one said TV/cable ads. A single individual also reported rumors among college counselors that nursing was taking over respiratory care — surely not a good recruitment tool.

However, fewer people mentioned any "least successful" tool than mentioned a "most successful" tool, and most seemed willing to try just about anything. If you compare the list of least successful tools to most successful, you'll also notice that what worked for some didn't work for others. The apparent message — "do what works for you."

### **General comments**

It wasn't unusual for written comments to include such statements as, "We remain the invisible profession" and, "Can we have some national advertising?"

It's true we are pretty invisible, which is unfortunate considering we have been around for a while. But Carl Wiezalis, our current AARC president, put the latter complaint into perspective during an agency

"Notes from the Chair" continued on page 3

## **Education Bulletin**

is published by the  
**American Association  
for Respiratory Care**  
11030 Ables Lane  
Dallas, TX 75229-4593  
(972) 243-2272  
FAX (972) 484-2720  
e-mail: info@aarc.org

**Debbie Bunch**  
Bulletin managing editor

**Edwards Printing**  
Bulletin typesetting

*Chair*  
**Susan P. Pilbeam, MS, RRT**  
9 Althea St.  
St. Augustine, FL 32084  
pilbeamsue@aol.com

*Bulletin Editor*  
**Fred Hill, MA, RRT**  
Department of Cardiorespiratory Care  
College of Allied Health Professions  
University of South Alabama  
1504 Springhill Avenue, Room 2545  
Mobile, AL 36604  
(334) 434-3405  
fhill@jaguar1.usouthal.edu

"Notes from the Chair" continued from page 2

update at the Forum when he noted that it would require the entire AARC budget to purchase six or eight major TV commercials — and they still might not be successful.

In the meantime, efforts are being made to address the recruitment issue. AARC Times hosted a Roundtable Discussion at the Summer Forum which focused on the recruitment issue and strategies that might be successful for programs. The information

from that discussion will be published this fall in *AARC Times*. Dave Shelledy, from the respiratory care program at the University of Texas in San Antonio, also gave an excellent presentation on some very interesting marketing concepts. He is willing to share his PowerPoint presentation with anyone who emails him with a request ([shelledy@uthscsa.edu](mailto:shelledy@uthscsa.edu)).

#### **Simple solution**

So what is the solution? It's simple. For national recognition we just need to find one AARC member who is married to, or personally knows, Arnold Schwarzenegger or Madonna! For local colleges, again, simple . . . keep a positive attitude and don't give up. Try every conceivable recruitment tool you've ever seen or read about and keep trying them. And if this economic slump continues, that will probably help too. We may be able to get out of the woods as long as we don't keep walking around in circles whining. ■

## **Summer Forum Summary**

**by Bill Wojciechowski, MS, RRT, & Bill Pruitt, MBA, RRT, department of cardiorespiratory care, University of South Alabama**

Although those of us attending this year's Summer Forum in Naples, FL, didn't see much of the "fun in the sun" advertised in *AARC Times*, we did gain plenty of information to enhance our teaching and administrative skills.

Charles Durbin kicked things off with a report on the impact that conducting clinical research has on the profession. He emphasized how clinical research becomes the cutting-edge in a profession by advancing new knowledge. From there, Jeff Ward discussed how interviewing patients at the bedside increases the students' observational and assessment skills, which in turn will improve students' critical thinking. That sounds like something we can all implement.

Vijay Deshpande, in his unassuming manner, reminisced about the IMV H-valve assembly and the free-standing CPAP systems creatively assembled with a potpourri of spare parts. His point was that critical thinking became a natural spin-off from meeting the clinical demands for these equipment modifications. Thanks for the trip down "Memory Lane," Vijay.

Vijay's second talk focused on how programs can deal with cultural diversity within their curriculums and how to accommodate certain cultural traditions within the clinical setting. (We all enjoyed your last slide, Vijay.) Then Jeff Ward stepped up to the microphone again, telling educators about the different roles of the director of clinical education.

Margaret Traband reported on the differences between the NBRC computerized and paper-pencil credentialing examinations. Margaret also told the group to focus on the matrices of the credentialing exams to help improve candidate performance. Educators were then advised by Jeff Davis to include components of cardiovascular technology into their program curriculums.

David Plevak, Jeff Ward, and Lori Ingalls informed the audience of techniques to use to stimulate clinical research among students. Baccalaureate degree programs can easily accommodate components of cardiovascular technology into their curriculum.

Sunday morning, Bob Wilkins discussed

in an entertaining fashion some strategies for teaching patient assessment. If you see Bob, ask him if he has worn any stickers to work lately. I hope everyone follows Bob's advice to have at least two teaching stethoscopes in your program — ideally, one at each clinical affiliate.

Bob was followed by Mel Welch, the CoARC chair. Mel explained how the executive office is relying more heavily on electronic movement of data and communications. He also described how the thresholds and triggers will be applied to the 2000 Annual Reports. The CoARC continues to strive to help programs achieve their goals.

AARC Associate Executive Director Bill Dubbs started off Sunday afternoon by informing the attendees that the human resource shortage extends across all the allied health care professions. Numerous factors were provided as the cause for this situation, including the American Hospital Association recruitment indictment of hospitals themselves. Respiratory therapy department managers were encouraged to provide incentives to motivate registry eligible staff to sit for the NBRC credentialing exams.

David Shelledy then discussed how respiratory therapy programs can address the human resource shortage, stressing that student recruitment must be an ongoing process in education programs. Geodemographics was presented as a tool for student recruitment. Establishing partnerships among hospitals, other employers, and the respiratory therapy education program was emphasized.

Karen Stewart covered the hospital's role in addressing the human resource shortage. Hospital departments must be creative in attracting people to respiratory therapy. Offering sign-on bonuses and paying candidate fees for the NBRC credentialing exams were mentioned as a couple of possibilities, along with creative measures such as mileage reimbursement, health club memberships, and scholarships. Keep those creative juices flowing, hospitals!

Monday was a short day, as the Summer Forum ended just before lunch. The day started with a general session presided over by Patrick Dunne. The group heard a very

informative talk by Keith Hopper, who spoke on the concept of project management. Keith explained that RTs are all deeply involved in many projects, from passing JCAHO review, to starting a new service like a sleep lab, to working up a new curriculum and teaching it to RT students. The presentation covered the stages, tools and techniques, and resources of project management for RTs in lead positions, such as department managers, educators, and business owners. Learning to be an excellent facilitator, combined with technical expertise and skill at conflict management, creates a solid foundation on which RTs can build.

After Keith's talk, the meeting split into the Education and Management Sections. The Education Section heard from the four professional agencies during an update. AARC President Carl Wiezalis started the update, discussing the AARC focus on asthma and COPD. He also reported on the upcoming granting of officer status by the U.S. Public Health Service to baccalaureate-prepared respiratory therapists with an RRT credential and a state license. Carl told the audience the AARC expects the other four uniform services (Army, Navy, Air Force, and Marines) to follow the same standard soon.

The next update was given by Michael Amato, ARCF chair, who spoke about the awards, fellowships, and grants that are available through the ARCF. The audience was given a very informative brochure describing each of the programs and activities, and was encouraged to participate by nominating candidates or by direct application.

Melvin Welch, CoARC chair, followed with an update on his group. He mentioned the issues of decreased school enrollment and the slight drop in the number of schools, noting that many schools are going through the process of changing from an entry-level program to an advanced practitioner program, which tends to make the number of schools appear even lower. Mel also discussed the growing number of schools that

"Summer Forum" continued on page 4

## **Education Bulletin**

"Summer Forum" continued from page 3

have entered into a partnership with hospitals to get the word out about job openings and marketing for students.

The last speaker to give an update was Jackie Long-Goding, president of the NBRC. She covered the current statistics on exam pass rates for the entry-level and registry exams. She told the audience that computer-based testing was going well, with only a few problems to fix. She also discussed the July 1, 2002 initiation of the requirement for recredentialing to show continuing competency.

The Management Section heard from Michael Harrell, who talked on disabilities and how to handle this issue correctly when dealing with clients — including patients,

families, staff members, visitors, students, and potential employees. He discussed the Americans with Disabilities Act and gave statistics on the number of people who have or will have some sort of disability. He gave some excellent examples of how to relate and work with those who are disabled.

The last presentation of the Summer Forum brought everyone back into the main hall for a general session. Jackie Long-Goding, Steve Bryant, and Gary Smith presented the Jimmy A. Young Memorial Lecture, sponsored by the NBRC. This talk focused on the issue of ensuring a competent workforce and how this is achieved. All RTs have a role to play in developing the profession, with leaders coming forward from four key areas: educators, managers, the professional organizations, and individuals.

Positive steps toward increased competency for the profession include the upcoming minimal requirement for the entry level exam set at the associate degree level, the upcoming requirement for recredentialing, the use of computer-based testing and other technological advances, state licensure, clinical ladders, and specialty credentials.

Overall, this Summer Forum was a great meeting (except for the rainy weather!), with a fine collection of speakers. As always, many attendees made new friends; met old acquaintances; traded business cards, email addresses, and "war stories;" and heard from the leaders in the profession. Next year's meeting in Vail has a high bar to reach to match the quality of the 2001 Summer Forum! ■

## **Educational Strategies and Developing Skills that Promote Research**

by Jeff Ward, RRT, program director, Rochester Community and Technical College—Mayo Respiratory Care Program

*Editor's Note: Several RC programs have recently shown an interest in including research in the RC curricula by exchanging information on the education and COBRTE listserves and AARC web site. At the 2001 AARC Summer Forum in Naples, FL, David J. Plevak, MD, Jeffrey J. Ward, MEd, RRT, and Lori Ingalls, CRT, from the Mayo Medical Center in Rochester MN, presented a discussion entitled, "Educational Strategies and Developing Skills that Promote Research." The following article reviews some of the Mayo program's strategies. For a view of the PowerPoint presentation of the Summer Forum talk check the Minnesota Society for Respiratory Care web site ([www.msrcnet.com](http://www.msrcnet.com)) in the education area. You can also look for more information about this presentation in a future edition of AARC Times.*

Physician-directed seminar courses have been used in our associate degree respiratory care program during the sophomore year. The objectives center around the following themes:

### **1st Semester (TOPICS & CASES)**

- Develop communication skills between MDs and students.
- Promote student skills in accessing the medical literature and summarizing key topics in short presentations.

### **2nd Semester (CASE REPORTS)**

- Develop an understanding of how the scientific method directs changes in clinical patient care.
- Improve students' ability to abstract patient cases and present a formal case report.
- Engage students in a project that applies English and technical writing skills in preparing a short case-based paper for potential submission to *RESPIRATORY CARE*. (e.g., Test Your Radiologic Skill, Blood Gas Corner, PFT Corner, Graphics Corner).
- Use a journal club format to introduce research based scientific literature and develop skills that would allow critical evaluation of the scientific medical literature. The group looks at various research approaches: case report, bench study, comparative bench study, controlled clinical trial, and multicenter randomized trial.

Prior to 1996, we measured successful course implementation by student enthusiasm for their case presentations and final papers. Students may have developed some appreciation for the work required to conduct a study and write a scientific manuscript, but we had yet to successfully recruit students into an active role in implementing research methods and statistical analysis. The students had functioned as observers rather than active participants.

Since it was the faculty's impression that the future respiratory therapist would be required to understand (and at times perform) scientific methodology, we determined that our course needed to develop ways to encourage active student participation. We hoped that a "real-time" student research project could better cultivate the skills of a scientific investigator. As a secondary effect,

we hoped that an active approach to learning would prove to be more enjoyable for the students.<sup>1,2</sup>

Four years ago we modified the second semester seminar to include a class research project to complement our journal club. The current problem-based learning approach requires that the class conceive a research idea and conduct the project during the final five weeks of the semester. Frequently, the students' journal club articles catalyze project ideas. Once a hypothesis is developed, the medical director helps to design the research protocol, obtain permission through institutional channels, and assign students to work groups. Other program staff assist students in literature searches and in obtaining necessary equipment. The medical director directs the class in the data collection and statistical analysis. The final class sessions are devoted to writing and editing the abstract.

The last four class research projects have been accepted for presentation at the *RESPIRATORY CARE* journal's Open Forum<sup>3,4,5,6</sup> at the AARC International Congress. The Forum has provided a valuable opportunity for recently graduated students to present and defend their projects. We feel that the seminar's research project strategy has been effective in launching students into their profession. Our more recent graduates seem to view scientific investigation as a normal part of their everyday practice. We hope that, if supported by employers, these graduates will respond as capable participants in future scientific projects.

### **References**

1. Ward JJ. Strategy for learning: submit
- "Educational Strategies" continued on page 5

"Educational Strategies" continued from page 4

- a paper (editorial). *Respir Care* 1985;30:673.
2. Ward JJ, Plevak DJ. An educational strategy: Research methods and abstracting skills (editorial). *Respir Care* 1997;42(9):845-846.
  3. Boynton B, Jung S, Nelson S, Potts C, Rankin D, Reed M, Salzwedel K, Schuelke D, Stewart T, Weathers P, Ward J, Helmholtz H, Plevak D. 0-16

L/min oxygen flowmeters are not accurate in delivering low-flow therapy (abstract). *Respir Care* 1997;42(11):1085.

4. Smith R, Broviak A, Fairbanks B, Harrington J, Pogulis M, Teng E, Ward J, Helmholtz H, Plevak D. I-STAT™ is not accurate at estimating oxygen tension greater than 350 torr (abstract). *Respir Care* 1998;43(10):860.
5. Flottum J, Fearn D, Tlougan H, Matzke N, Sakic D, Venable R, Ward J, Plevak

D. The Dynemo 3000™ is not accurate in measuring cardiac output in critically ill patients (abstract). *Respir Care* 1999;44(10):1242.

6. Ingalls LL, Fogarty C, Fasnacht R, Kuehne A, Ouk S, Bow K, Ward J, Pringnitz J, Helmholtz H, Plevak D. Digital pass-through pulse oximeter probes are not accurate or precise when used as a reflectance device. (abstract) *Respir Care* 2000; 45(8):986. ■

## Cheating: A Cultural Perspective

by Ellen A. Becker, PhD, RRT, program director, cardiopulmonary care and respiratory care, Brooklyn Campus of Long Island University

*Editor's Note: In a couple of earlier Bulletins this year, I offered my perspective on cheating in the academic setting. In the following article, Ellen Becker expands on the issue with an article that addresses cheating from a cultural context.*

Cheating is a topic that concerns most educators, independent of their academic fields. For those of us preparing students to practice a health care profession, dishonesty has far greater consequences. A dishonest student may carry that dishonesty over into his clinical practice and potentially harm patients.

I recall attending my first faculty meeting, where I learned about the demographics of our students and that student cheating was a big concern for the faculty. Upon returning home and sharing this news with my husband, a Russian immigrant, he told me that the Russian students would likely be the students who cheated. I immediately dismissed my husband's comment as ill feelings

towards his country of origin. I was very surprised when my mother-in-law, a sweet woman with extensive teaching experience, gave a similar response.

Over the past five years, I have worked with students from a wide range of cultural backgrounds. I have been taken by the number of students in my classes from the former Soviet Union who cheated. As I became more familiar with the culture in communist countries, however, I gained more insights and viewed these students differently. That is not to say that I tolerate or ignore cheating! But I do understand these students better today than I did previously.

In a democratic society, everyone has some say in creating the laws, and laws are followed for the most part in our society. People in a communist society cannot function well if that society's rules are followed. Therefore, rules are frequently broken. Bargaining and bribes become a means of survival. People need to extend and request "favors" routinely. Negotiating with faculty is commonplace for Russian students — it is a part of their social system.

Understanding these cultural differences helped me empathize with my Russian stu-

dents (whom I adore) and address their level of academic honesty with a different tone. I see these students as adjusting to different cultural values rather than being deceptive individuals, and I have adjusted my instructions on cheating accordingly. At the start of the semester, in the last class session before the first exam, and immediately before administering the first exam, I address the standards of academic honesty for the American culture. I acknowledge that not every culture has the same values and provide examples of consequences of dishonesty for practicing professionals. I also list the consequences of cheating in my class and let students know that I enforce the consequences. Cheating has declined dramatically in the past few years.

Many of our students come to us as young adults or as those retraining for another profession. It is important for us to enforce high standards of academic honesty in the classroom setting if we want to develop practitioners who will carry these values into the clinical setting. Helping these students explore their cultural context for "rules" might help them understand the values required to succeed in American culture. ■

## Bulletin Bullets: Short Notes of Interest to Educators

by Susan P. Pilbeam, MS, RRT

### • Abstracts/Posters

At the 2001 AARC Summer Forum in Naples, FL, five educators presented topics which they had researched and which were approved by the Education Section's Abstract Committee, chaired by Gudrun Pryor, RRT, respiratory care program, Washburn University ([www.zzpryor@washburn.edu](http://www.zzpryor@washburn.edu)). A continental breakfast was sponsored by the book publishers, including Delmar Thomson Learning, F.A. Davis Company, Prentice Hall, and W.B. Saunders/Mosby/ Churchill Livingston/Harcourt Health Sciences.

Presentations and presenters included:  
*Selected Characteristics of Successful*

### *Respiratory Care Education Programs*

Patrick Johnson, PhD, RRT  
Division of Cardiopulmonary Sciences  
School of Allied Health Sciences  
Florida A&M University  
Tallahassee, FL 32307-3500

*Is There a Relationship Between Student Performance on the Written Self-Assessment Examination and Tests of Critical Thinking Skills or Critical Thinking Dispositions?*

Janice Johnson, MS, RRT  
Clinical Assistant Professor, Respiratory Therapy Program  
Indiana University Schools of Medicine and  
Allied Health Sciences  
Indianapolis, IN 46202

[janjohn@iupui.edu](mailto:janjohn@iupui.edu)

*Predictors of Student Attrition in Higher Education*

Peter Kennedy, PhD, RRT  
Respiratory Care Program Director  
University of Hartford  
West Hartford, CT 06117-1599

*The Effect of a One-day Asthma Education Seminar on Knowledge of Peak Expiratory Flow Rate Measurement and Metered Dose Inhalers with Spacers among Health Care Professionals*

Terry LeGrand, PhD, RRT  
Department of Respiratory Care

"Bulletin Bullets" continued on page 6

## **Education Bulletin**

"Bulletin Bullets" continued from page 5

University of Texas Health Science Center at San Antonio  
San Antonio, TX 78229-3900

*Student Recruitment & Enrollment: A Case Study of Methods and Procedures*  
(Poster Presentation)

Tammy Hunt, BS, RRT  
Lecturer and Recruitment Coordinator  
Respiratory Therapy Program  
Indiana University Schools of Allied Health Science & Medicine  
Indianapolis, IN 46202  
tamhunt@iupui.edu

We encourage you to participate in this valuable activity by planning ahead to submit your abstract or poster early next year. Don't miss out on the fun and learning!

• **Practitioner of the Year**

Terry LeGrand, PhD, RRT, chair of our Practitioner of the Year Committee, submitted a proposal at the Education Section Business Meeting held at the Summer Forum to change the name of this award to Educator of the Year. Individuals attending the meeting fully supported the proposal, which will be passed on to the AARC Board of Directors for approval. If you want to make any comments about this recommendation, you can direct them to myself (pilbeamsue@aol.com), Terry (LeGrand@uthscsa.edu), or David Shelledy, the liaison to the board (Shelledy@uthscsa.edu)

• **Topics for Summer Forum and International Congress 2002**

Tim Op't Holt, a member of the AARC Program Committee, surveyed attendees at the Summer Forum and participants on the

Education Section listserv about the topics they would like to see on the agenda for the 2002 meetings. The three leading choices were: Clinical Education Techniques (58 votes), Dealing with Attrition (57 votes), and Improving Test Scores (57 votes). The next most popular topics were: Teaching in the Affective Domain/Values Education (50 votes), Student Evaluation Techniques (45 votes), and Curriculum Design (43 votes). These were followed closely by Education Law (42 votes), and Classroom Technology (39 votes). Other topics included, in order of highest to lowest preference, Program Evaluation, Educational Research Methodologies, Role of Director of Clinical Education, Multidisciplinary Issues, Student Interviews, Developing a Baccalaureate Program, Core Curriculum, Chairing the Education Program, Developing a Master's Program, and Student Services.

Now that we have these topic suggestions, we would like to receive additional input from the membership regarding the specific issues under each heading they would most like to have covered. For example, in dealing with attrition, are you more interested in how to recruit students who will stay, how to keep the students you've got, or how to adjust your statistics so your attrition doesn't look so bad? In addition, if you know of an excellent speaker, regardless of the topic, let us know who they are, how we can contact them, and what they can talk about. Please direct your comments to me at pilbeamsue@aol.com. We want to keep the programming at the excellent level it has achieved and aim even higher.

• **Asthma Education**

Those of you on the Education Section

listserv have probably seen the posting titled, "Asthma Educator Job Analysis Survey" sent out in August by Bill Dubbs, MHA, RRT, AARC associate executive director. The National Asthma Educator Certification Board (NAECB) is in the process of conducting a survey in preparation of developing the asthma educator certification examination matrix. They hope to offer the first exam in the fall of 2002.

Respiratory therapists working as asthma educators were asked to participate in this survey (deadline: August 15, 2001). The AARC supported the formation of the NAECB and is represented on their Board of Directors by Susan Blonshine and Sindee Karpell. This certification looks like a great opportunity for RTs, and we thank those who responded and were able to participate.

• **Education Section Listserv**

The AARC web site ([www.aarc.org](http://www.aarc.org)) has a listserv for educators. This email service provides a place to ask questions and get answers, or just communicate with educators such as yourself.

Go to the web site, click on "Community," then "AARC Specialty Sections," then "Education," and enter your AARC membership number to sign up for the service. (Please note: there is no extra charge for the listserv; it is one of your benefits as a section member.)

By the way, you're probably a member of the Education Section, or you wouldn't be reading this *Bulletin*. Do you know someone who's not? Once we reach 1000 members, our section will be given a seat on the AARC Board of Directors. We're close, but not there yet, so please encourage your colleagues to join. ■

## **Get it on the Web**

Want the latest news from the section in the quickest manner possible? Then access the *Bulletin* on the Internet! If you are a section member and an Internet user, you can get your section newsletter a week and a half to two weeks earlier than you would get it in the mail by going to your section homepage at: [http://www.aarc.org/sections/section\\_index.html](http://www.aarc.org/sections/section_index.html).

html. You can either read the *Bulletin* online or print out a copy for later.

The AARC is encouraging all section members who use the Internet to opt for the electronic version of the *Bulletin* over the mailed version. Not only will you get the newsletter faster, you will be helping to save the AARC money through reduced printing

and mailing costs. These funds can then be applied to other important programs and projects, such as ensuring effective representation for RTs on Capitol Hill.

To change your option to the electronic section *Bulletin*, send an email to: [mendoza@aarc.org](mailto:mendoza@aarc.org). ■

## **Submission Guidelines for Bulletin Articles**

All section members are encouraged to share information about their programs through articles in the *Bulletin*. Here are our guidelines for submission:

**Article length:** *Bulletin* articles may be between 500 and 1,000 words.

**Format:** In addition to a paper copy, all articles must be submitted on a 3 1/2 inch floppy disk saved in Microsoft Word or TEXT ONLY (ASCII) formats, or e-mailed to the editor in one of those formats.

**Deadlines:** All articles must be submitted to the editor according to the following

schedule of deadlines-

- Jan.-Feb.: December 1
- Mar.-April: February 1
- May-June: April 1
- July-Aug.: June 1
- Sept.-Oct.: August 1
- Nov.-Dec.: October 1

**Article Review:** All authors may review a copy of their article before it goes to press. If you would like to review a copy of your article, please include a FAX number when you submit it to the editor. It is the responsibility of the author to: 1) request the opportunity to

review the article before it goes to press, and 2) contact the editor by the stated deadline if any changes need to be made before the article goes to press.

**Send Submissions To:** Fred Hill, MA, RRT, Department of Cardiorespiratory Care, College of Allied Health Professions, University of South Alabama, 1504 Springhill Avenue, Room 2545, Mobile, AL 36604, (334) 434-3405, email: [fhill@jaguar1.usouthal.edu](mailto:fhill@jaguar1.usouthal.edu). ■