Notes from the Editor
by Fred Hill, MA, RRT

If at first you don’t succeed . . .
skydiving is not for you.
— Bumper Sticker

I noticed that, last year, Arthur Jones and David Chang would sometimes begin their “Notes from . . .” columns in the Bulletin with a quotation. As you can see, I have decided to continue the tradition.

Now that I have assumed the editorship, I must ask myself, “What is it going to take to produce a successful newsletter?” First and foremost, I am going to have to rely on many of you to help me out. In order for our newsletter to be successful, I need contributions from varied sources. We have many bright, dedicated, and experienced individuals in this specialty section. We all have experiences and ideas about respiratory care and respiratory care education that we can share for the enrichment of the membership as a whole. So, please, consider contributing an article for one of our upcoming issues. My contact information appears in the box on page 2, and the Bulletin deadlines are listed at the end of the issue.

Until now, I have not been particularly active in the Education Section, although I have maintained membership in most years, and I have attended meetings at the Summer Forum and at the International Congress. However, I have been very active with the AARC and my state affiliate, the Alabama Society for Respiratory Care, for many years. Many of my activities have centered around the House of Delegates. In 1999, I was also a candidate for the AARC Board of Directors. I came in third in an election in which only the top two candidates would serve as directors. I did not ask for a recount.

At the AARC meeting in Las Vegas in 1999, I found myself, for the first time in many years, without any AARC responsibilities. Truthfully, I was relieved. The previous several years had exhausted me. I was ready for a break from service. But I did attend the Education Section meeting, where David Chang asked for volunteers for section committee service. I expressed interest in the Publications Committee. Later, David contacted me and asked if I’d be willing to succeed Arthur Jones as Bulletin editor, beginning January 2001. So, here I am.

To kick things off, I have decided to write a series of articles on “academic dishonesty.” This problem has troubled me throughout my academic career, both as a student and as an educator. It is not an easy subject. In my mind, the topic is very complex, though on the face of it, it may seem simple. I am hopeful that I will be able to describe this complexity by sharing my experiences and thoughts. If I succeed, great. But keep in mind, this is not skydiving.

By the time this Bulletin reaches you, Christmas will be history, the New Year of 2001 will have begun, and we will have a new President of the United States. But as I write these words, it is the Thanksgiving holiday weekend of the year 2000. (And the Presidency is still up in the air.) This is my first “Notes from the Chair,” and I feel very privileged to be in this

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position, particularly since this is the first time in AARC history that the section has had a chair elected by the membership. As the new chair, I’d like to thank those of you who took the time to vote. We all know how important that is, particularly after what occurred during our most recent presidential election. It will take me a few months to get oriented to this new position, so I hope you’ll bear with me. I’d also like to welcome any comments or questions you may have. You can contact me any time at the addresses/numbers listed on this page.

The Thanksgiving season has reminded me of a story from the New Testament about ten men with leprosy. These ten men are healed from their terrible disease by Jesus. After they depart, one of the ten comes back just to thank Jesus for healing him. “Were not all ten cleansed? Where are the other nine?” Jesus asks (Luke 17:11-19). I don’t think it’s too much of a stretch to think that all ten were grateful to be healthy again, yet only one came back. This story makes me ponder why we are thankful for things and what compels us to thank someone on one occasion and to neglect to do so on others. Perhaps, during the ups and downs of life, it is simply easier to be thankful in the up times.

Right now the profession of respiratory care is in a down time. I think we’re all aware of some of the difficulties facing us right now. Program enrollments are down, attrition is up, and hospital staff and department heads alike are bemoaning our fate at the hands of hospital department cutbacks and redesign.

But in spite of this down time, please allow me a moment to express my thanks to a profession that has been very good to me for a very long time. I started working in respiratory care at the Ohio State University in the early 1970s. To my good fortune, I was at the right place at the right time and the only way was up. Since that time I’ve had the opportunity to start a two-year program (Florida Junior College at Jacksonville), serve as clinical coordinator at a four-year university (Georgia State University), help start a program in a foreign country (Costa Rica), and return to the community college environment (Greenville Technical College/Edison Community College). I’ve had the good fortune to write and be published, dabble in research, and do some public speaking. I’ve made a good wage and been thrilled over all these years to be earning money doing something I enjoy so much.

Things are tough right now. Like most of you, our program enrollment is at an all-time low. But it is not the first time I’ve seen enrollments go low in respiratory care programs. It will get better. I’ve seen things turn around in the past. This is not a new phenomenon to those of us who have been in respiratory care for a while. Let us imagine our profession rising like a phoenix out of the ashes. Come and join me in giving thanks to a great profession. Be one of those who expresses your gratitude at the beginning of this new year.

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**47th International Respiratory Congress, Dec. 1-4, 2001, San Antonio, Texas USA**

For 46 years the AARC’s International Respiratory Congress has been the gold standard of respiratory care education and trade. For 46 years the AARC’s International Respiratory Congress has delivered the highest quality programs with information that really matters. For 46 years the AARC has plowed its resources back into the profession, expanding the practice and influence of respiratory therapy in the health care system.

Don’t miss out on the largest and most comprehensive respiratory care meeting in the world, coming in 2001 to one of the most entertaining cities in the US, San Antonio. For additional information, please call (972) 243-2272, or e-mail clay@aarc.org.

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**Mark Your Calendar:**

**47th International Respiratory Congress**

**December 1-4, 2001**

**San Antonio, Texas USA**

*You won’t want to miss it!*
Experiences with Academic Dishonesty: Part One
by Fred Hill, MA, RRT

Many years ago, early in my undergraduate career, I became friends with a foreign student while taking some science courses at a community college in California. I was struggling with chemistry and he invited me to join a small, informal study group. Interacting with others in this group helped me tremendously, and soon I was taking a lead role in guiding our small group through concepts and problems in chemistry.

My friend usually sat near me in chemistry class. One day, he was seated behind me during an exam, and he whispered rather loudly, “Pssst! Hey, Hill, what is ______?” I don’t remember what he was asking, but I do remember that it was in relation to a particular question on the test. I also recall that the information he was seeking was not needed to solve the problem. Still, I was astonished that he was so brazen as to make an open inquiry for help during a test with the instructor present.

I ignored my friend, and soon I heard once again, “Pssst! Hey, Hill, what is ______?” Once again, I pretended that I didn’t hear him. Soon, I heard, even louder, coming from right behind me, “Pssst! Hey, Hill, what is ______?” Again, I ignored him, although this time I knew that the instructor, not five feet away, must have heard him as well. Suddenly, the instructor walked out of the room. I was surprised that he had left, but he was no sooner out of the room when I heard more demandingly, “Pssst! Hey, Hill, what is ______?” At that moment, I turned around and looked my friend straight in the eyes. I said, “You don’t need to know that to solve the problem.” He looked puzzled and lost. I offered him nothing further and turned around and continued my work.

The next semester, my friend and I were in a larger chemistry class, and he was seated beside me during an exam. We were in a big auditorium with more than one hundred students. The desk in front of us was a long table. This time, my friend asked me to turn my paper in a certain orientation so that he could see it better. I ignored him and made efforts to shield my paper from his view. I released my paper to perform a calculation with a slide rule (remember, this was many years ago) and immediately my friend’s hand snaked out and grabbed my paper. He pulled my paper directly beside his paper and began copying. I was once again astonished by his brazenness.

I looked to the front of the room, and I was sure that the instructor had elected to do nothing about it in any direct manner. My friend was from a part of the world that I had once read about in an interesting article. The article described the difficulty in teaching men from a certain country in this part of the world to be pilots because of their tendency to try to please their instructors at all costs. For example, they might profess to understand things that they didn’t actually understand or use any available means to pass exams. They would get others to complete outside assignments. They did this not to “cheat” per se, but to please and honor their instructors. This was culturally correct for them and apparently did not compute in
Volatility in the Allied Health Marketplace
by Stephen N. Collier, director, Center for Health Policy and Workforce Research, Towson University

One might view allied health as somewhat analogous to the stock market. In both there are conflicting signals in the marketplace and a volatile environment leading to a whipsaw effect — in stock prices, particularly in the technology sector, and for allied health, in the supply and demand picture for personnel. While the stock market may make major shifts in direction, sometimes on a daily basis, the shifts in supply and demand for allied health personnel are generally measured in years, although events such as the Balanced Budget Act of 1997 can cause major change in a period of months.

It is not unusual for academic programs to take five or more years to start up, shut down, or make significant adjustments. The educational pipeline is measured in years between when someone begins and ends a program. Changes made in the numbers of entering students will not be realized in numbers of graduates until several years hence. Employment commitments to existing faculty and time required for careful planning and analysis may lengthen the time needed to modify the programs. Given that the labor market can shift much more rapidly than can the size and number of educational programs, it is not uncommon to find imbalances in the supply of and demand for graduates in the various allied health professions. A perplexing question that most allied health educators face is whether the changes are enduring or cyclical, and even if cyclical, what is the length of time between the peaks and valleys of the cycle?

The vernacular among stock brokers leads them to say a stock has “fallen off a cliff” when there is a sudden and dramatic drop in the price. In allied health, with substantial decline in applicants and enrollments over the last few years in many allied health programs, educators may be wondering if the student demand for their programs has “fallen off a cliff.” The data reported in my article in the June issue of Trends shows a decline in enrollments of up to 30% or more in some fields.

The current state of decline in applicants and enrollments, while disconcerting, can be explained by a confluence of factors. The key question is, will it change, and if so, when? As reported in my June article, much of the decline can be attributed to the present full employment economy for the nation; some workplace characteristics that make allied health careers relatively unattractive, particularly among young adults (a low ceiling on advancement and pay, 24/7 coverage and resulting shift work, and a high stress environment); and the dynamics found in a predominantly female workforce. On this latter point, studies have shown that in a married household, when the economy is robust, there is a tendency for one spouse to “step out” of the workforce, at least temporarily, whether for child rearing or other reasons. While one might not wish for the national economy to weaken, downturns in the economy do tend to drive discretionary workers back into the workforce and into educational programs.

If one steps back and views the changes in allied health education over the last ten years, a picture of growth and shrinkage in a number of the allied health professions can be seen.

Reviewing the professions in the table, it is easy to see that in many fields substantial growth occurred between 1989 and 1993, followed by declines between 1993 and 1998. Several fields are exceptions, indicating continued growth over the entire ten-year period, though the rate of growth was generally slower during the latter half of the period. Also, there has been so much growth in some fields as to raise the question of whether the educational system has overbuilt in some instances. For example, the House of Delegates of the American Physical Therapy Association in 1999 adopted a policy, RC 47-99, recommending a voluntary moratorium on the creation of new physical therapist and physical therapist assistant programs until June, 2002.

Even though the numbers of allied health programs, enrollments, and graduates have fluctuated over the years, the general composition of the educational programs has been relatively constant, with most professional programs having a very high percentage of women enrolled. Salaries for graduates vary considerably. Obviously, the professions with the higher salaries are the ones that are more attractive to potential students, at least as long as there are jobs avail-

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able following graduation.

With the current anxiety on the part of allied health educators over student demand for their programs and the changing employment demand for graduates, it is difficult to predict accurately when and how future changes will occur. The most effective short-term response may be for educators to develop effective recruitment strategies to counteract some of the decline in applicants. That should help moderate the cyclical nature of supply and demand dynamics and keep programs more stable over time.

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### Abstracts & Poster Presentations: Call for 2001 Summer Forum

The 2001 Summer Forum, scheduled for July 21-23 in Naples, FL, will offer two opportunities for participants to share their scholarly activities with colleagues:

1. Research abstract presentations dealing with respiratory care education. (Paper presentations will be limited to 15 minutes, including five minutes for discussion.)
2. Poster presentations dealing with education models, methods, or materials that can be shared for noncommercial use. (Individual topics and presenters will be briefly introduced; additional time will be allowed for individual review of posters or display materials and interaction with the presenters.)

Research abstracts and poster presentation proposals must be submitted by April 2, 2001, for review by the Education Section Review Committee. All abstracts and proposals will be peer-reviewed, and authors will be notified of decisions by May 1, 2001. Questions may be directed to Gudrun Pryor, BS, RRT.

Please send the abstract and cover sheet to:

Gudrun Pryor, BS, RRT
Respiratory Therapy
Washburn University
1700 College
Topeka, KS 66621
(785) 231-1010, ext. 1287
zzpryor@washburn.edu

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### 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:

- January-February: January 1
- March-April: March 1
- May-June: May 1
- July-August: August 1
- September-October: 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.

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### 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.
Specialty Practitioner of the Year

Don’t forget to make your nominations for the 2001 Education 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 Education Specialty Practitioner of the Year because
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Nominee
Hospital
Address
City, State, Zip
Phone

Your Name
Hospital
Address
City, State, Zip
Phone

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