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Notes from the Chair

by Susan P. Pilbeam, MS, RRT

Over many years our International Respiratory Congress has come and gone, each unique and each with its own memories. San Antonio was a very special backdrop for our most recent meeting, the 47th Annual Congress. Putting on a successful program is an admirable feat accomplished not only by the elected officials such as our president, House of Representatives, and Board of Directors, but by the AARC staff who quietly orchestrate the difficult task. Our thanks go out to the names that have become so familiar to so many of us: Sam Giordano, Ray Masferrer, Kathy Blackmon, Sherry Milligan, Bill Dubbs, Marsha Cathcart, Debbie Bunch, Dr. Bob Czachowski, who is now retired, and Sue Clay, but who frequently had just the form I needed. There are many other AARC staff who really make our lives easier as well. We would like to thank every one of you. Keeping respiratory therapists organized is the equivalent, as they say, of herding cats.

For those of you who were unable to be in Texas, I wish you could have heard the excellent talks related to education. I had the good fortune to moderate three of them, the first focusing on the recurrent theme of recruitment and retention, which was addressed by Ellen Becker and Karen Stewart; the second on legal issues for educators, presented in a very interesting interactive session by Anthony DeWitt; and the third an interactive session on diagnostic critical thinking by David Shelledy. Not only is Dave an excellent speaker but he is also our president-elect. In addition, this past year he won the Specialty Practitioner of the Year award for our Education Section.

By the way, the Board of Directors did approve the name change you suggested: in the future this award will go to "Educator of the Year." This recognition extends not only to faculty but to clinical staff as well. After all, teaching includes students, staff, and our patients.

Last but not least, I want to congratulate our educators who presented poster papers at the meeting. Their papers have been published in the Abstracts 2001 Open Forum, presented by the *Respiratory Care Journal* and supported by an educational grant from GlaxoSmithKline. There were 16 papers in all, covering such topics as evaluation of a problem-based learning curriculum, reliability of the NBRC written registry (RRT) and clinical simulation (CS) examinations, comparison of the RRT and the CS examinations, student performance on the CS versus a critical thinking test, comparing learning styles in respiratory care students, student perception of AARC membership, evaluation of an internet clinical student database tracking system, success of an RC four-day program in Turkey, development of an RC internship program, patient teaching, importance of ACLS skills, and comparison of health care professionals' performance on a MDI examination following an asthma education program. We apologize to those participants who lost the opportunity to come before their peers to present their material when a fire drill called a sudden halt to the proceedings. (We later learned that only our area of the convention center was affected and want to know what reluctant researcher pulled the switch so they wouldn't have to come forth!)

We hope to see many of these abstracts written up as formal papers in the upcoming edition of the *Respiratory Care Education Annual*. Deadline for that publication is December of each year. Plan now to submit your abstract and prepare your paper for the 2002 Congress.

The AARC Program Committee met in January to start the initial planning for the 2002 meetings: the Summer Forum in Vail, June 14-16, and the International Congress in Tampa, October 5-8. We'd love to see you there. ■

Semi-Annual Education Membership Section Business Meeting

The Education Membership Section held its semi-annual business meeting in San Antonio on December 2. Each chair updated those in attendance on current committee activities. Past-chair Gina Buldra briefly discussed the Long Range Planning Committee's commitment to recruitment and retention and introduced the new chair, Tim Op't Holt, who presented a summary of

their committee meeting and future plans. The new Program Committee chair, James Cairo, reviewed some of the potential topics for next year's meetings. The ideas for speakers and topics in large part are suggested by Education

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"Semi-Annual education" continued from page 1

Committee members and other AARC members.

Practitioner of the Year (Recognition Committee) chair, Terry LeGrand, announced chair-elect Carol Hopper, who will serve in 2003. Terry also announced our Practitioner of the Year for 2001, Dave Shelledy. He was selected by the committee from a group of very distinguished educators, including Vijay Deshpande, Bob Fluck, Bill Galvin, Ed Reardon, Helen

Sorenson, and Jeff Ward. Each one of these well know individuals was very deserving. In addition, Terry noted that the AARC Board of Directors had approved the name change to Educator of the Year. This title will pertain to staff as well as faculty.

Publications Committee chair, Fred Hill, summarized current committee activities and thanked those individuals who have contributed to the Bulletin's six annual publications. New Abstract Committee chair, Bill Pruitt, reminded those in attendance that the form for submitting

abstracts is published in AARC Times and encouraged individuals to submit for our Summer Forum in Vail. Our new Web Site/Email Committee is chaired by Joe Ross. Joe presented several ideas for the Education Section homepage on the AARC's main web site. We'll ask Joe to present those to you in a future edition of the *Bulletin*.

Thanks to outgoing chairs, Gina Buldra, Bethanne Tinkler, and Gudra Pryor for their service to the section. ■

New Chair Positions in the Education Section for 2002

The following are the recent changes in chair positions for the Education Section:

Long Range Planning Committee: Chair, Tim Op't Holt (topholt@jaguar1.usouthal.edu). Past-chair, Gina Buldra (gina.buldra@roswell.enmu.edu).

Program Committee: Chair, James Cairo (jcairo@lsuhsc.edu). Past-chair, Bethanne Tinkler (batinkler@yahoo.com).

Practitioner of the Year (Recognition Committee): Chair, Terry LeGrand (LeGrand@uthscsa.edu). Chair-elect, Carol

Hopper (clhopper@bellsouth.net).

Publications Committee: Chair, Fred Hill (fhill@jaguar1.usouthal.edu). (We are searching for a chair-elect for this position for 2003.)

Abstract Committee: Chair, Bill Pruitt (wpruitt@jaguar1.usouthal.edu). Past-chair, Gudra Pryor (zzpryor@washburn.edu).

Web Site/Email Committee: Chair, Joe Ross (jross@bcc.state.md.us). (This is a new committee.)

I would like to thank Gina Buldra, Bethanne Tinkler, and Gudra Pryor for lending their valu-

able help and experience as past-chairs of their respective Education Section committees. These individuals are the ones who go the extra mile to help the AARC continue to be a successful and growing organization. Our new chairs,— Dr. Tim Op't Holt, Dr. James (Jimmy) Cairo, Bill Pruitt, and Dr. Joe Ross,—are familiar to many of us. We are grateful for their willingness to come forward and help. By each of us taking on just one task, we slowly build success. ■

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Specialty Practitioner of the Year: David Shelledy, PhD, RRT

Most years, our Education Section Specialty Practitioner of the Year (SPOY) regards the honor as the highlight of his or her attendance at the AARC International Congress. For our 2001 winner, however, the award had to be just the icing on the cake of what certainly was an extraordinary meeting. After all, David Shelledy, PhD, RRT, isn't just the Education Section SPOY — he is our association's president-elect.

But that doesn't mean Dave Shelledy didn't earn the award. To the contrary, over the years Dave has been a staunch supporter of the section, serving on the Publications Committee and Abstract Review Committee and authoring numerous articles for the *Bulletin*, while at the

same time serving in various capacities at the national level of the organization, including as vice-president for internal affairs in 2001.

He's also distinguished himself on the job, particularly since joining the faculty at the University of Texas Health Science Center at San Antonio, where he serves as chair of the baccalaureate respiratory care education program. Dave came to the university in 1994 expressly to start the respiratory therapy program there and in just six short years has developed the program into one of the premier RT educational programs in the country.

Congratulations, Dave! ■

Notes from the NBRC: Respiratory Therapy Job Analysis to be Conducted in 2002

by Gary A. Smith, NBRC executive director

As most of you know, the NBRC formally updates the content of the CRT and RRT Examinations every five years by conducting job analysis research designed to determine the most critical job duties performed by respiratory therapists at beginning practice and after experience on the job. The results of the job analysis are used to modify the credentialing examinations based on responses of job experts to a task inventory distributed to a national sample of practitioners, educators, managers, and physicians across the country. The survey sample will include respiratory therapists just beginning practice and individuals with several years' experience, and will be further stratified according to geographic region and facility bed size category, among other factors.

Early in 2002, the NBRC president will appoint a Job Analysis Advisory Committee

composed of physician and therapist members of the NBRC, as well as representatives of the AARC, CoARC, and state licensure agencies. The Advisory Committee will work with a doctorate-level psychometrician experienced in conducting job analysis research to develop the task inventory, establish the sampling plan, and review the survey results. Approximately six months will be required for the development of the task inventory survey, its distribution, and data analysis. The job analysis results likely will be reviewed by the Advisory Committee and respective NBRC examination committees by November of 2002, and revised test specifications for the respiratory therapy credentialing examinations likely will be considered during the April 2003 meeting of the NBRC's Board of Trustees. The first CRT and RRT Examinations that could be affected by the results of the job

analysis probably probably be those given in mid-2004, after predictive validation studies are completed in late 2003.

The survey-based job analysis methodology followed by the NBRC is one recommended by measurement professionals across the country for conducting national job-related research. The process is intended to comply with the federal government's *Uniform Guidelines on Employee Selection Procedures*, developed by the Equal Employment Opportunity Commission, the Departments of Labor and Justice, and the Civil Service Commission. These guidelines are often relied upon by courts in deciding cases involving test validity and fairness for examinations used in employee selection matters (hiring, promotion, etc.). They state that such examinations must be job-related and valid to be legally defensible. Conducting a survey-based job analysis forms a statistical basis for the content of employment-related tests like the CRT and RRT examinations, and provides strong evidence that the content of the examinations reflects actual job duties performed by respiratory therapists.

In addition to the *Uniform Guidelines*, the *Standards for Educational and Psychological Testing* prepared by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME) outline job analysis methods that are recognized nationally by measurement experts

as appropriate for use in the development of credentialing examinations such as those given by the NBRC. There are several generally accepted job analysis methods, including the "job diagnostic survey," "job incumbent interview," "critical incident technique," and "direct on-site job observation," in addition to the task inventory method used by the NBRC. However, most of these techniques are best applied to industrial and organizational psychology (I/O) environments, where study goals are related to more specific issues like job classification and aptitude. A substantial body of job analysis research has been conducted in an I/O context, but many of these techniques are inappropriate for determination of defensible credentialing or competency assessment examination content.

For national programs such as the NBRC's, the professional opinion of leading measurement experts is that the task inventory survey method provides the strongest evidence for the development and defensibility of a job-related examination. The task inventory survey is the most frequently used method among credentialing organizations. Points advocating the task inventory method include its efficiency in collecting information from professionals working in many settings and task construction guidelines, which directly focus on job activities and behaviors. The *Uniform Guidelines* specifically cite task-oriented content describing job behavior as appropriate for valid credentialing decisions.

As the 2002 respiratory therapist job analysis is conducted, the NBRC plans to share additional information with you through the *NBRC Horizons* newsletter, as well as in a special program regarding job analysis methods that will be presented at the 2002 AARC Summer Forum. This program will include:

- The history of the job analysis process in respiratory care, from the first "role delineation" conducted by the AARC to the present time.
- A review of the various survey instruments that have been used.
- The initial development of the "single entry-level" CRT Examination that now serves as the basis for licensure in 45 states.
- The results of five separate national studies conducted by the NBRC since 1978, which form the basis for today's CRT and RRT Examinations.

We encourage your participation in the 2002 job analysis study through the completion of the task inventory that will be distributed to all accredited education programs and others in the survey sample. This will be a significant opportunity for you to have input into the content of the examinations and to help the NBRC's research be the best that we can possibly make it. If you have questions about the process or need information prior to the program at the Summer Forum, a call or email to the Executive Office will result in a prompt and professional reply. ■

Thinking Outside the Box to Increase Enrollment and Improve Retention

by Bill Croft, BS, RRT, CN, program director, associate professor of respiratory care, Sandhills Community College, Pinehurst, NC

The recruitment and retention of students has been very difficult for most programs over the past couple of years. Our program at Sandhills Community College is no exception. Our enrollment fell to its lowest point, with only 11 new students enrolled, during the fall of 1999. Only seven of the 11 made it to the midpoint of the first semester and only two graduated. In order to address our problems, we decided to take a very radical approach to enrollment. Specifically, we revamped our traditional curriculum plans and highlighted our Alternative Placement Program to increase the marketability of the program as well as our retention rates.

In planning our curriculum, we decided to address two concerns that were identified through student surveys as deterrents to enrollment: our heavy course load and the time spent waiting to get into a program. We redesigned the program by offering three options.

First, students were given the option of beginning the introductory course work in the summer. This extension reduced the number of hours for the next semester and lowered the fear factor that many students had with regard to the required number of semester hours. Students eased into the curriculum and enjoyed the process of learning without the stressful workload customary in the fall. It also reduced the lag time between the decision to enter and the actual entrance point. In the past this waiting period resulted in a loss of some of our students, either entirely or to another health program that also started in the fall. Our summer option offered students applying in early spring an earlier start as well as a lighter initial workload. Both were advantageous to students and became a major selling point.

We also continued to offer a fall entry date following the traditional model, since that was known in the community. Our third option was given to qualified late fall applicants. They were encouraged to enter in the spring and take Cardiopulmonary Anatomy and Physiology as well as the other related courses. These changes resulted in three entry points for prospective students - summer, fall, and spring.

We also looked at our admission requirements from the perspective of a "career changer." These individuals can be a great asset to any program, since they are often the most motivated and conscientious students; however, they usually need to refresh themselves with remedial work. So, in addition to the changes in scheduling, we began to emphasize our Alternative Placement Program (APP), which offers flexibility in admissions. This program allows for non-qualified students to enter the related courses through our remedial program, provided they meet some of the test scores.

Additionally, we employed some of the traditional methods of recruitment, such as health fairs, job fairs, and high school visitations. But our greatest emphasis was on campus recruiting. I spoke with students and advisors in the science department. We also enlisted the help of the non-science advisors, student services staff, and current respiratory students by educating them about the need for respiratory therapists as well as the new admission process and options.

Ultimately, our efforts paid off. We admitted 24 students this past fall. Twenty-one students are still in first year, and we are past the 50% point. We have nine of 13 students left in our second year, for a total of 30 students. All are performing well. What a difference a year

makes!

Since the fall of 2000, 11 students have been admitted through the APP and 22 by test scores. The APP students have an average of 81.5 after taking RCP 110, while the "test qualified" students have a 78.3 average. The APP students also have an 18% attrition rate, while the qualified group has a 22% attrition rate. One of the contributing factors accounting for the difference in performance is that the APP students completed six of the seven related courses before they entered the program; therefore, they were better able to deal with the remaining workload. They were also, on average, more mature than those in the "test qualified" group.

Despite the positive results thus far, as the program director, I am still apprehensive about the process. This stems from the long-held belief that test scores are the best method to admit students at our institution. Although the preliminary data regarding the use of APP looks promising, it is still too early to conclude that it is the best method to admit students. But it will remain part of our admissions process.

We have certainly challenged the traditional method of admitting students in order to accomplish our goals. Sometimes we have to "think outside of the box" to grow and improve. Although this process has been a challenge, the result has been very positive. We have increased enrollment, decreased attrition, and maintained our high standards. You be the judge. ■

Student Recruitment

by Bruce Spruell, RRT, director, respiratory therapy program, Shelton State Community College, Tuscaloosa, AL

The Shelton State respiratory therapy program was once configured like most other programs in that students had to complete all academic courses prior to taking the core curriculum respiratory classes. Those students were not really considered "in the program" until they began taking the respiratory classes. When I was faced with the challenge of generating larger student numbers, I immediately began devising a way for students to enter our program directly out of high school. I also had a feeling there was apprehension on the part of the students who were already taking the academic courses or those who were considering taking that leap into the academic prerequisites. My feeling turned out to be correct. The students were worried, asking themselves, "What if I take all these prerequisites, and then don't get accepted into the program?"

The time of entry into our program was also like other programs: once a year in the fall semester. If you didn't get in, you had to wait until the next fall. I changed that, too, and how, I will explain in a minute.

All the changes I implemented in the fall of

2000 had a side benefit that I hadn't really thought about. You'll have to agree that the respiratory curriculum is understandably "different" (for lack of a better word) from typical English and math classes. I felt students would benefit by taking fewer respiratory classes at the beginning and gradually increasing the number to a full load during their fourth semester (instead of their first).

Here is how the changes developed. Students can enter our program in the fall semester and take our Intro to RC class. This class basically covers the history of the profession and begins basic patient assessment. If the student does not enter during the fall term, he/she can enter in the spring semester and take Fundamentals I. There they get a refresher on basic patient assessment, with a little added content during the lab sessions. Then they take two more core classes in the summer semester. All the while they are taking the academic courses (a.k.a., prerequisites). We do have a few stipulations: no student may enroll in any core respiratory classes if they are required to take "developmental or remedial" courses in English, math, or reading. They must

also successfully complete the English, math, biology, and both anatomy & physiology courses (as well as the first three semesters of respiratory classes) prior to entering the hospital for their first clinical rotation.

The results speak for themselves. Under the old structure, anywhere from 16 to 20 students would enroll in the first semester. The first semester after implementing the changes, I started with 34. Because I also allow students to enter in the spring semester, I was better able to make up for any attrition experienced during the fall semester as well. Bottom line: under the old structure, I never had more than 33 total students during the fall semester (freshmen and seniors). Last fall semester, 2000, I had a total of 46. This fall, 2001, I started with 53 total! The credit hour production for the fall semester is not up significantly over the old curriculum structure. However, the spring semester credit hour production has increased on average by close to 60%!

These changes might not fit every program. But, for now, they're putting a big smile on my college president's face. ■

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.

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. ■

2002 Summer Forum: Call for Abstracts & Poster Presentations

The 2002 Summer Forum, scheduled for June 14-16 in Vail, CO, will offer two opportunities for participants to share their scholarly activities with colleagues:

- Research abstract presentations dealing with respiratory care education. (Paper presentations will be limited to 15 minutes, including five minutes for discussion.)
- Poster presentations dealing with education models, methods, or materials that can be shared for noncommercial use. (Topics and presenters

will be briefly introduced, and the meeting agenda will include time for individual review of the posters or display materials and interaction with the presenters.)

Research abstracts and poster presentation proposals must be submitted by April 1, 2002, 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, 2002. Questions may be directed to Bill Pruitt, MBA, RRT. Details for

submitting the proposals may be found in *AARC Times*.

Please send the abstract and cover sheet to:
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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:

- 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.

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