



Education

July / August 2002

Bulletin

Notes from the Editor

by Fred Hill, MA, RRT

Our lives begin to end the day we become silent about things that matter.

— Martin Luther King, Jr.

Several years ago, we were acutely concerned about enrollment in respiratory care educational programs. Many programs - and the AARC - stepped up recruitment efforts as a result. Since then I have sensed some limited success in increasing our enrollments.

To gauge whether my impression was correct, I conducted an informal survey using the section listserv. Of 43 respondents, 24 reported increasing enrollments, 15 reported decreasing enrollments, and 4 reported no change over the last few years. Many said they had increased their recruitment efforts. Several are closing because of poor enrollment.

So, things may be better overall, but there is still more work to be done.

Another aspect of this problem is retention of graduates in the profession. Over half of the students in my program are already contemplating different careers even before they complete the program. In our area, respiratory therapist salaries are falling behind almost all other health care professions. A former graduate of our program completed a BS in nursing. When she switched to nursing, she reported an immediate increase in salary of about \$5,000 per year. At the 2001 Summer Forum, AARC Associate Executive Director Bill Dubbs reported a difference in mean salaries between RNs and RTs of approximately \$6,000 per year.

Continued on page 2

Notes from the Chair

by Susan P. Pilbeam, MS, RRT, FAARC

As members of the AARC we are all eager to improve the organization. As you may be aware, membership is not as strong as it could be, not only in terms of numbers, but the active involvement of members. I recently talked with a long-standing and very active member, Vijay Deshpande. He has talked with other members in the AARC as well about his concerns regarding the feelings expressed by non-members. Vijay has traveled around the country (30 states in the last 6 months) and stays very much in touch with our grassroots RC family members. I'd like to share some of his comments with you:

The primary feeling within the non-member community is they do not see any association with the AARC. They have a strong misconstrued idea that the AARC is a self-serving 'old-boys club.' Some express that unless the younger members replace the older members, our membership will not increase. Upon questioning their professionalism many admitted that they should become members irrespective of their feelings...

"It appears the...membership fee was not the real issue. I am positive you are aware of these arguments. The question is, what can be done? It is obvious that all of us who are loyal, old members of the association are not in sync with the younger respiratory therapists."

Better than just share these comments, Vijay went on to make a few suggestions of how we can get new blood actively involved and potentially increase our membership.

When Vijay served in the House of Delegates (HOD), he found the experience "invigorating" and saw how it changed many individuals' perspective about the profession. Serving as a delegate promoted a "positive attitude and pride for your profession." The problem, according to Vijay, "is that this experience is so rewarding that many people stay on for second and third terms." While this does add continuity, it stifles the admission of new delegates, sometimes blocking newcomers for 4 to 8 years.

One possible option, says Vijay, "...is for all state societies to consider electing one member to the HOD for 4 years and have their president-elect represent as a second member of the delegation. The president-elect gets a crash course about the operation of the AARC, which is very beneficial for him/her the following year when he/she takes the reins of their state society."

A second suggestion Vijay had was to, "...tell the respiratory care department managers to pull their weight." Obviously, this does not apply to all managers, but setting a good example to others starts at the top. Remember that 70,000 respiratory therapists are NON-MEMBERS. Most of them work in hospitals, home care companies, and other clinical areas. They work for a manager who may not be doing everything he or she can to get staff to join the AARC. Can the managers make it mandatory?

Here is one of Vijay's solutions: most RC departments or their hospitals provide continuing education credits free to their employees in order to satisfy state licensing requirements. Have the hospital or department provide free credits to AARC members and charge non-members a nominal fee - say \$5 per hour. The funds could be set aside for a variety of positive purposes.

Some of you may have heard your students say RC staff members in their clinical rotations are asking them questions like, "Why did you ever go into respiratory care? It's a dying field," or something equally or even more negative. Department heads are the ones who can do something to influence their staff to be more positive. Maybe your students can, too. Maybe students can offer stick-on "smiley faces" or something equally eye-catching to reward staff members who are positive and helpful. Personally, I'd like to pin a "frowny face" on the other ones.

Continued on page 2

Section Connection

GET IT ON THE WEB:

Help the AARC increase its efficiency by signing up to receive the Bulletin via the section homepage on the AARC website (www.aarc.org). To change your option to the electronic Bulletin, send an e-mail to: mendoza@aarc.org.

JCAHO ACCREDITATION REPORT:

Please consider sharing information about your most recent site visit by filling out the form on the AARC website found at the following link: www.aarc.org/members_area/resources/jcaho.asp.

SECTION LISTSERVE:

Start networking with your colleagues via the section listserv. Go to the section home page on www.aarc.org and follow the directions to sign up.

Other graduates are looking at becoming physicians, physician's assistants, circulation technologists, polysomnographers, anesthesia assistants, and other health care providers. This constant turnover of personnel makes the profession very unstable. Respiratory care managers seem frustrated by the instability and shortages.

I am sure salary is not the only component of this situation, but it is, I believe, a major component. Is the salary deficit a widespread problem or is it perhaps just regional?

We could use some data. In order for respiratory care managers to push for increased salaries, they need facts and figures to present to hospital administrators.

Is it time for us to focus on resuscitation of the respiratory care profession in a broader sense? ♦

We're Going Electronic!

The Education Bulletin is getting ready to fully enter the electronic age. Beginning in 2003, our newsletter will be published exclusively via an e-mail newsletter format. The change, approved by the Board of Directors this summer, will be more cost effective for the AARC, thus freeing up funds for important initiatives, such as increasing recruitment and retention efforts for our programs, and will also result in more timely delivery of news to section members.

So, if you have yet to supply the AARC with your e-mail address please do so ASAP. Send your address to: mendoza@aarc.org. ♦

Education Bulletin

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

Chair

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

Editor

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

As the recent guest speaker at an RC program graduation, I suggested that new graduates consider their AARC membership a donation to a worthy organization. Just as they may give to the American Lung Association, they should give to the AARC by paying their annual dues and volunteering their time to the national organization or state affiliate.

As a teacher you can sometimes influence students. At one school, entering freshman are advised they are required to join the AARC to access the educational resources provided by the association and to receive the publications and online information. Of course, many student members drop their membership once they are out of school. Students are no longer under the influence of the faculty once they are out the door, but hospital managers may be able to be a positive influence.

In short, we all need to be more like Vijay - keep in touch with RTs out in the trenches and come up with suggestions to get people to join the AARC and get involved. ♦

Selected Characteristics of Successful Cardiopulmonary Science Education Programs

by Patrick L. Johnson, Jr., PhD, RRT, associate professor, division of cardiopulmonary science, school of allied health sciences, Florida A&M University, Tallahassee, FL

Identifying characteristics of successful programs is essential to establishing a reference point for curriculum development, program improvement, and effective program administration. The purpose of this study was to identify selected characteristics of successful respiratory care education programs. To achieve this end, characteristics of programs above and below a preset threshold level of success were compared.

Successful programs were defined as those having exhibited 80% and higher pass rates on the 1997 Certification for Respiratory Therapy Technician (CRTT) examination. A survey designed to obtain information representative of student, faculty, curriculum, financial expenditures, and pass rates of CRTT examinations was administered to college-based respiratory therapist programs. All data were restricted to the 1997 academic year.

Of 234 accredited college-based respiratory therapist programs surveyed, 101 (43%) returned usable questionnaires. Program data were organized to compare variables of programs with 80% and higher pass rates to those of programs below the threshold level. One sample *t*-tests were used to compare student, faculty, curriculum, and program expenditures between the two levels of performance.

Significant differences were observed between the two groups of programs ($p = 0.05$). The mean for programs with 80% and higher pass rates was 93 ($n = 82$) compared to programs below the threshold (mean = 61, $n = 9$). Differences in the CRTT pass rates coincided with the amplitude of qualitative and quantitative inputs contributed by student, faculty, curriculum, and financial components of the programs. For programs exhibiting pass rates of 80% and higher, class enrollment, grade point averages (GPA) of graduates, academic credentials and scholarly productivity of faculty, number of semester credit hours of general education, and financial expenditures exceeded that of programs below the threshold level. Programs performing below the threshold level required less clinical contact hours than their counterparts. There was no difference in GPA of graduates on admission into programs.

Further study is indicated and should examine the long-term effects of program characteristics and how they relate to program performance. ♦

RC Week • October 20-26, 2002

Order your supplies now!

Visit Our Online Store

<http://store.yahoo.com/aarc>
Or call us at 972-243-2272\

Eponyms in Science, Medicine, and Everyday Language

by Jeff Ward, RRT

Eponym is defined as either: (1) A person whose name is or is thought to be the source of the name of something, such as a city, country, or era, or (2) A name of a drug, structure, or disease based on or derived from the name of a person.

It initially makes complete sense to bestow eponymic descriptors to those who coined concepts/theories, devices, diseases, formulas, or products. To an educator helping students learn science and medicine, it seems valuable to use words that help them connect concepts to historical individuals. However, as I researched this topic, it became obvious that over time, both people and events are forgotten, yet the eponyms live on.

Some have suggested we abandon eponyms in favor of terms that are more evocative of the pathology or pathophysiology. An example in pulmonary medicine is Goodpasture's disease (or syndrome). It was first described by Ernest Goodpasture in 1919 to describe hemoptysis and hematuria. Subsequently it was found that there could be several different etiologies for this clinical picture. Now that pathology is more descriptively called "anti-glomerular membrane disease." In 1995 Dr. W.K. Morgan described "Zamboni-disease" as a form of non-cardiogenic pulmonary edema. However, he later recanted, noting the naming was "inept"; the etiology was not due to the Zamboni machine per se, but exposure to exhaust fumes containing NO₂.

Fortunately, many of the eponyms' sir-name roots have remained intact to make etymological detective work easy. To maintain adequate challenge for this issue's quiz, I've also sprinkled in some American proprietary eponyms. ♦

MATCH THE KEY INDIVIDUAL(S) OR CORPORATION WITH THEIR WORDS

RESPONSIBLE INDIVIDUAL(S) CORP	EPONYM
1. J.T. Brudnell, 7th Earl of Cardigan	a. Salmonella
2. General Ambrose Everett Burnside	b. Decibel (dB)
3. Al-Khowarizimi	c. Lobster Newberg
4. Franz Anton Mesmerr	d. Kool-Aid®
5. Theodore Roosevelt	e. Cardigan sweater
6. Daniel E. Salmon, DVM	f. White-Out®
7. Alexander Graham Bell	g. Charcot-Leyden-crystals
8. Luigi Galvani	h. Tylenol®
9. Cezar Ritz	i. Sideburns
10. Ben Wenberg	j. Chap Stick®
11. Sanford Lockwood Cluett	k. Teddy Bear
12. Antoin-Joseph Sax.	l. Algorithm
13. Bic Corporation	m. Mach number
14. E.I. Du Pont de Nemours and Co.	n. Rendu-Osler-Webber disease
15. Dr. Burril Bernard Crohn	o. Galvanize
16. Ernst Mach	p. Heimlich maneuver
17. Dr. Robert James Graves	q. Ritz
18. Kraft Foods Inc.	r. Mesmerize
19. Julius Caesar	s. Guillain-Barre syndrome
20. Baron Karl Friedrich Hieronymous von Munchausen	t. Cushing's syndrome
21. American Home Products Corp.	u. Hi-Liter®
22. Jean-martin Charcot & Ernst Viktor Leyden	v. Caesarian section
23. Harvey Williams Cushing	w. Munchausen syndrome
24. Avery Dennison Corporation	x. Sanforized
25. Georges Guillain, Jean-Alexandre Barre, Jean Bapatist Octave Landry, Andre Strohl	y. Grave's disease
26. Henry Jay Heimlich	z. Crohn's disease
27. Johnson & Johnson Corp	aa. Lycra ®
28. Henri Jules Louise Marie Rendu, Fredrick Parkes Weber & Sr. William Osler	bb. Frisbee ®
29. Wham-O Corp.	cc. Saxophone

SEE PAGE 4 FOR THE ANSWERS

Going Back to High School

by Pat Munzer, MS, RRT, chair, Department of Allied Health; Program Director, Respiratory Therapy; Washburn University, Topeka, KS

Did you ever wonder what it would be like to teach high school students? This year I had the opportunity to teach at a large, culturally diverse high school with an enrollment of approximately 2,200 students.

My employer, Washburn University, enables high school juniors and seniors to get an early start on their college careers at a significantly reduced tuition rate by offering selected general education courses in area high school classrooms. But I wanted to teach our career exploration course, "Introduction to Health Care," not a general education course.

So I met with high school administrators to request that the department of allied health at Washburn be allowed to offer this course. I provided them with a copy of the syllabus, discussed the shortage of health care providers, and explained the course objectives. They were very interested and authorized me to teach the course during the spring semester at Topeka High School. My goals for offering the course are:

- To encourage high school students to consider a career in health care.
- To especially encourage minority students to consider a career in health care.
- To increase awareness of health care courses offered at Washburn University.

Fifteen high school students enrolled in the course, four of them minority students. Of the eight graduating seniors in the class, five will be pursuing a career in nursing, one in physical therapy, and one in respiratory therapy. One student is undecided. Two are planning to attend Washburn University.

Because of the positive student interest, I was asked to offer the course again in the fall; I believe that it could be offered every semester. My next goal is to get this course approved as part of the general education requirements for high school graduation. I am currently working with the school district to see if the course could fulfill a natural science requirement.

I really enjoyed teaching this class and would encourage you to consider offering such a class at your local high school. The students enjoyed the class and had only positive things to say. From the feedback I received from the students and staff, I know I had a lot of influence on these students. They sought me out with questions about college, about health care, and about concerns about college life. It was definitely a "win-win" situation. ♦

Want to receive this newsletter electronically?

E-mail: mendoza@aacrc.org for more information.

American Association for Respiratory Care
11030 Ables Lane
Dallas, Texas 75229-4593

Non-Profit Org.
 U.S. Postage
PAID
 Permit No. 7607
 Dallas, Texas

EPOYNYS: ANSWERS

For a list of references related to this topic,
 email debbunch@aol.com

EPONYM	RESPONSIBLE INDIVIDUAL(S) CORP
e.	J.T. Brundell, 7th Earl of Cardigan
i.	General Ambrose Everett Burnside
l.	Al-Khowarizimi
r.	Franz Anton Mesmer
k.	Theodore Roosevelt
a.	Daniel E. Salmon, DVM
b.	Alexander Graham Bell
o.	Luigi Galvani
q.	Cezar Ritz
c.	Ben Wenberg
x.	Sanford Lockwood Cluett
cc.	Antoin-Joseph Sax
f.	Bic Corporation
aa.	E.I. Du Pont de Nemours and Co.
z.	Burril Bernard Crohn
m.	Ernst Mach
y.	Robert James Graves
d.	Kraft Foods Inc.
v.	Julius Caesar
w.	Baron Karl Friedrich Hieronymous von Munchausen
j.	American Home Products Co.
g.	Jean-Martin Charcot & Ernst Viktor Leyden

Noah's Ark

You undoubtedly receive hundreds of e-mail jokes, chain letters, and commentaries. Here's one of the many thousands that seemed worth sharing.

Lesson learned from Noah's Ark (anon.)

Everything I need to know about life, I learned from Noah's Ark.

- 1) Don't miss the boat.
- 2) Remember that we are all in the same boat.
- 3) Plan ahead. It wasn't raining when Noah built the Ark.
- 4) Stay fit. When you're 600 years old, someone may ask you to do something really big.
- 5) Don't listen to critics; just get on with the job that needs to be done.
- 6) Build your future on high ground.
- 7) For safety's sake, travel in pairs.
- 8) Speed isn't always an advantage. The snails were on board with the cheetahs.
- 9) When you're stressed, float a while.
- 10) Remember, the Ark was built by amateurs, the Titanic by professionals.
- 11) No matter the storm, when you are with God, there's always a rainbow waiting. ♦

**Get the Latest 4-1-1
 From the AARC**

Did you know the AARC sends weekly news updates to AARC members through its News Now@AARC e-mail newsletter? Or that the executive office staff conducts surveys, issues AARC Store sales announcements, and sends other general messages via e-mail? If you aren't receiving these important updates, it's probably because your e-mail address is not in your membership record. To update your membership information and receive all the AARC 4-1-1, contact Catalina at mendoza@aacrc.org. ♦