



Education

March/April '02

Bulletin

3

Notes from the Chair

Summer Forum to Include Software Symposium

4

Genetics Web Sites

Notes from the NBRC: NBRC Online Services for Accredited Schools

5

Emergency Preparedness and Respiratory Care Education: Crisis & Opportunity

6

Student Recognition

Get It on the Web

Submission Guidelines For Bulletin Articles

Education Section Survey

American Association for Respiratory Care

Notes from the Editor

by Fred Hill, MA, RRT

The conventional view serves to protect us from the painful job of thinking.

— John Kenneth Galbraith

When all think alike, no one thinks very much.

— Albert Einstein

Between August 28 and September 10 of last year, there was an extensive dialogue on the Education Section listserv regarding numerous issues related to the NBRC exams and entry-level preparation. On September 11, terror struck America and these discussions were rendered, by comparison perhaps, arcane and trivial, and for awhile, they ceased. On September 20, Will Beachey offered some final comments and the discussion was over.

Now that the events of September 11 have become a part of history and we have begun to adjust to a world that is less safe than we might have once believed, I thought I would attempt to reconstruct aspects of that prolonged discussion.

The discussion started with an inquiry about what might be done to encourage more graduates of our programs to attempt the registry exams. It seems that since the NBRC initiated computerized exams, graduates are not readily taking the advanced exams. This seems ironic because the scheduling of exams is more convenient than ever. The questions seemed to be: why are graduates procrastinating and what can be done to encourage them to take the exams on a more timely basis?

We want to evaluate our programs based on the quality of our graduates. An objective way of doing this is by reviewing and reporting their success (or lack of it) on credentialing exams. If the graduates don't take the exams, we have difficulty assessing our programs. Further, as educators, we want to see our graduates succeed. One measure of success is their performance on the credentialing exams.

The educators who contributed to this discussion offered a number of reasons why graduates would delay taking the exams:

1. Employers do not push graduates to become Registered Respiratory Therapists. Often there is no difference in pay or status if a practitioner is registered or simply registry-eligible.

2. The exams are expensive. Some educators viewed this as a deterrent, while others noted that in terms of all expenditures involved in attaining a degree, the cost of completing the credentialing exams is a minor add-on expense. The total cost of taking all exams at one time was noted to be \$580.

3. There may have been a loss of "peer pressure" with computerized testing. When exams were scheduled only several times a year, the graduates would expect to see their former classmates at the testing sites.

4. The convenience of scheduling the exams at any time offers the opportunity for procrastination.

Solutions to increase participation in the exams took many forms. Here are some of the ideas that were offered:

1. Encourage graduates through letters, email and/or telephone calls to complete their exams as soon as possible.
2. Recognize graduates who complete the exams with letters or emails of congratulations. Copy these letters to employers and advisory committee members.
3. Form partnerships with employers to find ways to encourage participation in the examination process.
4. Encourage employers to pay for examination fees as a "perk" of employment. Employees who pass the exams would not have to repay the employer, those who fail would bear the cost through payroll deductions.
5. Reduce the cost of the exams.
6. Reduce the number of exams.
7. Move to a single-credential profession by phasing out the CRT credential.

As you review the suggestions above you will see that some of the solutions can easily be implemented by programs. Items 3 and 4 primarily involve employers. Items 5, 6 and 7 fall to our respiratory care organizations, especially the NBRC. The latter considerations engendered some of the liveliest conversations.

There is little we can do to lower the cost of the examinations. Only the NBRC can

"Notes from the Editor" continued on page 2

"Notes from the Editor" continued from page 1

change that. We can ask for lower examination costs in a variety of ways, by writing the NBRC or by corresponding with representatives in the AARC (Board of Directors, House of Delegates, President, etc.). However, we might find that the current examination fees are reasonable in terms of what it currently costs the NBRC to develop and administer the examinations and that these fees are competitive with the credentialing exams offered by other professions.

A number of suggestions related to reducing the number of exams, such as combining the WRE and CSE. Another suggestion was to utilize computer adaptive testing.

The suggestion of phasing out the CRT credential was probably the most controversial aspect of these discussions. Our profession has just recently evolved to the point where an AS degree is the minimal education requirement for entry into the profession. The evolution of our profession should always be in a positive direction, but change is often a slow process. I am not going to attempt to

cover all that was said. But I would like to share the comments made by Al Moss, of Kalamazoo Valley Community College in Michigan, and Will Beachey, of the North Dakota School of Respiratory Care, both of whom have given me permission to reprint their comments (condensed somewhat for this publication):

Al Moss (September 10, 2001): *The (two-year) program at Kalamazoo Valley Community College has had a participation rate of greater than 90% on all three exams since the development of its advanced level program in 1978. The program pass rate for graduates on the CRT examination is over 97%. The program has consistently performed significantly higher than the national pass rate on both the WRRT and CSE examinations.*

The program had a 100% participation rate for the CRT examination for the 2000 graduates (the first computerized exam). I told graduates that the easiest way for me to process their CRT examination application was for me to send in all the applications. The students filled out the CRT exam application, wrote a check, and I sent the applications in bulk to the NBRC.

We experienced delays in WRRT and CSE participation by 2000 graduates. I personally interviewed each 2000 graduate who hadn't taken the RRT examination by December 2000. These graduates cited the cost of the examination as one factor. They also admitted that they can procrastinate since there is no firm deadline.

Our local clinical affiliates reward the RRT credential with significant pay increases. At many area affiliates, graduates who do not pass the RRT examination within two years are dropped to a lower pay classification, with a cut in pay. I have talked to all of our area affiliates about paying for the examination fees for new graduates as a "perk" of employment. There is a shortage of therapists in Southwest Michigan. One affiliate has 11 open positions. I surveyed ten acute care facilities in Southwest Michigan this summer and found over 30 vacant positions. Our program will only graduate 13 students in 2002, perhaps 16 in 2003. Supply is not meeting demand. Asking employers to pay for examinations has the potential to be a win-win situation for the employers and the program.

All of our 2000 graduates have at least applied for the RRT examination. I think this reflects the professionalism of therapists in our region. Participation in the RRT exam process is expected if you want to be employed and advance in our area of the state. I also feel that the personal "interview" from the program director asking, "Why haven't you taken your RRT exams," may have added to the graduates' motivation.

The RRT vs. CRT issue: *Some believe that a mistake was made in 1969 when the CITT credential was developed. It was developed in response to the needs of health care*

institutions for trained inhalation therapy providers. If we hadn't developed the certification level, the shortfall of trained individuals may have meant that some areas that we consider important to our profession may have been handed to other health care professionals. We may be in the same position today. The demographics of an aging population will require more respiratory care providers, not less. Health care institutions will be obligated to provide this care. If they can't find credentialed therapists to provide this care they will feel the need to use other professions or less qualified caregivers. I would rather have CRTs provide care than members of other professions or unlicensed assistive personnel. The AARC is trying to save our profession by demonstrating that respiratory therapists are the best (and only) providers of respiratory care. We cannot allow our profession to become divided by engaging in a debate that diminishes the value of the CRT credential. Instead we may want to look at the CRT credential as a first step on a professional development ladder. Certified Respiratory Therapists are giving excellent respiratory care throughout the country. I applaud them for that and simply encourage them to elevate their credential to the RRT. Our program evaluates the competency of CRTs and allows them to challenge program courses to "fast-track" to RRT eligibility. The pass rate of CRT to "fast-track" RRT graduates for our program is as strong as our traditional students.

Participating or not participating in an examination process is a personal decision. Since this is a personal decision, if you disagree with the decision made, you have identified a "people-problem." The idea of applying a systems solution such as deleting the CRT credential to solve a "people-problem" is an aberrant solution. As has been noted, eliminating the CRT credential would certainly turn the licensing programs of most states upside down. Michigan currently has its latest legal credentialing bill in front of our state legislature. I would hate to have our antagonists read some of the comments on the value of the CRT credential that have been posted during this debate.

Bachelors vs. Associate Degree Issue: *The majority of therapists working in the profession today graduated from associate degree programs. While I feel that baccalaureate preparation has its place and is good for the profession. I don't feel that the degree alone will elevate our profession. Each and every therapist, regardless of credential, degree or training, has the ability to elevate or diminish our profession. They elevate the profession when they interact in a positive manner with patients, physicians, nurses and other members of the health care team. They diminish it when they interact negatively.*

Robert Fulghum wrote the book, All I Ever

"Notes from the Editor" 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, FAARC
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 Editor" continued from page 2

Needed to Know, I Learned in Kindergarten. I believe much of what leads to the positive interpersonal relations that promote professionalism was learned much earlier in life. Although all programs measure and evaluate effective behavior, and both levels certainly promote positive affective interactions, I doubt that the longer baccalaureate program will make a significant difference in affective behaviors. If elevating the profession is defined as increasing the salaries of therapists, the degree will have little impact. Supply and demand economics caused by the current shortfall in graduating therapists will do more to increase salary than degrees earned.

So, should we have associate degree or bachelor degree or master degree preparation for the respiratory therapy profession? I firmly believe the answer is "yes." All three have a place in the development of the profession. We need to move toward baccalaureate preparation, but we cannot afford to throw away the associate degree as a viable preparation option for the RRT examination process. The September 2000 listing of CoARC programs includes about 350 programs. No more than 44 of the listed programs (less than 13%) offer baccalaureate preparation. These few baccalaureate programs cannot provide enough therapists to meet the 6510 vacant positions detailed in the 2000 AARC Human Resources Survey.

I strongly support the conversion of associate degree programs to baccalaureate pro-

grams if there is a demonstrated need in the program's community. This should be determined by careful consultation with the program's community of interest and not by mandate from a professional organization or an examination board. I would not diminish the role of associate degree programs in the preparation for the RRT credentialing process. I do not believe there is statistically significant evidence that graduates from baccalaureate programs perform better on NBRC RRT examinations or on CoARC employer surveys.

Will Beachey (September 20, 2001): *I would just ask these questions: Would it have been better, back in 1969, if we had defined a legal scope of practice for the technician (notwithstanding the fact we were not a licensed profession back then)? Does the lack of a difference in the legal scope of practice today between the RRT and CRT present a credibility problem for our profession? Could we negotiate from a more credible position with the medical community, third party insurers and the government if the BS degree had always been the entry level for our profession? In my opinion, these aspects hamper our professional growth and credibility and if we allow them to persist, we will never improve our professional standing.*

Recognizing our problems, learning from them and setting a course of corrective action may be painful, but is necessary if the profession is to thrive. Taking corrective action should not be confused with denigrating the contribution of people with AS degrees and/or CRT credentials. No one can deny the value of

their contribution, or fault individuals who choose an option offered to them. There are ways to keep all currently credentialed people in the profession. We can't afford to sustain the status quo out of fear of offending a collective ego. We cannot afford to frame the debate in emotionally laden language such as "diminishing the value of the CRT credential" and charges of "elitism."

Recognizing the greater value of the RRT credential or the greater professional preparation of the BS graduate is not equivalent to devaluing the CRT credential or the AS degree. We all know extremely competent CRTs and AS degreed people who are as competent as some people we know with the RRT credential and BS degree. But as rational, scientifically oriented people, we know anecdotal accounts should not drive our decisions about the profession's educational direction. And very importantly, we do not make an effective argument for professional recognition with the people at CMS by insisting that professionalism is strictly a function of how positively we interact with patients, physicians, nurses and other members of the health care team, or that our professional status should have nothing to do with our entry-level degree requirement.

If you are interested in a more complete coverage of this dialogue contact me by email and I will send you a more extensive transcript by email attachment. I have it available in Word or WordPerfect. If you have yet to sign up for the section listserve, go to our homepage on www.aarc.org and follow the directions to participate. ■

Notes from the Chair

by Susan P. Pilbeam, MS, RRT, FAARC

This year's Summer Forum, in Keystone, CO, June 14-16, will feature some excellent topics and we hope many of you will be able to attend. I'm particularly looking forward to some of the offerings provided through the NBRC and CoARC. For a complete look at the program, check out your March issue of *AARC Times*.

The September-October issue of the *Management Bulletin* listed some interesting web sites that educators might also find useful. The Agency for Healthcare Research and Quality offers an online resource aimed at preventing ventilator-associated pneumonia (VAP). The site, <http://www.ahrq.gov/clinic/ptsafety/chap17a.htm>, reviews practices that may help reduce the incidence of VAP, such as continuous aspiration of subglottic

secretions and the use of sucralfate.

Another interesting web site, <http://www.fda.gov/cder/guidance/4341fnl.htm>, talks about medical gas misconnections that can lead to injury. Over the past four years, the Food and Drug Administration has reported seven deaths and 15 injuries associated with medical gas misconnections in acute care and nursing home settings. As educators, this is an important point for us to make with our students.

The Management Section homepage also hosts a Swap Shop which the Education Section wants to emulate. Joe Ross, our section web master, is gathering ideas. Thoughts include creating a Swap Shop like the one run by the Management Section, perhaps with a section featuring questions we can share for

education uses. We welcome your suggestions as well.

Finally, I'd like to offer my congratulations to Mike Harrell, BS, RRT, department manager at Charlotte Regional Medical Center in Port Charlotte, FL. Mike and his guide dog, Bo, helped carry the Olympic Torch during its journey from Port Charlotte to Fort Lauderdale, a challenge for anyone, let alone someone who is blind. Mike, who lost his sight in a bicycle accident in the early '80s, is quoted in the AARC's online *AARC News*, "For me, it was kind of wrapping up everything that's happened to me since the accident . . . symbolizing that there are no obstacles that are real except for the ones you put in your own head." ■

Summer Forum to Include Software Symposium

The Summer Forum, to be held in Keystone, CO, this June 14-16, will include a Software Symposium aimed at helping educators write their own clinical simulation. A software package for this purpose will be

made available to participants, and the symposium will include an interactive session to walk attendees through the process. If you will be bringing a laptop to the Forum and would like to attend this session, please con-

tact the section chair at the numbers/addresses listed on page 2 and she will make sure your software package is ready for you when you arrive. ■

Genetics Web Sites

Linda VanScoder recently attended the National Coalition for Health Professional Education in Genetics (NCHPEG) and learned of some web sites that might be useful for curriculum preparation. The NCHPEG

site is www.nchpeg.org. Others include:

- www.geneclinics.org
- http://genes-r-us.uthscsa.edu/resources/genetics/primary_care.htm
- <http://genetics.isu.edu>

Talks at the meeting included information on carrier screening for CF, the genetic basis for asthma, and pharmacogenetics. ■

Notes from the NBRC: NBRC Online Services for Accredited Schools

by Gary A. Smith, NBRC executive director

Since the NBRC transitioned its examinations to computer testing in 2000, several new online services for accredited respiratory care education programs have been developed. The online school summary reports and the Electronic Eligibility Database (EED) were designed to allow accredited programs and the NBRC to transfer information to each other more quickly than ever before using the NBRC's web site, www.nbrc.org.

Online school summary reports

Previously, following paper-and-pencil examination administrations, each respiratory therapy education program received detailed reports summarizing the performance of their students on the examination. Due to examination processing requirements in the Executive Office and the time required to generate and mail candidate score reports, education programs did not receive school summary reports for several months following the actual test administration. After the change to computer-based testing (CBT), the NBRC developed an online application to allow educators to generate school summary reports and other candidate performance reports in real time.

Using a set of passwords assigned by the NBRC, program directors can access the **Reports** feature through the **Accredited Programs Only** link found on the **Respiratory Care Education** page of the NBRC web site. These reports are available only to program directors of accredited education programs and can be generated at any time, for any date range specified and as often as desired. The four options for generating detailed reports are described below.

School Score Summary Reports: These reports allow program directors to compare the success of their graduates with the national average for candidates taking the respective examination. To obtain the desired data, the user must choose the specific examination of interest and enter the beginning and ending test date range. Summary reports are currently available for the Entry Level CRT, Written Registry, CPFT and Clinical Simulation Examinations.

Verification of Credentials: This report allows program directors to verify the credentials earned by their graduates. The user selects the desired credential and a date range, then the report lists the graduates of the pro-

gram who earned the selected NBRC credential during the date range specified.

Written Registry and CSE Passers Report: This report allows program directors to verify those graduates who have successfully completed either the Written Registry or CSE, but have not yet earned the RRT credential. Individuals who have passed both portions of the Registry Examination and earned the RRT credential will not appear on this report. The user specifies a specific date range, then the report returns information about graduates who have passed only one portion of the RRT Examination within the date range.

Annual School Summary Report: This report allows the program director to generate summary data for student performance on national credentialing examinations that can facilitate the program's annual report to the Committee on Accreditation for Respiratory Care (CoARC). The report includes summary data for each NBRC credentialing examination for that particular program according to graduation year, number of graduates tested, the total number of candidates passing overall and the number of candidates passing as first-time and repeat candidates. It also includes the number of graduates having earned the CRT or RRT credentials following graduation.

Electronic Eligibility Database (EED)

The EED has been designed to expedite the transfer of graduate information from accredited education programs to the NBRC. Since its inception, more than 75% of all accredited education programs have enrolled in the EED, a free service provided by the NBRC. Several EED features have recently been enhanced and are also available through the NBRC's web site. Once an accredited program enrolls in the EED, authorized users can enter student information required to document eligibility for the national credentialing examinations and edit their authorized user information.

After completing enrollment with the NBRC, programs may access the EED from the NBRC home page by selecting the **Respiratory Care Education** link and clicking on the **Accredited Programs Only** button on the left sidebar menu. This opens a series of two login screens which require secure passwords to access the confidential information included in the EED. These passwords are assigned by the

NBRC during your program's initial enrollment in the EED. On the **School Login Page**, the authorized user enters the program's **School Code**. The school code is the six-digit number assigned to the education program by the CoARC. The School Password is the secure password assigned by the NBRC, allowing access to the EED. After these two fields have been completed, the user selects the **Login** button to proceed to the next login page. Next, the **User Login Page** opens and the user must enter his/her username and password, also assigned by the NBRC upon enrollment, to gain access to the secure EED. After the login process is complete, the authorized user can enter student information and/or update the user information in the EED.

The **Student Information** option allows the user to add new students to his/her class list. New student records can be created and existing student records can be revised. This information is entered directly by the authorized user into the NBRC's database, thus expediting the processing of graduates' applications for credentialing. On the day of graduation, or shortly thereafter, the authorized program official completes the process by entering the students' graduation dates into the EED. Upon receipt of an application from the graduate, the NBRC is ready to confirm the eligibility of the candidate and allow scheduling of a testing appointment. No paper certificate of completion is required for graduates whose information is provided to the NBRC through the EED. In addition, selecting the **User Information** option from this menu allows authorized users to update their address, phone number and email address information.

Currently, the functionality of the EED makes it possible for the NBRC to accept online applications for CRT Examination candidates. The candidate completes the online application at www.nbrc.org. The data entered by the candidate is instantly verified against the EED and immediate eligibility confirmation is provided to the candidate, either allowing the candidate to *immediately schedule* an examination appointment or to provide the NBRC with additional required information. Thus, CRT candidates can apply, be confirmed as eligible, pay fees and schedule an examination appointment in *one online session!* This functionality will also be available for the other NBRC cre-

"Notes from the NBRC" continued on page 5

“Notes from the NBRC” continued from page 4

denial examinations in the near future.

In addition, the NBRC Board of Trustees recently approved the practice of accepting electronic verification of academic degrees and quarter or semester hours of college credit through the EED, in lieu of official college transcripts, to document eligibility for the RRT Examination. *This is only applicable for candidates whose graduation information is submitted by accredited respiratory therapy education programs via the EED, so your participation is*

important! Eligibility for all other candidates applying for the RRT Examination, including those applying under the CRT-to-Registry provision, must be documented through official college transcripts.

The many features provided to education programs through the NBRC web site, including online school summary reports and the EED, are streamlining the credentialing process. Electronic transmission of graduate data through the EED facilitates processing of graduates’ applications for testing, eliminates the need for students to provide the NBRC offi-

cial copies of certificates of completion/graduation, eliminates the need for advanced therapist program graduates to submit official transcripts and ultimately, simplifies the credentialing process. For future examination candidates, this means an electronic application may be submitted, eligibility confirmed and a testing appointment scheduled all within a few days of graduation. If your program is not currently enrolled in the EED, please contact Melanie Thomas, manager of candidate services, at (913) 599-4200, ext. 421, or email nbrc-info@nbrc.org to enroll today. ■

Emergency Preparedness and Respiratory Care Education: Crisis & Opportunity

by Thomas J. Johnson, MS, RRT, Long Island University, school of health professions, division of respiratory care

The events of September 11, the Seton Hall dormitory fire and other less publicized tragedies and natural disasters require contingency planning. While most, if not all, respiratory care programs and their colleges and universities have weather-related emergency plans, relatively few have contingency plans for human-related disasters.

What would you do if your program received a warning of a possible Columbine-type shooting event? What would you do if a domestic terrorist targeted either your campus or the immediate vicinity? What would happen to any victims of either natural or human-made disasters if the campus was isolated for any length of time or if rescue personnel could not get to the victims because of the road conditions, concerns for the safety of the first responders, or the campus conditions?

As health care professionals, we have learned that the priority is saving lives and, if possible, precluding trauma and disease. This means an action plan should encompass pre-disaster, disaster control and post-disaster recovery. Since our mission is to educate a cohort of new professionals, incorporating them into the plan can be considered part of their education.

The first step is anticipation. Which natural and human-made disasters must your college be preparing for? Events within the universe of possibility range from those of biblical proportions to the nearly mundane. Begin with weather-related events and fire emergencies. The safety and health of your students, colleagues and administrative staff is the highest priority. The fire-related acronym, RACE, stands for:

- *Rescue* those in immediate danger
- *Activate* internal and external alarm systems (e.g. call 911)
- *Contain* the fire by closing doors
- *Extinguish* the fire, if this is within your capabilities in the individual situation.

With the same flexibility we employ in clinical situations, we can adapt “RACE” for other emergencies as well, even floods and tornados.

We can take our lessons from Professor

Everett Flannery and the respiratory care faculty at the Borough of Manhattan Community College (BMCC), located on Chambers Street, just a few short city blocks from the World Trade Center. Both faculty and students experienced at close proximity the horror of hearing passenger-laden aircraft first strike the nearer North Tower, WTC 2. Professors Flannery, Sinee Karpel and Neil Rodia went outside just in time to actually see the second plane make its deliberate and accelerating plunge into the South Tower, WTC 1.

These faculty immediately returned to the classroom and calmly informed the teaching faculty and students what they witnessed, announced that classes were cancelled and instructed students to leave immediately for home. Shortly thereafter, the college administration ordered the evacuation of the campus. The campus engineering staff had the perspicacity to shut down the heating, ventilation and air conditioning system (HVAC), which prevented the dust, asbestos and other debris of the WTC collapse from being drawn into the building.

Across the street at Stuyvestant High School, where my wife is the head librarian, the situation was different. The possibility of a third plane or armed terrorist on the streets kept the students and the teachers in the building until WTC 1 collapsed. Then the principal ordered an evacuation. The delay gave them time to reconsider the fire drill plan, and in particular, which exits to use. It also allowed time to communicate the revised plan to all faculty and staff. Male and female searchers checked bathrooms to assure that no one was left behind.

However, the fire drill plan had a flaw because this situation called for students and faculty to flee the area rather than assemble outside the building. Telephone service failed as the first tower fell. The police and FBI ordered the evacuation of the school. As the Stuyvestant students and faculty exited the little-used north doors, police and firefighters tumbled through the doors on the south side facing the WTC. The Stuyvestant students and teachers escaped the billowing smoke,

dust, and debris by rapidly heading north on West Street while the BMCC students headed in the same direction up Greenwich Street just one long city block to the east.

BMCC did not re-open for a month and a half. Some classes were held at City College on 138 Street. The first class was the most important. Professor Karpel emailed every student to inform them of the reopening and attendance was 99%! During the first class the students were permitted to air their fears, concerns and stories. A number of students said they did not want to return to the Chambers Street campus. Reminders of the deaths they witnessed (some students saw victims jump or fall from the WTC), concerns about air quality and the risks associated with a follow-up terrorist attack were voiced. Still, every one of the BMCC students returned when classes resumed.

Recovery required psychological counseling for students and staff, and the building had to be cleaned up inside because several windows had been left open on September 11. An off-campus building was seriously damaged; with it 44 classrooms were lost. The college replaced those 44 classrooms within two weeks, using existing lounges and other space.

So, what are our lessons-learned? First and foremost is preparation. While no campus or school could have prepared for the events of September 11 - and if they did they would have been considered “alarmists” - now we know the value of having a plan in place that will cover any eventuality. First, the existing fire plans must be promulgated to each and every faculty member, staff and student. Emergency exits with appropriate emergency lighting and best versus alternate routes should be included. Evacuation plans must consider hazards in the vicinity. Drills must be regularly conducted with occasional “problems,” such as blocked stairwells, handicapped evacuation or blocked exits to identify problems before emergencies occur.

“Crisis & Opportunity” continued on page 6

“Crisis & Opportunity” continued from page 5

Second, while no one would consider replicating an emergency room in a college, a reasonable and modest supply of emergency equipment should be positioned in at least two fixed units and one mobile unit. An oxygen cylinder positioned at the security desk and checked regularly by your students would be an interesting teaching adjunct. Third, con-

tain the damage by closing doors and windows and shutting down the HVAC. Fourth, maintain communication from the very beginning. When speaking to faculty and students one must be calm and controlled. I call it “valium voice.” Expect communication equipment to fail. Use email communications and the college web site for follow-up communication with your students. Fifth, a recovery plan, including personnel, equipment and

the physical plant, must be made.

A simple, flexible plan may suffice for all but the most extraordinary situations. The plan must exist in the minds of every student, faculty member and other campus personnel. This planning must be supported and integrated across the campus. Hopefully, your campus will never face the situation that BMCC faced. However, preparedness will reassure both you and your students. ■

Student Recognition

Six students received ARCF Education Recognition Awards at the 2001 AARC International Congress. Graduate student Lisa Rapple, Med, RRT, from Buffalo State College, won the William F. Miller Award and graduate student Mary Jane Johnson, RRT, from West Virginia University, won the Gareth B. Gish Award. Alyssa Paetau, from the Medical College of Georgia, won the Morton B. Duggan Award; Nadia Chapman, from Baptist College of Health Sciences, the Jimmy A. Young Award; Naomi Nonaka, RN,

from Grossmont College, the William W. Burgin Award and Morgan Elliott, from the University of Charleston, the Robert M. Lawrence Award.

In addition, five students won Lambda Beta recognition for papers they prepared: Alyssa Paetau was recognized for her paper on “The Role of Home Exercise in the Management of Cystic Fibrosis”; Virdany Feliz, from Kettering College of Medical Arts, for “Gene Therapy: A New Approach”; Vincent Lorme, from SUNY Upstate Medical

University, for “The Lung Recruitment Maneuver”; Shontae Hill, from the University of Missouri, for “Weaning Techniques and Respiratory Muscle Work Quantity and Quality”; and Ai Schein, from the Medical College of Georgia, for “Pulmonary Tuberculosis-Etiology, Diagnosis, Treatment and Role of Respiratory Care Practitioner.”

We hope in the near future to be able to provide you with copies of these papers on the Education homepage of the AARC web site. ■

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.htm

ml. 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@aacrc.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. ■

Education Section Survey

We want to provide you with the information and service you desire for your specialty section membership. Please take a minute to fill out this small survey and fax it back to: 972-484-6010

Why did you join this specialty section?

- To receive information about my specialty area of practice.
- To participate in designing programs and information about my specialty.

To network with and learn from others working in my specialty.

How many times a year do you want to receive a newsletter?

- 6 times a year
- 4 times a year
- 2 times a year
- No opinion

Would you prefer to receive this newsletter by reading it on the website?

- Yes
- No
- No opinion

Would you rather receive a printed newsletter or more timely and more frequent email updates of news and information?

- Newsletter
- Email
- No opinion