



Education

May / June 2002

Bulletin

Notes from the Chair

by Susan P. Pilbeam, MS, RRT, FAARC

Before September 11, 2001, the Education Section listserv on the AARC web site saw a lot of activity regarding several issues pertaining to NBRC exams and entry-level credentialing. Fred Hill, Bulletin editor, reviewed those discussions in the last issue of the Bulletin. In late February and early March, the discussions resumed on both the section listserv and the CoBGRTE listserv. It has been both enlightening and encouraging to see a group of individuals engage in some heated discussion about key issues facing us as educators in respiratory care. As of this writing in early April, the discussion has involved 26 people from the following states: Alabama, Illinois, Indiana, Louisiana, Maryland, Michigan, Mississippi, New Jersey, Ohio, Oklahoma, New York, North Carolina and Texas.

The issues being discussed fall into three main areas:

- Bachelor's degree as the educational goal.
- One credential versus two credentials (CRT/RRT).
- Advanced level graduates not taking the advanced exams.

We can't provide all the comments here, but the following excerpts (presented anonymously) should provide you with a good overview of the opinions being expressed.

Bachelor's degree as the educational goal

Educator #1: You would probably get support from many AS programs to fight the battle for a single RRT credential. You will probably have a fight on your hands if you start pushing for BS entry into the field.

Educator #2: Recently, our therapists were caught up in an effort to organize a union. When I was asked to present information about responsibilities, credentials, etc., to the regional director, I was ready to argue that the RTs should be consid-

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What are You Doing with Your Summer Vacation?

by Nancy E. Colletti, MS, RRT, RCIS, associate professor, program director, Kettering College of Medical Arts, Kettering, OH

During the 2000 AARC International Congress in Cincinnati, I happened to walk into a lecture room that would drastically alter my thinking and my summer vacation plans. The lecture presented by Mary Dekeon described the ten-year experience of Trail's Edge Camp, an overnight summer camp for ventilator dependent children. The lecture concluded with a short video of the campers' experience. As I left the lecture my first thought was, "Wow! This is a wonderful opportunity for children with complex medical needs and their families. I bet it would also present an outstanding learning experience for my respiratory care students!"

Upon returning home to Dayton, OH, and talking with my colleagues, I discovered that there was an established camp (CHAMP Camp - Children Have A lot of Motivation & Potential) for ventilator dependent children located nearby in Ashley, OH. In order for the camp to run safely and economically, the directors rely on an entirely volunteer staff of respiratory therapists, nurses, occupational therapists, physical therapists, speech pathologists, child life specialists, teachers, recreation professionals, physicians, college students and anyone else who would like to spend to a week with some really terrific children. If my students were going to participate in this experience, I knew that I must also volunteer to be a camp counselor.

Of course, it takes quite a bit of planning and organizing to devote a week of your life to an activity like CHAMP Camp. Those who went would be away from home, work and school from Saturday through Friday. Arrangements would have to be made with families, employers and the college to free us from our daily obligations and responsibilities. As it turned out, my students were not able to go to camp for various reasons, so I went on my own.

I must admit I was very nervous about being a counselor. I really enjoy being with children and everything about summer camp: swimming, canoeing, hiking, campfires, singing, s'mores, etc. However, I was not so sure about the responsibilities of taking care of the medical needs of the children outside of the hospital setting. Even though I am confident in my skills as a respiratory therapist, I have never worked in a home care setting, and I have had limited experience working with children. As it turned out, I had nothing to worry about. There were always "seasoned" counselors around to answer questions and assist with anything and everything. And the campers themselves turned out to be the best "teachers" of them all!

As the campers arrived at camp, they and their families would explain the intricacies and eccentricities of their equipment and daily routines. Even though several of the campers had similar medical needs and equipment, I quickly learned that no two campers were alike in how they preferred to be cared for. Each camper had his own distinct method of assembling the ventilator, performing airway care and administering therapy. When they wanted to participate in an activity but were limited due to their equipment or functional ability, we worked together to devise innovative solutions. Nothing could stop the campers from participating in whatever activity they wanted: fishing, swimming, canoeing, climbing the alpine tower, creating a craft, the obstacle course, dancing, or simply pulling off a good practical joke!

Summer camp is all about children learning about independence, freedom, friendships, teamwork, responsibility and the great outdoors. As a counselor I learned a great deal more. By living with the campers for the entire week, I was able to share in their lives. Helping the campers with their normal daily activities - not just camp activities - I learned more about

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Section Connection

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In Their Hands

The growing shortage of qualified health care professionals has raised concerns among everyone from the general public to Congress. Now a groundbreaking new report from the American Hospital Association is calling on hospital CEOs to take aggressive action.

“While society has significant responsibility for dealing with this crisis, this report - *In Our Hands* - recommends bold, innovative changes that hospitals and their leaders must make in order to avert limitations in necessary health care services now and in the future,” says the Executive Summary. Among the actions needed: make health care work more meaningful, reward front-line workers and increase compensation packages, develop a more diverse workforce, build strong relationships with colleges and universities, work more closely with professional associations, and encourage all payers to contribute to workforce development. ♦

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ered professionals. Lawyers from both sides informed me that they could not be considered professionals because they did not have a bachelor's degree. Nursing is considered separately as its own bargaining unit, regardless of degree.

Educator #3: I believe we run into the same problem with officer commissions in the armed forces and other organizations. If we insist on staying with the associate degree entry, then we have to take all that comes with that distinction. If we want more than that, then we need to expect more; and that, of course, leads to the necessity of a BS entry level.

Educator #4: There are no two-year, associate degree registry programs. These programs typically bear one or more of the following characteristics: they require in excess of 70 semester hours for the degree, they have prerequisites and they are fighting for their very existence with too few faculty and too few students.

Educator #5: Unless we can actually educate an entry-level therapist with an AS degree in only four semesters, we shouldn't degrade/devalue the student/graduate by saying six semesters is an AS degree. We should admit, six semesters is two shy of a BS degree.

Educator #6: It will be the academic degree in the future that will truly drive this profession, as to parity in the health care arena. Facilitating this among RRTs should take priority, especially with regard to advanced patient management, not just bedside care.

Educator #7: As a dean in a community college, I can tell you that parental attitude towards their children attending two year schools versus four year schools is slanted toward the four year degree — even in the face of the studies on work readiness, employability and income levels favoring community colleges.

Educator #8: We need to push for the management of departments to hold BS and MS degrees rather than the staff therapist. If the leaders do not have the BS or MS credentials, why should the therapist?

Educator #9: I think we should study the issue, solicit input from ALL programs (two year and four year), as well as the management group. If we do not have everyone's input, a major division in our ranks will occur.

Educator #10: I am increasingly concerned that setting a BS requirement for the RRT will harm the profession. We should keep the academic degrees separate from the “credential” and allow the marketplace to determine which candidate will be hired.

Educator #11: I feel there are more reasons to advance than not. Included in this list are: officer status in the armed forces, grouping within unions and ability of those from outside this country to obtain a work visa.

Educator #12: We have no BS degree RT programs in Oklahoma - and we are a long way from meeting the demand for respiratory therapists.

Educator #13: The first step is to go to a single entry into the profession, doing away with the CRT designation. This should not threaten current CRT programs, because the AS degree is already required for the CRT (as it is for the RRT). Then, as expeditiously as possible, we could carefully plan for a BS entry level, allowing reasonable time for transition.

Educator #14: A climate is emerging in which we are ready to welcome the clarity that would result from having just respiratory therapists - one flavor. Then perhaps we will gain consensus for seeking the BS entry level.

Educator #15: After the 400th time explaining the difference between AS programs and BS programs, not to mention CRT versus RRT, I simply ran out of gas (no one changed me before I ran below 500 psi).

One credential versus two credentials (CRT/RRT)

Educator #1: The most damaging issue facing the profession today is the false distinction between CRT and RRT practice.

Educator #2: The idea that of two separate job analysis surveys (labeled “entry-level” and “advanced-level”), justifying two levels of credentialing, is transparently erroneous. [*Chair's Note:* Actually there is only one job analysis survey. I believe it is sent out at different times.]

Educator #3: In my opinion, we have done ourselves absolutely no favors by maintaining this dual credential system. This has nothing to do with whether or not CRTs are better or worse than RRTs in practicing respiratory care. It has everything to do with the public misperception of who and what we are.

Educator #4: Is there an advanced level therapist who does peds, home care and rehab recommendations and critical care as noted with the written and clinical sims? A better approach would be ONE job analysis and ONE test for entry level credentials.

Educator #5: The idea of an AS degree CRT and a BS degree RRT sounds like an ideal package at first glance, but is unfortunately all but unworkable, thanks to our misguided development of the CRTT credential in the early '70s. Essentially, the CRTT was an inappropriate attempt to get people into the workforce quickly.

Educator #6: The first step is to go to a single entry into the profession, doing away with the CRT designation. This should not threaten current CRT programs, because the AS degree is already required for the CRT, as it is for the RRT.

Advanced level graduates not taking the advanced exams

Educator #1: Grads from registry programs fail to take the RRT exams because most employers make little if any distinction between CRT and RRT practice in terms of responsibilities or pay, because the CRT exam is the licensing exam in all states with licensure.

Educator #2: My students take the CRT exam, get their license, and then stop. Why? One reason is that there are no economic justifications to pay \$390 to sit for the RRT exams.

Educator #3: I can think of only one hospital that makes the RRT credential mandatory to work there. All others have a couple of RRTs and the rest are registry-eligible CRTs waiting around for something else to happen.

Educator #4: As long as one RRT manager is willing to take the easy route, or the cheap route, or is afraid that an RRT might threaten the manager's position, we cannot stop this problem.

Educator #5: I think it's a combination of increased exam fees, lack of pay increase and procrastination. Which of these is the primary factor, I don't know.

Educator #6: I surveyed my graduates, and the top two reasons for not taking the RRT exam were "Cost" and "Not required by Employer." We are working with our Advisory Committee to try and get employers to pay for the RRT exam if an employee passes and to differentiate in pay scale between CRT and RRT.

Educator #7: My students take and pass the registry exam and are working as therapists in this community and doing an outstanding job.

Educator #8: Many of our AS programs are already having a hard time getting our graduates to sit for the advanced level exams. Because many states only recognize an RCP for licensure, employers have little leeway in rewarding the RRT credential with better pay, since they can't legally argue that the job description is different.

Finding common ground

In reviewing these opinions, it became apparent to me that we are already taking up sides on these important issues. But what we really need to be doing is finding a common ground. I would strongly recommend that before we put our collective feet into our large mouth that we know of what we speak. I'll end this by simply asking - what's your opinion? ♦

Call for Nominations: AARC Education Section Educator of the Year Award

by Terry S. LeGrand, PhD, RRT, chair, AARC Education Section Educator of the Year Committee

In the past, our section has honored an annual Education Section Practitioner of the Year, and many fine educators have been recognized for their contributions. Beginning with 2002, this award will become the AARC Education Section Educator of the Year Award. Although the name will change, the same criteria will apply: outstanding service to the Education Section, as well as recognition as an exemplary respiratory care educator.

Why the name change? The term "practitioner" implies clinician instead of "educator," and as such, is somewhat of a misnomer for members of the Education Section. Although respiratory care educators do spend time in the clinical setting, most spend much more of their time teaching in the classroom. So, last year a request was placed before the AARC Board of Directors to approve the name change. The request was granted, and this year we will bestow the 2002 Educator of the Year Award.

Please send your nominations to: Sue Pilbeam, 9 Althea Street, St. Augustine, FL 32084, or submit your nomination online at www.aarc.org. The deadline for this year's nominations is July 15. ♦

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WHAT ARE YOU DOING WITH YOUR SUMMER VACATION?

overall patient care and interdisciplinary teamwork than I have in all my years in education and professional practice. I am confident that the other counselors also learned more about respiratory care from me. Socializing with campers and other counselors helped us all learn more about communicating and interpersonal relationships.

By the end of the week we were all exhausted, counselors and campers alike. I had muscle aches and pains in places I didn't know existed, but I had a lot of fun! From an educational standpoint, this learning experience cannot be duplicated in a classroom, laboratory, or traditional clinical setting. I plan to recruit new counselors from among my students by offering the camp experience as part of the mandatory clinical practicum prior to graduation. I strongly encourage all respiratory therapists, "old-timers" and new graduates alike, to seek out similar opportunities in their communities. Even though the experience does not earn continuing education credit, volunteering at a summer camp for kids with medical needs offers an excellent avenue for continuing education. ♦

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