

## Growth of College Costs Slows

In two studies released last fall, the College Board reported that college tuition and fees in 1999-2000 had increased less than 5% in all categories of institutions — the lowest rate of increase for the past four years. What's more, a record \$64 billion was available last year in student financial aid.

Describing the lower rates of increase as a "very positive trend for American families," College Board President Gaston Caperton said that current prices must be considered in the light of the benefits of a college education for individuals and society.

"The cost of *not* going to college is much higher than the cost of going to college," notes Caperton. "There has been a great deal of focus on the price of a college education, and too little focus on its value."

- According to the College Board's data:
- at four-year private institutions, students are paying \$671 more (\$15,380 vs. \$14,709, a 4.6% increase)
  - at four-year public institutions, students are paying \$109 more (\$3,356 vs. \$3,247, a 3.4% increase)
  - at two-year private institutions,

students are paying \$242 more (\$7,182 vs. \$6,940, a 3.5% increase)

- at two-year public institutions, students are paying \$73 more (\$1,627 vs. \$1,554, a 4.7% increase)

Students who attend out-of-state or out-of-district colleges often face an additional surcharge that increases their expenses for tuition and fees beyond the above averages. This year, tuition and fee surcharges for out-of-state or out-of-district students at public institutions averaged \$3,191 at two-year colleges and \$5,350 at four-year colleges. ■

## Resource Panel Update: We Need You!

We will be mailing an updated version of our Resource Panel Directory with our January-February issue and would like to include as many new names as possible. If you are interest-

ed in volunteering to serve as a resource for your peers in the section — or if you need to update your contact information from a previous listing — please fill out the following

form and send it to: Kelli Hagen, AARC, 11030 Ables Lane, Dallas, TX 75229. All information received by December 20 will be included in the new directory.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 e-mail \_\_\_\_\_

Areas of Expertise: (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Program Administration         | <input type="checkbox"/> Pulmonary Function                                | <input type="checkbox"/> Clinical Research             |
| <input type="checkbox"/> Accreditation Issues           | <input type="checkbox"/> Respiratory Physiology                            | <input type="checkbox"/> Research Statistics           |
| <input type="checkbox"/> Recruitment and Retention      | <input type="checkbox"/> Successful Teaching of Analytical Thinking Skills | <input type="checkbox"/> Publication                   |
| <input type="checkbox"/> Admission Criteria             | <b>Evaluation</b>  | <input type="checkbox"/> Grant Proposal                |
| <b>Teaching</b>   | <input type="checkbox"/> Clinical  | <i>Other Areas of Expertise</i>                        |
| <input type="checkbox"/> NBRC Matrices-                 | <input type="checkbox"/> Laboratory  | <input type="checkbox"/> EKG, PFT, Neonatal Transport, |
| <input type="checkbox"/> Educational Software (IBM)     | <input type="checkbox"/> Didactic  | <input type="checkbox"/> PALS, NRP Instructor          |
| <input type="checkbox"/> Readability Assessment         | <input type="checkbox"/> Test Construction                                 | <input type="checkbox"/> Instructional Technology      |
| <input type="checkbox"/> Textbook Selection Methodology | <input type="checkbox"/> Test Item Analysis                                | <input type="checkbox"/> Mathematical Modeling and     |
| <input type="checkbox"/> Curriculum Development         | <input type="checkbox"/> Surveying Methodology and Instrument              | <input type="checkbox"/> Computer Simulation           |
| <b>Subject Matter Experts</b>                           | <b>Research and Publication</b>  | <input type="checkbox"/> Program Development and       |
| <input type="checkbox"/> Adult Critical Care            | <input type="checkbox"/> Internet Resources                                | <input type="checkbox"/> Implementation                |
| <input type="checkbox"/> Health Informatics             | <input type="checkbox"/> Educational Research                              | <input type="checkbox"/> Pulmonary Rehabilitation      |
| <input type="checkbox"/> Metabolic Studies              |  |  |
| <input type="checkbox"/> Neonatal/Pediatric             |  |  |

## 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 should be submitted on a 3½ 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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American Association  
for Respiratory Care

## Notes from the Editor

by Arthur Jones, EdD, RRT

By the time you read this issue of the *Bulletin*, many of us will be packing for the International Respiratory Congress in Las Vegas. This event has always been an enjoyable and professionally beneficial experience for everyone involved in respiratory care. This particularly applies to educators.

One of the benefits we accrue from attending the Congress is a greater sense of what is current in the field and what is passé. The lectures and symposia often provide information that is months away from journal publication and years away from publication in books. Indeed, much of what we can learn from the presentations may never reach publication beyond the abstract format. The fact that listeners have the opportunity to query and discuss the content with the presenters adds to the benefits.

Along with the formal sessions, there are other components of the meeting where we can acquire information ad lib. One such component is the Exhibit Hall, which is a great place to gather information at random. One can visit medical device vendors to

learn what is current and even what is coming in terms of technology. Also, educators get a chance to visit book vendors, review new offerings, and interact with publishing representatives about their instructional needs. Although we can't get continuing education credits for visiting the exhibits, the time there is well-spent.

The only regret I have about the meeting is that we cannot get more students to attend. Attendance at the International Congress would engender favorable impressions about the profession in students. They would have the opportunity to appreciate the breadth and depth of respiratory care and develop a sense of pride in being respiratory care professionals.

Of course, the expense involved in attending the meeting is always somewhat of a barrier to students. But time away from studies is an even greater barrier for many. For example, the meeting this year occurs during our own students' final examinations. So, while the students have all the fun, studying and taking their final examinations, their professors will be stuck in dreary old Las Vegas. ■

## Notes from the Chair

by David W. Chang, EdD, RRT

*It's not that some people have willpower and some don't. It's that some people are ready to change and others are not.*

— James Gordon, MD

By the time you receive this issue of *Bulletin*, the first computerized testing for the CRT exam will be just around the corner. For instructors and graduates, this method of testing will likely be more attention-getting than all anticipated Y2K problems combined. Along with the new NBRC exam matrices, our graduates will have to get used to taking the test on a computer. According to the NBRC

composite data on the July 1999 CRT exam, the national pass rates are significantly lower than in 1998. Pass rates for first-time therapist- and technician-level candidates on the July 1999 and July 1998 CRT exams were 73.06% and 85.79% and 46.45% and 62.93%, respectively. Much work needs to be done.

Of course, improving the pass rates on the national board exams is important and should remain a common goal for all programs. But producing competent graduates who can meet the professional challenges ahead of them

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after graduation is even more crucial. The NBRC exam items are job-related and test one's ability to perform at the application and analysis levels. Being current on the job and able to think and solve problems are critical traits

of a competent RT. Again, much more work needs to be done.

Clearly, there are many challenges ahead for educators. While these challenges are not "do or die" events, they can be "hazardous" to your everyday routine. But before you evaluate your own situation, consider the translation

of "hazard" in Chinese: it can mean either "danger" or "opportunity." For every hazard, there is an opportunity. As educators, we can either work hard to meet the difficulties before us or change the way we do things and create new opportunities. ■

## Education Section Specialty Practitioner of the Year Award

by Terry S. LeGrand, PhD, RRT, chair, Practitioner of the Year Committee, department of respiratory care, University of Texas Health Science Center at San Antonio, San Antonio, TX

The Specialty Practitioner of the Year Award is given annually to a member of the Education Section who has made a significant contribution to

the profession as a respiratory care educator and/or who has served the Education Section in some capacity.

Following recent publication of the nominees for the 1999 Education Section Specialty Practitioner of the Year award, a number of additional nominations were received. These Education Section members are being considered for recognition along with the previously listed nominees.

The complete list of this year's nominees includes:

- Paul Bronson, RRT, Lamar University Institute of Technology, Beaumont, TX
- Vijay Deshpande, MA, RRT, CPFT, Georgia State University, Atlanta, GA
- Shelley Mishoe, PhD, RRT, Medical College of Georgia, Augusta, GA
- Pat Munzer, MS, RRT, Washburn University of Topeka, Topeka, KS

- Tim OptHolt, EdD, RRT, University of South Alabama, Mobile, AL
- Ken Pfau, RRT, Cape Girardeau Area Vo-Tech, Cape Girardeau, MO
- Jeffrey J. Ward, MEd, RRT, Rochester Community and Technical College/Mayo Foundation, Rochester, MN
- Lynn West, RRT, Air Logix, Dallas, TX
- Carl Wieszalis, MS, RRT, State University of New York, Syracuse, NY
- Dennis Wissing, PhD, RRT, Louisiana State University Medical Center, Shreveport, LA.

Congratulations to all of you on your nominations. The recipient of the 1999 Education Section Practitioner of the Year Award will be announced at the AARC International Congress in Las Vegas, NV in December. ■

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## The Cochrane Library: An Important, Unique Reference Source

by Arthur Jones, EdD, RRT

Educators, as well as practitioners, frequently find themselves confronted with the question, "What does the literature say about . . .?" In an effort to answer the question, a conscientious person will often go to a reference database, like MEDLINE, only to find that there are numerous articles with conflicting conclusions. Fortunately, there is a reference source that answers such questions in many instances. The reference source is called the Cochrane Library.

The Cochrane Library is a product of the efforts of the Cochrane Collaboration (CC), an international research group with the goal of

"preparing, maintaining, and promoting the accessibility of systematic reviews of the effects of health care." The membership of the CC is organized into groups that focus on specific areas of practice, such as Airways Disease, Obstetrics and Gynecology, etc. Collaborators then identify research questions that need clarification and proceed through a stringent review process, with peer review each step of the way. This results in high-quality literature reviews and meta-analyses that are published in the Cochrane Database of Systematic

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Reviews (CDSR). The CDSR is one component of the Cochrane Library.

Interestingly, the reviews exist in the Library long before they are published in journals. Furthermore, for various reasons, many of the reviews never will be published in journals. The Library comes on two CD-ROMs that can be obtained from the CC. In addition to the CDSR, the Library contains updated reviews on the

effects of health care, the Cochrane Controlled Trial Register, and other sources of information. These other sources include a review method database and glossary. Further information about the CC and the Library can be obtained from the Cochrane Collaboration home page: <http://hiru.mcmaster.ca/cochrane/default.htm>.

An individual subscription to the Library is \$225, while a large network copy is \$630 per year. The Library is updated quarterly. I highly recom-

mend this resource as an addition to college and medical libraries.

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*Editor's Note: Although the author is an active member of the Cochrane Collaboration and has published reviews on the Library, none of the reviewers, including the author, accrue any financial gain from the sale of Library subscriptions.*

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## **Favorite Web Sites**

by *Arthur Jones, EdD, RRT and David W. Chang, EdD, RRT*

### **For education**

– *Arthur Jones*

While looking for additional instructional resources for our neonatal and pediatric course, I stumbled on a few very good web sites that I would like to recommend to our readers. The first (<http://www2.hawaii.edu/medicine/pediatrics/neoxray/neoxray.html>), comes from Hawaii and features neonatal chest radiography. The site has a number of case files with some very good neonatal chest radiographs. These exemplify normal chest structures, numerous abnormalities, and tube/line placement.

The second site (<http://www.vh.org/Providers/Simulations/PatientSimulations.html>) comes from the University of Iowa's "Virtual Hospital," which has many instructional components of interest to respiratory care professionals. This particular component consists of several sets of patient simulations. Although these are not the branching-logic type of simulations that we are familiar with in the RRT examinations, they present a number of interesting cases, with concomitant data and corrective feedback. The more relevant sets of simulations at this site are as follows:

- Adult critical care core curriculum
- Adult pulmonary core curriculum
- American Thoracic Society radiology for chest physicians conference: continuing education medical education testing modules
- Interpretation of pulmonary function tests: spirometry

- Pediatric airway case studies
- Virtual pediatric patients

### **For work**

– *David Chang*

Have you ever tried to find that ice-breaking opener for a presentation or speech and had trouble finding something profound or interesting to say? This quotation web site can help: (<http://www.starlingtech.com/quotes/index.html>). Here you can search for quotes using user-defined key words. For example, if you are doing a talk on "change," a search using "change" as key word gives you 26 quotes from Laura Moncur's Motivational Quotes (one of many sources for quotes). Below are examples of some useful quotes on "change."

Ingrid Bengis: "For me, words are a form of action, capable of influencing change."

King Whitney, Jr.: "Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better."

Agathon: "Even God cannot change the past."

Lynn Hall, *Where Have All the Tigers Gone?*, 1989: "We did not change as we grew older; we just became more clearly ourselves."

Malcolm X, *Malcolm X Speaks*, 1965: "Usually when people are sad,

they don't do anything. They just cry over their condition. But when they get angry, they bring about a change."

Harrison Ford, quoted by Garry Jenkins in "Harrison Ford: Imperfect Hero": "We all have big changes in our lives that are more or less a second chance."

### **For fun**

– *David Chang*

The growing popularity of the Internet and faster processors have made audio broadcast over the net much more widespread nowadays. This audio web site (<http://www.netradio.com>) is extremely easy to navigate and has very good sound quality and minimal net congestion. As of October, it featured 14 categories of "radio channels" playing music and news (Café Jazz and Blues, Christian Hits, Classical, Country, Dance and Urban, Electronica, KidzHits, Modern Rock, New Age and Folks, News, Pop Hits, Vintage Rock, Woodstock Music, and World Music). Click on Classical and you can choose among different types of classical music: Maestro, Chamber, Chant, Opera, Piano, Quiet Classical, and Symphony. Click on News and these become available: World News, Business News, Sports News, and Entertainment News. Play your favorite tunes at work or at home. You may even enjoy sitting in front of your monitor! ■

**Visit us on the Internet—<http://www.aarc.org>**