

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

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Spotlight Article

University of Arkansas For Medical Sciences

Erna L. Boone, DrPH, RRT, FAARC
Chairman and Program Director
Associate Professor
Respiratory Care Program
Little Rock, Arkansas

Overview

The University of Arkansas for Medical Sciences (UAMS) located in Little Rock is the only academic health sciences university in the state of Arkansas. It is the state's largest public employer with more than 10,000 employees in 73 of Arkansas' 75 counties. UAMS and its clinical affiliates, Arkansas Children's Hospital and the VA Medical Center, are an economic engine for the state with an annual economic impact of \$3.92 billion.

UAMS offers 73 baccalaureate, master's, doctoral, professional and specialist degree programs and certificates through the Colleges of Medicine, Nursing, Pharmacy, Health Professions, Public Health and graduate school. Students attend classes at the UAMS main campus in Little Rock and at the regional campus in northwest Arkansas.

Program History

The Respiratory Care Program began as a consortium sponsored by three local hospitals in the early 1970's, offering graduates a certificate of completion. The UAMS became the academic sponsor in 1975 when the JRCRTE (Joint Review Committee for Respiratory Therapy Education) required accredited programs to offer associate degrees. At that time, there was a joint sponsorship with the Central Arkansas Veterans' Health System (CAVHS) that continues to

exist today. It was 25 years later, in 2000, when the first UAMS graduates received a B.S. degree in Cardio-Respiratory Care offered by the College of Health Professions (CHP) at UAMS.

Throughout most of those years, the Respiratory Care Program was physically housed at the Veteran's Administration in North Little Rock. It was not until fairly recently that many of the CHP programs were physically unified together in renovated space on the main UAMS campus in central Little Rock, providing students and faculty with full and easy access to all of the services and benefits of an academic health science center.

Distance Education

In 2005, the Respiratory Care Program was approached by a community college located in north central Arkansas about the development of a consortium in which UAMS faculty would provide classroom instruction to students at a distant location using interactive video networking (IVN), for a fee. The following year, the community college in Batesville, AR requested a similar



arrangement, except they wanted to be a “satellite.” A fourth physical location, in Texarkana, AR had been added years earlier first as a stand-alone A.S. degree program, then as a B.S. program and finally as a satellite to the “base program” in Little Rock in 2007.

Thus, for a time, the UAMS Respiratory Care Program had up to 100 students at four physical locations, attending two very

different types of higher learning institutions, taking IVN classes at four different levels of instruction (seniors, full-time juniors, part-time 1st year juniors and part-time 2nd year juniors). Laboratory and clinical experience was gained, in each case at local clinical affiliates, monitored and evaluated by local faculty. UAMS satellite students came to Little Rock for selected clinical experiences that were not available in Batesville or Texarkana. Because the manpower need has been met and/or because the resources are no longer available to maintain the distance programs, each distance site has been phased out with the last one, Texarkana, scheduled to graduate its remaining three students in May, 2016.

Degree Completion Program

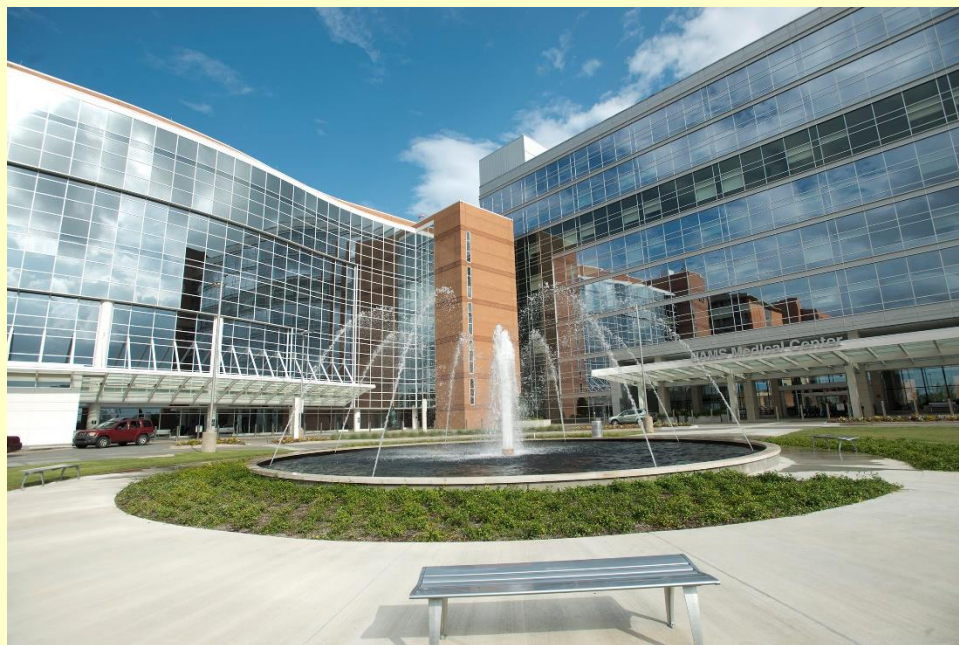
UAMS has a degree completion program for employed professionals who have earned the RRT credential. This program, referred to as the “RRT-to-BS degree” program originally consisted of pre-requisite courses, upper-level professional courses offered on-line and a Capstone Project.

Recently, the faculty has created a replacement for this option. It still admits employed professionals and requires prerequisite courses, but it now offers two tracks: a clinical track for those seeking additional clinical experiences they may not have received as an A.S. degree student and a B.S. thesis track for those professionals who want to go on to a graduate program. These tracks are both designed to be as flexible as possible, with on-line and independent courses predominating. When it is necessary to be in Little Rock, which is rare but required for some presentations and for the clinical track (depending upon the clinical area the student has chosen) it is scheduled ahead of time and works around the student's employment schedule.



Articulation Program

An academically prepared graduate of an A.A.S. or A.S. program in Arkansas (or elsewhere), could begin the BS degree program in Cardio-Respiratory Care at UAMS in the summer semester, joining the full-time cohort and graduating with a B.S. degree in May of the following year. Other tracks and plans are possible, but this articulation plan is the most popular because it seamlessly allows the associate degree graduate to join a B.S. degree cohort, affording that student all the rights and privileges of an on-campus senior year experience, including an integrated interprofessional curriculum, multiple simulation experiences and a senior internship location of his/her choice.



Curriculum

The traditional program is a fairly typical 2+2 program. Part-time students may be admitted with less than the full-complement of pre-requisite courses, but they must have completed certain required courses. In this case, the remaining pre-requisite courses must be completed by the start of the second year of the professional program.

The pre-requisite coursework consists of 55 SC:

Area/Typical Course Title	Minimum SC
SCIENCE: 20 SC	
Human Anatomy & Physiology ***	8
Microbiology	4
Chemistry	4
Physics	4
MATHEMATICS: 6 SC	
College Algebra or Higher Level Mathematics	3
Applied Statistics	3
COMMUNICATIONS: 3 SC	
Speech	3
LIBERAL ARTS: 12 SC	
English Composition	6
American History or U.S. Government	3
Medical Terminology (not required for RRTs)	3
FINE ARTS: 3 SC	
Art, Music, or Theater Art Appreciation	3
HUMANITIES: 3 SC	
Philosophy, Political Science, Literature, or Humanities	3
SOCIAL SCIENCES: 6 SC	
Introduction to Psychology	3
Introduction to Sociology	3
ELECTIVES: 2 SC	
OVERALL TOTAL	55

The professional curriculum consists of 65 SC:

YEAR 1

Course #	Title	SC
YEAR 1		
Fall: 15 SC		
RES 3113	Equipment and Techniques I Laboratory	1
RES 3115	Basic Assessment and Diagnosis Laboratory	1
RES 3116	Pharmacology I	1
RES 3117	Clinical Practicum I	1
RES 3314	Basic Assessment and Diagnosis	3
RES 3411	Cardiopulmonary Anatomy and Physiology	4
RES 3412	Equipment and Techniques I	4
Spring: 15 SC		
RES 3128	Pulmonary Function Testing	1
RES 3223	Equipment and Techniques II Laboratory	2
RES 3226	Clinical Practicum II	2
RES 3322	Equipment and Techniques II	3
RES 3227	Neonatal Cardiopulmonary Care	3
RES 3421	Cardio-Respiratory Disorders	4

SUMMER: 7 SC

Course #	Title	SC
RES 3132	Pharmacology II	1
RES 3231	Clinical Internship I	2
RES 4133	Patient and Family Centered Care	1
RES 4330	Research and Evaluation	3

YEAR 2

Fall: 13 SC		
RES 4241	Advanced Assessment & Diagnosis	2
RES 4243	Pediatric Cardiopulmonary Care	2
RES 4342	Critical Care Practices	3
RES 4445	Clinical Practicum III	4
RES 4V40	Legal and Ethical Issues in Health Care	1
RES 4V44	Scholarship Project	1
Spring: 15 SC		
RES 4146	Foundations of Respiratory Care Education	1
RES 4250	Integration Project	2
RES 4255	Respiratory Care Seminar	2
RES 4355	Leadership and Management	3
RES 4356	Clinical Internship II	3
RES 4452	Disease Management	4
OVERALL TOTAL		65 SC

Curriculum Innovations

The UAMS respiratory care curriculum provides B.S. degree students with multiple unique opportunities to learn. The following describes some of these unique opportunities:

- 1) Simulations which are written to include both hi-fidelity simulators and standardized patients in respiratory care coursework.

The UAMS Simulation Center is directed by Dr. Mike Anders, a program graduate and former faculty member. It is located in the former university hospital ED and encompasses over 7,500 sq. ft., comprised of seven Simulation Theaters, five Debriefing Classrooms and a Procedure Training Room designed for specific repetitive procedure tasks. Each theater is equipped with two cameras per bed/work station, one for over-head viewing and one panoramic wall mounted unit. Comprehensive sound recording within each theater allows for two-way communication between the theater participants and the

separate operator/trainer control room. Although never part of a course grade, we use simulation multiple times each semester and continue to add new simulations every year.

- 2) A completely integrated interprofessional curriculum in which respiratory care students learn WITH, FROM, and ABOUT other health professionals at UAMS.

This is accomplished by moving through a curriculum framework designed to enhance the Institute of Health Improvement's Triple Aim: Improve the patient experience, improve public health and Lower the cost of healthcare. There are seven "milestones" required of all matriculated students at UAMS (see the December, 2015 issue of the Coalition Chronicle for a full description of this program or contact Erna Boone directly if you would like more information).

- 3) An interprofessional UAMS student-run health and wellness clinic where respiratory care students provide components of patient education, smoking cessation and disease management to patients presenting with disorders such as asthma, COPD and CHF two evenings per week.

The "12th Street Clinic" serves as the model for the simulation explained below. Many UAMS students volunteer for this health and wellness clinic. Respiratory care students must complete "service hours" in order to graduate and documentation of time spent working in this clinic counts toward these hours. Faculty also volunteer to sit at the expert "table", where the patient's care plan is discussed with UAMS faculty prior to discussing it with the patient.

- 4) A unique interprofessional course in patient- and family centered care (PFCC) in which actual UAMS patient and family advisors serve as respiratory care adjunct course faculty.

This course is offered in the summer semester in three parts, beginning with a half-day "exposure" workshop in which former UAMS patients and family members tell their "story". It is through these compelling stories that students learn about the four domains of PFCC (dignity and respect, information sharing, participation and collaboration). Fully trained interprofessional faculty and patient/family advisors participate as mentors in all parts of the course. During the second part of the course, interprofessional student teams work together to plan a project that is designed to improve the patient experience at our hospital. The course culminates in a simulation in which the same team works together in a "neighborhood clinic" setting. Standardized patients "present" to the clinic with a complaint and the interprofessional team is responsible for gathering the initial clinical information, including physical examination findings, determining the care plan

and discussing the care plan with the patient. The simulation has PFCC domains built into them which must be identified and appropriately dealt with by the students as members of the health care team. Debriefings are held by faculty and patient/family advisors, who have been trained in interprofessional education and in patient and family-centered care.

- 5) Senior clinical internships that are scheduled in areas of student's major interest.

Students are assigned to spend these internships with one clinical preceptor. They work the same shift as this preceptor and complete learning objectives that have been previously agreed upon by the student, preceptor and faculty advisor. The student submits regular journal entries to the faculty advisor during the course which documents completion of course objectives and permits reflection their experiences.

The program is fortunate to have affiliations with many outstanding clinical facilities where therapists perform state of the art therapy and UAMS students are welcomed to participate. The senior internship has included, in the past, rotations held out-of-state, including Boston Children's Hospital (Boston, MA), Mayo Clinic (Phoenix, AZ), St. Luke's Hospital (St. Louis, MO), as well as interesting local rotations on Angel One (Arkansas Children's Hospital flight team), Interventional Pulmonology (Dr. Thad Bartter) and in Management and Education.

Program Faculty



Erna L. Boone, DrPH, RRT, FAARC, Chairman and Program Director, and Associate Professor. Dr. Boone, is a graduate of the University of Missouri-Columbia, and has been at UAMS since 1977. She earned a M.Ed. from the University of Arkansas in 1986 and a DrPH in 2010 from the University of Arkansas for Medical Sciences. Her interests are in tobacco education/cessation, patient- and family-centered care and interprofessional education. Dr. Boone teaches cardio-pulmonary anatomy and physiology, research, scholarship and integration projects, leadership, literature review and Bachelor Thesis courses. She is the PI on a grant from the Arkansas Cancer Coalition that allows her to conduct smoking cessation with lung cancer patients in the thoracic oncology clinic at the UAMS Cancer Center and she is a member of the UAMS Interprofessional Education Curriculum Pillar Team. Dr. Boone serves on the Board of Directors of CoBGRTE as Vice President for External Affairs.



Heather N. Neal-Rice, M.Ed., RRT, NPS, Director of Clinical Education and Associate Professor. She graduated from UAMS in 1993 and began teaching at UAMS in 1999. Heather Neal-Rice earned a B.S. in Respiratory Therapy from the University of Central Arkansas in 1994 and a M.Ed. (2003) and a Post-Baccalaureate Certificate in Conflict Management (2009) from the University of Arkansas at Little Rock. She became the program's Director of Clinical Education in 2012. Her interests are in neonatal/pediatrics, disaster preparedness and clinical preceptor training. She teaches the neonatal, pediatric and pathophysiology lecture/lab courses and has responsibility for all of the clinical courses, rotations and scheduling. She serves as the co-faculty advisor of the College of Health Professions Student Council. Heather has been very active in the ASRC, having just completed eight years as the Arkansas Delegate to the AARC House of Delegates. She is currently the ASRC Vice-President and AARC Bylaws Committee member.



Tonya Cook, M.Ed., RRT is an Assistant Professor and a 1996 graduate of the UAMS program, began teaching at UAMS in 2007. She earned the M.Ed. degree from the University of Arkansas in 2010. Tonya Cook serves as the chair of the College of Health Professions (CHP) Diversity Committee and on the UAMS IPE Curriculum Pillar Team. She was one of two CHP faculty who served on the original IPE Steering Committee. Tonya developed the Introduction to Clinical Practice course to meet the needs of our part-time students. She teaches Pharmacology, Patient- and Family-Centered Care and laboratory and clinical courses.



Karen Diles, M.S., RRT is an Assistant Professor. She is the on-site coordinator for the Texarkana-based satellite program. Karen Diles was among the first graduating class in the UAMS Texarkana stand-alone A.S. degree program (1991) and subsequent B.S. degree program (2001). She earned an M.S. degree from Texas A & M in 2007. Karen Diles has taught respiratory care at UAMS in Texarkana since 2001. Her interests are in disease management, particularly asthma and COPD assessment and management. She teaches the basic assessment class and developed the on-line course on patient and formal education and all on-site laboratory courses as well as coordination of local scheduling and clinical activities.



Theresa Gramlich, M.S., RRT is an Assistant Professor and completed her respiratory care education at Westark Community College in Fort Smith, AR in 1976. She earned a BS in Respiratory Therapy from the University of Central Arkansas (1984) and a Master's of Science in Public Health Education from Western Kentucky University (1989). Her interests are in critical care, mechanical ventilation and simulation. Theresa teaches the equipment and techniques courses and associated

laboratories, advanced assessment techniques, and our credentialing review course. She is one of the ASRC PACT members and serves as Chair, ASRC By-Laws Committee.



Tom Jones, M.Ed., RRT is an Assistant Professor and a 1988 graduate of UAMS. Following several years of clinical practice, he was hired to be the program director for a new program in northwest Arkansas and in 2006 hired to be the on-site coordinator for the new UAMS satellite program in Batesville. Tom earned the M.Ed. from the University of Arkansas in 2008. He is currently the Practice Administrator at the UAMS North-Central Regional Center in Batesville, but continues to teach Pulmonary Function Testing and Legal and Ethical Issues in our Respiratory Care Program. Tom is very active in the ASRC, having just completed a six-year term as President-Elect, President and Past President. He was recently elected to serve a 6-year term as the Arkansas Delegate to the AARC House of Delegates.



Tammy C. Robertson, B.S., RRT is an Instructor on the Little Rock campus. Tammy Robertson graduated from UAMS in 2001 and was initially hired to teach at the Batesville satellite program in 2010. She is near completion of a M.Ed. degree at the University of Arkansas. Tammy is currently teaching our assessment laboratory course, critical care practices and the disease management course, as well as assisting with other lab and clinical courses. Her interests are in educational technology and innovation, team-based learning and simulation.



Marcia Erbland, M.D. is a Professor and pulmonologist. She has served the program as Medical Director since 2002. Dr. Erbland earned a B.S. (1976) and the M.D. (1980) from Louisiana State University prior to coming to UAMS.

Contact Information

URL:

<http://healthprofessions.uams.edu/programs/respiratorycareandsurgicaltechnology/respiratorycare/about-the-program/>

Email: booneernal@uams.edu

Why Join and Participate in Professional Organizations?

**Tim Op't Holt EdD, RRT, AE-C, FAARC
University of South Alabama**

I've been a member of the American Association for Respiratory Care since 1977. Back then, I thought it would be great to join the organization that represents me within the medical community. I immediately began receiving the Respiratory Therapy journal and the AARTimes and was able to read about advances in the profession and see advertising for equipment - that no longer exists! At that time, I thought the benefits of being an AART member ended with the journal and magazine, since there were no continuing education requirements or licensure, nor did one need to be credentialed to practice. But, I still remember the very first professional meeting I attended and how I got to know state and national leaders and learned something new – even at a very early state in my career. Fast forward 39 years: Practitioners' needs have swollen: continuing education, licensure, rapidly changing practice, increasing governmental regulations, the need for evidence-based research, the threat of malpractice claims and a myriad of other issues complicating one's career. I tell my students that pressure support did not exist when I started in the profession – I had to learn what it was myself – partially through my participation in AARC professional meetings. So, why join a professional organization – notably the AARC, the Coalition for Baccalaureate and Graduate Respiratory Therapy Education, the National Board for Respiratory Care, the Association of Asthma Educators, the American Thoracic Society, the Association of Critical Care Medicine, the American College of Chest Physicians and the like?

Most of us want to further our career and joining a professional organization is a great way to do that. A professional organization will help you further your career goals by providing a number of benefits including enhancing your professional network, helping you take charge of your career, broadening your knowledge, building your resume, enhancing leadership potential, being a mentor, making new friends, it allows you to give back to the community, provides strength in numbers, and provides inspiration and motivation.

A professional network is very important for supporting one another in reaching professional goals, idea sharing, and asking for advice and becoming a member of a committee. Giving back can be very rewarding. You can learn best practices and new ideas in respiratory therapy and find a mentor to help you with your career. Knowledge is broadened by the courses, seminars and lectures offered to members. Industrial representatives keep you up to date on the latest innovations in respiratory therapy. Access to technology also stimulates research ideas. The AARC and CoBGRTE have job posting lists. Listing your association memberships on your resume impresses future employers, demonstrating that you are dedicated to your profession. Most professional organizations offer leadership institutes to give you an opportunity to develop

leadership skills if you want to become a manager or director. No doubt, there is strength in numbers. When the profession is trying to promote legislation, legislators are swayed by large numbers of letters and by large organizations' political action committees, such as AARCPAC.

You may join an organization while still a student. CoBGRTE and AARC offer student memberships at substantially reduced rates, so you may begin accruing organizational benefits even before graduation. CoBGRTE and other organizations offer scholarships for student members. The AARC offers experiences to students by inviting them to sit-in on the Board of Directors and House of Delegates meetings. There's no better way to develop an interest in organizational leadership than to see it in action.

In my own experience, I've had no more satisfying professional experiences than joining and participating as a committee person, board member or officer in the AARC, CoBGRTE, the Alabama Society, and the Association of Asthma Educators. Expressing an interest is all you need to do and others in the organization will invite you to participate. It is fun and enhances the rewards of being a respiratory therapist. Give it a try – join one or more professional organizations. Raise your hand when they ask for volunteers – you'll be surprised at how rewarding and personally enriching it is!

CoBGRTE Announces New Mentoring Program

By Christy Kane, PhD, RRT-NPS
Membership Chair

New respiratory therapists (RTs) have many decisions to make. Where should I work? Should I earn a specialty credential? Is graduate school right for me? What personal and professional goals should be a priority over the next five years? While some new graduates seek input from former faculty members and managers, many new RTs may only look to the internet, social media, and/or peers for their information. In an effort to further develop our profession's future leaders, CoBGRTE is launching a new mentoring program. Recent graduates will be paired with active CoBGRTE members. Mentors will be asked to virtually meet (video chat or phone call) with their mentees on a monthly basis answering questions, assisting in developing goals, and providing guidance. We are asking for a one year commitment from both the mentor and mentee.

We need your help! If you are an active CoBGRTE member and willing to serve as a mentor, please send me an email (ckane@bellarmine.edu) indicating your interest in the program. The membership committee will then pair interested mentees with mentors. The membership committee thanks you in advance for your participating in this exciting new CoBGRTE program!

Teaching Leadership and Professionalism: Using The Coalition Chronicle in the Classroom

By Christy Kane, PhD, RRT-NPS
Membership Chair

Are you using *The Coalition Chronicle* with your students? If so, we would like to hear from you. Please send me a note (ckane@bellarmine.edu) letting us know how you are using *The Coalition Chronicle*. I will collect responses for a future issue.

If not, consider creating assignments based on *The Coalition Chronicle*. For only \$5, students can become a CoBGRTE member, giving them full access to the *Chronicle*. February's edition covered Northeastern University's Graduate Program, CoBGRTE's response to the CoARC and AARC statements, Paul Ederle's article on CoBGRTE's intangible benefits, as well as Ohlone College RT students' lobbying experience. Our colleagues are doing great work! Encourage your students to become actively engaged with our profession and stay up-to-date on the latest professional developments by using *The Coalition Chronicle* in your courses.

Professionalism Check List

- ✓ AARC Member
- ✓ CoBGRTE Member
- ✓ State Society Member
- ✓ Active NBRC Credential
- ✓ Donation to the ARCF

Professional positions posted at <http://www.cobgrte.org/professionalpositions.html>

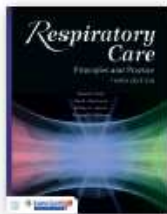
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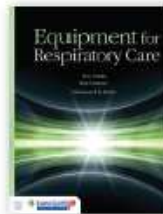


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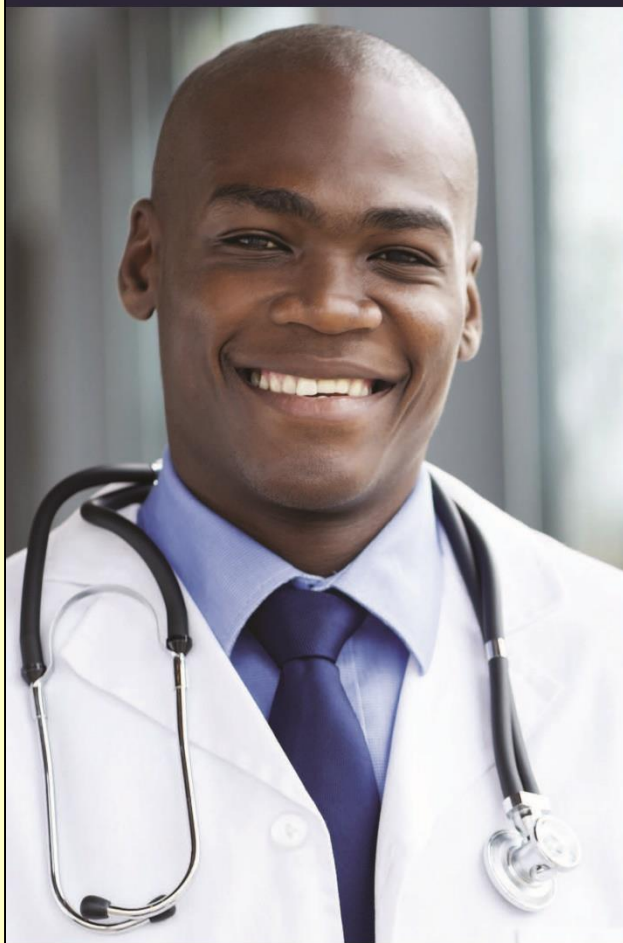
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Reminder: CoBGRTE Institutional Members receive free postings for open faculty member positions or hospital RT department staff and leadership positions at: <http://www.cobgrte.org/professionalpositions.html>

If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 10 reasons why you should join the coalition.

Ten Reasons Why You Should Become a CoBGRTE Member

1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 60 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
8. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
9. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
10. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.

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