

The Coalition Chronicle

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

July 31, 2020 Volume 9 (7)

Spotlight Article

University of Texas Health Science Center in San Antonio



**By Richard Wettstein, MMed, RRT, FAARC, FCCP
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Program Director and Associate Professor
Division of Respiratory Care**

Overview

Given the complexity of today's healthcare environment and in the face of the COVID-19 pandemic, the need for highly trained respiratory therapists has never been more evident. The current environment has also led to a higher profile for respiratory therapists (RTs), with many RTs being interviewed on local, state, and national media. This provides a rich setting for

the Coalition for Baccalaureate and Graduate Respiratory Therapy Education to promote bachelors and masters level programs to fill this need.

Even back in 1994 when the University of Texas Health Science Center in San Antonio established their first respiratory care program, the community recognized the need for RTs with stronger knowledge base and advanced skills. This perceived need led the community to help fund the first years of the Bachelor of Science Respiratory Care (BSRC) program at UT Health San Antonio.

From David Shelledy, Dean of the School of Health Professions



The University of Texas Health Science Center at San Antonio (UT Health San Antonio) is a large academic medical center serving 38 counties in South Texas. UT Health San Antonio includes five schools (medicine, dentistry, nursing, health professions, and biomedical sciences) and multiple centers and institutes. The mission of UT Health San Antonio is to “*make lives better*” through education, research, service, and patient care. The School of Health Professions includes six academic departments, seven different allied health disciplines, and offers 13 different degrees and certificates. Degrees offered within the school include physical therapy (DPT), occupational therapy (OTD), speech language pathology (MS), physician assistant (MPAS), emergency medicine (EMT and paramedic), medical laboratory sciences (BS and MS) and respiratory care (BS and MS). The total enrollment of the School of Health Professions for the fall 2020 semester is 880 students (projected) including 15 new students for our recently approved PhD in Health Sciences program. Respiratory Care is a core division within the School and includes both an entry-to-practice BS degree and an entry-to-practice MS degree. RRT to BS degree and RRT to MS degree options are available online. We are very proud of this division as it has a proven record of success and a reputation as a leader in respiratory care education. The baccalaureate program is designed to prepare outstanding clinical respiratory therapists. The MS degree program is also designed to prepare outstanding respiratory care clinicians for patient care and in addition, to provide a foundation for leadership in clinical specialty areas, research, education and management. The new PhD in Health Sciences is designed to prepare allied health faculty, researchers, and leaders in the health sciences and includes an opportunity for concentration in respiratory care. The PhD program is offered in online and blended formats. The respiratory care program and division are led by Rick Wettstein and our outstanding group of core faculty including three fellows (FAARC) of the AARC, four fellows (FCCP) of the American College of Chest Physicians, and a leader in the field of pulmonary and critical care medicine, Jay Peters, MD, FCCP.

David C. Shelledy, PhD, RRT, FASAHP, FAARC
Dean and Professor; School of Health Professions

History of the Division of Respiratory Care

In 1994, David Shelledy PhD, RRT and Jay Peters MD, with the assistance and support of local healthcare leaders, established the BSRC program at the UT Health San Antonio. The goal was to improve the skill and knowledge level of RTs entering the profession in South Central Texas. This foundational program has now expanded to four programs.

For the first 20 years of the Division the base program was the entry to the profession Bachelor of Science in Respiratory Care degree. Early on a bridge program was also established that provided an accelerated pathway for RTs with an associate degree to become BSRC graduates. In 2015 under the guidance of Dr. David Shelledy, now Dean of the School of Health Professions, and the efforts of Dr. De De Gardner the Program Director at that time, the base entry program transitioned to a Master of Science in Respiratory Care (MSRC) program, becoming just the fourth masters level entry-to-practice program in the nation. In 2018 a degree advancement program was established for RRTs holding a bachelor's degree in any area to follow an accelerated pathway to earning their Master of Science in Respiratory Care degree.

BSRC Entry to the Profession Program



Our undergraduate degree in respiratory care is designed as a 2+2 program. As a health sciences university we do not offer any of the general education or Texas Core course requirements. Students obtain their first two years of general education and foundational courses at regionally accredited post-secondary institutions and then transfer into UT Health to complete their two years of focused study in respiratory care. Our students enter each year in August and graduate 22 months later in early May.

BSRC Degree Advancement Program

This long-standing bridge program has allowed many local and national RRTs holding associate degrees to obtain their BSRC degree. The program is offered 100% online providing the needed flexibility for working respiratory care practitioners to advance their degree. These students are awarded 33 semester credit hour (SCH) for the RRT credential, leaving 32 SCH which they must complete to earn their BSRC degree. Students can pace themselves through the program, but most complete within 12-16 months.

MSRC Entry to the Profession Program

This degree accepts students with a bachelor's degree in any area into this entry to the profession respiratory care program. Students enter in August of each year and graduate 2 years later in August when they become eligible to sit for their National Board for Respiratory Care examinations. The number one focus of this program is to provide excellent masters level trained clinicians to enhance patient care and advocacy. Students also complete coursework and projects in leadership, education, and research to assist them in preparing to assume future leadership roles within the profession.

MSRC Degree Advancement Program

This program was designed for working RTs with a bachelor's degree in any area to advance their degree to the master's level. The program is offered in two formats: 100% online providing the needed flexibility for working respiratory care practitioners; in person classes to



accommodate international RTs seeking the MSRC degree. Students are awarded 54 semester credit hour (SCH) for the RRT or equivalent credential, leaving 34 SCH which they must complete to earn their MSRC degree. Students can pace themselves through the program, but most complete within 12-16 months.

Key Pathways to Entry which contribute to Enhanced Enrollment

Respiratory Care Early Acceptance Program

In 2019 the Respiratory Care Early Acceptance Program (RCEAP) was established with our sister institution the University of Texas at San Antonio (UTSA). RCEAP provides an early entry pathway for Bachelor of Science (BS) majors in Biology and Kinesiology into our MSRC program. Following three years of study at UTSA these students can enter the MSRC program. The first year of study in the MSRC program provides them with dual credit towards the MSRC degree but also completes their fourth-year requirement to earn their baccalaureate degree from UTSA. This unique 3+2 model provides students with a BS degree at their fourth year and an MSRC degree in their fifth.

Laredo Early Acceptance Program (LEAP)

In 2016 the Laredo Early Acceptance Program (LEAP) was established with Texas A&M International University (TAMIU) in Laredo. This program provides an early acceptance pathway for qualified TAMIU students to apply for and be accepted into the School of Health Professions at UT Health San Antonio including the MSRC program. TAMIU students enrolled in LEAP must still complete all four years of their undergraduate degree prior to matriculating into the MSRC program.

Harvey Najim Pathway Scholarship Program

The Harvey Najim Scholarship provides high performing Alamo Colleges students the opportunity to achieve early acceptance into select programs at UT Health including the BSRC program. They matriculate into UT Health on completion of their Associate of Science degree from one of the Alamo Colleges. This pathway was established in 2015. Harvey Najim is a philanthropist who also provides financial support for students following this pathway.

These pathways are starting to pay dividends and have contributed to our enrollment numbers for the fall of 2020 with an incoming class comprised of:

- 52 MSRC Entry to the Profession students
- 8 BSRC Entry to the Profession students

Program Enhancements for Student Learning

Standardized Patient Encounter

The Standardized Patient Encounter is incorporated into the end of the Patient Assessment Class. This encounter uses the same script and pulmonary physical examination that medical students use when facing their first patient under a simulated setting. Students perform an interview and physical examination on actors that are trained to realistically present different illnesses to the students. Faculty observe from outside the examination room observe the encounter through a one-way glass and with audio feed. A 360 evaluation is performed whereby, the student, actor, and faculty all assess the encounter.

Interprofessional Education

The quality improvement program at UT Health is focused on enhancing interprofessional education. The Division of Respiratory Care has been an early leader in this area. Some of the highlights involve the following:

Pediatric and Neonatal high-fidelity simulations with the School of Nursing (SON)

These simulations are run by the SON and RC faculty. Students are given a preparatory package to review ahead of time which is reviewed in a pre-simulation meeting. Then groups of students run through simulations which base the patient responses to the appropriateness of treatment and therapies chosen by the students. This is followed by a post simulation review that goes over all the good and bad decisions made and the optimal responses to avoid adverse outcomes.

Pediatric ASTHMA management with the Long School of Medical School (SOM)

This is a four-hour session where RT and Medical students work together through didactic, cases, and simulations of pediatric asthma where the learning is led by SOM and RC faculty. The skill set and knowledge of both student groups is harnessed, and the necessity of healthcare team-based care is emphasized.

Multidisciplinary Pulmonary Fibrosis Clinic (MPFC)

The model for the free MPFC is to provide a one stop support shop for patients with pulmonary fibrosis. A pulmonary and critical care doctor, Anoop Nambier oversees this clinic. It provides counseling, screening, and education to these patients. The RC students have played an integral role in assisting the patient in mastering their equipment and providing pulmonary screening while observing and discussing the roles of other healthcare professionals providing care in this setting.

Endowment

The Stephen Lloyd Barshop Endowed Chair in Respiratory Care was established in 2009 in honor of Stephen Barshop who received exemplary care from Roland Pena who initiated the provision of care while a BSRC student at UT Health. Sam and Ann Barshop were touched by the care Roland provided to Stephen and for their 50th wedding anniversary, their children created a \$500,000 endowed chair in honor of Stephen.

The Division of Respiratory Care Faculty

The Division of Respiratory Care has a total of six full time faculty members. The faculty members are dedicated to teaching, research and scholarship, service, and patient care. All faculty members are actively involved and hold leadership roles in a number of professional organizations including the Texas Society for Respiratory Care, the American Association for Respiratory Care, the American College of Chest Physicians, and the Coalition for Baccalaureate and Graduate Respiratory Therapy Education.



Richard Wettstein, MMed, RRT, FAARC, FCCP is the Program Director and Associate Professor in the Division of Respiratory Care and the Associate Chair in the Department of Health Sciences. He holds the Stephen Lloyd Barshop Endowed Chair in Respiratory Care. He began his career as a respiratory therapist by graduating from Southern Alberta Institute of Technology and earned a Bachelor of Science in Respiratory Care from Columbia Union College. He earned a Master of Medical Education degree from the University of Dundee. His academic career started as a founding faculty of a new respiratory care program offered at the New Brunswick Community College – Saint John Campus. Richard then became the director of clinical education and then the program director of the Loma Linda University’s extension campus in Riyadh, Saudi Arabia. He joined the Health Science Center in 2001 and has held a variety of faculty positions in the years that followed. Richard’s passion for education is rooted in the desire to help students reach their goal of entering the respiratory care profession and to increase competence and knowledge within this profession.



Kristina E Ramirez, MPH, RRT, CHES, FCCP is the Director of Clinical Education and Assistant Professor in the Division of Respiratory Care. Kristina is an alumna of UT Health San Antonio. She earned her Bachelor of Science in Respiratory Care in 2012. She earned her Masters in Community Health Practice from UT Health Houston School of Public Health in 2014. Kristina is expected to begin her PhD in Health Sciences at UT Health San Antonio in the fall of 2020. Kristina has worked in the neonatal, pediatric, and adult intensive care units. She became a clinical instructor for UT Health San Antonio in 2014 and taught students on adult floor and ICU for 3 years. She became adjunct faculty in 2015 and full time faculty in December of 2016. Currently, Kristina teaches Issues and trends and Disease Management courses, along with all clinical coursework for the BSRC and MSRC students. Kristina serves as the South Region Director for TSRC and Chair for the CHEST Interprofessional Team NetWork Steering Committee. Kristina thoroughly enjoys her role in teaching, leading, and mentoring the future of the respiratory care profession.



Ruben Restrepo, MD, RRT, FAARC, FCCP is a Professor with tenure in the department of respiratory care. Ruben has been a respiratory therapist for 20 years. Ruben began his medical training in Medellin, Colombia where he earned his medical degree and earned a bachelor of science in Respiratory Care from Georgia State University and began his respiratory career working at Children's Healthcare of Atlanta at Egleston covering all aspects of pediatric intensive care from mechanical ventilation, ground and flight transport, and ECMO. He became a clinical instructor for GSU and shortly after became faculty at GSU in 1999. In 2005 Ruben joined the department of respiratory care and has become an international leader. Ruben chaired the AARC CPG steering committee for

three years and is the Governor for Colombia before the International Council for Respiratory Care at the AARC. As a researcher, Ruben's interest includes capnography, mechanical ventilation, humidification and airway clearance. As a faculty member, Dr. Restrepo was awarded the Teacher of the Year in 2009 and 2010 by the respiratory care students. In 2009 he was awarded the UT Presidential Teaching Excellence Award and became a Distinguished Teaching Professor in 2010. Most recently Ruben has been awarded the highest UT system teaching award; the Regents Outstanding Teaching Award (ROTA) on August 20, 2014.



Thomas Stokes, MEd, RRT is an assistant professor in the Division of Respiratory Care and he joined the faculty in 2013. He has been a respiratory therapist for 30 years. Tom earned a Master of Education degree from the University of Phoenix in Education with a focus in Adult Education and Distance Learning. Tom began his career in the adult and pediatric intensive care units. He joined University Hospital in 2002. UH is a level one trauma center, covering all aspects of intensive care including surgery, cardiac, neuro

intensive care for adults and pediatric patients. He has been a CORE member of the University Hospital which allowed him to gain experience as a preceptor for respiratory care students, preceptor for new employees and a team leader. In 2005 he began teaching for Texas State University's Bachelor of Science Program in the didactic and clinical settings. In 2010 he became a Director of Clinical Education at a private college, gaining invaluable experience and insight to the management of clinical affiliates. Tom is currently the Lambda Beta Society advisor, student organization advisor and responsible for teaching the first-year courses, laboratories for Fundamentals of Respiratory Care, Patient Assessment, and Disease Management courses; and the first-year clinical rotations. He is also responsible for online curriculum in his teaching of the Education in Respiratory Care and Disease Management courses within our Online Degree Advancement Programs. Tom enjoys the new student's enthusiasm and thrives in being able to work with those students who need a little more assistance, with huge success.



Megan Llamas Carreon, MA, RRT Is an Assistant Professor in the Division of Respiratory Care. Megan is an alumna of UT Health San Antonio, where she earned her Bachelors in Respiratory Care in 2013. She earned her Masters in Healthcare Administration from the University of Incarnate Word in 2017. Megan has experience working in burn, adult, pediatric and neonatal intensive care units and floor therapy. She began precepting students for UT Health San Antonio in the Burn intensive care unit in 2016. She became adjunct faculty for UT Health San Antonio in 2017

and full-time faculty for UT Health San Antonio in August of 2018. Megan currently teaches Pulmonary Function Testing, Management and Leadership in Health Professions and Board prep for our BSRC and MSRC students as well as various online courses for our degree advancement students. Megan serves at the TSRC Vice-president of the Southern Region, a current member of

the CHEST interprofessional Team NetWork steering committee, a member of the CHEST Mechanical Ventilation Simulation Team and the Pulmonary Fellow Education Director. Megan strives to help the students grow, learn and be successful in their future respiratory care careers.



Tabatha Dragonberry DHSc, MEd, MBA, RRT, RRT-NPS, RRT-ACCS, AE-C, CPFT, C-NPT is the Director of Online Education and Assistant Professor in the Division for Respiratory Care. She initially graduated from the respiratory therapy program at Illinois Central College, where faculty highlighted the importance of advancing her education. She continued her studies at the University of Missouri, Columbia earning a Bachelor of Health Science in respiratory therapy. She has always enjoyed teaching so became a clinical instructor for Northern Virginia Community College. Her passion for learning burns deep and has led her to earn her Master of Education from the University of Cincinnati, a Master of Business Administration from Western Governors University, Associates of Film/Video Production and Masters of Instructional Design and Technology from Full Sail University, and a Doctor of Health Science from A.T. Still University. Dr. Dragonberry was an assistant professor at Nova Southeastern University from 2016-2018. She has a passion for integrating the neuroscience of learning and technology to improve learner engagement and educational outcomes.



Jay Peters, MD, FCCP is the Medical Director and Professor with tenure in the Division of Pulmonary and Critical Care Medicine in the School of Medicine. He is also the Chief of the division of pulmonary critical care medicine. Dr. Peters completed medical school and residency at the Baylor College of Medicine in Houston, Texas. He completed two post-doctoral fellowships in Infectious Diseases and Pulmonary Critical Care Infectious Disease at the Baylor College of Medicine. He is practicing pulmonary physician at the South Texas Veterans Healthcare System, Audie L. Murphy Division. Jay has been recognized as one of the Best Doctors in America, serves as a Board of Trustee in the Chest Foundation and is the past chair of the Council of Networks in the American College of Chest Physicians.

Key Points/Achievements:

1. Currently one of five entry to the profession masters level programs in the country.
2. RCEAP: Unique 3+2 program which provides graduates with both a BS degree from UTSA and their MS degree in Respiratory Care from UT Health in five years of study.
3. LEAP: Early entry pathway that doesn't shorten the pathway to graduation in the MSRC program but provides heightened visibility and promotion within TAMIU's health professions advising office.

4. Four faculty members are Fellows of the American College of Chest Physicians and three are Fellows of the American Association for Respiratory Care.

Contact Information

General information on any of our programs email: RCAdmissions@uthscsa.edu

BSRC Entry to the Profession Home Page: <https://www.uthscsa.edu/academics/health-professions/programs/respiratory-care-bs>

BSRC Degree Advancement Home Page: <https://www.uthscsa.edu/academics/health-professions/programs/online-respiratory-care-bs>

MSRC Entry to the Profession Home Page: <https://www.uthscsa.edu/academics/health-professions/programs/respiratory-care-ms>

MSRC Degree Advancement Home Page: <https://www.uthscsa.edu/academics/health-professions/programs/online-respiratory-care-ms>

For all other questions please contact Richard Wettstein at wettstein@uthscsa.edu

Professional Positions Posted

<http://www.cobgrte.org/professionalpositions.html>

*University of North Carolina-Charlotte, *University of North Carolina Wilmington,
*Norton Healthcare,*University of Virginia Health System

[**ASRT to BSRT & MSRC Degree Advancement Programs**](#)

[**BSRT and MSRT Entry Programs**](#)

[**Graduate Respiratory Therapist Programs**](#)

www.CoBGRTE.org

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<http://cobgrte.org/membership.html>

Satirical Humor: Power of Persuasion to Influence Vaccine Compliance

Jeff Ward, MEd, RRT, FAARC

Mayo Clinic Multidisciplinary Medical Simulation Center
Rochester, Minnesota

There is currently no vaccination for COVID-19. Not unlike the 1918 Flu, the world population is now only left with proven methods and carefully planned disease management through testing, surveillance, quarantine, and common-sense measures such as social distancing and the wearing of face masks. The coronavirus is *novel*, so our understanding is evolving based on research and actions based on science and clear thinking. Yet there has been resistance for mask wearing by those who feel that this simple measure impacts their freedom of choice and conveys a political statement contrary to their beliefs. They reject both their personal responsibility and evidence that asymptomatic carriers can spread the virus to others. There is secondary push-back to any *shaming*.

As significant financial and human resources support laboratories across the world rush to develop a vaccine, the anti-vaccination movement is already spreading fear and gearing up for when COVID-19 vaccines are made available.¹ The fear of vaccines is promoted based on shoddy science, conspiracy theories, and rapidly (and repeatedly) spread by social media.² Both misinformation (conclusions based on wrong or incomplete data) and deliberate spread of disinformation is used to promote the anti-vaccination agenda; even before the recent pandemic this has been a divisive public health topic. The social media platforms continue to struggle with algorithms that allow tolerance of different beliefs and block the spread of destructive information. Internet technology compounds the problem by automated “influence bots,” or *trolls* that anonymously send disinformation. Any conscientious fact checking is counteracted by a technique called “fire hosing.” This propaganda approach has been used by Russian authorities to stifle dissent. It uses media to push out as many lies as possible as frequently as possible; it robs facts of their power as it becomes too exhausting to constantly disprove the tidal wave of lies.

Ironically, the vast majority of the U.S. public complies with vaccinations. The medical evidence for childhood and periodic vaccinations for adults has been proven to be one of the most effective public health strategies to control and to prevent disease as well as reduced mortality and morbidity of epidemics and pandemics. Decline in morbidity of diseases with childhood immunization exceeds 92% for communicable diseases such as measles mumps, and rubella (MMR) as well as diphtheria, polio, smallpox, tetanus and pertussis.³ For adults, the CDC’s Advisory Committee for Immunization Practices (ACIP) recommends that adults (18-and older than 65 years) receive immunization against: influenza, tetanus-diphtheria, tetanus-diphtheria-pertussis, varicella, human papillomavirus (HPV), herpes zoster, measles-mumps-rubella, and *Streptococcus pneumoniae*.

Besides the effect on individuals, when a large population is immunized, even unvaccinated individuals benefit from “herd immunity.”⁵ That term refers to a reduced risk of pathogens within a community’s population. Countries with robust public health systems, which both promote vaccination through education and provide access to vaccinations, have a better result in overall health. This has resulted in a significant decrease in communicable diseases. It has been estimated that because of childhood immunizations, approximately 20 million illnesses and 40,000 deaths are prevented each year. This also results in a savings of about \$70 billion.⁶ With regard to influenza, annual vaccination is the most effective strategy for the prevention of the infection and its complications. Unfortunately, noncompliance for vaccination of children occurs; reasons include concern about side effects, fear of autism, moral or religious grounds, lack of access, lack of information or misinformation. With regard to the autism, a possible link of vaccines was published in a since-retracted and flawed-researched 1990 Lancet article.⁷ Unfortunately, research has documented that even high quality health communications may not be effective and for some may be counterproductive.⁷ Therefore, the stigma continues and vaccine hesitancy against contagious diseases was identified by the WHO as one of the top ten global health threats of 2019.⁸

The majority who comply with recommended vaccination tend to remain silent in contrast to the vehement anti-vaccination influencers. Anti-viral vaccines are normally only 40-50% effective. If 30% of the population refuses vaccination, it is not likely that herd immunity will be achieved. How can this potentially devastating result of the anti-vax movement be countered? One could embrace Orwellian and/or Machiavellian methods. These latter approaches would be for social media to filter anti-vaccination misinformation. This relies on developing algorithms that can effectively discriminate between opinions and lies. The more common tactic in democratic societies is to use media (TV, internet, books, and magazines) to reinforce science, and support common sense and responsible behavior. However, most Americans do not regularly pay attention to scientific TV programs like *Nova*, *Beakman’s World*, or read *Scientific American* and *National Geographic*. Yet millions of Americans watch live late-night television programs and many more view programs either via streaming services or YouTube. Carl Sagan became popular on Johnny Carson’s *The Late Show*; other scientists like Neil deGrasse Tyson have followed. Poking fun at science and topics like global warming have used satire and entertainment as tactics to educate. Comedians use drama, exaggerate, and even purposefully deceive in their skits, to draw upon core truths and debunk *fake news*. Classic stand-up commentary as practiced by Will Rogers, Lenny Bruce, Bill Maher, Ricky Gervais, and George Carlin, embrace a forum to take down superstitions. Their logic deconstructs myths, the status quo, conspiracy theories; humor permits an assault to be conducted using raw, and sometimes profane rhetoric. Carlin stated he wanted to reach, teach, and engage the audience’s mind; he knew defenses are lowered when laughing.⁹

The effect of satire has been reviewed scientifically having subjects view comedian Steven Colbert’s, *The Colbert Report*. Analysis showed that his satire-based news coverage on the conservative nonprofit political group, Citizens United, could influence knowledge, opinion and

political trust. In addition, regular exposure to satire increased the ability to better understand and think more critically about political affairs.¹⁰ *The Colbert Report* and *The Daily Show* have been part of additional academic studies. Serious versus humorous messaging was compared regarding the importance of children receiving the MMR vaccine; satire was directed towards anti-vaxers. The satirical message reduced reactance and led to greater perceptions of measles severity compared to the non-humorous messaging.¹¹ Similar effects have been observed with regard to other controversial topics such as climate change, evolution, gene manipulation and sexual health.¹²

Use of humor and satire must be done carefully and with attention to tailoring the messaging to the community. The Ogilvy Health and Chimney Group recently used satire and pop culture iconography to create a public service announcement (PSA) to promote mask wearing for COVID-19. They could have selected the narrator to be a familiar political figure, movie star, music personality or fictional superhero. Instead they chose Jason Voorhees, the icon of evil from the *Friday the 13th*. In contrast to ending the clip with bloody horror, a young girl is seen gently handing Jason a surgical mask on a New York City park bench.¹³

“Think off center” (George Carlin 1937-2008)

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CoBGRTE New Program Committee Curating Helpful Development Resources

Raymond Hernandez, MPH, RRT, RRT-NPS

The CoBGRTE New Program Committee’s charge is to assist in the development of baccalaureate and pathway respiratory care educational programs. This would include new, transitioning from associate to baccalaureate, degree advancement, and collaborative programs. To meet this goal, the committee is focusing on developing and curating materials, and creating a resource repository that can support and foster establishment of baccalaureate and master’s degree education programs.

New Program Committee members are experienced practitioner educators from around the nation:

Raymond Hernandez MPH, RRT-NPS (Chair) is the Dean of STEM at Skyline College in San Bruno, CA and has been a practitioner for 34 years specializing in neonatal pediatrics. Ray has served in higher education for the past 20 years and has collaborated with the California State Legislature and college administration to establish one of two baccalaureate degree programs in the California Community College system. He is a California Respiratory Care Board member and serves as Professional Advancement Chair for the California Society for Respiratory Care. hernandezr@smccd.edu

Steve Hardt, MA, RRT, RRT-ACCS is a registered respiratory therapist (RRT) with over 20 years’ experience as a clinician, respiratory care manager, educator, and speaker. He is currently the director of the Respiratory Care program at St. Petersburg College and a practitioner at Lakewood Ranch Medical Center in Lakewood Ranch, Florida. He currently serves as the coordinator of the Florida Respiratory Educator’s Network (FREN) and as a regional director for the Florida Society of Respiratory Care (FSRC). Hardt.Steven@spcollege.edu

Kimberlee Harvey, MS, RRT, RRT-NPS is the Program Director for Respiratory Care at Valencia College in Orlando, Fl. She has worked as a respiratory therapist for 25 years in areas such as pediatric/adult ICU, home care, PFT and higher education. Kimberlee has served as a

board member to the Florida Society for Respiratory Care (FSRC) and Coalition for Baccalaureate and Graduate Respiratory Therapy Education committees. Six years ago, she created and is currently the FSRC Student Sputum Bowl Coordinator, with the intention to help increase student participation within the state society and to educate future therapists about the importance of their state society's work. kharvey9@valenciacollege.edu

Thomas D. Jones, M.Ed., RRT, CPFT is Department Chair of Respiratory Care at the University of Arkansas for Medical Sciences, College of Health Professions in Little Rock, Arkansas. Tom has been involved in respiratory care education for 30 years at the associate degree and baccalaureate degree levels in a variety of settings (hospital-based, consortium, community college, university, off-campus and distance education programs). He serves in AARC House of Delegates, and as an accreditation site visitor for the Commission on Accreditation for Respiratory Care. TJones4@uams.edu

Michele Pedicone MS, RRT, RRT-NPS is an Assistant Professor/Director of Clinical Education for SUNY Upstate Medical University in Syracuse, NY, and an adjunct instructor for Northeastern University (Boston) Master of Science in Respiratory Care Leadership program. She has specialized in neonatal and pediatric respiratory care for the past 14 years and in education for the past six years. Currently, Michele serves on the CoBGRTE Board of Directors, is a PACT committee member and a member of the AARC Membership Committee. Michele has also served on several state societies and is a current member of the Committee for the Academic Advancement of Respiratory Care in New York State. mrpedicone8@gmail.com

Stephen G. Smith, MPA, RT, RRT, FAARC, is a Clinical Associate Professor in the Respiratory Care Program at Stony Brook University, Long Island, NY. He was a member and past chair of the New York State Education Licensure Board for Respiratory Therapy and presently serves as an extended member, he serves on the New York State Society for Respiratory Care as an Executive Board Member and House of Delegate member to the American Association for Respiratory Care. He presently is serving as Co-Chair on the NYSSRC Ad Hoc Committee for the Academic Advancement of the Respiratory Care Profession in NYS and is facilitating the Ad Hoc Committee for the Academic Advancement of the Respiratory Care Profession in NYS Task Force #1 Subcommittee. stephen.smith@stonybrook.edu

The committee has discussed and reviewed useful resources to support development of baccalaureate and master's programs whether they are entry into practice, degree advancement, or master's level. Resources include a list of identified experts who have developed or supported stand-alone entry into practice and degree advancement programs, partnership transfer models, articulation agreements, and other specialized pathways for supporting academic advancement within the profession of respiratory care.

The committee is also compiling a toolbox of resources to include justification data, regulation requirements, and administrative processes to help realize establishment for programs and pathways. Resources are curated from the American Association for Respiratory Care

(AARC), Commission on Accreditation for Respiratory Care (CoARC), state professional organizations, and other applicable resource sites.

The Community College Baccalaureate Association (CCBA) aims to encourage development of baccalaureate degrees conferred by community colleges, development of university centers on community college campuses, and joint degree programs with universities on community college campuses (<https://www.accbd.org/>). This is a great resource organization whose mission is in promoting better access to the baccalaureate degree on community college campuses, and to serve as a resource for information on various models for accomplishing this purpose. We currently see the majority of respiratory care entry into practice programs at an associate degree level situated at two-year colleges. Approximately 25 states are authorized to offer baccalaureate degrees within community colleges. California, Florida, and Washington states are leading these efforts offering the greatest number of established baccalaureate programs. This provides opportunity for many associate degree entry into practice programs to have the ability to transition to baccalaureate degrees where they already have an established infrastructure.

The New Program Committee is now working with CoBGRTE to make this information and resources available for those who are considering, currently in the process of developing, or transitioning their respiratory care program and/or pathway. In the meantime, please feel free to contact any of the committee members to either contribute expertise and resource or obtain more information, resources, and support.

CoBGRTE Summer Town Hall and Panel Discussion

July 2020

**Chris Russian Ph.D., RRT, RRT-NPS, RPSGT, RST, FAARC,
Program Committee Chair**

It was that time again. Time for the CoBGRTE program committee to host another seminar and round table discussion. An opportunity for educators, managers, clinicians to gather for presentation and discussion. An opportunity for us to learn from each other and advance the mission of CoBGRTE. The only problem is a bug has disrupted our lives and stymied our efforts to host a face-to-face gathering. But we are respiratory therapists. Adaptation and resourcefulness are in our DNA. We bleed ingenuity and stubbornness. We may not be able to be physically close, but we can certainly be digitally close. The program committee, through the urging of the executive committee, initiated plans to host a town hall meeting and panel discussion. Each of us is doing something unique and noteworthy during this pandemic to maintain quality education programs. With that as a driving force we felt some of these efforts should be highlighted for the group. Information shared so that others can follow the lead. Information shared to start a conversation. We learn from each other and stand on the shoulders

of those before and around us. The program committee approached two directors of clinical education to communicate their efforts with maintaining a clinical program during a time when hospitals and providers are severely stressed. A time when students and faculty are navigating the waves of change. A time when clinical experiences are incredibly valuable, even if it is not viewed as possible or practical given our hospital limitations and resources. Both directors of clinical education have years of experience with managing clinical programs and activities. Neither has experienced a massive shift in clinical abilities like this. Forward thinking, adaptability, and creativity from both was necessary to continue the program's goals of ensuring respiratory care students have the clinical experiences necessary to not just graduate but to graduate on-time. We asked Kristina Ramirez, MPH, RRT, CPES, Director of Clinical Education (DCE) for University of Texas Health Science Center – San Antonio (UTHSC-SA), and Nick Henry, MS, RRT, RRT-ACCS, RRT-NPS, AEC, DCE for Texas State University, to share their efforts and start the conversation.

Kristina spoke first and amazed us with all that is being done at UTHSC-SA to educate the next regiment of respiratory therapists. Here is a short list of the challenges she faced and activities that had to be implemented:

- Challenges:
 - Constant clinical schedule changes
 - Staggered start and stop days/times for the students
 - Loss of traditional clinical sites in San Antonio
 - Longer travel requirements for the students
 - Day and night shift clinical requirements
 - Transition to 12-hour clinical shifts
- Activities:
 - Cadaver lab use for intubation and arterial line practice
 - Clinical simulation development for adult, pediatric and neonate
 - Clinical simulations purchased from a vendor
 - NBRC-style final exams
 - Live Zoom sessions with clinical instructors
 - Zoom sessions with medical director
 - Zoom sessions with ER physician
 - Clinical assignments with live feedback
 - Clinical assignment videos
 - Clinical instructors review competency check-off activities
 - Observe non-traditional clinical activities (e.g. surgeries)
 - Group think and discussion activities

There was ample discussion on Kristina's efforts as DCE. Through email conversation with me Kristina also added,

"The constant clinic changes were almost daily. I had to get very creative and ask a lot of favors from staff and facilities to try to squeeze in all students. Once one site closed, I had to scramble to find another and have those students start there to finish their hours. The transition to 12 h was only for the 1st year students. The 2nd year students have 12 h shifts for their internships. Another challenge for the 2nd year students was that they were supposed to be able to choose their clinical specialization this summer. Unfortunately, with limited sites, I did the best I could with what we had. For activities, the Zoom session with the medical director and the ER physician were in place of their face to face physician interactions since they were pulled from clinic in the spring. These were substitutes. I was very flexible with my students and empathic to their concerns. Students had a choice to refuse attendance this summer if they did not feel safe. The only disadvantage would be that it would delay graduation until all clinic hours were completed."

Nick Henry was next up to share his experiences as DCE at Texas State University. He has a tall task given that Texas State has one of the largest respiratory care programs in the nation. Since the program accepts 44 students each fall, clinical placement and education is a challenge when no pandemic is upon us. Given the current environment, it was nearly impossible. Here is a summary of the challenges he faced and activities that had to be implemented:

- Challenges:
 - Constant clinical schedule changes
 - Half the class needing clinical engagement
 - Half the class needing on-campus laboratory engagement
 - Loss of traditional clinical sites in Austin and Temple
 - Loss of clinical instructors due to budget constraints
 - Clinical site adjustments for faculty
 - Transition to 12-hour clinical shifts
 - Adding a third day of clinical activities
 - No isolation patients
 - Non-COVID patients only
 - Seeking special permission to hold face-to-face activities for clinical programs
 - N95 masks for all students giving aerosol therapy
 - Students contracting the virus and cancelling clinic sites

- Activities:
 - Individualize internship plans
 - Clinical case scenarios from the clinical faculty
 - Combining floor and ICU activities
 - Competency checkoffs in the laboratory for clinical students.
 - ACLS completion during the summer
 - Zoom sessions with students
 - Implementing a COVID-package for the Castlebranch clinical tracking system

One challenge we all face is the ever-changing information we get from hospitals. Initially we are allowed in the site and then we are not. Personal protective equipment usage and requirements constantly change. One day it is a surgical mask and the next it is N95. One day the hospital supplies the PPE, the next we are required to supply PPE for all the clinical students. Equally important is the impact all these changes have on student moral. There is a sense of apprehension some students feel with returning to the hospital. Although students entered the healthcare field wanting to help others, I suspect they did not truly envision this type of environment. Some students have pre-existing conditions like asthma, and genuinely feel nervous about contracting the virus. Others feel indifferent to it altogether. Students and instructors are experiencing temperature checks upon entering all clinical and class buildings and re-checks throughout the day. Obviously, a surgical or cloth mask is always worn during hospital or class activities.

Tom Jones, MEd, RRT, CPFT (University of Arkansas for Medical Sciences) mentioned that his best preceptors were the therapists in the COVID units. Therefore, he lost some of the best respiratory therapists assigned to teach his students. This scenario was echoed by others attending as well. John Zamjahn (Louisiana State University Health Science Center) shared his experiences adjusting to the COVID challenges. His department moved the didactic courses to the summer and the clinical courses to the fall. This was a model we discussed at Texas State as well. It is nice to have the flexibility to move clinical and didactic courses. Some of the attendees expressed concern for fall and spring rotations because sites are not committing to having students and instructors are overworked with extra clinical shifts. Tammy Kurszewski DHSc, RRT (Midwestern State University) mentioned one of her clinic sites will not allow students to enter a room if an aerosol generating procedure is occurring. That policy would effectively cancel the usefulness of the clinic site. Some of her sites have already canceled fall rotations. Some sites have not made a firm commitment to her clinical requests for the fall.

The Town Hall also discussed budget cuts for the current academic year and the next academic year. Claire Aloan, MS, RRT, RRT-NPS (State University of New York, Upstate Medical University at Syracuse) mentioned they are being asked to make a 25% cut to the operating budget. No faculty cuts are expected. Gregg Marshall, PhD, RRT, RPSGT, RST (Texas State University) mentioned his department has made a 10% cut to budget for the 2019-20 academic year and

another 10% is expected for the 2020-21 academic year. The 10% budget cut seems to be consistent with other faculty members present. Tom Barnes, EdD, RRT, FAARC (Northeastern University) mentioned some of the teaching medical centers are suspending tuition reimbursement for their nurses and respiratory therapists. Randy Case, PhD, RRT, RRT-NPS (Midwestern State University) mentioned his department has not had the finances to continue traditional recruiting activities. Therefore, the faculty are making visits to pre-RC classrooms on campus, e.g. chemistry, anatomy & physiology, to recruit the undecided majors. The faculty also have a coffee give away on campus with a note that says, *love your latte from the RC department*. The group agreed, Zoom recruitment will need to be utilized in a creative way since we cannot get face-to-face with students as in the past.

Like all COBGRTE seminars we generate discussion outside of our initial topics. Another subject that developed was the possibility of offering a fast-track pathway to a graduate degree. Kim Clark, EdD, RRT, RRT-NPS (University of North Carolina-Charlotte) mentioned her department is starting an AS-to-MS program in which students with an associate degree can complete the BSRC and MSRC in about 5 years. Dr. Tom Barnes shared news on Northeastern University's push for associate degree to master's degree. The university calls it a MastersPlus, A2M pathway program. Enrollees could cut the length of time to get the master's degree by about 1 year if going through the program.

Overall, the seminar was a success. We had a total of 40 attendees during the session. That number of attendees for the virtual Town Hall mirrored attendance at our face-to-face programs during previous Summer Forums. Below you will find pictures from the Zoom session. The program committee works hard each year to produce events that the membership can enjoy. For all of those registering for the event, we greatly appreciate your support.

As I look back at past program committee seminar reports it is obvious that new topics are discussed but some topics persist as “wicked” challenges to our profession. I guess this means we will always have something to say. Please join us at the next CoBGRTE event to share all the wonderful things you are doing to advance baccalaureate and graduate respiratory therapy education. The conversation will continue.

Figure 1



Figure 2



Figure 3



Special thanks to the entire CoBGRTE Program Committee:

Chris Russian Ph.D., RRT, RRT-NPS, RPSGT, RST, FAARC (Chair)

Jamy Chulak, MSc, RRT

Donna De De Gardner, DrPH, RRT, RRT-NPS, FAARC, FCCP

Nick Henry, MS, RRT, RRT-ACCS, RRT-NPS, AE-

Megan Koster, EdD, RRT

Michele Pedicone, MSc, RRT, RRT-NPS

John Zamjahn, PhD, MHS, RRT, RPFT

NBRC Launches MoreRTs Campaign (Press Release)

“OVERLAND PARK, Kan. (April 16, 2020) — To honor the vital work of respiratory therapists in battling COVID-19 – and to raise awareness of the need for more respiratory therapists now and when the crisis passes – The National Board for Respiratory Care (NBRC) has captured a series of videos showcasing the critical role of respiratory therapists.

[MoreRTs.com](https://www.nbrc.org/more-rt-com) shares voices of respiratory therapy from the front lines. Through video stories, viewers learn about the care that respiratory therapists provide, why their specialization is so essential, and how rewarding they find their work to be. After all, it is respiratory therapists who guide people through one of the most frightening experiences in life – the inability to breathe.

“We are proud to recognize the specialized, lifesaving skills of respiratory therapists, especially now as they care for critically ill COVID-19 patients,” said Lori Tinkler, MBA, Chief Executive Officer of the NBRC. Tinkler says the novel coronavirus outbreak has been a call to arms bringing many respiratory care practitioners out of retirement, but more are needed. “With the aging population in the U.S., the need for respiratory therapists will continue to grow long after we overcome COVID-19.”

Research shows more than 100 million Americans are affected by respiratory disorders, and approximately one in every six primary care visits – or more than 125 million patient visits a year – is for respiratory-related illnesses. Many respiratory therapists also specialize in critical care and work in intensive care units, emergency departments or other hospital areas. They manage life support or ventilation systems, administer aerosol-based medication, manage artificial airways, assess lung capacity, and provide many other highly specialized skills that help keep patients breathing.

Jobs for respiratory therapists are projected to grow 21 percent from 2018 to 2028, higher than healthcare jobs in general (13 percent) and all occupations combined (5 percent). And yet, the number of respiratory therapists has been gradually declining by a rate of 4-7 percent.

“The NBRC is focused on activating an expanded workforce of respiratory therapists to meet their needs and their patients’ needs for years to come,” Tinkler said. “That’s why we are sharing these stories – to inspire others to join the profession and help the world breathe better.”

Respiratory therapists are invited to submit their own video stories at [MoreRTs.com](https://www.nbrc.org/more-rt-com). Together, says Tinkler, the voices of respiratory therapy will illustrate the powerful difference that respiratory therapists make in the lives of others every day.”

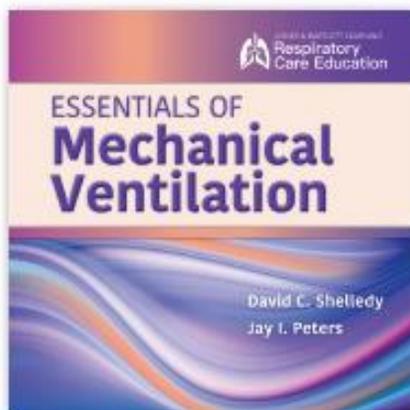
From the National Board for Respiratory Care April 16, 2020 Press Release, reprinted with permission. Accessed on July 29, 2020.

<https://www.nbrc.org/videos-showcase-the-critical-role-of-respiratory-therapists/>



JONES & BARTLETT LEARNING
**Respiratory
Care Education**

We're Here to Help Clinicians, Instructors and Students Affected by COVID-19



In continued response to the COVID-19 pandemic and the on-going need for mechanical ventilators we will be providing **Essentials of Mechanical Ventilation**, a free on-line educational resource for clinicians that outlines the initiation and adjustment of ventilator support, as well as important information regarding the more common ventilators you may encounter in hospitals today.

This on-line resource provides clinicians with essential information on when to start a patient on a ventilator and how to initiate and adjust ventilation. **Essentials of Mechanical Ventilation** also includes a **Comprehensive Mechanical Ventilation Synopsis Deck**, comprised of **1000 slides** in PowerPoint™ format, which provides an overview of various ventilator types arranged by Critical Care Ventilators; High Frequency Ventilators; Portable, Transport, and Non-invasive Ventilators; and Neonatal Ventilators.

Source Code: CoBORT6emv



Learn More and Get Access

<https://info.jblearning.com/jbl-covid-19-home-1>

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If you haven't already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

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 70 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. Mentoring program for new graduates as well as new faculty members.
8. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
9. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
10. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate and graduate degrees.
11. Access to over 75 Spotlight articles on BSRT and RT graduate programs, and major medical centers.
12. Round table discussion dinners and Meet & Greet member receptions held in conjunction with the AARC Summer Forum and the International Congress.
13. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with CoARC and AARC to improve respiratory therapy education.

Become a CoBGRTE member by completing the application on the Membership Page: <http://www.cobgrte.org/membership.html>

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