Jefferson College of Health Sciences (known locally as Jefferson College) is a private higher education institution that “prepares, within a scholarly environment, ethical, knowledgeable, competent and caring healthcare professionals.” Located in the beautiful Roanoke Valley of southwestern Virginia, the College focuses on providing healthcare education and is a proud part of Carilion Clinic system. Founded in 1914 as the Jefferson Hospital School of Nursing, Jefferson College now provides more than 1,100
students with opportunities to become part of the healthcare profession, serving communities from southwest Virginia to the Shenandoah Valley and beyond. The college offers 18 majors in various healthcare disciplines and currently has students enrolled from 21 different states. Jefferson College currently awards Science degrees at the Associate, Bachelor, and Master levels and has just been awarded SACS-CoC approval for Level V, Doctoral Degree offerings (Doctor of Health Sciences and Nursing Practitioner) starting Fall, 2016.

Under the direction of Professor Paul Lemons, Jefferson College began its Respiratory Therapy program in 1982, making it the second oldest degree offered at this institution and one of only two within the state of Virginia at that time. Jefferson continued to deliver two-year degrees within the field continuously until May 2015, when the last Associate of Applied Science (AAS) cohort graduated.

Current and former Program Directors, Drs., Chase Poulsen (2011-present) and Sharon Hatfield (2004-11) relay the reasons to change degrees accurately, “The decision to implement changes did not come easily. Much time and research went into evaluating the trends of the field, faculty and advisory board discussions, administrative board meetings and enrollment projections. Our local community was concerned that graduation rates would be less than required to fill positions annually or, worse yet, there would be years without graduating cohorts. There was also significant discussion regarding the financial viability and continued stability of a redesigned program.” Ultimately the decision was made based upon previous cohort data and an ethical responsibility to the students and the profession. “Upon review the transcripts of all enrolled students over the last five years, I found that more than 75% of individuals had 30 or more transferable credits with approximately 50%
meeting proposed junior-level admission criteria,” Dr. Poulsen explained. “It only made sense to take the 80 credit AAS degree to a 120 credit Baccalaureate in Science (BS). I also found that there was a large pool of applicants within certain arenas that had former degrees that were not interested in a degree lower than what they have already obtained.”

After multiple revisions, it was decided to implement a two-year foundational plus two-year professional curricular design. Poulsen continues, “By bringing the BS in as we phased out the AAS we were able to ensure a graduating class every year. I also found that we were able to increase clinical time, essential sciences and humanities and core respiratory therapy classes. The curriculum also allowed for ease of transfer or election of one of the many minors available at this institution. We also could now take advantage of the college’s core curriculum which included a series of embedded Inter-Professional Education (IPE) courses.”

<table>
<thead>
<tr>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>GEN 100</td>
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<tr>
<td>ENG 111</td>
<td>Grammar and Composition I</td>
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</tr>
<tr>
<td>PHIL 115</td>
<td>Foundations of Ethics</td>
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<tr>
<td>ELE</td>
<td>Social / Behavioral Science Elective</td>
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<tbody>
<tr>
<td>ENG 112</td>
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<tr>
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<tr>
<td>ELE</td>
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<tr>
<td><strong>IPE 300</strong></td>
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<tr>
<td><strong>RTH 302/302L</strong></td>
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<tr>
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<tr>
<td><strong>RTH 305</strong></td>
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<tr>
<td><strong>RTH 308C</strong></td>
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<td><strong>RTH 309</strong></td>
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<tr>
<td><strong>BIO 253/253L</strong></td>
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<td><strong>RTH 310</strong></td>
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<tr>
<td><strong>RTH 311/311L</strong></td>
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<td><strong>HCM 300</strong></td>
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<tr>
<td><strong>MTH 265</strong></td>
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<td><strong>RTH 330</strong></td>
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<tr>
<td><strong>IPE 400L</strong></td>
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<td><strong>RTH 420</strong></td>
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<td><strong>RTH 430</strong></td>
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<tr>
<td><strong>RTH 448C</strong></td>
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<tr>
<td><strong>RTH 411</strong></td>
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<tr>
<td><strong>RTH 450</strong></td>
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<tr>
<td><strong>IDS 253 or 254</strong></td>
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<tr>
<td><strong>RTH 478C</strong></td>
</tr>
<tr>
<td><strong>RTH 488C</strong></td>
</tr>
<tr>
<td><strong>RTH 490</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

**TOTAL Non-Major Credits** | 66 |
**TOTAL Respiratory Therapy Credits** | 54 |
**TOTAL PROGRAM CREDITS** | 120 |
Although the first graduating class within the BS degree will not occur until May, 2016, the faculty are quite optimistic regarding the current enrollment and outcome predictions. Enrollment went from a 10 year average of 38 students within two AAS cohorts to over 80 within the current four. Three-year historical data demonstrates the program at Jefferson has obtained 100 percent success within the categories of positive placement, CRT pass rate, and employer and graduate satisfaction with an 82% RRT credentialing success.

Of course none of this could be possible without the strong administrative support of the Carilion Clinic leadership. The program obtained an impressive eight-station laboratory converted from a level three neonatal ICU and is located on the top floor of the college that overlooks the city. Through a close relationship with Carilion Clinic, the program has outfitted each station with full cardiac monitoring equipment, modern ventilators, and a station based video system which allows for individual competency delivery. However the support lent to the program did not stop there. The college also provided funding for some of the advanced degrees obtained by faculty, allowed the Director of Clinical Education, Linda Cochran, to increase numbers of paid preceptors, and hire a dedicated laboratory instructor, Kathy Pellant.

Assistant Professor, Dr. Doug Wright, summarizes, “I truly could not be more happy or proud regarding this institution, program, fellow faculty members, students, and the success of our graduates. Their commitment to the field and patients is truly exemplary.”
Our full-time faculty member (from left to right): Douglas Wright, PhD, RRT, Linda Cochran, MS, RRT-NPS, AE-C, CPFT, ACCS, and Chase Poulsen, PhD, RRT-ACCS, NPS.

Dr. Poulsen graduated from Mansfield University with an A.S. Respiratory Therapy in 1993. After graduation and working for a year at Arnot Ogden Medical Center in Elmira, NY, he continued his education and career at the State University of New York Upstate Medical University in Syracuse, NY, with a Bachelor of Science in Respiratory Care. Moving to Grand Junction, CO in 1996, he obtained a Master of Education in Curriculum and Instruction from Colorado Christian University while being employed by St. Mary's Hospital. Pursuing his interests in the educational field, Chase moved to Bangor, Maine in 1998, and secured a faculty position at Kennebec Valley Community College where he stayed until 2004 at which point he moved to Jefferson College. He finished his Ph.D. in education through Old Dominion University in May 2013.

Ms. Cochran has been a Respiratory Therapist since 1974, starting out as an O.J.T. Her A.S. degree in RT is from Butler University, and her B.S. and M.S. degrees are from Indiana University in Indianapolis. She also completed 27 quarter hours of master’s level Respiratory Therapy coursework through Northeastern University.

Dr. Wright first received an A.A.S. from the Community College of the Air Force in Mechanical and Electrical Technology while serving as an airman in the United States Air Force. After military service, he went on to receive his B.S. in Cardiopulmonary Science from Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S), School of Allied Health Professions. After working briefly as a Registered Respiratory Therapist, he was accepted into the doctoral program in the Department of Molecular and Cellular Physiology at LSUHSC-S. During his tenure as a graduate assistant, he taught Pulmonary Physiology to allied health students. His research focused on two DNA repair proteins from *M. tuberculosis*. 
UAMS Integrates IPE for All New Degree-Seeking Students

By Erna Boone, Dr.P.H., RRT, FAARC and Tonya Cook, M.Ed., RRT
University of Arkansas for Medical Sciences

Fall Orientation had something extra for 850 new students matriculating into the University of Arkansas for Medical Sciences (UAMS) this year! Each of these students completed a half day workshop learning about, from and with other students who were also new to the UAMS. The topics? Interprofessional education (IPE), interprofessional collaboration, the Institute of Healthcare Improvement’s Triple Aims and the new student’s individual professional responsibility to earn “milestones” in IPE to meet graduation requirements from UAMS. This – they learned – will be a requirement, regardless of the length, complexity or physical location of their health related degree program of choice!

Interprofessional Education

Interprofessional education occurs when “two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.” (WHO, 2010) Often, health professions schools deliver instruction in isolated “silos”. Students learn within their disciplines but rarely collaborate as a health care team. This was certainly the case at UAMS prior to this fall semester! Now, the integration of interprofessional education into curricula of all six health professions academic units (Colleges of Medicine, Nursing, Pharmacy, Health Professions, Public Health and the Graduate School) on the campus of UAMS affords all students the opportunity to develop skills based on the IPE Core Competency domains:

- Use the knowledge of their own role and those of other professions to appropriately assess and address the health care needs of the patients, families, and populations served,
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease;
- Apply the values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable;
- Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Early Development and Implementation of IPE at UAMS

While the UAMS leadership recognized the importance of implementing interprofessional education in the curricula of all programs sponsored by the institution long ago, the task of deciding how and when to do it would not be easy.

UAMS, an academic health science center located in Little Rock, AR, encompasses dozens of individual and diverse health science programs, each having their own professional accreditation, programmatic courses, curriculum committees and often, academic calendars. Some of these programs offer instruction entirely off campus using distance technology. Some program graduates do not even provide direct patient care (biostatisticians, epidemiologists, molecular bio-physiologists). Some program lengths are as long as 5 years, while others are as short as 10 months.
With this knowledge, the leadership of UAMS established the Interprofessional Education Steering Committee (IPESC) in 2013 to establish a timeline, develop activities and oversee IPE activities targeted to begin in the fall of 2014. Two representatives from each academic unit were selected to serve on the IPESC. Tonya Cook, RRT, Assistant Professor, Department of Respiratory and Surgical Technologies, was an inaugural member of this committee and she continues to actively serve in a leadership capacity as a member of its successor organization.

During its first year, the IPESC gained an understanding of current IPE activities offered on campus by each academic unit. The IPESC also met with each college curriculum committee and participated in faculty development sessions. Unfortunately, the concept of “learning about, with and from students in other professions” was a foreign idea to most UAMS faculty! To the majority of UAMS faculty, IPE meant “students in two or more professions sitting in the same classroom receiving instruction from a single faculty member and then having a discussion about the content”. Thus, much work was required to dispel this concept and build a new culture around IPE.

An Integrated IPE Curriculum Becomes a Reality at UAMS
Fortunately, Dr. Lee Wilbur was recruited to serve as the Director of Interprofessional Education at UAMS. Dr. Wilbur, also a Professor and Vice Chair of the Department of Emergency Medicine, has consistently collaborated throughout his career to develop expertise in IPE and collaborative clinical practice. Since arriving at UAMS, he has worked closely with the executive leadership, clinical and academic faculty and students of all the health related programs to ensure that a quality integrated IPE curriculum is developed and implemented.

In March, 2013, the Office of Interprofessional Education hosted Educating Health Professionals in Interprofessional Care (EPHIC) faculty development course. This is an internationally recognized course developed and taught by IPE content experts from the University of Toronto Centre for Interprofessional Education. Course participants were strategically selected and included administrators, clinicians and educators from across the entire campus. During the 3-day course, participants were exposed to the concepts of IPE, identified existing IPE exemplars already present at UAMS, became immersed in IPE activities and presented their collective recommendations to advance IPE at UAMS on the final day to the senior leadership, Provost and UAMS Chancellor, Dr. Dan Rahn.

Under Dr. Wilbur’s leadership and with the full support of Dr. Rahn and the UAMS leadership team, the Office of Interprofessional Education and the IPESC subsequently developed the curriculum using the Institute for Healthcare Improvement’s Triple Aim as a framework. The Triple Aim was designed to help health care organizations:

- Improve the patient care experience
- Improve health of the patient population
- Reduce the cost of health care

The IPESC embraced the Triple Aim framework because they believed that any student, faculty or clinician at UAMS has a job role that ultimately contributes significantly to one or more of the triple aims. Further, Dr. Rahn upholds the importance of collaborative learning and encourages interprofessional learning across disciplines, changing the “culture” of education and eventually clinical practice at UAMS.
Accordingly, it was decided that beginning in the fall of 2015, all entering degree-seeking students will be required to complete an IPE curriculum prior to graduation.

Thus, a Triple Aim Executive Leadership Team was developed. This team consists of interested faculty and staff working within five core “pillars” that also serve as five strategic goals, essential to meeting the Triple Aim vision at UAMS. They are:

- Triple Aim Focused Curriculum Pillar
- Faculty Development Pillar
- Scholarship/Research Pillar
- Development Pillar
- Collaborative Practice Pillar

**The Integrated Curriculum**
The Triple Aim Transformation Curriculum exists in three phases that correspond to students who are considered “novice,” “intermediate” and “advanced” learners by their college or program. Students must also complete two “transition” phases. The colleges and/or programs decide when their students are “ready” for each phase or transition activity. Student progress through the curriculum is tracked by a Blackboard learning management system course and achievement of “milestones” are noted on official college transcripts.

**Exposure Phase**
During EXPOSURE, novice students participate in a half day workshop, learning about the Triple Aim and receiving an introduction to other concepts important to Society and Health (health literacy, patient-family-centered care) A core IPE faculty team delivers this workshop multiple times each semester to accommodate all UAMS novice learners. Respiratory Care junior students attend the exposure workshop during their orientation week, prior to the first day of classes in their first fall semester.

For transition between the EXPOSURE and IMMERSION phases, students complete an exercise in reflective writing, personal self-assessment of society and health assumptions, etc. Respiratory Care students will watch a movie (The Doctor) with other health professionals in March, just prior to Spring Break in their first spring semester, participate in a group discussion led by a trained IPE core faculty and complete a reflective writing assignment. The EXPOSURE phase lasts approximately 8 hours.

**Immersion Phase**
During IMMERSION, intermediate students (summer semester for Respiratory Care students occurring concurrently with a critical care clinical internship) will be assigned to an IPE team. The team must pick 1 of 3 Triple Aim Tracks: improve patient care experience; improve population health; decrease cost of care. The team will work interprofessionally to develop a structured project proposal within their chosen triple aim track. A core IPE faculty member will serve as an advisor to the team. The team must also complete a structured simulation encounter together that focuses on error disclosure.

The transition from IMMERSION to COMPETENCY phase occurs through participation in a culminating event where teams present IMMERSION project proposals for peer review and evaluation early in the 2nd fall semester. This phase is expected to take about 14 hours to complete.

Tonya Cook and Erna Boone, Associate Professor and Chair, Department of Respiratory and Surgical Technologies are members of the IPE Curriculum Pillar and are currently working on the Simulation
Activity and Triple Aim Project Sub-groups respectively to assist in the development and evaluation of these activities.

**Competence Phase**

During COMPETENCE, advanced learners (*Respiratory Care senior students in the final spring semester of the program*) will participate in a half day interprofessional workshop focused on Triple Aim advanced content relevant to learners entering clinical practice. Further, each student will complete an interprofessional practice opportunity as a member of an IP team and participate in the role of a junior educator by teaching triple aim themed lessons across our campus, presenting at an EXPOSURE event or supervising/instructing during a novice phase activity. The COMPETENCE phase is expected to take about 12 hours to complete.

The Triple Aim IPE Curriculum is shown in the figure below with each of the required seven activities identified.
The integrated IPE curriculum at UAMS is very new and parts are still under development. The faculty have much to learn about how to streamline and enhance the activities offered within it. That said, there is a lot of excitement among the leadership, the faculty and the students surrounding the enormous potential the *Triple Aim* framework has to influence the way future health professionals practice.

Although there will most certainly be some changes, our vision is that the *Triple Aim* framework, the use of three learner phases, the tremendous IPE talent and leadership that has been built among UAMS faculty and staff and the Chancellor’s unwavering support are essential pieces of this educational project that will ensure its sustainability long into the future and most importantly, help to catapult interprofessional collaborative practice as the standard of care in our hospital and clinics.

**CoBGRTE Awards $5000 in Scholarships**

**2015 CoBGRTE Scholarship Recipients**

**Award criteria:** Ten successful 2015 recipients of $500 scholarships are BSRT or MSRT students enrolled and in good academic standing at a regionally accredited university. Scholarship awards are open to graduate students and full time undergraduate students having completed one year of respiratory therapy major coursework.

Amber Al-Abed, BS, RRT, Allston, Massachusetts
Northeastern University
Master of Science in Respiratory Care Program
Respiratory Therapist I, Boston Children’s Hospital

Onyinyechi Enwereji, San Marcos, Texas
Texas State
Bachelor of Science in Respiratory Care Program
Home Instead Senior Care (Caregiver)

Uchenna Enwereji, San Marcos, Texas
Texas State
Bachelor of Science in Respiratory Care Program
Respiratory Therapist Technician at St. David’s North Austin Medical Center
2015 CoBGRTE Scholarship Recipients

Samantha Ferguson, Wichita Falls, Texas
Midwestern State University
Bachelor of Science in Respiratory Care Program
Sales Leader at Palm Beach Tan

Yanyun Lin, White Plains, New York
Stony Brook University
Bachelor of Science in Respiratory Care Program
Not currently employed

Jessica Long, Teague, Texas
Texas State
Bachelor of Science in Respiratory Care Program
Not currently employed

Ennert Manyeza, Galveston, Texas
University of Texas Medical Branch at Galveston,
Bachelor of Science in Respiratory Care Program
Student Assistant in the UTMB Respiratory Care Program

Maleka Najmi, Universal City, Texas
University of Texas Health Sciences Center at San Antonio
Bachelor of Science in Respiratory Care Program
Workstudy at UTHSCSA
2015 CoBGRTE Scholarship Recipients

Morgan Pentecost, Abilene, Texas
Texas State
Bachelor of Science in Respiratory Care Program
Not currently employed

Cheryl Skinner, BA, RRT, CPFT, Basehor, Kansas
Northeastern University
Master of Science in Respiratory Care Program
Clinical Assistant Professor, University of Kansas Medical Center,
School of Health Professions

Medtronic to Become a CoBGRTE Sponsor

Effective January 1, 2016, Covidien LP, a Medtronic company, will become a CoBGRTE Sponsor. An agreement between Medtronic and CoBGRTE was signed on December 14, 2015. The agreement sets out mutual responsibilities to:

- Regularly share information about students’ successes and barriers to success with the intent to improve respiratory care baccalaureate and graduate programs.
- Schedule annually a joint meeting of representatives of Medtronic and CoBGRTE to provide continuing education for faculty members, students and alumni of baccalaureate and graduate RC programs.
- Work jointly to create programs that will lead to funding for scholarships for baccalaureate and graduate RC programs.

CoBGRTE is proud to be associated with Medtronic and Covidien, the source for the trusted line of Puritan Bennett™ ventilation systems that many of our members have used in critical care units throughout their careers as respiratory therapists.

Professional positions posted at http://www.cobgrte.org/professionalpositions.html
*The University of Toledo, *University of North Carolina at Charlotte, *Boston Children’s Hospital,
*St. Catherine’s University, *Weber State University, *Samford University, *Youngstown State University,
*Bellarmine University, *University of Texas Health Science Center at San Antonio,
*Nova Southeastern University, *Indiana University Health, *Highline College,
*Northern Kentucky University, *Cincinnati Children’s Hospital, *University of Dammam
A successful meeting of the CoBGRTE Board of Directors was held on December 18, 2014 via an internet teleconference call with 18 directors in attendance. The Board unanimously approved CoBGRTE becoming a Collaborating Sponsor of the proposed CAAHEP Accreditation Review Committee for Respiratory Therapy (ARC-RT). The Board of Directors also unanimously approved a final draft of Accreditation Standards for the new accrediting committee. Both of these actions were consistent with the recommendations of the CoBGRTE White Paper on Accreditation published in November of 2014.

Also approved was the establishment of a Graduate Council with representatives from the nine established master’s degree respiratory care programs in the USA. Faculty members from other universities working on proposals for direct-entry and professional leadership master of science in respiratory care programs will be invited to join the Council. The goal will be to share demographic data to document the need for master’s and doctoral respiratory care programs that are needed to provide respiratory faculty members and leaders for the profession. Graduate Council members will share data on the number of applications, entering class size, attrition rate, number of graduates, starting salaries, professional positions assumed, and the scope of practice of alumni. The first meeting of the Council will be held by internet teleconference call next February.

The Board reviewed a report from the CoBGRTE Membership Committee which included data on a “Banner” recruitment year with the membership now exceeding 750 members (Up 25% from 2014). The Board approved a Committee recommendation to “highlight hospitals in The Coalition Chronicle who hire only RRT credentialed and/or BSRT therapists.”

TheCoBGRTE Program Standards Committee has submitted for review by the Board and the membership a “Standard National BSRT Curriculum” (see page 15). The Committee also recommended that BSRT and MSRT first professional degree programs should purchase the AARC Practices of Effective Preceptors (PEP) Program, because it provides the basis for developing inter-rater reliability among respiratory care clinical faculty members. The PEP program was developed by Drs. Crystal Dunlevy, Georgianna Sergakis and Sarah Varekojis at The Ohio State University. Educators attending the CoBGRTE membership meeting in Tampa identified clinical instruction as a topic that needs further discussion in 2016.

The Board approved two recommendations from the External Affairs Committee: 1) that CoBGRTE continue to formally request that we be allowed to attend and provide regular reports to the American College of Chest Physicians (ACCP), AARC and NBRC. Update: The CoBGRTE Executive Committee met with the AARC Executive Committee on Wednesday, July 15, 2015 and a report of that meeting was provided to the CoBGRTE Board. A request to meet with the AARC Executive Committee at their fall 2015 meeting was declined by the AARC. President Barnes did attend the AARC Presidents’ Council on November 8th. Currently, AARC President Salvador is working with Dr. Barnes to set a telephone conference or face-to-face meeting to occur early in 2016. The ACCP Respiratory Care Network Steering Committee meeting was held October 26th, 2015 at which time De De Gardner presented the CoBGRTE report.
Standard National BSRT Curriculum

The “Standard National BSRT Curriculum” has been recommended by the CoBGRTE Professional Standards Committee. The curriculum will be reviewed in early 2016 by the Board of Directors. Your comments and suggestions are welcomed and encouraged. CoBGRTE members should send comments and/or suggestions to Committee Chair, Dr. Gregg Marshall, using the following link:

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<th>FRESHMAN YEAR</th>
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<td>English Comp</td>
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<td>History</td>
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<tr>
<td>Social/Behavior Science</td>
<td>1 course</td>
</tr>
<tr>
<td>Intro Biology</td>
<td>1 course</td>
</tr>
<tr>
<td>Human A&amp;P</td>
<td>1 or 2 courses</td>
</tr>
<tr>
<td>History</td>
<td>2 courses</td>
</tr>
<tr>
<td>Communication/Speech</td>
<td>1 course</td>
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<tr>
<td>Math (College Algebra)</td>
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= 30 semester hours

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<tr>
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<tr>
<td>Medical Terminology</td>
<td>1 course</td>
</tr>
<tr>
<td>Microbiology</td>
<td>1 course</td>
</tr>
<tr>
<td>Chemistry</td>
<td>1 or 2 course</td>
</tr>
<tr>
<td>Physics</td>
<td>1 course</td>
</tr>
<tr>
<td>Government</td>
<td>2 courses</td>
</tr>
<tr>
<td>Statistics</td>
<td>1 course</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>2 courses</td>
</tr>
</tbody>
</table>

= 30 semester hours

Other possible institutional requirements:
- Philosophy 1 course
- Fine Arts  1 course
- Introduction to RT 1 course
- Pharmacology 1 course

*Pre-RT/Gen Ed Core differs by state and institution

Admission to BSRT Program – Required major sequence

JUNIOR YEAR – 35 semester hours

FALL
- Intro to RC Foundations
- Cardiopulmonary-Renal A&P
- Pharmacology
- Patient Assessment
- RC Instrumentation Sciences
- Clinical Patient Care (Lab/Hospital)
- BLS Certification

SPRING
- Cardiopulmonary Diseases/Pathology
- Clinical Patient Management (Floor Therapy Adult/Pedi)
- Advanced RC Technology (ICU Theory)
- Advanced RC Instrumentation (ICU Prep)
- Pulmonary Function Testing
- 12-Lead ECG Intern
- ACLS Certification

SUMMER I & II
- ICU Clinical Practice (Adult ICU)
- Hemodynamic Diagnostics
- Neonatal Respiratory Care Foundations

SENIOR YEAR – 25 semester hours

FALL
- Respiratory Care Applied Research
- Advanced Perinatal/Pediatric RT
- Critical Care Clinical Simulation (Board exam review)
- Advanced Ventilator Concepts
- ICU Clinical Practice (adult/NICU/PCICU)
- Exercise Physiology & Pulmonary Rehabilitation

SPRING
- ICU Clinical Internship
- Leadership, Management, Education, Ethics
- Case Study Management Seminar
- Specialization Internship
- CP Health Promotion & Disease Prevention
- Research Seminar

General Ed Core + BSRT Pre-reqs = 60 hrs
BSRT curriculum = 60 hrs
Proposed BSRT Degree = 120 hrs
CoBGRTE Institutional Members

Indiana Respiratory Therapy Consortium
Georgia State University
Weber State University
Boise State University
Bellarmine University
Rush University
Salisbury University
University of Toledo
The Ohio State University
State University of New York Upstate Medical University
Northeastern University
University of Texas Medical Branch - Galveston
Wheeling Jesuit University
Texas State University
University of South Alabama
Long Island University
University of North Carolina – Charlotte
Louisiana State University Health Science Center – New Orleans
Midwestern State University
Jefferson College of Health Sciences
Youngstown State University
Rutgers University - North
Nova Southeastern University
Loma Linda University
University of Arkansas for Medical Sciences
State University of New York at Stony Brook
University of Texas Health Science Center – San Antonio
University of Hartford
University of Cincinnati
University of Kansas Medical Center
College of Southern Nevada
Highline College
University of Akron
CoBGRTE Institutional Members – Continued

Oregon Institute of Technology
Georgia Regents University
St. Alexius Medical Center-University of Mary
Valencia College
Kettering College of Medical Arts
Shenandoah University
Middle Georgia State College
York College of Pennsylvania
University of Alabama at Birmingham
Respiratory Care Board of California
Texas Southern University
St. Catherine University
Armstrong State University
Cincinnati Children’s Hospital Medical Center
University of Virginia Medical Center
University of Dammam
Seattle Central College
Florida Southwestern State College
Utah Society for Respiratory Care
Intermountain Healthcare
Southern Connecticut State University
Washington Adventist University
Rutgers University - South
Northern Kentucky University
Boston Children’s Hospital
California Society for Respiratory Care
Respiratory Care Society of Washington
Samford University
Canisius College
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.

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

Happy Holidays
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