



### Professionalism!

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10-14-11 ISRC

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### Potential Conflicts of Interest

- Received research grants from Hamilton
- Received honorarium for lecturing from Maquet and Hamilton
- Consultant for Newport, Bayer and KCI

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### Definition of Professionalism

The conduct, aims or qualities that characterize or mark a profession or professional person!

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**Definition of a Professional**

- Characterized by conforming to technical or ethical standards of a profession
- Exhibiting a courteous, conscientious, and generally businesslike manner in the workplace.

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**Attributes of Professionalism, The Professional**

- Character
- Attitude
- Excellence
- Competency
- Conduct

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**Character**

- The aggregate features or traits of a person that define the individual!

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**Attitude**

■ A hypothetical construct that represents an individual's degree of like or dislike of something

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**Excellence**

■ A talent or quality which is unusually good and so surpassed ordinary standards

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**Competency**

■ Having suitable or sufficient skills, knowledge and experience, etc. for some purpose, properly qualified

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### Conduct

■ A personal behavior, a way of acting and showing one's behavior

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### The Professional Respiratory Therapist

- Becomes Registered!
- Becomes a member and supports their professional organization
- Continues their education BS, MS
- Always puts the needs of the patient first
- Attends professional meetings
- Educates other professionals and patients
- Is culturally sensitive
- Contributes to discussions regarding patient care planning
- Help other therapist to be the best they can be
- Performs research

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“The expectation is that you will be a consultant providing your opinion on how respiratory care should be provided”

“On patient rounds you are expected to contribute to the discussion of goals and direction of therapy”

“You are the expert on Respiratory Care and you will be expected to share your expertise”

“If no one asks for your opinion you are not necessary”

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- Kacmarek RM, Durbin CM, Barnes TA, Kageler WV, Walton JR, O'Neil EH. **Respiratory Care 2015 and Beyond: Charting a Future for the RT Profession.** Respiratory Care 2009;54:375
- Barnes TA, Gale DD, Kacmarek RM, Kageler WV **Competencies Needed by Graduate Respiratory Therapists in 2015 and Beyond,** Respiratory Care 2010;55:601
- Barnes TA, Kacmarek RM, Kageler WV, Morris MJ, Durbin CG. **Transitioning the Respiratory Care Workforce for 2015 and Beyond.** Respiratory Care 2011;56:681

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- ### RT Department Director's Survey
- 657/2,411 or 27.3% Response Rate
  - 96.5% Directors or Managers
  - Preferred new graduates: 36.5% AS, 36.4% BS, 26.5% none
  - New graduates 2005-2009: 72.9% met expectations, 15.9% fell below expectations, 11.1% exceeded
  - New Graduates must earn RRT: NA 55.5%, 12 months 22.9%, 6 months 13.2%, 18 months 7.4%, 36 months 1.1%
  - Require RT to maintain in addition to license NBRC credentials: NO 59.9%, YES 37.6%

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- Tuition reimbursement: YES 83.2%, No 15.2%
- Clinical affiliate: YES 78%, NO 20.8%
- Future Graduates credential RRT 78.8%, CRT 18.3%
- What degree should future graduates be required to earn to be eligible for examinations, licensure and entry into practice AS 56.5%, BS 40.2%
- What degree should future graduates be recommended to earn for continued practice beyond licensure and entry into practice as a RT 58.2% BS, 27.1% AS, 11% MS, NR 3.5%, 0.5 PhD
- Future graduates required to maintain active NBRC credential to practice YES 78.3%, NO 18.2%

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### Competencies with < 80% Agreement

- Explain indications and contraindications for advanced pulmonary function tests. 57%
- Explain indications and contraindications for sleep studies. 53%
- Relate results of sleep studies to types of respiratory sleep disorders. 36%
- Explain indications and contraindications, and general hazards and complications of bronchoscopy. 68%
- Describe the bronchoscopy procedure and describe the RT role in assisting the physician. 71%
- Critique published research. 33%
- Explain the meaning of general statistical tests. 40%
- Interpret lung volumes and diffusion studies. 58%

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### Competencies with < 80% Agreement

- Describe fundamental/basic organizational implications of regulatory requirements on the health-care system. 70%
- Describe health-care and financial reimbursement systems and the need to reduce the cost of delivering respiratory care. 61%
- Pediatric advanced life support (PALS). 78%
- Neonatal life support (NRP). 78%
- Perform endotracheal intubation. 78%
- Apply circulatory gas exchange systems (ECMO). 34%
- Recommend cardiovascular drugs based on knowledge and understanding of pharmacologic action. 60%

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### Program Director Survey

- Population = 435 program directors, 411 colleges
- Sample = 100% population
- Responses = 356
- Valid Responses = 353
- Programs responding = 366 (84.1%)
- Colleges responding = 353 (85.9%)
- Non respondent colleges = 58 (14.1%)

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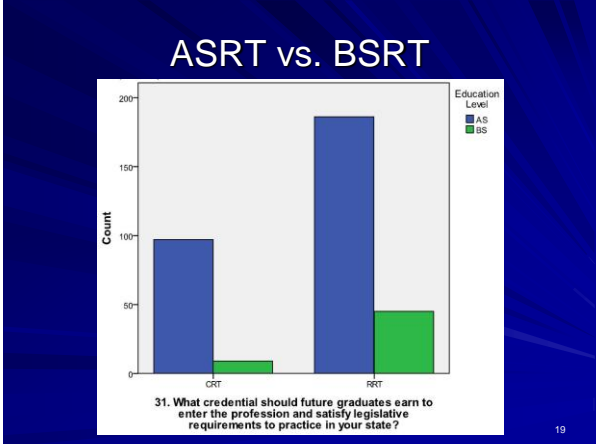
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### Degree to Practice

Crosstab

			Education Level		Total
			AS	BS	
32. What degree should future graduates be "required" to earn to be eligible for the examination they take to meet state legislative requirements to practice as a respiratory therapist?	MS	Count	1	2	3
		Expected Count	2.5	5	3.0
		% within Education Level	4%	3.7%	9%
BS	Count	52	45	97	
	Expected Count	81.5	15.5	97.0	
	% within Education Level	18.3%	83.3%	28.7%	
AS	Count	231	7	238	
	Expected Count	200.0	38.0	238.0	
	% within Education Level	81.3%	13.0%	70.4%	
Total	Count	284	54	338	
	Expected Count	284.0	54.0	338.0	
	% within Education Level	100.0%	100.0%	100.0%	

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### Degree Recommended After Licensure

Crosstab

			Education Level		Total
			AS	BS	
33. What degree should be "recommended" for future respiratory graduates to earn for continued practice beyond licensure and entry into practice as a respiratory therapist?	PhD	Count	1	1	2
		Expected Count	1.7	.3	2.0
		% within Education Level	4%	1.9%	6%
MS	Count	21	22	43	
	Expected Count	36.1	6.9	43.0	
	% within Education Level	7.4%	48.7%	12.7%	
BS	Count	165	31	196	
	Expected Count	164.7	31.3	196.0	
	% within Education Level	58.1%	57.4%	58.0%	
AS	Count	97	0	97	
	Expected Count	81.5	15.5	97.0	
	% within Education Level	34.2%	0%	28.7%	
Total	Count	284	54	338	
	Expected Count	284.0	54.0	338.0	
	% within Education Level	100.0%	100.0%	100.0%	

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**Competencies Addressed by < 80%**

- Relate results of sleep studies to sleep disorders: BS 74%, AS 68%
- Develop, administer, and reevaluate the care plan for chronic disease management BS 84%, AS 78%
- Critique published articles BS 89% AS 41%
- Explain meaning of statistical tests BS 82%, AS 33%
- Explain use of EBM to develop protocols BS 86%, AS 78%
- Contribute to organized teams BS 76, AS 66%
- Describe basic organizational implications of regulatory requirements on health care system BS 76%, AS 65%
- Describe healthcare and financial reimbursement systems and need to reduce cost of RC BS 71%, AS 56%

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**Competencies Addressed by < 80%**

- Lead groups in care planning, bedside decision making and collaboration with other HC professionals BS 70%, AS 52%
- PALS BS 58%, AS 51%
- NRP BS 66%, AS 60%
- ACLS BS 89%, AS 77%
- Rapid response BS 73%, AS 65%
- Mass Casualty Training BS 53%, AS 48%
- Contribute in collaborative care management based on EBM BS 82%, AS 71%

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**Conference Recommendations to AARC BOD #1**

- That AARC recommends to the NBRC on July 1, 2011, that CRT examination be retired after 2014.
- That the AARC recommend to the NBRC on July 1, 2011 that the multiple choice examination components (CRT+RRT written) for the RRT should be combined after 2014.

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### Conference Recommendations to AARC BOD #2

- That the AARC establish on July 1, 2011, a commission to assist state regulatory boards transition to a RRT requirement for licensure as respiratory therapist.

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### Conference Recommendations to AARC BOD #3

- AARC request CoARC to change by 7/1/12 accreditation standard 1.01 to read as follows:  
  
1.01 The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or graduate degree at the completion of the program. Programs accredited prior to 2013 that do not currently offer a baccalaureate or graduate degree must transition to conferring a baccalaureate or graduate degree, which should be awarded by the sponsoring institution, upon all RT students who matriculate into the program after 2020.

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### Why Do Need BS Degree Entry

- Can not master the needed competencies in a two year period
- Most AS degree programs require many more than 62 semester hours of college credit
- Federal governments only recognizes groups that have a BS or greater as their entry level requirement as professionals
- Other clinical professionals require or are in the process of requiring a BS for entry

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