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Resources in Education

The History of Respiratory Therapy

Hearings, Reports and Prints of the Senate

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Equipment for Respiratory Care

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Respiratory Care

Foundations in Neonatal and Pediatric Respiratory Care

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Medical and Health Information Directory

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HCOP digest

American Universities and Colleges

Allied Health Education Programs in Junior and Senior Colleges, 1975

Allied Health Education Programs in Junior and Senior Colleges, 1973

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Rice Programs Aspects of Efficiency in Respiratory Therapy Associate Degree Programs
Allied Health Education Directory
Abstract:

BACKGROUND: The healthcare industry relies on hospitals to employ competent individuals providing care to patients in many different specialties. There is a lack of research available that effectively describes the current state of Respiratory Therapy department orientation. The purposes of this study were to describe how respiratory therapy department managers have structured their new employee

orientations programs to verify competency (using the competencies from the AARC's 2015 and Beyond) and describe how these programs were designed to meet the JC standards.

METHODS: This study was executed through the use of survey research methodology and used the list serves for the national Management and Education Section Memberships of the AARC to distribute the survey invitation email, which totaled 2,907 members. A request was made in the email for the recipient to forward the survey to the individual in the department who is responsible for new employee orientation. Thirty-seven of the sixty-nine competencies outlined

in the 2015 & Beyond initiative were selected. The JC standards originated from the Human Resources section of the 2010 Hospital Accreditation Program Standards. RESULTS: From 449 respondents who accessed the online survey, 333 met the inclusion criteria. Fifty-five percent of respondents described their hospital type as a community hospital, 30.1% as Academic/Teaching, 4.0% as Children's, and under the other option respondents listed types of hospitals as: LTACHs, specialty, and cardiology. Forty-two percent of respondents described their hospital location as urban, 30.6% as suburban, and 26.9% rural. Two hundred twenty-six (77%) respondents

indicated newly hired staff therapists receive individualized orientation programs based on their needs or passed experience. Individuals responsible for conducting newly hired staff therapist orientation reported that additional training had been completed in order to be qualified to assure new staff competency. Of the AARC 2015 and Beyond competencies, 36 of the selected 37 were most frequently assessed with the observation of performing task (check-off) option. Only 8 out of 37 competencies were not assessed by greater than 25% of respondents. The JC topics for assessment used mixed methods, most commonly computer based

learning, lecture, and handouts. All JC topics in the survey were covered by greater than 95% of respondents except for early warning signs of a changing patient condition. Significant differences were found between competency assurance for both location and hospital type for several competencies.

Probationary periods of 60-90 days were frequently reported as a timeframe where new employees were expected demonstrate competency prior to termination.

CONCLUSION: RT departments are qualified and excelling in assessing competency for new staff therapists and should continue to incorporate advanced skills for the 2015 &

Beyond initiative. Methods used to assess competency should incorporate those beyond traditional tests and check-offs.

Departments should consider the use of simulators due to the added benefits of learning retention, critical thinking, and teamwork skills.

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the field of medical ethics"--

The History of
Respiratory Therapy
Peterson's

The most reliable & realistic source book about health care careers in the U.S., this volume offers your patrons everything they need to know about over 150 career opportunities for the 1990s. It describes the occupation & training requirements of allied health personnel, administrators, assistants, auxiliary workers, technicians, therapists, technologists, & many more. No other book includes a more comprehensive listing of accredited training programs--over 5,000 listings in all, complete with addresses.

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A new edition of the classic text, *Respiratory Care: Principles and Practice, Second Edition* is a truly authoritative text for respiratory care students who desire a complete and up to date exploration of the technical and professional aspects of respiratory care. With foundations in evidence-based practice, this essential text reviews respiratory assessment, respiratory therapeutics, respiratory diseases, basic sciences and their application to respiratory care, the respiratory care profession, and much more. Important

Notice: The digital edition of this book is missing some of the images or content found in the physical edition.

Equipment for Respiratory Care

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"Foundations in Neonatal and Pediatric Respiratory Care is unique. The approach and layout of each chapter is standardized, much like the format for scientific papers published in medical journals. Each chapter provides the reader with a thorough review of the literature on the subject, and the text is written in a clear and concise manner. Illustrations, tables, and figures enhance the learning experience. The supplemental web-

based materials provide relevant, evidence-based materials to enhance the reader's current practice and prepare them for the exam"--

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More than an introductory text, Respiratory Care: Principles and Practice, Fourth Edition by Dean Hess is a comprehensive resource will be referenced and utilized by students throughout their educational and professional careers.

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The History of Respiratory Therapy: Discovery and Evolution includes the

earliest beginning of the inhalational practice of medicine, vapors, and aromatherapy around 6,000 B.C. Its roots are in Egypt, China, India, and the middle East. From there, it spreads to Europe and the Americas. Some highlights include: In 6000 B.C. aromatherapy has its beginning. In 3000 B.C. Egypt, tracheostomy is depicted on a sculptured slab. 2600 B.C. there is mention of inhalational treatment for asthma in China. Tuberculosis-Pott's Disease is found in mummies in Egypt around 2400 B.C. In 1275 A.D., Lillius discovers ether but it is not apparently used until 1842 when Crawford Long M.D. administers ether to remove two cysts from

a patient. In 1783, Caillens was first reported doctor to use oxygen therapy as a remedy. In 1873, Theodore Billroth M.D. performs first laryngectomy. In 1917, Captain Stokes M.D. uses a rubber nasal catheter and nasal prongs to administer oxygen for WWI pulmonary edema patients. But only in the past 100 years is the major evolution of respiratory therapy been realized. The History of Respiratory Therapy: Discovery and Evolution is the first comprehensive written book on this subject and makes it a pioneer which officially documents information which is scattered throughout various resources.

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