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Spotlight Article

Middle Georgia State University

Department of Respiratory Therapy and Health Sciences

Bachelor of Science in Respiratory Therapy Entry-level and Degree Completion Programs

Bachelor of Science in Health Science and Associate of Science in Health Science

By Teri Miller, MEd, RRT, CPFT
Chair and Program Director

University History

Middle Georgia State University (MGA) is a leading public university in Georgia, committed to offering high-quality educational opportunities and fostering an engaged and welcoming community. The best value state university in the University System of Georgia, MGA serves 8,000+ students on campuses in Macon, Cochran, Dublin, Eastman, and Warner Robins - and online. The University offers 70+ areas of study and degrees at the doctorate, master's, and

bachelor's levels, along with select career-oriented associate's degrees and certificates. MGA is home to Georgia's flagship 4-year Collegiate Aviation program and stands at the forefront of aviation education. With a commitment to excellence, MGA continues to be a hub for innovation and academic achievement. In early 2024, the Peach Belt Conference extended an invitation to Middle Georgia State to join the league pending approval of the University's acceptance into the NCAA Division II provisional process. What we know today as MGA was created through the merger of Middle Georgia College based in Cochran, Ga., and Macon State College based in Macon, Ga. Middle Georgia College was founded in 1884 while Macon State College was founded in 1968, making MGA a unique combination of the contemporary and traditional in higher education. We commit to four core values: Stewardship, Engagement, Adaptability, and Learning with a mission to educate and graduate inspired, lifelong learners whose scholarship and careers enhance the region and the state.

Department of Respiratory Therapy and Health Science

Dr. Tara Underwood serves as Dean for the School of Health and Natural Sciences in leading the school in unprecedented growth. Programs in health science include nursing, rehabilitation science, biology, and occupational therapy, in addition to respiratory therapy. The middle Georgia region has a long history of employing respiratory therapists who practice at the highest level of their scope of practice. In 1994, with the support of regional medical centers, the respiratory therapy program began at the associate degree level on the Macon campus of MGA. Over the years, that program graduated over 400 entry-level RTs who went on to serve our local communities and beyond. In 2008, the Macon campus developed a degree advancement program offering a Bachelor of Science in Respiratory Therapy AS to BS Bridge for RRTs. Designed to strengthen therapists in the specialty areas of respiratory therapy practice, this program is fully online and has seen continued growth. Already registered therapists may be awarded up to twenty-one credit hours for their RRT credential, leaving only thirteen courses in the major toward their BS Respiratory Therapy degree, in addition to any needed

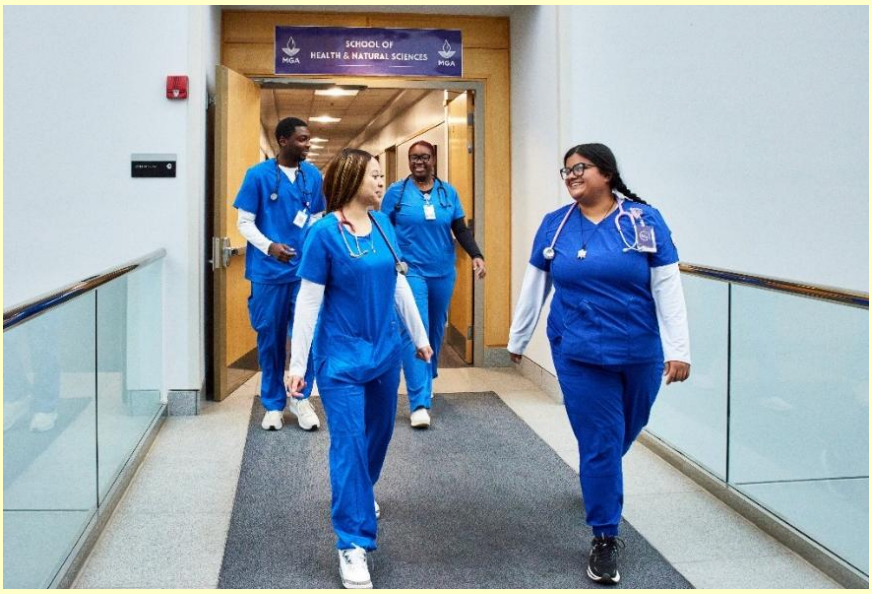
core. If an RRT also holds the RRT, the RRT-ACCS, or the CPFT/RPFT, prior learning credit (PLA) may also be applied for course credit. Applicants may apply year-round and major courses are offered in 8-week sessions.

In fall 2017, our AS entry-level program started the transition to a BS entry-level program and the first cohort was accepted in August 2018. The newly utilizing our newly developed curriculum features a problem-based learning

(PBL) format. The design also incorporated a structured simulation program, and included specialty focus on education, leadership, research, and advanced neonatal-pediatric care. This program continues its long tradition of connecting closely with our community through service-learning initiatives. While there were challenges to this transition, we are pleased to have implemented it, demonstrating stronger outcomes for our graduates in the process. Navigating changes such as the recent COVID-19 pandemic speaks to one of our university's key values- adaptability.

In six years, we are proud to share that we have achieved CoARC's Outstanding RRT Credentialing Success recognition for four years running and while enrollment dipped following the pandemic, it is now increasing. We have also grown our simulation program from just a few simulations to a structured program giving simulation experiences each semester, steadily increasing complexity for our students' development and increasingly engaging interprofessional experiences as well. Developing a neonatal track is one example of how we have listened to the needs of our community to graduate more prepared RTs ready to serve our area. The neonatal track has allowed students interested in neonatal care to prepare through experiential learning beyond the curriculum to get a "head start" in this specialty area. Students completing this track often begin their positions after graduation in neonatal ICU, helping to support the regional demand for transport therapists. Our newly developed neonatal-pediatric simulation lab area speaks to the university's shared vision. We are pleased to have been able to grow our RT programs and also to have

expanded to include health science degrees and faculty in our department. Having robust recruitment for health science-interested students is important to programs such as respiratory therapy and nursing. It also helped ,to grow to be more aware of the interprofessional connections we build in colleges and universities that translate to the workforce. At a time when there is a shortage of RTs and nurses, we have found great benefit in connecting early with our local high schools to support groups such as Future Health Professionals (HOSA) to share about our profession and allow students to see their future in healthcare. Having a talented team who works well together is essential and MGA is blessed with an experienced faculty whose combined talents and passion for the profession complement each other well. In the past six years, we have grown in number and programs, and we hope to continue this trajectory. Our faculty are engaged in state and national leadership roles for our professions, and we try to mentor our students toward this future as well. While the road to our transition was not easy with retiring faculty, new team members, recruitment transitions, and a pandemic that impacted the student experience, we did not give up! While recruitment continues to be a challenge, in the years to come, we hope to see more students choosing respiratory therapy as their future early and finding immense value in THE BEST career there is- to be an RT.



Curriculum – BSRT Entry Program

I-Institutional Priority	4 Hours
Institutional Priority "Perspectives"	
M-Mathematics & Quantitative Skills	**3 Hours**
Math 1001, 1101, 1111, 1112, 1113	
P-Political Science & US History	**6 Hours**
HIST 2111 or 2112 (US History)	
POLS 1101	
A-Arts, Humanities & Ethics	**6 Hours**
Literature-based English option- ENGL 2111, 2112, 2121, 2122, 2131, 2132, 2141, 2142	
Arts, Humanities, & Ethics option	
C-Communicating in Writing Science	**6 Hours**
ENGL 1101	
ENGL 1102	
T-Technology, Mathematics & Sciences (STEM) Sequenced Lab Science Required for RT degree; 1 CHEM required	**11-12 Hours**
**CHEM 1151K or CHEM 1211K	
CHEM 1152K or CHEM 1212K	
Technology, Math & Science Option- Recommend MATH 1401	
S-Social Sciences	**6 Hours**
Social Science Option	
Social Science Option	

Field of Study	18 Hours
BIOL 2251K (A&P I)	
BIOL 2252K (A&P II)	
BIOL 2260K (Microbiology)	
PSYC 1101	
Guided Elective (3hrs)- Required CHEM, PHYS, PSYC, or Statistics	
RESP Major Coursework- (Program application and acceptance required)	(60 Hours)
RESP 3110 Resp. Assess/Physio (3)	
RESP 3111 Fund. Resp. Care I (3)	
RESP 3112 Virtual Clin. 1 (3)	
RESP 3113 Diagnostics (1)	
RESP 3114 Cardiopulm. Research (2)	
RESP 3115 Clin. Rotation I (1)	
RESP 3120 Teaching/Precept. (2)	
RESP 3121 Fund. Resp. Care II (3)	
RESP 3122 Virtual Clin 2 (3)	
RESP 3123 Cardiopulm. Crit. Care I (3)	
RESP 3125 Clin. Rotation II (2)	
RESP 3126 Clin. Rotation III (1)	
RESP 3131 Neonatal/Ped Care (3)	
RESP 3133 Cardiopulm. Crit. Care II (3)	
RESP 3135 Clin. Rotation IV (1)	
RESP 4110 Leadership/Management (2)	
RESP 4111Neo/Peds Crit Care (3)	
RESP 4112 Virtual Clinical 3 (3)	
RESP 4113 Advanced Critical Care (3)	
RESP 4115 Clinical Rotation V (2)	
RESP 4116 Clinical Rotation VI (1)	
RESP 4120 Respiratory Care Seminar (2)	
RESP 4124 Alternative Resp Care (3)	
RESP 4125 Clinical Rotation VII (7)	
Total	**120 Hours**

Curriculum – BSRT Completion Program

I- Institutional Priority	**4 Hours**
Institutional Priority "Perspectives"	
M-Mathematics & Quantitative Skills	**3 Hours**
Math 1001, 1101, 1111, 1112, 1113	
P-Political Science & US History	**6 Hours**
HIST 2111 or 2112 (US History)	
POLS 1101	
A-Arts, Humanities & Ethics	**6 Hours**
Literature-based English option- ENGL 2111, 2112, 2121, 2122, 2131, 2132, 2141, 2142	
Arts, Humanities, & Ethics option	
C-Communicating in Writing Science	**6 Hours**
ENGL 1101	
ENGL 1102	
T-Technology, Mathematics & Sciences (STEM) Sequenced Lab Science Required for RT degree; 1 CHEM required	**11-12 Hours**
**CHEM 1151K or CHEM 1211K	
CHEM 1152K or CHEM 1212K	
Technology, Math & Science Option- Recommend MATH 1401	
S-Social Sciences	**6 Hours**
Social Science Option	
Social Science Option	

Field of Study Guided Electives: MATH 1401, PSYC 2103, PHYS1111, PHYS 1112, PHYS 2211, CHEM 2211 CHEM 2212
Notes: Sequence lab required. BIO 1001/1002K or BIOL 2107/2108 acceptable with CHEM 1151K or 1211K required.
See MGA Catalog for specific details/degree requirements.

Field of Study- "C" or higher required	**18 Hours**
BIOL 2251K (A&P I)	
BIOL 2252K (A&P II)	
BIOL 2260K (Microbiology)	
PSYC 1101	
Guided Elective (3hrs)- Required CHEM, PHYS, PSYC, or Statistics	
Prior Learning Credit Applied through dept. with RRT credential, AAS/AS degree, & license for portfolio	**21 Hours**
RESP 3121 Fundamentals of Respiratory Care II 3 credits	
RESP 3123 Cardiopulmonary Critical Care I 3 credits	
RESP 3131 Neonatal Pediatric Care 3 credits	
RESP 3133 Cardiopulmonary Critical Care II 3 credits	
RESP 4120 Respiratory Care Seminar 2 credits	
RESP 4125 Clinical Rotation VII 7 credits	
Note: *Separate PLA available for RESP 3050/3040/ 4060 with appropriate credentials for related course. (ACCS/NPS/CPFT/RPFT)*	
RESP Major Coursework- Program application and acceptance required; RESP-*8 week online courses*– RESP courses offered once/year ; "C" or higher required	60 Hours
HLSA 3310 – Am. Health Care. Syst.	(All)
HLSA 3320 - Health Care Adm.	(All)
RESP 3020 – Int. Resp. Physiology	(Fall1)
RESP 3050 – Adv. Adult Crit. Care	(Fall2)
RESP 4010 – Case Mgt. and Protocols	(Fall1)
RESP 4020 – Quality Control	(Fall2)
RESP 3030 – Resp. Research	(Spr1)
RESP 3040 – Adv. Ped/Neo	(Spr2)
RESP 4030 – Polysomnography	(Spr2)
RESP 4060 – Pulmonary Function	(Spr1)
RESP 3010 – Adv. Mech Vent	(Sum)
RESP 4040 – Community Health	(Sum)
RESP 4050 – Mentoring/Preceptorship	(Sum)
Total	**120 Hours**

Clinical Faculty & Support

MGA's respiratory therapy programs are fortunate to have the support and talents of our administrative assistant, Angela Brice, and our part-time clinical instructors: Jennifer McIntosh, MS, RRT, RRT-ACCS, Tameika Helguson, BS, RRT; and Millie Klein, BS, RRT.

Full-time Faculty

Teri Miller, M.Ed., RRT, CPFT, Associate Professor and Chair for the Department of Respiratory Therapy and Health Science graduated from Augusta University (formerly the Medical College of Georgia) and completed her MEd in Instructional Technology at Georgia College and State University. Teri is experienced in adult, neonatal and pediatric critical care, transport, management, pulmonary function testing and education. She has been a faculty member with MGA for 21 years, the last ten as program director and chair. Teri has been actively engaged in the American Association for Respiratory Care (AARC) and currently serves as Vice President of Internal Affairs for the AARC.

Jasmine Brown, MS, RRT, RRT-ACCS, CHSE-A, has been an Associate Professor and Director of Clinical Education in the Department of Respiratory Therapy and Health Sciences at Middle Georgia State University for 10 years. As an alum of the program, she continued her education by earning a BS degree from the University of Arkansas for Medical Sciences and an MS degree from Georgia State University. Jasmine plays a vital role in enhancing the program through the development and implementation of its simulation initiatives. In 2023, she achieved the Certified Healthcare Simulation Educator-Advanced (CHSE-A) credential, potentially making her the first respiratory therapist in the nation to receive this distinction. Jasmine has demonstrated the impact of simulation through her research. (Link to article). Jasmine also serves her profession through volunteering with the Georgia Society for Respiratory Care, just completing her tenure as Past President and serves on the program committee.

Nancy Guyse, MS, RRT, RRT-NPS, AE-C, Assistant Professor of Respiratory Therapy graduated from Bellarmine University and completed her MS in Respiratory Care Leadership from Northeastern University. She has recently started her course work on her doctorate degree in Adult Learning and Development from Valdosta State University. Nancy has experience in neonatal, pediatric, and adult acute and critical care, ECMO, COPD & asthma education, and pulmonary rehabilitation. Nancy started as a clinical instructor here at MGA 8 years ago and upon completion of her master's degree she stepped into her current role as assistant professor 6 years ago. Nancy leads the RT Neonatal Track and serves as advisor for the RT student organization, MGREAT. She is actively engaged in the Georgia Society for Respiratory Care as president, membership committee chair, and her current role as immediate past president. She also serves as the membership liaison, membership committee chair, and a board of directors' member for ACRTE.

Alexis Pope, MS, RRT, RRT-ACCS, RRT-NPS, an Assistant Professor of Respiratory Therapy, graduated from the former Armstrong Atlantic State University (Georgia Southern University) in the spring of 2009 with a Bachelor of Science degree in respiratory therapy. She has worked as a respiratory therapist in Savannah, GA, and Central GA throughout her career. In 2017, Alexis decided to further her respiratory therapy education and obtain a Master of Science

degree in health sciences with a concentration in respiratory therapy. She graduated in May of 2018 from Georgia State University in Atlanta, GA. The time between degrees was spent well, as Alexis explored PFTs, respiratory education, supervising, and clinical instruction. In the fall of 2023, Alexis' career as a respiratory therapist and love for education led her to becoming a full-time professor of respiratory therapy at Middle Georgia State University. Alexis continues to work as a bedside respiratory therapist to maintain her skills and knowledge base and to impact on the lives of those with respiratory troubles. She finds joy in professional development and doing all she can to become a better educator, respiratory therapist, and professional.

Samuel Collier, MSN, APRN, FNP-C, BS, RRT, is an Assistant Professor of Respiratory Therapy at Middle Georgia State University. He earned his Master of Science in Nursing with a specialization as a Family Nurse Practitioner from the University of Alabama at Birmingham and a Bachelor of Science in Respiratory Therapy from Middle Georgia State University. With a diverse background in respiratory care, emergency medicine, and advanced nursing practice, Samuel brings a wealth of clinical expertise to his teaching. His experience includes roles as a registered respiratory therapist in critical care settings, an ICU nurse, and a nurse practitioner in emergency medicine and outpatient care. Before joining the faculty full-time, he previously served as a respiratory therapy clinical instructor at MGA, mentoring students in clinical practice. Samuel teaches courses in respiratory therapy and health sciences, integrating his interdisciplinary clinical experience to enhance student learning. His professional interests include acute and critical care management, pulmonary medicine, and interdisciplinary healthcare education.

Larrica Clark, BS, RRT is a full-time Clinical Instructor of Respiratory Therapy and a graduate of this program. A highly skilled and accomplished Registered Respiratory Therapist, she earned her BS degree from Middle Georgia State University, and she is committed to advancing her education. Larrica is a former Secretary of the Georgia Society of Respiratory Care (GSRC). She also has 10 years of military service as a Staff Sergeant (E-6) in the United States Army and Georgia National Guard. Previously, she served as Program Director at a local technical college, where she played a key role in maintaining CoARC accreditation. Larrica remains dedicated to shaping the future of respiratory therapy through excellence in instruction during the student's clinical experience.

Chris Scoggins, DrPH, MPH serves as Assistant Professor of Health Sciences at Middle Georgia State University where he teaches and mentors students in a robust, interdisciplinary program preparing healthcare and public health leaders for the future. Chris holds a Bachelor of Science in psychology from Mercer University and his Master of Public Health from Mercer University School of Medicine. He completed his Doctor of Public Health in 2024 concentrating on social epidemiology. He is a member of the Phi Kappa Phi and Delta Omega honor societies and serves on a variety of boards and advisory groups including for the Georgia Rural Health Association, Winship Cancer Institute, and the Georgia Health Equity Community of Practice. His areas of professional and research interest include health policy, health equity, aging, clinical outcomes, and systems of care. Outside of his professional work, Chris enjoys spending time in nature with his wife and two children. He can usually be found in the garage working on a project.

Contact Information

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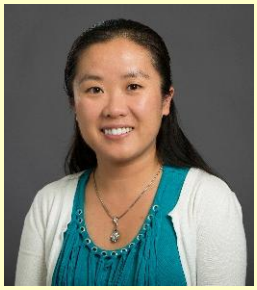
Interview



Jie Li, PhD, RRT, RRT-NPS, RRT-ACCS, FAARC, FCCM
Professor, Rush University
Chicago, Illinois

By Jeff Ward, MEd, RRT, FAARC
Mayo Clinic Multidisciplinary
Medical Simulation Center
Rochester, Minnesota

1. Tell us about your early days as a respiratory therapist.

- What events/circumstances brought you into the profession?

My grandfather passed away from COPD before I entered university, which inspired me to pursue medical school. During my third year of undergraduate studies in China, the SARS outbreak occurred, and I realized that many patients did not receive adequate respiratory support, such as mechanical ventilation; that was largely due to a shortage of trained professionals—especially respiratory therapists. At that time, respiratory therapy was a new and emerging profession in mainland China. Witnessing this gap, especially in intensive care units, made me determined to become a respiratory therapist so that I could help patients suffering from pulmonary diseases and further my interest in respiratory critical care.

2. Who were your mentors?

-What/how did they contribute to your career?

I have been fortunate to have several outstanding mentors who have shaped my career. That began as I attended the first respiratory care program established by pulmonologist Dr. Liang at West China Medical School at Sichuan University. He was an open-minded professor who cared deeply about students—not just academically, but also personally. He encouraged us to develop our unique talents and interests, much like a guiding parent.

After graduating, I worked as a respiratory therapist at Beijing Chaoyang Hospital, where I was mentored by Dr. Chen Wang, who later became my advisor

during my master's degree at Capital Medical University. Dr. Wang is a brilliant and diligent leader who instilled in me the philosophy that "details determine success." He set high standards for excellence, and my ten years of working with him taught me the importance of perseverance and precision in both patient care and research.

I brgan a PhD program in health science at Rush University in Chicago. James Fink, RRT, PhD was an adjunct professor with Rush and became my advisor. He provided me with the academic freedom which allowed me to independently drive my research and only stepped in when necessary. He was always available when I faced challenges, encouraging me when I felt stuck, and making my PhD journey more fulfilling than stressful.

Another key mentor was Dr. Rajiv Dhand, a renowned expert in aerosol research. He became a member of my dissertation committee and generously shared his expertise. His guidance further shaped my academic development. We also coauthored several review articles.

Shortly after I completed my PhD, the COVID-19 pandemic emerged. I had the opportunity to lead a randomized controlled trial on awake prone positioning for COVID-19 patients—an intervention known to improve oxygenation but lacking evidence on clinical outcomes like intubation and mortality. I was fortunate to collaborate with Dr. Stephan Ehrmann from France and Dr. Oriol Roca from Spain, both of whom mentored me on organizing a multicenter study and leading a multidisciplinary team. Their guidance was invaluable in developing my leadership and research coordination skills. I co-organized and designed a collaborative meta-trial with Dr. Ehrmann to investigate the effects of awake prone positioning in COVID-19 patients. Our study, was published in Lancet Respiratory Medicine (2021; 9(12): 1387-1395).
https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00356-8/fulltext

Our study enrolled 1,126 patients across 42 institutions in six countries. We demonstrated that awake prone positioning reduces treatment failure and intubation rates. Within a year, our findings were cited 165 times and incorporated into multiple COVID-19 treatment guidelines. Building on this work, I led an international team of 18 experts from 11 countries to conduct a meta-analysis, published in Lancet Respiratory Medicine (2022; 10(6):573-583).
https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00043-1/fulltext

This study reinforced the effectiveness of awake prone positioning in reducing intubation risk for moderate-to-severe COVID-19 patients receiving high-flow nasal cannula oxygen therapy. Beyond these studies, I have collaborated with Dr.

Ehrmann on several aerosol research projects. Dr. Roca was a key investigator in both aforementioned studies on awake prone positioning and has extensive expertise in high-flow nasal cannula therapy for hypoxemic patients. I have worked with him on multiple projects in this field, benefiting greatly from his guidance and insights.

3. How did furthering your education contribute to your career path?

-What got you on your path towards leadership roles in the AARC and/or related organizations?

Pursuing graduate education, especially PhD training, was instrumental in shaping my career. It provided me with the knowledge and skills necessary to conduct high-quality clinical trials, develop critical thinking, and evaluate evidence effectively.

I have seen many respiratory therapists struggle to find a clear career path, particularly those who want to advance professionally. This motivated me to share my experience, knowledge, and skills with others. Some aspects of respiratory care still lack strong evidence, and I am passionate about promoting evidence-based practice. By example, I hope to encourage other therapists to not just follow existing evidence but actively contribute to establish new evidence. This drive naturally led me to leadership roles in AARC and other organizations, where I work to advance the field through research, education, and professional development.

4. What are some key lessons you have learned as: clinician, educator,and leader in the profession?

I strongly believe in the principle of "no pain, no gain." One of the most important lessons I've learned is to stay committed to your goals. No matter what challenges arise, don't hesitate or change course.

Another key lesson is to always give your best effort. My philosophy is to live without regret—when I decide to pursue something, I commit fully to that, regardless of the outcome. By following that theme, I know I did everything possible. If given a second chance, I wouldn't do anything differently, because I would have already given my best the first time.

5. What would you recommend to new graduate therapists just beginning their career?

First, find an environment where you can thrive—a workplace with a healthy culture that supports professional growth. Keep in mind that growth often requires stepping outside your comfort zone; while it may feel challenging at times, embracing that discomfort is key to progress.

Second, identify your career interests, strengths, and weaknesses so you can set a clear professional goal. Find a mentor who shares your interests, can provide guidance and accelerate your growth.

Finally, stay open to learning and evolving. The field of respiratory care is constantly advancing, and being adaptable, curious, and proactive will set you up for long-term success.

ASRT to BSRT & MSRC Degree Advancement Programs

BSRT and MSRT Entry Programs

Graduate Respiratory Therapist Programs

www.acrte.org

Professional Positions Posted

***UTMB-Galveston, *University of Arkansas for Medical Sciences, *UT Health San Antonio, *University of West Alabama, *Liberty University, *University of Nebraska Medical Center, *Georgia State University, *Stony Brook University, *St. Catherine University, *Augusta University, *Upstate Medical University-Syracuse**

Improvisational Skills for Simulation Center Standardized Patients

Jeff Ward, MEd, RRT
Mayo Clinic Multidisciplinary Medical Simulation Center
Rochester, Minnesota

After completing 46 years as a respiratory care educator, I returned to part-time work in the Mayo Clinic Multidisciplinary Medical Simulation Center (MCMMSC). I'd previously been involved as a member of the center's faculty and was responsible for writing scenarios and producing simulation events for the Mayo Respiratory Therapy program and other medical groups. Assuming a new role as a simulated/standardized patient (SP) was a learning experience and meaningful transition.[1] This article will describe the importance of SPs attaining improvisational skills to better support scenarios which are intended to develop non-technical attributes of simulation learners.

I'd previously worked with SPs as I briefed them prior to scenarios in which they represented patients with respiratory problems. Besides providing history and symptoms, another objective was often for them to convey the emotional stress from dyspnea or burden of chronic disorders such as asthma or COPD. SPs also assumed other important roles such as patients' family members or other ancillary medical personnel; these often were placed in scenarios where manikins were used as mechanically ventilated patients. The objective for that use of SPs was to provide students with experiences which allowed them to develop both effective and compassionate communication skills. This was especially important with parents of children or patients in end-of-life scenarios.

The MCMMSC is fortunate to have a well-organized preparation program for SPs, which includes initial training, course scheduling and continuing education. Besides a background in simulation, its key leaders also have formal training in the performing arts. There are over 100 in the SP group, which includes a range of ages, racial backgrounds, non-English language skills, and levels of medical background. All SPs are involved in training, especially in providing constructive evaluation of participants during debriefing. There is some evidence that learners respond positively to objective feedback delivered by an SP.[2] In addition, workshops are provided specifically for helping SPs develop abilities to handle roles for which improvisation is important.

My first improv experience as an SP, was for a course in professional communication for Mayo staff physicians. Doctors initially received didactic

sessions on the key aspects of effective communication skills, cultural issues, ethical principles, and the use of interpreters. They were then asked to write a short scenario snippet on a 4x6 card. Their scenario was to reflect either a common or challenging communication problem they'd experienced in an outpatient setting. It was to include some reference to the patient's emotional or psychological state (e.g., grumpy, obstinate, tearful, or cognitively challenged). The physicians' cards were then distributed to a cadre of standardized patients waiting in a "green room." They had a few minutes to read the scenario card and then were placed in a room to meet their physician. Although they had a basic idea of the session, most of the interaction was improvised. My scenario represented a challenge in shared decision making between me and my physician.

Some medical centers' simulation centers do employ either professional actors or those who may work in local amateur theater companies.[3] Whether SPs have had previous professional training or abilities developed by simulation center training workshops, the importance of improvisational skills is increasingly recognized for its importance. Improvisation is defined as the activity of making or doing something not planned beforehand; adapting to situations as they unfold. The etymology is the Latin *improvisus*, or un-foreseen. In the performing arts, improv involves a very spontaneous performance without a specific script or rehearsal. Applied improvisation uses the same basic tenant but the interaction occurs not in theaters but within disciplines including science, counseling medicine, and academics. Applied improv can also be part of teaching strategies which allow learners to explore ideas, leadership roles and team-building approaches. Improv has found its place as a valuable learning tool to as part of medical clinical simulation scenarios as well as in the post-event debriefing.

The goal of many simulation events is to provide learners with an opportunity to follow well-defined procedures, technical tasks or make decisions based on performance algorithms. A classic example of the latter is the American Heart Association's cardiopulmonary resuscitation guidelines.[4] Similarly, SPs are required to rigidly adhere to predetermined scenario scripts during objective structured clinical examinations (OSCE). That allows evaluation of multiple candidates based on as standardized a scenario as possible.[5] Clinical simulation centers have excelled in this type of training and their role has been widely accepted. Their importance for developing non-technical attributes has been gaining in acceptance.

Improvisational skills workshops can blend theatrical practice, psychology and simulation educational practice to develop improv skills in standardized patients. Curricula typically includes exercises in listening, observation and identifying behaviors that spport character development. Learning formats can replicate

simulation scenarios to provide exercises for general or specific needs. Within a safe environment, participants can interchange both patient and caregiver roles. Interactive skills such as empathy can be tested using verbal, non-verbal expressions. After each scenario, feedback is provided from fellow improvisers as the video playback is reviewed. Debriefing often focuses on analysis of what the SP did to alter their behaviors, was it believable, did that change the attitude of the learner and affect the outcome of the scenario. Debrifing improv trainers provide insights as subsequent scenarios are presented.[12,13,14]

Simulation-based education has become an established and transformative approach for training medical professionals since its emergence in the 1960s. Dedicated medical simulations centers have become a standard of educational practice and continue to be integrated with classroom or online didactics, and task training instruction and clinical practice rotations. This blending of learning methods offers an effective approach as medicine becomes more complex and practice challenges continue to occur. Use of standardized patients in scenarios continues to become more important in helping to both make events more realistic and enhanced experiences to develop non-technical skills. Evidence continues to document that SPs with improvisational abilities enrich the training of these important attributes.[13,15]

References

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If you have not already decided to become a ACRTE member after visiting www.acrte.org, the following are 15 reasons why you should join ACRTE.

Reasons Why You Should Become ACRTE Member

1. Award scholarships to associate, baccalaureate, and graduate respiratory therapy students.
2. Help 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 colleges/universities awarding associate, 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 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 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 support a roster and website for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with NBRC, CoARC, and AARC to improve respiratory therapy education.
15. Faculty development through financial support and publishing/presenting opportunities.

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