

## President's Message Deb Haider

### Clearing the Clutter: Cleaning out your "Professional Closet"

In preparing for a move to a new



house this summer, I was surprised to find out how much stuff – "clutter" – had accumulated over the four years we lived in our former

house. Where did it all come from? And when did it show up? And is it a wonder why I so often can't seem to find something?!!!

In thinking about how all this piled up, it occurred to me that the same thing happens in our professional lives. How many people had I meant to call, but misplaced their number? How many articles did I copy from journals and hoped to read, but are now in a pile somewhere? What things did I intend to do, but ended up getting put off by the crisis, or the clutter, or the moment?

President's Message continued on page 4.

## POST- 9/11 Emergency Preparedness by Nick Kuhnley, RRT

To date, much of what has been discussed in public forums regarding emergency preparedness has been limited to "bug scare" presentations. Although biologic weapons are a formidable adversary for medical personnel, they do not deliver the immediate impact of other more conventional weapons and natural disasters on medical resources. Biological weapons may take days or even a week before presenting us with victims who will require ventilator support. Inhalation injuries due to heat, smoke, and chemical agents, as well as trauma due to blast injury can present us with immediate ventilatory support patients. In large numbers, these victims could promptly overwhelm the Twin City's capacity to provide even basic airway management and ventilator support. It is clear that we should not focus on any single threat, no matter how the media and "experts" may place their attention on bio-terrorism.

Our current metro-area inventory of hospital owned ventilators stands at capacity of about 455 adults, infants, and pediatric patients. 48% of these are in use on average institutional days.

The first step that individual hospitals will take, is to protect themselves at the point of entry from nuclear (N) biological (B) or chemical (C) contamination. The medical mission of our employers extends far beyond any single incident, so it is paramount that we protect our institutions from permanent closure due to long term contamination by NBC agents. Off-site triage and decontamination facilities are being established for initial patient contact, with a secured entry to the hospital proper.

Relationships between medical institutions, suppliers, manufacturers, and temporary agencies should be encouraged, and the pre-planning of response actions should be based on predetermined triggers rather than on unpredictable communications. Communication in a disaster could be limited, in which case pre-arranged actions could be automatic.

An example would be an automatic additional delivery of medical gas cylinders from a supplier when a major disaster occurs within 30 miles of the Twin Cities.

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# Editor's Note

HELLO EVERYONE! And welcome to your Summer/Fall Issue of The Bronchus, a special ELECTION ISSUE just for you! We have made this issue a special edition so that we may highlight the upcoming elections and bring you spotlighted articles and biographies of those running for Officer and Board of Director positions.

Your election choice ballots will arrive at your homes shortly, and this issue of The Bronchus is your chance to learn about the candidates and where they stand on issues of concern. It will be your best chance to learn what qualities each of the candidates possess and can bring to the MSRC Board. Study these biographies carefully and have them handy when you make your selections for the new Officers and Board of Directors members. Remember, if you don't participate, then you don't count. **Editor's Note continued on page 7.**



Kyle Jeff Megan

**WINTER ISSUE DEADLINE  
OCTOBER 10, 2002**



The Bronchus is the official newsletter of the Minnesota Society for Respiratory Care, and an affiliate of the AARC. Published in Minneapolis, Minnesota. The Bronchus welcomes articles from respiratory therapists, physicians, nurses, and other health care personnel interested in pulmonary care.

#### Editorial Guidelines:

The Bronchus welcomes contributions from readers, whether in the form of editorials, counterpoints, or commentaries. The editors of The Bronchus make the final decision on what letters are published. All letters must include the writer's name, address, telephone number, and email address if available. This information will be included in the letter if it is published. Any reader responses to a submitted letter will be referred back to the author. Letters must also include the writer's signature. We reserve the right to edit all letters. Letters should be kept brief. By submitting a letter to the editor, a counterpoint letter or a commentary article to the MSRC you are agreeing to give the MSRC permission to publish the letter or article in any format and in any medium. All letters submitted become the property of the MSRC.

Disclaimer: All articles published, including editorials, counterpoints, and commentary, represent the opinions of the authors and do not reflect the official policy of the Minnesota Society for Respiratory Care or the institution with which the author is affiliated, unless this is clearly specified.

Editors ————— Kyle Oen & Jeff Rutter  
Associate Editor ————— Megan Terveen  
Circulation Coordinator ————— Jeff Anderson  
Advertising Manager ————— Nick Kuhnley

All materials for publication including advertisements should be in: MS-Word, Illustrator or Quark XPress format sent via E-mail to:

#### The Bronchus:

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Jeff Rutter: jlrutter@aol.com  
Megan Terveen: megantpt@msn.com

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If you change your address or are having problems receiving The Bronchus, please notify the MSRC c/o:

#### Jeff Anderson

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# President's Message Continued

(from cover)

***What do you really need in your professional life and want to do better at or more of, and what could you do without?***

It's a question that we perhaps should all ask ourselves. I know that I could do without the endless lists of things to do. Maybe if I set aside the appropriate amount of time and actually did them, they wouldn't accumulate. I know that I could do without negative talk about work; I know it slows me down and degrades my attitude, but then why do I sometimes participate in it? Wouldn't it be better to just realize that I chose the profession and job that I did, it's a great one all in all, and there are some things I can change by taking positive action, but others it would be better to just let go of?

It can all become overwhelming, can't it? But instead of letting it get this far, why don't we stop the insanity in its tracks by taking a new stand and mapping out our priorities and goals? In a 1955 study of Yale graduates, only 3% had positive written down goals. In a 1973 follow-up, those 3% had greater wealth than the other 97% combined! Seems it would be worth our time to map out a positive course of action.

What are your goals in your professional life? What do you want to accomplish? These goals can be as "bottom-line" as being the best therapist and advocate you can be for your patients each day, or they may be more global, like running for MSRC Office next year (or the next!). Your goals may include doing a presentation on Respiratory Therapy as a profession at your local high school's next career day. It may be a goal of writing a letter to your representatives to support reimbursement for pulmonary rehab, respiratory care in the home, or asthma education delivered by a respiratory therapist. Or it might be a goal of putting together a team for the Sputum Bowl, writing a clinical article for the *AARCTimes* or the *Bronchus*, or taking one of the NBRC exams or the new Certified Asthma Educator exam to further your career.

Whatever your goal, write it down, make it real by sharing it with someone, and put a timeframe on it! This kind of goal setting has been found to be most successful.

Now, mix this with your values. If your number one value and priority is your family, but you are already working 40 hours a week plus an extra shift every now and then, but you also want to take the RPFT exam next time it is offered and organize a Sputum Bowl team, maybe you'll have to make some choices! The extra shift might have to go to free up time for studying or for spending with your family. Maybe you can recruit someone else to organize the Sputum Bowl team and you can just be on it. Or you might have to change

the timeline on one of your goals, making it more realistic and allowing you to live in accordance with your values.

We are always making choices, but are we making them rationally according to our priorities and goals, or are we just letting life make choices for us? And in the meantime, letting clutter pile up?

I challenge you to sit down and write out your values, and then write down 1 or 2 professional goals you would like to accomplish before 2002 is over, keeping in mind that 2003 is just around the corner! Share them with a colleague, your manager, or a mentor. Put a timeframe on it. Be clear about where you are headed and get rid of clutter day by day.

I hope that attending the MSRC Annual Fall Education Conference in Duluth September 11 - 13, becoming more active in the MSRC, or joining if you're not already a member, will be on your list of goals for the rest of 2002. More importantly, I hope that taking the best care of your patients and yourself is at the top of the list!



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# Camp Superkids Report

by Jackie Cummings

I was a first time staff member of Camp Superkids this year and despite the heat, humidity, and rain, I had a great experience. Being a first timer I didn't quite know what to expect, but camp was full of good surprises. I was impressed with how much the campers knew about asthma and especially about their own triggers. The kids easily picked out the reliever and controller medications when we played our educational games of Twister and a relay race. At bedtime assessments all of the campers knew what medications they needed to take and demonstrated text-book peak flow and MDI technique. The other staff members were great to work with and we enjoyed spending our down-time together. The food at camp could use some improvement, but McDonald's isn't too far down

the road. My strawberry shake was a million times better than the rock-solid grilled cheese sandwiches. Speaking of dinner, I was expecting a few food fights, but all the kids behaved very well all week. Overall, camp was a lot of fun and I'm already looking forward to coming back next year!



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## Editor's Note Continued

(from page 3)

Now on to other things. Recently, in the news media and here, in the pages of *The Bronchus*, there has been much talk of smoking cessation. Even within this issue there is another article. Smoking cessation in terms of individuals as single patients, individuals as parts of organizations, and even individuals in the form of entire communities. Admonitions are shouted to those that should quit, encouragement is given to those that are trying, and praise is bathed upon those that have successfully kicked that habit and broken their addiction. We, as Respiratory Care Practitioners, have an obligation to our patient's respiratory health. But I wonder, as a never-before smoker, what is it like to preach the mantra of smoke free living to patients, when you are a smoker yourself? I wonder why do Respiratory Therapists, the ones who know best why not to smoke, still smoke? I wonder who among us has succeeded at kicking the smoking habit and leads a healthier lifestyle, and conversely, who has struggled and failed? And I wonder if there was any help along the way from the Respiratory Care community, in which we live and work? Who is taking care of us?

And lastly, with great and deep sadness, the profession of Respiratory Care has lost one of its own: a bright light in the area of respiratory education, and one of the founders and past presidents of the MSRC. It is with great and deep sadness that this respiratory student says goodbye to Mr. Duane Peterson.

Any comments or concerns, please feel free to contact any of the editors.

Megan Terveen: meganpt@msn.com;

Kyle Oen: kyleoen@yahoo.com;

Jeff Rutter: jlrutter@aol.com.



*"Some things are easy.  
Returning the MSRC's Tobacco Cessation survey  
is one of those things."*

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## POST- 9/11 Continued

(from cover)

The current direction that our metro medical facilities have chosen, is to create "The Metro Area Hospital Compact" which includes 22 hospitals in the twelve-county metropolitan area. The compact represents a unified commitment to:

- Establish East and West metro control centers (Region's and HCMC).
- Coordinate communications between hospitals, and establish a Joint Public Information Center (JPIC).
- In the event disaster forces the partial or complete evacuation of a compact participant hospital, the other hospitals will assist in transportation and the relocation of those patients to their own facilities.
- Establish a new casualty collection location, or an "auxiliary" hospital, in the event disaster overwhelms the metropolitan capacity and capabilities. The Compact participants will provide material and medical staffing of this new facility in prearranged quantities. This new "auxiliary" hospital could be potentially disposable in the advent of critical contamination.

Having been recently appointed as the MSRC's Disaster Response Chair, it is my intention to publish a series of informative articles in this publication, and to provide assistance on the preparation of medical response to disaster, to the readership of the *Bronchus*.

I may be reached through e-mail at [nick.kuhnley@northmemorial.com](mailto:nick.kuhnley@northmemorial.com) or by phone at 763-520-7456.

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# Election 2003

## Nomination Committee Slate of Candidates for 2003

### President Elect:

Curt Merriman      Apria HealthCare

### Vice President:

Teresa Miska      Children's Healthcare  
Jim Pringnitz      Mayo RT Program

### Treasurer:

Shelly Klein      Advanced Respiratory

### Board Members:

Beth Chesley	Duluth
Nancy Drake	HealthEast
Vicki Engmark	HCMC
Connie Knipp	North Memorial
Paul LaMere	College of St. Catherine's
Susan Shipley	HealthEast
Brenda Sparrow	Methodist Hospital

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### President:

#### Curt Merriman, RRT, RCP

##### Employment:

Apria Healthcare, April 2001 to present Market Manager

HealthEast Med Home, 15 years

HealthEast Cardiopulmonary Services, 4 years

Hennepin County Medical Center, 3 years

##### MSRC:

Vendor Liaison MSRC 1995-Present

MAMES BOD 2001-Present

MAMES State Chair 2001-2002

MAHMES President 1999-2000

MSRC BOD 1999-2001

Annual Education Committee Member 1999-Present

MSRC E.U.N. Member 1999-Present

Other past MSRC offices held: Vice President, Chairperson

Legislative Affairs, Chair Annual Education, BOD

##### Education:

BA Metropolitan State University, 1994 Business Administration

AAS Respiratory Therapy, 1979

AAS Respiratory Therapy, 1979

##### As an elected official, what contributions do you feel you can make to the MSRC?

"As an elected official, I bring a variety of experiences as a staff therapist, respiratory manager and the home medical equipment industry perspectives. I feel I will bring a passion for the Respiratory profession and a willingness to serve our state society and membership. I have held various leadership roles in the MSRC and HME industry and believe that these experiences have prepared me to serve as a leader of our MSRC. The MSRC continues to develop dedicated professionals that represent the profession and patients we serve above reproach. I will contribute in the following ways: 1) be a conduit for communication, 2) to listen to you the membership and bring your thoughts/ideas to the other leaders within the society, 3) to foster and direct an environment that encourages the exceptional work and talents that are present within all of you to continue and to find and develop new ones."



### Vice President:

#### Teresa A. Miska, RRT, RCP

##### Employment:

Children's Hospitals and Clinics Support Services Manager for Respiratory Care Services.

##### MSRC:

Chair, MSRC Elections Committee 1995-1998.

Member, MSRC Board of Directors 1995-1996.

Member, AARC/MSRC since 1979.

Member, St. Paul Technical College Advisory Board.

Facilitator of MSRC Officiary/Directory.

Member of the Elections committee 1999.

2001/2002 MSRC Treasurer.

##### Education:

A.S. in Respiratory Care

##### What contributions do you feel you can make to the MSRC?

"I have been a member of the MSRC since 1979 and during that time I have served the MSRC as Treasurer, Board of Directors and have participated on various committees. Being involved in our state society is the best way I know to support our peers, our profession and help shape our future so we can continue to be a valuable asset to our customers and our community. The Vice President serves as the Chairperson of the Budget and Audit committee.

I feel that my experience as the MSRC Treasurer for the past 2 years has provided me with the necessary tools to be a successful Vice President for the organization. If elected I will continue to volunteer my time and energy to support our professional society to the best of my ability."





# Minnesota Society for Respiratory Care

## Vice President:

### Jim Pringnitz, RRT, RCP

#### Employment:

Respiratory Therapist, 1994  
Queens Medical Center, Honolulu, HI.  
Respiratory Therapist, 1994-1995  
Miller Medical Services, Mason City, IA.  
Respiratory Therapist, 1995-1999  
Critical Care Therapist, 1995-1997  
Clinical Instructor, 1996-1999  
Neonatal/Pediatric Transport Therapist, 1997-1999  
Mayo Foundation, Rochester, MN.  
Clinical Coordinator, 2000-present  
Respiratory Care Program  
Mayo School of Health Sciences, Rochester, MN.

#### MSRC:

MSRC member since 1994  
Public Relations committee 2000  
Co-Chair Student Affairs committee 2000-present  
MSRC Board of Directors 2002-present  
Lambda Beta Society 1996-present

#### Education:

A.S. Respiratory Therapy, Mayo School of Health Science/RCTC  
B.S. Health Management, University of Minnesota

#### What contributions do you feel you can make to the MSRC?

"I've enjoyed my time spent with the MSRC. The profession has seen and will no doubt take battle to future challenges ahead of us. Being part of an organization that has successfully responded to past challenges with enthusiasm and creativity has reinforced my initial thoughts of respiratory care as a profession - respiratory therapists have an important job and have an exciting role in health care.

According to the 2001 CoARC annual report, our RC schools across the nation have seen a 31% decrease in graduates since 1998. This trend is one that we need to reverse.

If you visit the MSRC website at <http://msrcnet.com/> you will see that the MSRC is responding by creating career presentations,



posters, and mailings for prospective students and their counselors. It is encouraging to see RCPs taking action by giving career talks to their local high schools and by educating the public on World Asthma day at the Mall of America.

We need to continue being seen as a proactive group by the public and our patients. We also need increased RCP involvement in our professional organizations. My intentions with the MSRC are to enthusiastically promote student recruitment, MSRC membership, and represent respiratory care as best possible."

## Treasurer:

### Shelly Klein, RRT, RCP, Perinatal Pediatric Specialist

#### Employment:

2000 - Present, Advanced Respiratory  
HealthEast Medhome  
Pediatric Home Services  
Gillette Children's Hospital  
Minneapolis Children's Hospital  
St. Lukes Hospital - Kansas City, MO  
St. Joseph's Hospital - Minot, ND  
Minneapolis Children's Hospital

#### MSRC:

MSRC BOD member, 1999-2000  
Bronchus editor, 1998-2000  
PR Committee member, 2001  
PR Committee Co-Chair, 2002

#### Education:

Anoka Ramsey Community College RT program graduate

#### What contributions do you feel you can make to the MSRC?

"Audit banking statements, maintain the books, and help the board to remain fiscally responsible."



# Minnesota Society for Respiratory Care

## Board of Directors:

**Vicki Engmark, CRT, RRT, CPFT**

### Employment:

Pulmonary Function Lab, Hennepin County Medical Center,  
1995 - Present.

Respiratory Care Instructor, Northwest Technical College,  
1993-1995.

Respiratory Therapist, St. Cloud Hospital, 1991-1994.

### MSRC:

Student Affairs Committee Chairperson and  
Co-Chairperson, 1997 - Present.

Member of the Annual Education Committee,  
2001 - Present.

### Education:

B.S. Respiratory Care

### What contributions do you feel you can make to the MSRC?

"In the past, I've had a lot of fun working with respiratory therapists and RT students as part of the MSRC Student Affairs Committee. I hope I will have the opportunity to continue to be more involved with the MSRC by becoming a board member. I will do my best to represent our profession by increasing awareness of the MSRC to all respiratory therapists, including those who are not current members."



## Board of Directors:

**Connie Knipp, RRT, RCP  
Education Coordinator  
Perinatal/Pediatric Specialist,  
BLS Instructor**

### Employment:

Educational Coordinator, North Memorial Medical Center,  
November 2000 - Present

Lead Supervisor, Catholic Medical Center, New Hampshire,  
May 1999 to November 2000.

Area Manager, VenCare Rehab and SunCare Respiratory  
Services, 1996 - 1999.

RRT, Gunderson-Lutheran Medical Center, LaCrosse, WI,  
1999 - 1996.

### MSRC:

Member MSRC Annual Education Committee 2002.

Co-Chair MSRC Elections Committee 2002.

### Education:

B.S. in Business Management, 1999.

A.S. Respiratory Care, 1989.

Diploma Respiratory Care, 1983.

### What contributions do you feel you can make to the MSRC?

"As an elected official to the MSRC, my contributions to the society would emphasize future professional developments and growth opportunities for the organization as well as the Respiratory Care Practitioners. The respiratory care community represents an environment of unique challenges and opportunities. My desire is to be a spokesperson for the MSRC and help anticipate, facilitate and determine course of action that will continue to have a positive impact for the state of Minnesota."



### Board of Directors:

**Beth Chesley, RRT RCP**

#### Employment:

Home Care Oxygen & Medical Equipment, Duluth, MN,  
2001-Present

St. Marys Medical Center, Duluth, MN 1992-Present

#### MSRC:

Member since 1991

Member AARC

Member MN Asthma Coalition

#### Education:

A.S. Respiratory Therapy, Lake Superior College

#### What contributions do you feel you can make to the MSRC?

"I have been a Respiratory Therapist for 10 years in Northern MN and would like to represent the Northlands ideas and concerns to better serve all of Minnesota! I am excited to become more involved and face new challenges ahead! As a board member I will work to promote better representation from the Northland and serve MN enthusiastically."

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### Board of Directors:

**Nancy Drake, RRT, CRT, RCP**

#### Employment:

St. Joseph's Hospital HealthEast, St. Paul, MN, 1985 - Present.

West Nebraska General Hospital, Scottsbluff, NE, 1980 - 1984.

North Memorial Hospital, Robbinsdale, MN, 1978 - 1980.

#### MSRC:

St. Joseph's Hospital Pen Pal Program, Career Program with Farnsworth Elementary School, St. Paul, MN 2000.

HealthEast Explorers Program - Hospital Career Choices, 2001.

Editorial Board for Patient Discharge Manual, Aspen Publications, 2002.

St. Paul High School Hospital Career Classes, St. Joseph's Hospital, 2002.

HealthEast Critical Care class instructor for mechanical ventilation, 1998 - Present.

#### Education:

Associated Applied Science from North Hennepin Community College.

#### What contributions do you feel you can make to the MSRC?

"As our profession becomes older, one wonders who will replace us in our roles as Respiratory Therapist and continue the work, effort, and ideas that have been established in the MSRC? Once the therapists are replaced, how are we going to keep them interested in respiratory therapy and in the profession? I suggest avoiding a situation of losing Respiratory Therapists; we need to seek out opportunities to expose the younger generation to respiratory therapy. Grades K-12 should be targeted to let them know the medical profession is not just nurses and physicians, but also Respiratory Therapists. Also at the high school level students need to be aware of the career opportunities in respiratory therapy."

Another area that needs attention is retaining therapists at all levels, be it a student, new graduate, new hire or senior therapist. As a Board of Directors member I will contribute my time, effort, and talent in the areas of awareness of respiratory therapy amongst school age students and retaining respiratory therapy students, new graduates, new hires and senior therapists in our profession. By doing this respiratory therapy can continue to grow and prosper."





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- National Commission of Sleep Disorders Research Report to United States Congress, January 1993



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- National Sleep Foundation Omnibus Sleep in America Poll, March 2000.



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### Board of Directors:

### Paul LaMere, RRT, CRT, BLS Instructor

#### Employment:

Director of Clinical Education, Respiratory Care Program, College of St. Catherine, Minneapolis, MN, 1986 - Present.

Faculty, Respiratory Therapy Associate Degree Program, 1981-1986; Clinical Coordinator, Respiratory Therapy Technician Program, 1977-1981; Milwaukee Area Technical College, Milwaukee, WI.

Advanced Respiratory Therapy Practitioner, University of Minnesota Hospitals and Clinics, Minneapolis, MN, 1974 - 1977.

Therapeutic Supervisor of Respiratory Therapy, 1972 - 1974; Staff Technician, 1971-1972; St. Michael's Hospital, Stevens Point, WI.

#### MSRC:

Member, AARC, 1974 - Present.

Chair, MSRC Annual Education Committee, 1988, 1991, 1992.

Chair, MSRC Education Seminars Committee, 1990.

Treasurer, MSRC, 1991 and 1992.

Site Visitor, Committee on Accreditation for Respiratory Care, 1992 - Present.

Item Writer, National Board for Respiratory Care, 1992 - Present.

Vice President, MSRC, 1993.

Member, MSRC Annual Education Planning Committee, 1994, 1996.

Examination Development Consultant, National Board for Respiratory Care, 1998 - Present.

Chair, MSRC Judicial Committee, 1999.

#### Education:

M.S. Administrative Leadership in Education, University of Wisconsin - Milwaukee, 1981.

Certificate of Completion - Respiratory Therapy, University of Chicago Hospitals and Clinics, 1972.

B.S. Biology and Natural Resources, University of Wisconsin - Stevens Point, 1969.



# Minnesota Society for Respiratory Care

*(Paul LaMere, continued)*

**What contributions do you feel you can make to the MSRC?**  
"My primary contribution to the MSRC involves my ability to network within the RC community related to my role as Director of Clinical Education at the College of St. Catherine. I have teaching/clinical responsibilities which require me to work at various hospitals within the Minneapolis-St. Paul metro area while at the same time having contact with other educators and practitioners throughout the state. This situation presents the opportunity to listen and discuss issues and concerns which individuals perceive to be relevant to the profession. My past experience in working in various capacities within the MSRC allows insight into the political process of the organization which should better assist me in voicing opinion in an appropriate manner."

## **Board of Directors:** **Susan Shipley, CRT, RCP**

### **Employment:**

St. John's Hospital, 17 years:  
Respiratory Preceptor/Educator  
Development of RT Equipment and Procedure Packets  
Nursing Educator/Trainer  
Respiratory Department Quality Assurance and Management  
Pulmonary Diagnostics and Cardiology Noninvasive  
Special Procedure Tech  
Neonatal/Special Care Nsy Trainer  
Publisher of HealthEast Respiratory Quarterly Newsletter  
St. Joseph's Hospital, 6 years.  
Ramsey Hospital, 3 years.

### **MSRC:**

Sputum Bowl facilitator and participant.

### **Education:**

St. Paul TVI and am a CRT.

### **What contributions do you feel you can make to the MSRC?**

"I feel that I am someone who can bring new insight and ideas to the MSRC. I have been in the field for 26 years. I have worked part-time and full-time and can see things from both points of view. I would be honored to be on the board and will work to make it and keep it a strong society."



## **Board of Directors:** **Brenda M. Sparrow, RRT, RCP**

### **Employment:**

Park Nicollet Health Services/Methodist Hospital,  
1987 to present

### **MSRC:**

Member since 1987  
Adjuvant Faculty for College of St. Catherine, Respiratory  
Therapy Program

### **Education:**

BA Biology, University of Minnesota - Morris  
AAS, Respiratory Therapy, College of St. Catherine

### **What contributions do you feel you can make to the MSRC?**

"My involvement in the MSRC to this point has been that of a member only. I have never felt there was much I could offer the organization and wasn't sure what it could offer to me. Over my 15 years as a therapist, I have seen so many changes in the profession and the work we do. I believe we have a vital role as 'physician extender' and truly enrich patient care. My goal by being elected to the Board is to try my best to represent the needs and concerns of the therapists in the state to the officers of the MSRC. I am interested in learning about the function of the MSRC as it relates to Minnesota's therapists. I have a strong desire to continue to strive for development of professionalism among all the therapists in the state as well as promoting continuing education and growth. Until we see ourselves as vital professionals on the health care 'team' others will not see us in that light. It is up to us to help others see us that way."



## Student's Corner

## Wanted: Respiratory Therapist

by Lance Lothert

**Wanted: Respiratory Therapy Aide. The Redwood Area Hospital seeks a self-motivated individual to assist in our Respiratory Therapy Department. The job consists of 10 hours per week with a flexible schedule. Special preference will be given to those who might consider enrolling in a program that would enable them to become a Certified Respiratory Therapist.**

Hi, my name is Lance Lothert. I am a Respiratory Care Student at Immanuel Saint Joseph's in Mankato, MN. The above ad is similar to the one that I viewed as I was thumbing through the local newspaper about a year ago. After reading this ad in the paper, I thought to myself, "Hey an interview can't hurt." The following day I placed a phone call and lined up an interview. Little did I know how much my life was about to change.

At the age of twenty-six, I've done a lot of interesting things. I have worked as a Security Supervisor in a large Casino for the last seven years. I am also currently certified as an EMS instructor; a Defensive Tactic's Instructor, Advanced Handcuffing Instructor, and an E.M.T. I also have a wonderful wife and two beautiful little girls. I have a degree in Marketing Management, which is a great field to get into, but I guess it just wasn't for me. I have however, always had a fascination with the medical field. Growing up the son of a Registered Nurse, I guess that's to be expected. I spent a lot of time in the Redwood Area Hospital waiting after high school for my mother to get off of work. She was and still is the Quality Improvement Risk Manager for the hospital and usually worked until 4:00 p.m. While waiting around for her, I noticed that the office next door always had a lot of cool equipment. The office just happened to belong to the Respiratory Therapist. I always had a fascination with the field of Respiratory Therapy, but never fully looked into it. So you have to understand that I was very excited upon seeing the ad in the newspaper. I was due a career change and this seemed like the perfect opportunity.

The day I went into the interview, a distinguished looking gentleman named Gail Castor greeted me. I noticed from the start that this wasn't going to be one of your typical interviews. Gail started off the interview with questions pertaining to my thoughts on what a Respiratory Therapist actually does. I had to be honest; I wasn't really sure? Once he began to explain all the different aspects of the job, I was quite fascinated. I really had no idea how important a therapist role was in health care. The position in which I was applying for was then discussed. As a Respiratory Therapy Aide, I would be involved with billing, restocking of supplies, and other general tasks, or as Gail put it, "Things that he didn't like to do." That comment was then followed by about five minutes of

laughter, the majority of which came from Gail. He then let me in on a little secret; he had an ulterior motive for placing the classified ad. He was interested in finding an individual that was willing to become more than just an assistant. He was looking for an individual that would be interested in enrolling in a program that would enable them to become a Certified Respiratory Therapist, without traveling hundreds of miles. He then went on to discuss how hard it is to find an individual that would be willing to work in a rural area. That's why he was recruiting somebody with local roots. I didn't even have to think about it; I was hooked.

The following week moved quite fast. I was given the position as an Aide, and the process of enrolling in a program provided by the California College for Health Science was on the way. This educational institution provided me with something that I wasn't quite familiar with. It enabled me to do distance based education, as long as I found a health care facility to provide me with the hands on experience. This type of education fit me perfect. The College also prepares its students to take the credentialing examination of the National Board for Respiratory Care, upon completion of the course.

Gail also informed me that we would need to find an additional facility since our hospital was small in size and all of the training criteria could not be met. He suggested Immanuel St. Joseph's in Mankato, MN. After a quick interview, ISJ was gracious enough to take me on as a student. At ISJ, two great Respiratory Care Practitioners have taken me under their wings. Sandy Kistner, who just happens to be a graduate of California College, has provided me with a great deal of advice and support throughout the last year. I have also had the opportunity to learn from a great instructor, Charles McArthur. Charles, who is the Cardiopulmonary Specialist at ISJ, has taken a great deal of time out of his own schedule, to guide me through the didactic portion of the program.

Over the course of the last year, I have been involved in things ranging from assisting in Bronchoscopies, to being present at the delivery of triplets. I have also had the opportunity to make several presentations dealing with respiratory related topics to various groups. I was even granted the prestigious honor of presenting a case study at the Student Presentations at this year's MSRC Conference.

**Student's Corner continued on page 18.**



## *In Loving Memory of Duane R. Peterson*

Duane R. Peterson, RRT, Respiratory Care Program Director at St. Paul Technical College passed away June 18th from cancer. Duane was one of the founding fathers of the respiratory care profession in Minnesota. In the late 1960's, he and a few others gathered to establish a professional respiratory care organization, now known as the Minnesota Society for Respiratory Care. He held many elected positions in the society serving on the Board of Directors, as Treasurer, Secretary and President in 1976. His leadership and guidance shaped the organization and he remained an active member in both the state and national organizations.



Duane's career and practice in respiratory care spanned many levels. He was a practitioner of many skills ... clinician, manager and administrator, and a talented educator. In 1972 he joined the faculty at St. Paul Technical College as the Respiratory Care Program Director and created the new program. Under Duane's leadership and vision the program grew from a 9-month diploma program to an Associate Degree program. Duane's depth of knowledge in so many subject areas, his own passion for learning, and ability to share his knowledge with others was truly remarkable. His charismatic personality, integrity, ability to understand and relate to people, and gentle guidance made Duane more than a teacher of subject.

It has been estimated that more than half the Respiratory Care Practitioners in Minnesota received their education from Duane. He loved teaching and looked forward to seeing his students' everyday. He wanted to instill in them the desire to be the best they could be. Duane expected a lot from his students but not any more than what he expected of himself. Duane was always interested in his students' careers and accomplishments and enjoyed hearing from them throughout the years. Duane will be missed but his legacy continues in the hundreds of students who were the beneficiaries of his teachings.

## ***Student's Corner***

## **Continued** (from page 17)

I have to say that none of this would have been possible if it wasn't for Gail Castor. He has done so many great things for the profession. He went as far as to start a school for Respiratory Therapy in the 1960's in Rockford, Illinois. He also continued his commitment to the profession when he moved to Minnesota by becoming a huge advocate for the MSRC and also the AARC. Signing up for the two organizations was on the top of Gail's list when I started a year ago. Gail has not only been a great

mentor, but has also become a very close friend. I also have to thank the entire Respiratory Staff at Immanuel St. Joseph's who have been more than accommodating over the course of the last year. It's a great feeling to know that there are so many people in this discipline of medicine, that are willing to go the extra distance to help a student that didn't take the traditional route. I can't express how grateful I am to all of you. THANK YOU!



***One stamp, one envelope, 7 questions =  
your professional organization working for you.  
Return your Tobacco Cessation survey today.***



The MSRC... working to improve the Respiratory  
Care Profession for you and all Minnesotans.

**It's Time to ACT!**

Action... Commitment... Team Work

## Save the Date

**Important Dates for Upcoming Events.**  
**MSRC 2002-2003**

**August 26:** MSRC election ballots due

**August 30:** Tobacco Cessation Task Group Survey due

### **MSRC Annual Education Conference - Duluth, MN**

**Wednesday, Sept. 11:** 4:00 p.m. – Board of Director's Meeting  
6:30 p.m. – Special Event commemorating 1 Year Anniversary of 9/11  
8:00 p.m. – Sputum Bowl Finals

**Thursday, Sept. 12:** 8:00 a.m.-4:00 p.m. – Education Conference and Vendor Exhibits  
4:00 p.m. – Ice Cream Social with Students  
7:00 p.m. – Bowling

**Friday, Sept. 13:** 8:00 a.m.-3:30 p.m. – Education Conference  
12:00 noon – Annual Business Meeting and President-Elect Message

**Wednesday, Oct. 16:** **"Asthma Management in the Primary Care Setting"**  
A day-long conference in Duluth at the Duluth Entertainment Convention Center.  
The conference is sponsored by the American Lung Association of Minnesota,  
together with the Northeast Regional Asthma Coalition.



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