



### SECOND TIME STUDENT

*by Respiratory Care Student Gary Wright*

In 1981 I stumbled into the field of Respiratory Therapy. While searching for a job in Phoenix, AZ I saw a sign that read "Career Training Advisors". Out of curiosity I went in to check it out. The man behind the desk told me they helped people get into schools to obtain training for better paying jobs. I told him I had an interest in the medical field and he told me about Respiratory Therapy. "What is that?" I asked. He explained it to me and said, "I also have computer training classes." I made some remark about computers being a passing fad and said no thanks. After a few more minutes I found myself heading to a school called Long Medical Institute.

A little less than an hour later I was enrolled in classes and ready to start my journey towards saving lives. My first trip through Respiratory Therapy training took me one year and earned me a diploma but no degree. Twenty-one years later I would return to school to upgrade my credentials from Certified Therapist to Registered Therapist, in order to increase my pay. At first I was only going to take classes necessary to allow me to sit for the two tests required to advance up to Registered Therapist. Three years later, and almost finished, the hospital I work at began a program which allowed anyone with an Associates Degree or higher to receive a 5% pay bonus every quarter. I then reenrolled in a Respiratory Therapy Program for the second time, this time to earn an Associates degree. As I prepare to graduate for the second time, I sit back and think about my two trips through training and realize how different things were back then.

My first time in class for respiratory, I went to a technical school that broke the training into two portions. The first was five months of classroom instructions, four hours a day, five days a week. I was twenty-one at the time and no one in my class of fifteen was over twenty-seven. The second phase was forty hours a week (clinical) for five months. We were required to wear dress clothes which included a tie. The majority of respiratory therapists were young, therapists over forty were few and far between. The clinical sites had students from as many as four schools at one time. We were sent out with a staff therapist to learn how to perform treatments and how to interact with patients, doctors and nurses. There would be 2-3 students with each staff member.

The drugs we used to treat patients back then were Bronkosol, Alupent, and Terbutaline. We carried a bottle of the first two in our pockets and mixed everything with normal saline. The last drug

was kept in a locked storage in glass vials. The main treatments at this time were SVN, Postural drainage and percussion (P&PD), and Ultra Sonic Nebulizers (USN). IPPB was also used quite often. After following our staff person for three weeks we were given about ten treatments and sent out on our own for the last seven weeks of our rotations.

A patient would typically receive SVN's followed by P&PD, if they had thick secretions. Really sick patients would also receive USN treatments. The procedure would be: SVN for ten minutes followed by USN for thirty then P&PD for ten minutes.

Ventilators in 1982 were far less advanced than today. My first experience was on an Emerson, which had two main modes,

Assist and Control. Today, ventilators have many more modes with the ability to put patients into an inverse I:E ratio. CPAP was a T-Piece with blow-by to see if they could tolerate extubation.

My second trip through school for Respiratory was quite different: it now took two years to get through school and students started taking clinicals the second semester. As the student completes a class, they are then taught how to perform certain treatments in hospitals. Students are rotated through ICU's, sleep labs, PFT's and general floors in the clinicals most of the two years. In 1981 we would be all over the place and my first time through I only saw one vent the

entire five months of clinicals. SVN's are still the main stay of treatments, with P&PD used less often. In place of the percussion we have Flutter valves, Accapela systems and Vest Therapy treatments. IPPB is still used but a new alternative; EZPAP treatment is being used more and more. Ultra Sonics have pretty much disappeared with the Dinosaurs (at least here in Indiana).

Our medications have changed to Albuterol, Xopenex, and Atrovent (all in premixed unit doses). Steroids, such as Pulmicort are aerosolized for inflammation and airway swelling. An antibiotic, Tobramycin, is also used in SVN's, and Morphine can be used in patients with severe dyspnea from Cancer and COPD.

In 1989 Pentamidine was introduced to help with infections in AIDS patients. USN's were used to give this drug. Today it has its own circuit and is used for more than just AIDS patients. All things considered, I am glad I returned to school. I have learned some new information that I may have missed by not going back. Some advice if you are thinking of returning; don't wait twenty years, after ten you have to repeat all the basic classes.

*Gary Wright is a RC Student at Ivy Tech Community School, Sellersburg, IN. His paper on becoming a second time student was chosen from 9 papers submitted to Focus for this issue. Mr. Wright will receive a \$100 gift certificate and a gratis registration to the 2008 Focus Conference. His school's RC Program will also receive a \$100 donation. Students are encouraged to submit their papers for the Mar/Apr issue by Feb 15th. Papers should be 900 - 1250 words and should be submitted as MS Word files to Craig Baker at BakerCT78@yahoo.com.*