

THE ENDLESS DEBATE - ADVANCED PRACTICE CREDENTIALS

by John Salyer RRT-NPS, MBA, FAARC



I could be more tired of the debate about credentials, but I would have to work at it. I am amazed that otherwise rational people in my field still take the untenable position that advanced practice credentials don't really matter much. For those of you young enough not to have suffered through 20 years of this debate, allow me to summarize for you.

It used to be that advanced practice credentials were pretty rare. I worked in a department in California in the 1970's that had only one RRT, and she was the director. As the field grew and matured, more and more clinicians got advanced practice credentials. But there was a lot of subterranean animosity about this in some camps. I remember what my good friend and colleague (who was not an RRT) said many years ago when I showed up at work one day with my RRT credential.

He sniffed, "Hey Salyer, now that you are registered, do you know what else is registered?" "No", I stupidly replied. "Tumors and sex offenders", he quipped.

There are still a lot of CRTT's (now called CRT's) out there who either couldn't or didn't ever sit for the RRT exam. A lot of them have a sort of dualistic syndrome disorder, which I call "professional identity crisis-inferiority complex". This is a little bitter root just below the surface that rears its' head from time to time and manifests itself in complaints about not being treated with collegial respect by physicians and nurses.

Come to think of it, the respiratory therapy profession as a whole has more than it's share of folks who seem to be hung up a bit about not getting "respect" from hospitals, doctors, nurses, pharmacists, phlebotomists, whomever. I am pretty much tired of hearing about how badly treated respiratory therapists are. If you are not getting the respect of your colleagues on the health care team it might be time to look in the mirror. Of course, we see dimly in the mirror. But surely you know that, unless you are John Wayne, you won't have much luck demanding respect. The more conventional wisdom about respect is that you must earn it. You do this by continually working on your professional development. Reading, studying, developing a spirit of inquiry and a search for excellence...that is how you get respect. One great way is to get an advanced practice credential or two. You know like an RRT-NPS (neonatal-pediatric specialist).

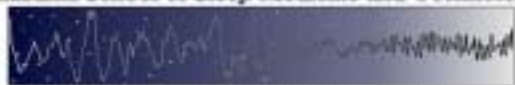
Every so often, this topic percolates up in letters to the editor and on email list-servers. The debate principally devolves into two camps; those with advanced practice credentials and those without. The "certified" crowd gets mortally offended when anyone suggests that "registered" therapists make better employees or give better care or function at a higher clinical level, than do "certified" therapists.

The debate is preposterous. I know, I know, every single CRT can tell you stories about RRT's who were crummy therapists, and conversely can tell you about CRT's who practiced better than Dean Hess, Mike Czervinski, Bob Kacmarek, Rob Chatburn and Rich Branson all rolled into one (all RRT's by the way). FYI, these arguments usually come from those without advanced practice credentials. It's probably just a coincidence.

The problem with this argument goes back to an immutable truth of the universe; the plural of anecdote is not data. Yeah, so there are lots of these stories around. But so what? There is no doubt that if I could find a way to administer an assessment of the clinical performance of 1000 randomly selected CRT's versus 1000 randomly selected RRT's, that the registered crowd would score better. This is not because they have an RRT credential. It is because they got an RRT credential. It is the journey that matters here much more than the destination. The studying and scholastic discipline that staff members go through to prepare themselves to pass an advanced practice examination gives them a better foundation upon which to build excellent clinical practice. I am not suggesting these exams are perfect, nor that there are not many gifted clinicians who have only a CRT. But here is the truth of this for me. If you come to apply for a job in my department with a few years of experience and you never bothered to get your RRT credential, then I am immediately a little suspicious. The RRT credential tells me, among other things, that you are motivated. And blaming others or the system for your lack of credentials might be emotionally satisfying and fun for you, but in the end we are each alone responsible for our own development.

To argue against the value of advanced practice credentials is somewhat delusional. Think of it this way. When you finally

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plug off your left anterior descending coronary artery, will it matter to you whether the doctor who is about to crack your chest is fully credentialed? You bet your sweet bippy it will (my compliments to Rowan and Martin), or at least it should. To my many friends and colleagues who never bothered to go ahead and get the advanced practice credentials, I say... "Absit Invidia" (hint, it's Latin)

Think about our little charges in the NICU. Aren't they altogether precious? Don't they deserve staff with the highest level of training and preparation? I realize that many departments have no financial incentive for you to acquire these credentials. And they do cost you a few hundred bucks to complete. But by way of comparison, the cost of taking the RRT exams is not much more than the cost of a high end MP3 player or what you have probably paid in late fees for video rentals for a year.

The 1995 AARC Human Resources Study reported that in 1992, 37% of respondents reported having an RRT, and that this rose to 80% in 2005. The percent of all practitioners reporting holding an NPS credential rose from 9% in 2000 to 15% in 2005. Go and get your RRT and your NPS. You will probably feel much better about yourself professionally. It is the right thing to do.

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Why do people love this conference? Perhaps it's for the same reason that the world loves reality TV. The attendees soon find out that the Focus family is made up of everyday caregivers and managers just like themselves. Every aspect of the conference is constructed for the people by the people and for that reason, it relates so well to the rank and file caregivers. No "stuffy" or "out of touch with reality" content here. No hint of a "hotsy totsy" inner circle at work. This is real world stuff served up by real world people. The forty or so therapists who work their butts off putting this conference together clearly do it for the love of the game and have no problem saying so.

Health care providers are challenged not only to maintain their skills but to elevate them as well. Continuing education, whether it's mandated by licensure or intrinsic need, is the primary way we all work towards this goal. The most education-minded among us will plan for our needs well in advance and we'll look for a venue where top-drawer lectures, professional networking, personal affirmation and fun prevail. We'll find all that and more at Focus. See you in Nashville in '08.

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Dr. Neubauer's theory of re-directing blood flow was also addressed. They acknowledge that in the field of cardiology this principle of redirecting flow toward ischemic areas can help damaged tissue recover is accepted but in the area of critical care medicine, "drugs and maneuvers that redirect flow to ischemic organs (e.g., brain and kidney) do not always improve recovery at the cellular level. For this reason, improved blood flow must be linked to other measures of cellular and organ recovery". They also looked at Dr. Neubauer's use of SPECT scans and stated that this testing needs more good-quality studies to validate it for assessing the effectiveness of HBOT in cerebral palsy. They noted that "like all other diagnostic tests, SPECT scans have a measurable false positive and false negative rate in relation to clinical outcomes".

The final summary statement of the UHMS asserts that this topic warrants continued monitoring. "The UHMS supports the continued performance of well-designed clinical trials in this area, especially those that are prospective, randomized, and controlled. If sufficient convincing data demonstrate that HBOT treatment is associated with favorable risk-benefit and cost-benefit ratios for the chronic sequelae of traumatic or non-traumatic brain injury, the UHMS will endorse application of hyperbaric therapy for the specific supported indications. The Society feels that there is insufficient supportive evidence to warrant such an endorsement at present." Meanwhile, there is no insurance reimbursement for using HBOT for cerebral palsy and few centers that will even treat these cases. Most centers only treat UHMS approved indications. More detail from the reports discussed can be found at the following two sites. Find the Undersea and Hyperbaric Medical Society Position Statement of 2003 at; <http://www.uhms.org/POSITIONPAPERS/position%20papers.htm>

Find AHRQ report at; <http://www.ahrq.gov/clinic/epc-sums/hypoxsum.htm> *Hyperbaric Oxygen Therapy for Brain Injury, Cerebral Palsy and Stroke.*

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