

## FOCUS FEVER *by Sandra McCleaster RRT*



Focus Conference 2007. The brochure looks good; the topics seem timely; the cost is reasonable. A trip to Nashville? Well, why not? You have to get those continuing education credits somewhere. Right?

People may have come, thinking this conference would probably be no different from others they've attended – short on vitality and long on ho-hum. What a surprise would be in store!

This four-star education program takes off. There's an impressive line up of speakers and a great spread of patient-focused topics. Something for everyone, as they say. The list of world-renowned docs in and of itself tells you that this is a class act. And the people are loving it. There's standing room only at the management lectures. Little Richard himself is on hand for the opening of the exhibit hall where there are almost two-hundred top industry leaders with equipment and giveaways galore.

It's Thursday evening, after day one of work-related continuing education. You'd think that by now, people would be butt-dragging and tuned-out. Instead, this day ends on a high note. Everybody's still energized and looking forward to tomorrow's presentation schedule. It's 5 pm and the exhibit hall is packed. Vendors are psyched, every booth spilling over with interested inquiring attendees. Hundreds of happy people are chilling out, lined up for their chance to spin the "lucky wheel." Shooting darts at that famous yellow balloon-festooned Focus school bus is raising big bucks for lung-related charity. Complimentary food is

piled high and keeps coming. While washing it down with free drinks, "the Donald" strides by. There's so much going on, it's hard to take it all in. But wait. . . it ain't over yet.

Incredibly, one of the 7 am lectures on Friday morning brings a full house. It marks the beginning of a long day of presentations. Come Friday evening and it seems as if there are thousands jammed into the exhibit hall. Everybody's pumped. The atmosphere is at fever pitch. What's happening here? Well, Austin Powers (yeah, baby!) is raffling off a truckload of great gifts and cash. People are hootin' and hollerin'. Then comes the granddaddy of all prizes – a brand spanking new 2007 Ford Focus! Everyone waits with baited breath as the number is called. Mary Chandler from Kentucky bolts forward with the winning ticket. There are no other words for it: Mary and the crowd go berserk.

The Opryland Hotel is green and lush. The city of Nashville is hillbilly heaven and a mecca for country music fans. Music infuses Nashville - a fact not lost on the fifteen hundred or so Focus conventioners who walked en masse to the Grand Ole Opry House in the minutes following that wild Ford Focus raffle. When Little Jimmy Dickens saluted all of the "Focus Publications folk", those fifteen hundred health care providers knew exactly who they were and practically brought the house down. Thanks a million to Hill-Rom and Focus Publications for this fabulous musical experience.

Is this really a continuing ed conference? Better described, it's what I call Focus Fever. I've attended literally hundreds of educational programs in my veteran career as a respiratory care provider and educator. I've even helped to put together a few as well, with varying degrees of success. It brings me to ask myself: What is it that makes this one so different and such an obvious hit? Here's what I'm thinking:

For starters, it's the camaraderie. A connection that's hard to find at other conferences. Respiratory therapists, sleep techs, nurses and docs come together in a way that, in spite of best intentions, just doesn't happen in the workplace. Great food and drink, served without added cost or fanfare, becomes chicken soup for both the body and soul. Lunchtime conversations between therapists and nurses bring both groups to a greater appreciation for each other's work. Downing a cold one with the sleep techs helps strengthen this important patient care partnership. Breaking bread with the docs puts everyone (for the time being, at least) on the same playing field. It's true - networking face to face with other groups of health care providers gives birth to new friendships and helps to put turf wars aside. This coming together in an atmosphere of learning and fun really gives new meaning to the term "multidisciplinary health care team."

But of course, people don't come to conferences just to eat, drink or party hardy. They arrive with the hope of learning a thing or two that might improve patient care. They seek validation that what they're doing on a day-to-day basis is "right". They want to come away better informed about current issues in their field. They're getting it at Focus.

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Focus Journal has a new, regularly appearing column in its magazine called *Student Papers*. One student submission per bi-monthly issue of Focus will be published and the student chosen will receive a cash prize of \$100 as well as a gratis registration to the annual Focus Conference. The student's school will also receive a donation of \$100.

Papers should be between 900 and 1250 words and should be submitted, along with contact information as an MS Word document to our Craig Baker at [bakerct78@yahoo.com](mailto:bakerct78@yahoo.com)

|                         |                             |
|-------------------------|-----------------------------|
| May/June Issue          | Papers Due by May 5th       |
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*The Endless Debate... continued from page 36*

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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*Focus Fever... continued from page 42*

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.

*Should We Treat... continued from page 53*

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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