



NEONATAL RESPIRATORY CARE PRACTITIONERS: ARE YOU ONE OF THOSE JUST COASTING?

by John Salyer RRT-NPS, MBA, FAARC

Are you coasting? The question is an important one, both personally and professionally. Do you have a spirit of inquiry? Are you asking and reading and searching for larger and more meaningful truths in your professional life and at home?

For the neonatal respiratory therapist, this question is particularly poignant. This is a field that has undergone startling transformations, as I pointed out in my last column and continues racing along at a very fast pace of technological advancement. And yet I suspect there are pockets out there where the space time continuum is somewhat distorted. By this I mean places where the status quo is a 600 pound gorilla that sits around the NICU, seemingly unnoticed by everyone, and yet everyone is demonstrably careful not to offend him. It is said that new medical "truths", e.g. evidence based treatment protocols and recommendations can take 10-15 years to be widely accepted and practiced. I believe this is in part because of our love affair with the status quo and because of our tendency to coast.

My old Marine Corps instructor (Staff Sergeant Munden at FMSS at Pendleton) used to yell at me, "Doc, if you're coasting, it means you're going down hill". It is a truth that I have kept with me ever since. As respiratory therapists we can be guilty of this. And yet respiratory therapists are in a great position of

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opportunity to make a real difference by being unequalled experts on the clinical science and leading edge technology of respiratory care. But being an "unequaled expert" doesn't come easy. It takes commitment. One essential part of developing and maintaining clinical/technological expertise is to attend seminars and scientific conferences.

I recall with great clarity when I first heard about high frequency ventilation in neonates. It was at a conference on Catalina Island in 1984. Bob deLemos was showing compelling animal data on the impact of the use of this device...which later became the SensorMedic High Frequency Oscillatory Ventilator (HFOV). But, had I not been at that conference, it might have years before I learned much about HFOV. At the time I was not really reading much clinical scientific literature. But that conference lit my fire big time. I started attending conferences and reading journals as a

regular part of what I thought it meant to be a respiratory therapist. I have been doing it ever since.

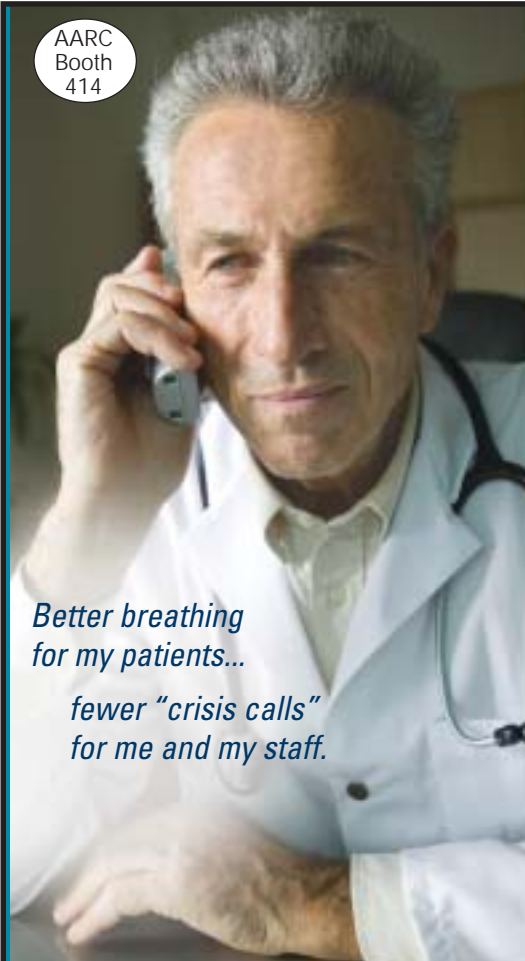
It was at various conferences that I first learned about transcutaneous monitoring, pressure support ventilation, proximal measurements of pressure and flow, pressure regulated volume control, pulse oximetry, surfactant replacement therapy, liquid ventilation, capnometry, atelectrauma, lung recruitment maneuvers, heliox therapy, and many other innovations. It was also at conference that I learned that some widely used interventions had turned out to be of no value to patients (like IPPB). My point is that seminars and scientific conferences are the life blood of the advanced practice of respiratory care. If you have never been to a "respiratory" conference then I recommend that you rectify this situation with extreme prejudice. There are lots of opportunities.

The two best national "respiratory" conferences are the AARC Congress and the Annual Focus Conference. Both are excellent sources to help you stay on the leading edge of respiratory therapy practice. Each conference has its own unique advantages. The Focus meeting is arranged in a schedule such that you hardly ever need to miss a lecture since Focus presents every lecture twice. At the AARC, the agenda can be overwhelming because there are so many lectures and some that you might like to see are offered at the same time as others you are interested in, and only once.

The AARC has the "Open Forums" where leading research by RT's is presented in poster sessions where there is a lot of excellent dialogue (and sometimes deliciously heated debate) about the research being presented. In addition, both of these meetings have displays of all the latest in respiratory technology in an exhibit hall where hundreds of vendors display. There are also "respiratory" conferences in nearly every state that are put on by state respiratory care societies. Some of these are great meetings. Along with the excellent lectures and research you will see, you will also get the chance to network with like minded professionals. Here you will learn the comforting fact that you are not alone in dealing with the obstacles you face everyday in your clinical practice.

Secondly, you simply must read; lots. The fact that you are now reading this article is probably indicative of your serious level of commitment to your career and your practice. While this journal is one of the best around and always engaging, it is not a scientific journal (e.g. it does not publish original scientific

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Neonatal Respiratory Care... continued from page 64

research). You must review a number of important scientific journals to stay abreast of the practice of respiratory care (in the case of this article, with an emphasis on neonatal respiratory care). Journals that you ought to regularly review include: Respiratory Care, Pediatrics, Journal of Pediatrics, American Review of Respiratory and Critical Care Medicine, Pediatric Pulmonology, Chest, Critical Care Medical, Journal of Clinical Monitoring, Archives of Diseases of Childhood, Pediatric Critical Care Medicine, Journal of Trauma, and many others. The chances are good that most of these journals are subscribed to by your hospital library. If they are not, maybe a physician colleague subscribes and would circulate copies to you when finished with them. The more advanced hospitals will have electronic subscriptions that allow you to review these journals "on-line" and directly download articles in "PDF" format.

You cannot give up on the process of learning and growing. Without these, you and your practice can so become stale.

*Tired of lying in the sunshine, Staying home to watch the rain.
You are young and life is long, And there is time to kill today.
And then the one day you find, Ten years have got behind you
No one told you when to run, You missed the starting gun*

John Salyer, RRT-NPS is the Director of Respiratory Care at Seattle Children's Hospital. He appears regularly in Focus Journal writing on Neonatal Respiratory Care. He can be reached at John.Salyer@seattlechildrens.org