

# The Jimmy A. Young Memorial Lecture

## The New NBRC Credential Maintenance Program

July 22, 2019  
9:00 am to 10:30 am  
Ft. Lauderdale, FL



Starting in 1978, the NBRC has honored Jimmy's memory and contributions to respiratory care through this program.

Jimmy Albert Young, MS, RRT  
1935 -1975



## Jimmy Albert Young, MS, RRT was an outstanding and dedicated leader.

In a 15-year career, Jimmy

- achieved the RRT,
  - directed an education program,
  - published a widely-used textbook,
  - directed a hospital department,
  - served as AARC President, and
  - served as an NBRC trustee.
- 1935 – born in South Carolina
  - 1960 – 1966 – served as Chief Inhalation Therapist at the Peter Bent Brigham Hospital, Boston
  - 1965 – earned the RRT (#263)
  - 1966 – 1970 – served in several roles including director of the education program at Northeastern University, Boston
  - 1970 – became director of the Respiratory Therapy Department at Massachusetts General Hospital, Boston
  - 1973 – became the AARC's 22<sup>nd</sup> President
  - 1975 – was serving as an NBRC Trustee and member of the Executive Committee when he passed away unexpectedly



# Presenters

- Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT
  - President
- Lori M. Tinkler, MBA,
  - Chief Executive Officer
- Robert C. Shaw Jr., PhD, RRT, FAARC
  - Vice President of Examinations



## Conflict of interest disclosures

- Lori Tinkler and Robert Shaw are employed by the NBRC.



## Learning objectives

- Describe examples of credential maintenance programs indicating why verification of continued competence is a vital feature.
- Articulate details about old and new programs that will affect therapists and specialists seeking to renew credentials.
- Share key features behind longitudinal assessments, which will be a new element of credential renewal.
- Evaluate the newly built dashboard intended to inform participants about progress.



# Background



## External influences

- Regarding NBRC programs, the accreditor's (NCCA) expectations increased within updated 2016 standards.
  - Relying on documentation of continuing education credits without giving direction or feedback is no longer enough.
- A stakeholder group who convened in 2015 to make recommendations asserted the NBRC should increase the robustness of the system while adding more value than the burden of complying.
  - Recertification programs in physician specialties have experienced push-back because of perceived excessive burdens.
  - Debate among physicians about their specialty recertification programs has produced results that are instructive.





## Links between certification renewal and actions against licenses

### American Board of Surgery

- *Association between maintaining certification in general surgery and loss-of-license actions* in Sep 2018 issue of **JAMA**, p. 1195-1196.
- 15,500 certificants
- **Surgeons who recertified on time were less likely to lose their medical license.**

### American Board of Anesthesiology

- *Association between performance in a maintenance of certification program and disciplinary actions against the medical licenses of anesthesiologists* in Oct 2018 issue of **Anesthesiology**, p. 812-820.
- 15,486 certificants
- **Anesthesiologists who met recertification requirements were less likely to be disciplined by a state licensing agency.**



## More about the anesthesiology study results

- The following results are worth noting while considering recredentialing of respiratory therapists.
  - The point at which life time credentials ceased was similar.
    - 2000 for anesthesiologists
    - 2002 for respiratory therapists
  - In the population of 15,486 anesthesiologists, the general incidence of disciplinary actions against a license was 3.8%.
  - Introduction of time-limited certifications did **not** significantly change the incidence of license actions.
  - Significant results were observed about the relationship between **ignoring recertification and incidences of discipline** by a state license agency.
    - When **not** required to participate, ignoring recertification was linked to 1.7 times more ( $p < .05$ ) incidences.
    - When required to participate, ignoring recertification was linked to 4.6 times more ( $p < .05$ ) incidences.



## Takeaways

- Observing no effect after starting the credential expiration policy might encourage its reconsideration except for the following:
  - Study results were limited to actions against licenses; mediocre care was not studied.
  - The NCCA standard says, **“The certification program must require periodic recertification.”**
- Individuals who choose to adhere to recertification requirements, regardless whether doing so is required, are linked to staying out of serious trouble with a state licensing agency.
  - Most who call themselves professionals endure a burden because a few can really mess up.



# Letter to chief medical officers throughout hospitals in the United States from the 24 boards that certify physicians in specialties.



7/26/2019



**American Board  
of Medical Specialties**  
Higher standards. Better care.®

American Board of Medical Specialties  
353 North Clark Street, Suite 1400  
Chicago, IL 60654  
T: (312) 436-2600  
F: (312) 436-2700  
[www.abms.org](http://www.abms.org)

June 5, 2019

Dear Colleague:

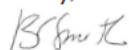
On behalf of the American Board of Medical Specialties (ABMS), we are writing to let you know about new and exciting changes that ABMS and its 24 Member Boards are making to shape the next generation of continuing certification. Supporting the recommendations released in a report earlier this year by the independent, multi-stakeholder Continuing Board Certification: Vision for the Future Commission (Commission), these changes to the process of continuing certification will better assist physicians in staying up to date with advances in their fields for the benefit of the patients you serve.


In its report, the Commission encouraged ABMS Member Boards to develop programs of assessment and learning that are ongoing, provide practical feedback, and help certified physicians to improve their clinical skills. The ABMS Member Boards are fully committed to developing such programs. By the end of 2019, all ABMS Member Boards will have established or will be implementing continuing certification programs that base decisions on frequent, formative, and practice-relevant assessments that promote recent advances in the specialty. To support the Commission's vision, ABMS will adopt new continuing certification standards by 2020. In addition, ABMS is establishing collaborative task forces, which will include external stakeholders, to address the practice improvement and professionalism components of continuing certification programs that need to be better integrated with the practice environment of physicians.

You may be aware of the controversy that ABMS Maintenance of Certification programs have engendered, including legislative efforts in some states to prevent hospitals from considering recertification as a criterion for staff privileges. ABMS believes strongly that hospitals and health systems should be free, without any legal restraint, to consider certification status when rendering a decision about hospital privileges, and trusts that you will make those decisions based on your system's quality and safety needs. However, we also recognize that certification status is not the only indicator of a physician's quality, and it has been our policy for decades that it is not appropriate to grant or deny privileges solely based on certification status.

For more than 80 years, health systems like yours have trusted that a physician certified by one of the 24 ABMS Member Boards has demonstrated the knowledge, skills, and professionalism to provide safe, high-quality patient care. The changes we are working on will result in a continuing certification program that is designed to better address the rapidly advancing standards of specialty practice, and to assist you in fulfilling your mission to provide the highest quality care to patients – the ultimate beneficiaries. If you have any questions, please contact Kristin Schleiter, Vice President, Policy, Government Affairs & Strategic Engagement, at [kschleiter@abms.org](mailto:kschleiter@abms.org).

Sincerely,

  
Barry S. Smith, MD  
Chair, ABMS Board of Directors

  
Richard E. Hawkins, MD  
President and Chief Executive Officer

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# Policies



7/26/2019

## Primary elements of the past policy

- Credential expiration every 5 years
- Renewal methods
  - Document continuing education credits.
  - Achieve a new credential.
  - Take examination again.
- \$25 a year or \$125 for 5 years



## Phased transition to new program

- 2019 is considered a pilot year for the program.
  - First assessments released for ACCS, PFT, NPS, and SDS followed by new assessments each year.
- 2020 will be the first year when the new program is implemented for those who achieve a new credential or renew.
  - Participants who are in the middle of a renewal cycle may finish the cycle before the new program starts for him or her.
    - There will be an opt in for those who want to start assessments mid-cycle; most of them will wind up submitting credits as they would have done anyway.
  - First assessment released for RT followed by new assessments each year.





## Internal study related to credential expiration policy

- Job analyses were done in 2017 and 2018 to guide content and design for each of 5 longitudinal assessments.
  - Each study occurred after the study that guided content and design of each examination linked to initial credentialing.
- The opportunity created by the second job analysis study was taken to survey therapists and specialists about change over time in content and in people who have earned credentials but stopped working.
  - Each sample was limited to those who were impacted by the credential renewal program.



## Survey items related to content change over time

- Response collected for each task

How often does the key information about this **task** change?

6 - Every Year

5

4 - Every 5 years

3

2 - Every 10 years

1

0 - Never

- Single response after finishing task list

If a **practitioner** stops working, how many years will pass before therapies and technologies progress to a point when extensive re-training is required for the individual to return to work?

*Max of 10 allowed as a response*



## Pace-of-change among tasks

Assessment Group	N of tasks	N of responses	Years		
			Min	Mean	Max
General Respiratory	235	2,882	5.1	7.2	9.4
Pulmonary Function	213	251	3.8	6.4	9.0
Neonatal Pediatrics	103	463	4.0	5.6	7.5
Sleep Disorders	140	60	3.5	5.9	8.0
Adult Critical Care	120	420	3.6	5.8	8.2

Content turns over more rapidly in specialties.



## If a practitioner stops working ... how many years?

Assessment Group	N of responses	Mean (SE of Mean)	Median	Mode
General Respiratory	2,882	4.91 (.09)	5	5
Pulmonary Function	251	5.11 (.27)	5	5
Neonatal Pediatrics	463	4.09 (.16)	4	5
Sleep Disorders	60	4.71 (.42)	5	5
Adult Critical Care	420	4.39 (.14)	5	5

The typical response was 5 years.



## Policy affirmation




- Only those who were impacted by the credential renewal program could contribute to results observed in the previous two slides.
- The 2018 board of trustees affirmed that **credentials will continue to expire every 5 years.**



## New policy elements

- Starting the first quarter after achieving a credential or renewing one, participants **should** take short, longitudinal assessments.
  - Content focuses on topics associated with **high patient risk** plus **high pace-of-change**; skipping assessments means willfully ignoring topics crucial to maintained competence.
- The grand score accrued across assessments will determine the quantity of continuing education credits to be documented during the year after the 16<sup>th</sup> assessment is released.
  - True for participants taking more than one assessment type (e.g., RT, NPS) and those who have one credential that expires plus another that does not expire.

### Earned Credentials

	<b>CRT</b> Earned: 06/02/1979
	<b>RRT</b> Earned: 12/04/1999
	<b>RRT-ACCS</b> Earned: 10/29/2013



## Continuing education credits to be documented

Zone based on score	Total Credits	Sub totals based on quantities of credentials				
		1 credential	2 credentials	3 credentials	4 credentials	5 credentials
<b>Green</b>	<b>0</b>	0	0	0	0	0
<b>Yellow</b>	<b>15</b>	15	7.5 general 7.5 specialty	5 general 5 specialty 5 specialty	7.5 general 2.5 specialty 2.5 specialty 2.5 specialty	5 general 2.5 specialty 2.5 specialty 2.5 specialty 2.5 specialty
<b>Red</b>	<b>30</b>	30	15 general 15 specialty	10 general 10 specialty 10 specialty	15 general 5 specialty 5 specialty 5 specialty	10 general 5 specialty 5 specialty 5 specialty 5 specialty



## Engagement and encouragement

- As of May 2019, 38% of those who could have taken assessments had done so.
- Choosing to engage should be a valuable indicator of professionalism based on observations about surgeons and anesthesiologists described earlier.
- Even someone who must supplement assessment results with documentation of continuing education has done more than someone who ignores assessments.
  - Ignoring assessments means choosing to remain uninformed about topics that put patients at risk and change rapidly.





## Engagement and encouragement

- Strategies employers could use to encourage CMP engagement.
  - Career ladder step
    - A requirement for Step X is proof of participation in the NBRC CMP.
  - Performance evaluation criteria
    - An employee will participate in the NBRC CMP to receive an outstanding rating in the maintained competence domain.
  - Job description
    - Personnel working in the respiratory therapist or specialist role are expected to participate in the NBRC CMP regardless whether his or her credential expires.
  - Recruitment announcement
    - The ideal applicant who was initially credentialed more than 5 years ago can prove ongoing participation in the NBRC CMP.



# Longitudinal competency assessments



## Key features

- The goal is to stimulate or reinforce learning about content that is relevant to the credential maintenance purpose.
  - The purpose is to protect patients while knowing that a thorough assessment of a person's knowledge could have occurred many years ago.
- Each assessment contains multiple-choice items, each with 4 options one of which is best.
  - Each option is explained and coded (h, u, a, c, or e).
  - A reference supporting the best option is cited.
- Assessment items are stored in their own banks.
  - Each assessment item is newly written.
  - No items are taken or borrowed from banks supporting initial credentialing.



## Option codes

- h = a response that could **harm** a patient
- u = a response that is **not correct**
- a = a response that could be **acceptable**, but is not the best among the four options
- c = the response that is the best among the four options and credited as **correct**
- e = a response that engages thinking about **ethics**



## Key features

- Panels of experts have been assembled; each one holds the credential for which the assessment is intended.
  - Each member contributes a batch of items each year.
  - Each group revises and approves each item while working with staff who ensure sound construction.
  - Assessment forms are assembled to cover the four quarters of the next year.
    - Released in January, April, July, and October.
  - At the end of a quarter, item keys are validated against data from participants' responses.
    - Keys can be adjusted based on the evidence.





## Key features

Each assessment has its own design document, which is available at nbrc.org.

- Navigate to Resources/ Document Library/Credential Maintenance Program.
- Each task to which an item can link appears in white, which is roughly **half the tasks**.
- Each outline identifies the subset of content that **can be covered in a given quarter**.
  - Participants start at different points throughout a year, but all should be assessed over the same domains after 4 quarters.
- AARC is developing education content intended to mirror assessment content.



 <b>Credential Maintenance Program</b> <b>Adult Critical Care Specialty Assessment</b> <b>Detailed Content Outline</b> <i>Multiple-choice items are linked to open cells.</i> <i>*Test takers will be asked to integrate (apply or analyze) information.</i>		Items		
		Ethics	Cognitive Levels	
			Recall	Integration *
First Quarter of the Calendar				Total
I. RESPIRATORY CRITICAL CARE			0	6
A. Manage Airways			0	2
1. Airway clearance techniques				
2. Difficult airway recognition and techniques				
3. Advanced techniques during intubation, for example,				

 <b>Credential Maintenance Program</b> <b>Pulmonary Function Technology Assessment</b> <b>Detailed Content Outline</b> <i>Multiple-choice items are linked to open cells.</i> <i>*Test takers will be asked to integrate (apply or analyze) information.</i>		Items		
		Recall	Cognitive Level	
			Recall	Integration *
First Quarter of the Calendar				Total
I. INSTRUMENTATION / EQUIPMENT			1	4
A. Set Up, Maintain, Calibrate			1	2
1. Blood gas analyzers				
2. CO-oximeters / hemoximeters				
3. Spirometers (for example, diagnostic, screening, portable)				
4. Peak flow meters				


## Assessment lengths

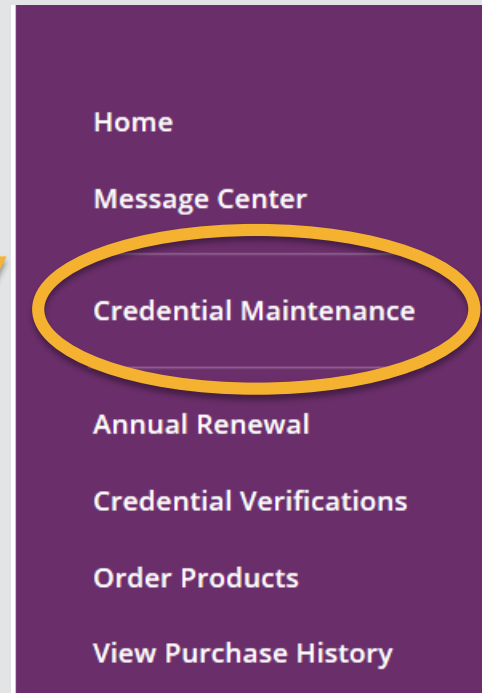
Assessment Group	Credentials	Number of Items Each	
		Quarter	Year
ACCS	RRT-ACCS	5	20
NPS	CRT-NPS, RRT-NPS	5	20
PFT	CPFT, RPFT	5	20
RT	CRT, RRT	10	40
SDS	CRT-SDS, RRT-SDS	5	20

The more credentials one holds, the more assessment items there are to take in a quarter.



## Assessment access

- Click a link that arrives by email or sign in on your own at NBRC.org. 
- Click the Credential Maintenance link.



## Sign In

*Email*

rcshawjr@gmail.com

*Password*

.....



**Sign In**

[Forgot Password?](#)

Don't have an account?

[Create an Account](#)





## Additional details

- The assessment delivery platform is mobile-friendly while intended to be accessed through an automatically updated browser.
  - Participants should carefully consider the device they will use because there could be images or tables.



## Personal Computer View

### Question 4 of 5

A 67-year-old woman with a history of COPD is admitted to the ED with a chief complaint of progressive dyspnea at rest over the past week. Vital signs while breathing air are as follows:

Temperature	37.0° C (98.6° F)
HR	118/min
RR	32/min
BP	148/94 mm Hg
SpO <sub>2</sub>	83%

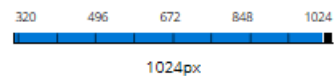
The patient is sitting in a tripod position and is able to answer questions in 2 to 3 words before needing to take a breath. An examination shows accessory muscle usage, nasal flaring, and prolonged expiratory phase with wheezing. A chest radiograph reveals hyperinflation without infiltrates. ABG analysis while breathing air shows:

pH	7.25
PCO <sub>2</sub>	68 mm Hg
PO <sub>2</sub>	48 mm Hg
HCO <sub>3</sub> <sup>-</sup>	30 mEq/L
BE	+1 mEq/L
SO <sub>2</sub> (calc)	83%

An adult critical care specialist should recommend initiating

- ☐ A supplemental oxygen through a nasal cannula.
- ☐ B supplemental oxygen through a partial rebreathing mask.
- ☐ C noninvasive positive-pressure ventilation.
- ☐ D invasive mechanical ventilation.

Preview Screen Size



## Mobile View

### Question 4 of 5

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- ☐ D invasive mechanical ventilation.

Preview Screen Size



# Prompts before accessing items

## Terms and Conditions

### I will

- submit answers that are mine alone.
- access content when needed to help me choose an answer.

### I will not

- accept help from any other person.
- copy, disclose, or distribute any part or portion of the assessment.
- violate these terms because doing so could initiate an investigation into potential misconduct by the Judicial and Ethics Committee.

[Back to Dashboard](#)

[I Agree](#)

## Welcome to RRT-NPS Assessment 1

You have **5 minutes to answer each question.**

There are a total of **5 questions** in this assessment to be completed by **06/30/2019**.

You may leave the assessment between questions.

**Once you start the timer, you cannot pause the question.**

[Exit](#)

[Let's go, start the timer](#)



## Additional details

- Once a participant agrees to launch an item, a 5-minute timer starts that will not be interrupted by an external action (for example, close browser, power down device, disconnect Internet).
  - One can zoom to view an image.
  - Within the 5 minutes, participants are welcome to seek resources, but should not seek help from other therapists.
- If the system detects an attempt to copy or print item content, then a warning is given.
  - Accumulating too many warnings will result in an inquiry.



## Additional details

- Before a participant learns whether a response is correct, his or her confidence in the response and opinion about the relevance of the item is collected.
  - Response summaries will be fed back to panels and may influence whether an item is reused because an item that presents new, highly relevant learning is particularly valuable to the program.
  - If participants also tend to **submit incorrect responses with high confidence**, then we expect this to pinpoint new learning opportunities for the future.



*How confident are you about your response?*

High Low

*How relevant is the item to the credential?*

High Low



## Additional details

- Participants are encouraged to complete an assessment within the quarter in which it is released.
  - An assessment will remain available for another quarter should a participant fall behind.



# Progress dashboard



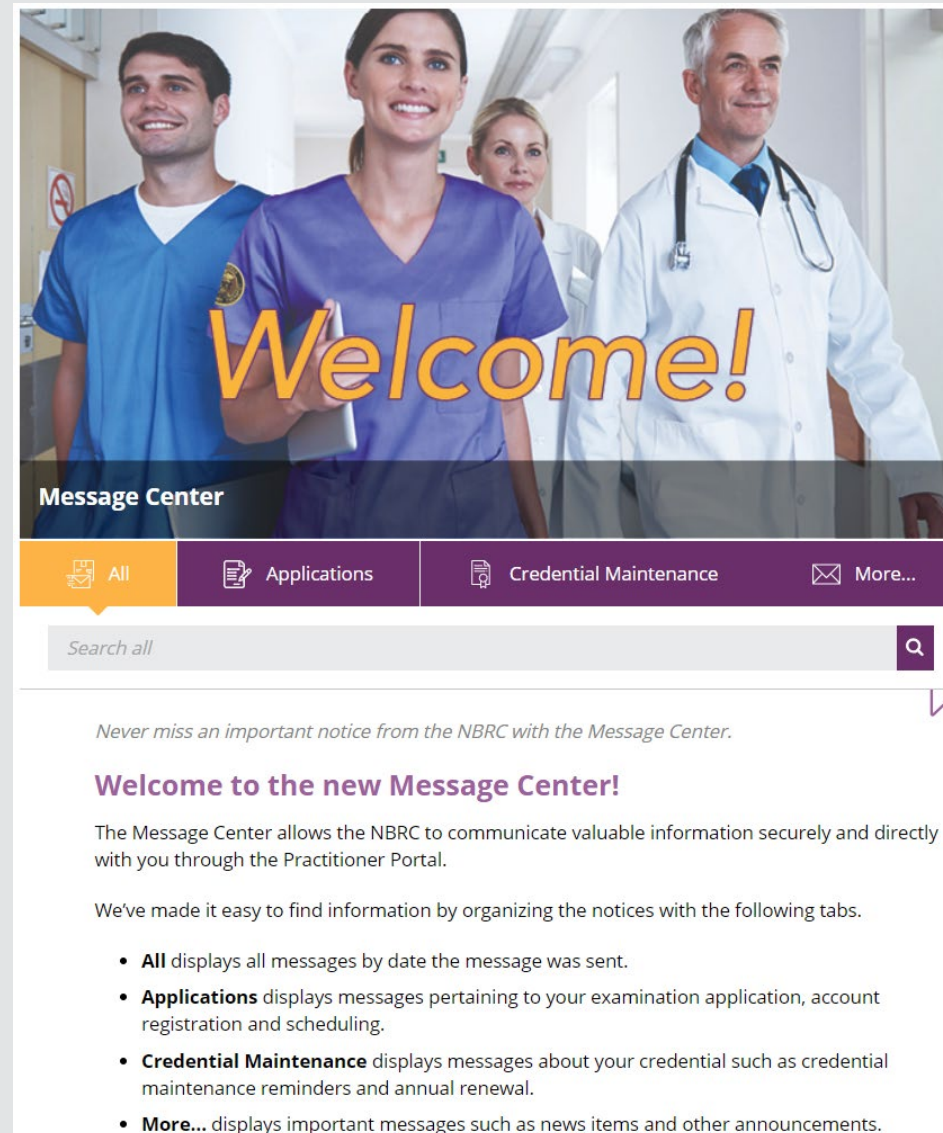
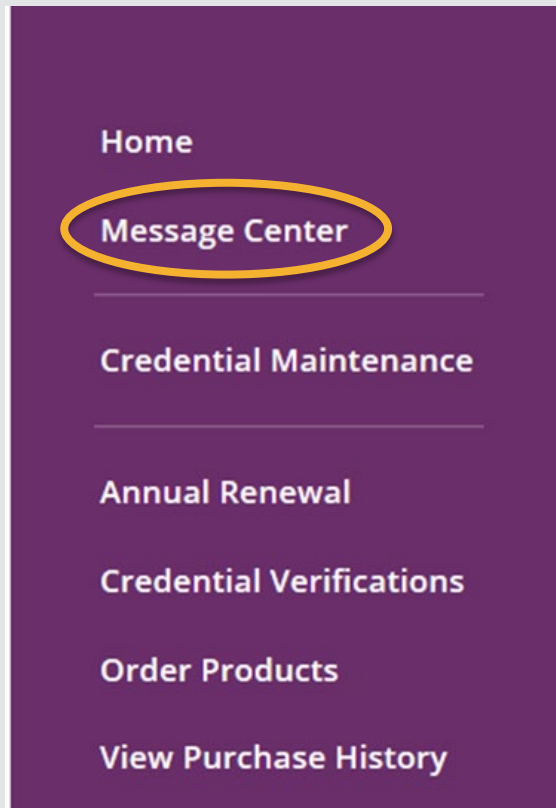
## Dashboard development

- The practitioner database was expanded in 2018 to accommodate the new CMP.
  - After exporting assessment content from the item banking system, an automated import pulls content in, facilitates quality checks, and permits fine-tuning.
  - Item content can be delivered on-demand to participants on mobile devices or personal computers.
  - Responses (selected option, confidence, relevance) stimulated by items are stored and then exported to the item banking system and a statistics database for follow up evaluations.
  - Item content plus feedback information is accessed through a progress dashboard by participants who sign in.





# Communication



Home

Message Center

Credential Maintenance

Annual Renewal

Credential Verifications

Order Products

View Purchase History

Horizons

Active Directory

Purchase SAE

Free Practice Exam

Content Outlines

Candidate Handbook

Change Password

Sign Out

## Credential Maintenance Assessment Dashboard ?

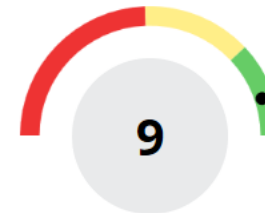
### Performance by Assessment

CEUs likely due on 10/31/2023: 0

[Document my CEUs](#)

☒ RRT-NPS

Correct Answers



[Submit Feedback](#)

#### Assessment 1

4/5 Correct; Completed on 03/18/2019

[Review](#)

#### Assessment 2

5/5 Correct; Completed on 04/08/2019

[Review](#)

#### Assessment 3

5 Questions; Opens on 07/01/2019

#### Assessment 4

5 Questions; Opens on 10/01/2019

#### Assessment 5

5 Questions; Opens on 01/01/2020

#### Assessment 6

5 Questions; Opens on 04/01/2020

#### Assessment 7

5 Questions; Opens on 07/01/2020

#### Assessment 8

5 Questions; Opens on 10/01/2020

? Opens 8 pages of help content


Related

The yellow zone is defined by an error band that will proportionately shrink as assessments accumulate.

The middle of the yellow zone is the sum of item Angoff values; each is a mean of panel members' expected probability-of-success values while thinking about peers who barely maintain competence.



## Dashboard content

- For each credential, all 16 assessments are listed including the date each opens. 
- If there is an open assessment with items still available, they can be answered.
  - If already answered, item content including explanations and a reference can be reviewed.

As of Feb 26, 2019

### Performance by Assessment

• RRT-NPS

#### Assessment 1

4/5 Correct; Completed on 02/05/2019

#### Assessment 2

5 Questions; Opens on 04/01/2019

#### Assessment 3

5 Questions; Opens on 07/01/2019

#### Assessment 4

5 Questions; Opens on 10/01/2019

#### Assessment 1

3/5 Answered; Closes on  
06/30/2019

Review

Continue

#### Assessment 2

2 items left



## Peer performance

- Statistics are calculated at the end of each quarter.
- Uses for item statistics.
  - **Internal** to verify each key and evaluate quality along with confidence and relevance summaries.
  - **External** to give feedback to participants in the dashboard.

### Question 3 of 5 : Correct

Check back next quarter to see how your performance compares to your peers.

An 8-month-old infant receiving invasive mechanical ventilation in the home for chronic lung disease is evaluated in the ED for a fever of 39.0° C (102.2° F) and

1<sup>st</sup> quarter review

### Question 3 of 5 : Correct

56% of your peers got this correct

An 8-month-old infant receiving invasive mechanical ventilation in the home for chronic lung disease is evaluated in the ED for a fever of 39.0° C (102.2° F) and

2<sup>nd</sup> quarter review



## Intentionally encourage participant reflection

- I missed an item that was correctly answered by 85% of my peers. I should learn more about that topic.
- I correctly answered an item that was missed by 56% of my peers. I have set myself apart, but why is this topic so challenging for the group?
- I got less than half the items correct about the \_\_\_ \_\_\_ \_\_\_ credential. I should continue my education to increase knowledge about content covered on assessments.
- I selected an option coded as likely harmful (h) to a patient. What did I miss that led me down the wrong path?



# Review an item, explanations, and reference

## RRT-NPS Assessment 1

4 out of 5 Correct

### ✓ Question 1

A previously healthy 12-year-old male with a history of asthma is admitted to the ED

### ✓ Question 2

A 2-year-old male is brought to the ED and is diagnosed with croup.

### ✓ Question 3

An 8-month-old infant receiving invasive mechanical ventilation in the home for chronic lung disease

### ✗ Question 4

A conscious, 3-year-old girl with cerebral palsy and severe developmental delay is admitted

### ✓ Question 5

Upon delivery, a neonate with a cleft lip and palate becomes apneic.

## Question 3 of 5 : Correct

Check back next quarter to see how your performance compares to your peers.

An 8-month-old infant receiving invasive mechanical ventilation in the home for chronic lung disease is evaluated in the ED for a fever of 39.0° C (102.2° F) and infiltrates on the chest radiograph. While home ventilation settings are continued, a neonatal/pediatric specialist observes that the end-tidal CO<sub>2</sub> is 30 mm Hg when a simultaneous CBG analysis shows a PCO<sub>2</sub> of 49 mm Hg. Which of the following conditions best explains the difference in these CO<sub>2</sub> values?

### ✓ increased physiologic dead space

(c) A. An increased gradient between P<sub>c</sub>CO<sub>2</sub> and P<sub>ET</sub>CO<sub>2</sub> is observed in cases of increased physiologic dead space.

### ✗ decreased physiologic dead space

(u) B. A decreased physiologic dead space would decrease the gradient between P<sub>c</sub>CO<sub>2</sub> and P<sub>ET</sub>CO<sub>2</sub>; the opposite is observed in this patient.

### ✗ increased shunt

(u) C. Changes in shunt primarily affect PO<sub>2</sub>.

### ✗ decreased shunt

(u) D. Changes in shunt primarily affect PO<sub>2</sub>.

## References

Siobal MS. Monitoring Exhaled Carbon Dioxide. Respir Care 2016;61(10):1397-1416.



# Review an item, explanations, and reference

## RRT-NPS Assessment 1

4 out of 5 Correct

### ✓ Question 1

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### ✓ Question 2

A 2-year-old male is brought to the ED and is diagnosed with croup.

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A conscious, 3-year-old girl with cerebral palsy and severe developmental delay is admitted

### ✓ Question 5

Upon delivery, a neonate with a cleft lip and palate becomes apneic.

[Review an item, explanations, and...](#)

## Question 4 of 5 : Incorrect

Check back next quarter to see how your performance compares to your peers.

A conscious, 3-year-old girl with cerebral palsy and severe developmental delay is admitted to the hospital with pneumonia. On physical examination, a neonatal/pediatric specialist notes paradoxical respirations with retractions and snoring. Breath sounds are coarse bilaterally, but diminished on the right. The patient's heart rate is 110/min and respiratory rate is 30/min. Which of the following should the specialist do NEXT?

✗ Administer cough assist therapy.

(u) A. A cough assist device helps remove secretions in patients with a weak or absent cough and is unlikely to relieve upper airway obstruction.

✗ Position the child with the right side down.

(u) B. Repositioning the patient onto her side is unlikely to improve airway patency.

✗ Insert an oropharyngeal airway.

(h) C. An oropharyngeal airway should only be used in an unconscious patient or one without a gag reflex.

✓ Insert a nasopharyngeal airway.

(c) D. The patient is exhibiting signs of upper airway obstruction. A nasopharyngeal airway is used in patients who are conscious, have an active gag reflex, or have an obstruction that cannot be relieved by an oropharyngeal airway.

## References

Davies JD, Niven AS, Hess DR. Airway management. In: Hess DR, MacIntyre NR, Galvin WF, Mishoe SC, eds. Respiratory Care Principles and Practice, 3rd edition. Burlington, MA: Jones & Bartlett Learning; 2016: 380-430.

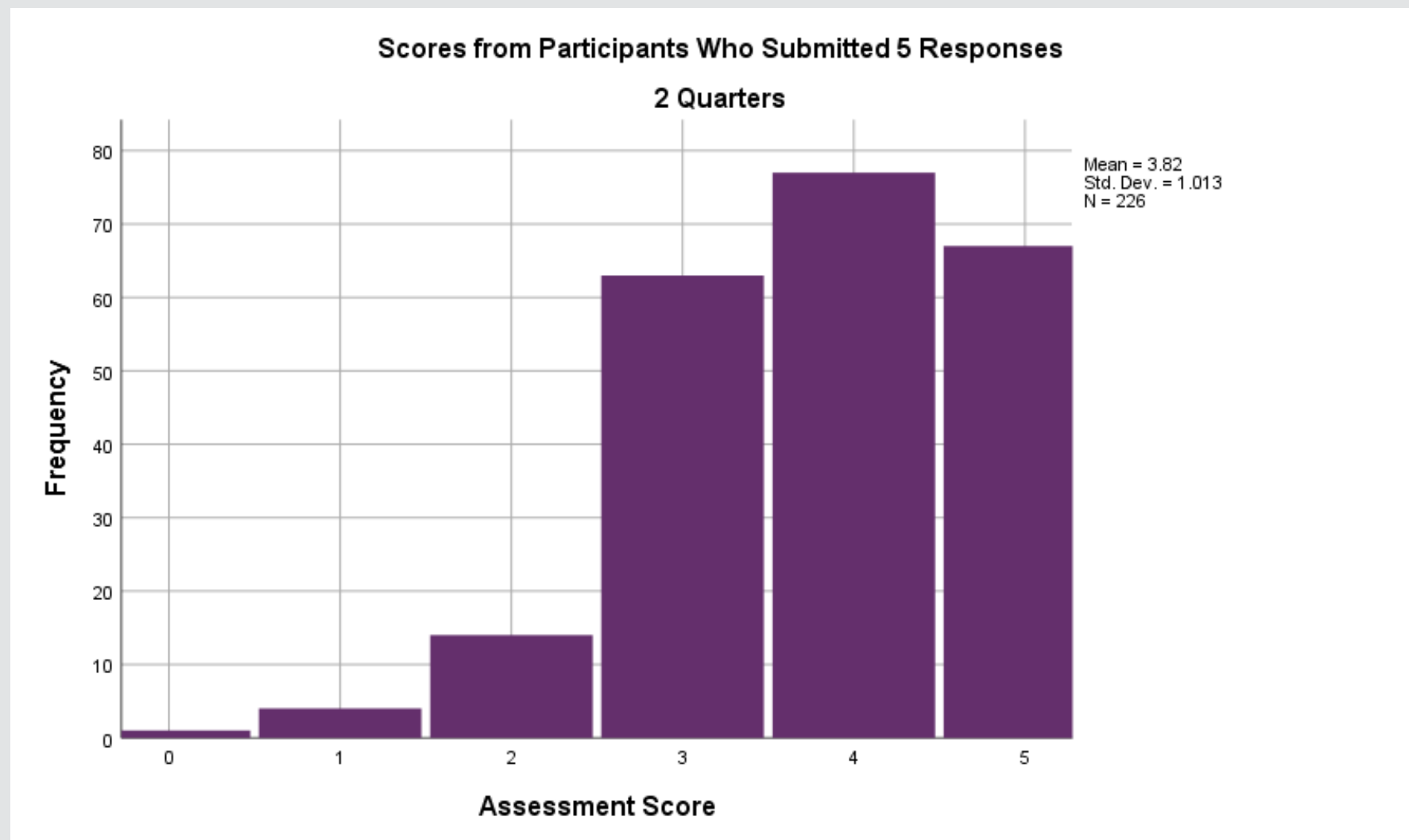


# Early observations from pilot

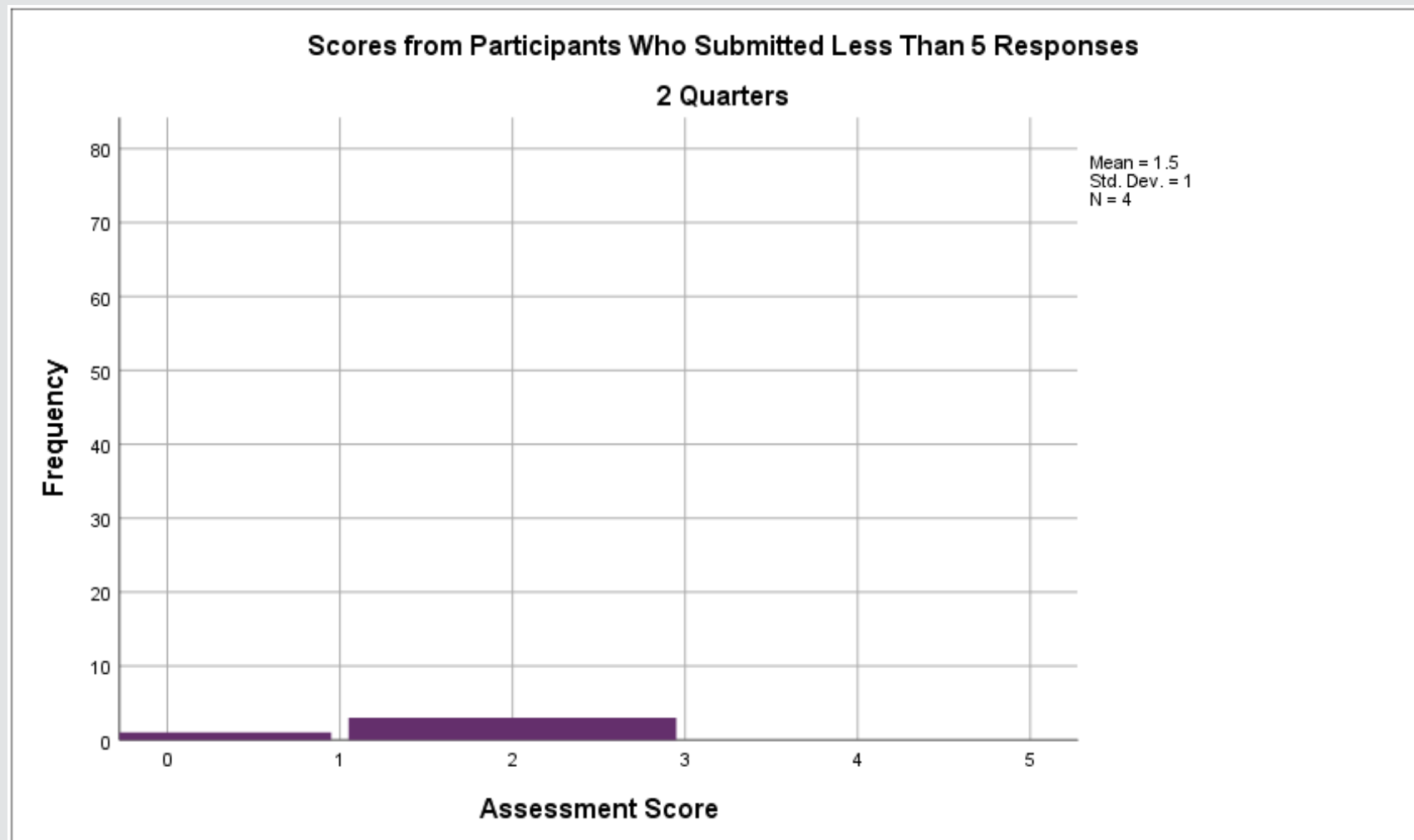




As of May



# As of May



# Summary



## Highlights

- Ignoring learning opportunities years after first documenting competence can contribute to less than desirable patient care.
- In 2002, the NBRC stopped awarding lifetime credentials and started requiring therapists to document ongoing learning.
- In 2020, the NBRC supplements the system with longitudinal assessments intended to stimulate learning about topics that are most likely to contribute to poor patient care if otherwise ignored.
- Participants respond to assessment items and review feedback when and how they choose.
- Aggregated assessment performances determine the quantity of continuing education credits to be documented in the final year of a renewal cycle; assessment responses will be enough for some.
- Ignoring the entire program is the only way to lose a credential.



## For those you may encounter who doubt the usefulness of the new system

- A continuing education unit cannot guarantee learning when the activity only requires passive participation.
- It will be better for patients when respiratory therapists are directed by assessments to high-risk and high-change topics.



# Thank you for the opportunity

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