

# The Jimmy Young Program



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# Conflict of Interest

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



# Learning Objectives

- Describe typical features built into a career ladder for respiratory therapists.
- Illustrate opportunities to enhance a career ladder with resources from the NBRC.
- Apply knowledge of the Dunning-Kruger effect to credential maintenance policies intended to protect patients.
- Describe recent activities around advanced practice respiratory therapy.



Through this program, the NBRC has honored the memory of Jimmy Young along with contributions he made to respiratory care since 1978

Jimmy Albert Young, MS, RRT  
1935 –1975



# Career synopsis

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
  - 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



# Leveraging NBRC Resources While Supporting Career Ladders



# Career Ladder Examples

## Facilities

- Children's Mercy Hospital, MO
- INOVA Hospital, VA
- Rush University Hospital, IL
- Veterans Health Administration Hospital, MD
- Akron Children's Hospital, OH

# Example 1 - Levels and expectations

IV	Advanced in once area with additional competencies in multiple other areas	<ul style="list-style-type: none"><li>• RRT</li><li>• Bachelor's degree</li><li>• 16 CEUs per year</li><li>• Cross functioning such as inpatient-outpatient, adult-pediatric, outpatient-critical care</li></ul>
III	Advanced in one area with additional competencies in other areas	<ul style="list-style-type: none"><li>• RRT</li><li>• 16 CEUs per year</li><li>• Specialty credential e.g., ACCS, SDS, AE-C, NPS, RPFT</li><li>• 2 QI projects</li><li>• Committee participation</li><li>• Professional membership</li></ul>
II	Advanced in one area	<ul style="list-style-type: none"><li>• RRT or CRT+10 years</li><li>• 12 CEUs per year</li><li>• ACLS, PALS, or NRP</li><li>• 1 project</li></ul>
I	Basic	<ul style="list-style-type: none"><li>• 8 CEUs per year</li></ul>





# Example 1 – Starting and progressing

- Apply to start on the ladder
  - May start at any time during the year.
  - Escalated by Director/Manager to an oversight group for approval
  - Being in a discipline process is a barrier.
- Start at the bottom level, then move up in the sequence.
  - Maintenance at a level means continuing to satisfy the requirements.
  - Those at risk of falling from a level can expect to develop an action plan with the Director/Manager.



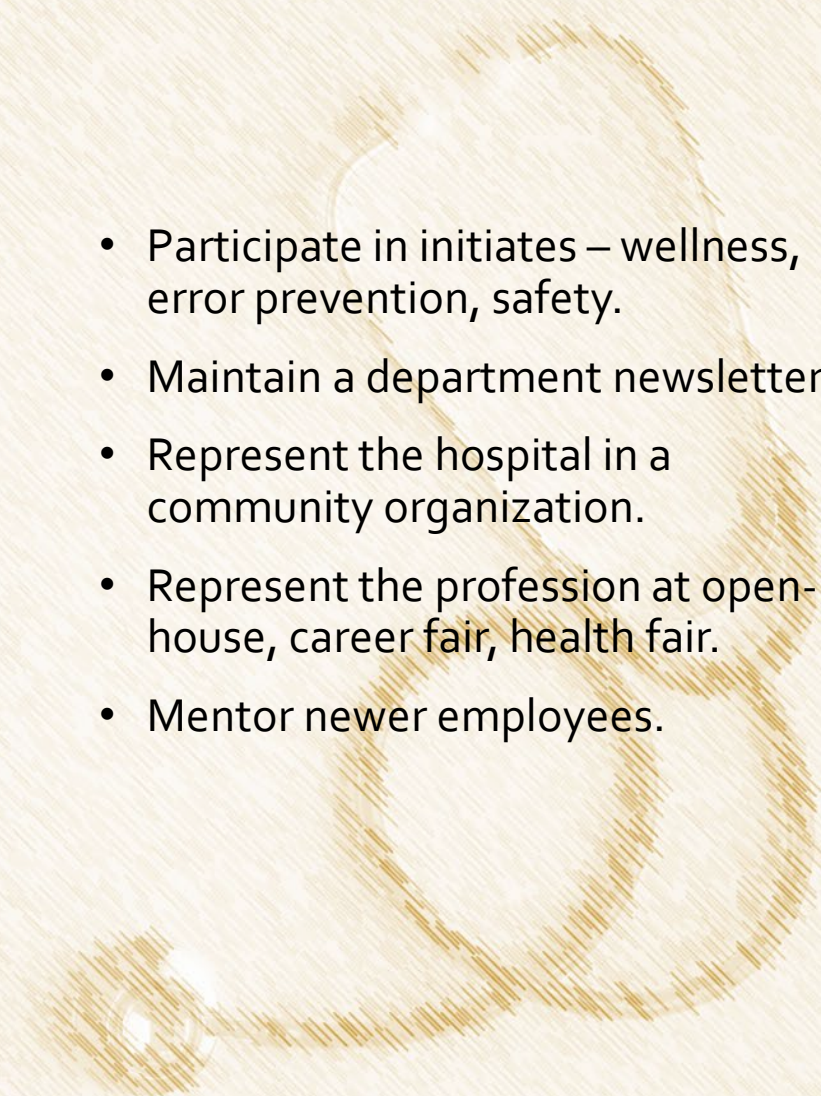
# Example 2 - Levels and expectations

IV	<ul style="list-style-type: none"> <li>• Master's degree, leadership+5 years, Bachelor's degree+10 years</li> <li>• 30 CEUs</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership activity X<sub>5</sub></li> <li>• Education or others X<sub>4</sub></li> <li>• QI activity X<sub>4</sub></li> <li>• Community serviced-12 hours</li> <li>• Clinical practice – research, innovation, evidence-based practice X<sub>4</sub></li> </ul>
III	<ul style="list-style-type: none"> <li>• Adds professional membership</li> <li>• Bachelor's degree, leadership+5 years</li> <li>• 30 CEUs</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership activity X<sub>4</sub></li> <li>• Education of others X<sub>4</sub></li> <li>• QI activity X<sub>3</sub></li> <li>• Community service-9 hours</li> <li>• Clinical practice – research, innovation, evidence-based practice X<sub>3</sub></li> </ul>
II	<ul style="list-style-type: none"> <li>• Adds national professional certification</li> <li>• Bachelor's degree, leadership+3 years, or Associates+5 years</li> <li>• 25 CEUs</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership activity X<sub>3</sub></li> <li>• Education of others X<sub>3</sub></li> <li>• QI activity X<sub>2</sub></li> </ul>
I	<ul style="list-style-type: none"> <li>• Completes local requirements for at least one year</li> <li>• Acquires license</li> <li>• 20 CEUs</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership activity X<sub>1</sub></li> <li>• Education of others X<sub>1</sub></li> <li>• QI activity X<sub>1</sub></li> </ul>



# Example 2 – Recognized achievements in leadership

- Earn a hospital award or recognition.
- Participate in interviews of new potential new hires.
- Coordinate the journal club.
- Participate in the planning of a conference – local, regional, or national
- Hold an office in a professional organization.
- Participate in a hospital committee – unit, division, special interest, organization-wide.
- Participate in initiatives – wellness, error prevention, safety.
- Maintain a department newsletter.
- Represent the hospital in a community organization.
- Represent the profession at open-house, career fair, health fair.
- Mentor newer employees.



# Example 2 – Recognized achievements in the education-of-others

- Act as a super-user.
- Precept new employees.
- Supervise students or colleagues.
- Implement a department competency assessment verification method.
- Instruct at a national course.
- Present an article at journal club.
- Provide community-based education.
- Present during a department update, class, or meeting.
- Present at a higher education institution.
- Present a poster or presentation at a conference – local, regional, national.
- Develop an informational brochure for patient, family, or staff.
- Author an article.



# Example 2 – Recognized achievements in **community service**

- Volunteer time to philanthropic events.
- Volunteer time to children’s clubs or organizations.
- Serve on a school PTO or similar volunteer activity.
- Lead a Neighborhood association.
- Volunteer time on a mission trip.
- Participate with community organizations – Salvation Army, church.



# Example 2 – Recognized achievements in quality improvement

- Participate in department quality initiative.
- Participate in quality data collection for a project directed by the department quality coordinator.
- Participate in QI team or committee.
- Present quality-related poster or presentation.
- Participate in a workshop for Lean System Daily Management or Lean Rapid Process Improvement.
- Teach modules within an improvement academy course.
- Complete a huddle.
- Summarize an organizational management book.
- Author a peer-reviewed quality project.
- Act as a unit/department infection prevention and control advocate.

# Example 2 – Recognized achievements in clinical practice analytics

- Integrate best practice evidence with clinical expertise and patient values.
- Revise a policy or procedure about clinical practice.
- Implement an educational plan that disseminates the care approach from literature or consensus.
- Present findings about evidence-based practice to service line personnel.
- Author an evidence-based practice manuscript in a peer-reviewed publication.
- Present evidence-based practice guidance in a poster or presentation at a conference – local, regional, national.
- Participate as a member of the evidence-based practice scholars' program.
- Contribute to updates as an item writer for a national examination.
- Edit a textbook in the professional discipline.
- Author a chapter in a discipline's textbook.
- Presents a clinical practice assessment to staff.
- Attain a higher, or specialty, certification.
- Apply an advanced competency or technique to 10 patients.
- Implement a new test, instrument, or method.

# Example 2 – Recognized achievements in research

- Author a research protocol approved by the IRB.
- Author the background section of a research protocol submitted to the IRB.
- Serve as the principle investigator or sub-investigator for an active protocol approved by the IRB.
- Collect study data from the charts of at least 35 patients within a one-year time frame.
- Enroll subjects who have consented for a research study.
- Analyze study data after the collection period is completed.
- Present results of research findings to patient care services, grand rounds, or a research symposium.
- Publish a research manuscript in a peer-reviewed publication.
- Present research findings in a poster or presentation at a conference – local, regional, national.
- Participate as a member of the IRB.





# Example 3 - Levels and expectations

<b>Clinical Manager</b>	<ul style="list-style-type: none"> <li>• Paid by salary</li> <li>• 24/7 responsibilities</li> <li>• Controls activities of one of four sections.</li> <li>• Supervises staff, schedules, assignments, and daily operations.</li> </ul>	<ul style="list-style-type: none"> <li>• Responsible for equipment, procedures, and supplies.</li> <li>• Monitors expenses and revenue plus care provided by staff.</li> <li>• Acts as a liaison among departments, families, and medical staff.</li> </ul>
<b>III</b>	<ul style="list-style-type: none"> <li>• Paid by the hour</li> <li>• Provide leadership to optimize patient care while ensuring quality and safety.</li> <li>• Provide training to increase skills and competencies of staff.</li> <li>• Ensure communication among staff, physicians, and nurses.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist with development of protocols and guidelines.</li> <li>• Conducts staff performance evaluations.</li> <li>• Leads committees</li> <li>• Coordinates research</li> </ul>
<b>II</b>	<ul style="list-style-type: none"> <li>• Paid by the hour</li> <li>• Function as a clinical specialist in critical care of adults or neonates/pediatrics.</li> <li>• Orient new employees and precept students.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide charge therapist and critical care team leader duties.</li> <li>• Serve on department committees.</li> <li>• Bachelor's degree</li> <li>• RRT-ACCS or RRT-NPS</li> </ul>
<b>I</b>	<ul style="list-style-type: none"> <li>• Paid by the hour.</li> <li>• Independently function in adult or pediatric/neonatal areas.</li> <li>• Is a member of national professional association and state chapter.</li> </ul>	<ul style="list-style-type: none"> <li>• RRT</li> <li>• State license</li> <li>• Pass departmental competencies</li> <li>• BLS or PALS before start</li> <li>• ACLS or NRP within 90 days of start</li> </ul>



# Example 4 - Titles and expectations

GS 15 National Program Manager	Maintain license and RRT
GS 14 Chief of Respiratory Care Services	Maintain license and RRT
GS 13 Assistant Chief of Respiratory Care or Program Manager including <b>Advanced Practice Respiratory Care Practitioner</b>	Maintain license and RRT, one year of GS 12 equivalent experience, <b>demonstrated APRT KSAs</b>
GS 12 Lead Respiratory Therapist or Program Coordinator	Maintain license and RRT
GS 7, 9, or 11 Registered Respiratory therapist	Maintain license at RRT level
GS 5 Respiratory Therapist	Completion of CoARC program

Other requirements:

- Citizen of the United States unless a shortage is documented





# Example 5 – Integration with NBRC credential maintenance assessments

Career Ladder Domains		
Clinical	Educational	Leadership
	<ul style="list-style-type: none"><li>• Assessment participation matches educational experiences to learning needs</li></ul>	<ul style="list-style-type: none"><li>• Assessment participation demonstrates the following:<ul style="list-style-type: none"><li>• Awareness of one's strengths and opportunities</li><li>• Taking responsibility for one's own professional development</li><li>• Proactively seeks learning opportunities</li></ul></li></ul>





# Example 5

- Financial incentives

- Individuals on the career ladder receive a lump sum bonus.
- Fees are reimbursed
  - Educational advancement to Baccalaureate or Masters levels
  - Specialty credentials, for example, RRT-NPS, RPFT
  - Professional membership, for example, AARC, SCCM

- Recognitions

- Lapel pin
- Certificate for each level

# Summarizing career ladder examples

- Monetary
  - Hourly or salaried
  - Increased compensation with ladder advancement
  - Reimbursing fees
- Responsibility – shift or 24/7
- Cross functionality – inpatient/outpatient, adult/children, therapeutics/diagnostics
- Continuing education credit levels – lower or higher
- Highest academic degree – undergraduate or graduate
- General or specialty NBRC credential achievement and maintenance
- License maintenance

# Summarizing career ladder examples

- Activity domains
  - Leadership
  - Education of self or others
  - Quality improvement
  - Clinical
  - Research
  - Volunteering
    - Profession
    - Community
  - Presentations
  - Authorship





# Credential maintenance program information and potential uses within career ladders


# What broad domains do assessments cover?

- General respiratory therapy
  - Therapists who maintain CRT and RRT.
- Pulmonary function technology
  - Technologists who maintain CPFT and RPFT.
- Sleep Disorders Specialty
  - Therapists who maintain the CRT-SDS and RRT-SDS.
- Neonatal / Pediatric Specialty
  - Therapists who maintain the CRT-NPS and RRT-NPS
- Adult Critical Care Specialty
  - Therapists who maintain the RRT-ACCS.
- Asthma Educator Specialty
  - Personnel who maintain the AE-C.



# What justifies the content that stimulates each new item?

- Those who are maintaining a credential are surveyed.
  - Responses reveal those activities that put patients at high risk and experience high knowledge turnover.
  - Among activities covered by examinations for initial credentialing, **assessments focus on high-risk plus high-turnover content.**

 <b>Credential Maintenance Program</b> Adult Critical Care Specialty Assessment Detailed Content Outline <i>Multiple-choice items are linked to open cells.</i> *Test takers will be asked to integrate (apply or analyze) information.	Items			Total
	Ethics	Cognitive Levels		
		Recall	Integration*	
<b>First Quarter of the Calendar</b>				<b>5</b>
<b>I. RESPIRATORY CRITICAL CARE</b>		<b>0</b>	<b>6</b>	<b>6</b>
<b>A. Manage Airways</b>		<b>0</b>	<b>2</b>	<b>2</b>
1. Airway clearance techniques				
2. Difficult airway recognition and techniques				
3. Advanced techniques during intubation, for example, <ul style="list-style-type: none"> <li>• cricoid pressure</li> <li>• specialty visualization devices</li> <li>• tube changers</li> </ul>				
4. Artificial airways <ul style="list-style-type: none"> <li>a. specialty endotracheal tubes, for example,                             <ul style="list-style-type: none"> <li>• subglottic suction</li> <li>• double lumen</li> <li>• wire-reinforced</li> </ul> </li> <li>b. exchanging endotracheal tubes</li> <li>c. specialty tracheostomy tubes</li> </ul>				

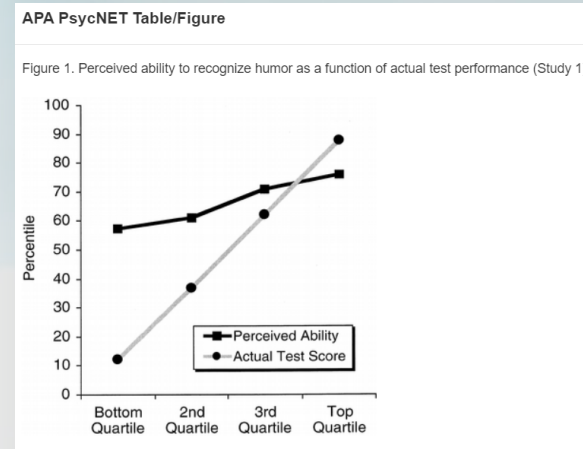
# Consider the alternative

- Participants interact with continuing education that is convenient for them to obtain.
- Even if preceded by a self-evaluation of learning needs, **an individual may not identify their true deficits** or match those up with sufficient remediation.

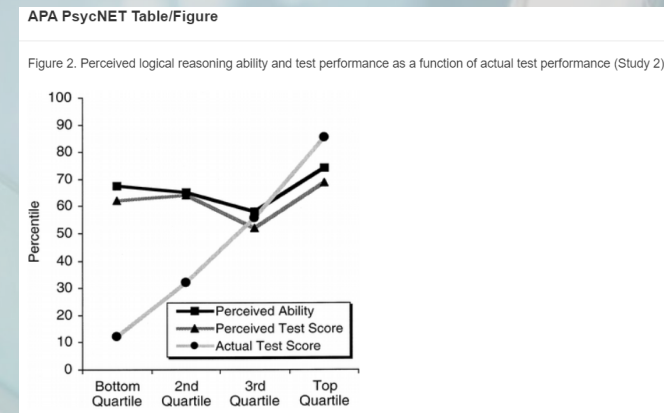
Kruger J & Dunning D. (1999). **Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessments.** *Journal of Personality and Social Psychology*, 77(6), 1121-1134, <https://doi.org/10.1037/0022-3514.77.6.1121>

# Dunning-Kruger Observations

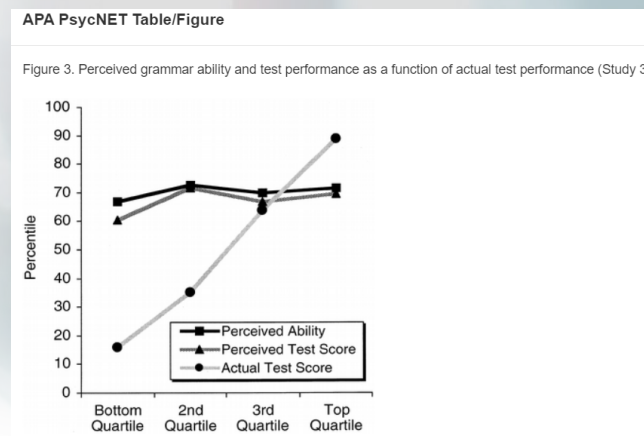
## Ability to recognize humor



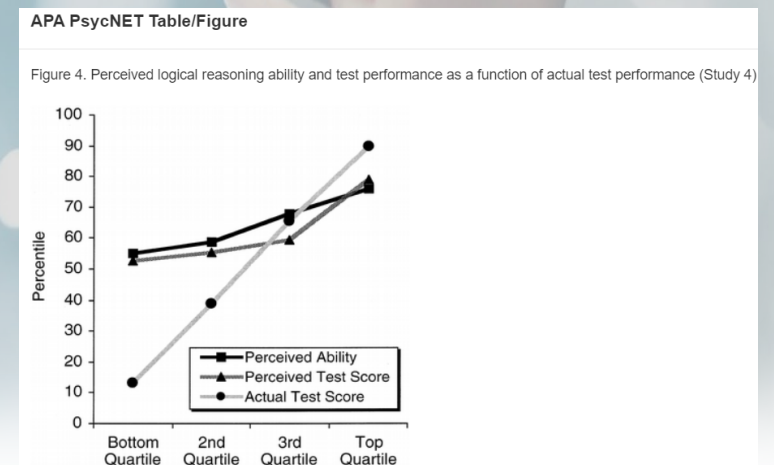
## Ability to apply logical reasoning



## Ability to apply grammar



## After training, ability to logically reason



# Conclusions of Dunning & Kruger

- Those in the bottom quartile not only overestimated their abilities by a large amount, but also perceived their abilities to be higher than the measured average.
- “The same incompetence that leads them to make wrong choices also deprives them of the savvy necessary to recognize competence, be it their own or anyone else’s.”
- After inviting back the bottom and top quartiles to allow observations of peers, “despite seeing superior performances of their peers, bottom-quartile participants continued to hold the mistaken impression that they had performed just fine.”
  - The accuracy of self-appraisals increased among high performers after observing peers.

# Who decides what assessments cover?

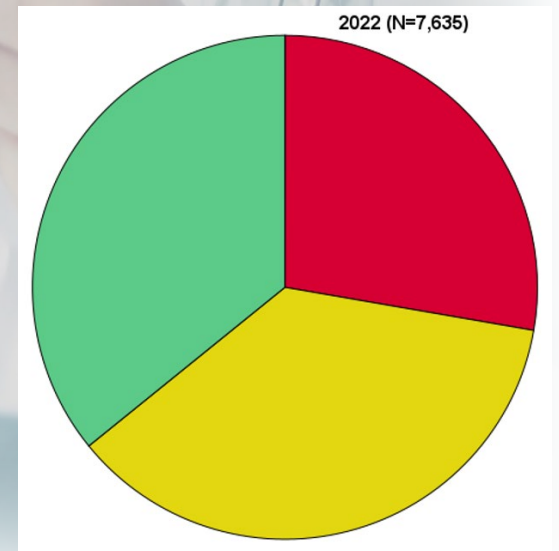
- A panel of 8 members who are also maintaining the general respiratory therapy credential.
- Panels of 6 members each who also are maintaining each specialty credential.
- Members of each panel do the following each year:
  - After staff have evaluated needs, write new items as assigned.
    - Give feedback to another writer about each new item.
  - Convene with panel members and staff to edit and then approve each new item, its explanations, and its reference citation.
  - Contribute individually to a key validation.
    - Resolve key validation disagreements and comments.
  - Contribute data that inform the passing standard for each quarter's assessment.

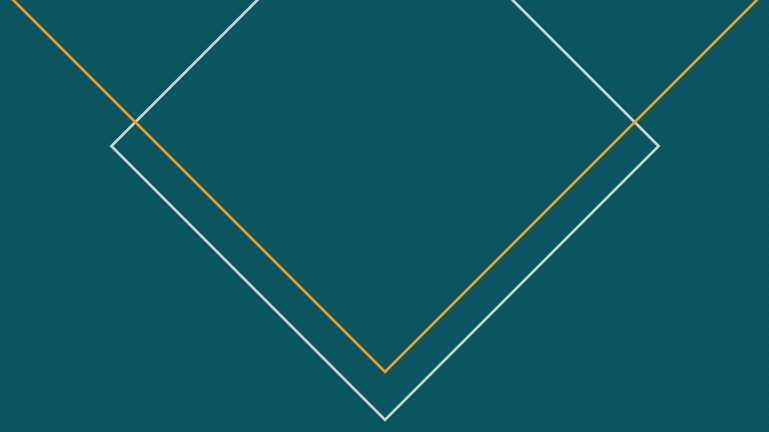
# What feedback do assessments provide to participants?

- Whether the best response was selected.
- The proportion of peers who selected the best response.
- The explanation of the best response plus each distractor.
- A reference citation that supports the best response.
- A ***Most Missed Concepts*** write-up of topics about which therapists **confidently** selected an **incorrect** response.

# Besides self-improvement, which can be challenging to quantify, can credential maintenance otherwise help a therapist in an obvious way?

- A 90% participation level over the four assessments from a calendar year will yield free CRCE.
  - General respiratory therapy = 6
  - Each specialty = 3
  - In 2022, there were 16,064 therapist who earned CRCE this way.
- Among those who answered every assessment item, most decreased the number of continuing education credits to be documented in the NBRC system.





# Feedback from the credential maintenance program





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- [Credential Maintenance](#)
- [Enter my CEUs](#)
- [Go to Assessments](#)
- [CMP Content Outlines](#)
- [Submit Feedback](#)

## NBRC PRACTITIONER

### Earned Credentials

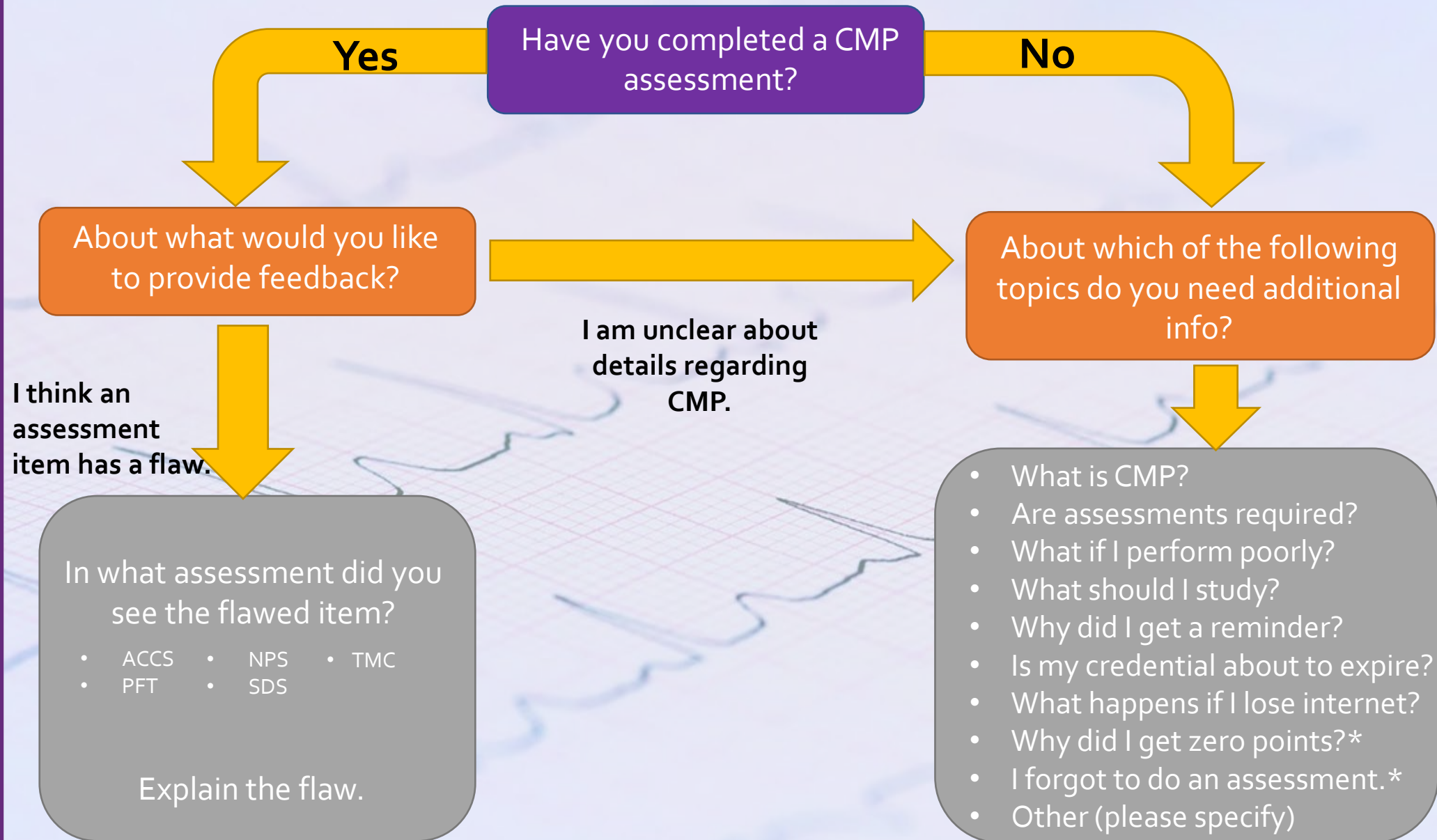
[View Purchase History](#)

- 
**CRT**  
 Earned:06/01/2020   Expires:08/31/2025
  
- 
**RRT**  
 Earned:08/01/2020   Expires:08/31/2025   Registry #:999999999
  
- 
**RRT-SDS**  
 Earned:08/05/2020   Expires:08/31/2025



[Manage Digital Badge](#)

# Survey Flow

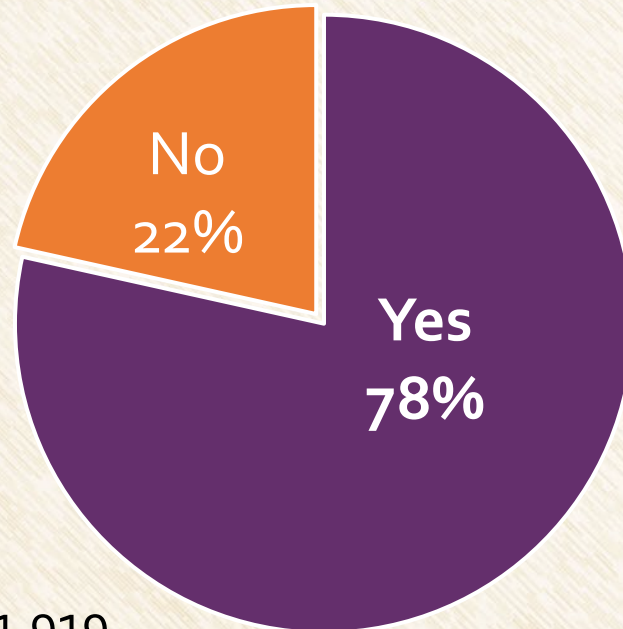


\* Added 2/23/2022

# Most respondents have completed an assessment and use the survey to learn more details about the CMP

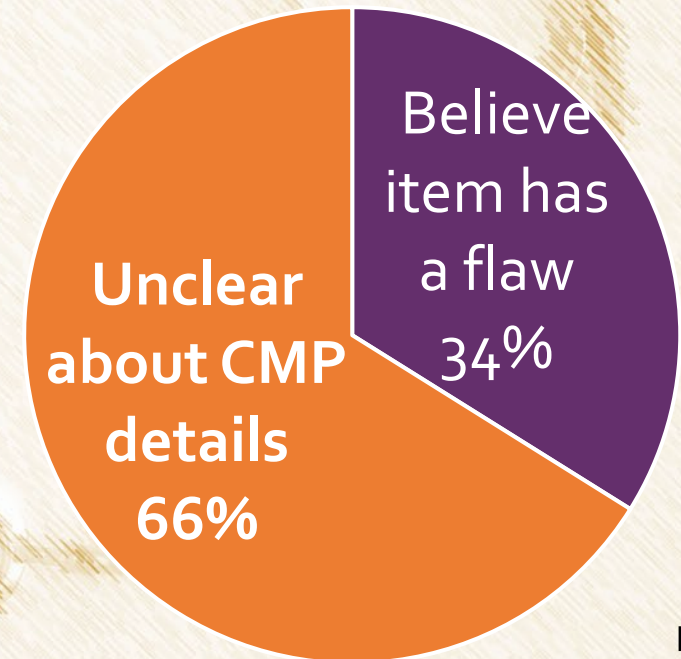
Q1 2021 thru Q1 2023

Have you completed a CMP assessment?

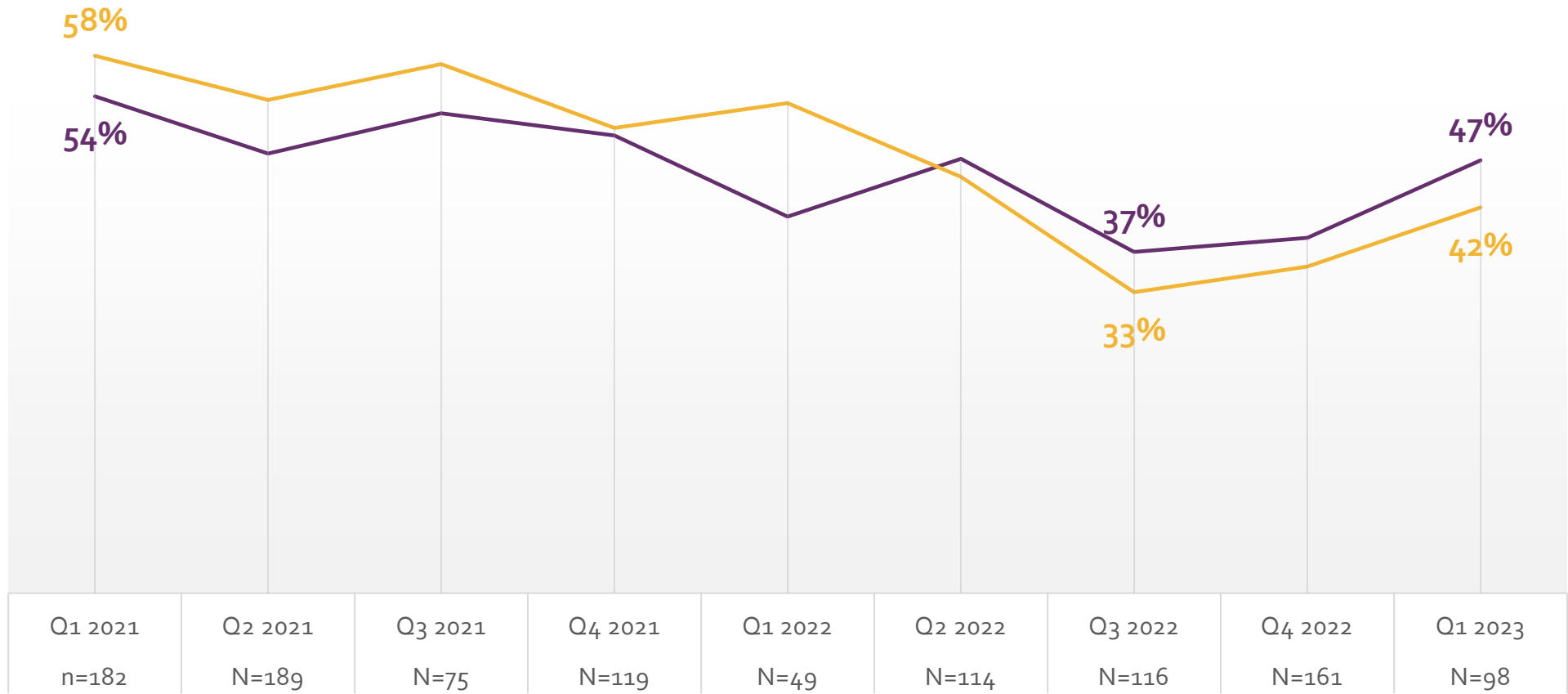


n=1,919

About which of the following would you like to provide feedback?



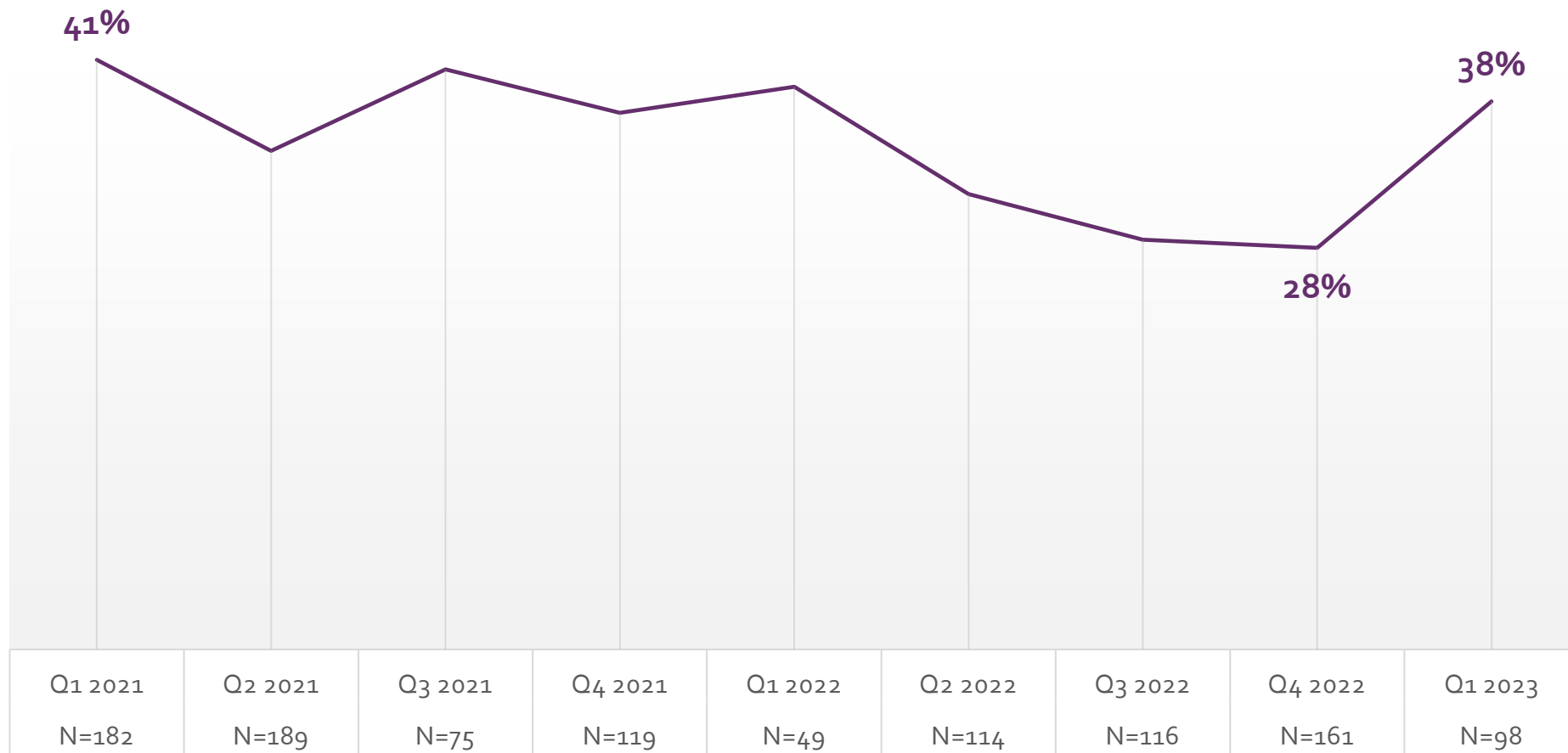
n=1,074



**Will I lose my credential if I don't perform well?** (% of respondents who selected)

**Are the CMP Assessments Required?** (% of respondents who selected)

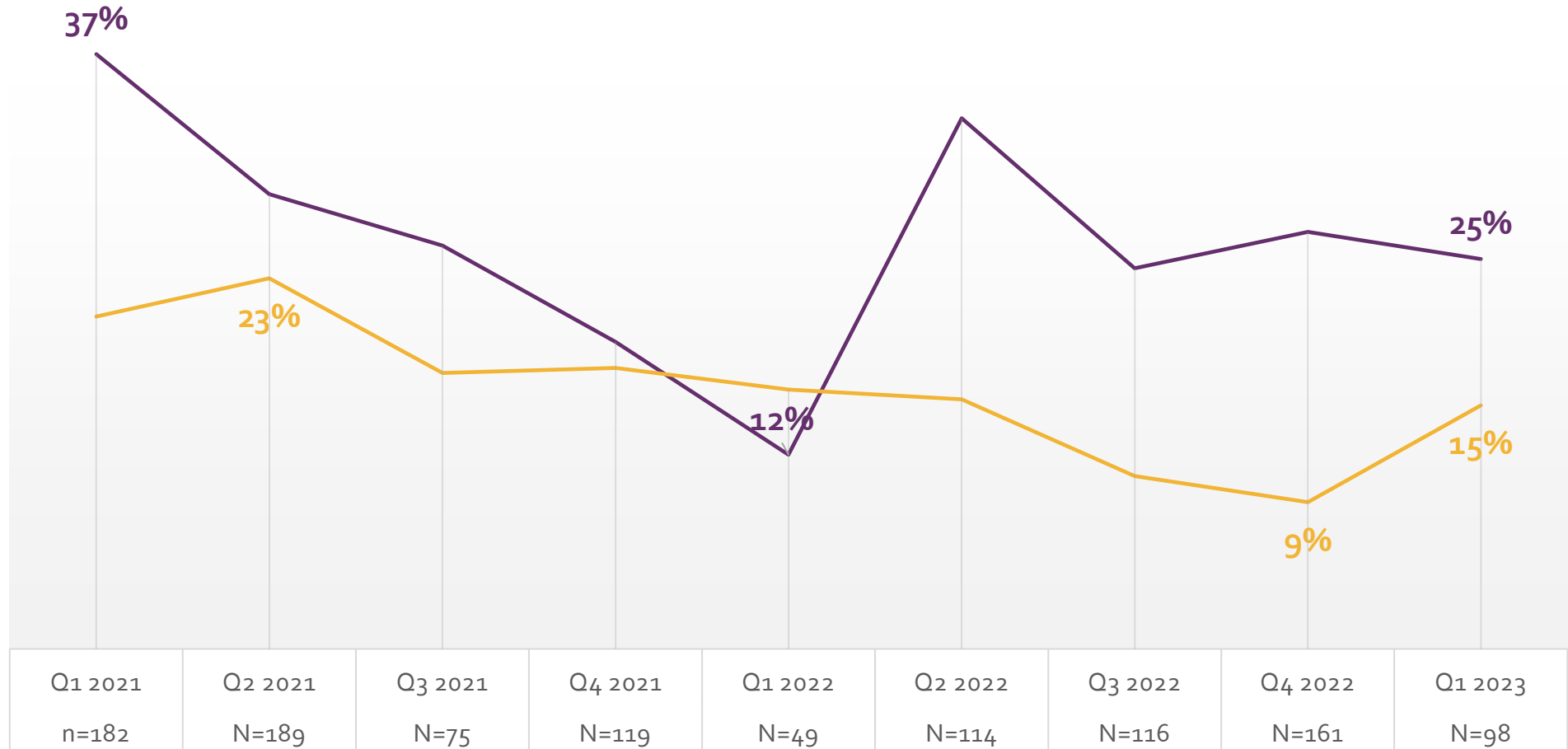
# Interest in “What is the Credential Maintenance Program (CMP)?” has remained fairly constant



## What is the Credential Maintenance Program (CMP)?

(% of respondents who selected)

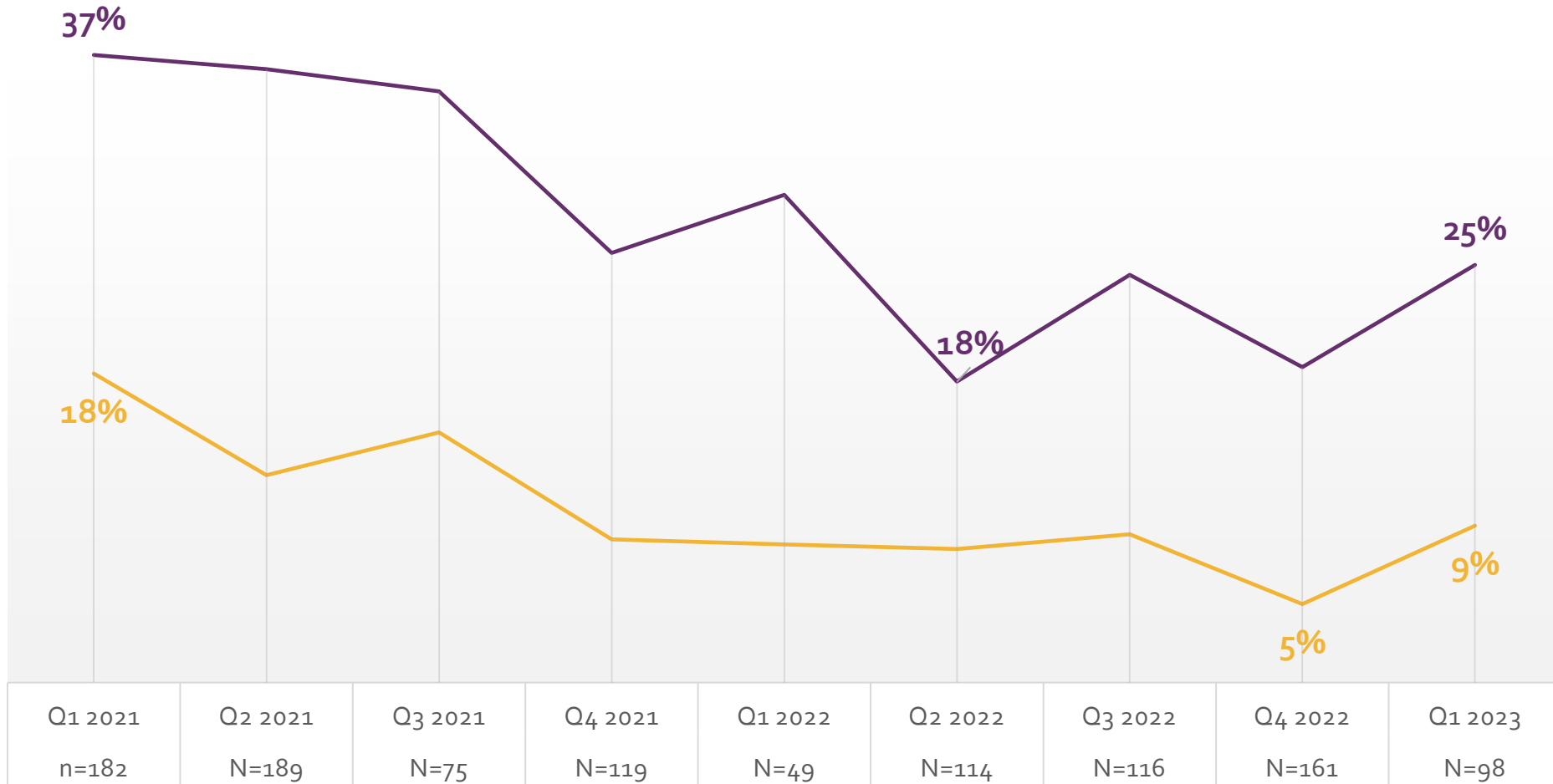
# For topics related to reminders, there has been more concern about completed documentation than expiring credentials



**I've already submitted CEU documentation. Why am I receiving a reminder about completing the quarterly CMP assessment?**  
(% of respondents who selected)

**I received a reminder about the CMP assessment. Is my credential about to expire?**  
(% of respondents who selected)

# Concerns to be addressed before completing an assessment have been of greater interest than potential issues during an assessment

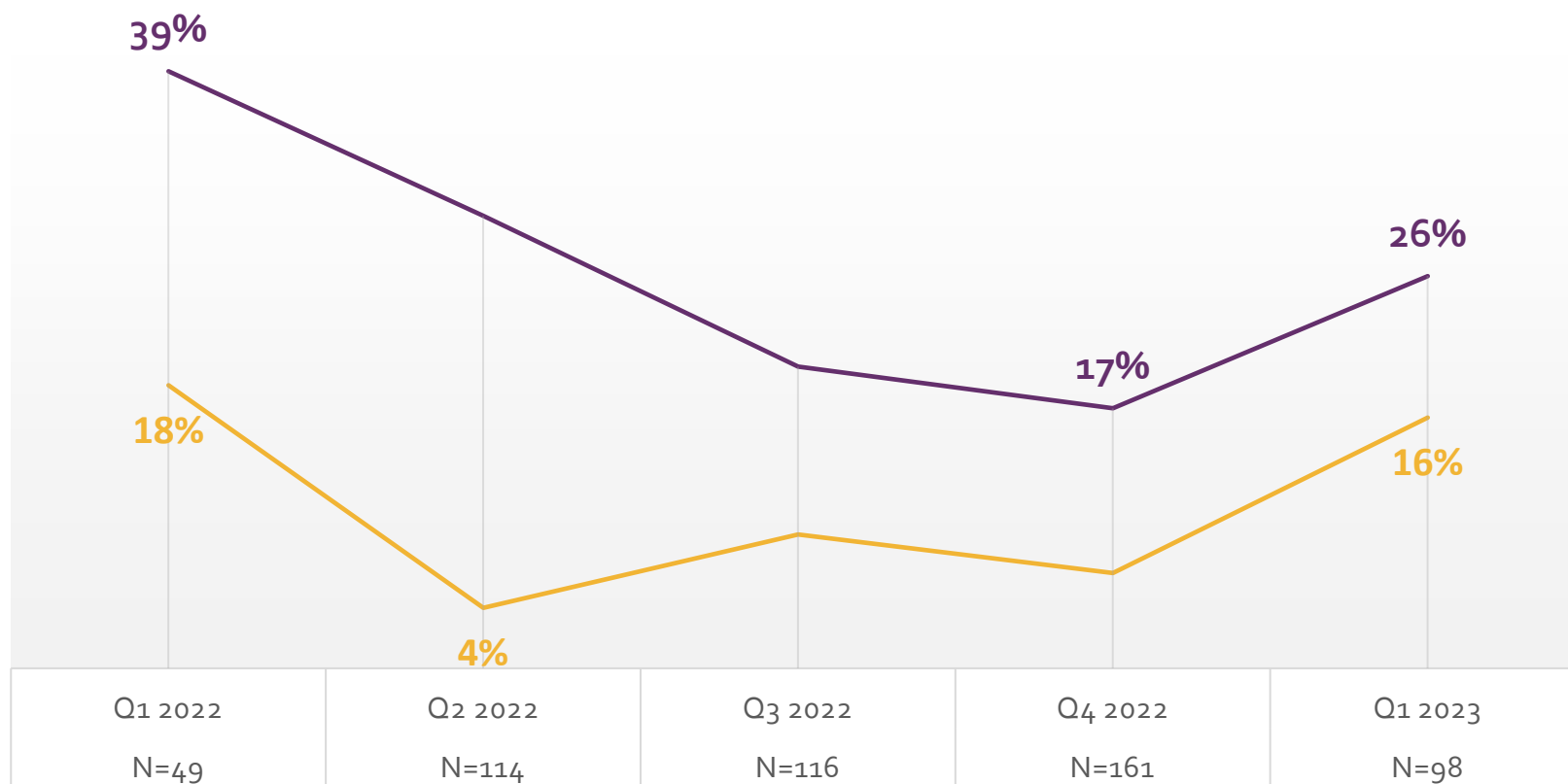


**Should I study for the CMP assessments and what resources should I use?**  
(% of respondents who selected)

**What happens if I lose my internet connection while I'm completing a CMP assessment?**  
(% of respondents who selected)

# Respondents may submit topics about which they would like more information

New topics have been added to the list following analysis of respondents' submissions and changes to CMP policies.



**I forgot to do an assessment. May I do it now?**  
(% of respondents who selected)

**Why did I get zero points?**  
(% of respondents who selected)



# Have questions about the CMP?



[Answers to the questions from the CMP survey](#)



[CMP FAQs](#)



["What is the Credential Maintenance Program?" video](#)

For additional assistance, email [cmpsupport@nbrc.org](mailto:cmpsupport@nbrc.org)



# Potential uses of specialty credentials within career ladders

# In one sense, specialty NBRC credentials are a purer form of occupational certification.

- A typical candidate for ACCS, NPS, PFT, SDS, and AEC credentials is eligible without additional formal education.
  - Such a process fits well with the intent behind a career ladder that recognizes advancement, enrichment, and new achievements.
  - The specialty examination pass/fail result mostly just reflects on the individual rather than an education program or an employer.
- About 65% of therapists (n=692) maintain at least one specialty credential while tending to work in large facilities.
  - Personal reasons are stronger motivations for getting a specialty credential such as **satisfaction, dedication, and advancement**, compared to compensation.
  - Among those who do **not intend to get a specialty credential**, tendencies are **more experience, more education, wider variety of settings**, and **fewer interactions with specialty credential holders**.

# Real-life specialty credential integration


- Within the career ladder examples, moving to the second or third step, out of four steps, typically includes achievement of a specialty NBRC credential.
- Such achievement is an observable way to document the following, which employers value:
  - Deeper learning
  - Cross-functionality enabling nimble responses to changing patient-mix needs
  - Stronger professional commitment
- Staff with specialty credentials feel they have more control over assignments.
- Some leadership positions require specialty credentials.

# If APRT jobs expand, it is uncertain whether RT career ladders add a step or the individual moves to a different ladder


- The current state of things
  - There is one formal education program in the state of Ohio while a handful of other programs have been discussed.
  - There is one person occupying an APRT pulmonary division job within the VA Maryland Health System; a second such sleep division job is under evaluation.
  - The state of North Carolina is evaluating an APRT license.
  - The NBRC starts developing an APRT Outcomes Examination in 2023 under staff guidance while involving personnel from CoARC, Ohio, the VA in Maryland, and North Carolina.
    - Also represented are physicians, a nurse practitioner, and therapists.
  - An APRT Credentialing and Examination Committee is supported by the AARC, chaired by David Vines & Bill Croft.



# Summary Points



# Career ladders can show respiratory care personnel a pathway that can encourage the following:

- Better patient care
  - Increased therapist engagement
  - Persistence in the job
  - Showing a roadmap for career progression
- 




# Typical characteristics of career ladders

- Describes how money can be spent on career-supporting expenses and how personnel are compensated.
- Often leverages achievement and maintenance of academic degrees, licenses, and credentials as necessary steps for advancement.
- Defines domains of enriching activities in which therapists can also engage to advance.



# Each new department that integrates the credential maintenance program into its operations can help answer persistent questions held by therapists.

- Are credential maintenance assessments required?
  - No
  - However, you will help your patients and yourself by participating.
- Can credential maintenance assessments cause me to lose my credential?
  - No
  - However, failing to document enough, or any, continuing education credits about the topics dictated by the credentials you are maintaining will do so.
    - For example, an RRT-NPS has two domains to maintain, while an RRT-ACCS, RPFT has three.



# NBRC resources in the form of initial credentialing, specialty credentials, and credential maintenance can contribute to future career ladders.

- Programs in specialty areas can help document new cross-function competence and its maintenance.
  - I used to just do general RT, but this new or maintained credential indicates I can also do the following:
    - Diagnostics – pulmonary function, sleep
    - Children – neonates, pediatrics
    - Critical care – adults, children
    - Asthma education
- Credential maintenance program assessments are the antidote to ability degradations into the low Dunning-Kruger zones.

# The Dunning-Kruger effect in the respiratory care population

- Abilities in the lowest quartiles are likely screened out at entry.
  - Pre-requisite college-level courses must be completed.
  - Education program entry typically involves an application and admission process.
  - Education gives feedback about overconfidence when mistakes are made; most learn, those who do not should not graduate.

# The Dunning-Kruger effect in the respiratory care population, continued

- Some abilities that made it through the screening of an education program might subsequently degrade into the low quartiles.
  - After entering respiratory care, maintenance shifts to the (1) therapist, (2) employer, (3) state, and (4) NBRC.
    - Those who stop working, let the license lapse, or let the credential expire may experience degradation, but not realize it.
  - An employer or state can mandate its therapists maintain a credential after earning it and the manner (CE vs. quarterly assessments) in which it is maintained.
- Credential maintenance assessments are the antidote to the Dunning-Kruger effect because they intentionally...
  - present high-risk + high-knowledge-turnover content, and
  - repeat content about which large subsets of therapists confidently selected the incorrect answer.



# How to reach the NBRC

## Mail:

10801 Mastin Street, Suite 300  
Overland Park, KS 66210

## Phone:

913-895-4900

## Email:

info@nbrc.org

## Online:

Live chat at [www.nbrc.org](http://www.nbrc.org)

## Social Media

#NBRC #ExcellenceDefinesUs  
#ChooseRT #MoreRTs



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