

THE RESPIRATORY TRACT



JANUARY / FEBRUARY 2013 VOL. 33 ISSUE 69

INSIDE: A Journey Through Diagnosis and Treatment

ISRC Welcome Letter

Thank You AARC



Brian McCarthy

THE PATIENT'S PERSPECTIVE:

A JOURNEY THROUGH DIAGNOSIS AND TREATMENT

Do you ever wonder about the journey that some of our patients go through before we see them in the hospital? Do you ever wonder what might have happened to someone you took care of? Sometimes I wonder, "Did something I said or did make a difference... calm them... help their family or caregivers cope with their situation better?"

John Brown, an Edinburgh physician in the 1800's said, "It is not a case we are treating; it is a living, palpitating, alas, too often suffering fellow creature." That's why I feel it is important for us to take the time to listen to our patients and their experiences. *continued on page 4*

THE
RESPIRATORY
TRACT isrc.org

THE RESPIRATORY TRACT

Published bimonthly. The closing date for the editorial and advertisement printed material is the tenth day of the even number months.

The Respiratory Tract will accept all manuscripts for review. Once published, the article becomes the property of ISRC and may not be published elsewhere without the permission of both author and editor. Opinions expressed by authors are not necessarily those of ISRC. The editor reserves the right to edit for clarity and space.

CIRCULATION

All members of the ISRC receive the TRACT. It is also circulated to RC department directors in Illinois. Annual subscriptions are \$20. Change of address notices should be sent to the ISRC Office, P.O. Box 10261, Springfield, IL 62791. Include name changes as well as both old and new addresses.

FOR ADDITIONAL INFORMATION PLEASE VISIT isrc.org

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THE RESPIRATORY TRACT

Official Publication of
the ISRC Published by the
Illinois Society for Respiratory Care

Affiliate of the
AMERICAN ASSOCIATION
FOR RESPIRATORY CARE

Publication Design
Streamline Communications Corp.
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generous contribution to the AARC Disaster Relief Fund at the recent HOD meeting. Thanks to your contribution, we were able to substantially increase the Disaster Relief Fund, so that we (the AARC) can provide assistance to members who suffer a loss due to a disaster. Please share our gratitude with your Board of Directors.

Save the Date

Saturday, March 9, 2013 the ISRC will host an Adult Critical Care Seminar at Advocate Christ Medical Center, conference auditorium, in Oak Lawn, Ill 7CEUs: Details to be posted soon at isrc.org

AARC Letter of Thanks to the ISRC

On behalf of the AARC House of Delegates, I would like to thank your Society for your

Ross Havens,
House of Delegates Treasurer



Jenny Hsieh, BSRT, RRT, RCP unselfishly helped a pedestrian who was involved in a motor vehicle collision and portrayed in the news for her heroism speaks at the 2012 AARC Annual conference opening ceremony in New Orleans.



Ellen A. Becker, PhD, RRT-NPS, RPFT, AE-C, FAARC Associate Professor, Department of Respiratory Care Rush University, being inducted as a Fellow into the AARC.

Visit ISRC
Online: isrc.org

Visit aarc.org and isrc.org for the latest information on upcoming events and educational offerings.

Know of any one who has moved up the career ladder in Respiratory Care?

Send your news to the ISRC TRACT



IN MEMORIAM:

Mrs. Sharon Jones, BS, RRT, RCP, CPFT passed away on Christmas Day 2012 after a long battle with breast cancer. Sharon was the Director of Clinical Education and tenured faculty in the Respiratory Care Program at City Colleges of Chicago, Malcolm X College.

Welcome New AARC Members

OCTOBER

Mark Monigold
Sarah Ince
Jane Doss
Omolara Osigbeme
Edgar Chavez
Jennifer Mannle
Alice Mathew
Laura Hitzelburger
Maria Rodriguez

Melissa Leidner
Nicole Brandon
Markie Bitter
Jeanette Keegan
Christina Mowrey
Tionya Washington
Michal Graca
MaryJo McAllister
Eva Grigsby
Lucky Emuze

Danielle Brand
Suzanne Laging
Cheryll Ann
Bowman-Phillips
Victor Icalia
John Ferguson
Julie Livermor

NOVEMBER

Joel LaRocca
Thomas Lewis
Jeff Rutt
Megan Lambert
Sherry Bingham
Rhonda Turner
Susan Hart
Robert Leroy
Karla Doane

Visit ISRC.org for AARC Membership at Reduced Rates!

To Our Readers

2013: The Start of a New Year, and Often New Beginnings

A few years back a decision was made to add a fresh look to the ISRC TRACT. Countless meetings, deliberations and planning eventually led to securing a publishing firm. What soon followed was a move to bring the ISRC TRACT into an electronic format. This made our publication more accessible to our readers while controlling wasteful cost associated with incorrect address, increased mailing cost etc. The ISRC BOD you elected took an oath. Part of that oath is that it remain fiduciary responsible while representing the Illinois RCP's. While upholding that tenet, the Publication's Committee decided it's time the TRACT takes another step toward a bolder statement.

Some changes we hope you will notice and appreciate:

- Several design and layout improvements giving the TRACT an updated presentation
- A big change has been made to the cover, giving the TRACT more of a magazine presence to provide a cleaner, more powerful image to our readers and advertisers
- The inside is cleaner and provides smoother flow, more content and article spacing

This is YOUR newsletter. It serves as your voice. There is a lot happening within the state of Illinois. You are encouraged to submit news, photos, and event notices that are relevant to the profession of Respiratory Care. We also invite your opinion. This media is not meant to serve a selected "few." This newsletter is meant to serve all RCP's. We believe that you have a lot to say and we want to hear it. We invite our employers, industry manufacturers, and affiliated organizations to use the TRACT for advertising to reach a select market of Respiratory Care providers. The bold truth is self evident, that the RCP is the most qualified for administering Respiratory Care.

This bi-monthly newsletter represents us. We are constantly improving and reinventing ourselves. We have made and will continue to make bold statements to employers, payers, providers, the public, policy makers, industry and our patients. That statement is we are the best and second to none when it comes to delivering Respiratory Care. That being said, we wanted a bold newsletter to reflect that as well.

Sincerely,

Wade Jones

Craig Leonard

Co- editors for the ISRC TRACT

The editors invite your opinion. Please contact us by email listed above.

By - Lisa Zaenger, RRT, RCP and Kurt Meyer, RRT, RCP

THE PATIENT'S PERSPECTIVE:

A JOURNEY THROUGH DIAGNOSIS AND TREATMENT

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Brian McCarthy is the District Director in Bloomingdale, IL for Congressman Peter Roskam. This story is about Brian's heroic journey from diagnosis through treatment including a lung transplant. Brian helps other transplant patients through a support group at the University of Chicago.

We can learn so much from what their experience is or has been and what we learn is something we can take with us to help the next patient and their family. That is why I'm bringing you this story today.

Recently, I had the pleasure of meeting an individual who is living his own journey through healthcare issues. Being a respiratory therapist, I was particularly interested in his story as he struggled with lung disease. I first met Brian McCarthy at a community event for Congressman Peter Roskam. Brian is the District Director of his office in Bloomingdale. We spoke for a few minutes about his history with lung disease and I made a promise to stop by his office to really sit and talk with him about his journey.

When you meet Brian McCarthy, you instantly feel comfortable talking to him. And you really learn something about what it is to live with a chronic disease condition... and how we as respiratory care practitioners can really make a difference.

Brian's lung disease symptoms began very slowly, he tells me. He was always very active. He was born in 1969, grew up playing sports in the western suburbs of Chicago. Very early he found he had a love of aviation and wanted to learn to fly airplanes. He went to flight school in Florida. In 1989, he became a flight instructor at the DuPage County Airport. The first symptoms Brian felt was as if he had a cold. He went to see his physician and was given antibiotics. But he didn't get any better. Then, he began to feel short of breath with activity. This shortness of breath did not get any better and actually increased. He didn't realize

that this was going to be just the beginning of increasingly feeling short of breath with exertion; especially when he would climb up hills or stairs. He then realized that it began to get difficult to bend down and tie his shoes. At the urging of his parents, he went to their family physician.

This resulted in Brian being referred to a pulmonologist. There, he met a physician who would end up taking care of him for several years. He went through a battery of testing which also introduced Brian to taking a Pulmonary Function Test (PFT). He remembers that was one of his first meetings with a respiratory therapist. Her name was Judy and he related to us that she was truly "an angel" brought to him to make him feel more comfortable during this time of uncertainty. He related to us how important it is to have someone who can create a calming atmosphere and really make sure he understood the importance of obtaining good test results. In fact, today Brian probably could be a great coach to current patients that have to perform PFT's as he does know how to perform the various breathing maneuvers!

After the PFT results, it was determined that he needed further diagnostic testing. Brian had to undergo a thoracotomy. Afterwards, he was diagnosed with Idiopathic Pulmonary Fibrosis (IPF). It was, one can imagine from talking to Brian, unnerving to have a disease that had no apparent cause. But IPF did have disabling symptoms for Brian. He was put on Prednisone and treated. After some time, Brian explains, it seemed to "disappear." He felt better. He no longer felt short of breath with activity.

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"I've had so many PFT tests... I've lived through at least 3 different types of those machines." Certainly we all know that since 1989, the technology for obtaining PFT's has increased with not only new technology but also with our understanding and development of this diagnostic testing.

He went along feeling very well until 2000. Then, just as the insidiously as the symptoms had appeared back in 1989, they reared their ugly head again. He noticed he began feeling short of breath with activity. Having gone through this before, Brian called his Pulmonologist again and was seen very soon thereafter. He, again, underwent a battery of testing including PFT testing. It was determined that he had significant impairment in his lung function again. So, back on the Prednisone again along with other respiratory inhaled medications. This did not stop Brian from staying active. He was married at this time and he and his wife had 2 children, so being active was a priority! Brian relates that he went on "many walks" with his

Brian had his lung transplant in 2010. He remembers, "it was a long operation." He said he was left sedated on the ventilator for a day and then was off the ventilator after 3 days. He remembers the respiratory therapists who came in to take care of him and give him his treatments. He remembers the care rendered by all of the healthcare team. He recalls a lot from his ICU stay and reminded me that as healthcare practitioners we should always remember to talk to our patients, even though they are "sedated." The physicians told him his lung transplant was a success! Brian did have some bumps in the road after the surgery, but after further treatment, did continue to recover.

As for now, two years later, Brian says he "feels good now." His PFT's have remained good. He said, "Once you hit the year mark they say life turns to normal. For me, it's been a year and a half."

And Brian remembers how "RT's were a key component" in the treatment he was receiving throughout this time. Brian remembers many of the RT's who came to give him care after his

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family as part of his exercise regimen. He made sure he exercised on a regular basis, even on days when he didn't feel like beginning any activity at all.

He was able to survive on this treatment for several years but he could tell he was not getting better this time. Brian states he saw his physician every 2-3 months but unfortunately, continued on a downward trend in his condition.

In fact, he could tell he was declining. Around 2008-2009, he was started on home oxygen therapy and soon afterwards required oxygen 24hrs a day. Brian related to us the tremendous support he received from his immediate family and from his friends and colleagues at work. He talked about how that support was vitally important in his ability to function day to day. "There are physical struggles but there are also mental struggles."

It was determined by his physician that Brian would need a lung transplant in order to improve as the medications no longer were helping him as they should. Brian said that the support of his physician, surgeon and their team of nurses were great! He said the idea of a transplant never scared him. "Technology is fantastic these days."

surgery. He said, "For those few minutes I was less a patient and more a regular person. They provided more than just respiratory care those long nights. All the RT's treated me with respect, but the ones that stuck around to chat while I did my treatments were special."

He also credits the support he received from attending Pulmonary Rehabilitation both before and after his lung transplant as a huge help to keeping him in good shape. He met many wonderful RT's and other staff members in his rehabilitation experience that he remembers to this day. Overall, he had a great experience in Pulmonary Rehabilitation.

He understands the importance of support groups too. At University of Chicago, there are transplant support groups. Brian has offered to talk to transplant patients so he can help them through their experiences. He also said there is a wonderful support group called Transplant Buddies.org on the internet that has been a great way to connect with other transplant recipients.

We spoke about what it takes to get one through such a journey. First and foremost, Brian states that it would have been virtually impossible to go through something like this without

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THE PATIENT'S PERSPECTIVE:

A JOURNEY THROUGH
DIAGNOSIS AND TREATMENT*continued from page 5*

the strength and support of his wife Tracy. She was the sole caregiver for Brian and their 2 children as his parents were deceased and her mother was a widow and lived far away. Brian remembers that as a family unit they thought they could handle everything themselves but he says one should never be afraid to ask for help. He said that the RT's were caring and crucial in asking about how he was doing and asking questions about "who's helping at home and don't be afraid to ask for help." Through it all, Brian's wife was there for him through the good days and bad days. He said that also having a good healthcare team and their support system is very important. Brian also has a strong faith which he states was vital to help him get through everything. Finally, Brian said that he feels that "It's good to get back to ones normal day to day life." That's where the support of his friends and co-workers was also so very important. Brian relates that Congressman Roskam "...went above and beyond to get me up and going. He asked me to come back to work early, which at the time seemed crazy and caused a lot of discomfort." But it proved to be the best thing, Brian says, as it "...got me on my feet and moving which was vital. It probably was a key component in my recovery." It is another form of support to know that your friends and colleagues have an understanding of what is going on in the recovery process. I believe that the support that Brian received throughout his journey helps him today to bring support to others going through their own healthcare struggles.

"There is a reason I've been on the journey I have. Maybe someone reading this article will benefit. The mental struggle is just as hard as the physical. But after you leave the hospital, you go home and begin to feel better." In closing he stated, "Tracy and I thank the Lord every-day for healing."

I know that after talking to Brian, I also feel better. I also have a better understanding of the importance that we, as respiratory care practitioners, can make when helping our patients. I feel that it is very important to listen to our patients, before and after procedures, so that we can make sure we are hearing what they are going through and are there to help see them through it.

I think it's important to not only be there to medically treat our patients but also be there to listen and be a shoulder of support. We must remember that our patients are going through physical and mental struggles when they are dealing with their illness. Our patients are each going through their own personal journey. And most of all, we must never lose sight of the importance of remembering there is a person on the receiving end of the care we are providing.

UPDATE:

ISRC SPUTUM
BOWL IS BACK!*Call for Teams*

Greetings, after taking a year off, the ISRC SPUTUM BOWL is back. Last year, the AARC had decided to no longer hold the Sputum Bowl. Due to many outspoken voices, the AARC not only decided to continue with the Sputum Bowl but to revamp it. We will be incorporating many of the new changes to the state competition. Some of the new changes have to do with teams buzzing in prior to the question being completely asked. If a team buzzes in too soon, they will be at risk and if they get it wrong, the team will lose a point. Also, each team will get a lifeline. During the game they will be asked by a content expert that is in the audience to answer the question. Each team gets one lifeline during each game which will give them a chance to redeem themselves if they are afraid of getting a question wrong.

Another thing is that we want schools to have bragging rights; the ISRC will have a plaque that the winning school can have. The winning school can come back next year and defend their Cup and have the opportunity to get the plaque for another year. Of course, the winning teams (student and professional) will have the chance to travel to the AARC conference and compete against other teams around the United States.

The Sputum Bowl committee is working with the Program Committee and the Student/Education committee to hold the Sputum Bowl competition during the ISRC Annual Conference.

So, what is next? Well, you can start forming teams. I have actually been asked if student teams from other states can come and compete in Illinois! I would love for all Illinois School teams to compete in May. As in the national competition, student teams will compete against student teams and professional teams will compete against professional teams. Look for more information coming in future ISRC tract issues.

Any questions, please contact me:

Keith_Hirst@rush.edu



Deborah Linhart receiving her award at the AARC.

Thank You to the AARC

...and the House of Delegates for honoring me with this award.

Thank you to the Illinois Society for Respiratory Care for making it possible. If you know anything about the ISRC, you know that no one ever has to do anything alone. In Illinois we are a team! So I accept this award on behalf of the ISRC. Thank you all for standing beside me every step of the way.

I am holding a roll of plastic bags. I believe that we are like plastic bags, and that we all come off the roll pretty much the same. Some of us may have sides that are a little poochier, or bottom seams that aren't quite sealed, but we all start out with pretty much the same capacity. I believe that what we end up looking like is very much the result of how we are ripped off the roll, what we become filled with and how we are treated.

I have been blessed. In 1973 in the Respiratory program at Northwestern University in Chicago, I was not a particularly good student, not one of the bright, shining stars in the front of the room with their hands in the air. I had a teacher who treated me as if I had just as much capacity, just as much intelligence and could accomplish just as much good as the shining stars. I had a teacher who didn't give up on me, and who filled me with a love for and curiosity about Respiratory Care. He also modeled a love for the ISRC and taught us by example that going to meetings and lectures would open up wonderful new vistas and friendships for us. That teacher was Bob Kacmarek, and I dedicate this award to him. Anything I have ever accomplished in Respiratory Care has been accomplished because of him.

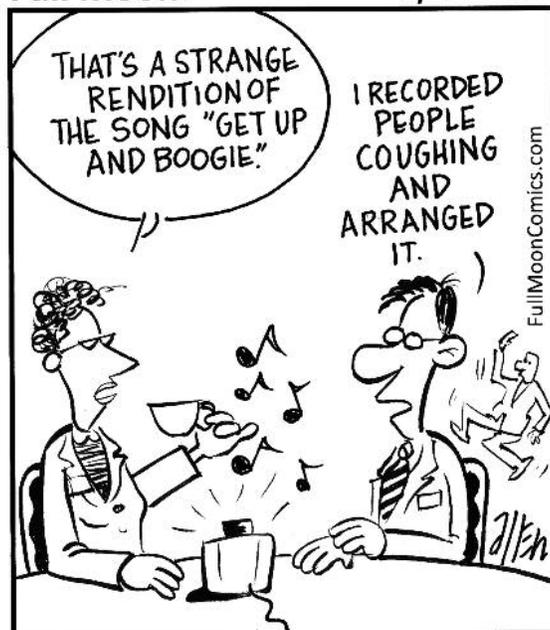
Whether you are an educator, a department manager, a shift supervisor, or a bedside or home care practitioner, every time you pull a plastic bag off a roll think of me, the little dull star. Don't put all your expertise only into the bright shining stars. Fill the little dull stars, too. Believe in the capacity and potential of all your fellow respiratory therapists. Because sometimes bright stars burn out, and

over time the little dull stars may end up emitting some light of their own.

Vincent Van Gogh did some painting. During the course of his lifetime he actually sold only one painting. (Can you imagine that? Pouring your whole self into something and having no one appreciate what you do? How blessed we are to see lives improving around us every day because of the care we give). Van Gogh was also a prolific letter writer. He wrote thousands of letters to his brother Theo, and in one of them he said, "What am I in the eyes of most people – a nonentity, an eccentric, or an unpleasant person... All right, then – even if that were absolutely true, then I should one day like to show by my work what such an eccentric, such a nobody, has in his heart."

I hope I have done that – that by my work, I have shown what is in my heart, and that I am proud to be a Respiratory Therapist.

Full Moon by Jim Allen





THE RESPIRATORY TRACT

PO Box 10261
Springfield, IL 62791

JOIN THE AARC NOW Top 10 Reasons

1. When you are a member of the AARC in Illinois, you are automatically a voting member of the ISRC.
2. You will be a part of **YOUR** Professional Organization.
3. To help protect Respiratory Therapy as a profession.
4. Protect your license which is due to sunset in 2015. You have the opportunity to add your input in any changes in the licensing act and recommend changes as needed.
5. Receive the ISRC TRACT, AART times and the Respiratory Care Journal, all of which are included in your membership dues.
6. Membership gives you the power to vote in elections of your ISRC and AARC officers.
7. Any member is eligible to serve as a State BOD member and if elected to become an ISRC Officer.
8. ISRC/AARC members enjoy discounts to all ISRC and AARC sponsored events/conferences.
9. Members have access to AARC continuing education (CEU) programs at reduced or no charge.
10. AARC will keep your transcript of approved AARC sponsored courses to eliminate your record keeping.

Why should you be a member and /or maintain your membership in the AARC? I hope you will read the following 10 reasons and share them with your fellow co-workers.

These are only a few of the many reasons to be or become an ISRC/AARC member. We are all extremely conscious of our personal budgets and we have to consider where we will get the most benefit for our dollar. I think you can see that the benefits of becoming or remaining a member of the ISRC/AARC are invaluable. We sincerely hope you will consider supporting your profession in the best way possible by remaining or joining the ISRC/AARC this year. *This may be the single most important thing you can do for your profession and for yourself.*

NOW you can join or renew your AARC membership at reduced rates. You can Join the AARC for just \$70.00 (a savings of \$32.50 off the regular price of \$102.50) or RENEW your membership for just \$70.00 (a savings of \$20.00 off regular price of \$90.00). **Go to "isrc.org" for further information and to purchase discount voucher.**

We Invite You to...

SHOWCASE YOUR POSTER

You have put in your hard labor, now share the rewards of your work with your colleagues at the 2013 ISRC ANNUAL CONFERENCE & EXHIBITION.

If you have submitted an abstract related to Respiratory Care to a professional organization, we invite you to showcase your poster during the OPEN FORUM professional poster presentation.

THE CONFERENCE DATES ARE
MAY 29, 30 AND 31, 2013

For more information on how to prepare a professional abstract/poster presentation visit aarc.org and search for poster presentations



Any questions relating to poster submissions and rules for display should be directed to Craig Leonard: cleonard@isrc.org

THE RESPIRATORY TRACT WANTS YOU!

Visit the ISRC Web site for education opportunities and news at www.isrc.org



Get on the Inside TRACT

The TRACT reaches a targeted audience of more than 1,800 involved and active readers. To submit your news article, or to advertise in the next issue of the TRACT, contact Craig Leonard or Wade Jones.

GREAT OPPORTUNITY!

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