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Winter | January 2022 | Volume 1 | Issue 2

Pulmonary Pulse

Virginia Society for Respiratory Care Newsletter

A message from the 2023 President >>>

As the new president of the VSRC, I want to say that I am more than excited to be taking on this role. With help from the rest of our board and committee members, I hope to continue to grow our society even stronger. I have many goals for my presidential term, but the ones I am placing on top are “recruitment” and “advocacy”. As we see many of our colleagues retiring, we have to recruit a new generation of therapists so that they can share that important knowledge that they have gained. In terms of advocacy, this pandemic has shown what we have known for a long time: That we are a key aspect of the healthcare team, and we are integral to our patient’s care. I want us all to be proud of the profession that we have, and the care that we give.

Derrick Many, MSc, RRT, RRT-ACCS | VSRC President 2023-24

Announcements >>>



RT Licence Plates

Pre-order yours today! (see pg. 6)

Conference Registrations

Don't forget to register for upcoming conferences and symposiums online: www.vsrc.org

Get Involved

If you want to become a volunteer, contact **President Many**: DJM5W@uvahealth.org

Get Connected

To contact a board of director, message them on **AARC Connect!**

2023 Board of Directors >>>

Officers

President **Derrick Many**
President-elect **Leslie Johnson**
Immed. Past President **Keith Lamb**
Vice president **Susan Arrington**
Secretary **Connie Lloyd**
Treasurer **Daniel Gochenour**



Delegates

Senior Delegate **Bessie Brooks-Garnett**
Delegate **Hanns Billmayer**

District Directors

Blue Ridge
Andrew Carruthers
Madison Fratzke

Central

Erica Chenault

Ali Brown

Northern

Sherleen Bose

Jared Rice

Tidewater

Brian McHale

Santiera Brown-Yearling

Western

Amber Lipis

Vacancy

Upcoming Events >>>



March 18 | Capitol City Symposium | Richmond

April 21 | Q2 Board of Directors Meeting | Richmond, VA

May 23-25 | Symposium by the Sea | Virginia Beach

July 15-17 | AARC Summer Forum | Ft. Lauderdale, FL

September | Neo/Peds Symposium | Location TBD

October | Mountain Air Symposium | Lynchburg

For more details and to stay updated...

www.vsrc.org | AARC Connect “Virginia Society”

Twitter & Instagram @va_society_resp_care | Facebook @VirginiaSocietyRC

Medical Advisor: Dr. Bruce Rubin

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Saturday March 18, 2023

Reynolds Community College

Parham Road Campus

1651 East Parham Road

Richmond VA 23228

[Capital City Symposium Registration – Virginia Society for Respiratory Care \(vsrc.org\)](https://vsrc.org)

Register online at the VSRC.org website or use link above

<u>Registration Fees</u>	<u>through March 10th</u>	<u>March 11-18</u>
AARC Member	\$ 50	\$ 65
Non-AARC Member	\$80	\$95
Student, AARC member	\$25	\$30
Student, nonmember	\$25	\$30
Active Duty Military, AARC Member	\$25	\$30

For additional information contact: Ali Brown, BSRT, RRT-NPS: asbmom@live.com



Save the Date!!

VSRC Symposium By the Sea 2023

Please join us for a fun three-day event, social night, networking, student and professional Sputum Bowl teams, CEU presentations, and more!

Tuesday, May 23rd
Wednesday, May 24th
Thursday, May 25th

Hilton Virginia Beach Oceanfront
3001 Atlantic Ave.
Virginia Beach, Virginia 23451
Special Room Rates Available for Attendees

Registration for this event is forthcoming.
Connect with us on social media for VSRC updates:
Instagram @va_society_resp_care
Facebook @Virginia Society for Respiratory Care



Save the Date

BOWLING NIGHT!

BLUE RIDGE DISTRICT EVENT
THURS. MARCH 23 AT 6:30 PM
AT BOWLERO IN CHARLOTTESVILLE



District Updates >>>

Blue Ridge | District director **Andrew Carruthers** organized a fun annual Fall outing at Camp Albemarle last year | **Madison Fratzke** joins as junior district director | **EVENTS >>>** | March 23rd is the spring event at Bolero in Charlottesville | Stay tuned for the Fall 2023 outing announcements!

Central | **Ali Brown** and **Erica Chenault** will be planning speakers and topics for meeting dates. **EVENTS >>>** Visiting Reynolds students to discuss AARC/VSRC membership and benefits.

Northern | District directors **Sherleen Bose** and **Jared Rice** met to discuss annual activities and strategic planning within the district | **EVENTS >>>** In-person Meet & Greet March 17th 5pm-7pm | Educational event in the works August 12 for CRCEs | Respiratory Care Week Bowling Oct. 28

Tidewater | District directors **Brian McHale** and **Santiera Brown-Yearling** are planning quarterly virtual CRCE's on clinical, leadership, patient care topics. **EVENTS >>>** Planning a Kettering Seminar at Sentara Leigh hospital in March to prepare RT's for the ACCS.

Western | Contact **President Many** DJM5W@uvahealth.org if you are interested in filling the vacancy for the second district director | Stay tuned for upcoming events from district director **Amber Lipes**!

What district are you in? (see pg. 7)

Award Recipient: Lois Rowland



"I am truly overwhelmed and appreciative to the VSRC for the Life Member nomination and forever camaraderie."

Lois Rowland, MS, RRT-NPS, RRT-RPFT, FAARC



The VSRC can nominate a member that has provided significant contribution to the VSRC and AARC. Life Members that are also VSRC members receive complimentary registration for Symposium by the Sea and Mountain Air Symposium.



Journal Club Presentation

Madison L. Fratzke, BSRT, RRT, RRT-ACCS

Respiratory Therapist, UVA Medical Center

&

Christopher S. King, MD, FACP, FCCP

Transplant Pulmonologist, Director, Lung Transplantation INOVA Fairfax Hospital

"Mechanical Ventilation for the Lung Transplant Recipient"

Thursday, April 27th, 2023, 1600 – 1700 EST

Approved for 1 CRCE for all VSRC members who complete the survey.

All are welcome to attend.



2023 Journal Club Dates*

4:00-5:00 PM

April 27

July 27

October 26

*dates may be subject to change

The link & call-in information will be posted on AARC Connect "Virginia Society" Community & Social Media

If you are an RT student and would like to help present a peer-reviewed article, contact **Keith Lamb** at

lambbrt@gmail.com.

Looking for a career in Respiratory Care?



www.vsrc.org/jobs

Myth Busting Part 1: Asthma

With the successful resuscitation of the VSRC newsletter with kudos to Madison Fratzke, I have been invited to contribute a regular column and I am thrilled by the opportunity. While I will start by some respiratory myth busting (one of my favorite hobbies), I encourage readers to send in their suggestions for future columns, arguments about anything that you read here – I am a *bit* biased – and I would welcome guest column contributions. So on to the myth busting! Today's topic – Asthma; part 1. References to all statements are available on request if you contact me at: bkrubin@outlook.com.

Asthma appears to be underdiagnosed and over diagnosed with inappropriate over diagnosis being far more common. In the underdiagnosed category, the term “reactive airway disease” or RAD is what first comes to mind. There is *no* disease called reactive airway disease, although Dr. Jean-Luc Malo has described occupational airway disease (e.g. due to chlorine gas inhalation) as “reactive airways dysfunction syndrome” or RADS – which is entirely unrelated to asthma. Furthermore, using the term RAD instead of asthma has no bearing whatsoever on health or life insurance. Please, *never* use this useless term.

In the over diagnosis column, chronic cough in children is almost never due to asthma. So-called cough variant asthma, or more accurately, cough dominant asthma, has been reported to account for the diagnosis of fewer than 5% of children with cough lasting for more than 3 weeks. Even when a chronic cough appears to be caused by asthma, this responds poorly to beta agonists like albuterol, or to corticosteroids. Because this seems to be due to secretory hyperresponsiveness, cough dominant asthma seems to respond better to anticholinergic medications like tiotropium.

Similarly, shortness of breath with exercise is rarely due to asthma. A large group of children and adolescents with dyspnea on exertion were studied with formal cardiopulmonary exercise testing at

a large referral center and only about 10% were documented to have reversible airflow obstruction typical of asthma, while over 2/3 had physiologic limitation or deconditioning. Inappropriate use diagnosis of asthma can lead to ineffective use of medications which can be costly, delay resolution of symptoms, and risking side effects.

Finally, a few words about allergy. Although most children with asthma have Type 2 (T2) inflammation and allergies, and an allergic exposure can bring on an asthma attack, asthma is not necessarily an allergic disease and allergies may not be the most important factor in asthma. This is especially true in infants and very young children, the elderly, and the obese with asthma. We have long known that immunotherapy (allergy shots) is protective against rhinitis and itchy eyes but seem to have a very small benefit in treating asthma. This became exceptionally clear during the COVID-19 pandemic when kids with asthma were isolating at home and away from crowds, but exposed to home allergens like pets, tobacco smoke, etc. Yet we saw almost no asthma during this time and as an aside, it has been shown that adults and children with asthma do not get more severe COVID-19 when exposed. Once kids started going back to school, sports, and generally getting together and sharing respiratory viruses, then we saw a huge upsurge in asthma attacks supporting the well-known data that the most common precipitant of an asthma attack in both adults and children is a rhinovirus respiratory infection.

Bruce K. Rubin, MEng, MD, MBA, FAARC

Jessie Ball Dupont Distinguished Professor of Pediatrics
Virginia Commonwealth University
VSRC Medical Advisor

Blog | Clinical Pearls >>>

Peak pressure versus plateau pressure

Peak inspiratory pressure (PIP), as its name suggests, is the highest pressure measured during the inspiratory phase of a mechanical breath. *Plateau pressure (Pplat)* is measured during an inspiratory pause when all inspiratory flow turbulence has settled. Pplat is a truer reflection of alveolar pressure. There are important pieces of information that the bedside clinician can extract while trending these numbers. In general, the difference between PIP and Pplat, represents resistance to inspiratory flow or airway resistance (*Raw*). This resistance can be caused by the small lumen of the artificial airway, circuit, patient biting the endotracheal tube, or it can have physiologic etiologies such as bronchospasm, airway inflammation, edema or partially occluded airways from mucous plugs. If we assume that the above is true, then any changes in the difference between PIP and Plat represent changes in *Raw*. If the difference between PIP and Pplat increase then so has the *Raw*. If it decreases then the *Raw* has decreased as well. **Pplat is used as a surrogate for**

alveolar pressure and is considered the most important pressure that we measure. Additional assumptions can be made. If the Plat and PIP both change concomitantly, this is a sign of a change in *Static pulmonary compliance (Cstat)*. Changes in *Cstat* may indicate alveolar abnormalities or pathologies occupying the pleural space. These may include alveolar edema, consolidation, collapse, pneumothorax, hemothorax or pleural effusion. Abnormal *Cstat* may also represent changes in chest wall elastance such as influences from high BMI, abdominal compartment syndrome, or circumferential chest wall burns. The literature suggests that an increase in Pplat and *Driving pressure (DP)* are associated with an increase in mortality. *DP* is defined as Pplat minus *positive end-expiratory pressure (PEEP)*. It is important to understand the meaning of these pressures and trend them to provide the most appropriate patient care. | **Keith Lamb**, RRT, RRT-ACCS, FAARC, FCCM | lambrrt@gmail.com

New Orleans, Louisiana



GAYLORD OPRYLAND
NASHVILLE, TN — NOV. 5 — 8, 2023

SAVE THE DATE!



Award Recipient: Daniel Gochenour

“Being awarded the James P. Baker Award is truly an honor. The work and dedication of everyone involved with the Virginia Society for Respiratory Care really deserve the recognition. It takes a village of executive board members, district directors, and committee members. These volunteers help to support the board of directors goals and initiatives while supporting our membership. I was lucky to have a mentor show me the value of being involved with the VSRC. Since 2015, I have served in some capacity for the VSRC BOD. My advice to all respiratory therapists is to be a member of the AARC and to become involved in the state society. I am proud to serve on the executive board and grateful for the recognition of those activities by being awarded the James P. Baker Award.”

Daniel Gochenour, DHSc, RRT-ACCS, RRT-NPS
UVA Medical Center, Charlottesville



James P. Baker, MD helped establish Respiratory Therapy and the VSRC in Virginia and was actively involved for many years following its inception. Dr. Baker was born in Virginia, attended Medical School at the Medical College of Virginia (MCV) and held academic appointments at MCV and Eastern Virginia Medical School from the 1960s to the 1990s. He served on RT School Program Advisory Committees, represented the American Thoracic Society (ATS) to the AART, was an oral examiner for the NBRT, was a site visitor to the AMA Schools approved for RT, and served as member of the AMA Joint Committee for Respiratory Therapy Education (JC RTE). He distinguished himself in the American Lung Association (ALA) and ATS. He presented countless informative presentations at VSRC seminars and to a host of others on pulmonary medicine topics. Dr. Baker received several teaching awards at medical schools and served as Director of Pulmonary Division at Eastern VA Medical School, Chairman of the Department of Internal Medicine and Interim Dean while there. The AARC granted Dr. Baker Honorary Membership for his service on the Association's Board of Medical Advisors..



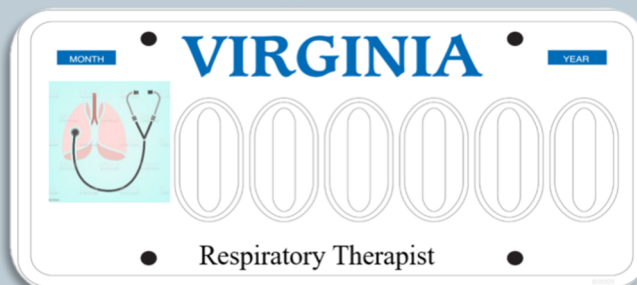
AARC Summer Forum

Saturday, July 15 - Monday, July 17

Fort Lauderdale Marriott Harbour
Beach Resort & Spa

We need 450 pre-orders to get the RT License Plate in production!
Pre-order yours today for only \$10!

VSRC Delegate **Bessie Brooks-Garnett** has worked diligently to help make it possible to create a Virginia license plate for Respiratory Therapists and supporters! We need your help to get 450 sign ups!

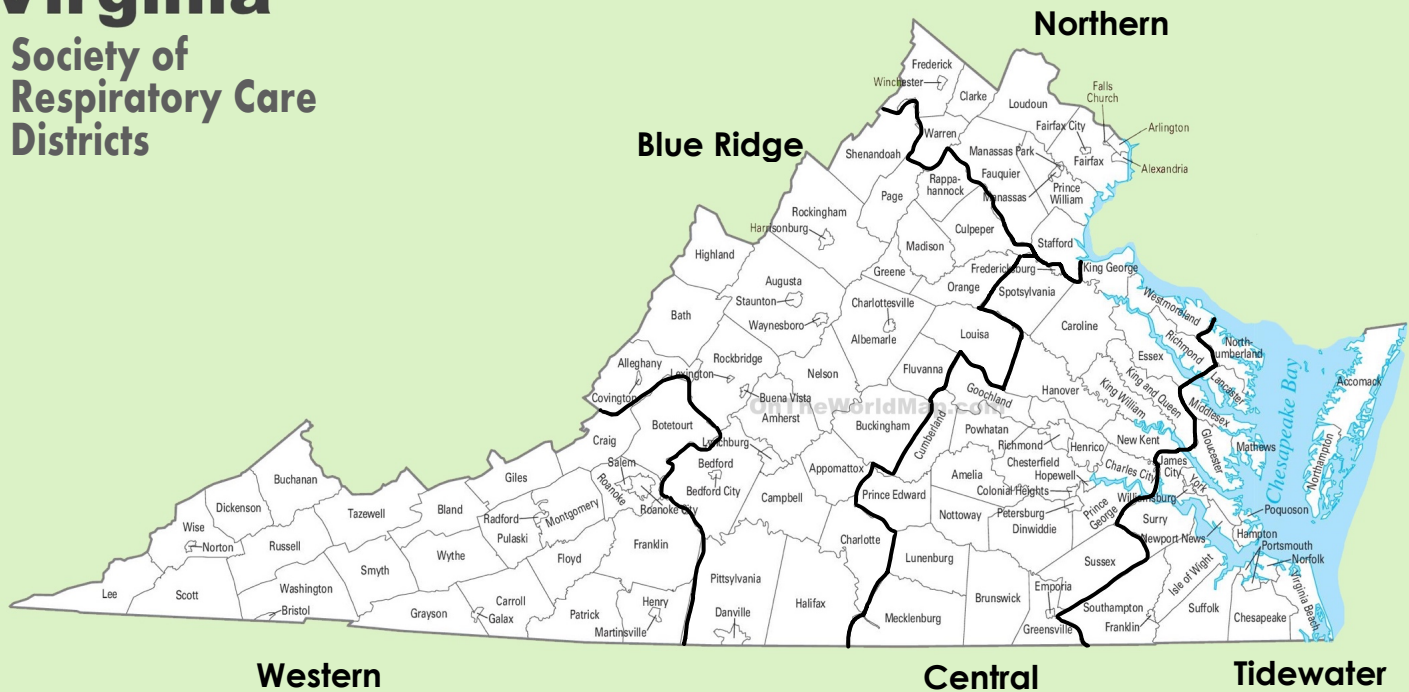


Go to AARC Connect “Virginia Society” or Scan this QR code for the link to download the pre-order form>>>



Virginia

Society of Respiratory Care Districts



Comic >>>



Selected by **Derrick Many**, MSc, RRT, RRT-ACCS

Quote >>>

“The only true wisdom is in knowing you know nothing.”

-Socrates

Editor >>>

Madison L. Fratzke, BS, RRT, RRT-ACCS
Respiratory Therapist
University of Virginia Medical Center
Charlottesville, VA

This newsletter is a compilation of news, announcements and articles produced by members of the Virginia Society for Respiratory Care. If you have any questions, requests for topics, contributions, or critiques please contact the editor at mlfratzke@gmail.com.

