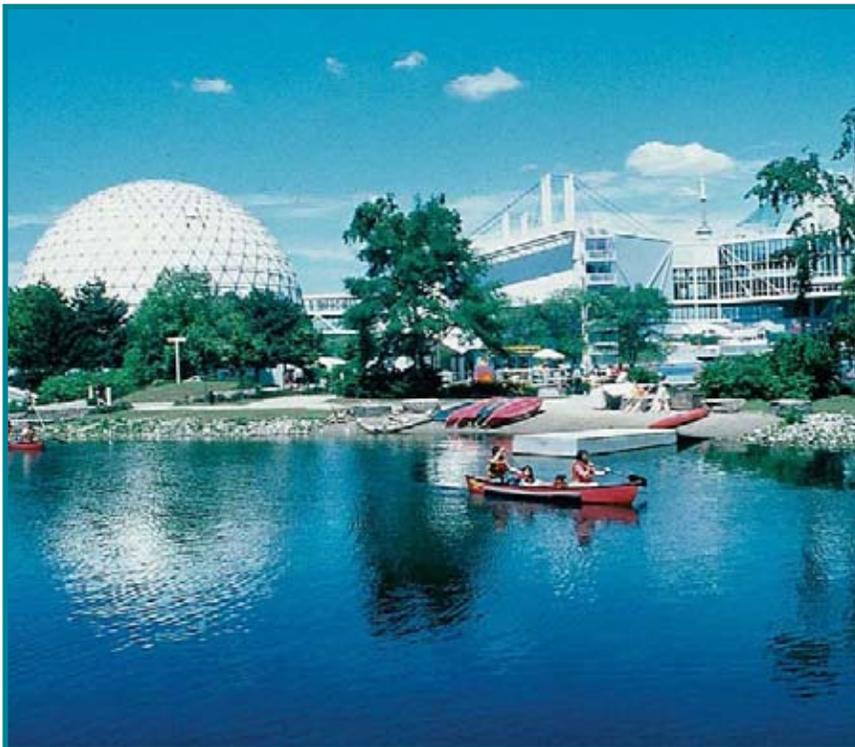




CJRT-RCTR

Forum 2004, Volume 40 (2)



Ontario Place, Toronto

Features

- Forum 2004 Program
- Annual Reports
- Special Reports
- RTSO Newsletter

On Air

- Trudell Award Winners
- Membership Survey

**Forum 2004 Program
Celebrating 40 Years
of Inspiration**

*The journal for respiratory
health professionals in Canada*

*La revue des professionnels de la
santé respiratoire au Canada*



**Canadian Journal of
Respiratory Therapy**
**Revue canadienne de
la thérapie respiratoire**

**Official Journal of the CSRT
Revue officielle de la SCTR**

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The *Canadian Journal of Respiratory Therapy (CJRT)* (ISSN 1205-9838) is produced for RRT: The Canadian Journal of Respiratory Therapy, Inc., by the Graphic Communications Department, Canadian Pharmacists Association and printed in Canada by Gilmore Printing. Publications mail registration no. 40012961. *CJRT* is published 5 times a year (in February, May, July, October and December); one of these issues is a supplement published for the Annual Educational Forum of the Canadian Society of Respiratory Therapists (CSRT).

La *Revue canadienne de la thérapie respiratoire (RCTR)* (ISSN 1205-9838) est produite pour le compte de RRT : The Canadian Journal of Respiratory Therapy, Inc., par Communications graphiques de l'Association des pharmaciens du Canada et imprimée au Canada par Harmony Printing. Courrier de publications no 09846. La *RCTR* paraît cinq fois l'an (en février, mai, juillet, octobre et décembre); un de ces numéros constitue un supplément publié pour le compte du Forum éducatif annuel de la Société canadienne des thérapeutes respiratoires (SCTR).



**CSRT membership inquiries /
Questions concernant l'adhésion à la SCTR :**
102 – 1785 Alta Vista Dr.,
Ottawa, Ontario, K1G 3Y6
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www.csrt.com

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The *CJRT* acknowledges the financial support of the Government of Canada, through the Publications Assistance Program (PAP), toward our mailing costs.

Cover Photo
Tourism Toronto

PUBLICATIONS MAIL AGREEMENT NO. 40012961
REGISTRATION NO. 09846
RETURN UNDELIVERABLE CANADIAN ADDRESSES TO
CIRCULATION DEPT
330-123 MAIN ST
TORONTO ON M5W 1A1
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About This Issue

It's Forum Time! Make your plans now for attending the 2004 CSRT Annual

Educational Forum to be held in beautiful Toronto, Canada's largest city! The Forum will be held at the Toronto Sheraton Centre Hotel, May 28–30.



Allan Shemanko

The CSRT Annual General Meeting is held on Saturday and you are all encouraged to attend. The provincial association reports are published in this issue, along with the reports of the President, the Executive Director, and some CSRT committees. These documents provide you with a synopsis of what your national professional association has been involved in on your behalf. The provincial reports are a great way to become informed as to what's been happening with your colleagues all across Canada.

Can't remember what happened during the last Annual General Meeting, or were unable to attend? Read the minutes here in this issue! Unsure of how things work during the Annual General Meeting? We have published the guidelines for meeting participation in this edition.

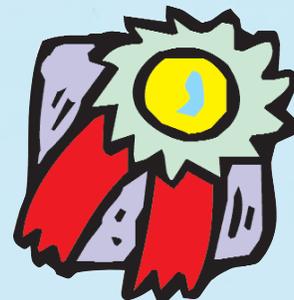
It is with regret that this will be my last contribution to the *CJRT* as President. I have been President for three years, and have been witness to much growth and change. As the Journal continues to evolve, it is now time to pass the leadership of our professional publication to another individual who will have the title of Editor-in-Chief. I have learned much about the printing process and the plethora of rules that Canada Post requires for publication mail. I have also learned that the CSRT Head Office staff always performs above and beyond, particularly Rita Hansen who is the Managing Editor. Rita — thank you! I truly hope that I have been able to positively influence the evolution of our Journal. I also hope that I am leaving the Journal better than I found it. It has been an absolute pleasure serving the membership of the CSRT in this capacity. To all of you, thank you!

Respectfully submitted,

Allan Shemanko, RRT
President, CJRT

On Air

Trudell Award Winners



Murray Sampson — University College of the Cariboo (UCC)

Jadene Klarenbach — Northern Alberta Institute of Technology (NAIT)

Connie Maley — Southern Alberta Institute of Technology (SAIT)

Sheri Dmitrowicz — University of Manitoba

Shawn Lamarche — Fanshawe College of Applied Arts & Technology

Shawn-Patrick Kerrigan — Canadore College of Applied Arts & Technology

Salvatore Salamone — Michener Institute of Applied Health Sciences

Abdul Abdulrahman — Algonquin College of Applied Arts & Technology

Daphne Marrs — La Cité collégiale

Valerie Weagle — Vanier College

Keri Clark — New Brunswick Community College (NBCC-Saint John)

Micah Thomas — QEII/Dalhousie School of Health Sciences

Wendy Hiltz — College of the North Atlantic

CSRT Medal Award Winners

Gold Medal — **Salvatore Salamone**

Silver Medal — **Abdul Abdulrahman**

Bronze Medal — **Jinyu Guo**

Thank You to Our Generous CRTF Donors

Mrs. Mary Catherine Bayliss

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2003 Membership Survey

During the past winter, each CSRT member received a survey to allow them to give individual and direct feedback to the CSRT Board on their experience with, and vision of the CSRT. The thoughtful responses of more than 325 members has given invaluable information to the present and future board.

I would like to take the opportunity to give an overview of the results.

Of the 329 surveys returned, the ages were fairly evenly spread across the range of 24 to 54 years, with each 5 year increment representing at least 10% of the membership and 70% of the respondents were female. Ninety three percent (93%) of the respondents paid for their CSRT membership individually. We had respondents from each province, and 61% worked in critical care, 25% in diagnostics, and 12% or less each in Management, Education, Anesthesia or industry. Seventy five percent (75%) worked in an acute care hospital and 22% in the community.

Ninety three percent (93%) identified the CJRT, which you are reading right now, as a primary source of information about the society, followed by the website at 34%. Individual membership services that were rated as Very Valuable, or Extremely Valuable by more than 50% of the respondents were: Credentialing exam (80%), Public education (75%), CSRT Website (74%), *CJRT* (69%), CSRT Occupational profile (67%), Research support (68%), CSRT Forum (66%), Liability Insurance (66%), Canadian respiratory therapy foundation (50%).

The value, overall of the CSRT membership, was valued as very, or extremely valuable by 76% of the respondents.

I want to emphasize that this was the first such survey of the society membership in a significant amount of time. It serves as an invaluable thermometer of how we are doing at the present time, and gives an indication of where to go in the future. The goal is to repeat a membership survey on a regular basis to ensure that the CSRT is acting in a fashion that reflects the needs and wishes of its membership.

The present and future board will be looking closely at the detailed survey results, along with the written comments, to help guide the direction of the society on your behalf, and we encourage you to take the time the next time a survey arrives in your mailbox.

On behalf of the CSRT Board,
Colya Kaminiarz
Director at Large

GSK Workshop Dinner

Join us May 27, 2004, 17:30, the City Hall Room of the Sheraton Centre Toronto, for the annual Patient Educator dinner, sponsored by GlaxoSmithKline. This workshop has become a traditional pre-Forum event. The complimentary meal is an opportunity for the CSRT Patient Educator Interest Group to hear a guest speaker and meet with their counter-parts to address professional practice issues. This dinner meeting is also an opportunity to plan and respond to issues of national interest. Join us for this unique and delicious opportunity to support the work of the Patient Educator Interest Group.

There is no fee for this event, but seating is limited. Please call the CSRT Head office to reserve a seat at **1-800-267-3422**.

Successful Writers of the CSRT National Certification Exam January 2004

Honours

Keri Clark
Jessica Belanger
Krista Semple

Amy Akerley
Christi Leila Benedito
Sarah Boyne
Robyn Christie
Keri Clark
Marissa Crombez
Andrea Crowe
Shelia Diaz
Monica Ealdama
Kelly Edwards
Derek Gagne
Tana Gillingham

Renee Hache
Scott Hines
Melissa Kennedy
Tiffany Labadie
Elisha Lee
Jon Marion
Sheri Marshall
Justin McCann
Robert McKay
Craig McMackin
Alicia Puddicombe
Aaron Stutters

CSRT National Certification Exam

The Canadian Society of Respiratory Therapists National Certification Examination will be held across Canada on July 5, 2004. Please visit our website **www.csrt.com** for details — check under “Certification”.

Welcome Michelle

Michelle Kowlessar has joined the CSRT staff as the CoARTE Accreditation Manager. Michelle comes to us from the position of National Communications and Programmes Coordinator for the Canadian Breast Cancer Network. Michelle took on the duties of Accreditation Manager as of April 1, 2004. Welcome Michelle!

World No Tobacco Day

May 31, 2004 is World No Tobacco Day. If you are planning an event, there is an on-line turnkey kit available to give you suggestions on what activities you might consider using to implement a campaign in observance of WNTD. For information go to: **http://www.wntd.org/about_index.cfm**

Forum 2004 Co-Chairs

Melva Bellefontaine, Allison Nykolaychuk

Social Committee

Sue Martin

Committee Members

Paula Burns	Gail Lang
Rick Culver	Ana McPherson
Leanne Grant	Giny Myles
Cheryl Homuth	Rick Paradis
Chris Harmony	Marg Patell
Sue Jones	Gil Vergilio
Mike Keim	Andrea White Markham



The Canadian Society of Respiratory Therapists



Photo: Tourism Toronto

CSRT Annual Educational Forum 2004

Celebrating 40 Years of Inspiration!

**Sheraton Centre, Toronto, Ontario
May 28–30, 2004**



Canadian Society of Respiratory Therapists Annual Educational Forum 2004

Toronto, Ontario, May 28 – 30, 2004

Social Night

Dinner! Entertainment! Dancing!

This years Fun Night is going to be a Great One!

Saturday night, May 29, 2004, we will take a stroll down to Wayne Gretzky Restaurant where we have reserved Studio 99. The evening starts off with the traditional Sputum Cup Challenge. The fun continues with a Second City showcase, sponsored by Summit Technologies. This internationally famous comedy troupe is known for creating and performing topical comedy sketches satirizing aspects of everyday life.

While we are laughing in the aisles, the chef will be cooking up a sit-down meal — your choice of salmon and wild rice; beef and garlic mashed potatoes or wood-grilled chicken with fettuccini. So many choices!

After coffee and dessert, the DJ will have you on your feet dancing to a variety of tunes both old and new. Space is very limited for this function. Please reserve in advance. Fax in the Forum Registration form to head office **(613) 521-4314**.

Summit Technologies is the generous partner of this event.



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Annual Educational Forum — Program 2004

Thursday May 27

AFTERNOON AND EVENING

12:00 – 5:00 PM
OPENING REGISTRATION

6:30 – 8:30 PM
Patient Educator Dinner
Sponsored by GlaxoSmithKline

Friday May 28

MORNING — PLENARY SESSIONS

7:30 – 9:30
Exhibitors Breakfast,
Sheraton Hall, Sheraton Hotel

9:30 – 10:00
Opening Remarks
The Past, The Present and The Future of the CSRT
Dr. Michael B. Andrews, PhD
Founding Member of the CSRT
Secretary Treasurer of the Canadian Society for the Study of
Higher Education, Victoria, BC

Jim Winnick, RRT
President of the CSRT
Calgary, AB

Brent Kitchen, RRT
President Elect of the CSRT
Regina, SK

10:00 – 10:45
Professional Practice Issues
To Practice Professionally: What does it Mean?
Dr. David L. Streiner, Ph.D., C.Psych.
Professor, Department of Psychiatry, University of Toronto,
Toronto, ON

10:45 – 11:30
Clinical Practice Guidelines
More than the Individual Parts
Mike Keim, RRT/RRCP,
Profession Practice Leader/Clinical Educator
St Joseph's Health Care, London Ontario
Adèle Miles, Pastoral Care Consultant
St. Thomas Elgin General Hospital, St. Thomas, ON
Mary van Soeren, PhD,
Assistant Professor, Director of Nurse Practitioner Program
University of Toronto

Participants will gain insight into:

- Why teamwork is necessary in today's healthcare landscape
- How overlap and distinct roles are necessary and how territorialism is detrimental to effective care
- The elements that assist in developing effective team relationships and communication
- How legislation can be used to support team process in Ontario
- Practical application in a critical care team

11:30 – 13:00
Lunch Break,
Sheraton Hall, Sheraton Hotel

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Space Lab Medical Canada
Summit Technologies Incorporated
Sunrise Medical Incorporated
Trudell Medical Marketing Limited
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Vitaid Limited
VitalAire Canada Incorporated

Annual Educational Forum — Program 2004

Friday May 28

AFTERNOON — CONCURRENT SESSIONS

MODULE 1 and MODULE 2

COMMUNITY & DIAGNOSTICS

13:00 – 13:45

Spirometry Standards and Interpretive Issues For RTs

Sponsored by Quadromed

Dr. Robert Crapo, Professor of Medicine, University of Utah School of Medicine

Medical Director LDS Hospital, Salt Lake City, UT

13:45 – 14:00

Use of Filters in the Pulmonary Function Laboratory

Ron Thiessen, RRT

Research and Staff Development Coordinator

Respiratory Services Department, Vancouver Hospital

14:00 – 14:30

What's New: FVC, FEV₆ and Restrictive Patterns

Sponsored by Quadromed

Dr. Robert Crapo, Professor of Medicine, University of Utah School of Medicine

Medical Director LDS Hospital, Salt Lake City, UT

14:30 – 15:00

Break,

Sheraton Hall, Sheraton Hotel

AFTERNOON SESSIONS

MODULE 1

COMMUNITY

15:00 – 15:30

RT on the Go

Monique Ouellette, RRT

Anson General Hospital, Iroquois Falls, ON
The perks and quirks of a small northern community hospital. There is a need for Respiratory Therapy services anywhere there are people. Respiratory Therapy departments should be as vital to a community hospital as the laboratory or diagnostic imaging departments. Small rural hospitals should not be excluded. Sharing the experience of an "RT to Go" can help you understand the challenges and the benefits of being a sole charge Respiratory Therapist in three small northern communities.

15:30 – 16:00

Implementation and Challenges of an Innovative Method of Assessing Effects of Oxygen Therapy

Mika Nonoyana, RRT

West Park Healthcare, Toronto, ON

Individuals with COPD who do not meet home oxygen eligibility criteria but have exertional dyspnoea and hypoxemia may still benefit from home oxygen therapy.

Objective: To assess the usefulness of the N-of-1 design to measure the benefit of home oxygen in these individuals.

Methods: Three pairs of treatment periods (6 periods total) in a double blind N-of-1 RCT design. During one period of each pair patients received oxygen and during the other period air. Outcomes: Health related quality of life questionnaires and a home exercise test (on the randomly assigned gas) repeated after each treatment period.

Results: Twelve participants have completed. There have been many challenges during the implementation of the protocol. We have developed strategies to deal with these issues.

Conclusion: The N-of-1 design allows treatments to be tailored to each individual based on that person's response. Strategies to deal with logistical challenges can ensure that the N-of-1 design is a useful approach in assessing the benefits of home oxygen in potential beneficiaries.

16:00 – 16:30

Total Asthma Control

Sponsored by GlaxoSmithKline

Meyer Balter, MD

Mount Sinai Hospital, Toronto, ON

MODULE 2

DIAGNOSTICS

15:00 – 15:45

Defining CPAP Therapy Compliance: Research and Reality

Sponsored by Sunrise Medical

Nicholas J. Macmillan, AS, RRT, FAARC Greensburg, PA

The purpose of this presentation is to thoroughly review CPAP compliance, from its beginnings to its present day expectations, and how to best improve the outcome.

As the diagnosis and treatment of Obstructive Sleep Apnea (OSA) escalates, so has the interest in treatment compliance rates. With the average compliance rate in the 50% range, clinicians have look at the proper ways to track this outcome as well as improving the outcome, despite shrinking health care funding.

This presentation will explore the history of and demand for CPAP compliance gathering, evaluate compliance initiatives in other medical disciplines, and review the expectations of CPAP compliance based on recently gathered data. From this review, effective conclusions will be drawn to best impact positive outcomes for OSA treatment.

15:45 – 16:30

**Case Studies Workshop
Occupation and Environment**

Annual Educational Forum — Program 2004

Friday May 28

AFTERNOON SESSIONS

MODULE 3

HOSPITAL / NUTRITION

13:00 – 13:30

Nutrition in the Septic Patient

Heidi Nixdorf, RD, CNSD

Clinical Dietician, Credit Valley Hospital, Mississauga, ON

13:30 – 14:00

Challenges in Meeting the Nutritional Needs of Preterm Infant

Andrea Nash, RD

Perinatal Dietician, Sunnybrook and Women's College Health Science Centre Toronto, ON

14:00 – 14:30

Respiratory Therapist as the Cardiac Arrest Team Leader

Myron Steinmann RRT/IRCP, BEd

Clinical Resource Therapist, London Health Science Centre, Victoria Campus London, ON

When a patient suffers an acute life-threatening emergency, it is critical that the health care team response be rapid and well coordinated. With the shifting of services in a multi-campus tertiary care facility brought about by a merger as well as hospital restructuring and renovation,

management of arrest incidents at one site became an issue. As more acutely ill adult populations were relocated to a site with no adult emergency services, intensive care or Cardiac services, a solution needed to be found to provide more timely and comprehensive resuscitative care. This solution needed to be efficient, manageable in both short and long term and cost effective. An initiative was put forward to support an advanced practice role of the Registered Respiratory Therapist at the site that would include defibrillation and administration of resuscitation drugs according to recognized pre-set algorithms.

This session will review the rationale behind the initiatives, the policies and protocols developed to support it, how the multi-disciplinary partners worked together to carry out the education program, the quality monitoring process, communication strategy geared to gain acceptance of this initiative, implementation and experience to date. As well, it will address the opportunities for other changes related to improving resuscitation management that fell out of this initiative.

14:30 – 15:00

Break,
Sheraton Hall, Sheraton Hotel

15:00 – 15:30

Non-Invasive Ventilation

Jennifer Drummond

Edmonton, AB

15:30 – 16:00

APRV Ventilation

Richard Kauc, RRT/IRCP

Staff Respiratory Therapist, Credit Valley Hospital, Mississauga, ON

16:00 – 16:30

Bispectral Index in Sedation Assessment in Ventilated Patients

Paul Ouellet, BA, RRT, FCCM

Associate Professor, Department of Surgery, Sherbrooke University
Department Manager, Respiratory Care, Region 4 Health Authority
Edmundston, NB

17:30 – 19:30

President's Reception and Awards Ceremony,
City Hall Room

Sponsored by AstraZeneca

Saturday May 29

MORNING SESSIONS

8:00 – 9:00

Poster and Paper Presentations

9:00 – 9:30

Coffee Break

9:30 – 11:30

Concurrent Sessions

**Please visit
our website
for updates
to the Forum
Program at
www.csrt.com**

MODULE 1

EDUCATION: PATIENTS

Co-Facilitators: Paula Burns, RRT/IRCP, CAE, MAEd, PhD (c)

Andrea White-Markham, RRT/IRCP, CAE

9:30 – 10:30

Workshop A — Counselling for Behavioural Change Workshop

The Mitchener Institute, Toronto ON

Participants will:

- Discuss three models for behaviour change
- Identify strategies to facilitate behaviour change
- Identify individual patient's
 - readiness,
 - motivation,
 - cost/benefit analysis, and
 - barriers to proposed change
- list resources for use by the educator.

10:30 – 11:30

Workshop B — Education at the Bedside Workshop

Introduction and overview — Participants will learn:

- Apply the principals of patient education
- Discuss the role of the RRT in patient education
- Develop a plan for implementing bedside teaching

11:30 – 13:00

Lunch Break,
Sheraton Hall, Sheraton Hotel

Annual Educational Forum — Program 2004

Saturday May 29

MORNING SESSIONS

MODULE 2

MANAGEMENT/LEADERSHIP

Chair: Gilbert Vergilio, RRT(A), MEd

9:30 – 9:35

Opening Comments

9:35 – 10:15

The Road to Evidence Based Practice: Research Opportunities for Respiratory Therapists

Nancy Garvey, RRT/RRCP, CAE

Hospital for Sick Children Research Institute, Population Health Sciences Toronto, ON

The Primary Care Asthma Pilot Project (PCAPP) is one of 14 Asthma Plan of Action Initiatives funded by the Ontario Ministry of Health and Long Term Care.

It is designed to evaluate whether an Asthma Care Program (ACP) including an asthma care map and action plan, for asthma care in primary asthma care settings will lead to improved asthma care delivery and outcomes.

This study is the first step towards fostering the practice of evidence-based primary asthma care management. This study will facilitate the sharing of expertise among primary care centres, increase partnerships between asthma researchers and community primary care centres, and improve the coordination and quality of patient care through intersectoral collaboration.

10:15 – 11:00

New Skills for Leading in an Evolving Health Care System: How to Construct a Business Case

John Andruschak, RRT, MHA

Reviewing the elements and support components necessary to construct a successful business case

11:00 – 11:30

Winnipeg Regional Health Authority ABC Project

Neil Johnston, RRT

Profession Leader of Respiratory Therapy and Manager of Cardiology Technology Services at the Salvation Army Grace General Hospital, Winnipeg, MN.

The ABC project is the implementation means for recommendations of several recent external reviews of the operations of the Winnipeg Regional Health Authority.

The project will work towards improving staff efficiencies in critical care and other program areas. This presentation will review the project management approach used, how change management issues were dealt with and lessons learned.

11:30 – 13:00

Lunch Break, Sheraton Hall, Sheraton Hotel

MODULE 3

ANAESTHESIA

9:30 – 10:30

New Scavenging Device Reduces Hospital Anaesthetic Emissions From Anaesthetic Gas Machines

Sponsored by BlueZone
Dushanka Filipovic, P.Eng.

Discuss the health care community's contribution to the greenhouse gas effect from routinely venting halogenated chlorofluoro-carbon and introduce new technology to eliminate potent gases from unused halogenated anesthetic agents.

10:30 – 11:00

Cellular Technology and the Dangers in the Health Care Environment

Dr. George Djaiini

11:00 – 11:30

Advances in Malignant Hyperthermia

Dr. Julian Loke

11:30 – 13:00

Lunch Break, Sheraton Hall, Sheraton Hotel

AFTERNOON SESSIONS

MODULE 1

EDUCATION: STUDENTS

13:30 – 13:40

Introduction and overview

Paula Burns, RRT/RRCP, CAE, MAEd, PhD (c)

13:40 – 14:10

Panel presentation What is Good Clinical Teaching? The Student Perspective

Participants will be clinical students from The Michener Institute's program

14:10 – 15:30

Topic: Innovations in Clinical Teaching

Robyn Klages, RRT/RRCP

Clinical Coordinator, Respiratory Therapy, William Osler Health Centre Faculty, Toronto, ON

Noel Pendergast, BPE RRT

Faculty, QEII Dalhousie School of Health Sciences, Halifax, NS

Peer Mentorship

Erin Monaghan RRT/RRCP

Clinical Coordinator, Respiratory Therapy Department St. Joseph's Hospital, Hamilton ON
Discuss innovate approach to mentorship program at St. Joseph's which includes:

- Identifying unique professional and organizational requirements
- Short and long term goal identification
- Matching mentors and mentees
- Program educational support
- Remuneration options
- Implementation and evaluation

Annual Educational Forum — Program 2004

Saturday May 29

AFTERNOON SESSIONS

MODULE 2

MANAGEMENT/LEADERSHIP

13:30 – 14:10

An Accreditation Program for Professional Practice

Lynn Beaton, RRT, President BCSRT

14:10 – 15:30

Break Out Session: Forming a National “Special Interest Group” for Respiratory Therapy Leaders

Gilbert Vergilio, RRT(A), MEd

Objectives:

1. To have an open discussion on the value of forming such a group under the CSRT bylaws
2. To develop a broad mandate for such a group
3. To review a terms of reference for such a group
4. If approved, to forward the formal request (with the appropriate number of signatures) to the CSRT Board for approval.

MODULE 3

ANAESTHESIA

13:30 – 14:30

Difficult Airway Workshop

14:30 – 15:30

The Role of Conscious Sedation by an RRT and Its Success from the Anaesthesiologist’s and the Ophthalmologist’s Perspective.

Dr. David Bevan

Dr. Rosa Braga-Mele, MD, FRCSC, MEd (Higher Education)

Registered Respiratory Care Practitioners now provide monitored anaesthesia care during routine cataract surgery.

15:30 – 17:30

Annual General Meeting

18:30

Fun Night — Second City Review and Dinner-Dance

Sunday May 30

MORNING SESSIONS

8:00 – 9:00

Continental Breakfast

9:00 – 9:30

Infectious Disease: Changes to Practice

Dr. Randy Wax

SARS INTRODUCTION

9:30 – 10:00

SARS — Now What?

Shirley Paton, MN, RN

Chief, Nosocomial and Occupational Infections, Population and Public Health Branch, Health Canada, Ottawa, ON

10:00 – 11:00

SARS Panel — Experiences in the Hospital, Respiratory Therapists will describe their department’s Experiences During the SARS Outbreak.

Paula Cripps-McMartin, RRCP/RRT, CAE, CHT

Site Leader, Respiratory Therapy
Toronto Western Hospital

Elizabeth Lalingo, RRT/RRCP

Co-ordinator, Respiratory Therapy
Services, Markham Stouffville Hospital

Bill Boyle, BSc, RRT/RRCP, CHT, MPa
Manager, Cardio Respiratory Neurology
Services, North York General Hospital,
Toronto, ON

11:00 – 11:45

Filter Panel

John Traill, RRT/RRCP

Clinical Instructor, Respiratory Therapy
Mount Sinai Hospital, Toronto, ON

Ron Thiessen, RRT

Research and Staff Development
Coordinator
Respiratory Services Department,
Vancouver Hospital

11:45 – 12:00

Closing remarks

Douglas Maynard, BSc, RRT, MBA
Executive Director CSRT
Ottawa, ON

Darcy Andres, RRT
Forum Chair 2005
Calgary, AB

Brent Kitchen, RRT
President CSRT,
Regina, SK

PLEASE REMEMBER YOU MUST PRE-REGISTER

FOR WORKSHOPS AT THE

FORUM REGISTRATION DESK.



CSRT Annual Educational Forum

Sheraton Centre, Toronto, Ontario
May 28–30, 2004

Highlights — Forum 2004

EXHIBITORS BREAKFAST

Join us for an Exhibitors Breakfast on Friday morning 7:30 to 9:30 am in the Sheraton Hall. Mingle with exhibitors over a morning coffee and continental breakfast. Have a look at some of the great exhibitor booths — you will find a full spectrum of suppliers, educators and manufacturers on hand, ready to discuss the most current information and technology on the market.

PRESIDENT'S RECEPTION

This reception gives RTs the opportunity to recognize award winners and network with others in the profession. It will be held May 28 from 17:30 to 19:30.

PATIENT EDUCATOR DINNER

This annual event, hosted by GlaxoSmithKline, has been standing-room only in the past. This year will be no different. RT Patient Educators are invited to attend this dinner meeting on May 27. While there is no charge for this dinner, space is limited. Seating is on a first-come basis. Please contact the CSRT National Office to reserve your place — csrt@csrt.com or 1-800-267-3422.

FUN NIGHT — SECOND CITY REVIEW

Always a popular event for RTs to get out and let their hair down. Reserve Saturday night, May 29, for an evening of fun and entertainment with fellow delegates, at Studio 99.

ACCOMMODATIONS

The Sheraton Centre Toronto is the site for CSRT Forum 2004. Located in the heart of Toronto, at 123 Queen Street West, the Sheraton will host the Forum as well as provide accommodation at a preferred rate for Forum attendees. 1-800-325-3535

Or check the CSRT website for on-line reservations.

ANNIVERSARY GIFT

Registered delegates for Forum 2004 will receive a 40th Anniversary gift from the CSRT — a laser engraved pen in metallic blue with gold accents! A great, functional keepsake that serves as a thank you to our supporters and a reminder of 40 eventful years of CSRT service.

*Pre-registration deadline April 16, 2004

■ Full Registration — Members	
*Pre-registration	290.00 <input type="checkbox"/>
After April 16, 2004	355.00 <input type="checkbox"/>
■ Full Registration — Non-members	
*Pre-registration	440.00 <input type="checkbox"/>
After April 16, 2004	500.00 <input type="checkbox"/>
■ Full Registration — Student Members	
*Pre-registration	155.00 <input type="checkbox"/>
After April 16, 2004	185.00 <input type="checkbox"/>
■ Daily Registration <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	
*Pre-registration-Members	150.00 <input type="checkbox"/>
*Pre-registration-Non-members	185.00 <input type="checkbox"/>
*Pre-registration-Student Members	70.00 <input type="checkbox"/>
After April 16, 2004 — Members	180.00 <input type="checkbox"/>
After April 16, 2004 — Non-members	215.00 <input type="checkbox"/>
After April 16, 2004 — Student Members	95.00 <input type="checkbox"/>
Social	50.00 <input type="checkbox"/>
Additional Exhibitor Representative	150.00 <input type="checkbox"/>

Full registration includes the Exhibitors Breakfast, all lectures and workshops, poster displays, exhibits, lunches, nutrition breaks, and the President's Reception and Awards Presentations. Tickets for Fun Night are not included.

GST is included in the total #119220010 RT

Refunds: Refunds are subject to a \$50.00 administration fee.

NAME _____

CSRT FILE # _____

EMPLOYER _____

POSITION (TITLE) _____

YOUR ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME TEL. _____ WORK TEL. _____

E-MAIL _____

METHOD OF PAYMENT

TOTAL PAYMENT \$ _____

VISA MasterCard

CARD NUMBER

EXPIRY DATE

SIGNATURE _____

PRINT NAME _____

Send to: CSRT 102 - 1785 Alta Vista Drive. Ottawa, Ontario K1G 3Y6

For more information please contact the CSRT at 1-800-267-3422 or (613) 731-3164 Fax: (613) 521-4314 E-mail: csrt@csrt.com





Abstracts

Posters and Papers

The following poster and paper presentations were selected from abstracts submitted to the CSRT. The CSRT Scientific Review Committee reviewed each of the presentations that met the submission criteria.

Assessing Learner Readiness for Self-Directed Learning: A Cohort Study

N. Brown & M. Reilly. The Michener Institute for Applied Health Sciences, Toronto, ON

Background: Today's busy Respiratory Therapists pursue learning opportunities for self-development, currency and career advancement while working full time. Lifelong learning demands flexibility where learning can be self-paced and in a variety of formats. Michener's Anesthesia Technology part time program combines self-directed distance education with integrated live sessions in response to the needs of learners. The current curriculum requires learners at various points, to identify individual learning gaps and research topics for presentation. Do learners have the necessary skills to be self-directed learners? Does the program adequately prepare learners for self-directed learning? The purpose of this study is to evaluate the gap between learner preparedness for self-directed learning and curriculum design.

Methods: A cohort study (n=14) was conducted using Self-Directed Learning Readiness Scale (SDLRS), a widely recognized, validated instrument used extensively to assess learning preferences and attitudes related to preparedness for self-directed learning.¹ SDLRS consists of 58 questions using a 5 point likert scale. Informed consent was obtained and the survey administered to learners in the final didactic course of the program. Demographic data was collected.

Results: Data analysis is currently underway. Readiness will be assessed from total scores and rated as high, above average, below average and low. Overall class average will be determined.

Summary: The Anesthesia Technology program redesign team will consider survey results in the redesign of the curriculum. Learning activities will be built to encourage the development of self-directed learning skills that can be translated to the clinical environment and throughout the learner's professional career.

Lung Function In Poland's Syndrome

E. Craig, J.B.Buick, J.McCann. Regional Respiratory Centre Belfast City Hospital Belfast N. Ireland

An association between chest wall deformity and impairment of lung function has been recognised for more than 300 years. Poland's syndrome is a rare, congenital, developmental disorder of the chest wall, more common in males, and occurring in approximately 1 in 20,000 live births. Poland's malformation may present with a variable grade of complexity where not all of the anatomical abnormalities originally described by English surgeon Sir Alfred Poland, in 1841, are present. There is a paucity of information regarding lung function in Poland's syndrome.

A 55 year old female was referred to the pulmonary function laboratory for the investigation of increasing dyspnoea. She had Poland's syndrome with right-sided chest dysplasia. Kyphosis, microdactyly, hypoplastic right arm and shoulder girdle and absence of the right breast were also noted.

Lung function tests were undertaken including spirometry, lung volumes, muscle pressures and single breath CO diffusing capacity. Cardiopulmonary exercise testing and chest radiography were also performed. Pulmonary function indices showed a restrictive ventilatory defect with a marked reduction in total lung capacity. There was a significant decrease in respiratory muscle pressures. Resting oxygen saturation was normal. Exercise testing was uninformative on the basis of a sub-maximal effort. Gas transfer was normal. Chest x-ray showed only asymmetry of breast shadows.

The results obtained indicate a restrictive lung defect attributable to abnormal chest wall mechanics.

Abstracts

Impact Evaluation of an Asthma Educator Certificate Program: A Cohort Study

Paula Burns, The Michener Institute for Applied Health Sciences, Toronto, ON

Background: What is the impact of The Michener Institute's Asthma Educator Certificate program? Does it increase the confidence of health care professionals (HCP) to provide patient education? Lorenz, Gregory, & Davis (2000) suggest that if health care professionals believe that they can make changes to their practice (increase their confidence) they will incorporate new knowledge and skills in their interactions with patients.

Methods: A cohort study (n=13) was conducted using a confidence survey with a 5 point rating scale. Informed consent was obtained and a survey administered prior to workshop 1 (pre), and following workshop 2 (post) in the asthma educator certificate program. The length of time between the two measurements was approximately 3 months. Demographic data was collected with first survey.

Results: Demographics: Pharmacists-10, Respiratory Therapists-3, 100% of participants indicated less than 25% of their time was dedicated asthma education. Data analysis demonstrates an increase in confidence in all categories. Percent change ranged from 15.4 % in identifying barriers to adherence to 38.5% in problem solving relating to asthma care and providing effective patient education. All participants indicated they would transfer their learning when working with patients who have diseases other than asthma

Conclusions and Future Direction: The asthma educator certificate program increases the confidence of HCP who dedicate less than 25% of their time to asthma education. A post graduation survey (1 year) will be conducted to reassess confidence levels, various aspects of confidence and barriers to providing patient education.

Lorenz, R., Gregory, R., & Davis, D. (2000). Utility of a brief self-efficacy scale in clinical training program evaluation. *Evaluation and the Health Professions*, 23(2), 182-193

Implementation and Challenges of an Innovative method of Assessing Effects of Oxygen Therapy in Individuals with COPD and Transient Hypoxemia

M. L. Nonoyama, G.H. Guyatt, R.H. Collins, D. Brooks, R.S. Goldstein. West Park Healthcare Centre, Toronto, ON.

University of Toronto, GDRS, Toronto, ON

Introduction: Individuals who do not meet home oxygen eligibility criteria (according to the Ministry of Health) but have exertional dyspnoea and hypoxemia may still benefit from home oxygen therapy.

Objective: To assess the usefulness of the N-of-1 design to measure the benefit of home oxygen in individuals with COPD and exertional dyspnoea and hypoxemia. Patients: Individuals with a diagnosis of COPD, who experience important daily dyspnoea and desaturate to 88% for 2 continuous minutes in a standardized exertional oximetry test.

Methods: Patients undertook 3 pairs of treatment periods (6 periods total) in an N-of-1 design. Each period was 2 weeks in duration. During one period of each pair they received oxygen and during the other period air. Patients, caregivers, and those reviewing the data were blinded to allocation.

Outcomes: the Chronic Respiratory Questionnaire, the St. George's Questionnaire, the SF-36 and the Feeling Thermometer repeated after each 2-week period. In addition a standardized home exercise test was repeated while the patient wore the treatment gas assigned during the preceding 2-week period.

Results: To date, 7 participants have completed the protocol. The N of 1 design allows treatments to be tailored to each individual based on that person's response. Challenges we faced in implementing the protocol have included blinding the medical gas cylinders and concentrators, recurrent illness and poor patient compliance. We have developed strategies to deal with each of these issues.

Conclusion: Strategies to deal with logistical challenges can ensure that the N-of-1 design is a useful approach in assessing the benefits of home oxygen in potential beneficiaries.

Abstracts

Blow and Stop Draggin: Tobacco Awareness Pilot Project 2003-2004

Leanne Grant, RRT Respiratory Rehabilitation Clinical Specialist / Ken Tin RRT, EdD Regional Respiratory Health Services Director — David Thompson Health Region; Respiratory Health Services, Wetaskiwin Hospital and Care Centre, Wetaskiwin, AB

Rationale: The Consensus Statement from the National Lung Health Education Program recommends, “the widespread use of office spirometry by primary-care providers for patients older than 45 years old who smoke cigarettes. Discussion of spirometry results with current smokers should be accompanied by strong advice to quit smoking and referral to local smoking cessation resources”.

Objective: 1. Promote understanding of patho-physiology of the chronic lung problems in the target audience. 2. To increase awareness of the local smoking cessation supports and programs. 3. Liaise with primary care physician of referred client for smoking cessation. 4. Complete the Evaluation of the Impact of Spirometry on Smoking Cessation and overall lung health.

Methods: The former Crossroads Tobacco Addiction and Awareness Program in partnership with two physician clinics and the David Thompson Health Region, Respiratory Health Services, is currently completing a pilot project on the effect of spirometry on current smokers over the age of 45 years. This pilot project would increase screening for COPD in primary care clinics and provide “teachable moments” for smoking cessation education.

Results: The pilot project will be presenting the preliminary results. The expected outcome is that clients with abnormal lung function results will increase their likelihood of smoking cessation by 7% from this interaction.

Conclusion/Significance: The presentation will review the rationale, methodology, and the preliminary results, with the aim of encouraging other site to assess the benefits of this community project and its repeatability.

Access and Options Program for Internationally Educated Respiratory Therapists: An Educational Approach

Kathleen Olden-Powell. The Michener Institute for Applied Health Sciences, Toronto, ON

Ontario is experiencing a shortage of health care professionals, including Respiratory Therapists. Some of this shortage may be reduced by employing internationally educated health professionals from other countries. Significant difficulties do exist which prevent these individuals from being able to practice within Ontario, including such barriers as English as a second language, a need for Canadian work experience and professional registration/certification requirements.

A new educational program has been developed by The Michener Institute for Applied Health Sciences and funded by the Ministry of Training Colleges and Universities, Access to Professions and Trades Branch. This program provides landed immigrants with profession-specific outcomes and the personal support and guidance needed for these individuals to be successful in regulatory body examinations leading to employment within the field of respiratory therapy.

The Access and Options program provides a multi-step approach, tailored made to the needs of each individual and includes language support, profession specific content, knowledge of the Canadian health care system and hands-on professional practice in an approved clinical setting.

The poster presentation will show, through a flow diagram, other visuals and relevant text, how an individual can “Access” the educational program for international health professionals and the “Options” available. The poster will also outline current enrolment, certification outcomes and client demographics.

Bronchodilator Challenge Testing: A Review of the Evidence.

Andrea White Markham, RRT/IRRCPCAE, The Michener Institute, Toronto, ON.

Introduction: The scope of practice of Respiratory Therapy includes diagnostic testing using well-established methods of determining lung mechanics is pulmonary function testing (PFT). Over the past few decades standards and clinical practice guidelines (CPG) for PFT have been developed (ATS, 1996; AARC, 2003;

Abstracts

Wagner, 1998). These standards and CPGs have improved the quality of the equipment testing and enhance their use in diagnosis and management of lung disease. (ATS, 1995). An area where there are surprisingly few specifics regarding methodology is bronchodilator challenge testing.

Purpose: The purpose of this review was to i) identify the historical overview of bronchodilator challenge testing in the literature, ii) international or national standards and guidelines available for bronchodilator challenge testing and iii) practice patterns reported in the literature in this area of respiratory care specifically related to medication and method of testing.

Method: Initial search of the author's personal library was undertaken which identified current Standards and CPGs in use in Canada. An electronic search was undertaken using OVID search engine of all the EBM Reviews (*Cochrane DSR, ACP Journal Club, DARE and CCTR*), CINAHL data base from 1992 to Week 4, September, 2003, and Medline from 1966 to September Week 4, 2003. After deleting duplicate records a total of 2,375 articles were identified. The titles were reviewed to identify potential CPGs or published standards for the use of bronchodilators when testing pulmonary function with 10% of these abstracts examined to further identify articles for inclusion in the review.

Conclusions: This simple review of the variety in selection of medication, dose, method of delivery interval time, and indices in the evaluation of bronchodilator response in both patients with asthma and those with COPD highlights the lack of consistency in the science of evaluating bronchodilator challenge testing. A review of the standards and CPGs and practice patterns, including published research, identified the lack of standardisation regarding bronchodilator challenge testing. This lack of standardisation increases the difficulty faced by the practitioner when attempting to evaluate the efficacy of a particular medication, delivery method, or indices to use for evaluation in clinical practice. As noted by the ATS (1996) the development of standards for other areas of pulmonary function testing has resulted in improved testing and equipment, and it would therefore stand to reason that the development of standards in this area would also result in improved testing methods and ability to evaluate the literature regarding the efficacy of bronchodilators.

Complimentary and Alternative Medicines (CAM) in Asthma Management

Andrea White Markham, RRT/RRCP, CAE, The Michener Institute, Toronto, ON

Rationale: Although individuals are using Complementary and Alternative Medical (CAM) therapies to help manage their asthma, there is no clear direction in the current international guidelines for the use of CAM in asthma. This literature search will undertake to determine the current science regarding the use of CAM in asthma management.

CAM Definition: CAM has been described as any therapy, generally derived from custom (region/religion/folklore etc) that is not taught in medical school and for which there is no current acceptable scientific research to prove efficacy. (Bhagat & Cockcroft, 2001)

Asthma Definition and Management: Asthma is a chronic disorder of the airways causing paroxysmal symptoms and variable airflow limitation. Symptoms and airflow limitation may resolve after therapy or spontaneously. Allopathic (traditional or western) management strategies are based on restoration of lung function and symptom prevention and relief through medication and environmental control.

Methodology: An electronic literature search of all EBM Reviews (*Cochrane DSR, ACP Journal Club, DARE and CCTR*), Medline, OVID full text and PubMed databases for Randomised Controlled Trials published in English between 1997 and 2002 with keywords "asthma" and "complementary medicine" or "complementary therapy" or "alternative medicine" or "alternative therapy". The resulting abstracts were reviewed for appropriateness and abstracts discussing environmental control and pharmaceutical alternatives to steroid therapy were discarded. The 16 final studies were then reviewed for statistical significance and collated based on CAM type.

Conclusions: While CAM therapy is being used in the management of asthma, these 16 studies show a tendency to little or no significant difference between placebo or sham therapy. This tendency is greatest in the larger studies. Some CAM therapies, e.g. dietary changes and relaxation/meditation have shown improvements in asthma quality of life or pulmonary function in select asthma populations.

Abstracts

Critical Thinking Competence in Respiratory Therapy

Susan Dunington RRT, The Michener Institute, Toronto, ON

Background: Respiratory therapists (RT) need to be able to “consistently demonstrate critical thinking skills in the application of cardiorespiratory care” (College of Respiratory Therapists of Ontario [CRTO], 1999). At the institution where I conducted my research, we encounter learners in their final year of the program that do not possess the ability to critically think at the level required by the profession. It will be important to graduate increasing numbers of therapists in the future. There is expected growth in the profession due to deteriorating air quality and increasing lung disease, together with an enlarging population.

Research Question: My major project investigates the standard of critical thinking for the respiratory therapy profession.

Methodology: This project is divided into two sections. These include quantitative data that comes from the history of unsuccessful learners, and qualitative data from the present group of practicing respiratory care practitioners using narrative inquiry.

Recommendations and Conclusions: My poster summarizes 7 recommendations that I have concluded from the data collected, and through my literature review.

Discussion: The time to address this situation is now. It is now reasonable to expect that all graduates will require critical thinking behaviours that will be used in an ever-increasing way. With this trend in site, I think that an early intervention strategy is the key to increasing the number of graduates. With early identification of their weaknesses in the critical thinking skill set and the subsequent remediation, I foresee that the learner's individual success will contribute in a positive manner to the retention rates in Canada.

Canadian Intensive Care Foundation Offers Funding for RTs

A new source of education funding is now available to respiratory therapists from intensive care units across Canada.

The Canadian Intensive Care Foundation (CICF) has expanded research and educational funding opportunities to include all disciplines within the intensive care environment. The Foundation offers grants-in-aid of research and education to qualified applicants who are practicing critical care personnel such as, critical care physicians, nurses, respiratory therapists and pharmacists.

For 2004, grant committee adjudicators for CICF expect to release more than \$100,000 to support critical care research and learning. Foundation Chair Cindy Hamielec, MD, FRCPC, said the CICF Board redesigned the grant program last year to provide broad coverage and benefit as many caregivers as possible.

“Check out the CICF website www.cicf.ca for more information on how membership — or involvement with a local CICF Chapter — can assist you with professional development,” said Jim Winnick, President of Canadian Society of Respiratory Therapists (CSRT). Mr. Winnick is also an adjudicator on the CICF grant committee.

ICU respiratory therapists can also contact CICF Executive Director Wayne Peterson at the annual CSRT educational forum this May. He will be in Toronto to generate awareness for the grant program and the Foundation, with its mission to improve the quality of care of critically ill patients by raising funds for important clinical research and education.

Message from the President

I can scarcely believe that it has been almost a year since I received the chain of office from Daniel Paré at the Ottawa Forum. The time has flown by with many changes and challenges.



Jim Winnick

Recent staff departures from the Head Office placed a heavy load on the remaining staff. It placed me in the unusual position of adding Executive Director duties to those of the President until our new Executive Director, Doug Maynard, came aboard in mid-November. I would like to reiterate my appreciation and thanks to Sylvia, Rita, Robin and Anne for soldiering on through difficult times and heavy workloads. I would also like to acknowledge and thank my Director at the Calgary Health Region, Sandra Pichler, for her understanding and support that allowed me to spend, literally, weeks away from work. My thanks also go to my Site Coordinators, Eleanor Lord and Darcy Andres, and to all the supervisors and staff in the RT departments at the Foothills, Rockyview and Peter Lougheed hospitals for their ongoing support.

We now welcome Michelle Kowlessar to the team. She will be taking over the CoARTE Secretariat, as well as duties related to Education, upon Patricia Halaand's retirement at the end of March. Through Patricia's efforts, she is able to leave in place a professional, smoothly functioning process for her successor. On behalf of myself, the CSRT Board and Executive, members and staff I would like to wish Patricia a long, healthy and happy retirement. It is richly deserved.

This year has provided many challenges for the CSRT. We have seen the validation of the National Competency Profile document and must now work with our Alliance partners on its implementation. Many people complain that NCP only lists the competencies. Many feel more detail of the knowledge needed to achieve those competencies is required for the schools to be able to teach to it. The CSRT firmly believes that, in order for the schools to teach to the NCP, a companion document providing the background to the competencies is required to assist the schools in making the transition from the CSRT Occupational Profile. The CSRT, intends to match the

background information in our Profile to the competencies in the NCP and then develop the same level of background for any competencies in the NCP that are not covered in our Profile. A recent gap analysis on the two documents was commissioned by the College in Alberta, CARTA. It confirms that the gap is minimal, so we expect that the proposed companion document can be completed in a relatively short time frame. We are committed to working with the Alliance to facilitate the introduction of the NCP in a fashion that will meet the needs of the regulators, the schools, CoARTE and the CSRT.

The CSRT now stands at a crossroads with paths leading to many possible futures. You will shortly receive information and a request to vote on a bylaw change designed to allow the CSRT to be a meaningful signatory to the Mutual Recognition Agreement. I urge all members to seriously review the arguments for and against and seek input from your Executive, Board representatives and others to make the best informed decision you can. The result will go a long way to determine the future status of the CSRT on the national scene and, more importantly, the ability of individual RT's to have unfettered labour mobility within their own country. Please watch for this communication to come out to you and please vote.

In closing I would like to thank you, the membership, for your ongoing support of our Society and for the opportunity to serve as your President. Remember, the CSRT is not a just group of volunteers or an office in Ottawa, the CSRT is you the members and only you and other members that you can recruit can determine the future course and viability of our Society.

A handwritten signature in black ink, appearing to read 'Jim Winnick'.

Jim Winnick,
President CSRT

Executive Director's Report

The CSRT head office has had significant staff turnover in the past year resulting in much of the focus of this position being to establish, implement and evaluate operating procedures that were previously in place.

I would like to thank former executive director, Cheryl Homuth, for providing some historical perspective which assisted us in moving these procedures forward.

The report from the long range planning committee included the recommendation that the CSRT be run as an efficient small business. With that direction the head office is continuing to implement sound business strategies. One of the first projects was to evaluate the current accounting structure. It was decided that implementing a project based accounting system would allow for more informative financial reporting. This system will allow us to easily identify revenues and expenses, and where appropriate, profit/loss and rates of return for the various projects that the CSRT participates in. This will allow the CSRT to evaluate and focus resources toward projects where most appropriate.

In this same line the CSRT will begin to more regularly evaluate our current service providers for services such as banking, insurance, etc to ensure that the CSRT is receiving competitive rates and appropriate levels of service.

The CSRT now runs with four full time staff and one consultant. Former accreditation consultant Patricia Haaland has retired and has been replaced by Michelle Kowlessar. The selection process for the executive coordinator position is coming to a close and a selection will be made soon. Rita Hansen, PR and Communications Coordinator is now managing the website from within the office, along with coordinating the *CJRT* and Annual Forum. Sylvia Stiehl continues to man the offices front lines as well as participate in administrative functions left by the vacant executive coordinator position. Robin Ballance continues as the Financial Consultant and Database Administrator. All of the staff should be commended for their extraordinary efforts over the past year.



Doug Maynard

At the time of writing this report the year end audit had not yet been completed. The CSRT annual operating budget for 2004–2005 will be posted on the CSRT website when it becomes available.

CSRT Education Forum

The CSRT Forum 2004 is taking place in Toronto at the Sheraton Centre. I would like to thank the Forum planning committee for their continuing efforts, especially during the uncertainty of the past year.

This years forum has seen improved sponsorship input based on the sponsorship categories that were implemented last year. At the time of this printing of the *CJRT*, there is only one exhibitor booth available. Fifty-nine booths are occupied.

RTSO

On the following pages of the Journal you will find the newsletter of the Respiratory Therapy Society of Ontario. As the host province of the Forum, we have included the RTSO newsletter in lieu of an annual report from Ontario. This is an excellent opportunity for members across the country to get a flavour of the activities undertaken by the RTSO.

CSRT National Certification Examination

The CSRT continues to strive to provide students with a fair and psychometrically valid exam. The CSRT also makes every effort to keep this exam as cost effective for the students as possible. There have been two major developments regarding the examination process. First, all jurisdictions that use an exam process, CARTA, CRTO, MARRT, and CSRT have returned to using one exam process. The regulators and the CSRT have worked collaboratively with the Canadian Board for Respiratory Care in this effort.

Continued on page 27

Executive Director's Report *continued from page 22*

Second, through this collaboration we have been able to negotiate an arrangement that maintains the cost of the exam to the students at last year's rate.

Council on Accreditation of Respiratory Therapy Education (CoARTE)

CoARTE continues to progress in the number of schools that it participates in accrediting. With Michelle Kowlessar in place we hope they can continue the great work that Patricia Haaland started. Efforts are currently being focused on bringing the schools under OPIQ's jurisdiction into the process.

Canadian Network for Asthma Care (CNAC)

The CSRT continues to hold a position as a board member of CNAC. The main focus of CNAC at this time is to find a replacement for the Executive Director who has announced his retirement. A selection committee has been implemented and will begin advertising this position. Anyone that may be interested in this position should check the CNAC website. Canadian Respiratory Therapy Foundation (CRTF) with the continued support from corporate partners such as AstraZeneca the CRTF continues to grow. We are planning a number of fund raising efforts for the upcoming Forum. We encourage all RT's to support the foundation as well as promote the foundation to others.

National Competency Profile

One of the focuses of this year's activity has been to recreate the harmony and collaboration that once existed in the regulation of our profession. We have seen this collaboration return with acceptance of a common exam process. We continue on this effort by moving forward with the National Competency Profile. All jurisdictions are working toward a competency profile that will be used by all jurisdictions for the purposes of granting licensure, accrediting schools, and creating exams, etc. This document has been created to facilitate recommendations from the Labour Mobility Consortium and to facilitate implementation of the Agreement on Internal Trade and the Mutual Recognition Agreement. Much headway has been made on this document but we still have work to do. We ask for your support throughout this process.

Volunteers

Finally I would like to thank all of the countless volunteers that allow the CSRT to function. Without your dedication to the profession the CSRT would not exist and the profession would not exist, as we know it today.

The CSRT continues to recruit volunteers to fill vacant positions. The 2006 Saint John Forum is just an example of one of the exciting opportunities that exist to participate in the advancement of your profession. The most common response that I hear regarding these positions is that "I don't have the knowledge or experience to do that job". There is only one way to get that knowledge and experience and that is to give one of these positions a try. The CSRT and the profession of respiratory therapy need your help. Please consider volunteering today.

Respectfully Submitted,



Douglas Maynard BSc, RRT, MBA
Executive Director

Communications and Public Relations Report

Journal

Under the direction of *CJRT* President, Allen Shemenko, we have recently complied with new Postal regulations. You may notice minor differences in the front cover of the *CJRT*. We continue to work on making the publication of the journal more cost effective by reducing the number of pages and the quality of the paper used. We rely significantly on the input of members for reports, science papers and peer reviews. The volunteer efforts of our membership are greatly appreciated.

The CSRT is considering some options for improving the image of the Journal. Included is the possible auditing of the *CJRT* by the Canadian Circulations Audit Board (CCAB). This agency is responsible for auditing the readership of magazines and journals and gives serious credibility to subscription numbers — a statistic advertising agencies use to weigh where they will put their advertising dollars.

The Journal is also considering a yearly index of science articles to be published in the last Journal of the year and be included as a searchable item on our website.

Writing partnerships with likeminded organizations (like the RT Society of the Lung Association) is also under review. *CJRT* will offer groups the opportunity to host a column in the Journal on a yearly basis.

Public Relations and Communications

Head office continues to work on increasing the profile of the CSRT. We are considering a major membership recruitment drive over the summer. Our target will be RT students.

The CSRT is linked back to our website through a number of sites beyond provincial associations — they include:

AARC
Association of Schools of Allied Health Professionals
Australian and New Zealand Society of Respiratory Science
Bacon's Information
Canadian Asthma Consensus Guidelines
Canadian Critical Care News
Canadian Information Centre for International Credentials

Canadian Lung Association
Canadian Psychological Association
Doctor's Guide Global
Florida Society for Respiratory Care
Health Sciences Association of BC
Medhunters
National Organization for Compliance Assurance
Ontario Ministry of Health
Research Forum for Young Investigators in Circulatory and Respiratory Health
Respiratory Care Specialists Inc.,
ProResp ProHome Health Care
Saskatoon Regional Health
UNB Saint John Library

Website

The CSRT is currently engaged in a professional re-vamp of our website. We are looking at several prototypes and hope to have a new, expanded website that will be more interactive and searchable.

The maintenance of the website is now done in-house at the CSRT, with day-to-day updates and additions done by CSRT Communications. A regular stream of job ads on the Employment portion of the site helps to offset costs. There have been about 36,000 hits to the CSRT website in the last year — that is an increase in traffic of about 10,000 visitors over the same period of time for 2002.

Mailouts

A mailout survey to our membership has been very helpful in giving the CSRT some suggestions on how members would like head office to fine-tune services.

The CSRT continues to do targeted mailouts for various organizations, including health facilities, associated industries and educational institutions.

Respectfully submitted,



Rita Hansen
Public Relations and Communications Coordinator

British Columbia Society of Respiratory Therapists

President, Lynn Beaton



Mark your calendars the BCSRT Annual Educational Forum to be held in Richmond, British Columbia, September 14–16, 2004 at the Vancouver Airport Conference Resort, Richmond, BC. It is a beautiful time to visit Vancouver, and enjoy the west coast.

Education for the BCSRT members

The number one question most of the Association get asked is what does my dues get me? With this in mind the BCSRT has purchased from the AARC the professors round. These will go out to all our members and allow those that are BCSRT members to earn continuing education credits. Respiratory Therapy in BC is moving towards self regulation and it will be important to ensure continuing education credit hours are available to all our members. There will be one lecture sent to your hospital/region each month, the staff will have the month to view the lecture fill out the paper work and return everything to the BCSRT. The BCSRT Board of Director wants to ensure that our membership in the BCSRT can all access continuing education. With the cuts in health care and the money to attend conferences decreasing the BCSRT want to ensure everyone has access to quality education. The wonderful thing about this is that the employers will have no cost, and all their staff equal opportunity to see the lectures. All the staff can view this material, however only those that are BCSRT members will receive the continuing education credits.

BCSRT Board

The BCSRT is in the process of restructuring the BCSRT BOD and decreasing the size. The first part is that the cost of meeting with a large Board is getting difficult. Along with this is the ever increasing difficulty of getting people to volunteer for position, one the Board of director's has fewer positions then the few positions each year will be needed.

Saskatchewan Association of Respiratory Therapists

President, Craig Hillier, RRT

It is my pleasure to submit the SART annual report for 2003.

Self Regulation

As with most provinces in Canada, SART is in pursuit of self regulation. Much of the ground work has been completed over the past few years. As it stands SART could have an act read in the legislature as early as spring of 2005. A task force has been set up to finish the final work under the leadership of Brent Kitchen RRT. Brent has been instrumental in getting us to this point. SART would like to express our gratitude to Brent for his ongoing commitment, especially in light of his other professional responsibilities.

Education Forum and AGM

The annual education forum was held in Saskatoon this year. Topics this year included SARS, nutrition, jet and oscillatory ventilation. The turn out was excellent this year.

The new executive was elected and began their work. The main focus of the executive will be the issues of self regulation and increasing membership. The membership has increased to 98 this year.

Golf Tournament

For the second time SART hosted a golf scramble. This year the event was held in conjunction with the Education Forum and AGM. This was an excellent opportunity again for respiratory therapists to network with colleagues and vendors. Thanks to all who supported the SART events again this year.



Thanks

SART would like to recognize the contributions of Sandra Biesheuvel over the past several years. Sandra has been an active member of SART. Certainly Saskatchewan's loss is Manitoba's gain.

Thanks to Brent Kitchen as well for his continued dedication and guidance to SART and the executive. Brent remains an asset to the profession of respiratory therapy in our province.

Manitoba Association of Registered Respiratory Therapists

President, Tracy Simoce, BSc, RRT

On behalf of the Manitoba Association of Registered Respiratory Therapists, it is my privilege to submit the 2003–2004 Annual Report.

Current Members of the MARRT Board

President: Tracy Simcoe

Vice President: Deborah Luschinski

Past-President: Todd Mortimer

Treasurer: Karen Taylor

Secretary: Michelle Fehr

Director at Large: Paul Wiebe

The MARRT has been promoting the profession in the province of Manitoba. The MARRT in conjunction with the Departments of Respiratory Therapy brought the profession to young Manitobans at the annual career symposium. The MARRT would like to commend the respiratory therapists of the Brandon Regional Health Authority for winning the award for most outstanding display at last years symposium. The MARRT Educational Forum and AGM were held on May 2, 2003. The topics included presentations from each of the exhibitors regarding new products from their companies, an update on ARDS, current asthma management and an introduction to the ABC Project. Topics discussed during the AGM included AIT and the labour mobility consortium and revision of the Respiratory Therapy Act. The MARRT Educational Forum and AGM is scheduled for May 7, 2004.

The first baccalaureate degree program for Respiratory Therapy in Canada has been established at the University of Manitoba. The MARRT is pleased to announce that Ms. Jaime Monasterski was the first graduate of this program in June 2003.



The MARRT has continued to meet our regulator responsibilities. Public interest has and continues to be one of our main responsibilities. The MARRT continues to make the public as well as elected officials aware of deficiencies within Respiratory Therapy around the province. The MARRT Board would like to thank Mr. Neil Johnston for undertaking the task of revising the Respiratory Therapy Act of Manitoba. The new Act is currently before the provincial government awaiting final approval. The MARRT is also reviewing our Standards of Practice. Development of a continuing competency portfolio using the NCPD system has become mandatory for license renewal for all MARRT members.

There have been a number of external reviews examining the clinical and non-clinical operations of the Winnipeg Regional Health Authority (WRHA) and its nine participating facilities. As a result of the findings and recommendations, the Achieving Benchmarks Through Collaboration (ABC) Project was created. One of the projects is the scope of Respiratory Therapy. The goal of this project is to increase the role of the respiratory therapist utilizing a full scope of practice. A critical success factor to this project is recruitment and retention. The MARRT in conjunction with the Departments of Respiratory Therapy and the WRHA are developing initiatives to address the issue of recruitment and retention.

From a national perspective, our profession all across Canada seems to be faced with very similar challenges. Through initiatives with the National Alliance of Respiratory Therapy Regulatory bodies and restructuring of the CSRT Board, the creation of a stronger national advocate will aid in promoting a stronger profession.

The New Brunswick Association of Respiratory Therapists Inc.



President, Kathy Kowalski, RRT

On behalf of the New Brunswick Association of Respiratory Therapists, it is my pleasure to submit the following report of our activities.

Executive Officers of the NBART

President: Kathy Kowalski

President Elect: Vacant

Past-President: Bill Koval

Secretary-Treasurer: Carolyn McCoy

Ex-Officio: Daniel Paré

Current Membership 206

Licensure

This topic is still on our agenda. Currently the Licensure Document is in the hands of the government waiting to be presented. Our Act is one of three that need to be presented and we have been assured that they will be dealt with in a “timely manner”. Despite these delays, we are confident that the Act will pass and that Licensure for Respiratory Therapists in New Brunswick is imminent.

Respiratory Therapy Schools:

The development of the French Language Program at Université du Moncton is still underway. The student intake was postponed last year and is now planned to take place in September 2004. At this time, this Program is designed for 6 students per year.

The French Language Program will be offered as a Degree Program with a Diploma exit after 3 years. We are looking forward to the opening of this Program.

The English Language Program at New Brunswick Community College (NBCC), Saint John Campus has graduated the first class of its’ newly extended Program (96 weeks). The Respiratory Therapy Program was well represented at the graduation; the College Valedictorian was one of the Respiratory Therapy students, Jessica Belanger, and the Past President of the CSRT, Daniel Paré, was the keynote speaker.

NBCC School of Respiratory Therapy have increased the student intake to 18 students per year. It is hoped that this increased enrollment will assist with RRT shortages in New Brunswick.

In January of 2004 NBCC and the University of New Brunswick, Saint John, signed an agreement that formalized the articulated Degree of Health Sciences, Respiratory Therapy between the two institutions.

Education Day

We will be offering members of the NBART an education day in conjunction with our AGM again this year (May 13, 2004) in Fredericton. The topics planned for this day are:

- Management of the Difficult Airway (presented by a Region 3 Anesthesiologist)
- How to Incorporate Smoking Cessation Counseling into your daily patient contact
- Protein particles found on an LMA after sterilization by Katrina Madsen RRT.

Shortage of Respiratory Therapists:

In New Brunswick, we are beginning to see the effects of the predicted Respiratory Therapy shortage in certain regions of the Province. This shortage is affecting available services in these areas.

Newfoundland and Labrador Association of Respiratory Therapists



President, Wade Wheeler, RRT

Executive

President: Wade Wheeler
Vice-President: Ken Costello
Secretary: Joanne Harris
Treasurer: Jessie Cox

AGM/Education Session

On November 1, 2003, NLART held its annual AGM and education session in St. John's, NL. Therapists were given presentations sponsored by Datex-Ohmeda and Summit Technologies, on BIS monitoring and new oxygen therapy devices respectively.

At this time, I would like to thank these presenters for their ongoing educational support at our annual sessions.

The 2003 AGM was also an election year, and the election of the new NLART executive took place. We are pleased to have the following executive: Wade Wheeler was elected as President, Ken Costello, as Vice President, Joanne Harris, as Secretary and Jessie Cox as Treasurer. Again, I would like to thank the executive for taking time to help our profession in our province.

Legislation

Provincially we are still pursuing regulation of our profession. This task is a challenging one, as we have approximately 70 members scattered geographically from the east coast (St. John's) portion of the province to the west coast (Corner Brook) region and more recently in Labrador. NLART executive will be summarizing questionnaire's received from the membership will be submitting documentation for government's review before the summer months.

Membership

NLART has a membership of over 70 RRT's. NLART is very pleased to announce that the Health Labrador Corporation has a new Registered Respiratory Therapist on staff, Erin Letto, RRT. Erin is working out of the Labrador Health Center in Happy Valley-Goose Bay. She provides respiratory care to patients throughout the Labrador region including the communities of Nain, Hopedale Cartwright, North West River in addition to Happy Valley-Goose Bay and Labrador City. Erin is a graduate of the College of the North Atlantic's, Respiratory Therapy Program, St. John's NL. Excellent work Erin and best of luck with your career on the Labrador coast!

Promotion Committee

NLART's promotion committee continues to have fundraising events for educational support. A big thank-you to Jaime Williams, RRT and Mary Parrott, RRT in their continued efforts in arranging fundraising activities.

Education

Congratulations to the Respiratory Therapy Program at the College of the North Atlantic, on receiving their accreditation by COARTE, during the fall of 2003. The college offers a three-year diploma program with the option of attaining a Bachelor of Technology degree from Memorial University of Newfoundland after graduation.

Continued on page 34

The Respiratory Therapists Society of Nova Scotia



President, Thelma Cashen, RRT

It is my pleasure to present the report for the Respiratory Therapists Society of Nova Scotia.

The Executive Members

President: Thelma Cashen

Past-President: Phil Richardson

Secretary: Noel Pendergast

Treasurer: Patricia Moriarity

Members-at-large: Wendy Conrad, Rhonda Burke

The three areas of concentration the executive selected to work with during the 2003–2004 year were regulation, continuing professional development and a 40th anniversary celebration. To date progress has been made in each of these areas.

Wendy Conrad and Rhonda Burke have selected a committee for the anniversary celebration which will be held on October 22 and 23, 2004. There will be an education program as well as social events. A venue has been booked and the committee is hard at work arranging a quality program. We hope many therapists who have moved from Nova Scotia will be able to return for the celebration to renew old acquaintances and have a great time.

Jan Taylor has been traveling throughout the province visiting respiratory therapy departments and presenting information on the National Continuing Professional Development program. We are encouraging all members to participate in NCPD to prepare for regulation as well as mobility. The executive plan to randomly select members to present their professional profiles in September of 2004.

I was invited to attend a presentation at Dalhousie University, February 14, 2004 on the Impact of Legislation Governing the Practice of Health Care Professionals. The government plans to implement umbrella Health Professions Legislation. A discussion paper is expected by the middle of March and will be distributed to the professions involved. Consultation analysis will occur in May and June, 2004 and the government hopes to complete the process by the Spring of 2005. The Respiratory Therapists Society of Nova Scotia has been seeking regulation for over 5 years. We look forward to reviewing the discussion paper and moving forward with this process.

Members are watching with interest the changes occurring at the Board of Directors level and we look forward to participating in this process.

NLART Awards *Continued from previous page*

NLART is very pleased to announce Ms. Heather Besso, RRT is the recipient of the Daniel Sudworth R.R.T. Memorial Scholarship. This award is presented to a graduating student of the College of the North Atlantic's, Respiratory Therapy Program, who exemplifies clinical excellence in the area of adult intensive care. Congratulations Heather on this achieving this award!

At this time I would like to thank all the volunteers who are involved with the advancement of our profession. NLART continues to be an advocate of maintaining respiratory health and promoting our profession throughout our great province. We invite therapists to take a look at our NLART website (www.nlart.ca), sponsored by Respiratory Therapy Specialists (RTS), Inc.

Education Committee Report — Spring 2004

Education Committee Chair, Elenore Haywood, RRT

Current Standing Members

Chair: Elenore Haywood

Academic Institute Representative: David Sheets

Adult Acute Care — ER/Wards: Wade Wheeler

Anesthesia: Demi Papapanagioutou

Community Care : Melva Bellefountaine

Neonatal/Pediatric Care: John Minski

Pulmonary Diagnostics: Cindy Kelly

Ad Hoc Member: Kathy Spurr, Polysomnography and Research

Education Consultant: Eleanor Lord

We are still currently missing an ICU representative and are looking for a member from the east. Anyone interested can contact head office.

We also have e-mail contacts with provincial Regulatory Bodies and RT Educational Institutes which are participating in the CSRT certification process.

On May 28 and 29 in 2003, the Education Committee had it's first face to face meeting with the new members since it's restructuring. Five members were able to attend this meeting in Ottawa held just two days before the CSRT Forum. It was very exciting for us to finally meet each other after a whole year of e-mailing across the country. Our consultant Eleanor Lord was not able to attend so we had a rather small group of people for discussion, and were successfully able to complete all our agenda items.

We started our meeting off with a review of the Terms or Reference that had been updated since the committee was downsized. We felt a little overwhelmed with the scope of the Terms, having such a small number of people to deal with workload. We also realized that with the new Labour Mobility agreement and the new Occupational Profile being developed, our role was already changing and new Terms of Reference would have to be established once

there was agreement on which direction we were headed Nationally.

Cheryl Homuth provided the new committee members with historical perspectives of the education committee and recaptured some of the main events that brought us to where we are now. We could all appreciate the complexity of current events and how much time and energy had been spent by the previous committee members.

Patricia Haaland gave us a very informative presentation on CoARTE which provided us with more insight into the value of the Occupational Profile not only as a guideline for the schools but also for maintaining consistency in the National Accreditation process.

Daniel Paré followed with a presentation on the Mutual Recognition Agreement. This answered a lot of questions we had on the process of Labour Mobility and brought to light the challenges that we were faced with not only as a committee but as a national organization.

We then tackled the Eligibility Criteria for the National Credentialing Exam. The Criteria had to be updated to reflect the changes in school programs across the country, since most schools had three year programs and a third time writer could not just go back for one year of study. We left the onus up to the candidate to choose the method of upgrading through, self-directed study, distance education, employer assisted learning or enrollment in a program. We then drafted a letter for third time writers to reflect the criteria agreed upon. This letter could then be used by the CSRT when contacted by candidates seeking approval for their third attempt at the CSRT Credentialing Exam.

We looked at Prior Learning Assessments and felt that the schools needed to continue to provide these assessments for candidates challenging the

Continued on page 36

Education Committee Report— *continued*

National Credentialing Exam from out of country schools. The Registrar from a Licensing body may submit the name of a candidate seeking the National Credential as long as the candidate meets the National Eligibility Criteria. We do not have a National Form letter for PLA at this time and will revisit this as a need arises.

We spent the rest of the time left looking through the National Competency Evaluation Templates. We created a new Template for Tracheostomy Care and Trach Tube changes. This skill was in the Intubation Template. It was too long to properly evaluate due to the fact that these were two uniquely different skills, often done in different areas.

We also grouped the template headings in alphabetical order on a reference page as to which were A, B or C level skills so that it was clear at a quick glance which skills were National Requirements and which skills had to be assessed in the clinical area. This would make it easier to determine the skills required for re-entry to practice without going through the Occupational Profile page by page to determine which skills were required.

We ended our meeting with a look at the future role of the Education Committee and came up with two recommendations:

1. The Education Committee should have an Ad Hoc member on the CBRC, for clarity on the Occupational Profiles intent, when questions arise regarding the validity of certain exam questions.
2. CBRC should send us an annual report of stats on the National Exam as soon as results are available. This way the Committee would be aware of any potential problem areas Nationally and be in a position to investigate possible solutions or changes that may be required.

In closing, I would like to thank the committee for a very productive year and express my gratitude towards their dedication to this process and national support. I would also like to acknowledge Eleanor Lord's undying support and dedication to this Committee and thank her for the unlimited resource she supplies us with as a consultant.

The CSRT wishes to acknowledge the on-going support of our Corporate Members. Sponsorship by our Corporate Members helps the CSRT maintain the current standards of excellence in the profession. Thank you!

CSRT Corporate Members 2004

All-Can Medical
AstraZeneca Canada
Cardinal Health
DHD Healthcare
GlaxoSmithKline
London Scientific
Medigas/Praxair
Methapharm
Respan Products

Roxon-Universal Medical
Source Medical
Summit Technologies
The Michener Institute for Applied Sciences
Trudell Medical Marketing
Tyco Healthcare
VitalAire

NCPD Annual Report

Chair, National Consulting Professional Development Committee, Richard Culver

The National Continuing Professional Development Committee has been active throughout the year promoting continuing professional development and use of the NCPD learning logs and learning guides which are available on the CSRT website. We have responded to many questions, concerning professional development and the use of the NCPD forms and also on the implications of the CSRT's continuing professional development program as it relates to the Mutual Recognition Agreement.

The MRA, which was signed by all the provincial regulatory bodies, and by the CSRT in representing the unregulated provinces, provides a means for mobility of Respiratory Therapists. The NCPD committee's understanding of the MRA is that if you are registered with a regulatory body and can provide evidence of practising the profession within that province's jurisdiction for a minimum of 720 hours within the previous four years, and are able to show evidence of participating in that regulatory body's Continuing Competency Program, then you would be entitled to apply for and be granted registration with another signing member of that Mutual Recognition Agreement (MRA) providing you do not hold a graduate, provisional, temporary or student licence.

Please note that the regulatory bodies (CARTA, CRTO, MARRT and OPIQ) consider the CSRT to be the defacto regulatory body in provinces that are unregulated and the CSRT is a signing member of the MRA. Thus, if you are practising Respiratory Therapy in a province that is unregulated, and you were thinking about moving to another province that is regulated, it may be prudent for you to participate in the CSRT NCPD program to ensure that you were granted unrestricted access to membership and credentials in the regulated province.

There is an additional issue with some individuals who may be contemplating moving from a regulated province to an unregulated and this will be discussed during the CSRT annual general meeting. We look forward to that discussion.

On behalf of the NCPD committee, Allison Nykolaychuk, Deb Morton, Heather Noyes and Jan Taylor, I wish to thank the head office staff, particularly Sylvia Stiehl, for their support during the past year.

Notice of Meeting

The annual general meeting of The Canadian Society of Respiratory Therapists will be held Saturday May 29, 2004 from 3:30 to 5:30 pm, at the Sheraton Centre Toronto, 123 Queen Street West, Toronto, ON.

The meeting of the Board of Directors of RRT: The Canadian Journal of Respiratory Therapy Inc. will be held Friday, May 28, 2004, 3 pm at the Sheraton Centre Toronto, 123 Queen Street West, Toronto, ON.

The meeting of the CSRT House of Delegates will be held Sunday, May 30, 2004, 9 am to 12 pm at the Sheraton Centre Toronto, 123 Queen Street West, Toronto, ON.

Sleep Apnea Working Group Annual Report 2004

Lung Association of Saskatchewan, Fran Hill, RRT

The Sleep Apnea Working Group meets throughout the year by teleconference with one annual face-to-face meeting. The face-to-face meeting for 2004 was held in Ottawa in March.

This past year the *Sleep Apnea Action Handbook* was updated and reprinted with a new look. Quebec Lung Association is responsible for distribution. Any enquiries or orders can be directed to them or the Handbook can be downloaded from the website at www.lung.ca/sleepapnea/handbook.

The Lung Association continues to revise, develop and update the website in cooperation with the Sleep Apnea Working Group. *Cybersnewzzz*, the online newsletter, is posted on the site every two months for those affected by sleep apnea. The subscriber list continues to grow and currently stands at 918.

The Sleep Apnea Working Group is committed to raising awareness about sleep apnea through news releases, promoting National Sleep Awareness Week annually, and meeting with other stakeholders concerned about this important health issue.

A one-day Strategy Forum is planned for the fall of 2004 if funding availability permits. The Forum would include meeting and planning with key stakeholders to raise awareness in business, government and health.

During the past year, Provincial Forums for the public were conducted in Quebec, Newfoundland, Saskatchewan, Alberta and British Columbia with sponsorship and educational materials supplied by VitalAire.

The Sleep Apnea Working Group strives to:

- Raise awareness of this health issue nationally
- Coordinate efforts with other organizations
- Reduce duplication of services and programs
- Liaise with other stakeholders, government and industry.

The Sleep Apnea Working Group is working towards establishing The Lung Association as a central point of reference and support for sleep apnea and related issues.

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The Canadian Society of Respiratory Therapists

Annual General Meeting — June 1, 2003

Ottawa Congress Centre,
Ottawa, Ontario

1. Call to Order

The CSRT President, Daniel Paré, called the meeting to order at 09:10. He welcomed everyone to the meeting, and introduced Past-President, Robert Reid as parliamentarian.

2. Quorum Report, Scrutineers, Voting Procedure

With greater than ten percent (10%) of the current voting membership of the Society, present in person or represented by proxy, the quorum requirements were met, and the President declared the meeting duly constituted.

The parliamentarian explained voting procedures. Mr Reid announced that Robert's Rules of Order would be used for the meeting.

3. Introduction of CSRT Board of Directors and Guests

President Daniel Paré introduced himself and the other members of the CSRT Executive — Robert Reid, Past-President; James Winnick, President-Elect; Kevin de Jong, Treasurer; and Executive Director, Luanne Calcutt. He also introduced the other members of the CSRT Board of Directors — Richard Seward, NLART; Phil Richardson, RTSNS; William Koval, NBART, Inc; Gail Lang, RTSO; Todd Mortimer, MARRT; Brent Kitchen, SART; Jerry Spence, CARTA; Lynn Beaton, BCSRT; and Colya Kaminiarz, Director-at-Large.

CSRT Past Presidents in attendance were also introduced — Jan Taylor, Shane Donaldson, Tom Dorval and Gil Vergilio.

Guests introduced included Charlie Brooks, Past-President AACRC; and Gord Hyland, Registrar, CRTO

4. Approval of Agenda

Moved by Lynn Beaton, seconded by William Koval to accept the presented agenda.

Motion Carried

5. Approval of the Minutes of the CSRT 2002 Annual General Meeting

Moved by Gail Lang, seconded by Jacqueline Bernard to accept the minutes of the 2002 Annual General Meeting as published on page 38 of Volume 39 (2) of the *Canadian Journal of Respiratory Therapy (CJRT)*. Colya Kaminiarz noted his term is for two years.

Approval of minutes with correction.

Motion Carried

6. Executive Reports

Moved by Gail Lang, seconded by Allen Shemanko to accept the executive reports as published in Volume 39 (2) of the *CJRT*.

Motion Carried

President's Report — President Daniel Paré provided an update of the changes within the CSRT within the past 2 years.

In the past two years the number of schools using CoARTE (the accreditation body) has gone from 7 to 14 schools of Respiratory Therapy in Canada. All groups in Canada are now working together to develop one national competency profile. The Mutual Recognition Agreement that is in place permits mobility of all respiratory therapists across the country. The Canadian Respiratory Therapy Foundation (CRTF) has gone from one fund of \$4,000 to 5 grants with more than \$30,000 committed to the foundation at this time. In addition to the *CJRT* and the website, a number of listserves have added to the communication between therapists across in Canada. In 2001 there were no special interest groups, and currently there are special interest groups for anesthesia assistants and patient educators. Additional links with other organizations have

The Canadian Society of Respiratory Therapists Annual General Meeting — *continued*

occurred with the CSRT having representation on the Board of Directors or on Advisory groups. At the 2002 meeting of the Canadian Anesthesiologists' Society the President of the CSRT was invited to sit at the President's table and was the only health care professional to present from this table. Mr. Paré also spoke to thank the Board members and all those who have supported the processes of the CSRT, especially those of the three major committees, the National Committee on Professional Development, the Education and the NRP committees.

Treasurer's Report

Treasurer Kevin de Jong presented the 2002–2003 audited financial statements. Moved by Brent Kitchen, seconded by Susan Jones to accept audited financial statements as presented.
Motion Carried

Appointment of Auditor for 2003–2004 Moved by Lynn Beaton, seconded by Scott Lemessurier to appoint Price Waterhouse Cooper as auditors for the 2003–2004 budget for information.
Motion Carried

2003–2004 Budget (for information) Kevin de Jong presented the 2003–2004 Budget, approved by the CSRT Board of Directors, for information.

7. Provincial Reports

Moved by Allen Shemanko, seconded by Rick Culver to accept the provincial reports as published in Volume 39(2) of the *CJRT*.
Motion Carried

8. Elections

Daniel Paré announced that the CSRT President-Elect is Brent Kitchen, from Saskatchewan, by acclamation. Kevin de Jong (Ontario) has been acclaimed as Director-at-Large.

9. New Business

9.1 — Bylaw Changes

President Daniel Paré explained that the proposed Bylaw changes would be grouped and presented as categories.

9.1.1 — Bylaw Changes related to the new membership category of Reciprocal Member Moved by Paula Burns, Todd Mortimer to accept the Bylaw changes related to the new membership category of Reciprocal Member.

Moved by Jan Taylor, seconded by Catherine Burke-Tremblay, to table the Bylaw changes related to the new membership category of Reciprocal Member until there is more information available to the membership. Following much discussion it was moved by Colya Kaminiarz, seconded by Cheryl Homuth to call the question.

Motion to call the question Carried

The initial vote for the motion to table the motion regarding Bylaw changes related to the Reciprocal member was a tie vote. The President chose to have the vote redone. There was a second vote for the motion to table the motion regarding Bylaw changes related to the Reciprocal member.

Motion Defeated

The original motion related to the Reciprocal member category was voted on.

86 For, 126 Against

Motion Defeated

The President advised the members in attendance that all proposed Bylaw changes with reference to Reciprocal member are Null and Void.

9.1.2 — Bylaw Changes related to the house-keeping changes

Member Moved by Susan Jones, seconded by Lynn Beaton to approve changes to the Bylaws regarding housekeeping changes.

Motion Carried

The Canadian Society of Respiratory Therapists Annual General Meeting — *continued*

9.1.3 — Bylaw changes related to clarifying the CSRT/CBRC roles.
Moved by William Koval, seconded by Colya Kaminiarz to approve changes to the Bylaws for the purpose of clarifying the CSRT/CBRC roles.
Motion Carried

9.1.4 — Bylaw changes related to the accreditation process, CoARTE.
Moved by Gail Lang, seconded by Brent Kitchen to approve changes to the Bylaw articles involving the accreditation process, CoARTE.
Motion Carried

9.1.5 — Bylaw changes related to the restructuring of the CSRT Board of Directors
Moved by Allan Shemanko, seconded by Tom Dorval to approve changes to the Bylaw Articles regarding the restructuring of the CSRT Board of Directors.
Motion Carried

10. Other Business

Moved by Gil Vergilio, seconded by Colya Kaminiarz, to direct the CSRT Board of Directors to establish a bylaw outlining the governance of the House of Delegates of the CSRT.
Motion Carried

Moved by Gil Vergilio, seconded by Shane Donaldson, that CSRT rededicate the CSRT Professional Achievement Award as the R.K. Merry Memorial Award for Professional Achievement in Respiratory Therapy, and to contact Fanshawe College to write a short historical biography on Bob Merry for publication in the *CJRT*.
Motion Carried

Meeting Adjourned.

Proxy Notice

If you are unable to attend the CSRT Annual General Meeting, please exercise your right to vote and be heard, by appointing someone who will be in attendance, to vote your behalf. The results of voting on motions are determined by the members in attendance, along with the proxies held by voting members in attendance. If you are a voting member of the CSRT, but are unable to attend the meeting in person, you can complete a proxy form and have a member who will be in attendance, register your vote on all matters. Canada Post regulations prohibit the CSRT from including a proxy form in this journal. You may obtain a proxy form from the CSRT website (www.csrt.com) or from the CSRT office through email at csrt@csrt.com or by phone 1-800-267-3422 or by fax at (613) 521-4314.

Your signed proxy must be filed with the CSRT Executive Director no later than 24 hours before the scheduled start of the Annual General Meeting of the Canadian Society of Respiratory Therapists/*La Société canadienne des thérapeutes respiratoires* (May 28, 2004 at 15:30).

Rules of Participation — Canadian Society of Respiratory Therapists Annual General Meeting

The Annual General Meeting of the Canadian Society of Respiratory Therapists is an opportunity for members to debate current policy and issues. We encourage members to participate. To help members prepare for the meeting, we offer the following guidelines. Please feel free to address the Chair during the AGM to ask for clarification on issues. If you are unsure, chances are that others are as well.

Effective Participation

- Arrive on time.
 - Read materials distributed before the AGM and ask questions about it beforehand.
 - Any member can speak at an AGM. Approach the microphone and once the Chair has recognized you, identify yourself and raise your points.
 - If you have an item to add to the agenda, or an objection to an agenda item, raise it when the Chair asks if there are any amendments to the agenda. Do not wait for the “Other Business” portion of the agenda.
 - A member wishing to enter discussion on a motion may only do so when recognized by the Chair.
 - A member speaks to the motion and addresses the Chair. If you disagree, disagree with ideas and motions, not people. Begin your comments with “Madame/Mr. Chairperson, I speak in favour of (or against) the motion, because...”
 - Remarks are “out of order” when they do not speak to the motion.
 - Do not second a motion just to enable discussion. This delays the meeting and can be frustrating to those in attendance.
 - A “motion to table” puts a motion on the books for an indefinite period of time and renders it non-debatable. When you want a motion postponed until a specific date, it becomes a simple motion that is fully debatable.
- A member may “call the question”, meaning they are asking that the vote be called. Other members may request that the debate continue after a member makes this request. It is the Chair who accepts or denies the request to call the question. Members must then accept the ruling or challenge the Chair.
 - When a member sincerely believes the Chair’s decision or ruling constitutes an error in principle, the member may interrupt the Chair by saying “I appeal the decision of the Chair” and then briefly and politely state why. If the appeal is not seconded, the matter ends and the Chair’s decision stands.

Audited Statements

The short period between CSRT year-end, March 31, 2004 and the Annual General Meeting does not permit pre-circulation of the annual audited statements to the voting membership of the CSRT prior to the Annual General Meeting.

The audited statements will be available at the CSRT Booth at the CSRT Annual Educational Forum 2004.

All others may obtain a copy of the audited statements for the CSRT fiscal year ending March 31, 2004 by visiting the CSRT website (www.csrt.com).

Notice of Annual General Meeting

Notice is now given that the Annual and Special General Meeting of members of the Canadian Society of Respiratory Therapists/ *La Société canadienne des thérapeutes respiratoires* (the "Society") will be held in:

**Sheraton Centre Toronto
Civic Ballroom South
123 Queen Street West
Toronto, Ontario
May 29, 2004,
15:30 to 17:30**

For the following purposes:

- a) to receive, and if thought fit, to adopt the reports of the Directors, the audited financial statement of the Society for the year ended March 31 2004, together with the report of the Auditors thereon;
- b) to consider and, if appropriate, approve a change to fee structure and annual dues;
- c) to consider, and if approved, to confirm any by-law changes as voted by the membership;

d) to appoint auditors and to authorize the directors to fix remuneration:

Current Registers/Honourary Members of the Society, who are Registered Respiratory Therapists, in good standing are entitled to vote at meetings by appointment of Proxy.

ALL MEMBERS WHO ARE UNABLE TO ATTEND THE MEETING IN PERSON ARE REQUESTED TO OBTAIN, COMPLETE AND RETURN A PROXY FORM TO THE EXECUTIVE DIRECTOR OF THE SOCIETY, 102-1785 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA, K1G 3Y6.

PROXY FORMS ARE AVAILABLE FROM THE CSRT OFFICE (1-800-267-3422) OR THE CSRT WEBSITE (www.csrt.com).

**Dated at Ottawa, Ontario, April 8, 2004
By order of the CSRT Board of Directors.**



Doug Maynard
Executive Director

CSRT Board of Directors — April 2004

Executive

President: Jim Winnick
Past-President: Daniel Paré
President-Elect: Brent Kitchen

Treasurer: Kevin de Jong
Executive Director: Douglas Maynard

Directors

British Columbia:	Lynn Ann Beaton
Alberta:	TBA
Saskatchewan:	Craig Hillier
Manitoba:	Tracy Simcoe
Ontario:	Rick Culver
New Brunswick:	Kathy Kowalski
Nova Scotia:	Thelma Cashen
Newfoundland & Labrador:	Wade Wheeler

By-Law Changes

The CSRT Board of Directors is recommending a number of By-Law changes. Those By-Laws and the proposed revisions are listed below.

Proposed changes are indicated by *italics* (for new material) or ~~strike-out~~ (for deleted material).

Each suggested change is explained. While every effort has been made to make this information as clear as possible, please do not hesitate to call for further clarification. Proxy forms are available from the CSRT office or website.

The Proposed Changes:

1. ***To change the fiscal year end of the CSRT from March 31st to December 31st.*** This change will only affect the fiscal year end, not the membership year end, and is designed to improve the financial reporting of the CSRT. Currently the fiscal year coincides with the membership year. This results in membership revenue and project revenue and expenses (ie: forum) being spread across two fiscal periods. This also results in difficulty tracking revenues and expenses specific to certain projects for the purposes of evaluation and benchmarking.

Current bylaws indicate that information, such as audited statements, must be to the membership 30 days prior to the AGM. This allows for 30 days from the end of the fiscal year to perform an audit, create appropriate budgets and get this information to the membership before the 30 day deadline.

Changing the fiscal year to January 1st to December 31st, while leaving the membership year April 1st to March 31st, will provide cleaner tracking of revenues and expenses, as well as provide more time to collect and analyze audited year end data. This bylaw change will also allow the CSRT to get this information to the membership in a more timely fashion.

This change will affect Article I:

I. Fiscal Year

The fiscal year of THE CANADIAN SOCIETY OF RESPIRATORY THERAPISTS/LA SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES (CSRT/SCTR) hereinafter referred to as the “Society”) shall end on the 31st day of ~~March~~ *December* of each year.

2. ***To remove the reference to Geographic Divisions.*** This change is to reflect the current structure of the CSRT, of which the Provincial Associations are no longer considered to be geographic divisions. This change is structure is also reflected in the changing of the structure of the CSRT Board of Directors, which will no longer be comprised of representatives appointed by the Provincial Associations. This change affects Article XVI. 1. (1-3):

XVI Division and specialty Groups

1. ***Geographic Divisions***

~~(1) The Society shall be divided into geographic divisions (hereinafter referred to as “Divisions”). The Divisions shall follow provincial and territorial boundaries, as follows:~~

British Columbia	Nova Scotia
Alberta	New Brunswick
Saskatchewan	Prince Edward Island
Manitoba	Newfoundland and Labrador
Ontario	Northwest Territories
Quebec	Yukon
Nunavut	

~~(2) Application~~

~~When a Division has fifteen (15) Registered Members, such members shall be entitled to be represented on the Board by one Director. Any~~

By-Law Changes *continued*

Division presently represented on the Board shall retain its representation on the Board provided, however, that the number of Registered Members of such Division does not drop below ten (10). Such group shall submit to the Society a list of proposed Officers and a list of its membership, together with a draft of the General By-Laws which shall be patterned on the General By-Laws of the Society.

~~(3) — Recognition~~

Society may recognize as a Division, in the discretion of the Board, a provincially incorporated body. The Board may withdraw recognition in its absolute discretion.

3. To include reference to the House of Delegates. This change is designed to maintain a conduit for communication and constructive influence by the provincial associations in the new CSRT Board structure. The input of the provincial associations is considered a valuable resource for the CSRT Board of Directors and in the absence of the reference to the former Geographic Divisions of the CSRT the House of Delegates has been created. This change will affect Article XVI 1. (1-3):

XVI DIVISIONS HOUSE OF DELEGATES AND SPECIALTY GROUPS

1. House of Delegates

(1) The Society shall provide an environment whereby the Provincial Associations will have input into CSRT activities and will provide direction to the CSRT Board of Directors. This assembly will be referred to as the CSRT House of Delegates. The House of Delegates shall act as a division of the CSRT according to the Mission Statement and policies, procedures and bylaws of the CSRT.

- (2) The House of Delegates will function according to the CSRT House of Delegates Terms of Reference and the CSRT House of Delegates Policies and Procedures*
- (3) The CSRT Board of Directors will approve all CSRT House of Delegates Policies, Procedures and Terms of Reference*

4. To allow bylaw changes by mail in ballot.

This bylaw change is designed to increase the participation of the general membership of the CSRT in voting on CSRT issues, including bylaw changes. As a national organization, the CSRT attempts to represent respiratory therapists in all provinces and territories. These various jurisdictions vary in size, population, self-regulated vs non-regulated to name a few. When an AGM is held in a particular city there is the potential to have significant regional bias by the membership that is present at that physical location. In order to decrease the potential of regional bias the CSRT would like to change Article VI 6. and XVIII:

VI. MEETINGS OF MEMBERS

6. Voting

- (1) Each Registered Member of the Society, and each Honorary Member holding a Registry Certificate of the Society, shall be entitled to vote on all questions. In case of a tie vote the Chairman of the Meeting shall have a deciding ballot. Other classes of members shall not have the right to vote.*
- (2) Unless a poll is requested, a declaration by the Chairman of the Meeting that a resolution has been carried or lost and any entry in the Minute Book to that effect shall be deemed to be conclusive evidence of the fact.*

By-Law Changes *continued*

- (3) If a poll is requested by three (3) or more members it shall then be taken in such manner as the Chairman of the Meeting may direct.
- (4) The Chairman of the Meeting shall be the sole and absolute judge of the validity of any vote or votes cast at a meeting and as such may direct that any votes which he deems to be invalid be not counted for any purpose.
- (5) *At the discretion of the Directors of the Society a call to vote by mail or electronic means (email, internet or fax) may be issued. In such cases all registered members of the Society will be sent, by mail, an information package, a ballot and voting instructions.*

XVIII. BY-LAWS - ENACTMENT, AMENDMENT, REPEAL

By-Laws may be enacted, amended or repealed by the Directors of the Society with the ratification and approval of the Registered Members of the Society, expressed, either at a general meeting, or a general Annual Meeting of the Society, *via a mail in ballot or electronic means (email, internet or fax)*, by a majority of such Registered Members. and Any repeal or amendment of By-Laws shall not be enforced or acted upon until the approval of Industry Canada has been obtained.

Correction to Winter issue 39.5

BC Fires, page 33
No lives were lost in British Columbia during the summer fires of 2003.

However one pilot died working with Canadian firefighters when his K-Max helicopter crashed during a Washington fire.

Kyle Sanguin, a wildfire fighter from Kelowna (featured on the cover of *CJRT* 39.5) was with one of the first crews on the site of that crash. Fires from the same season killed 19 people in the western U.S.

Need to Contact Us?

Canadian Society of Respiratory Therapy

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CALENDAR OF EVENTS

May 1 – 2, 2004

If You Can't Breathe, You Can't Function
 Lecture and Lab, Calgary, Alberta
<http://www3.telus.net/rehabforthefuture/>

May 4, 2004

World Asthma Day

May 6 – 9, 2004

National Research Forum For Young
 Investigators in Circulatory and
 Respiratory Health
 Winnipeg, Manitoba
www.yiforum.ca

May 15 – 18, 2004

Canadian Pharmacists Association
 Annual Conference
 Niagara Falls, Ontario

May 21 – 26, 2004

100th International Conference —
 American Thoracic Society
 Orlando, Florida
<http://www.thoracic.org/>

May 21 – 25, 2004

Third All Africa Anaesthesia Congress
 Tunis, Tunisia
<http://www.staar-tunisie.net>

May 27 – 30, 2004

CSRT Annual Educational Forum
 Toronto, Ontario
www.csrt.com

June 2, 2004

6th International Symposium on
 Memory and Awareness in Anaesthesia
 Hull UK
www.maa6.com
 email: B.J.Leak@hull.ac.uk

June 5 – 8, 2004

European Society of Anaesthesiologists
 — Euroanaesthesia 2004
 Lisbon, Portugal
www.euroanesthesia.org

June 18 – 20, 2004

American Association of Respiratory Care
 Summer Forum
 Vail, Colorado
<http://www.aarc.org/>

June 18 – 22, 2004

Canadian Anaesthesiologists' Society
 60th Annual Meeting
 Quebec City, Quebec
www.cas.ca

June 19, 2004

German Congress of Anaesthesiology
 Nuernberg, Germany
<http://www.mcn-nuernberg.de>

September 4 – 8, 2004

14th European Respiratory Society
 Annual Congress
 Glasgow, Scotland
info@ersnet.org

September 9 – 12, 2004

9th International Congress of
 Cardiothoracic and Vascular Anesthesia
 Tokyo, Japan
<http://www.jsuva.org/iccva2004/index.html>

September 15 – 18, 2004

7th Asia Pacific Conference on
 Tobacco or Health
 Gyeongju, Republic of Korea
<http://www.apact2004.org/>

September 18 – 22, 2004

63rd National Scientific Congress of the
 Australian Society of Anaesthetists
 Sydney, Australia
<http://www.asa2004.com/>

October 10 – 13, 2004

17th Annual Congress of the European
 Society of Intensive Care Medicine
 Berlin, Germany
www.esicm.org

October 23 – 30, 2004

CHEST 2004 – AACP's 70th Annual
 International Scientific Assembly
 and the Clinical World Congress on
 Diseases of the Chest
 Seattle, Washington
registration@chestnet.org

October 23 – 27, 2004

Canadian Cardiovascular Congress
 Calgary, Alberta
<http://www.ccs.ca/>

December 4 – 7, 2004

50th International Respiratory Congress
 American Association for
 Respiratory Care
 New Orleans, Louisiana
info@aarc.org

Photo: Tourism Toronto



The Canadian Society of Respiratory Therapists Annual Educational Forum

Sheraton Centre
Toronto, ON
May 28–30, 2004

CELEBRATING 40 YEARS OF INSPIRATION!

FORUM HIGHLIGHTS

Thursday May 27

Patient Educator Dinner

Friday May 28, 2004

Exhibitor Breakfast

Opening Remarks
The Past, The Present and The
Future of the CSRT

Professional Practice Issues
To Practice Professionally: What
does it Mean?

Clinical Practice Guidelines
More than the Individual Parts

MODULE 1 and MODULE 2 Community and Diagnostics

Spirometry Standards and
Interpretive
Issues For RTs

Use of Filters in the Pulmonary
Function Laboratory

What's New: FVC, FEV6 and
Restrictive Patterns

MODULE 1 — Community

RT on the Go

Implementation and Challenges of
an Innovative Method of Assessing
Effects of Oxygen Therapy

Total Asthma Control

MODULE 2 — Diagnostics

Defining CPAP Therapy
Compliance: Research and Reality

Case Studies Workshop -
Occupation and Environment

MODULE 3 — Hospital/Nutrition

Nutrition in the Septic Patient

Meeting the Nutritional Needs of
Preterm Infant

RT as the Cardiac Arrest Team
Leader

Non-Invasive Ventilation

APRV Ventilation

Bispectral Index in Sedation
Assessment in Ventilated Patients

PRESIDENTS RECEPTION

Saturday May 29, 2004

Poster and Paper Presentations

MODULE 1 — Education Patients Workshop

Workshop — Counselling for
Behavioural Change Workshop

Workshop — Education at the
Bedside Workshop

MODULE 2 — Management/ Leadership

Research Opportunities for
Respiratory Therapists

How to Construct a Business Case

Winnipeg Regional Health
Authority ABC Project

MODULE 3 — Anaesthesia

New Scavenging Device Reduces
Hospital Anaesthetic Emissions

Cellular Technology and the
Dangers in the Health care
Environment

Advances in Malignant
Hyperthermia

Plenary Session

Inhaled Aerosol in the "Pipeline"

Effectiveness of Homemade Spacer
Devices

MODULE 1 — Education

Introduction and overview

What is Good clinical Teaching?
The Student Perspective

Innovations in Clinical Teaching
Peer Mentorship

MODULE 2 — Management/ Leadership

An Accreditation Program for
Professional Practice

Break Out Session

Forming a National "Special
Interest Group" for Respiratory
Therapy Leaders

MODULE 3 — Anaesthesia

Difficult Airway Workshop

The Role of Conscious Sedation by
an RRT

FUN NIGHT — SECOND-CITY REVIEW — STUDIO 99

Sunday, May 30, 2004

Infectious Disease: Changes to
Practice

SARS — Now What?

SARS Panel — RT Experiences in
the Hospital

HOW TO REGISTER

■ call 1-800-267-3422 ■ go on-line www.csrt.com

■ on-site registration available!

■ page 15 this issue