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“Compassion in Action”
Edmonton June 2–5, 2005

The journal for respiratory health professionals in Canada
La revue des professionnels de la santé respiratoire au Canada
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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 Harmony 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).


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About This Issue

Colya Kaminiarz, Director Membership Services

We are on our way to Edmonton for the annual CSRT Educational Forum, “Compassion in Action”. Our western Forum Committee has worked extremely hard to put together a dynamic program. There is an excellent slate of presenters, speaking on pertinent and varied topics. Full details about the program can be found on page 10. Our website is updated regularly. A very big thank you goes out to Forum Chair, Darcy Andres and his dedicated committee.

The CSRT will also hold its Annual General Meeting on June 4, from 3:30 to 5:30. We encourage all members possible to attend. If you are unsure about the rules and regulations of an AGM, please refer to page 40 for guidelines. The minutes from last years AGM are included in this issue.

But it’s not all work and no play! We will head off to Reds in the West Edmonton Mall for a competitive evening of virtual race car racing, bowling and other electronic challenges. Finger foods and plenty of laughs are guaranteed. Check your delegate bags for details.

There will also be the CSRT President’s Banquet and Dance which we invite all to attend. After cocktails and dinner, UN Special Envoy Stephen Lewis will address delegates. Mr. Lewis is an eloquent and passionate humanitarian who has received the Pearson Peace Medal. It promises to be a special evening. Tickets are limited but still available.

Your Board has been hard at work over the past year, often in spirited debates, re-defining the role of the CSRT in a constantly changing practice & regulatory landscape. Through this all though, I must say that I have always seen each member of the board have the interest of each member of the CSRT in mind. As you’re exposed to new ideas and visions about your society over the next year, make sure you continue to let the board know if we’re on the right track! This year’s forum will also see an election for the position of president, and we have two respected RTs that have put to their name forward, making it even more important to attend this AGM, to hear their visions for the future of the CSRT.

I’m delighted to announce that Amy Reid has stepped forward to become the chair of the editorial committee. Amy has already suggested some dynamic ideas for ensuring the journal stays relevant to you! Read more about Amy in the OnAir section in this issue.

Your Board has been hard at work over the past year, often in spirited debates, re-defining the role of the CSRT in a constantly changing practice & regulatory landscape. Through this all though, I must say that I have always seen each member of the board have the interest of each member of the CSRT in mind. As you’re exposed to new ideas and visions about your society over the next year, make sure you continue to let the board know if we’re on the right track! This year’s forum will also see an election for the position of president, and we have two respected RTs that have put to their name forward, making it even more important to attend this AGM, to hear their visions for the future of the CSRT.

Lastly, a person I can never thank enough, Rita Hansen, at the head office, that somehow always seems to make production of the journal such an “easy & natural” thing.

We look forward to seeing old friends and meeting new ones in Edmonton!

As always, drop by the ever-more active electronic discussions lists found at www.csrt.com
Leadership through Service, Unity and Advocacy. The CSRT Board of Directors is very pleased to present the CSRT Strategic Plan 2005–2008. We ask all our members to take some time to review our Mission Statement, Goals, Policies and Objectives. A condensed version of the plan is included in this Journal. Please see page 24. The entire plan can be found on our website under About — Annual Reports.

Thank You!

The CSRT would like to thank Chair Darcy Andres and his Forum Committee members. It has been their tireless efforts that will make “Compassion in Action” an overwhelming success.

Chair — Darcy Andres
Speakers — Dallas Schroeder
Exhibitors — Linda Fontaine and Ann Hudson-Mason
Registration — Janet Thomson and Leanne Grant
Social — Cindy Bouw and Magdalena Quirion

Join us for Fun
Night at the West Edmonton Mall!

Photo courtesy of Edmonton Tourism
CSRT President’s Banquet
June 4, 2005 — 6 pm, Shaw Conference Centre

The CSRT, in conjunction with the Nelson Kennedy Lecture Series sponsored by CARTA, is pleased to present keynote speaker Stephen Lewis. Mr. Lewis is the United Nations Special Envoy for HIV/AIDS in Africa.

For the last 2 decades his background has included many positions, such as Deputy Executive Director of UNICEF, Canadian Ambassador to the United Nations, a noted radio and television commentator, a prominent labour relations arbitrator, an elected representative to the Ontario Legislature, leader of the New Democratic Party and leader of the Official Opposition. His illustrious career has shaped his passionate advocacy of the rights and needs of children, especially children of the developing world.

Mr. Lewis holds 20 honorary degrees from Canadian universities. In May 2003, in recognition of outstanding contributions to public health, Columbia University’s Mailman School of Public Health honoured Mr. Lewis with the Dean’s Distinguished Service Award. And in 2003, he was appointed a Companion of the Order of Canada, Canada’s highest honour for lifetime achievement. The same year, Maclean’s magazine honoured Mr. Lewis as their inaugural “Canadian of the Year.”

In March 2004, Mr. Lewis was honoured by the United Nations Association in Canada with the Pearson Peace Medal, which celebrates outstanding achievements in the field of international service and understanding.

Please join us for this memorable event. Tickets are still available. Contact the CSRT Head Office.

CSRT Medal Winners
Gold Medal
Lyndsey McKiel

Silver Medal
Kristy Hamada

Bronze Medal
Matthew McFarlin

Trudell Award Winners
Kristy Hamada
University College of the Cariboo, British Columbia

Scott Reynolds
Northern Alberta Institute of Technology, Alberta

Tona Laerz
Southern Alberta Institute of Technology, Alberta

David Huff
University of Manitoba

Jeremy Wiggins
La Cité collégiale, Ontario

Katarzyna Olejnik
Fanshawe College of Applied Arts & Technology, Ontario

Andreas Criel
Canadore College of Applied Arts & Technology, Ontario

Kelly Harrison
Michener Institute of Applied Health Sciences, Ontario

Brenda Weldrick
Vanier College, Quebec

Matthew McFarling
Algonquin College of Applied Arts & Technology, Ontario

Lyndsey McKiel
New Brunswick Community College, New Brunswick

Laura Pulsifer
QEI/Dalhousie School of Health Sciences, Nova Scotia

Julia Wells
College of the North Atlantic, Newfoundland
Educator’s Congress
An exciting new session in conjunction with the CSRT Educational Conference — Educators are invited to attend this half day series.
Topics are:
• Use of Simulation in RT Education
• The Power of Partnership
• Assessing Clinical Competency
• Application Form on page 21

Log on at the CSRT O₂ Café
This year the CSRT is getting wired! We will host the CSRT O₂ Internet Café in the Exhibit Hall. If you need to check in with the office or send a quick email — stop by and see us.
A twoonie will get you ten minutes — with all proceeds going to the Canadian Respiratory Therapy Foundation. Come and check out what else is new with the CSRT.

Pursuing Trivia — Sputum Cup Challenge
This year the Cup Challenge is a mixture of Trivial Pursuit, The Great Race and Win Ben Stein’s Money — except contestants don’t get to leave the building and there really isn’t any money — but there are a lot of trivial questions. Gather up a team of four of your best, brightest and most fleet of foot. At 11 PM on June 4, teams will meet at the CSRT Booth and receive their list of questions. They must return in 20 minutes with their answers. First team back with all the right answers wins! The prize is bragging rights to the CSRT Sputum Cup for one year AND four free registrations for Forum 2006 in Saint John, New Brunswick. Worth playing for? You bet.
Signup sheets will be available at Registration. Can’t wait? Send an email to Maggi magdalena_quirion@yahoo.ca and she will sign you up.

Welcome Amy!
The CSRT is pleased to announce that Amy Reid, RRT, will be taking on the responsibilities of Chair of the Editorial Committee. Amy is a graduate of Fanshawe College. She is currently with Regina General Hospital.
Amy has generously volunteered to head this Committee, maintaining the Peer Review Committee for science papers, over-seeing publication of articles and papers, soliciting for new submissions and offering direction on information generated by the CSRT and third-parties. We thank Amy for assisting the CSRT as we move into a new strategic direction.
The Canadian Society of Respiratory Therapists
Annual Educational Forum
“Compassion in Action”

Shaw Conference Centre, Edmonton, Alberta
June 2–5, 2005

HOW TO REGISTER
• call 1-800-267-3422
• go on-line www.csrt.com
• on-site registration available!
• page 18 this issue
Thank You to our Forum Sponsors

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The Northern Alberta Institute of Technology

Pall Medical

Tyco Healthcare
Salon 3

**Educators Congress** (Registration Form — page 21)
Sponsored by GlaxoSmithKline

Facilitated by Ron Wyrostok RRT, BSc; Academic Coordinator, Health and Public Safety Department, SAIT, Calgary

1:00–2:00

**Use of Simulation in RT Education**

Allan Shemanko, MA, RRT; Coordinator for the Clinical Education Through Simulation Project at the Northern Alberta Institute of Technology

Karl Weiss

High-fidelity simulation and utilizing standardized patients are the best methods for preparing your students for a clinical experience! Through simulation situated learning, learners will be more confident and will exhibit a higher level of critical thinking ability. Although exciting, there is much to consider before jumping in to simulation with both feet! Participants will be introduced to high-fidelity simulation along with a brief history of simulation in education. We will then look at the considerations for delving into the world of high-fidelity simulation, followed by a description of what we learned as we embraced simulation into our programs.

2:00–3:00

**The Power of Partnership**

Bonnie Friesen, RN, MN; Undergraduate Nursing Program, University of Calgary

Leanne Wyrostok; RN, MN; Nursing Skills Clinician, Faculty of Nursing, University of Calgary

In the health disciplines, the educational enterprise involves a multitude of partnerships; students, students with peers, students with preceptors, students with patients and students with members of the health team and faculty. Successful negotiation of these partnerships within the context of our rapidly changing learning and practice environments necessitates the need to revisit our assumptions about who our learners are, how they learn, and how we teach them. This presentation will address generational orientations, beliefs and characteristics and how they may influence the teaching-learning dynamic. Using one course as an exemplar, shaped by the philosophy and methodology of inquiry-based learning to promote critical thinking, various educational strategies will be highlighted.

3:00–4:00

**Assessing Clinical Competency**

Dr. Craig Scanlan EdD, RRT, FAARC; Departments of Cardiopulmonary Sciences and Interdisciplinary Studies in the University of Medicine and Dentistry of New Jersey, School of Health Related Professions

Although competency-based education has been part of the professional training lexicon for over 30 years, there has yet to be widespread agreement on the meaning of its core concepts. With competency assessment now becoming a mandate in the workplace, it is essential that educators and clinicians agree on a framework and collaborate in developing effective and efficient competency assessment models. This presentation explores the meaning of competency, the various means for its assessment and its critical link to professional and career development.

4:00–5:00

**Getting Started; CARTE**

Facilitated by Ron Wyrostok, RRT, BSc; Academic Coordinator, Health and Public Safety Department, SAIT, Calgary

7:00–9:00 Exhibit Hall Grand Opening — Salon 8-11
Wine and Cheese Reception — Exhibit Hall

---

**Looking for a little rejuvenation?** Stop by the Works For You mobile chair massage. The CSRT has arranged for a professional massage therapist to be on hand to untangle knotted muscles and get your ready for the next session. Health Insurance receipts are available. It will be located in the lobby area of the Shaw near Registration.
Salons 8–11
7:00–8:30 Exhibitors’ Breakfast — Sponsored by Brathwaites Olivier

Salon 12
8:30–9:00 Opening Remarks
9:00–10:00 Keynote Speaker: Dr. Stuart Robertshaw, Professor Emeritus of Psychology and Education, University of Wisconsin-La Crosse; President and CEO National Association for the Humour Impaired

The Healing Power of Humour
Upon completion of the presentation, participants will:
1. Recognize the power of humour and its' application to daily living.
2. Be able to differentiate between positive and negative humour.
3. Learn about the research related to the psychological and physiological benefits of humour and laughter.
4. Be able to formulate strategies to include humour in the educational environment to stimulate creativity, productivity, and team building.

10:00–11:00 Keynote Speaker: Dr. Peter Papadakos, MD FCCM FCCP, Director Division Critical Care Medicine, Professor Anesthesiology, Surgery and Neurosurgery. Co-director Strong Regional Trauma Center, University of Rochester, USA;

ARDS Treatment in Evolution — Sponsored by CICF

Mechanical ventilation has become an important therapy in the treatment of patients with impaired pulmonary function and particularly in patients suffering from adult respiratory distress syndrome (ARDS). ARDS is caused by multiple factors and is characterized by respiratory dysfunction including hypoxemia and decreased lung compliance. It is known that the decrease in lung distensibility is due to a disturbed surfactant system with an elevated surface tension. This increase in surface tension leads to an increase in forces acting at the air-liquid interface, resulting finally in end-expiratory collapse, atelectasis, an increase in right-to-left shunt and a decrease in PaO2.

11:00–12:30 LUNCH WITH EXHIBITORS, EXHIBIT HALL

Salon 12
MODULE A Dr. J. Weinkauf
Lung Transplantation — Sponsored by AstraZeneca

Salon 3
MODULE B Dr. Rob Seal; Associate Clinical Professor in the Department of Anesthesiology and Pain Medicine at the University of Alberta and the Director of Pediatric Cardiac Anesthesiology at the Stollery Children’s Hospital.

Reducing Medical Error Involving Anaesthesia Equipment

A selection of equipment problems relevant to all respiratory therapists, not just those practicing as anesthesia assistants will be presented. Included will be a review of disasters and near-misses due to obstructed patient breathing circuits. The presentation will also include a few clinical scenarios as well as problems that can occur during normal operation of other equipment that may be used by RTs or AAs such as syringe pumps. In addition to examining the role of factors that contribute to medical error, the need for everyone to improve patient safety by reporting accidents and near misses will be emphasized.
Fostering Leadership Development via Mentoring

Like many health professions that blossomed in the 1970s, respiratory care is progressing through middle age. With this maturation comes the need to develop a new generation of leaders who can carry the profession forward over the next several decades. Although leadership principles can be taught, effective leadership skills cannot. Only mentoring can provide the climate and conditions needed to develop and nurture future leaders. This presentation focuses on the nature and benefits of mentoring, the reciprocal roles of mentor and protégé, and how to establish effective mentoring programs to foster leadership development in clinical practice, management, education and research.

The Second Victim

Pulmonary Hypertension — Sponsored by AstraZeneca

The importance of pulmonary hypertension as a major cause of morbidity and mortality is well recognized. New pharmacologic treatment modalities have improved the previously dismal prognosis for these patients. This discussion will provide an overview of pulmonary vascular physiology and attention to the normal regulation of pulmonary vascular resistance. A strategy for the assessment of pulmonary hypertension will be outlined with emphasis on the treatment-based classification of pulmonary arterial hypertension. Specific causes of pulmonary hypertension (drugs, liver disease, HIV) will be briefly reviewed as well. The core of the discussion will deal with the pathobiology, pathophysiology, diagnosis and management of Primary (idiopathic) pulmonary hypertension. The pharmacologic agents presently available for treatment of pulmonary hypertension will be reviewed.

Nutritional Support and the Pulmonary Patient — Sponsored by General Electric Healthcare

Nutritional support is an often overlooked, but important component of a care plan for any patient. The patient with acute or chronic pulmonary disease represents a formidable challenge to the health care team. COPD patients are often malnourished due to the increased work of breathing increasing energy requirements while co-morbid conditions limit intake. COPD patients frequently have dental problems.
and nearly half suffer from peptic ulcer disease. Fatigue limits their ability to prepare meals and eat properly. The mechanically ventilated patient requires nutritional support, preferably by enteric feeding. Overfeeding of the mechanically ventilated patient is rare but carries the particular consequences of excess carbon dioxide production and increased ventilatory requirements. Hypocaloric feeding has become popular but must be balanced against the needs of surgical and burn patients with particular needs for healing wounds. The measurement of energy expenditure and use of indirect calorimetry can be helpful in the most difficult cases. This presentation will review problems and solutions with both COPD and ARDS patients.

2:30–3:00 REFRESHMENT BREAK, EXHIBIT HALL — Sponsored by NAIT

Salon 12
 MODULE A

Dr. Dean Hess, PhD, RRT, FAARC; Massachusetts General Hospital and Harvard Medical School, Boston, MA

Approaches to Discontinuation of Mechanical Ventilation

Discontinuation or withdrawal from mechanical ventilation is an important clinical issue. Aggressiveness in removing the ventilator must be balanced against the possibility that premature discontinuation may occur, as adverse outcomes may occur in either case. Traditional weaning parameters are not predictive. A spontaneous breathing trial (SBT) is the most predictive of the patient’s ability to breathe without ventilatory support. Randomized controlled trials have shown the worst weaning outcomes using IMV, compared to pressure support or SBTs. For the patient who does not tolerate a SBT, possible reasons should be identified and corrected before the next SBT is attempted. Noninvasive positive pressure ventilation may facilitate earlier extubation in selected patients, but it is not useful in patients who fail a planned extubation. Randomized controlled trials have reported success with the use of protocol approaches to discontinuation of mechanical ventilation. The decision to extubate a patient who successfully completes a SBT is based on patient's ability to protect the airway and to adequately clear secretions.

Salon 3
 MODULE B

Dr. C. Guenther, Clinical Associate Professor, Department of Anesthesia and Pain Medicine, Divisions of Critical Care Medicine, Surgery, and Cardiac Anesthesia, University of Alberta Hospital

Expanding the Role of the RT — An Anaesthetist’s Perspective

As health care delivery continues to evolve, primary care givers are being asked to do more with less in our ever increasingly complex world. As a result, health care providers continue to look for ways to deliver good quality care utilizing the maximal abilities of all those involved with patient care. With the training of respiratory therapists’ in mind, various areas within our institution will be explored to show how they currently function, how they got to that level, plans for future role expansion, and a process on how to implement change within institutions. As well, a look at how respiratory therapy training can be used as a spring board to new and exciting job opportunities both within and outside the health care field.

Salon 5
 MODULE C

Dona Carlson, Manager, Health Professions, Health Work Force, Government of Alberta

Ted Yachmetz, RRT, BA; Program Head in the Department of Respiratory Therapy, School of Medical Rehabilitation, Faculty of Medicine, University of Manitoba; Director of Respiratory Therapy Services at the Health Sciences Center and Administrative Director for the Home Ventilatory Assistive Devices Service

Cliff Seville RRT; Manager of Therapeutic Programs and Services, Caritas Health Group

Ray Hubble, RRT, Masters Medical Education, University of Dundee; CSRT National Director of Education and Clinical Standards

Panel Discussion: Respiratory Therapy Education — Entry to Practice Credential

Respiratory Therapy Educational Programs in Canada and the United States have been evolving since the early to mid-1960s. In Canada, educational programs developed as both College-based as well as Hospital-based models. Over time, they have grown from largely on-the-job training or apprenticeship programs to two year and subsequently to the three or four year educational programs of today. Although the education of respiratory therapists in Canada includes a mix of diploma, degree and...
degree completion models, the education of Canadian respiratory care practitioners has developed quite uniformly across jurisdictions due to our accreditation and credentialing processes. This is a ‘good thing’ at the entry-to-practice level, notwithstanding that there may be multiple and differing approaches to the provision of an entry-to-practice level education. It is my hope that the profession of respiratory therapy and the education of respiratory therapists in Canada will continue to evolve in the years ahead. Such evolution will require adjustments to and opportunities for furthering our practitioner’s education and credentials, both at an undergraduate and a post-graduate level.

Salon 6
MODULE D  Dr. Juzer Tyebkhan

NIDCAP (Newborn Individualized Development Care Assessment Plan)

Salon 12
MODULE A  Dr. Mark Joffe; Infectious Diseases Consultant to the Occupational Health Safety and Wellness Program for Capital Health; Staff Physician at the Capital Health Sexually Transmitted Diseases Centre; President of the Royal Alexandra Hospital Medical Staff Society and President-Elect for the Capital Region Medical Staff Association

The Birds, The Pigs and The Flu

Influenza is not just ‘the flu’. It is a highly contagious illness of major global importance with substantial social, medical and economic costs. In this talk, Dr. Joffe will describe the nature and impact of this very important viral disease. The critical role of influenza vaccination in protecting health care workers and those for whom they provide care will be briefly reviewed. The fascinating history of influenza, including the great ‘Spanish Flu’ of 1918-19 and current concerns related to Avian Flu will be outlined in the context of our preparation for the anticipated next great influenza pandemic.

Salon 3
MODULE B  Cheryl Misak, D.Phil, M.A. B.A. Philosophy; Vice-Principal Academic and Dean, University of Toronto at Mississauga

Intubation and the ICU Patient — Some Thoughts for RTs

In this session, Cheryl Misak shall draw on her experience of being a long-stay ICU patient with ARDS to make some practical and ethical points about the care of the critically ill. The recurring theme will be the ICU psychosis and neuro-cognitive deficits that frequently plague ARDS patients. She suggests that discharged patients ought to be educated about it; and discusses the obstacles in the way of accurately measuring it; she argues that we must rethink patient autonomy in light of it; and suggests that the self disintegrates in the face of it.

Salon 5
MODULE C  Neil Johnston, Gil Vergilo

Business Meeting — Leadership Special Interest Group

Supervisors or managers in the profession or any RT interested in leadership will benefit from attending the sessions being held on this subject. Participants will leave with tools to further their organization, improve patient care and advance the profession. The specific topics of developing leaders, managing behavior change and issues relating to the entry-to-practice credential are universal concerns. This is an excellent opportunity to learning something new in these areas and to network with peers. The afternoon will conclude with a meeting of any interested RT’s to discuss the organization of a Leadership Special.

Salon 6
MODULE D  Dr. Bernard Thebaud

Bronchopulmonary Dysplasia

Free Fun Night
The Billiards Room, Red’s — West Edmonton Mall
Selection of an Aerosol Delivery Device

Aerosol delivery devices include nebulizers, metered dose inhalers (MDI), MDI with spacer/holding chamber, and dry powder inhalers (DPI). Several nebulizer designs are available to decrease the amount of aerosol lost during the expiratory phase and these include reservoir bags to collect aerosol during the expiratory phase, breath-enhanced designs to increase nebulizer output during the inspiratory phase, and breath-actuated nebulizers that only generate aerosol during the inspiratory phase. The newest nebulizer design uses a vibrating mesh technology. Issues related to MDI performance include creaming, priming, tail-off, frequency of actuation, temperature of the canister, and CFC vs HFA preparations. Holding chambers are commonly used with MDI and issues related these include the size and shape of the device, static charge, time between actuation and inhalation, multiple actuations, drug formulation. Dry powder inhalers (DPI) are becoming increasingly important for inhaled drug delivery. Aerosols can be delivered effectively during mechanical ventilation by either nebulizer or MDI; DPI cannot be used during mechanical ventilation. The physiologic benefits of MDI, DPI, and nebulizers are virtually equivalent — the choice of device is often based on clinician or patient preference rather than clear superiority of one approach over the other. Regardless of the specific device, patient instruction in the correct use of the device is paramount.

Panel Discussion: Respiratory Research Opportunities and Barriers — Sponsored by General Electric Healthcare

The future of respiratory care as a profession depends, in part, on establishing its scientific basis via sound research. Although the need for research in the field is growing and significant opportunities abound, far too few therapists are engaging in scientific inquiry. This lively panel discussion will focus on both the opportunities and barriers to involvement in respiratory care research, with a focus on how to get started in this exciting area of discovery.

Update on Sedation — Sponsored by CICF

Over the last few years ICU around the world have adopted the goal of maintaining optimal levels of sedation and comfort for patients. The widespread use of sedation and pain scales has greatly improved patient care. These scales have introduced a common language to health care providers to be able to communicate a level of sedation that is ideal for the individual patient. These scales along with highly easily titrated drugs have greatly improved our ability to care for patients. Not only have we been able to decrease time on mechanical ventilation but we have also affected care patterns for the evaluation of patient's mental status. The overall goal to decrease length of stay in the ICU has now become a reachable goal. We can also use these drugs to affect lung recruitment and mechanical ventilation. Sedative agents may also have immune-modulating properties. Ongoing work is also developing guidelines on how to care for the patient who is withdrawing from alcohol and other agents of abuse. We are investigating how to modulate specific receptor sites such as the GABA receptor to prevent withdrawal syndromes.

The Role of Oral Appliances in Treatment of Sleep Disordered Breathing

Obstructive sleep apnea is a common medical condition that is often unrecognized and untreated. Currently best practice therapy combines therapeutic modalities to effectively treat patients. CPAP, dental appliances, conservative management and surgery all play a role in therapy.
The objectives of this presentation are:
1. To give an evidence-based review of the outcomes of dental appliance therapy compared to CPAP and surgery.
2. To review the indications for dental appliance therapy.
3. To discuss integration of treatment protocols for CPAP and dental appliances into clinical practice.

Salon 5
MODULE D
Dan Granoski
Role of the RT in ECMO

Salon 6
MODULE E
Paul Brosseau, RRT, Anesthesia Assistant and the Quality Improvement Officer for the Department of Anesthesia at the QEII Health Sciences Centre, Capital Health
The Role of the Anesthesia Assistant
The skills of the respiratory therapist have been applied in many hospital areas including the operating room. As the demand for health care service increases, hospitals are pursuing the application of respiratory therapy skills in Anesthesia. This presentation will discuss the role of respiratory therapists as Anesthesia Assistants in Halifax, Nova Scotia. The presentation will examine the history, education, implementation, and responsibilities of Anesthesia Assistants in a large teaching institution.

Breakout Session 2 — 1:30 to 2:30

Salon 12
MODULE A
Helen Clark, RRT, MBA; Chief Allied Health Officer, Health Sciences Centre and Regional Director Respiratory Therapy, Patient Transport & EMS Liaison Winnipeg Regional Health Authority
Regional Management of Respiratory Services — Sponsored by Boehringer Ingelheim/Pfizer

Salon 3
MODULE B
Paul Oulette
Sedation and Analgesia in Mechanical Ventilation — Sponsored by Maquet-Dynamed

Salon 5
MODULE D
Dr. Michael Narvey, Neonatologist, Edmonton
Pressure VS Volume: The Debate Rages On! Sponsored by Brathwaites Olivier
With advances in ventilator technology, clinicians now have many alternatives when it comes to ventilating newborns. While many different modes exist, the majority either ventilate using pressure or volume to reach a desired tidal volume. Several studies in recent years have compared the two modes and in most cases declared a clear winner. This discussion will compare pressure and volume and possibly settle the debate once and for all.

Salon 6
MODULE E
Dr. Kumar Ramlall
Community Based Pediatric Asthma Programs — Sponsored by AstraZeneca

2:30–3:00
REFRESHMENT BREAK EXHIBIT HALL Sponsored by Tyco

Salon 12
3:30–5:30
CSRT ANNUAL GENERAL MEETING

President’s Banquet and Dance — Hall C, Assembly Level
6:00 pm Cocktails
6:30 pm Dinner
8:00 pm Keynote Speaker — Mr. Stephen Lewis, UN Special Envoy — Sponsored by CARTA
9:00 pm Dance to the music of DJ Jack Layton — Sponsored by Summit Technologies
All drinks are free with a $2 per drink donation to the “Toonies for Tsunami Relief Fund” (proceeds donated to the Canadian Red Cross Tsunami Relief Fund)
Salon 12
7:00–9:00  Continental Breakfast

9:00–10:00  Keynote Speaker — Richard Branson, MS, RRT, Associate Professor of Surgery, Division of Trauma and Critical Care, University of Cincinnati; associate editor of Respiratory Care

**Mechanical Ventilation: Past Present and Future**
— **Sponsored by General Electric Healthcare**

In terms of human history the use of mechanical ventilation is a fledgling technique less than a century old. Mechanical ventilation is however, limited in complexity by the simple principles of gas movement and lung mechanics. From negative pressure ventilation for polio to sophisticated microprocessor ventilators used today, the history of mechanical ventilation is chock full of interesting characters and machines. From the eloquently simple to the complex, ventilators have saved the lives of untold patients. The history of ventilation cannot be easily separated from the history of thoracic surgery, the history of resuscitation or the history of anesthesia. Perhaps equally important, the ICU is in fact an invention used to house patients on ventilators. This presentation will review Emerson, Engstrom, and Bird, not as companies, but as men. New techniques will be reviewed and a common sense approach to what we need will be defended.

10:00–11:00  Keynote Speaker: Dr. Peter J Papadakos; MD FCCP FCCM, Director Critical Care Medicine; Professor Anesthesiology, Surgery and Neurosurgery; University of Rochester, USA;

**Management of Massive Lung Trauma — Sponsored by CICF**

On of the most common admissions to the trauma center is blunt trauma to the chest. The widespread use of autos throughout the world along with the use of safety restraints has lead to increase number of patients who present to Emergency Ward without non-fatal head injuries. The scope of injuries range from rib fractures to massive chest trauma with both contusion and vascular injuries. Early aggressive ventilator management has lead to early correction of oxygenation and ventilation. The use of Open Lung Strategy has also lead to the decrease of cytokine release and ventilator associated lung injury. We have developed in unit protocols for these patients that begin in the emergency ward and continue in the trauma ICU. In this lecture we will illustrate several cases of chest injury and review not only the pathophysiology of atelectasis but also present guidelines in the management of these patients.

11:00–12:00  Martha E. Lyon, PhD DABCC FACB; Section Head, Pediatric and Neonatal Clinical Chemistry, with Calgary Laboratory Services at Alberta Children's Hospital; Clinical Biochemist / Associate Professor Faculty of Medicine Calgary Laboratory Services, University of Calgary

**Tips of Scoring Accuracy for Lytes & Gases: Analytic Coaches Corner**
— **Sponsored by Instrumentation Laboratory**

Accurate analysis of blood gases and electrolytes has been challenging due to anticoagulant related interferences. In an effort to address the deficiencies associated with heparin, modified forms of heparin have been produced for blood gas, electrolyte, as well as ionized calcium and ionized magnesium analyses. This presentation will review the evolution of pre-analytic errors associated with blood gases/electrolyte analysis. Modifications to syringe anticoagulants to overcome these errors will also be discussed.

12:00–12:30  Closing Remarks

**GOAL: AIMING FOR TOTAL CONTROL LUNCHEON • JUNE 2 AT 11:45 AM**

GlaxoSmithKline is sponsoring a Continuing Heath Education seminar and lunch. June 2, 2005, 11:45 AM at the Shaw Conference Centre, Edmonton, Alberta.

The Keynote Speaker is Warren Ramesh, MD, FRCP, an Edmonton Respirologist.

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Learning Objectives</th>
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<tbody>
<tr>
<td>11:30 am</td>
<td>Lunch</td>
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<tr>
<td>11:45 am</td>
<td>Interactive Lecture</td>
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<tr>
<td>12:30 pm</td>
<td>Questions and Answers</td>
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<tr>
<td>12:45 pm</td>
<td>Evaluation and Adjournment</td>
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<tr>
<td></td>
<td>• Discuss the results of the GOAL trail and its impact on the management of asthma in Canada</td>
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<td></td>
<td>• Describe the most optimal treatment approach to achieve control</td>
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<tr>
<td></td>
<td>• Identify opportunities to aim higher and raise patient's level of expectations with respect to asthma control</td>
</tr>
</tbody>
</table>

For more information and to RSVP, please contact

Ken Ostertag
1-800-461-7096 ext: 9119
or email at ken.a.ostertag@gsk.com

GlaxoSmithKline
Forum Highlights

Thursday June 2, 2005
Educator’s Congress
- Clinical Simulations: What They Are and How We Use Them
- Competency Based Evaluation Strategies
- Assessing Competency: Knowledge vs. Skills vs. Competency
- The Future of the Educators Congress — group discussion on the formation of a special interest group within the CSRT.

Wine and Cheese Reception
Please plan to attend this informal get-together of delegates, exhibitors and presenters. It will also be the official opening of the Exhibit Hall and your first chance to check out what’s new in the industry.

Friday June 3, 2005
The Exhibitor’s Breakfast
Get a jump on the day with breakfast with the Exhibitors. Extra time has been allotted so delegates can have a continental breakfast with exhibitors. This event is generously sponsored by Brathwaites Olivier who are celebrating their 20th anniversary.

Free Fun Night at Reds
Get on the bus and join the crowd going to Reds in the West Edmonton Mall. The CSRT will provide a shuttle bus service to and from the event. There will be finger food and fun. All free! Please check the box at the bottom if you are planning to attend.

Saturday June 4, 2005
President’s Banquet and Awards
Tickets are still available for this event. There will be a sit-down dinner. Wine and bar drinks will be supplied by Summit Technologies. Patrons are asked to make a $2.00 per drink donation with proceeds going to tsunami relief operations in Asia. The guest speaker for the evening is renowned diplomat and UN Special Envoy for HIV/AIDS in Africa Stephen Lewis. Mr. Lewis is sponsored by CARTA as part of their Nelson Kennedy Lecture series.

Great Door Prizes!
We will be raffling some exciting prizes that include:
- All inclusive package to the 2006 Forum (airfare, accommodations and registration), compliments of the CSRT
- Electronics gift certificate, complements of Respiratory Homecare Solutions
- Digital Cameras, complements of Pentax & Carson

Want to donate a gift? Contact Darcy Andres at Darcy.Andres@CalgaryHealthRegion.ca

* Pre-registration deadline April 22, 2005
** Must be currently enrolled in a CSRT approved program to qualify for the student rate

Registration includes Exhibitors Breakfast, Sunday Continental Breakfast, two lunches and breaks, Fun Night, Wine and Cheese Reception, all lectures and workshops, entry to Exhibit Hall. GST is included in the total #119220010 RT

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

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
Hospital Initiated Home Testing for the Diagnosis of Obstructive Sleep Apnea.

Authors: Ann Hladky RRT, Jerry Hall RRT and William Dickout M.D.
Institution: Royal Alexandra Hospital, Edmonton, Alberta.

Objective: To utilize a portable and user friendly proven technology that has been developed to test for the presence of Obstructive sleep apnea (OSA) and move the testing outside the active treatment center. Our hypothesis was that we could demonstrate improved utilization of in-patient beds and cost effective testing without compromising patient safety by providing proven technology along with adequate education to those patients who could be safely tested in their own homes (do not have co-morbidities, physical or cognitive challenges, daytime hypoxemia or hypercapnia).

Methods: With a grant from the RAH foundation and support provided by SagaTech Technologies we set up a study to prove our hypothesis. 40 patients who meet criteria were randomized into two groups, a control group that were tested as in-patients utilizing Nightwatch® sleep recorders and the test group that were taught how to use the portable SnoreSat® sleep recorders and were tested in their own homes.

Results:

<table>
<thead>
<tr>
<th></th>
<th>Nightwatch®</th>
<th>SnoreSat®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per patient</td>
<td>$1183.52</td>
<td>$63.26</td>
</tr>
<tr>
<td>Staff time (ave)</td>
<td>2.93 hrs</td>
<td>1.41 hrs</td>
</tr>
<tr>
<td>Positive tests</td>
<td>60 %</td>
<td>57%</td>
</tr>
<tr>
<td>Negative tests</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Retesting Required</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>BMI</td>
<td>34.12 (25.92–48.86)</td>
<td>36.02 (18.18–59.78)</td>
</tr>
<tr>
<td>Age</td>
<td>48.73 (41–68)</td>
<td>49.43 (24–73)</td>
</tr>
</tbody>
</table>

Each participant was asked for their feedback on testing, virtually all participants in both groups felt that the testing method that was utilized for them was adequate and they would recommend that form of testing for other patients.

Conclusion: The results clearly show that the cost of in-hospital testing for those patients that potentially could have been tested at home is not supported by any significant advantage in the quality of test results between the two groups.

Transfer of Training in Patient Educators: A Qualitative Analysis of the Process of Change

Authors: Paula Burns, RRT/RCP, BSc, MAEd, PhD (c)
Institution: The Michener Institute, Toronto, ON

Introduction: This is a qualitative case study intended to explore the transfer of training in patient educators following completion of the COPD Educator Program. Specifically this thesis explored:
1. the impact of the COPD Educator Program on the clinical practice of health care professionals
2. the factors that influence health care professionals to transfer training to clinical practice
3. the implications for curriculum design that relate to learning, motivation and transfer of training to the clinical setting

Methods: Twelve participants shared their experiences in patient education in order that the researcher could examine the phenomena related to transfer of training. The individual case records are found in Chapter Five. The impact of the Educator Program is presented as: improved knowledge about COPD, increased awareness and use of new teaching strategies tools, and supporting the development of new education and/or rehabilitation programs or the modification of existing ones. Participants describe the influence on their practice through the application of learning theories and models, integration of new approaches to patient education and increased confidence.

Results: Transfer of training is a process, not an event, and patient educators progress through various stages as they apply learning to the clinical setting. Patient educators as learners mirror the same processes of learning and stages of behavior change that their patients do. Curriculum development that supports the stages of change in the patient educator as learner contributes to transfer of training.

Conclusions: The study of transfer of training in patient educators illuminates implications for curriculum design that are generalizable to other educational interventions for health care professionals. This includes using a constructivist approach to curriculum development to utilize the experience and expertise of learners. A constructivist model using relevant content, clinical application and reflective practice will contribute to knowledge translation and improve health care outcomes.
Laryngoscope Light Comparison

Authors: Paul Brousseau BEd. RRT, Orlando Hung FRCP(C), Adam Law FRCP(C).
Institution: Department of Anesthesia, Queen Elizabeth Health Sciences Center (Capital Health), Halifax, Nova Scotia

Introduction: Adequate laryngoscope light intensity contributes to successful tracheal intubations. This study compared the light intensity of the fiber optic blades (FOB) used in our operating suites to the disposable (Rusch® bulb in blade) laryngoscopes used in our Respiratory Therapy emergency intubation kits located on the hospital wards.

Method: A prototype apparatus (Figure 1) was used for measuring the light intensity in LUX units. The overall light intensity of all the fiber optic blades in the operating rooms was determined and average LUX values calculated. The operating room blades were tested on a 2.5-volt handle using 2 ‘C’ size batteries and the 3.5-volt handle using a rechargeable cell. The light intensity of all of the disposable bulb-in-blade laryngoscopes used in the emergency arrest kits in the Respiratory Therapy Department was determined and average calculated. Blades rejected by clinical anesthesia staff in the operating rooms as having ‘insufficient light to visualize landmarks’ were tested for LUX, and an average value was calculated.

Results: The results are summarized in table 1. The disposable bulb-in-blade laryngoscopes had an average LUX value of 4360. The fibreoptic blades tested on the 2.5-volt bulb had an average LUX value of 980 while the 3.5-volt bulb and rechargeable handle, with the same blades, had an average LUX value of 4320. When the old batteries were replaced with new ‘C’ size batteries, in the arrest kits and 2.5-volt fibreoptic systems the average values increased to 4920 LUX (13%) and 1627 LUX (66%) respectively. Fifteen blades rejected by anesthesia staff as having ‘insufficient light to visualize landmarks’ were measured and found to have an average LUX value of 500.

Respiratory Therapy Arrest Kits

<table>
<thead>
<tr>
<th>Battery system</th>
<th>Disposable (FOB) 2.5 volt</th>
<th>Operating Room (FOB) 2.5 volt rechargeable</th>
<th>Operating Room (FOB) 3.5 volt rechargeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS-5 (Average value)</td>
<td>4360 LUX</td>
<td>980 LUX</td>
<td>4320 LUX</td>
</tr>
<tr>
<td>With new batteries (average values)</td>
<td>4920 LUX</td>
<td>1627 LUX</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: The anesthesia department at our hospital used 2 types of fiber optic laryngoscopes. One employs 2 ‘C’ size batteries with a 2.5-volt bulb and the other employs a rechargeable handle with a 3.5-volt bulb. The blades are reusable and known to have decreased ability to conduct light with repeated sterilization (2). The disposable bulb-in-blade laryngoscopes employed by the respiratory therapy department produced light intensity equal to the new high output 3.5-volt bulb rechargeable system used in anesthesia. All systems gave more light than those rejected by the anesthesia staff. The small improvement noticed when new batteries were replaced for old batteries, suggests that the schedule for battery rotation (once per year) is adequate.

References

Oxygen Need During Exercise: Testing and Benefit

Authors: Connie Brooks, RRT, Alberta Aids to Daily Living Program, Mariana Chan, RRT, Alberta Aids to Daily Living Program, Paul A. Easton, MD, PhD, and Marjory F. Sutherland, MSC, Alberta Aids to Daily Living Program.

Standards for the use of low flow oxygen therapy are well known, however, there is no standard for the use of O2 to relieve hypoxemia that occurs only during exercise. The Alberta Aids to Daily Living (AADL) Program introduced a new standardized exercise protocol in 1998 entitled the Alberta Walk Test (AWT). It is a double blind air vs. oxygen walk protocol based on three 6 minute walk test, prescribed by a physician and administered by at least one Respiratory Therapist. One therapist is aware of the identity of the gases while the assistant, who walks with the patient, is not. Any patient who is not hypoxemic at rest but desaturates to <90% via oximetry during any activity is able to challenge the walk test. If a patient desaturates to <80% at any time, OR improves walking distance on oxygen by 25% (at least 30 meters) OR reports less dyspnea with oxygen (at least 4 Borg scale points) is eligible for exerional oxygen funding.

Conclusion: 51 patients/month are tested (average) from that group 70% displayed desaturation, 26% walked further on O2 vs. air and 4% felt the O2 eased their SOB. The AWT effectively identifies a group of patients who significantly improve walking performance on oxygen.
Bronchodilator Challenge Testing in Canada — A Survey of Health Professionals

Authors: Andrea White Markham
Institution: The Michener Institute, 222 St. Patrick St. TO, ON L5T 1V4

Introduction: While there are published guidelines for the technical and professional performance of pulmonary function testing (AARC Clinical Practice Guideline, 1996; ATS Standardization of Spirometry, 1994 Update; 1995 CPSO Clinical Practice Standards, 2001), standards for bronchial challenge testing, (AARC Clinical Practice Guideline, Methacholine Challenge Testing, 2001; ATS Guidelines for Methacholine and Exercise Challenge Testing, 2000) incorporating changes in spirometry as their end point and guidelines promoting bronchodilator challenge testing for the diagnosis and/or guide to treatment for asthma and COPD (Boulet, 1999; Diagnostic Testing, 2002; O'Donnell, 2003; Ruppel, 1998) there are no standards identified in the literature for bronchodilator challenge testing with regard to:

• the type of medication used for testing
• the dose of medication used for testing
• the recommended time between delivery of medication and post testing

Study Question: What is the current practice for bronchodilator challenge testing in Canada?

Methods: A cross Canada survey of Cardio-Pulmonary Technologists, Certified Asthma and/or COPD Educators, Nurses and Respiratory Therapist performing spirometry testing was undertaken through email and fax. A total of 108 responses were obtained with 96 complete.

Results: The poster will identify the descriptive and inferential statistical analysis of the data.

See page 10 for details

Educators Conference Registration Form
Thursday, June 2, 2005, 1:00-5:00

Name: ____________________________________________
CSRT File Number: ______________________________________
Employer: ____________________________________________
Position/Title: ____________________________________________
Address: ____________________________________________
City: ____________________________________________
Province: __________________ Postal Code: ____________
Home Telephone: ____________________________________________
Business Telephone: ____________________________________________
E-mail: ____________________________________________

Registration Fees
CSRT member: $50.00 Non-member: $75.00

Method of Payment
Card Number
Expire Date
Signature
Print Name

This registration does not include access to the CSRT Educational Forum 2005.

Send to:
CSRT 102-1795 Alta Vista Drive, Ottawa ON K1G 3Y6
FAX: (613)521-4314

GST is included in the total #119220010RT
Almost a year ago I submitted my first President’s message. I described how I thought the CSRT needed to change to position itself for the future. I’m very happy to report that the CSRT has made significant changes over the past year and we have a number of important accomplishments to be proud of. But perhaps even more important than the changes that have already taken place, is the new direction that the CSRT is moving in. I have been lucky to have worked alongside an energetic and committed Board of Directors this year. Our discussions throughout the year about the need for change and the need to create a plan for change culminated in a two-day strategic planning session held in Ottawa this March. The result of the planning session is the CSRT 2005 - 2008 Strategic Plan that is included in this issue. The CSRT 2005-2008 Strategic Plan is based on three key principles that are now clearly outlined in the new CSRT Mission Statement which is:

“The CSRT provides national leadership through service, unity and advocacy for Respiratory Therapists in Canada.”

As you read through the CSRT 2005–2008 Strategic Plan, you will see that the Board has determined specific goals for our society. I believe that each step we make towards these goals will result in more tangible benefits for members, more benefit to the profession and a clear answer to the question the CSRT regularly hears: “why should I belong to the CSRT?” Here is a quick glance at the Primary Goals:

- Provide services to members in order to contribute to a better professional practice life for members
- Advocate for the profession
- Raise the profile of the profession
- Improve the science and practice of Respiratory Therapy
- Assist members in improving their professionalism
- Unify the profession
- Become the source for professional development education
- Become the go-to-source of research information on the practice of Respiratory Therapy

The plan does more than set goals. It also outlines specific objectives on how we will reach these goals.

Moving in a new direction means leaving certain things behind. Because of the regulatory framework that has and continues to evolve in each province, the CSRT will change its primary focus from regulatory issues to becoming a membership services organization and the advocate for the profession of Respiratory Therapy in Canada. I strongly encourage each of you to read the CSRT 2005–2008 Strategic Plan.

The Board also decided that in order to best serve our members and to meet our fiduciary responsibilities to the society, we must recommend that the CSRT reduce its risk and liability to a reasonable level. One important example of unreasonable risk and liability is our current process for disciplining non-members. Discipline cases for non-members have cost the CSRT tens of thousands of dollars. It is not reasonable for the Society and its members to bear the costs of disciplining non-members (those who have attained the CSRT credential but are not active members), particularly because it can have little or no effect on the individual’s ability to work. Therefore, the CSRT Board of Directors is recommending that we change our bylaws at the June Annual General Meeting to state that in order to maintain the CSRT credential and the benefits of membership you must be an active member.

It has been my honor to serve as President for the past year. I am proud to be a Respiratory Therapist. I am proud of the CSRT and the work it does on behalf of my profession. In 1998 I attended my first CSRT Board of Directors meeting. Since then I have had the pleasure of working with and meeting many RTs across Canada who are shining examples of what it means to be a professional and how a person can contribute to our profession. Meeting and developing friendships with many of these people has been the ultimate reward of volunteering. I would like to thank each of the Board members for their hard work and dedication this year. I thank Doug Maynard and the head office staff for doing all the real work, the Regina Qu’Appelle Health Region and particularly the Supervisors/Educator in Respiratory Services for supporting my work with the CSRT this year and finally my wife Jaci, my favorite RT.

Brent Kitchen, RRT
CSRT President

Knowing is not enough; we must apply. Willing is not enough; we must do.” — Goethe
Il y a déjà près d’un an, je soumettais mon premier Mot du président. J’y décrivais ma vision des changements qui s’avaient nécessaires afin de positionner la SCTR pour l’avenir. Il me fait un grand plaisir de vous dire qu’au cours de la dernière année, la SCTR a effectué d’importants changements. Nous pouvons être fiers de nos nombreux succès. Plus importante encore que les changements apportés est la nouvelle direction dans laquelle la SCTR s’engage. J’ai été choisi de travailler avec un conseil d’administration dynamique et dévoué. Tout au long de l’année, la nécessité d’apporter des changements et de dresser un plan pour les mettre en œuvre a alimenté nos discussions, lesquelles ont culminé en un exercice de planification stratégique de deux jours, tenu à Ottawa en mars dernier. Le fruit de cet exercice de planification est le Plan stratégique 2005–2008 de la SCTR qui est inséré au présent numéro. Le Plan stratégique 2005–2008 de la SCTR se fonde sur trois principes clés qui sont désormais clairement mis en évidence dans le nouvel Énoncé de mission de la SCTR, soit :

“La SCTR assure un leadership à l’échelle nationale par le service, l’unité et la défense des intérêts des thérapeutes respiratoires au Canada.”

En lisant le Plan stratégique 2005–2008 de la SCTR, vous constaterez que le conseil d’administration a établi des buts précis pour notre société. Je suis d’avis que chaque pas que nous prenons vers ces buts entraînera des avantages plus tangibles pour nos membres, des avantages pour la profession ainsi qu’une réponse claire à la question fréquemment entendue à la SCTR : “Pourquoi devrais-je adhérer à la SCTR?” Voici un aperçu des buts primaires :

- offrir des services aux membres afin d’améliorer l’environnement de la pratique professionnelle des membres
- revendiquer en faveur de la profession
- rehausser le profil de la profession
- améliorer la science et la pratique de la thérapie respiratoire
- aider les membres à rehausser le professionnalisme
- unifier la profession
- devenir la source privilégiée d’information de recherche liée à la pratique de la thérapie respiratoire

Le plan fait plus qu’établir des buts : il précise des objectifs spécifiques visant à les atteindre. Pour s’engager dans une nouvelle direction, il faut abandonner certaines choses. En raison du cadre de réglementation qui a évolué au sein de chaque province, et qui continue de le faire, la SCTR mettra moins d’accent sur les questions de réglementation et deviendra un organisme de services aux membres qui revendique en faveur de la profession de la thérapie respiratoire au Canada. Je vous encourage fortement à lire le Plan stratégique 2005-2008 de la SCTR.

Le conseil d’administration a également décidé qu’ainsi de mieux servir nos membres et de nous acquitter de nos responsabilités fiduciaires envers la Société, nous devons recommander que la SCTR réduise les risques et la responsabilité à un niveau raisonnable. Le procédé disciplinaire actuel à l’égard des non membres s’avère un important exemple de risque et de responsabilité déraisonnables. Les cas de discipline des non membres ont coûté des dizaines de milliers de dollars à la SCTR. Il n’est pas raisonnable pour la Société et ses membres d’assumer les coûts liés à la discipline des non membres (ceux qui détiennent le titre de compétence de la SCTR mais ne sont pas membres actifs), notamment parce que ces actions peuvent n’avoir que très peu ou pas d’impact sur la capacité d’une personne à travailler. Ainsi, le conseil d’administration de la SCTR recommande que nous changions nos règlements administratifs lors de l’Assemblée générale annuelle en juin, de façon à préciser qu’ainsi de maintenir le titre de compétence de la SCTR et de jouir des avantages d’adhésion, il faut être un membre actif.

Il me fut un grand honneur d’occuper le poste de la présidence pendant la dernière année. Je suis fier d’être thérapeute respiratoire. Je suis fier de la SCTR et du travail qu’elle accomplit au nom de ma profession. En 1998, j’ai participé à ma première réunion du conseil d’administration. Depuis ce temps, j’ai eu le plaisir de rencontrer et de travailler avec plusieurs TR partout au Canada qui montrent par l’exemple ce que c’est que d’être professionnel et de contribuer à notre profession.

Continued on page 31

Message du président

“Il ne suffit pas d’avoir des connaissances; il faut les appliquer. La volonté ne suffit pas; il faut agir.” — Goethe
The CSRT Strategic Plan — A New Direction

Leadership. Service. Unity. Advocacy

In March 2005 the CSRT Board of Directors embarked on the task of creating a strategic plan for your national association to guide our actions over the coming years. This was not an easy assignment considering the significant changes in the regulatory and professional environment of respiratory therapy in recent years.

For many years the CSRT has played the dual role of creating and enforcing practice standards and acting as the professional association for RRT’s in Canada. Our role as regulator of the standards of respiratory therapy continues to change as provincial regulatory bodies are developed. Currently there are four regulated jurisdictions and the RRT’s in these jurisdictions comprise greater than 75% of the RRT’s in Canada. Five of the remaining provinces have started the process of establishing legislation in their province to institute self-regulation. The CSRT will always be a part of standards development and regulation, by ensuring that all provincial jurisdictions consider the national impact of their respective activities and further contemplate the impact on the profession.

Mission Statement

In light of the decision to change our role regarding regulation, the Board made the decision to focus resources on areas where our membership, in general, has expressed interest. This direction is based on the results of the most recent membership survey. The interests of our members are categorized into three basic areas. The membership is looking for valuable services; national consistency in standards and regulation; increased, effective advocacy efforts. These principles which are consistent with activities performed by most national professional associations facilitated the development of a new mission statement.

The new mission statement that will guide the decisions of your current Board of Directors is:

“The CSRT provides national leadership through service, unity and advocacy for respiratory therapists in Canada.”

Our resources will be focused on our respiratory therapist members, in Canada, in the three areas of: service, unity and advocacy. This strategic plan was developed on the following foundation.

2005–2008 CSRT Strategic Plan

The following strategic plan discusses:

- The CSRT’s primary goals;
- Guiding policies and principles
- The CSRT’s Objectives for 2005–2008
- Specifics regarding:
  - Advocacy Activities
  - Continuing Education Activities
  - Research Activities
  - Membership Services Activities

For the entire, comprehensive version of the Strategic Plan 2005–2008, please refer to the CSRT website under About — Annual Reports
Primary Goals

Based on the principles within our mission statement of service, unity and advocacy, we have created the following set of primary goals:

- To provide services which contribute to a better professional practice life for CSRT members.
- To advocate for the profession
- To raise the profile of the profession
- To contribute to improving the science and practice of respiratory therapy.
- To assist CSRT members in improving their professionalism.
- To unify the profession through facilitating common understanding among all practitioners and provincial professional groups, common standards and common processes.
- To become the primary source of professional development education
- To eventually become the go-to-source of research information on the practice of respiratory therapy.

Objectives

Based on the above policies and principles the CSRT will seek to achieve the following objectives during the 2005–2008 period.

- Realign the CSRT’s Role in Regulatory Matters to that of Advocate for the Profession through Collaboration with Regulatory Colleges.
- Enhance Advocacy Efforts to Raise Awareness of RRT’s at All Levels of Administration and Government and Address Issues of Concern to CSRT Members.
- Enhance Membership Service Activities that Add Value to the CSRT from the Perspective of the Member.
- Create Continuing Education Activities for Career Development and Specialization of the Profession.
- Increase Research Activities that will Build a Body of Knowledge Specific to the Needs of CSRT Members.

Guiding Policies and Principles Statements

The primary policies and principles underpinning the CSRT’s Strategic Plan for 2005–2008, based on the discussion of the participants of the strategic planning meeting include:

- Given the regulatory framework evolving at the provincial level, the CSRT must change its focus from involvement in regulatory matters to becoming the advocacy body for the profession of respiratory therapy and a membership services organization for members.
- It is recognized that the CSRT’s shift to becoming an advocacy membership services association will take time and that the 2005–2008 period will be a period of transition for the organization.

- Because 75% of RTs in Canada already work in regulated jurisdictions and nearly all other provinces are pursuing self-regulation, the CSRT will continue to divest activities associated with regulatory matters with the target of removing itself from these activities by the end of 2008. These activities include:
  - Divesting sole ownership and maintenance of the RT Occupational Profile (already done with the creation of the NCP through our partnership with the National Alliance)
  - Divesting sole ownership of the entry to practice exam matrix (being developed through our partnership with the National Alliance)
  - Divesting the organization of a discipline process that attempts to regulate all RRT’s, both CSRT members and non-members, and focuses on regulating the quality and professionalism of individuals that are allowed to be members of the CSRT.
For the 2005–2008 transition period, the CSRT will assist non-regulated provinces in attaining regulatory legislation.

For the transition period, where there is no licensing body, regulatory services including disciplinary activities and use of the CSRT RRT credential will cover only those registered respiratory therapists who are members in good standing with the CSRT as at September 2005.

The CSRT will remain committed to activities and processes (such as the National Alliance of Respiratory Therapy Regulators) that contribute to nationally common and high quality practice standards and guidelines for respiratory therapy.

Recognizing resource constraints, the CSRT will be selective regarding the issues and processes at the national level in which it will become involved as part of advocacy activities.

The CSRT will work in partnership with provincial associations and regulatory bodies regarding various advocacy matters and lead advocacy efforts which are national in scope.

Member services will be offered on a fee-for-service basis with the goal of generating reasonable operating surplus to contribute to finding future advocacy and related activities.

The CSRT will move away from breakeven approaches to projects in order to develop sources of non-dues revenues. This will minimize increases in annual membership dues while increasing the resources of the society.

The CSRT will ensure that advocacy activities favour CSRT members.

The CSRT recognizes that respiratory therapists who wish to expand their career opportunities and improve the quality of their professional practice life should be given access to, and encouraged to take advantage of, a broad range of professional development education.

The CSRT will develop continuing education offerings with the intent of providing continuing competencies education that qualifies for practitioners to maintain their license to practice in various provinces.

The CSRT will develop and provide continuing education offerings that could lead to the practitioner obtaining specialist certification on a voluntary basis through the CSRT, in addition to their RRT designation.

**Conclusion**

The 2005-2008 Strategic Plan is a clear reflection of organizational changes made within the CSRT. The entire CSRT Board of Directors is elected by the CSRT membership, and your Board of Directors is making every attempt to make the CSRT into an organization that responds to your needs as an RRT and a professional. The plan that you have just read will only come to fruition if you, as a member, make your professional needs known to us. Please communicate your needs with your local Board member or with CSRT Head Office. Share your talents — let us know how you can contribute to enhancing your profession through volunteering with the CSRT. The most important benefit of CSRT is the opportunity to participate in setting the direction for your chosen profession. There is no better way to do that than through participation in the activities of your national association.

We look forward to hearing from you.

Sincerely,

The CSRT Board of Directors, 2005
Developed March 18/19th, 2005, Ottawa, ON
Executive Director’s Report

The 2004/2005 year has been an exciting year, full of significant, positive changes for our national association. The President’s Message has identified many of the changes, including a new mission statement, a new strategic plan, a new Board of Directors and implementation of the MRA, and all of these accomplishments provide for a very bright future for your national society.

The work of the CSRT cannot be done without the assistance of the CSRT Head Office staff. In the past year we have seen the Manager of Education and Accreditation services go off on maternity leave and was successfully replaced by Josée Gagnon. Josée has done a fantastic job in the interim and we are looking forward to Michelle’s return in January.

We have also seen the addition of Danièle Filion in the position of Administrative Assistant. Danièle has been an extremely productive addition to our staff, and along with Josée has improved our ability to function as a bilingual national organization.

Sylvia Stiehl, Membership Coordinator, and Rita Hansen CJRT Managing Editor and Communications, continue to offer their usual high quality services to our membership.

The Head Office continues to work on streamlining processes to reduce costs and improve efficiencies. One of this year’s main projects was to improve the budgeting and financial record keeping processes. Part of the ongoing renewal involved the replacement of our bookkeeping services and the enlistment of a new auditing firm to be approved at the upcoming AGM.

Financially, the organization remains on sound footing. We have seen an increase in membership of greater than 5% in the past year, and we are constantly seeking to increase the non-dues portion of our revenue.

Some of the other highlights of our activities over the past year include:

**Membership and Services**

- Successful implementation of a new website and on-line discussion forum. These electronic resources have greatly increased our ability to communicate more effectively with our membership.
- Implementation of a new database system. The new database system has improved efficiencies within the head office and has improved the ability of the CSRT to collect and analyze demographic data.
- Implementation of an e-commerce system that will allow for the convenience of online membership renewal and event registration.
- Expanded the CSRT Education Forum by seeking out cutting edge, high profile speakers
- Improved coverage and pricing of our members liability insurance plan
- Revised the CSRT Code of Ethics and the CSRT Standards of Practice.

**Advocacy**

As your national association part of the CSRT’s role is represent your interests on various issues. The CSRT does this on your behalf on a daily basis by through fielding general questions about RRT’s as well as through ongoing relationships with various health care stakeholders. Some of the new relationships and other highlights of the past year include:

- Ensuring awareness of RRT’s with respect to fundamental changes in primary health care delivery
through participation in working groups with the Enhancing Interdisciplinary Collaboration in Primary Care Initiative and the National Primary Health Care Awareness Strategy.

- Preparation of documentation to present to various stakeholders, including governments and employers, indicating RRT’s are the ideal professionals to assume the role of the anesthesia assistant.

- Ongoing collaboration and meetings with the Canadian Anesthesiologists’ Society to ensure RRT’s are considered in discussions of the anesthesia assistant role.

- Established partnerships with the Canadian Intensive Care Foundation. RRT’s are now eligible to access research and educational funding from the CICF

- Regular submissions to the CICF newsletter to help raise awareness of RRT’s among other critical care professionals.

- Participated in Health Canada workgroups on Respiratory Infection Control Precautions

- Attended meetings of the Canadian Paediatric Society and participated in discussions on the Neonatal Resuscitation Program standards.

- Represented RRT’s at the Canadian Standards Association annual meetings

- Participated in discussions with the Health Council of Canada regarding Health Human Resources

Standards

- As a member of the National Alliance of Respiratory Therapy Regulatory Bodies, the CSRT has:

- Contributed to the creation of the National Competency Profile as an entry to practice standard that is national in scope;

- Implemented the Mutual Recognition Agreement, which allows us to accept practicing RRT’s from every jurisdiction in Canada as members of the CSRT.

The new mission statement adopted by your Board of Directors: “The CSRT provides national leadership through service, unity and advocacy for respiratory therapists in Canada.”, highlights four key principles: leadership, service, unity and advocacy. The CSRT 2005-2008 Strategic Plan as highlighted in this edition of the CJRT was developed based on these principles and will guide the actions of the organization for the next few years.

The strategic directions outlined in this plan reflect the CSRT Board of Directors attempts to respond to numerous changes in regulatory and professional environment of respiratory therapy. The new plan highlights a significant shift in focus away from regulatory matters. This will be replaced by a greater focus on assisting the remaining un-regulated jurisdictions in obtaining self-regulation so that they may effectively assume these responsibilities with supporting legislation and powers that the CSRT will never have. The CSRT will continue to participate in the development of entry-level standards and outcome measures, but will do so from the perspective of an advocate to encourage national consistency in entry to practice and certification standards across the country.

The CSRT will devote the rest of its resources according to our new guiding principles of leadership, service, unity and advocacy. We will put a focus on providing valuable services to the membership, unifying RRT’s across Canada, and advocating on your behalf on issues that affect RRT’s in Canada. Please read President’s Message and the CSRT Strategic Plan 2005 in this issue for more details.

The CSRT Board of Directors has worked diligently to position the CSRT for a successful future in the ever-changing health care environment. The CSRT is prepared to offer value to its members and embrace its role as a facilitator of professionalism in the respiratory therapy community. In order to accomplish this we will need to have your continued support through membership in the Society and participation in our events.

Sincerely,
Douglas Maynard RRT, MBA
Executive Director
Report Human Resources
Sandra Biescheuvel, Director of Human Resources

With the re-structuring of the Board of the CSRT, the position of Director of Human Resources was developed to ensure that the policies and processes of the society are in line with the mission and vision of the CSRT. Two of the goals of the CSRT are to assist its members in improving their professionalism, and to raise the profile of the profession.

As the Director of Human Resources, the two major projects that I have been working on are the development and revision of the Standards of Practice and the Code of Ethical and Professional Conduct. The purpose of these documents is to support the clinical practice of respiratory therapy and improve professionalism. The standards of practice reflect the values of the profession, and determine a benchmark below which professional performance is unacceptable. The principles of ethical and professional conduct outline the behaviour that should be upheld during the performance of professional duties. The development of these documents required a considerable amount of research and time to ensure that they are reflective of the mission and vision of the CSRT, and supportive of the expanding role of the RRT. As the CSRT strives to increase its presence on both the national and international stage, it is important to have documents that demonstrate our high level of skill, competence and professionalism. In collaboration with the Board of Directors, the Director of Human Resources will review the Standards of Practice and the Code of Ethical and Professional Practice on an annual basis. The full text of these documents is on the CSRT website.

In order to maintain the viability of the CSRT, the Director of Human Resources ensures that the by-laws are in accordance with the operational plan of the CSRT. The by-laws provide the rules by which the society functions, and cover everything from membership to discipline. Recent changes to the bylaws were made to reflect the new direction of the CSRT as it moves away from its involvement in matters of regulation.

Another area of interest in human resources is the people involved in the organization. The operation of the CSRT is based upon several individuals who volunteer their time on the various committees or Board of Directors. The amount of time volunteered depends on the position. To volunteer for your professional organization is to be a leader, an advocate, and most importantly, a team player. The CSRT has several volunteer committees ranging from accreditation to special interest groups, which focus on specific areas of practice. Whether you are a recent graduate, or a seasoned pro, there is a volunteer position within the CSRT for any Respiratory Therapist.

Future goals for the Director of Human Resources include the development of Terms of Reference for the Special Interest Groups. The special interest groups have been developed to provide a support network for individuals who are employed in similar areas of respiratory therapy and/or who have similar interests. Another goal is to continue to attract volunteers, as they are key to the existence and growth of the CSRT. The CSRT exists based on the work done by the members, for the members. We are the national organization providing service, unity and advocacy for Respiratory Therapists in Canada. There is strength in numbers, so the more volunteers the CSRT has, the stronger it becomes as the leader for all RRT’s.
The role of an Advocacy Director is new to the CSRT Board, as are all board positions. Advocacy is defined as an action to speak in favour of, defend or recommend.

The mission of Professional Advocacy

Working with RRTs and others across Canada (nationally, provincially, regionally and locally) the CSRT will strive to serve, unite and advocate for CSRT members. The CSRT will lead this on the National level while supporting advocacy on the provincial and local levels through an advocacy workplan and a network of RRT advocates.

CSRT Advocacy Network

This CSRT advocacy network is being developed and is similar in structure to the AARC Political Advocacy Contact Team — PACT. The CSRT will lead national initiatives for RRT Advocacy role, collaborating with and supporting provincial and local initiatives. Provincial Associations and/or Regulatory Colleges are encouraged to share provincial advocacy strategies with the CSRT, through their House of Delegates (HoD) representatives, so that we can coordinate efforts. In this way, we respect provincial autonomy while economising on the relatively few volunteers we all count on to get important work done. The role of the advocate director is to look for tangible ways that RRTs can advocate for themselves, and learn from and contribute to the national coordination of these efforts.

Advocacy Goals:

- Increase public awareness of the important role of respiratory therapists on health promotion and care teams
- Enhance recruitment into the profession
- Advocate for the advancement of the profession with employers, physicians, governments and national/international agencies

Specific advocacy issues in the last 6 months

<table>
<thead>
<tr>
<th>Issue</th>
<th>Date</th>
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<tr>
<td>RRTs in Action — Request for submission of stories and pictures</td>
<td>Jan 05</td>
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<tr>
<td>Joint CSRT / CRTO / RTSO position on Anaesthesia Assistants</td>
<td>Dec 05</td>
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<tr>
<td>CSRT request to HoD asking for participation with CSRT Advocacy</td>
<td>Jan 05</td>
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<tr>
<td>Clarification of intent of CSRT Advocacy Network</td>
<td>March 05</td>
</tr>
<tr>
<td>Medical Emergency Teams — Advocacy letter CSRT website</td>
<td>Apr 05</td>
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Thank you to all local and provincial and national RRT volunteers.

You are the key to our coordinated advocacy efforts, and we need and appreciate your participation in your profession.

PROXY NOTICE

If you are unable to attend the CSRT Annual General Meeting in Edmonton, 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 you should have received a Proxy form in the mail. You may complete this 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 (June 3, 2005 at 3:30). It can be faxed to (613) 521-4314.
Close to one year has passed with the introduction of the new CSRT Board of Directors structure. As the Director of Education and Clinical Standards, I had a busy year keeping pace with the change that were occurring on the National education front as well as learning how best to fulfill my role.

The last year has provided me with a number of challenges and exciting opportunities. The short list of these items include:

• Meeting with a national group of RT educators, course administrators and regulators in Banff, AB to finalize the National Competency Profile. I was pleased to see all provinces and jurisdictions with a vested interest at the table collaborating in a collective process that seems unsurpassed in our history.

• CoARTE saw a changing of the guard with Patricia Haaland passing the reigns to Michelle Kowlessar. I was able to act in an advisory role during this transition period and continue to work with this program on an ad hoc basis.

• Prior Learning Assessment (PLA) is a big issue in Canada. As we evolve as a multicultural society and our borders become open to foreign trained healthcare providers, there is mounting pressure on educational providers to assess these individuals for equivalency and how they “fit” into our educational system. I have spent countless hours struggling with these issues and how the CSRT could provide service to the individual jurisdictions. Due to the varied jurisdictional issues in Canada, it is not feasible at this time for the CSRT to continue to investigate these issues as they ultimately fall back to the educational provider.

• The National Education Committee has provided valued input and work for all members of the CSRT in the past. This committee will continue to work as the CSRT evolves into a service-oriented model. They will be asked to help provide some resources and development of learning modules for all RT’s in Canada to access for their own continuing professional development.

• The Anaesthesia Assistant group recently met in Ottawa, ON to finalize a Curricular Guide for Anaesthesia Assistant course delivery. This was a concerted effort from representative in clinical areas and schools with developed programs or those in development to enhance and produce a guide with some common themes and background knowledge for the area of Anaesthesia Assistance. The CSRT has been invited to review this document with the Canadian Anaesthesiology Society in June.

These are just a few of the many areas that I have had involvement with over the last year. It has been, and continues to be my pleasure and honor to serve you, the members to the best of my abilities. Thanks to my fellow board members, and most importantly to my family for their continued support in the development and progression of our profession.

Feel free to contact me at ray.hubble@gnb.ca if you have any questions or comments.
Notice of Annual General Meeting of the Membership of the Canadian Society of Respiratory Therapists

Notice is now given that the Annual General Meeting of members of the Canadian Society of Respiratory Therapists (La Société Canadienne des Thérapeutes Respiratoires) (the “Society”) will be held at the:

Shaw Conference Centre
9797 Jasper Ave., Edmonton Alberta
June 4, 2005
3:30 to 5:30

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 2005, together with the report of the Auditors thereon:

b) to appoint auditors and to authorize the directors to fix remuneration;

c) to conduct other business of the Society.

Current Registers/Honorary 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 10th, 2005

By order of the CSRT Board of Directors.

Douglas Maynard RRT, MBA
Executive Director, CSRT
Report Students Special Interest Group
Co-chairs Jason Nickerson and Melissa McPherson-Brown

Over the past year, we have been busy establishing ourselves within the CSRT and determining the inner workings of what we hope will be a successful means of representing Canadian Respiratory Therapy Students. Through the creation of our Terms of Reference, which will be available shortly, we feel that we have defined our role within the CSRT and are looking forward to becoming proactive within the Society.

This year, we have been successful in achieving some of the preliminary goals outlined during our presentation at the 2004 Annual General Meeting. We have established an e-mail forum that is available for students from throughout the country to share ideas and have questions answered by fellow students and educators. We will be making a strong effort in the upcoming months to ensure that students are aware of this service and through these efforts, our hope is that the service will become greater utilized for the sharing of resources and ideas.

A large emphasis is being placed on establishing a means of interdisciplinary communication with our colleagues in Canada. We have made contact with various other organizations representing Health Sciences Students in Canada, and are in the preliminary phases of working with our colleagues to develop a national interdisciplinary committee.

Within the next year, we plan to place a larger emphasis on working with the provincial and national committees and associations to fully represent Respiratory Therapy Students on all levels of our profession. We will be contacting the professional associations and schools throughout the country within the next months and look forward to working with you all.

Jason will retain the position of Chairperson for another term as he completes his BHSc at Dalhousie. Melissa has completed her training in Respiratory Therapy and therefore, the position of Co-Chairperson will be vacant. Interested students are encouraged to apply through the Students Special Interest Group website no later than June 15th.

The success of this Group is dependent upon the input we receive from educators, fellow Respiratory Therapists and most importantly from the students. We encourage you to become involved in your chosen profession and to participate as you can. There will be ample opportunity to become involved in a variety of projects within the next year, and we look forward to working with you.

| FORUM EXHIBITORS |
|-------------------|-------------------|-------------------|-------------------|
| AirSep Corporation | Cardinal Health | Medex Canada Incorporated | Resspan Products Incorporated |
| AstraZeneca Canada | Carestream Medical Limited | Medigas/Praxair | Respirinocs Incorporated |
| Incorporated | Caren Group | Medical Education Technologies | Roxon Medi-Tech Limited |
| Bayer Incorporated — Diagnostics | Draeger Medical Canada | Incorporated | Smiths Medical Canada Limited |
| Benson Medical Industries Incorporated | Fisher & Paykel Healthcare | Michener Institute for Applied Health Sciences | Southmedic Incorporated |
| Boehringer Ingelheim (Canada) Limited & Pfizer Canada | Incorporated | Northern Alberta Institute of Technology | Summit Technologies |
| Incorporated | General Electric Healthcare | | Incorporated |
| Brathwaites Olivier Medical | GlaxoSmithKline Incorporated | Nova BioMedical Canada | Sunrise Medical Incorporated |
| Incorporated | INO Therapeutics | Pall Medical Canada Limited | Trudell Medical Marketing |
| Calgary Health Region | Instrumentation Laboratory | Pentax Canada Incorporated | Limited |
| Canadian Intensive Care | Canada Limited | Professional Respiratory Care | Tyco Healthcare Canada |
| Foundation | Maquet-Dynamned | Services | VitalAire Canada Incorporated |
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Report Anesthesia Assistant Special Interest Group

Jeff Kobe, Chair Anesthesia Assistant Special Interest Group

For many years Respiratory Therapists have been filling an ever-increasing need in the field of anesthesia support. Growth in this specialty has been fostered by more and more hospitals as well as Anesthesiologists recognizing the advantages of a fully trained and qualified anesthesia team, not to mention numerous proactive RRTs who have seized an opportunity at their facility and defined the role.

The last few months have been very productive for the AASIG. This February the CSRT sponsored a meeting involving seven educational institutions that are currently offering or developing anesthesia assistant programs. The resulting document will facilitate the standardization of the core knowledge taught to Respiratory Therapists working as Anesthesia Assistants. All of these institutions will use this document as a foundation from which to build their curricula for the Anesthesia Assistant programs.

And of course the CSRT annual conference in Edmonton this year will have an anesthesia stream. Guest speakers include Dr. Rob Seal (Reducing Medical Errors Involving Anesthesia Equipment), Dr. C. Geunther (Expanding the Role of the RT — An Anesthetists Perspective) and Paul Brousseau (The Role of the Anesthesia Assistant). I encourage all of you to attend.

As well, for the first time we the Canadian Anesthesiologists’ Society has offered 2 hours to our group during their annual conference in Vancouver, BC this June 17–21. This is a terrific opportunity for all of us who attend to meet and have an open floor discussion about goals and challenges in our individual regions, as well as for myself and Rick Paradis, the vice-chair of the AASIG to answer any questions you may have about things on the national front in person.

The AASIG list-serve has had its busy and quiet times. Hopefully many of you have found it useful. To supplement this, we are currently putting together a web page to be updated regularly on the CSRT site. Please let me know if you have any ideas as to what information you would like to see on it.

We continue to need the input and help from each of you out there. I encourage you to take an active role in the SIG and continue to spread word among your colleagues. By actively participating, you help shape the future of the Anesthesia Assistant role in Canada. Please ensure that the CSRT has your current mailing information (and e-mail address if applicable) on file, and that you have indicated your specialty of anesthesia.

AUDITED STATEMENTS

The short period between CSRT year-end, March 31, 2005 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 2005. All others may obtain a copy of the audited statements for the CSRT fiscal year ending March 31, 2005 by contacting the CSRT.
1. Welcome and Call to Order
President, Jim Winnick called the meeting to order at 15:50. Jim welcomed the members and introduced the observers in the audience: CRTO Registrar, Gord Hyland and Jason Nickerson (presenting on Student Special Interest Group).

2. Quorum Report
197 members were represented in the room, either in person or by proxy. This represented greater than 10% of the voting membership and met the bylaw requirements for a quorum.

3. Introductions
Jim Winnick introduced himself and the CSRT Board of Directors: Past President, Daniel Pare; President-elect, Brent Kitchen; Treasurer, Kevin DeJong; Director at Large, Colya Kaminiarz; Wade Wheeler, Newfoundland and Labrador; Kathy Kowalski, New Brunswick; Rick Culver, Ontario; Debbi Luschinski, Manitoba; Craig Hillier, Saskatchewan; Lynn Beaton, British Columbia.
Past Presidents in attendance were: Shane Donaldson, Jan Taylor, Michael Bachynski, Ian Reid, Bob Reid, Gil Vergilio.
Other introductions: Shane McDonald, Registrar, MARRT

4. Approval of Agenda
Motion to approve the agenda was made by Neil Johnston, seconded by Bob Reid. Carried

5. Approval of Minutes of the CSRT 2003 Annual General Meeting
Motion to approve the minutes of the 2003 CSRT AGM in Ottawa was made by Cheryl Homuth, seconded by Allan Shemanko. Carried

6. Executive Reports
6.1 President’s Report
6.2 Provincial Reports
Motion to accept reports as they appear in the Canadian Journal of Respiratory Therapy, Forum 2004, Volume 40 (2) made by Allison Nykolaychuk, seconded by Ray Hubble. Carried

6.3 Treasurer’s Report
Treasurer, Kevin DeJong explained some of the difficulties the CSRT has had historically as well as with 2004 year end audit. The short time between the fiscal year end and the AGM makes it extremely difficult to assess the performance of the auditor and receive reports for the AGM. The 2003-2004 audited statements were not received from the auditor until approximately 24hrs before the AGM and were only in draft form.
Motion to accept the audited statements as presented at the AGM was made by Colya Kaminiarz and seconded by Ian Reid. Carried
A bylaw has been proposed to change the fiscal year end to December 31st. This will allow for more time to create, review and distribute financial statements to the membership. Assuming the bylaw change will be passed, Kevin requested a motion from the floor to approve PricewaterhouseCoopers as the auditor for the CSRT for the current fiscal year, with the expectation that RFP’s for auditors will be prepared for the subsequent years.

6.4 Appointment of Auditor
A motion to appoint PricewaterhouseCoopers as the auditor of the CSRT was made by Rick Culver, seconded by Helen Clark. Carried

6.5 2004-2005 Budget
Treasurer, Kevin DeJong and Executive Director, Doug Maynard gave a brief explanation of the new account structure at the head office. This explanation was necessary to explain some differences in the format of the current year’s budget as compared to previous years.
Kevin also thanked President, Jim Winnick for going above and beyond his duties as President and filling the role of Executive Director while the position was vacant over the summer. Jim made numerous trips to the CSRT head office in Ottawa from his home in Calgary to make sure the office remained functional and the needs of the CSRT office staff were met.

7. Election of Officers
The officers elected at the 2004 CSRT AGM represent the first slate of officers of the new Board structure that was approved and put into bylaw at the previous AGM. There was only one nominee for each position so all nominees obtained their position through acclamation. One individual withdrew his nomination for Director of Human Resources, and a replacement was not found prior to the AGM. The CSRT Board of Directors will seek to make an interim appointment to this position, who will sit at the Board until the following AGM.
The CSRT Board of Directors for 2004-2005 are:
  Brent Kitchen, President
  Jim Winnick, Past President
  Sue Jones, President-elect
  Kevin deJong, Treasurer
  Colya Kaminiarz, Director of Membership Services
  Ray Hubble, Director of Education and Clinical Standards
  Wrae Hill, Director of Professional Advocacy
  Scott LeMessurier, Director of National/Provincial Relations
  Vacant, Director of Human Resources
  Doug Maynard, Executive Director

8. New Business
8.1 Bylaw Changes as Published in the CJRT
8.1.1 To change the fiscal year end of the CSRT from March 31st to December 31st (Article I)
Motion was made by Colya Kaminiarz, seconded by Lynn Beaton. Carried.

8.1.2 To remove the reference to Geographic Divisions. (Article XVI. 1. (1-3))
Motion was made by Bob Reid, seconded by Ian Reid. Carried.

8.1.3 To include reference to the House of Delegates (Article XVI 1.)
Motion was made by Sue Jones, seconded by Gil Vergillio. Carried.

8.1.4 To allow bylaw changes by mail in ballot (Article VI 6. and XVIII)
Motion was made by Colya Kaminiarz, seconded by Allan Shemanko.
Motion was made by Colya Kaminiarz, seconded by Rick Culver, to amend this bylaw to state that information regarding bylaw changes be presented to the membership, by mail addressed to the member, no less than 30 days prior to the voting package being mailed. Amendment carried.
The question was called. The amended motion is carried.

8.2 Student Special Interest Group
Jason Nickerson, a student in the Dalhousie/QE II Respiratory Therapy Degree Program gave a presentation supporting the creation of a student special interest group.
Motion was made to establish a “Student Special Interest Group” in accordance with rules established in the CSRT bylaws, by Gil Vergillio, seconded by Ray Hubble. Carried.

9. Other Business
No other business

10. Adjournment
Motion to adjourn was made by Allison Nykolaychuk at 17:10.
Minutes for Special Meeting of the CSRT, November 20, 2004

Welcome
Brent Kitchen, CSRT President welcomed all in attendance and called the meeting to order. Thirteen voting CSRT members were present for this meeting, with an additional 330 voting CSRT members present by proxy, signifying that quorum was met for the purposes of this special meeting.

Approval of the Agenda
Kevin De Jong made a motion (seconded by Scott LeMessurier) to approve the agenda.

The agenda, as indicated in the notice of meeting, consisted of one item. The purpose of this meeting was to approve a proposed bylaw change.

The bylaw that would be changed is Section III, Article 1 (a–c) and Article 2. The current wording of these bylaws is:

III. REGISTRATION AND MEMBERSHIP
1. Qualifications required for Award of the Registry Certificate

Applicants for the Registry Certificate shall fulfill the following requirements:

a. Have successfully completed the prescribed course of instruction in an institution approved/accredited by CoARTE; OR have successfully completed Prior Learning Assessment and any required upgrading by an institution approved/accredited by CoARTE; and,

b. Pass all examinations prescribed by the CSRT; as outlined in the requirements of the Society “to obtain CSRT RRT Registry”. Such examinations must meet recognized psychometric standards as required for credentialing examinations; and

c. Be a current member of the Society.

2. Certificate

Having met the qualifications required for Award of the Registry Certificate, the successful candidate will receive a certificate in a form approved by the Society. (By-Law No. 2/1997)

The certificate of registry shall be and remain the property of the Society and shall be held at the pleasure of the Society. The certificate shall be surrendered to a duly authorized Officer of the Society (or his duly appointed agent) upon the recommendation of the Judicial Committee to the Board of Directors who shall, if appropriate, enact the passage of a resolution requiring such surrender.

The bylaw changes that would be submitted to Industry Canada would read as:

Section III, REGISTRATION AND MEMBERSHIP, Article 1 (a–c), Qualifications required for Award of the Registry Certificate and Article 2 Certificate, of the General Bylaws of the Society be and the same is hereby deleted in entirety and the following substituted therefore as Section III, REGISTRATION AND MEMBERSHIP Article 1 (a–d) Qualifications required for Award of the Registry Certificate and Article 2 Certificate:

III. REGISTRATION AND MEMBERSHIP
1. Qualifications required for Award of the Registry Certificate

Applicants for the Registry Certificate shall fulfill the following requirements:

a. Have successfully completed the prescribed course of instruction in an institution approved/accredited by CoARTE; OR have successfully completed Prior Learning Assessment and any required upgrading by an institution approved/accredited by CoARTE; and,

b. Pass all examinations prescribed by the CSRT; as outlined in the requirements of the Society “to obtain CSRT RRT Registry”. Such examinations must meet recognized psychometric standards as required for credentialing examinations; and

c. Be a current member of the Society;

or,

d. Meet the requirements set out in the Mutual Recognition Agreement as maintained by the National Alliance of Respiratory Therapy Regulators and be a current member of the Society.

2. Certificate

Having met the qualifications required for Award of the Registry Certificate, the successful candidate will receive a certificate in a form approved by the Society. (By-Law No. 2/1997)

The certificate of registry shall be and remains the property of the Society and shall be held at the pleasure of the Society. The certificate shall be surrendered to a duly authorized Officer of the Society (or his duly
appointed agent) upon the recommendation of the Judicial Committee to the Board of Directors who shall, if appropriate, enact the passage of a resolution requiring such surrender.

In addition to the foregoing, certificates granted under the Mutual Recognition Agreement, as defined in III. 1. (d) above, will include the following statement:

“This certificate of Registry has been granted pursuant to the Mutual Recognition Agreement of the National Alliance of Respiratory Therapy Regulators.”

Jim Winnick made a motion (seconded by Ray Hubble) to approve the proposed changes to CSRT bylaws, Section III, Article (a-c) and Article 2, as circulated.

A member representing the RTSNS presented a number of questions pertaining to possible outcomes of this bylaw change.

Of interest was the effect of this bylaw change on the reciprocity agreement between the CSRT and the NBRC. Brent Kitchen indicated that the CSRT Board of Directors had discussed this issue and the effect of this change in bylaw on the reciprocity agreement is unclear. Brent indicated that reciprocity with the NBRC is important the CSRT, however reciprocity with the other jurisdictions within in Canada is considered by the Board to be of greater importance.

Brent also indicated that the CSRT President and Executive Director would be meeting with representatives of the NBRC in December to discuss this issue.

Other topics of discussion were regarding the potential that this bylaw change would diminish the CSRT RRT credential. A number of arguments from both sides of this issue were made. It was agreed by all that the CSRT credential is an internationally recognized credential and the CSRT should make attempts to maintain that. It was identified however that the role of the CSRT RRT credential as an entry to practice credential is diminishing regardless of what the CSRT does. As more provinces become self-regulated there are fewer and fewer individuals that will require the CSRT RRT credential. Members of the CSRT Board stated that the CSRT is attempting to position itself for a future where its role is as a true professional association representing all RRT’s in Canada.

The vote was called and the motion was carried.

Motion to adjourn. Ray Hubble.

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Proposed Bylaw Changes

Annual General Meeting of the CSRT Membership, June 4th, 2005

The CSRT Board of Directors has proposed the following two bylaw changes to be ratified by the membership at the June 4th, 2005 Annual General Meeting of the CSRT.

Proposed Bylaw Change #1
Section IV— Discipline

Proposed Change
The bylaw that would be changed is Section IV — Discipline. This section opens with the following statement:

“Former Members shall be subject to discipline under Article IV, in the same manner as Current Members.”

The bylaw change proposed by the CSRT Board of Directors is the removal of this statement so that the CSRT will only apply its bylaws to individuals that are current members of the Society.

Proposed Bylaw Change #2
Section III — Registrations and Membership

Proposed Changes
The changes to this section will reflect the intent of the CSRT Board of Directors to only apply the benefits of membership in the CSRT to current members of the Society. This change would involve the addition of “and Maintenance” to the heading of sub-section 1 and a statement to subsection 2 indicating that the Registry Certificate will only be considered valid in conjunction with a current Certificate of Membership in the Registered membership class.

Section III Registration and Membership, Article 1 — Qualifications required for Award of the Registry Certificate would read:
III. REGISTRATION AND MEMBERSHIP

1. Qualifications required for Award and Maintenance of the Registry Certificate

Applicants for the Registry Certificate shall fulfill the following requirements:

(a) Have successfully completed the prescribed course of instruction in an institution approved/accredited by CoARTE; OR have successfully completed Prior Learning Assessment and any required upgrading by an institution approved/accredited by CoARTE.; and,

(b) Pass all examinations prescribed by the CSRT; as outlined in the requirements of the Society “to obtain CSRT RRT Registry”. Such examinations must meet recognized psychometric standards as required for credentialing examinations; and

(c) Be a current member of the Society.

or,

Meet the requirements set out in the Mutual Recognition Agreement for Respiratory Therapy as maintained by the National Alliance of Respiratory Therapy Regulators and be a current member of the Society.

2. Registry Certificate

Having met the qualifications required for Award of the Registry Certificate, the successful candidate will receive a certificate of registry in a form approved by the Society. (By-Law No. 2/1997)

The CSRT Registry Certificate is only considered valid in conjunction with a current membership with the Society, in the Registered Member class.

The certificate of registry shall be and remain the property of the Society and shall be held at the pleasure of the Society. The certificate shall be surrendered to a duly authorized Officer of the Society (or his duly appointed agent) upon the recommendation of the Judicial Committee to the Board of Directors who shall, if appropriate, enact the passage of a resolution requiring such surrender.

In addition to the foregoing, certificates granted under the Mutual Recognition Agreement, as defined in III. 1. (d) above, will include the following statement:

“This certificate of Registry has been granted pursuant to the Mutual Recognition Agreement of the National Alliance of Respiratory Therapy Regulators.”

Rationale

The CSRT currently offers a voluntary registered respiratory therapist credential. This credential is predominately used as a requirement of employment in jurisdictions that do not have self-regulation of the profession where a provincially legislated regulatory body assumes this authority.

Historically, the CSRT has applied the bylaws of the CSRT to all individuals that have received the CSRT Registry Certificate regardless of membership status. This resulted in current and non-current members receiving equal benefit of recognition associated with holding the CSRT RRT credential as well as being subjected to CSRT process, such as the Complaints and Discipline process.

The purpose of the complaints and discipline process is to ensure that CSRT members are competent in practice and conduct themselves in adherence with the CSRT Standards of Practice and Code of Ethics. In the most extreme cases the CSRT would remove an individual’s credential with the expectation that the individual would no longer be able to use the title Registered Respiratory Therapist or work in the field of Respiratory Therapy, at least in the non-regulated jurisdiction.

Recent events have demonstrated to us that this practice of attempting to apply a full judicial process, not only to a voluntary credential, but also to non-current members has caused the CSRT to assume significant legal and financial risk. Our ability to investigate and discipline an individual is seriously compromised by our lack of legislated authority. In extreme cases, expenses exceeding $50,000 may be incurred with no ability to ensure the disciplinary action and affect on employment or practice is enforced. In a case where a credential is removed there is no guarantee that the employer will not allow the individual to work.

In provinces that have legislated self-regulation, provincial colleges have the ability to enforce disciplinary action. The majority of our members are in the four regulated jurisdictions and are already governed under these rules. Five of the remaining six provinces are in the process of pursuing self-regulation in their jurisdictions and will assume this responsibility in their jurisdictions as well.

As a voluntary national professional association, the CSRT Board of Directors has agreed that the responsible application of its bylaws should be limited to those individuals who are members of our society. The CSRT and its members should not incur the expense and risk of dealing with individuals who are not members of our organization. For this reason we recommend that the membership approve the requested change in our bylaws.

Approved by the CSRT Board of Directors, April 6th, 2005
CSRT Annual General Meeting

Rules of Participation

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 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.

AGM Agenda

June 4th, 2005 — 3:30–5:30 pm
Shaw Conference Centre
Edmonton, AB

1. Welcome and Call to Order
2. Introductions
3. Approval of Agenda
4. Approval of Minutes of the CSRT 2004 Annual General Meeting, and CSRT 2004 Special Meeting (November 2004)
5. Executive Reports
   5.1 President’s Report
   5.2 Treasurer’s Report
   5.3 Appointment of Auditor
   5.4 2004–2005 Budget
6. Election of Officers
   6.1 President-elect
7. New Business
   7.1 Bylaw Changes
      7.1.1 Changes to Section IV — Discipline.
      7.1.2 Changes to Section III — Registration and Membership
   7.2 Leadership Special Interest Group
   7.3 Non-smoking Resolution
   7.4 Procedural Changes to Future CSRT Annual General and Special Meetings (Information Only)
8. Other Business
9. Adjournment
CoARTE NEWS

Success Stories

CoARTE would like to congratulate the Algonquin College of Applied Arts and Technology and La Cité collégiale for their recent successful Accreditation with CoARTE.

Algonquin College of Applied Arts and Technology
(Site visit: January 23–26, 2005)

CoARTE would like to offer its deepest gratitude to the Document Reviewer, Thelma Cashen, RRT, Faculty, QEII/Dalhousie School of Health Sciences and to the Program Review Team for their dedication and their involvement in the site visit. The Program Review Team was comprised of Dr. Paul Hernandez, MDCM, FRCP (Team Leader); June MacDonald, BN RN MEd; Tom Dorval, RRT, MEd and Dennis Hunter, (CRTO) Bed. (Adult), RRCP RRT, EMCA.

The Algonquin College of Applied Arts and Technology welcomed the Review Team Members and the collaboration with Anita Gallant (Coordinator, Respiratory Therapy Program) and Jo-Ann Aubut (Chair, School of Health and Community Studies) insured that the site visit was a real success.

The collaborative efforts of the CoARTE members, the program staff and the Clinical Agency partners were a valuable experience. The CoARTE team members provided a thorough detailed external review of the Algonquin College program. Useful feedback was provided by the CoARTE team for program improvement. Anita Gallant emphasized “This process helps us to assure that we graduate people that will go on to be valued members of our profession.”

La Cité collégiale
(Visite du Site : 20-23 février, 2005):
Premier Agrément Francophone !

Le Conseil pour l’agrément de la formation en thérapie respiratoire (CoAFTR) aimerait remercier l’Examinatrice de documents, Madame France Germain, TR ainsi que toutes les examinatrices de programme pour leur dévouement et leur travail d’équipe pendant la visite de La Cité collégiale. La première équipe francophone d’examen de programme se composait de Madame Marie-France Bélanger, Direction adjointe à l’enseignement et aux programmes, Collège de Sherbrooke; Madame Maryse Audet, TR, Programme de thérapie respiratoire du CCNB-Campus de Campbellton et Madame Dawn Brunelle, TR et Représentante de l’OTRO, Collège Fanshawe.

CoAFTR aimerait féliciter Madame Ginette Aubin, Coordonnatrice du programme de Thérapie Respiratoire et Madame Jacquie Bernard, Professeur, pour leur engagement et leur dévouement pendant la préparation de la visite et pour leur collaboration avec l’équipe d’examen de programme tout au long du processus d’agrément. Félicitations pour tous vos succès!

Selon Madame Sylvie Beauvais, directrice des Sciences de la santé, “ Le comité d’évaluation a accompli un travail remarquable. La rigueur des membres présents a mené à une analyse, en profondeur, de toutes les composantes du programme. Le travail exceptionnel effectué par l’équipe composée des enseignants et du personnel de soutien du Collège a aussi largement contribué au succès de cette inspection. Nous sommes fiers des résultats obtenus et fiers de votre programme.”

CoARTE Registration Form
Thursday, June 2, 2005, 09:00-3:30

Please note: Registration will be on a first-come, first-serve basis and spaces are limited.
Please complete this form and mail by April 30, 2005 to: Josée Gagnon Education and Accreditation Manager Council on Accreditation for Respiratory Therapy Education (CoARTE) 102-1785 Alta Vista Drive, Ottawa ON K1G 3Y6

Name: _______________________________________
Title: _______________________________________
Work Address: ________________________________
____________________________________________
Telephone: ________________________________
E-mail: ________________________________
Cost: $95.00 per person plus GST ($101.65)
À la suite des recommandations effectuées par le comité, La Cité collégiale, en partenariat avec le Consortium national de formation en santé, a immédiatement procédé à l’achat d’équipements et appareils nécessaires en vue d’améliorer la qualité de l’enseignement offert aux étudiants. Le Collège s’est procuré deux appareils de ventilation non invasive, un Sim Man et deux ALS Baby, des têtes d’intubation pour adultes et pédiatriques, un défibrillateur semi-automatique, un système nasal de PCAP et deux ventilateurs Platform AVEA, entre autres.

Ce matériel additionnel contribuera à former des thérapeutes respiratoires compétents et aptes à relever les défis actuels et futurs du marché du travail.

CoARTE would like to congratulate Mrs. Ginette Aubin, La Cité Coordinator of the Program of Respiratory Therapy and Mrs. Jacquie Bernard, Professor. Their dedication during the preparation of the site visit and collaboration with the Program Review Team throughout the process of accreditation has been exceptional. Congratulations for all your successes!

According to Mrs. Sylvie Beauvais, Director of Health Sciences, ‘The committee of evaluation achieved a remarkable work. The thoroughness of the members was very evident in components of the program. Exceptional work was carried out by the team which was made up of the teachers. Personnel support of the College also largely contributed to the success of this inspection. We are proud of the results obtained and proud of our program.’

With the CoARTE Report and the recommendations carried out by the committee, La Cité collégiale, in partnership with the national Consortium of training in Health, has immediately proceeded to the purchase of equipment and apparatuses necessary to improve quality of teaching offered to students.

The College has purchased two non-invasive ventilators, a Sim-Man simulation mannequin, two ALS Babies, intubation mannequins (adult and pediatric), two Viasys AVEA ventilators, and more.

This additional equipment will contribute to training respiratory therapists to take up current and future challenges of the labour market.
## Calendar of Events

### 2005

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<th>Event</th>
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<tr>
<td>Society of Cardiovascular Anesthesiologists Annual Meeting</td>
<td>May 14–18, 2005</td>
<td>Baltimore, Maryland</td>
<td><a href="mailto:sca@societyhq.com">sca@societyhq.com</a></td>
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<td>Third All Africa Anaesthesia Congress</td>
<td>May 21–25, 2005</td>
<td>Tunis, Tunisia</td>
<td><a href="http://www.staar-tunisie.net">http://www.staar-tunisie.net</a></td>
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<td>Interprofessional Education</td>
<td>May 26–27, 2005</td>
<td>Toronto, Ontario</td>
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<td>Canadian Society of Respiratory Therapists Annual Educational Forum</td>
<td>June 2–5, 2005</td>
<td>Edmonton, Alberta</td>
<td><a href="http://www.csrt.com">www.csrt.com</a></td>
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### 2006

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<td>Pediatric Anesthesiology 2006</td>
<td>February 16–18, 2006</td>
<td>Fort Myers, Florida</td>
<td><a href="http://www.pedsanesthesia.org">www.pedsanesthesia.org</a></td>
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<td>13th World Conference on Tobacco Or Health</td>
<td>July 13–16, 2006</td>
<td>Washington DC, USA</td>
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<td>20th Anniversary of AACVPR</td>
<td>October 20–23, 2006</td>
<td>Milwaukee, Wisconsin</td>
<td><a href="http://www.aacvpr.org/meeting/">www.aacvpr.org/meeting/</a></td>
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<tr>
<td>CHEST 2006</td>
<td>October 21–26, 2006</td>
<td>Salt Lake City, UT</td>
<td><a href="http://www.chestnet.org/">www.chestnet.org/</a></td>
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