To: Board of Respiratory Care

From: Lynn Sullivan, BS, RRT-NPS

Subject: comments on BORRC 261 CMR hearing 7/16/18

My comments on the proposed educational changes to the licensure law as posted on website:

* Communication of this proposed change was poor. A mailing was sent to all to renew licenses this year and was an opportunity to include information regarding the proposed changes.
	+ Communicating why the changes are proposed and what the rest of the country is requiring for education to allow perspective would have been helpful. People respond to change best when they understand the why. Why the number of CRCE’s proposed, why the specific topics proposed, etc.
	+ The website is difficult to navigate at best and the information posted on it is confusing regarding this proposed change. There is a memo that makes it appear the changes already went into effect when they actually had not.
* I support an increased number of CRCE’s. After researching other state requirements I see that we are behind the times on this. My staff members do not necessarily agree with this.
	+ My experience is that most people will do the minimum required of them in the cheapest way possible, without regard for content. An increased number of CRCE’s will encourage additional learning in an environment with rapid changing evidence and technology
	+ There are plenty of ways to obtain no cost or low cost CRCE’s.
		- Advocating that membership to the AARC for $89 gives you access to abundant no cost or low cost CRCE’s would be a way to support our organization and benefit Respiratory Therapists with state of the art and times education.
	+ Educate Respiratory Care leaders on how they can create CRCE opportunities within their own departments and health care environments. Make it known how to easily create CRCE applicable learning opportunities embedded in education they are likely already providing in some way.
* Accept “on line” CRCE’s for most requirements
	+ This is the way of the future.
* Reassess required CRCE’s.
	+ Most hospitals have required ethics and conduct training, infection control and patient safety training. Assess needs gap in trainings vs. most required hospital annual required training. These are not one hour trainings; so although considered appropriate by employers and regulatory standards, they would not “meet” the requirement.
	+ I support some required topics, and suggest they also come with the “why”. Marketing this is important.
		- I.e.: Improving Medical Records and Record Keeping
			* Why: from medical legal perspective, use examples and facts
* I suggest a step wise increase to the number of CRCE’s:
	+ It is too late in our current licensure period to implement and communicate this effectively.
	+ I would suggest a scheduled increase, example from 15 to 20 the next licensure period, 20 to 30 the following period.
		- This would allow time for departments and conferences to adjust their planning.

Respectfully submitted,

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