

The Virginian-Pilot

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at work with ...

David Grooms

Respiratory clinical program manager at Sentara Healthcare



AMANDA LUCIER | THE VIRGINIAN-PILOT

GRADUATED FROM Chowan University in 1998. I had nothing lined up, and I was contacted by one of my professors about the respiratory therapy school at TCC. They had a spot open. So I graduated on Saturday, I had Sunday off and I went right into the program. I took a chance, and it was the best chance I ever took.

I think we're the best-kept secret in health care. If you ask the general public what does a respiratory therapist do, they're not going to know. If you ask people in a hospital, they'll say: Oh, they deliver medications. But the job is so much more involved than that.

Most commonly, the things that we do are breathing treatments, nebulizer therapy and mechanical ventilation – basically any type of therapy that will improve the lung health of the patient. Patients with different pathophysiologies such as COPD (chronic obstructive pulmonary disease), emphysema and asthma are the common population that we see. We deliver medications to them. We often-times are called to suction and remove mucus from our patients' lungs.

We specialize in critical care, where we are in charge of setting up and managing the mechanical ventilator, which is used to assist patients who cannot breathe on their own. We set up all of the ventilators. We do all the titrations on the ventilator settings and eventually wean the patients off the ventilators.

I've been at Sentara since 2002. I have a clinical team where I have four respiratory specialists that work at three hospi-

tals – Bayside, Norfolk and Leigh.

The most rewarding thing about our job is you can get what we call "train wrecks" that come in the door, people who you often think will not make it, and with our efforts and the nursing efforts at the bedside, they actually walk out of the hospital.

There was a patient at Bayside. This was a guy who had acute lung injury. He had acute respiratory distress syndrome, and the mortality rate associated with that disease is very high. We put him on the ventilator. We basically did every type of intervention that you could think of. And this guy turned around and eventually walked out of the hospital, and he visited us two months later.

That's what's so gratifying about critical-care medicine. All of those cases where you're not sure how the patient is going to do, you just stick with what you know and you can turn somebody's life around.

One of the most frustrating parts of the job is that sometimes you have too many cooks in the kitchen. We have a lot of people in health care responsible for decision-making on patients. Any time that happens, you're going to butt heads, you're going to disagree. But everyone's

working toward the same endpoint, and that's saving somebody's life.

Besides that, I'd say the most frustrating part is when you do everything you can possibly think of and you're not getting the result that you're hoping for the patient. It's tough at times. In health care, you eventually become desensitized. You have to disconnect and go back to your personal life. But you think, although I'm not able to help this patient, I can take the lessons that I've learned to use for the next patients. That's probably the best way to separate ourselves from some of our failures and move on to contribute to better successes.

– As told to Pilot staff writer
Philip Walzer

THE GROOMS FILE

Age 33

Home Suffolk

Family Married for seven years to Stacey. "We've got an 11-month-old beautiful little angel named Storey."

Hobbies "I love snowboarding. That's probably my No. 1 priority, besides my family. I also like playing corn hole. I'm definitely into football – the Chicago Bears. I liked Walter Payton back in the day."

Education Bachelor's degree in science, Chowan University, 1998; associate degree in respiratory therapy, Tidewater Community College, 2000. He's working on his master's in clinical research at George Washington University. "I've got three classes to go."