



## Paving the Way for a Respiratory Specialty in Italy

**Physiotherapist Sergio Zuffo explains how he and his colleagues are helping to promote respiratory care in their country — and how the AARC is assisting them in their goals.**

Last year, the American Respiratory Care Foundation (ARCF) honored Sergio Zuffo, PT, with its prestigious Héctor León Garza, MD, Award for Excellence in International Respiratory Care for the work he's done to raise awareness of the need for respiratory specialization in Italy. In this interview, he shares his background in this area and explains what's being done today to foster the development of respiratory physiotherapists in Italy.

**AARC Times:** When and how did you become interested in physiotherapy, and what led you to specialize in the respiratory care aspects of the profession?

**Zuffo:** I became interested in physiotherapy in 1973 when I enrolled in the specific, three-year course at the University of Florence. The training program includes some respiratory physiotherapy, but back then the specifics were limited to postural drainage, percussion, and classic respiratory exercises.

I started working as a physiotherapist in 1977, and in 1983 I transferred to the Ospedale Pediatric Meyer in Florence. Up to that point respiratory physiotherapy had only been lodged in a remote corner of my brain. In the beginning I worked in other areas, and not just with respiratory problems. But from then on it was a gradual crescendo.

At the Meyer hospital there was — and still is — the Regional Center for Cystic Fibrosis. The CF patients and their problems led me to learn new airway clearance techniques, and I got to work with the people who developed them. I went to Merete Falk and Jens Andersen in Denmark for positive pressure — PEP mask and PCPAP. We had Jean Chevaillier and Guy Postiaux come from Belgium to teach us autogenic drainage and respiratory physiotherapy guided by auscultation, respectively. We

worked with English colleagues on active cycle of breathing techniques, etc.

In the meantime, other demands for respiratory physiotherapy were emerging, such as care for preterm babies receiving mechanical ventilation in the NICU. So I went to the Hospital de Port Royal in Paris where Remi Remondière was working and teaching, and there I attended his course in neonatal respiratory physiotherapy at the

École des Cadres de Kinésithérapie “Bois-Larris.” Then I went to the PICU at Great Ormond Street Hospital for Children in London where, in addition to focusing on severe respiratory problems, I had direct experience with an important patient-evaluation tool, the Problem Oriented Medical Record, which we introduced here in Italy. Increasing demands for help with many other respiratory problems related to a wide range of diseases also required further study in oxygen therapy, aerosol therapy, endotracheal aspiration, tracheostomy, invasive and non-invasive mechanical ventilation, physical exercise, and so on.

For several years now I have been working exclusively with pediatric respiratory problems, and I teach training courses for physiotherapists, degree courses in physiotherapy, and master programs in respiratory physiotherapy and rehabilitation at the University of Milan and in pediatric physiotherapy at the University of Florence. I became a respiratory physiotherapist through working on children's needs, refresher courses and updates, practical experience, teaching experience, and by getting involved in respiratory issues in different branches of medicine.

**AARC Times:** Where are you working now, and what are your primary responsibilities there? How is your role similar to, or different from, that of a respiratory therapist here in the United States?

**Zuffo:** I'm still working at the Ospedale Pediatric Meyer in Florence, where I am the coordinator of the physiotherapy team for respiratory problems. As to the role, we have to distinguish between what I do personally and the situation in Italy on the whole. While in the United States there has been for years a specific training program for

the respiratory therapist as a specialist in respiratory problems distinct from the physical therapist, in Europe there is a single training program, and only a few countries offer a post-graduate specialization in respiratory therapy or ICU therapy.

A survey conducted by our association in Italy revealed problems in training and roles: In respiratory matters the physiotherapist's skills and responsibilities are still limited. Often it is the physician who conducts the procedures for assessing the patient in order to plan the appropriate rehabilitation program. There are still very few physiotherapists who work on the most specialized techniques, such as withdrawal from mechanical or noninvasive ventilation.

The specialization that began with the master's course that we recently established at the University of Milan — currently in its second edition — aims at augmenting the physiotherapist's skills, leading the professional toward the possibility of being an expert in physiotherapeutic treatment of respiratory diseases. This is accomplished by enhancing their knowledge of the various approaches (pulmonary rehabilitation, airway clearance techniques, invasive and noninvasive mechanical ventilation, appropriate physical exercise, education), the functional evaluation of the cardiorespiratory apparatus, and organizing rehabilitation programs. This should increase their skills and help them become coordinators of the respiratory physiotherapy teams, teachers of respiratory physiotherapy in refresher/update courses and/or degree courses for physiotherapists, and responsible for respiratory physiotherapy within the context of research protocols.

**AARC Times:** How did you get involved with the Italian respiratory organization, ARIR (Associazione Riabilitatori dell'Insufficienza Respiratoria), and what is your current role with the organization? What are the ARIR's top goals and objectives?

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– Sergio Zuffo, PT

**Zuffo:** I got involved with the ARIR mainly because, ever since it was established, it has been the most important and responsive organization in Italy pursuing cultural and organizational improvement in respiratory physiotherapy and rehabilitation. I am currently an executive board member, section editor for neonatology of the *ARIR Review*, member of the Editorial Board for “ARIR's Selections from *RESPIRATORY CARE* and *AARC Times*,” and teacher of various ARIR courses and seminars. Last but not least, I represent ARIR to the AARC's International Council for Respiratory Care™ (ICRC).

The main goal of the ARIR is to extend the sci-

ence of respiratory care to other branches of medical science — chronic respiratory disease, intensive care, pediatrics, and so on. The association also promotes the cultural growth and development of professional respiratory physiotherapists in the Italian health system. ARIR works hard to achieve its goals by:

- Disseminating information about respiratory physiotherapists and the importance of what we do in Italy
- Continuing education, training, and teaching
- Publishing
- Affiliations with other associations
- Educational project
- Communication.

An important program made possible, thanks to the invaluable cooperation of the AARC, is the publication of a selection of articles in their original language and format, the “ARIR's Selections from *RESPIRATORY CARE* and *AARC Times*.” The aim of this selection is to bring the members of ARIR closer to their colleagues in the AARC and to build a bridge between the American and Italian worlds of respiratory care.

**AARC Times:** What are the latest developments in the master's course at the University of Milan, and how will this level of training benefit health care in your country?

**Zuffo:** The master's program offers specialization after the first-level degree. It is now in the second edition, and the governing body of the University of Milan has approved a third. The participants come from all parts of Italy, which will certainly foster more uniform growth and development of respiratory care in Italy.

We are also planning to organize opportunities for discussion and exchange among the colleagues who have already completed the master's program to compare the different situations in Italy and to help them continue the growth process that is desirable for all health care professionals. Furthermore, whenever possible, we try to encourage and support those colleagues who have completed the master's program to engage in teaching activities in the first-level degree course in order to improve the "basic respiratory training" of physiotherapists which, for the time being, is very limited in Italy (3–5% of the credit hours).

Our next goal is to include lessons in the second-level degree course that will provide physiotherapists with coordinating and management duties with the knowledge and skills needed for better management of staff dedicated to the treatment and rehabilitation of patients with respiratory diseases.

**AARC Times:** 2008 was designated the "Anno del Respiro" in Italy — the "Year of Respiration." What activities have taken place this year to mark the occasion, and how have you and your organization been involved in them?

**Zuffo:** To mark the "Year of Respiration" we participated in all the programs planned by the FIMPST — Federazione Italiana Contro le Malattie Polmonari Sociali e la Tuberculosis (the Italian Federation for Social Pulmonary Diseases and Tuberculosis) — to sensitize the people to the increase in chronic respiratory diseases. Furthermore, in cooperation with Riabilitazione Oggi, an association of physiotherapists working in different areas of respiratory care, with branches throughout the country, we helped to plan a series of information/training meetings to increase the awareness of our colleagues concerning the increase in respiratory diseases. The Third European Respiratory Care Association Congress, coming up April 2–4, 2009, fits perfectly into this context as well.

**AARC Times:** You currently serve on the ICRC Board of Governors. How do you believe this international organization is helping to promote an exchange of ideas among respiratory care professionals around the world?

**Zuffo:** Working with people who have health problems, and in our case mainly respiratory problems, is often demanding, difficult, and tiring. But being able to talk to colleagues who do the same job, who share your doubts, or who have found new and useful treatment methods, helps you grow. This experience helps you understand how far you can go and gives you the spark, or energy, to embark on new paths. Cultural and professional exchanges also help strengthen your feeling of purpose and the feeling of dignity about what you do and the role you play.

As a result of all this, you face problems with a little more confidence — never with any mathematical certainty of being right — but with more likelihood of making fewer mistakes and getting ever closer to good practice, with the support, insofar as possible, of proof of effectiveness. Knowing what can and what cannot be achieved through our treatments makes it easier to enter into an honest, open "contract" with our respiratory patients, and at the same time, it gives us a glimpse of broader horizons.

Working poorly, without awareness, or seeing things done poorly makes us very uncomfortable. Work well done, with respect to the patients and their families, is satisfying. It puts you at peace with yourself and the people around you; it makes you feel "good" and fulfilled. With its ongoing training programs, its prestigious journal, with its Clinical Practice Guidelines, and with the international support thanks to the International Council, the AARC has contributed, and is continuing to make a significant contribution, to the growth and development of respiratory care throughout the world by stimulating us to keep on improving. Furthermore, we believe that all of this will help bring about legal recognition of this profession and an increase in the number of real respiratory physiotherapists in Italy.

**AARC Times:** In 2007, you were named the third annual recipient of the ARCF's Héctor León Garza, MD, Award for Excellence in International Respiratory Care. How did it feel to receive this honor?

**Zuffo:** At first I was stunned and felt that I didn't deserve it, at least not personally. Then came a feeling of immense gratitude to the ICRC of the AARC, and last but not least, to my association, the ARIR, of which I am merely a simple representative. I interpreted the award as an acknowledgement and recognition of the entire association to which all my colleagues make important — and voluntary — contributions. And our president, the dynamic Marta Lazzeri, deserves special thanks. It was difficult for me to verbalize the feeling, so I wrote a letter to my ICRC colleagues. I would like to repeat that letter in part for you here:

“Thank you to the AARC for the way you welcomed us from the very beginning some years ago: with warmth, friendship, and respect. Before me, other colleagues —Pamela, Giovanni, and Marta — participated in the Congresses and meetings. I, myself, have attended only the last three AARC Congresses and meetings. But from the first I noticed, and was grateful for, the care and attention you all gave me. Thank you Jerome Sullivan, Hassan Alorainy, John Hiser, and everybody.

“To quote Sam Giordano’s presentation of the ARIR’s publishing project, ‘Selections from RESPIRATORY CARE and AARC Times’: ‘Even though the American As-

sociation for Respiratory Care is comprised primarily of respiratory therapists, we recognize and respect the many other health care professionals around the world such as physiotherapists, etc....’

“And again, still Sam’s words, ‘While we all recognize that throughout the world we may be separated by distance, culture, and language, we also recognize that respiratory patients deserve the best care possible. Toward that end, we are delighted to collaborate with other organizations such as ARIR in order to provide increased access to information regarding the treatment of these patients....’” ■