# Do You Impart *"CARE"* Into Respiratory Care?

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College of Medicine

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# Who am I?

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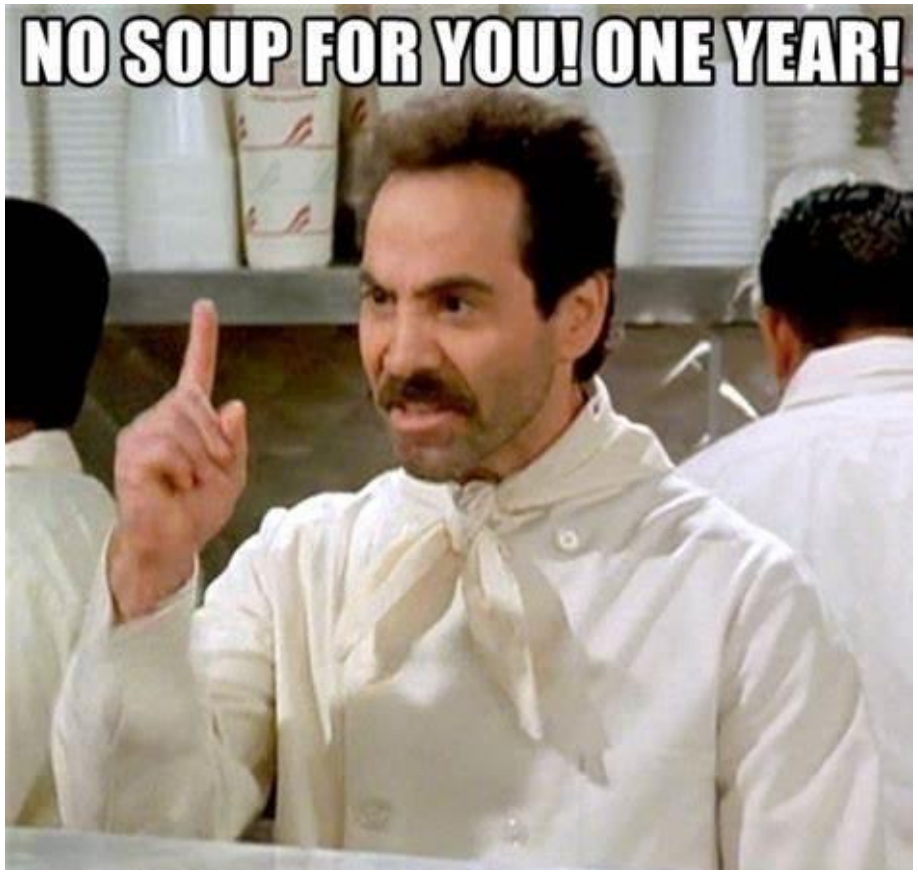
# More Importantly……
# WHO ARE YOU?

- RRT with 0-5 years?
- RRT with 5-10 years?
- RRT with 10-20 years?
- Over 20 years?
- RT Students in the Room?




# Disclosure

- The planners and speakers have no conflicts of interest to disclose. We will not become rich and famous following this presentation!

# Why did I want to Lecture today?


- Does our Respiratory Therapist education lack substance?
- Do we provide our new Grads with everything they need to be successful?
- To stimulate your thought process on the type of care your provide.
- Discuss the need for attention to detail!
- Review the importance on inter-professional communication!

# Objectives

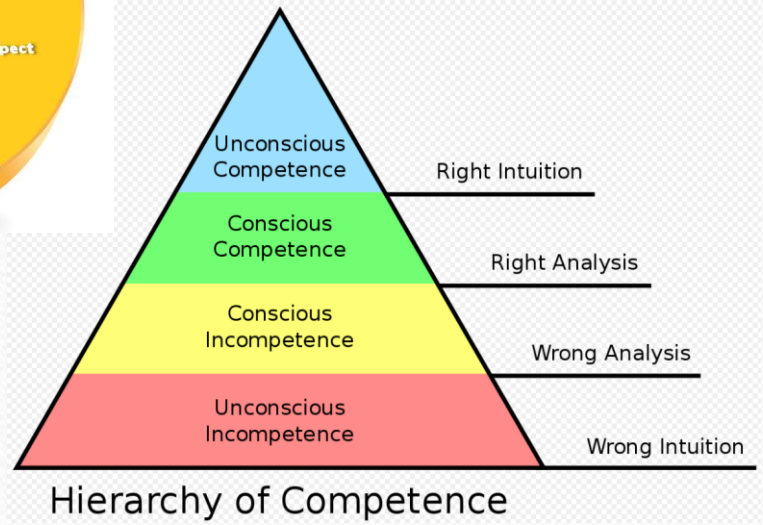
- Identify current interpersonal skill level as it relates to the patient assessment process
- Recognize conversational/coaching skills needed for optimal patient/therapist interaction
- Recognize barriers to successful implementation of optimal patient/therapist interactions while constructing strategies to eliminate these barriers
- Outline how enhanced inter-professional communication can optimize your respiratory therapy workload


# Outline

- **Define a "Professional", Experiential Learning Theory, and the TEAM?**
- **Define IPE why it is important**
- **Review the importance of Interpersonal/Conversational/Coaching skills**
- **Review Barriers to being a successful RRT as seen from the patient**
- **Scenario Review**
  - At intervals, I will pause to emphasize a topic and open the room for live discussion…..
  - ***YES – I will call on you!***
- **Closure/Questions**

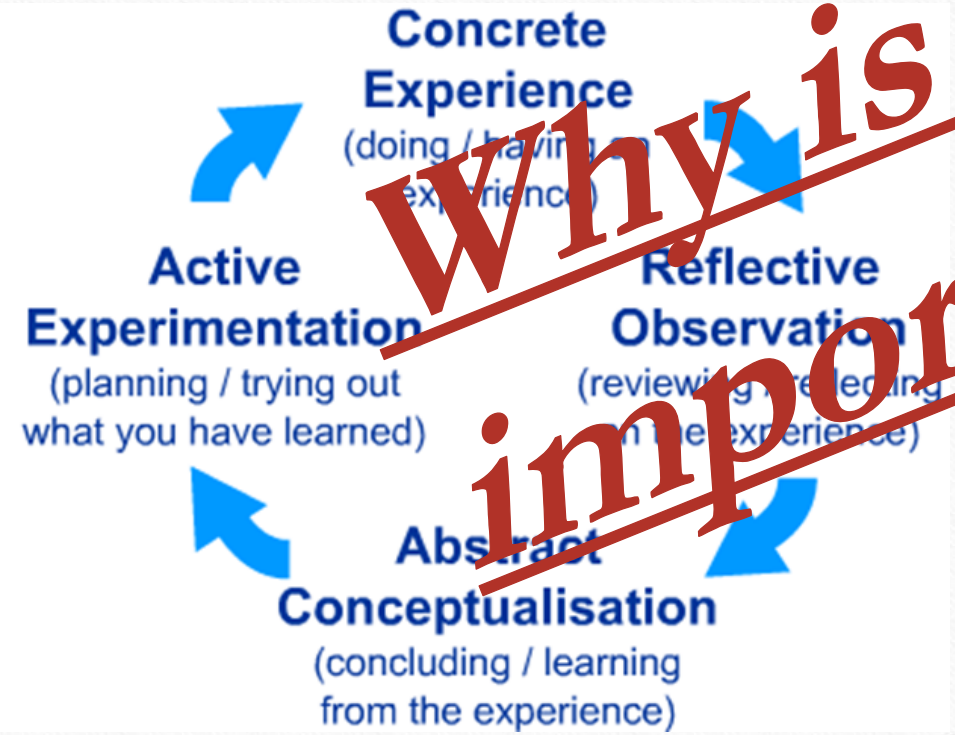
# What makes you a Respiratory Professional?

- **Character**
  - Features and traits that form the individual nature of a person
  - Moral and ethical adherence to our values
- **Competence**
  - Technical competence to perform the relevant task to a standard
  - Ability to integrate that skills with others

# Kolb's experiential learning cycle

- Defines learning as "the process whereby knowledge is created through the transformation of experience.

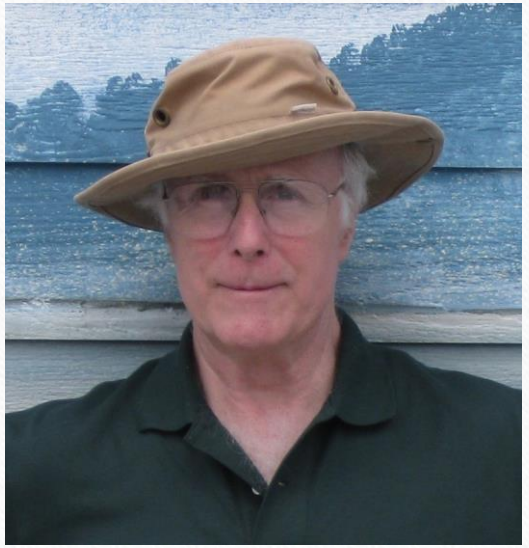



**Why is this important?**

Reflective practice

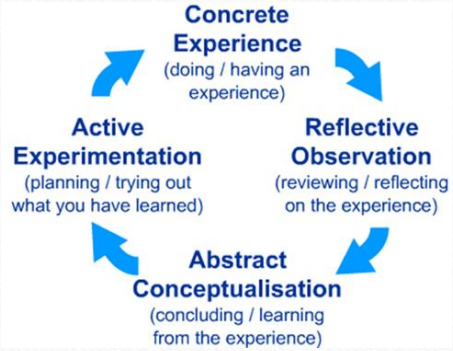
Deliberate practice

Deliberate "modeling"



DAVID KOLB

# Experiential Learning Theory - *Relevance*

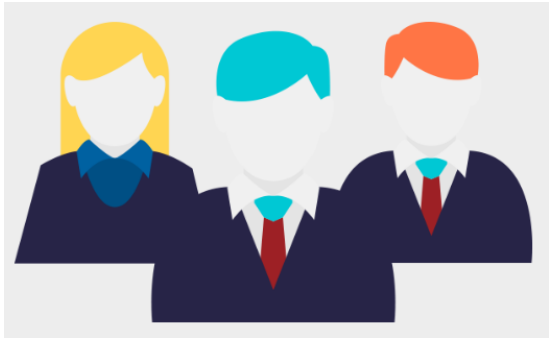



- ***When are you the best Therapist in your career if applying this theory correctly?***
- **Never Stop Learning or Improving!**


# What is a TEAM?

- A number of persons associated together in work or activity (https://www.merriam-webster.com/dictionary/team, Accessed 4/3/2019)
- A group of people with a full set of complementary skills required to complete a task, job, or project (http://www.businessdictionary.com/definition/team.html, Accessed 4/3/2019)
- What is TEAMWORK?
  - ***Selfless acts towards a common goal.***

(http://www.andersonleadershipsolutions.com/teamwork-navy-seal-definition/, Accessed 4/3/2019)

# Who is our TEAM?

- Other Respiratory Therapists
- RNs
- NCAs
- Doctors
- NPs/PAs
- HUCs
- Medical Students
- Environmental Services
- Phlebotomy
- Etc…Etc…Etc…

# What is the #1 thing that can breakdown a TEAM?

- ***Poor Communication!!!***
  - Ego
  - Negative competition
  - Micromanagement
  - Criticism without praise
  - Half-hearted work
  - Stubbornness
  - Leading with emotions


(https://bernardmarr.com/default.asp?contentID=990, Accessed 4/3/2019)

# Communication is key!
# How well does your team communicate?

- Do you feel you are an equal member of the team?.... Why or Why Not?
- Does your team train together?
- What are limiting factors in your facility to having a better team of medical professionals who train and work together?

# Interprofessional Education (IPE)

- Interprofessional education programs are growing, as they are increasingly *viewed as a means of reducing medical errors and improving the health care system.*
- Proven to improve patient care.
- Did you have IPE in school?
- If not, do you think it would add benefit to the curriculum?
- *Giving Feedback within the team is important!*

# Taking Feedback from your Teammate or Peer can be tough!

- Do not take it personal!
- What is the goal of the feedback?
- The more mutual respect within the team dynamic the easier feedback is given and received.
- Do you give and receive feedback often within your team?

# Simulation Can Help

- Performing IPE simulations can help breakdown barriers before REAL patient care.
- Helps to breakdown SILOs of communication and knowledge
- Does every member of your team know what you do on a daily basis….do they know what your assignment is?

# Take Away?? – *what is that??*

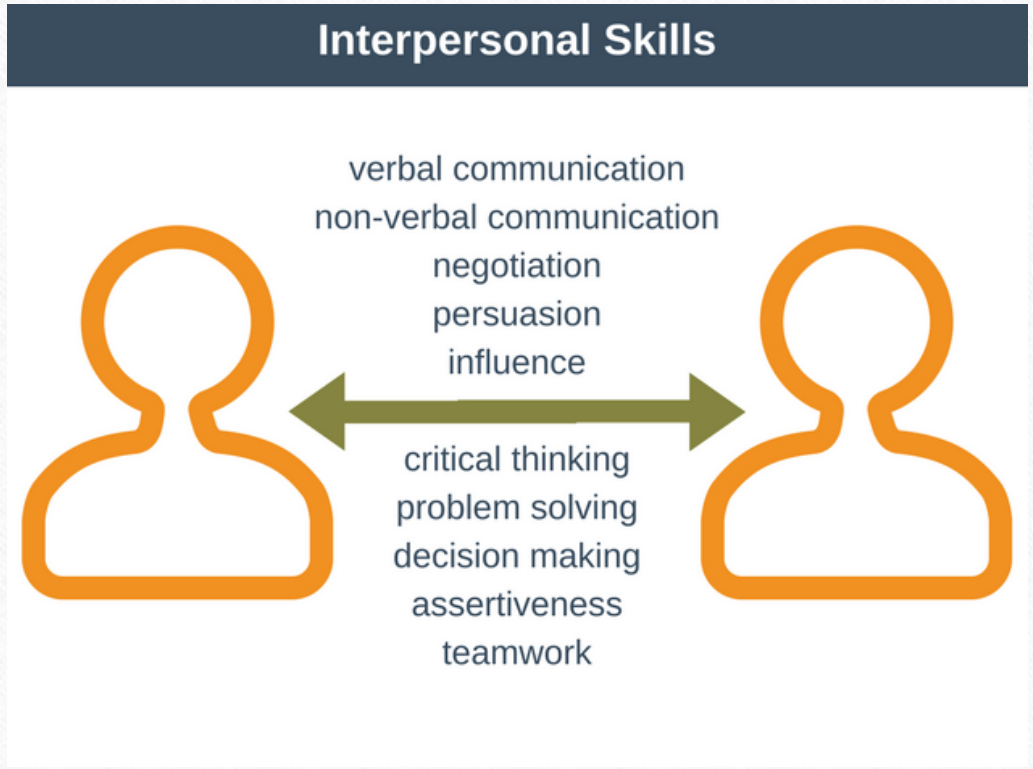

**Take away:**

- One item or more that you learned that you will carry forward into your personalor professional way of life.

***When reflecting back on the last few slides, what is your TAKE AWAY?***

# Interpersonal Skills

- How is this taught in RT school?
- Do you think you had sufficient training is this area?
- Why is it vitally important to possess these skills as a Medical Professional?
- What areas of our job could suffer if these are not taught properly?



# Conversational Skills

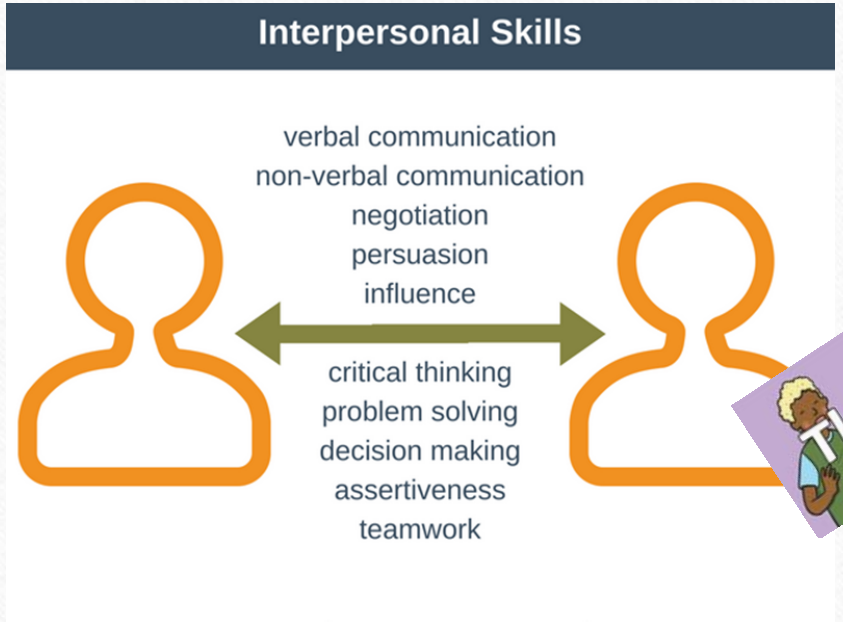

- How is this taught in RT school?
- Do you think you had sufficient training is this area?
- Why is it vitally important to possess these skills as a Medical Professional?
- What areas of our job could suffer if these are not taught properly?
- Are you a "conversational scientist"? Do you need to be?


- Be knowledgeable on topic
- Be a good listener/observer
- Show respectful interest
- Eye contact
- Use ***"follow up"*** questions
- Do not interrupt
- Ask for advice
- Make a good first impression

# Coaching Skills


- How is this taught in RT school?
- Do you think you had sufficient training is this area?
- Why is it vitally important to possess these skills as a Medical Professional?
- What areas of our job could suffer if these are not taught properly?

# How long does it take to master these Skills?





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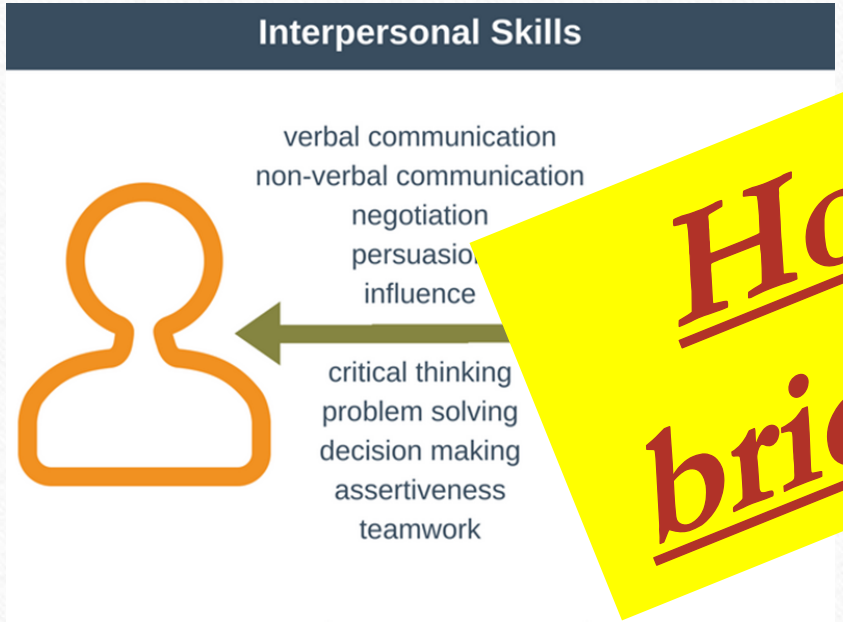



**How can we bridge the gap?**

# STANDARDIZED PATIENT SIMULATION

- **Communication skills can only improve with REAL deliberate practice…….lectures are not sufficient!!!**
- **Proven to work with Medical Student education!**
- RT school needs more!
- What do you think?

# Let's be realistic… this all costs time and money!

***What is the learning model for these communication skills currently within the RRT profession?***

**Are you a good Role Model for your peers?**

# What is your Take Away??



***When reflecting back on the last few slides, what is your TAKE AWAY?***

- Conversational Skills
- Interpersonal Skills
- Coaching Skills
- Standardized Patient Simulation Education to Bridge the Gap
- Role Modeling

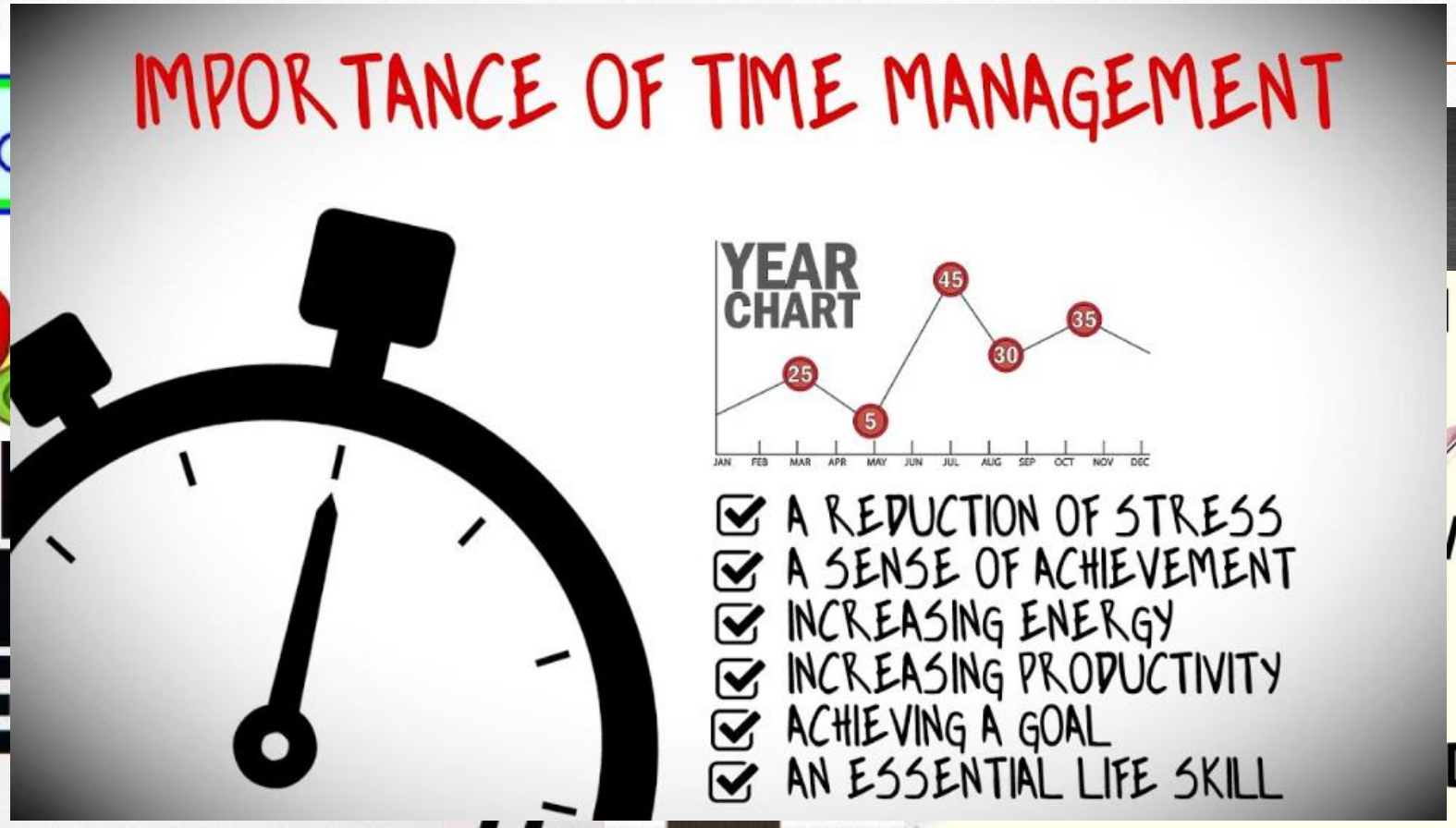


# Barriers to Success!

***Everything we have talked about so far, takes TIME!***

- Being a good team member
- Taking a thorough patient history
- Coaching a patient to use an IS properly
- Being a good role model
- Training an RN to help with RT stuff

# What are the biggest barriers?



# Fun Fact! ….

An average ***attention span*** — the amount of concentrated time on a task without becoming distracted — *has decreased to just 8 seconds*. This is 50% less than 17 years ago!

https://www.goalcast.com/2017/09/14/pay-attention-dramatically-improve-life/

# Best way to overcome the Barriers?

*Find the person you Love and Respect the most… Treat every patient like that person.*

You will find the *QUALITY of care* you provide every patient will improve by leaps and bounds!

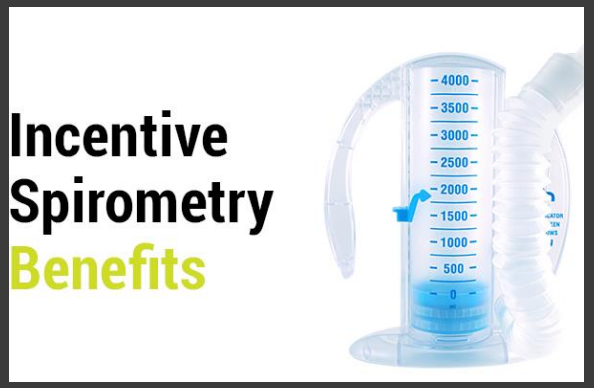
You will be amazed at how much time you find in you day!


# Let's apply what we have learned

- You will be presented with real life scenarios.
- These are meant to stimulate thought within the group…and how we can improve as a Profession.


# Scenario # 1

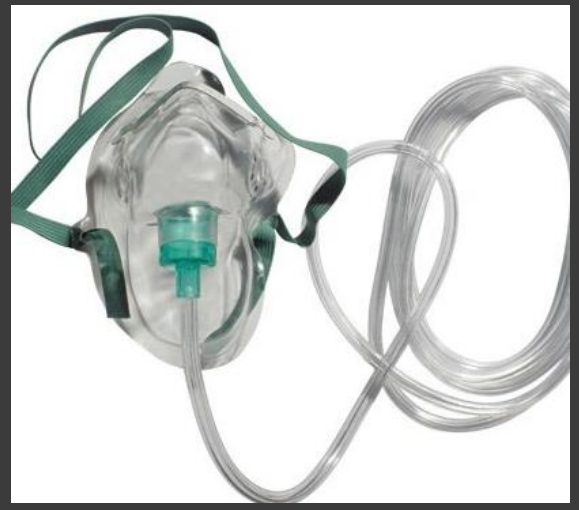
- I am working a shift as a Respiratory Therapist at Covenant Healthcare and assigned to three floors. While on the 6th floor seeing a patient, my boss calls me and asks where I am and what I am currently doing. She states an RN from the 7th floor says a patient needs me and that floor has not see me all day. I find this odd as I just spent the last two hours on that floor seeing multiple patients.
- How should I handle this situation with proper debriefing techniques/feedback with that RN who is a valuable member of the treatment team?
- If I responded with emotion versus a level head, could this situation deteriorate?
- *Seek to find the WHY?... This takes time but can lead to great things in the end.*




# Scenario #2

A husband and wife friend of mine both had surgery over the last year at a local hospital. At 2am one day, she was awaken by the RRT who said, "I am here to give you a breathing treatment." She refused the TX as she was not having trouble breathing and had never taken any breathing medicine in the past. The therapist said "OK" and left the room. He Husband had the same surgery months later and was receiving breathing treatments every 4 hours for a few days. He was never explained why this occurred and to this day has no idea why he had to take breathing medicine. Neither of them knew why they were given an IS. Neither of them ever recollect being fully assessed by an RRT (Protocol Questions).

- Thoughts?
- Where did we fail these patients?



# Scenario #3

You are rounding on a post surgical floor and find a Simple Mask running @ 2LPM on your patient. You fix this safety error and call the RT coordinator who tells you to write an improvement report. Hanging up the phone you are thinking to yourself how busy you currently are and do not have the time for that.

- What are you thinking?
- What should you do at a minimum?
- Would IPE help solve this?

# Scenario #4

PFTs are being performed by multiple staff at my military unit. One day a Doctor comes to me and asks, "why do these test results vary so much annually on the same patient".

SBTs results on the same patient have shown wide variations of the last three days without change in patient condition. You are currently working and the ICU doc asks your opinion on this.

- What are you thinking?
- How can we improve our consistency?


# Scenario #5

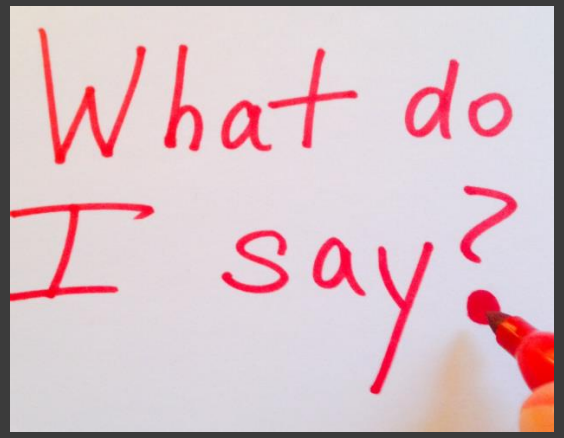
An order has come through from an RN for a Respiratory Protocol on a patient with "0" respiratory history. On assessment the patient has acutely developed a cough while in the hospital. The patient scores low and no therapy was ordered. 12 hours later the physician see the patient and orders PRN Albuterol. Another Protocol was competed and the patient was ordered PRN Txs. Another 12 hours pass and the next RRT arrives to assess the patient for her PRN check. She proceeds to asks multiple follow on questions and determines the patient needs a chest X-Ray……now we have the answer to the cough!

- Thoughts?
- How many of you would have asked the probing follow on questions on this patient's cough?


# Scenario #6

You have arrived early for your shift and are reviewing your assigned patients. You read the "Care Plan" from the previous RRT that reads…. "Continue Txs as ordered – Albuterol Q4". Since the Chief Complaint was vague, you decide to pull up the Chest Film and see three chest tubes in the patient. During report you ask the RRT why they have chest tubes and they say, "I didn't even know they had a chest tube…are you sure?"

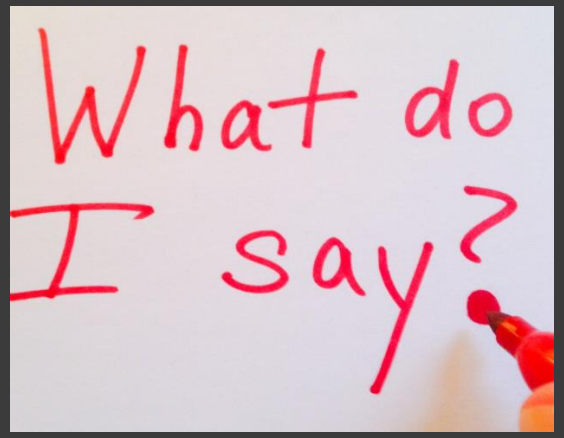
- What are you thinking?
- Did that RRT give treatment to the standard you would want your family to receive?
- Do you put thought and "CARE" into your "Care Plans"?




# Scenario #7

You are just out of RT school and are assigned to an ICU where a patient has been on BIPAP with end-stage bronchiectasis for 3 consecutive days. The patient's 3 daughters ask you what they should do? They want your professional & personal opinion. They specifically ask, "what would you do if this was your Mom?"

- What are you thinking?
- Did you train for "difficult conversations"?
- What are you allowed to say? What is the political answer from RN and RT schools?
- Would simulations in school have helped make this easier?



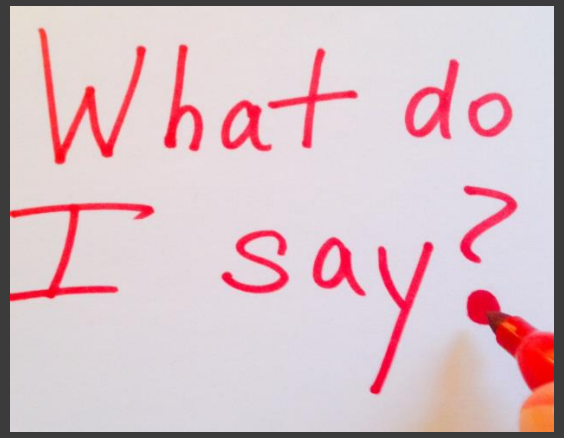

Scenario #7

## ***Pre-scripted Lines!!!!***

- Develop your own
- Practice them
- Hone them through your career
- Learn from listening to others
- *This is drastically under educated at all levels of medicine!*

****Example of Handing off American Flag to NOK at funeral.*

Patients and Families can sense your hesitation and can tell when you are not being entirely HONEST.




Scenario #7

# ***END WELL…by Jessica Hanson, RN***

*Watch this video. It will inspire you.*


Why we must be better at death | Jessica Hanson, RN

https://www.youtube.com/watch?v=VaYGe21Q7Lw

# Scenario # 8

A friend of mine was recently intubated post spinal fusion for 36 hours at a local hospital. During that time, she said she was sedated but heard every conversation the RN, RT, DR and various other staff had in the room. She remembers the ICU DR asking the RT why the cuff leak tests had not been performed. After that someone kept deflating the ETT cuff without telling her why or warming her before performing the test. She was left with not being able to communicate, very scared and kept thinking something was drastically wrong.

After extubation, the NCA brought in an IS and set it on the counter. Neither the RN or RT instructed her on its use or even put it near her over the next 3 days.

- Do you talk to your sedated patients on the vent?
- Why is it important to the patient…to the family?

## Scenario # 8

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n

s use

***Don't forget the HUMAN FACTOR!***

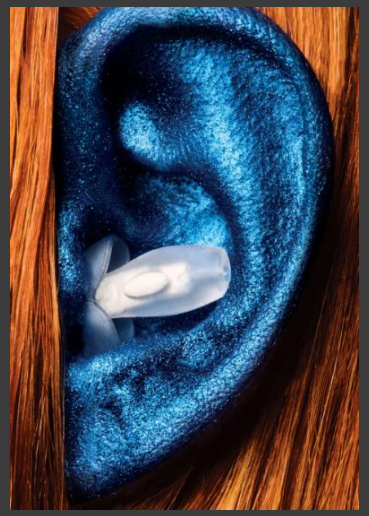
*Talk to your patients!*

- Do you talk to your sedated patients on the vent?
- Why is it important to the patient…to the family?


# Scenario # 9

As an RRT, you are working 7 shifts consecutively and have been assigned to 5-East (pulmonary floor) to first 4 nights. One patient, Mr. M, is a "frequent flier" COPD patient who is on Q4 scheduled therapy. Over the first three night shifts, he has called for 1-2 PRN txs during the middle of the night in between his other txs. On the 4th night, your pager goes off and it is Mr M. calling for a PRN tx again. When arriving to the room you are distracted by the hunting show he has on and talk about hunting for some time. Your pager goes off and you have to leave the room for another patient. While charting on the next patient you reflect back on that encounter and remember you did not give him a tx. When you go back to the room, he is sleeping soundly. An hour later you are back to his room for his Q4 tx and decide you want to talk with him why he called for the PRN tx earlier.

- What approach would you take?
- How long has the patient been requesting unneeded PRN txs?
- What do you do next?
- There can be a huge ROI (Return on Investment) for talking to your patients.
- Are we also Phycological Therapists??



# Scenario # 10

Just two weeks ago, an EM Resident asks me, "Jody, do RTs have competency tests?" Why do you ask me that? "Well, there seems to be such a huge variation in knowledge and communication skills with the physicians." Tell me more…. "The other day, I ordered BIPAP on an awake patient…… hours later I was in the room and the patient was unconscious." "I had noticed the RT coming and going from this room but never told me about the patient change in condition." "Some RTs come to me and are active with the treatment plan while others never talk to me."

- Thoughts?
- Respiratory Tech or Therapist…how does your team think of you?

# Final Take Away??



- ***Communication is Key.***
- Good Interpersonal/Conversational/Coaching skills are essential in the Respiratory Profession.
- Treat each patient with the same QUALITY you want given to you and your family.
- Find your own path past your BARRIERS to success.

# Powerful

## *"One Liners"*

"Kind words can be short and easy to speak, but their echoes are truly endless." -Mother Teresa

"Don't ever diminish the power of words. Words move hearts and hearts move limbs." –Hamza Yusuf

"Don't forget the IMPACT of WORDS….. Or the IMPACT of YOU on your patient." – Unknown

"Always have the mindset of everyone on the team knows something you do not"

"Don't use the……Blame Thrower"

"There are no Bad teams…only BAD LEADERS"

"The Enemy thanks you for not giving 100% today"

# *"Communication works for those who work at it."*

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# Resources

- http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/teamstepps-mastercourse.html
- https://harvardmedsim.org/