What Do They Want From Us? - The new Respiratory Care Board License Mandate is Now in Effect!

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The RCB has now mandated that every California RT complete a minimum of 10 continuing education units in the Leadership category. But why?

In 2015, the Respiratory Care Board surveyed California RCPs to determine the future of the workforce, the need for baccalaureate degrees, impending retirement numbers, and frequency, and the resulting loss of all those years of experience. Nine years later, the modifications to the continuing education requirements were made. This was not a flash decision, as, during those nine years, the future of RT leadership was discussed and presented for public comment before the changes were made. Communication skills were added to this category with the intent that improved communication would reduce medical errors.

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At the same time, many more RTs went back to school to get their BSRT degrees. RT schools now mostly turn out bachelor's degree graduates.

So what is missing? Do RTs commit that many medical errors? Are we that bad at communicating? Are we unprepared for Leadership roles? In the middle of those nine years was the pandemic, a lesson in and of itself in communicating and working together at lightning speed for the common good. However, concerns remain amongst those getting ready to hand over the keys to the future of our profession.

During the research phase of writing a leadership class, we (Abbie Rosenberg and Kelly Welton-Lewis, both Respiratory Therapists) polled and interviewed several RT department managers on what they felt their staff needed to replace them eventually. Here is the shortlist:

- Communicate more clearly over the Phone, emails and texts
- Give a more thorough Orientation
- Give a thorough yet concise Shift Report
- Give Clear directions to colleagues
- Take students and teach them
- Understand who the AARC, RCB, State Societies for Respiratory Care, NBRC, TJC, and CoArc are and what they do and do not do.

A review of the different types of communication with the RT department managers revealed several shortcomings, most notably in context and clarity. The biggest tripping points were endlessly long Email and text threads. The plot invariably gets lost. Solution: Start a new Email or text with a clear subject when the thread goes off course.

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Each of us was a student at one time, and if you are careful, you learn something every time you teach. Orientation of new employees is not included in this new CE opportunity, which is unfortunate, given that although you may not be teaching them to be RTs, you are teaching them to be RTs *in your hospital.* Moreover, in many hospitals, new hires are also new grads. Managers felt that all staff should be able to orient new hires to a certain level, not just staff with the reputation of being thorough.

Shift reports and rounds were also areas of concern. How can you contribute to rounds without a good report from the previous shift? Many doctors ask RTs what the plan for a patient for a day should be, and get a blank look or a shrug of the shoulders. Or worse, ventilator settings and last ABG results. Forward-thinking Nurses and Doctors are miles ahead, and RTs must think of ways to keep up.

There are many more points of refinement available to prepare an RT for leadership, such as:

Meeting etiquette, communicating with people for whom English is not their first language, follow-through, and readability of free text documentation in the EMR.

Then there are the politics of working as an RT. Does your current leadership fight for you and your reputation? Not just for more money or benefits, but for more professional responsibility and recognition? Are all staff treated fairly and equally?

"This is where the different roles of each agency come in. Understanding the purpose and limitations of each one can go a long way to advancing our profession. Spend ten minutes in any Facebook group for RTs, and invariably, the topics of compact licensure, CEUs, and working with difficult people come up. Many Leadership classes are available, and although they may not have been written for healthcare specifically, many contain nuggets of wisdom to help communicate more effectively."

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