



the exchange

The Newsletter of the College of Respiratory Therapists of Ontario

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Upcoming Events

Throughout the year the CRTO is notified of several events that are of benefit to RTs. When we receive these opportunities they are posted on our website at www.crto.on.ca/events.aspx.

Please remember that you can use the AHPDF to reimburse you for the cost of a conference!

New!

The newly revised Interpretation of Authorized Acts PPG is now available on the CRTO website at www.crto.on.ca/pdf/ppg/interpretation.pdf.

Coming Soon!

Due to recent revisions to Infection Prevention and Control Guidelines, the College has requested feedback to the proposed changes to its *Clinical Best Practice Guideline (CBPG) Infection Prevention and Control*. We hope to have all feedback reviewed and the changes approved by Council for release of the updated document in early summer.

Your fellow RTs

...hard at work helping you!

The CRTO would like to thank ALL those Respiratory Therapists, including Council and Non-Council Committee Members, who volunteer their time to protect the public and guide the profession of Respiratory Therapy in Ontario.



Here are just a few of the many RTs who have volunteered recently:

- Carolyn Savage
- Susan Dunington
- Ray Janisse
- Susan O'Farrell
- Katie Lalonde
- Louis Andrighetti
- Eric Cheng
- Brian Anthony
- Tracy Bonifacio
- Gary Cambridge
- Cathy Dowsett
- Lori Elder
- Jane Heath
- Jeff Hunter
- Glynis Kirtz
- Vanessa Lamarche
- Lise LaRose
- Shawna MacDonald
- Shelley Monkman
- Angelo Reantaso
- Patti Redpath-Plater
- Jane Wheildon
- Christina Sperling
- Andrea White-Markham
- Rosanne Leddy
- Kelly Mullin
- Jennifer Blue
- Jane Montgomery
- Michelle Stephens

Member Communiqué



CRTO Communications Strategy – new and improved *Exchange* newsletter March 2011

Dear Members and Colleagues:

The College of Respiratory Therapists of Ontario (CRTO) is always searching for the most effective means of communicating with its Membership. Recently, an online survey was sent out by the College to determine what methods of communication best suit Members' needs. This survey revealed that the majority of Respiratory Therapists (RTs) prefer receiving a brief monthly emails containing timely information, along with a semi-annual newsletter with a specific focus on issues that are of interest to RTs (e.g., new and innovative roles). Therefore, the CRTO has revamped *The Exchange* to include both Member emails to be sent out on or around the 1st of every month (formerly the monthly e-bulletin), along with an electronic newsletter that will be made available spring and fall each year (formerly The Exchange).

To optimize the appearance and efficiency of our monthly communications, the CRTO is adopting new email software that will be integrated into the College's Membership database. Beginning in April 2011, this tool will allow the College to:

- Ensure that email communications reach the intended recipients;
- Customize messages for specific groups (e.g., Members in particular geographic locations, areas of practice or electoral districts);
- Gather statistics on which topics are of interest to Members;
- Create a consistent look for the e-bulletin, regardless of the medium;
- Reduce the number of email reminders sent (e.g. registration renewal); and
- Ensure more efficient and effective communication to Members.

The semi-annual newsletter will be an opportunity to spotlight events and issues of interest to the membership. If you have any ideas about RTs (e.g., an RT employed by a CCAC, LHIN) or RT departments (e.g., RT department cross training with Emergency Department staff) that you feel should be highlighted, please contact **Carole Hamp, RRT – Manager of Quality Assurance and Member Relations** via e-mail at hamp@crto.on.ca or by telephone 416-591-7800 x33 /1-800-261-0528 x33.

If you have any comments or questions about the functionality of the new email software, please contact **Janice Carson-Golden Communications Coordinator** via email at carson@crto.on.ca or by telephone at 416-591-7800/1-800-261-0528 x27.

Social Media & the Health Care Professional

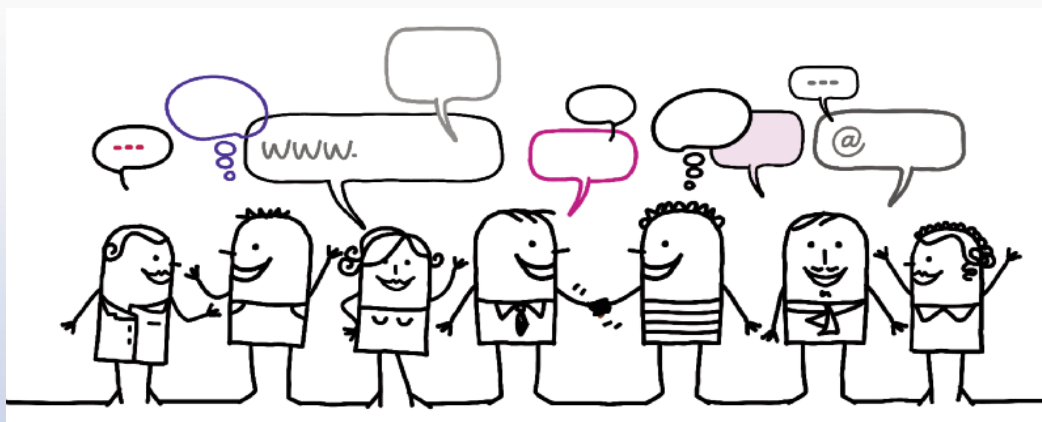
By Melanie Jones-Drost, Deputy Registrar



Technology enables us to do things more quickly and in different ways than we have ever been capable of doing in the past – emailing a home care patient/client to set up an appointment, sending a quick text to your teenager to let him/her know you are on your way home, submitting your CRTC registration renewal online, or keeping in touch with friends and relatives via Facebook™ or Skype™.

In addition to the impact of social media on our personal lives, technology has touched our professional world with advances in electronic charting and initiatives such as CRTC's Portfolio Online for Respiratory Therapists (PORT), and the public register. Unfortunately, many people overlook the potential impact that your personal use of technology can have on your professional lives. In addition to the obvious privacy risks associated storing confidential patient/client information on your computer there are other considerations when using social media that you should be mindful of, for example:

- Is it appropriate to accept a 'friend request' from a patient/client who contacts you on Facebook™?
- Do you follow the same advertising guidelines when using Facebook™, LinkedIn™ or your website, as you would if publishing an ad in the Yellowpages™?
- Is it appropriate to use the computer to access the Internet for personal use during work hours? Do you know your employer's policy on this?
- Have you ever discussed a patient/client when emailing, messaging or Skyping™?



Example 1

I read in the paper that a woman lost her job because she posted online that she was going to a celebration that night and, expecting to be out late, planned to call in "sick" to work the next day, which she did. Can my employer really fire me for that?

Employers can set policies that allow them to take disciplinary action for misconduct, insubordination, absenteeism, or other reasons typically outlined in employment agreements. What is paramount to this dismissal is that the individual who was fired failed to recognize that anything posted online - a comment or a picture, on a blog or any social network - can essentially be accessed by anyone with an Internet connection. In this age of instantaneous information, even people who are not your "friends" can quickly be notified of something you have said or done online. **Before adding that picture or Tweeting™ that line, ask yourself if you would you say or do what you are about to post, in front of your employer or a patient/client?**

Example 2

I work in an asthma clinic and have enjoyed many great conversations with the mother of one of my patients; we have a good rapport. Recently when I logged into my Facebook™ account I saw that I had a "friend request" from this person. I don't want to insult her by not accepting the request, but I'm not sure if I am allowed to do this. Can you tell me what the CRTC's position on this is?

Technology can blur the lines of distinction between personal and professional relationships. Regardless of the medium, while you are treating this woman's child you have a responsibility to maintain a therapeutic boundary. As the professional you have inherently more power in the relationship than the patient/client, or his/her parent, because of your knowledge and authority to determine treatment for the patient/client.

As the professional it is also up to you to explain to the patient's mother that you cannot have a personal relationship while treating her child as it may put you in a conflict of interest. According to the CRTC Professional Practice Guideline on Conflict of Interest, "a conflict of interest is created when you put yourself in a position where a reasonable person could conclude that you have a relationship that affects or influences your professional judgment." In other words, your personal relationship with the patient's mother may result in the patient receiving preferential treatment or it may appear this way to others who would see you listed as her "Facebook™ friend".



CRTO Council Members

Kevin Taylor, RRT, MBA

Profession Member, District 4

President & Council Chair, CRTO

Director, Practice & Education (Health Disciplines),

St. Michael's Hospital



As an RT, you have been involved in College governance for a number of years now, first as a Council Member and now as College President. What changes have you seen in both the College and the profession in that time?

Self-regulation has made that important shift towards fulfilling the mandate of regulating in the public interest by working collaboratively with clinicians and employers to support the provision of the highest quality of care for patients and their families. To that end, at the CRTO we have made great strides towards involving and engaging the profession in the process of self-regulation; whether it's through increased knowledge dissemination via Webinars, or surveys for feedback on pending changes, or by implementing the Portfolio Online for Respiratory Therapists (PORT) platform to facilitate ongoing professional development. I am proud of the gains we have made and of the profession's response to these initiatives. With this degree of involvement in our own professional governance, we can truly claim to be self-regulated.

During this same period, the profession itself has made clear and purposeful growth beyond our technical roots through the expansion of our clinical role. There are increased opportunities in more complex clinical settings (Anaesthesia Assistants, Labour & Delivery, Neonatal Transport Teams, etc.) and opportunities are developing in non-traditional roles (Infection Prevention & Control, Long Term Ventilation in the community, administration, public policy, etc.), providing new avenues for us to apply our unique skills. The level of education of our Members has also advanced, with many newly graduated RTs coming to the profession with previous degrees and with a significant number of experienced clinicians going back to school to upgrade their formal education. These activities are all synergistic and strengthen the platform from which the profession can grow and evolve in response to the needs of both patients and the health system in general – it'll be exciting to see what comes in the future.

What words of encouragement would you have for an RT who is thinking of becoming engaged in some aspect of the College's operation, either on a Committee, Council or a Working Group?

I personally view an understanding of regulatory affairs as an essential competency for anyone moving beyond the clinical role and I often cite involvement with the CRTO as a key determinant in my own career directions. Getting involved with the CRTO is a great way to gain a broader understanding of the issues we face in healthcare and of how that system works. As well, I would encourage everyone to equate involvement with the College as involvement with your own profession. Whether it's as simple as voting in your own district, talking over College-related issues with your peers, or sitting on a working group – get involved, have an opinion, know what's going on. It's your profession for the shaping.

CRTO Council Members

Dorothy Angel

Public Member

**Vice-President Council &
Registration Committee Chair, CRTO**



As a Public Member, you have volunteered to return for a 2nd term. What made you want to come back to the CRTO as a Council Member and Chair of the Registration Committee?

My love of working with the CRTO would be the primary reason for returning. Also, I feel a connection with Respiratory Therapists because of a personal experience. My granddaughter was born at Grand River Hospital with an APGAR score of 1 and was not breathing at birth. She was rushed by ambulance with the transport team to McMaster Hospital in Hamilton. Needless to say, the RT team member was instrumental in Madeleine's survival and she is now a healthy 14 year old.

I love volunteering in general and was honoured as volunteer of the year in 2009 during the Kitchener-Waterloo Oktoberfest celebrations. I also have a love of learning and was previously a mature student at the Universities of Waterloo & Wilfred Laurier. I am also the past Chair of the Waterloo Region Catholic School Board.

I very much enjoy my time here at the CRTO and hopefully my perspective as a Public Member is valuable. As Chair of the Registration Committee, I know that it is essential that the RTs registered in this province are competent and able to provide excellent healthcare to us all.

Has your time here at the College given you a greater appreciation for RTs and the role they play in the healthcare system?

During my time with the College I have gained an immense amount of knowledge of the healthcare system in Ontario, and this has given me an appreciation of the tremendous contributions of the CRTO in ensuring that all users of RT services receive safe and ethical care. I continue to be amazed at the exhaustive scopes of practice of RTs who work in so many different settings; front line, administration, education, research, etc. One example of how the CRTO supports the provision of RT services is the recently completed Long Term Ventilation project that was carried out by the College. The outcomes of this important work are leading the way to enable RT services to be made available to individuals who require long term ventilator support and wish to reside in a community setting. LONG LIVE THE RT!

Take a Moment...

An opportunity for RTs to reflect on their practice

Take a Moment... is just for you. These self-directed learning activities are intended to give you the opportunity to review and familiarize yourself with the College's standards of practice and to connect them to your own practice of respiratory therapy. The questions are reflective in nature and promote critical thinking. You may end up confirming that you have a great understanding of the College's standards and exceed them day-to-day or, you may find that you would like to enhance a particular aspect of your practice for example, communication skills.

Steps

- Read/review the suggested document
- Read the learning activity right through from start to end
- Take a moment to reflect
- Answer the questions
- File your completed activity away for your own personal use if you choose to
- You may also choose to include this activity as part of your QA Learning Log

Remember, if you act within your scope (where you feel competent and can ensure accountability), stick to the standards of practice and commit to maintaining competency (QA) you will find that self-regulation can be empowering and that you can make a difference.

Take A Moment...

A Commitment to Ethical Practice

A Commitment to Ethical Practice is available on the CRTO website at:
www.crto.on.ca/pdf/Ethics.pdf

Values (p.5)

Values are the most fundamental, non-material things we think of as 'good' in our lives, and particularly our interaction with each other – things such as honesty, courtesy, respect, compassion, and accountability.

Take a moment to think about your own, personal values. Write down a few key words. This will help you to align your values with those relevant to professional practice and health care.

Principles (p.6-7)

Principles establish relationships between ideas or concepts like values and professional practice. They are not rules but they help guide decision making and allow for professional judgement. Select one of the values above and connect it to something you do as RT in your everyday practice. Write about it.

Four principles of ethical practice for RTs to consider

Match the principle to the idea.

Autonomy	Patient's wishes
Non Malfeasance	Consent to treatment
Justice	Palliative care
Beneficence	Pandemic flu triaging

Moral Discomfort (p. 5)

When ethical principles conflict you feel bothered, uncomfortable even distressed. Think of a time when you experienced your principles in conflict. Perhaps there was a time when something happened that just did not feel right to you or that you could not let go of. Try to write about it and describe how you felt at the time. What did you do about it?

Case Studies

Review the case studies provided, select one that stands out to you. Why does it stand out to you? What is the connection to your practice? Is the response provided correct? Are there other issues that have to be considered? Perhaps you disagree with the response. Why? Write down your thoughts.

Remember, there are no black and white answers with ethics. The underpinning philosophy is to do the right thing, at the right time, in the best interest of your patient, given the context, timing and resources available.

If you have any questions about A Commitment to Ethical Practice or any other College Standards of Practice please contact **Jennifer Harrison, Professional Practice Advisor** at via e-mail at harrison@crtto.on.ca or by telephone 416-591-7800 x33 /1-800-261-0528 x30

The Atacama Challenge

By RRT & QA Portfolio Reviewer, Gary Cambridge

Many people know someone who has ran a full or half marathon or who has participated in a triathlon. Within the running community, there is a variety of styles and events of running; trail, road, marathons, ultra-marathons, and long distance.

A small but growing area of running is the multi-day endurance runs. These can be done over a few days to a week or more. The more popular are one week events and these events usually target a specific region or regions.

As my time in adventure racing (which are combination events involving 2 or more endurance disciplines such as trail running and mountain biking) began to decrease I became increasingly interested in the challenge of a multi-day running event. The series that I became involved in is called Racing The Planet or The 4 Deserts. The format for this series is standard for all of the races; an individual carries a specific amount of equipment and food to sustain oneself for 7 days over a 250km course. The organization provides water at each checkpoint and at the end of the day, tents and hot water for supper and breakfast. I should mention that the hot water is for your food, not to wash in - that would gain a time penalty or disqualification.

The 4 Deserts series involves races in 4 main deserts of the world; the Gobi in China, the Atacama in Chile, the Sahara in Egypt and the Antarctica. Regardless of where the desert is, they all share some common aspects; the near or complete lack of vegetation and water, as well as significant temperature swings from day to night. In March 2011, I had the experience of racing across the 15 million year old Atacama Desert in northern Chile, which is known as the driest desert on earth.



Day 1 1100hrs - Half way, finishline is on the otherside of ridge over right shoulder.



Day 3 - Scrambling down the hill to the canyon.



Campsite with Licancabur volcano in background.

Asthma sufferers can breathe easier; St. Mary's community program expands

Story by Johanna Weidner
(Waterloo Region Record,
December 18, 2010)

ST. JACOBS — Rachel Regier suffered asthma attacks every day and her inhaler didn't help. The St. Clements girl never felt like she was getting a deep breath. "It was a nightmare. The worst part was I just felt helpless," said her mother, Carol Donlon.

Last summer, Rachel ended up at a local emergency room with a severe attack, and her mother wasn't the only one frightened. Donlon can't forget her daughter's question: "'Mom,' she said, 'Could I die from this?' That's how scary it was for her." Now eight-year-old Rachel is attack-free and no longer needs an inhaler. The drastic change was sparked by guidance from a respiratory educator from St. Mary's General Hospital through a community-based program to help people with asthma and chronic obstructive pulmonary disease (COPD) better manage their symptoms and reduce emergency visits.

"We were very much feeling in the dark before that," Donlon said. More people like Rachel will get help with the expansion of the Priisme program into three local health centres and long-term care and retirement homes across the Waterloo-Wellington region. The program began in 2005 in partnership with drug manufacturer GlaxoSmithKline to help asthma patients at local doctor's offices, family health teams and the University of Waterloo's campus clinic. Two years later, it grew to include patients with COPD, an irreversible and disabling lung disease.



COPD. Rachel Regier, 8, of St. Clements, has benefitted from meeting Registered Respiratory Therapist Amy Massie (left) who is part of St. Mary's Hospital chronic respiratory management program which has just expanded to the Woolwich Community Health Centre. Peter Lee/Record staff Source: Record staff

More than 1,000 patients have been helped at those sites by respiratory educators from St. Mary's, which has a dedicated respiratory program with in- and outpatient care, and since then the hospital has seen a drop in emergency room visits and admissions for asthma and steady numbers for COPD despite the rising prevalence.

"We can see very clearly what a difference it's making for patients and residents of this community," said Sandra Hett, vice-president of patient services and chief nursing executive at St. Mary's. "While we're happy to care for them in the hospital, we really hope that they can be healthy in the community."

The latest expansion will include the Woolwich Community Health Centre in St. Jacobs, the Kitchener Downtown Community Health Centre

Locals breathe easier after St. Mary's expands asthma education... continued

and Langs Farm Community Health Centre in Cambridge, along with Forest Heights Long-Term Care in Kitchener and other long-term care homes.

Getting to the hospital is too difficult for many people, putting health care for them out of reach. "It really does open up something that is incredibly important," said Stephen Gross of Kitchener Downtown Community Health Centre. The centre's mission is to aid groups with barriers to accessing health services, including new immigrants, low-income families and the homeless. Bringing in a respiratory educator to share their expertise and knowledge is a huge help. "Without this partnership, we wouldn't have access to these kind of services," Gross said.

Residents of long-term care homes face similar challenges in getting to the hospital. The program bridges that gap, along with providing education to the staff about COPD and its management. "You can improve people's quality of life if you're treating the condition appropriately," said registered respiratory therapist Angela Shaw, who is working with the long-term care homes. When COPD is managed, the seniors are better able to do things for themselves and are less likely to end up in the hospital, where their general health often declines during long stays. People are more likely to get the help they need when it's easy to access. "I like that we're getting to people who can't come to us," Shaw said.

Dr. Eric Hentschel, medical director of St. Mary's chest program, said it's essential for

respiratory educators to get out into the community to test people and get them properly diagnosed and treated to prevent serious complications, such as hospitalization or even death.

People are thankful for the expert help in identifying triggers, taking medication properly and controlling their illness to improve their quality of life. "I think there's a lot of relief, a lot of comfort," said registered respiratory therapist Amy Massie. "We're giving patients the tools they need and the education they require to manage their disease successfully."

Often people can reduce their medication once their lung condition is under control, she said. That was the case for Rachel Regier, who was diagnosed with asthma when she was three. "Honestly, I don't think we knew a lot about asthma," her mother said. Some nights Donlon slept with her daughter when her breathing was especially bad.

It was during their visit last summer to the emergency room that the family learned about the Priisme program and were connected with Massie, who tested Rachel's breathing. They discovered Rachel hadn't been using her inhaler properly, which is why she suddenly was able to breathe so much better after a hospital treatment. "That started turning things around and it didn't take that long," Donlon said. "That's the amazing part."

jweidner@therecord.com
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Initiatives de l'OTRO relativement au français

L'Ordre continue de s'efforcer de fournir à ses membres tous les services dans les deux langues officielles. Comme vous le comprendrez, cela prend du temps et c'est dispendieux, alors les services en français sont souvent offerts plus lents que nous l'aimerions.

Toutefois, nous avons progressé à différents égards au cours de la dernière année. Mentionnons ce qui suit :



- Toutes les lignes directrices de pratique professionnelle, les lignes directrices sur les pratiques exemplaires et les énoncés de position nouveaux et révisés sont traduits en français dès que possible;
- On répondra aux questions sur l'exercice professionnel en français, si vous en faites la demande (veuillez prendre note que cela sera par écrit, et que cela peut prendre plusieurs jours);
- D'importants progrès ont été réalisés dans l'élaboration d'une version française parallèle du site Web de l'OTRO;
- On est en train de traduire en français le nouveau portfolio en ligne des thérapeutes respiratoires (PORT), il devrait être terminé d'ici l'automne 2011; et
- L'Ordre a l'intention de fournir dès que possible une version française de l'Évaluation des normes professionnelles en format en ligne. Actuellement, cette évaluation est offerte en français en format papier.

Nous serons heureux de recevoir vos commentaires sur l'amélioration des services que nous offrons, y compris ceux offerts en français. Nous aimerions inciter nos membres francophones à se joindre à nous à titre d'évaluateurs du portfolio d'assurance de la qualité, de membres d'un des groupes de travail ou à se présenter au Conseil. N'hésitez pas à communiquer avec **Janice Carson-Golden, (coordonnatrice des communications)** à carson@crto.on.ca ou avec **Carole Hamp, RRT (directrice de l'assurance de la qualité et des relations avec les membres)** à hamp@crto.on.ca.

To read in English [click here](#).



On March 31, 2011 CRTO staff was privileged to be in attendance for Conestoga College's annual **Stethoscope Ceremony**. As they prepared to venture into their clinical year, second-year students took to the stage to recite their oath. The CRTO wishes them all the best in the coming year.

How Can I Help? Understanding Ontario's New Regulation on Accessible Customer Service

The Province of Ontario has a vision: an Ontario that is accessible to everyone who lives and visits here by 2025. The government is making progress towards this goal with the development of province-wide mandatory accessibility standards that will change the way we live, work and play.

As these proposed standards come into force over the coming years they will create a cultural shift. We will share information in a way that everyone can access. We will rethink employment practices to harness a broader and more diverse workforce, and we will modernize daily public transportation to make it more easily accessible to everyone, minimizing the need to plan simple trips, like to the doctor's office, well in advance.

Today, one in seven Ontarians has a disability – that's 1.85 million people; and as the population ages, that number will increase. Forty-seven per cent of Ontario's seniors are living with some kind of disability – another number that is destined to grow.

This growing group wants to frequent organizations that make them feel comfortable – even when they need to ask for help, that have patient and courteous staff, and that consider their needs when developing policies, making changes or communicating with customers. As we move into the future, organizations that are able to provide quality service to customers with disabilities will have a distinct advantage over those that are not.

In June of 2005 the Ontario government passed the Accessibility for Ontarians with Disabilities Act (AODA). Under this landmark legislation, the government is developing mandatory accessibility standards that will identify, remove and prevent barriers for people with disabilities in key areas of daily life.

- Customer service
- Information and communications (e.g., telephone systems, websites)



- Transportation
- Employment
- Built Environment (e.g., doorways, counters, bathrooms, parking)

The five standards were developed by Standards Development Committees made up of people with disabilities as well as representatives from different industries and sectors and Ontario government ministries. Together they developed draft standards which were posted online for public review and feedback.

The first standard under the act is for accessible customer service. It applies to every business and organization that operates in Ontario and has at least one employee. Accessible customer service is not about your physical premises. At essence, it's about understanding that customers with disabilities may have different needs.

The broader public sector was required to comply with this standard on January 1, 2010, and today 100 per cent of these organizations have submitted their compliance reports.

continued...

How Can I Help? Understanding Ontario's New Regulation on Accessible Customer Service... continued



On January 1, 2012, all private and non-profit sectors will have to comply. The standard requires that organizations:

- Establish a set of policies, practices and procedures on how you and your employees will provide goods and/or services to customers with disabilities;
- Allow customers with disabilities to use personal assistive devices (e.g., wheelchair, walker, oxygen tank) to access your goods and/or services;
- Communicate with a person with a disability in a manner that takes into account his or her disability;
- Train all staff to provide accessible customer service;
- Allow people with disabilities to bring a guide dog or service animal with them to areas of your premises that are open to the public;
- Permit people with disabilities who use a support person to bring that person with them;
- Provide notice when facilities or services that people with disabilities rely on to access your goods or services are temporarily disrupted;
- Establish a process for people to provide feedback on how you provide goods and/or services to people with disabilities.

Organizations with 20 or more employees will also need to file regular compliance reports. This can be done quickly online with a simple-to-use electronic form. Organizations with fewer than 20 employees must comply with the standard, but will not have to file reports.

In order to help businesses and organizations make themselves more accessible to their customers with disabilities, the Ontario government has developed the **ontario.ca/accessON** website. The site offers up-to-date information on the standards being developed, tips on no-cost and low-cost solutions to meeting the requirements, as well as downloadable tools and resources such as policy templates and training materials.

You can begin to make your practice more accessible to clients with disabilities today by simply looking around and thinking about what the customer experience is like for someone living with a disability. Think about what barriers might currently exist and how you can take steps to reduce or eliminate those barriers. Sometimes providing accessible customer service can be as easy as asking, "How can I help?"

The information and communications, employment, and transportation standards are the standards that will roll out next as part of one Integrated Accessibility Regulation. This draft regulation was posted online in early 2011 for public review and feedback and it is expected to be enacted later in the year.

For more information on the AODA, or to learn more about the status of any of the accessibility standards, visit **ontario.ca/accessON** or contact the AODA Contact Centre:

Toll-free: 1-866-515-2025

TTY: 416-325-3408 / Toll-free 1-800-268-7095

E-mail: accessibility@css.gov.on.ca

Professional Practice FAQs



Jennifer Harrison, RRT
Professional Practice Advisor

Q1 *I am the Respiratory Therapy Professional Practice Leader (PPL) at my facility and I have noticed recently that the RTs are gossiping and talking about each other behind each others' backs. I am concerned when I hear things like "she doesn't know what she is doing" "she's dangerous", "he did not follow the policy" and even "did you hear about the incident she caused?". When I address these issues with the staff, all of a sudden no one wants to talk or document anything. How does the College recommend I handle this?*

A1 There are many issues pertaining to the principles of professionalism, accountability and ethics that need to be considered in answering this question. For example:

- Patient safety,
- Competency,
- Accountability,
- Reporting, and
- Professional Conduct.

As a PPL it can be challenging to address these issues and to have the crucial conversations about the standards of practice that need to take place.

As a leader you likely model professional practice every day and act as a facilitator to others. The College has many resources to support you as a leader and guide. The updated version of the **Standards of Practice (September 2010)** and the new document **A Commitment to Ethical Practice (September 2010)** are now available on the College's website at www.crto.on.ca. It is not possible for the

College to provide specific guidance for each scenario that an RT may encounter in their practice or that you may encounter as a PPL. Bringing attention to these resources and advocating for awareness of the standards of practice can support and guide you in addressing these practice issues.

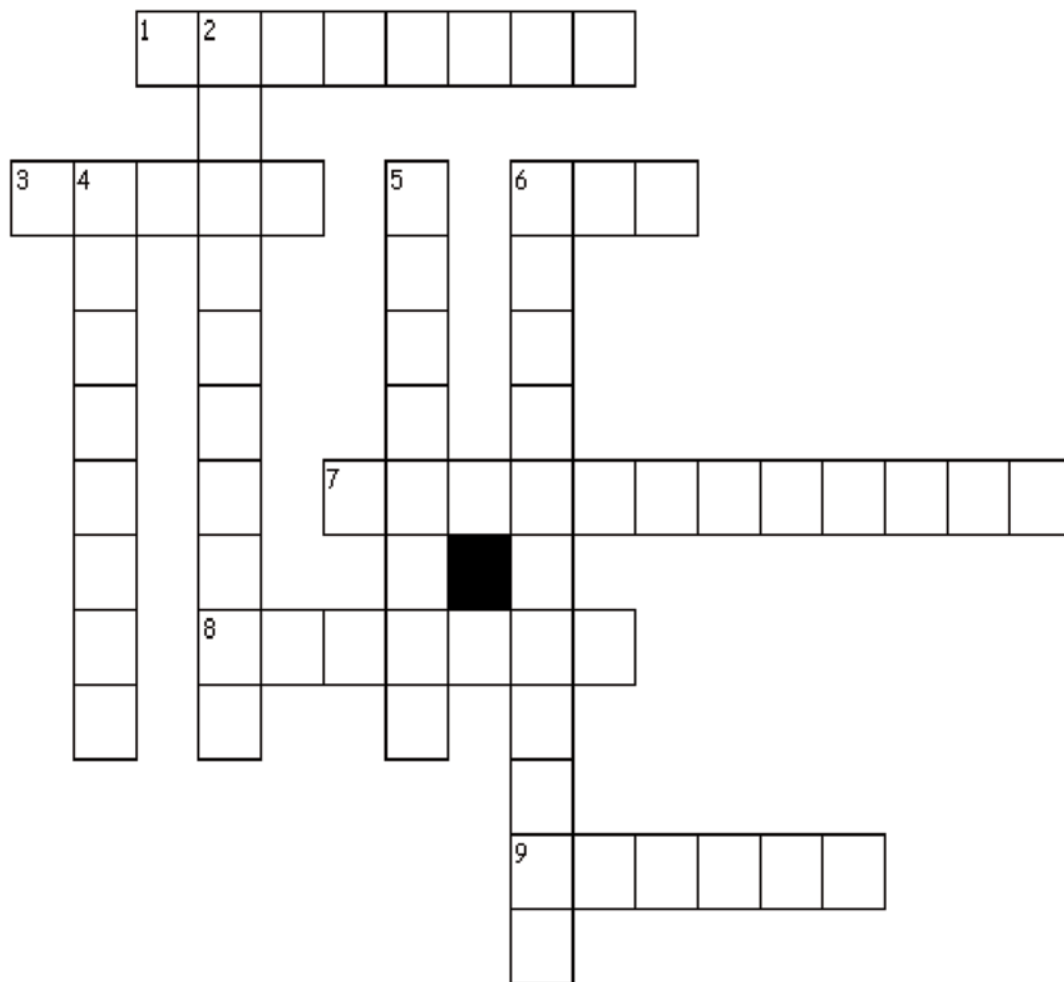
Section.1 (2) of the *Professional Misconduct* regulation (O. Reg. 753/93) states that it is an act of **professional misconduct** if the Respiratory Therapist is found to be:

Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.

All Members should critically reflect on this statement.

Good professional conduct means practicing in accordance with the legislation and standards of practice of the profession. These standards in turn provide the reference against which to consider any complaints about the practice of any College Member. While self-regulation can be seen as a privilege and can be empowering for some RTs, at the same time this structure of governance places a lot of responsibility on each RT to ensure and maintain their own competency and professionalism. Each RT must take the time to think carefully about how they carry out their practice of respiratory therapy and the steps they take to ensure that they are responsible, professional, accountable and committed to a safe and ethical practice.

Professional Practice Advisor's Crossword



Across

1. Controlled substance
3. Change to the RTA (2009)" _____ Act"
6. Oral Care can prevent
7. Regulation under review
8. New Document " A Commitment to _____ Practice"
9. Prescribed substance

Down

2. Updated PPG "Interpretation of _____ Acts"
4. Status of Membership
5. CRTO's monthly communiqué "E- _____"
6. Subject of CRTO's new training manual "Long-Term _____"

ANSWERS: Across: 1 narcotic, 3 fifth, 6 VAP, 7 registration, 8 ethical, 9 oxygen
Down: 2 authorized, 3 inactive, 5 bulletin, 6 ventilation

“The best part of self-regulation is the opportunity to become involved and really make a difference in my profession.” - CRTO Member

The CRTO is in need of Members to help develop and/or review important College programs. If you would like to be part of the future of your profession and can spare *anywhere from a few hours to a few days* during the year please fill out the form below and fax it to the College at (416) 591-7890.

Surname	Given Name	CRTO No.
Address		
City	Province	Postal Code
Telephone	Email	
General area of practice/interest		
<p>I am interested in the following areas (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Quality Assurance Program<ul style="list-style-type: none"><input type="checkbox"/> Portfolio Reviewer<input type="checkbox"/> Professional Standards Assessment Item Reviewer<input type="checkbox"/> Professional Standards Assessment Item Writer<input type="checkbox"/> Professional Practice<ul style="list-style-type: none"><input type="checkbox"/> Practice Guideline Working Group<input type="checkbox"/> Standards Review Working Group<input type="checkbox"/> Focus Groups<input type="checkbox"/> Piloting New Initiatives		

Thank you in advance for your interest! We will be in touch.

Registration Changes

September 1, 2010 – February 28, 2011

New Members

The College would like to congratulate and welcome the following new members:

General Certificates of Registration Issued (RRT):

AGARD, Donell
AIKEN, Stacy
ALDERMAN, Jennifer
ASPROS, Alex
BAGSHAW, Allison
BROWN, William
CAMPBELL, Angelene
CHENG, Caleb
COUGHLIN, Matthew
DWORZAK, Alicja
EDGAR, Jonathan
ELLIS, Carling
FELICE, Celia
FERLAND, Véronique
FLORES, Rea Lorraine
GU, Yanfei
HENEIN, Amanda
LEE, Ji Won
LIM, Jennifer
MACMILLAN, Chatiti
MCCONNELL, Megan
MCGILL, Julie
MUNOZ, Axel
MURATIS, Melissa
NITHIANANTHAM, Gayathri
NITSOPOULOS, Kristen
O'LEARY, Melanie
OMAR, Rima
PARKINSON, Kristine
PARSONS, Daryl
PATEL, Priya
PAYNE, Trinda
PELLAR, Erin
PHILLIPS, Jennifer
POULIN, Melissa
PRITCHETT, Steven
RAJKUMAR, Janani
RENGANATHAN, Devi
RIBEIRO, Elizabeth
RICHER, Allison
RONCATO, Amberley
RUTHERFORD, Michael
SANGHERA, Manjot

SCRIMGEOUR, Katherine
SHIELDS, James
SMITH, Philip
SOBCZAK, Brooke
VALERIO, Aahley
VINCENT, Brennan
WALLACE, Jennifer
WERT, Kevin
ZENG, Yu

Graduate Certificates of Registration Issued (GRT):

BOURASSA, Steve
CULBERT, Cara
GRAHAM, Kyla
HLEMBIZKY, Kathryn
KARGANILLA, Oliver
PRIESTAP, Amberly
ROUSSEL, Kim
SIDER, Jordan

Revoked Members

under Registration Rules

General

ABESAMIS, Nilo
BENTLEY, Elizabeth Anne
BRETON, Alexandra
CHAU, Annie
DAVIDSON, Leslie J.
GUENARD BROWN, Jacqueline
KING, John
KOSKI, Susan
LAROCHE, Sylvie
LOMAS, Louise L.
MCLEOD, Bonnie
RHYNO, Alicia
TIFFIN, Jaime Lynn
TOGONU-BICKERSTETH, Senami I.
TRUCHON, Frederic

Graduate

BERÉNYI, Angéla
HODAK, Caulene
LALONDE, Sonia
LEWIS, Shu'aib
SCOTT, Jenny

CERTO

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