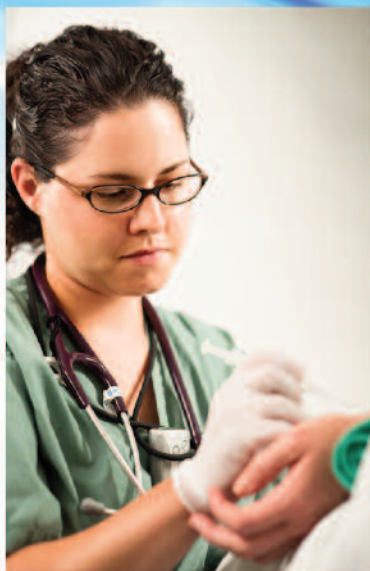


eExchange

The Newsletter of the College of Respiratory Therapists of Ontario



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

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GROW: Featuring Ontario's RTs


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Stay Connected and See What is New on Social Media


Tweets

Follow

 CRTO @theCRTO


5 Jun

#CRTO Council is meeting today.

 CRTO @theCRTO

4 Jun

Great talk today at Vital Aire head office.
pic: twitter.com/AZAxxVDbt



Tweet to @theCRTO

Blog

19
May

WE WEAR OUR LICENSE-TO-PRACTISE EVERYWHERE WE GO
By now you have probably heard about ...

20
Apr

FIGHT FOR THE RIGHT TO CALL YOURSELF AN RRT
I think we can all agree that ...

26
Mar

PROFESSIONAL (MISTAKEN) IDENTITY
While working as a staff RT a ...

GROWing as Professionals: RTs and GROW^{OM}


DAVE JONES, RRT
Manager, ProResp
CROTO President



About Dave




I started my RT career with a bit of variety – in homecare, medical equipment sales and as an acute care bedside RT. I even got some experience in construction at Fanshawe College while trying to land my first RT job after graduation. In my acute care role I quickly recognized the need for collaboration, ending up on an implementation team for an electronic lab system as the only non-nurse on the project in the entire hospital. I then took a small step away from the bedside and moved into a team leader position in critical care. After some time in that role, I decided to transition into community care, where home respiratory services was starting to grow and flourish. I've remained in the community for 12 years, now managing a large home oxygen and respiratory care office for ProResp.

Dave & The CROTO

-  **POINT A:** I volunteered for a CROTO working group several years ago and found that it opened a door to a whole different part of our profession.
-  **POINT B:** In the next election, I became a Non-Council Committee member, joining the Registration Committee. Three years later I was elected as the council member for District 6 (London) and am now serving my third three-year term. I've sat on most of the CROTO's committees and have chaired a couple along the way as well.
-  **POINT C:** I was recently elected as CROTO President and continue to sit on the Registration and Discipline Committees.

I have really enjoyed my time with the CROTO. I've learned more than I ever expected about self-regulation and the function of regulated health professions in Ontario and Canada. Through the Quality Assurance, registration and even discipline processes I've seen the challenges some RTs face. In addition to the many professional members, I have met and worked alongside a great group of public members. My experience with the CROTO has made me a lot more enlightened in the areas of diversity, transparency, objectivity, impartiality and fairness. I truly know what it means to protect the public interest.

Professionalism is...

-  The desire to provide the best quality of care possible – and demonstrate it;
-  Constantly gathering and updating your knowledge base through education, collaboration with RTs and other professionals; and
-  Applying professional knowledge to your practice in a respectful manner (for every person)

...it's important because?

RTs may be a relatively small group of health care providers, but we are absolutely vital to people's health and survival on a daily basis. With this level of responsibility, the patients receiving care from RTs must be confident they are receiving the best care – from the best people.

Dave's Advice

I've participated in several programs that have assisted my professional development. For example, my employers specifically provided many leadership development courses/opportunities throughout my career for targeting their corporate goals. Recently, I also started a professional

leadership certificate program where I can select courses based on my interests and what I think will help me be a better leader. This flexibility is very important to me because it's tailored to my own professional development needs. Many RTs believe they only focus on being a "clinician" and do not exemplify other areas of GROW. The clinical skills are one huge component, but the best application of these skills comes through developing other roles like the communicator, navigator, collaborator or advocate – to name a few.

This idea can be daunting; consider your current role and what skills would help you improve as a professional. Select one or two areas of GROW to focus on and create a small, related project to build on those skills.

Thoughts on GROWth

The GROW professional development framework gives RTs an opportunity to evaluate where you are as a person and a health care professional. This structure offers guidance and facilitates goal-setting to better yourself in different areas, becoming a well-rounded RT – and person. The aim of GROW is to support RTs in expanding beyond your particular role and encouraging health care contributions in new and different ways.

The changing nature of our health care system requires RTs to evolve throughout their careers. To

best support the patients we care for, RTs need to be aware of the many sides of health care and must contribute to it with their own professional development. It's very valuable to be an expert in your chosen practice area, but there is also a need to know about other areas as well. In order to advance health care, RTs must work with others to improve processes and offer ideas for improvement. Our health care system needs professionals that can support the various roles identified in the GROW framework.

Future GROWing

This issue of the Exchange Newsletter features Ontario RTs who exemplify each area of the CRTO's GROW Professional Development Framework.

For my own GROW goals, I would like to develop the **INNOVATOR** area. Innovators are critical thinkers, aware of emerging issues and always finding ways to improve things within their environment. I have the good fortune of seeing the health care system from different perspectives and believe that a more holistic insight would help me develop more as an RT. There is a movement in health care to knock-down silos and barriers – and we need people who can lead us through this transition to a higher quality of care. That task requires the desire to find the path to an improved system, the skills to develop new solutions and the ability to help others during the transition.

GROW^{OM}

Ongoing Professional Growth



As health care evolves and changes, the traditional role of a Respiratory Therapist and the way we provide care will as well. The best way to prepare for these shifts is to ensure we have the skills needed to recognize opportunities for growth and embrace new roles for the profession.

A strong clinical background is essential to this process but there are also many other skills and activities that define a well-rounded Respiratory Therapist. As professionals, RTs continuously acquire new knowledge that aids in critical thinking and the expansion of skills. Collaborating with other professionals and learning how to function as a leader are important when managing and promoting positive change. Effective communication is vital for RTs when working with peers and patients.


Health care is complex and as it continues to progress, RTs must also grow in order to meet the evolving needs of patients.


For more information please visit:
www.crto.on.ca


Clinician: Tony Raso

I've been an RT for approximately 14 years. I have two main areas of responsibility in my current role: practice and operations in both inpatient and outpatient settings. My primary areas include clinical planning and integration, professional practice, continuing quality improvement, HR and financial management, quality & risk management, leadership and corporate contributions. Within these areas I have daily tasks ranging from recruitment and labour relations to performance coaching and policy development. I'm successful in this role because of my fundamental understanding and appreciation for frontline practice, along with a strong vision for the department that is patient-centred and aligned with our organization's mission, vision and values.

Tony's GROWth Path

 **POINT A:** I began my career as a frontline acute inpatient Respiratory Therapist. During these formative years I had the great fortune of being mentored and coached by some very dedicated and passionate RTs. They reinforced the value of professionalism, good assessment and technical skills.

 **POINT B:** I later moved into a professional leader position. During this time I developed leadership skills and started to truly understand the concept and value of evidence-based, reflective practice. The bulk of my work was spent building interdepartmental relationships in an effort to leverage the role of the Respiratory Therapist.

 **POINT C:** This position later evolved into a combined manager and professional practice position; I was very fortunate for the opportunity to develop this role. To date, my primary goal has been to align the scope and range of the service with our patient needs.



Defined:

A Clinician uses evidence-based approaches to evaluate the effectiveness and outcomes of both existing and emerging practices. They continue to educate themselves as professionals and integrate new knowledge into their current practice.

Read more about GROW Clinician here:
www.crto.on.ca/pdf/GROW/clinician.pdf



TONY RASO, RRT
**Manager and Professional
Leader for Respiratory
Services**
William Osler Health System,
Brampton, ON

Professionalism means...

- *Accountability*
- *Being genuine during your interactions with patients*
- *Having mutual respect for colleagues and interdisciplinary team members*
- *Knowing your limitations and when to ask for help*
- *Reflecting on your practice*







Tony as a CLINICIAN

I always see myself as a clinician. When making practice decisions it's the first perspective that I consider, and I usually ask myself the same questions: What is our current practice? What are the impacts and outcomes of our current practice? Are we measuring or can we measure these outcomes? What does the evidence say? How good is the evidence? What are the barriers? Who do I need to engage? Can we measure the impact of the practice change? My credibility in facilitating practice changes within my own organization is directly related to my ability as clinician first (and a leader second). Simply understanding the evidence is not enough; you must apply the evidence to everyday practice to be a good clinician. It's also important to challenge the evidence and consider change through the patient lens – specifically the impact on patient outcomes and experience.

Advice from Tony

If you're looking to enhance your role as a clinician, I think it's really important for all RTs to be engaged and open-minded about their practice. In my opinion, the most valuable aspect of being a 'well-rounded' clinician is self-reflection. It's important to not underestimate the value of knowing your business and being prepared. Staying current and understanding the impact of your practice will only help to increase your credibility as a clinician.

Tips, Tricks & Training


-  *Don't forget about the basics: develop literature search and deciphering research skills. Use the library to become a better clinician!*
-  *Start an interdepartmental journal club to discuss practice skills at work*
-  *Make time to practise your clinical skills – especially the ones you rarely use*
-  *Take advantage of in-hospital resources, opportunities to get involved, workshops and conferences*
-  *Don't underestimate your impact on the patient experience*
-  *Don't forget that RTs make a difference – being a better clinician can only enhance this!*


Educator: Amy Massie


I've been an RT for 15 years in Ontario. In my current role, I provide education for patients and families on respiratory disease such as asthma, COPD, spirometry assessments and smoking cessation. The respiratory education takes place in various settings, including the onsite Airway Clinic, two local family health teams, University of Waterloo Health Services and an Allergist's practice.

Amy's Path to GROWth

My passion for provider and patient education all started when I was asked to give the usual O2 therapy in-service for new staff at a hospital. Our educator was away, and I was given the box of demo O2 equipment. I gave the in-service and felt it went well. The following week, I received a little hand-written note from our educator on a piece of scrap paper saying I did a really good job and that staff had a great time – a professional flame was lit.

 **POINT A:** After working in critical care for three years, I started contributing part-time to the Asthma Education Centre at Guelph General Hospital.

 **POINT B:** I was then recruited to coordinate a two-year pilot program part-time at St. Mary's General Hospital, where onsite asthma education services were going to be provided in the community.

 **POINT C:** The program grew to a full-time commitment and then expanded to include COPD education and smoking cessation counselling.



Defined:

An Educator is committed to helping others learn. They use their understanding of current education principles to effectively transfer knowledge. They support and facilitate learning at all levels, ranging from students and peers, to patients and their families.

Read more about GROW Educator here:
www.crto.on.ca/pdf/GROW/educator.pdf

“A good day is when a patient/ family returns for follow-up and they are in better control of their health because they have a better understanding about their disease. That’s what being an Educator is truly about.”



AMY MASSIE, RRT
Respiratory Educator in
Airway Clinic
St. Mary's General Hospital
Kitchener, ON

Professionalism is...

*...practising with
integrity & passion
while having a
commitment to
lifelong learning.*

Amy's Advice






- Spend some dedicated time with a Respiratory Educator
- Have an interest in primary versus acute care settings
- Good communication skills: make sure you understand the complexities of patient education, including challenges such as language barriers or other forms of impairment.
- Know how to translate complicated terms and medical knowledge into simple, accessible language for patient education
- It doesn't come down to how well you understand the content of the disease, but rather how well you can convey this information to a patient/family member for their understanding and benefit.

Why Amy exemplifies EDUCATOR

I've spent the majority of my career helping patients and families achieve better health outcomes by understanding their health conditions through education. In this role, I have fostered partnerships with primary care teams in various locations, not only to provide education to their patients, but to their staff members as well. In working with local family health teams, I have also had the opportunity to work with medical, pharmacy, and nursing students who observe patient visits with me. Months and years later, these professionals go on to identify and refer patients for Respiratory Education – a very clear benefit to patients. I have also worked with the Lung Association educating health care professionals on spirometry interpretation, instructing the Spirotrec course where health professionals of various backgrounds learn to conduct spirometry properly.

I have also presented at Provincial and National conferences for Respiratory Educators and have thoroughly enjoyed those experiences as well.

Tips, Tricks & Training


-  *Have patience for your patients!*
-  *Communication skills are key – be able to communicate across all levels of practice (from physicians to patients)*
-  *Take any courses or certificates that could be helpful in your facility or relevant organizations*
-  *Asthma and COPD Educator courses are available through www.Resptrec.org*
-  *The Canadian Network for Respiratory Care is a great resource*


Communicator: Regina Pizzuti


I am a 1984 graduate of the Vanier College of Respiratory & Anesthesia Program in Montreal, QB. I have been an RT for 31 years and been in my current role for 21 of these. In my role I ensure goals/objectives that align with the Ministry of Health Assistive Devices Program's vision, values and strategic priorities are met. I must also effectively manage human, financial and material resources for service/program operations and the logistics for daily operations, client needs and initiatives. I'm also responsible for handling quality assurance, ensuring compliance with statutory and regulatory requirements, professional and service quality standards, organizational policies and health/safety standards.

Regina's GROWth Path

When I first started my career I did not set out to work in any particular area of respiratory therapy, but wanted to experience the different opportunities available to Respiratory Therapists.

 **POINT A:** I've held a number of positions and worked in many different environments including NICU/PICU at a children's hospital, pulmonary function testing for a private laboratory, surgical and medical intensive care units, emergency, transport team and community respiratory care.

 **POINT B:** Over time, a natural affinity developed for community respiratory care. Treating and caring for patients at home fosters a relationship that is unique and special. The impact of an individual's condition on their quality of life can be more apparent at home.

 **POINT C:** The move to the Ventilator Equipment Pool flowed from my love of community respiratory care work. I then deliberately pursued educational and development opportunities that enhanced my body of knowledge and the skill set required of this position.



Defined:

A Communicator is able to express information clearly and concisely in a culturally competent manner. They have great listening skills and are effective at writing as well. Awareness of their communication style is the key to understanding how well their information is received by others.

Read more about GROW Communicator here:
www.crto.on.ca/pdf/GROW/communicator.pdf

Professionalism is...

- *Providing patients/clients with the best possible experience in every opportunity*
- *Staying current and actively participating in educational activities to deliver evidence-based, empathetic care*
- *Being sensitive to patient needs*



REGINA PIZZUTI, RRT
Manager, Ventilator
Equipment Pool (VEP)
Kingston General Hospital
Kingston, ON

Regina as a COMMUNICATOR


Communication has always played an important role in my RT career. Communication can take on many forms, whether it is verbal, non-verbal, print, or technology-based. Each method provides a different opportunity to connect with patients/clients in a meaningful way. Recognizing our role as RTs in the overall client/patient experience begins with an awareness of how communication helps shape the patient experience. Communication extends beyond what we say; it is also conveyed in our behaviour.


As RTs, we need to explore the best means of interacting with our patients by choosing the communicator method (or combination of methods) that create the best possible outcomes. For me, this always begins with a respectful approach and branches into a communication strategy that is tailored to meet the needs of each person. For example, recognizing the limitations of telephone communication for some individuals due to a language barrier or because the learner prefers visual cues. To communicate better with patients, the VEP is exploring a videoconferencing option through Ontario Telemedicine Network that will enable the caller and RT to see each other, as well as verbally communicate with one another.

To be a better COMMUNICATOR, keep in mind:

- Communicating our thoughts and ideas well can be challenging at the best of times and perhaps more so in any fast-paced environment
- Good communication doesn't just happen – it requires intention and practice
- Good communication skills develop over time
- Practice good communication skills with colleagues and ask for feedback
- A smile can go a long way when communicating face-to-face
- Foster a safe and receptive environment to interact with your patients. This includes being non-judgmental, warm, friendly and engaged
- Tone and inflection are very important elements of communication as well as the words we choose

Tips & Tricks

 *Use the CRYPTO for resources and guidance in your professional development – they're a great support to the RT profession!*


 *Look into **Communicate with H.E.A.R.T.**, a health care-focused program adopted by Kingston General Hospital*

Innovator: Arpita Bhattacharya

I've been practising as a RRT since 2004 in Ontario. As an ICP, I must have knowledge of various health care-associated pathogens and diseases. My responsibilities include maintaining best practices for infection prevention and control across the spectrum of care through: surveillance, disease outbreak investigations, educational in-services, policy development and consulting for construction or renovation projects related to infection control.

In my volunteer role as the Director of Communications at RTWB I am responsible for engaging and promoting the organization's growth through internal/external communications to the global RT community. I also am interested in future deployments to help with educational advancement in infection prevention and control in RT-related practice and equipment in remote areas.

Arpita's Path to GROWth

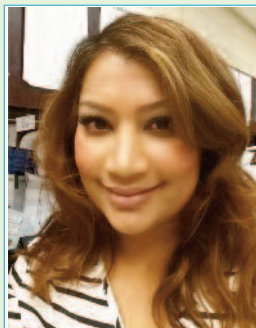
-  **POINT A:** I was a staff RT in acute care facilities for 10 years. I always had an interest in epidemiology, specifically relating to the many diseases I encountered in my RT practice.
-  **POINT B:** I took various epidemiology courses but fell in love with the practical component of infection control after taking a course. I also had some amazing members in IPAC both at work and in the community that I engaged with regularly and who encouraged me to transition into the field as an Infection Control Practitioner.
-  **POINT C (RT & Volunteer):** I reconnected with Respiratory Therapists Without Borders once lifestyle changes occurred to help me become more involved. I looked on the organizational map of RTWB to see where the greatest need was – even though my background is in respiratory therapy and not communications, I was attracted to the opportunity to do something new and different!



Defined:

An Innovator sees opportunity where others don't. They are critical thinkers who are aware of emerging issues and use both research and evidence-based approaches to create knowledge and develop new solutions. An Innovator is always finding things to improve. They often share what they've tried and discovered, placing a strong emphasis on working towards higher quality in health care.

Read more about GROW Innovator here:
www.crto.on.ca/pdf/GROW/innovator.pdf



**ARPITA
BHATTACHARYA, RRT**

**Infection Prevention &
Control Practitioner (ICP)**
William Osler Health
System (Etobicoke General
Hospital)

Director of Communications
Respiratory Therapists
Without Borders (RTWB)

Professionalism is...

- *A commitment to ethical practice*
- *Being resourceful to maintain knowledge, skills and judgement in the course of your duties*
- *Lifelong learning*
- *Being Inclusive, cooperative and organized*
- *Ability to successfully work in a multi-disciplinary team*

Why Arpita exemplifies INNOVATOR

Even though I'm a Respiratory Therapist by training, I saw opportunities to apply my skillset in ways that are outside the traditional role. I have two amazing roles at very different organizations that tap into strengths that ALL RTs have, but maybe don't realize it. I believe that RTs should never set limits on what they can do or what our knowledge can be transferred to. I have a thirst for knowledge and willingness to try paths less taken. I have communicated and engaged with people who encouraged me to take on roles and responsibilities that deviate from the norm. I've also aligned myself with two organizations (William Osler Health System and Respiratory Therapists Without Borders) who pride themselves on innovative health care that is patient inspired. This philosophy, exhibited through management, is the reason why I'm able to do these roles today!




Arpita's Advice

- Go for it!
- Don't set limits on yourself – in health care we are an essential and have lots to contribute. We're trained to look at more than just respiratory components. Don't ever think you can't do something.
- Find a mentor and use their encouragement to think and look outside the box to expand the profession
- Connect with an organization that is innovative
- Be curious and apply your skills in new and different ways
- Become a great communicator and network – don't underestimate the possibilities of these skills for RTs
- Maintain a thirst for professional knowledge
- If you have an interest or passion for something, don't hesitate – find a way to incorporate it into your work and skillset. You never know what could come of it.
- Be creative and look for ways to educate and share knowledge to various health professionals on a local, national and global scale

Health Systems Navigator: Jean Lefebvre

I've been an RT for 25 years. For most of this time I've been the Manager of the ProResp Kitchener branch. I'm responsible for business development in the region, as well as financial operation, equipment evaluation and cross-company education. I manage a group of RTs, service technicians and administrative individuals. Daily responsibilities include everything from the clinical side of homecare, to delivery, promotion and advertising for the Kitchener-Waterloo area.

Jean's Path to GROWth

-  **POINT A:** I worked as a staff RT in a few Ottawa hospitals and then moved to McMaster University Medical Centre.
-  **POINT B:** Decided to start ProResp operations in Kitchener because I wanted to manage my own patient load, as well as liking the business development and community side of health care.
-  **POINT C:** I've stayed with ProResp all of this time because of the benefits I've seen for patients. When I was working at MUMC, I looked after a young boy for about a year who'd been in the hospital for two years (since birth). He was two when I went into homecare, and he went home at the same time I transitioned into my ProResp position. It was very rewarding to see him thrive at home, and he became a sort of benchmark as he did fairly well. Seeing his improvement and positive outcome from a homecare perspective solidified my choice to move into a community RT role.



Defined:

A Health Systems Navigator possesses knowledge of the health care system as a whole allowing them to see the bigger picture. They think at both a local and system level to better understand, work within and respond to changes as they occur. They have an understanding of the business and economics of health care and are aware of the inter-connectivity of the various parts within the health care system.

Read more about GROW Health Systems Navigator here:

www.crto.on.ca/pdf/GROW/health_system_navigator.pdf



JEAN LEFEBVRE, RRT
Manager
ProResp
Kitchener, ON

From the homecare perspective:

The homecare setting is a growing area of RT practice that requires a higher need for self-management, independent thinking and good judgement. RTs will be able to do more in the home setting as health care shifts towards the community in the future – knowing the health system and how each role affects your job is a great benefit to RT practice.

Working in homecare is a very rewarding experience: the positive patient outcomes are remarkable when we're able to get them home and give them access to care in the community.

Jean as a HEALTH SYSTEMS NAVIGATOR

As a community RT, I liaise with multiple levels, structures and organizations within the health care system. Home and community care settings are unique because you interact with many different players from customers/patients, primary care centres, providers and insurance companies. For example, I interact a lot with hospitals about complex discharges, attending meetings and preparing all the necessary resources for a patient to go home. I have to understand the costs and cost structure of care in the community and explain this to the end-user as well. ProResp is a hub to communicate with physicians on what path a patient's therapy should take, generate costs and relay this information to the potential customer. I also navigate various criteria from government agencies for funding; when that doesn't cover the cost, we work with insurance companies to provide a realistic outline of the homecare costs.

Advice from Jean

- You have to love people – navigating the health system means interacting with a lot of different characters in different roles (from patients to insurance companies)
- Take time and make an effort to understand the complex health care system
- Be a good communicator: be clear, succinct and know what to emphasize depending on your audience
- If you're interested in developing this area more, take business courses to help understand the various sides of health care (not just frontline)
- Take courses on the palliative care side of business – this is a growing area of our health care system that is complicated and changing quickly


Professionalism is...


- *Knowing when to ask for help*
- *Conducting myself with integrity to create trust*
- *Understanding that my actions reflect on the entire RT profession*


Collaborator: Mike Kampen

I obtained my RT license in 1996 (been practising for 19 years). In my current role, I focus on improving patient outcomes by collaborating with operational and medical program leadership, staff and physicians. This is accomplished by providing expertise to enhance professional practice and interprofessional performance in delivering care. General responsibilities include standardizing clinical practice and improvements, team performance enhancement, creating environments and cultures that support collaborative health care and applying new knowledge/innovation to practice.

Mike's Path to GROWth

 **POINT A:** *My clinical experience developed in a few Ontario centres in Brampton, Toronto and Hamilton. I had some wonderful colleagues (RTs, allied health, nurses, physicians, etc.) who shared their knowledge and clinical skills to help me gain a broader understanding of patient care. This is where I learned that every professional's unique skills and scopes of practice can work together to provide the best care experience – no one profession does this alone. I then later had opportunities to be involved in various educator, clinical leader and manager roles that showed me the full patient care experience, growing and learning from frontline staff, managers and directors.*

 **POINT B:** *In 2011 I began a position with Hamilton Health Sciences in Respiratory Therapy professional practice that oversaw 150 RTs in various programs across six sites. HHS fosters an interprofessional care and leadership environment and I worked with 10 other discipline-specific Chiefs of practice at the time to support and advocate our professions in providing the best patient experience.*

 **POINT C:** *In 2013 there was a portfolio change that saw my role start to support practice and teams in all disciplines (regulated and unregulated) in my areas of responsibility. My current role incorporates staff, leaders and physicians to support and advocate for our interprofessional colleagues, teams and patients.*



Defined:

A Collaborator participates in and promotes interprofessional collaboration. They highly value the contribution of other professionals, successfully seek input from colleagues and work alongside others to provide the best care to patients

Read more about GROW Collaborator here:
www.crto.on.ca/pdf/GROW/collaborator.pdf



MIKE KAMPEN, RRT
Chief of Interprofessional
Practice
Hamilton Health Sciences
Hamilton, ON

Why Mike exemplifies COLLABORATOR

In my opinion, providing the best possible patient experience requires that teams work and function well together. This starts with looking inwardly at ourselves – our beliefs, values and passions. Too often in my early practice I would feel the stigma of a profession that is not understood or possibly disrespected and wondered if RTs sometimes work too much within silos. As health care providers, we owe it to our patients to learn as much as we can about other members of our team, working together to support care delivery. I apply this not only to individual professions, but also across programs, departments, academics and community partners as well. I am thankful for the wonderful opportunities I've had to build health coalitions with patients, teams, colleagues, programs and professionals to build on my path and journey. If not for them, I could not have developed a collaborative approach.





Mike's Advice

- Discuss and ask questions about practice scope with non-RT colleagues
- Attend/create regular interprofessional team meetings, research days or knowledge translation opportunities
- Provide lectures and education to other professions about RTs and vice versa
- Participate in your facility's interprofessional initiatives and working groups
- Tailor orientation programs for new RTs to shadow other disciplines & team members they may work with
- Seek out interprofessional leadership opportunities, courses, workshops and certifications

Professionalism means...

...having pride in your professional designation as an RT and the privilege of providing patient care within the health system. It also means working in a responsible manner and knowing your practice is accountable to an established set of standards that support the public's needs.


Tips, Tricks & Training


-  Spend time outside of the RT workspace or areas as much as possible to build healthy interprofessional relationships in patient care areas – be visible!
-  Use the many resources available on the CRTO website, GROW framework Collaborator resources
-  Visit Health Force Ontario Collaborative Care information and courses
-  Attend Canadian International Health Collaborative events


Leader: Lindsay Martinek

I have been a Respiratory Therapist for 10 years. My current role is unique and challenging, requiring that I manage across professions, hospital-wide. My portfolio includes leading acute care clinicians from: physiotherapy, occupational therapy, respiratory therapy, anesthesia assistants, speech and language pathology, social work, dietetics and kinesiology. Along with two supervisors, I'm responsible for practice, education, performance and human resource management, quality improvement, budgetary operations and strategic vision for interprofessional practice.

Lindsay's Path to GROWth

 **POINT A:** I started my career after graduation from Michener at Sick Kids in neonatal intensive care, the emergency department and on the inpatient wards, working in many areas of the hospital to gain knowledge and experience in a variety of environments.

 **POINT B:** Three years into my RT career, after being involved in some departmental working groups and initiatives, it became clear to me that I wanted to pursue a future in health leadership. I enrolled in the Masters of Health Studies program with a focus in Leadership through Athabasca University.

 **POINT C:** After completing my Master degree, I was given the opportunity to work at Toronto East General in my current role as Manager of Interprofessional Practice. I continue to work as a bedside RT in a casual capacity as well.



Defined:

A Leader promotes ethical behaviour through their own example. They are strategic thinkers who execute and follow through on new initiatives. Leaders are continuously looking for opportunities to improve and take action to create change. They promote team-building and understanding that leadership occurs at all professional levels within the health care system.

Read more about GROW Leader here:
www.crto.on.ca/pdf/GROW/leader.pdf

Professionalism is...

- Treating others with dignity and respect
- Ensuring I practise honest and open communication
- Being fair and consistent
- Actively listening
- Being open to new ideas and different ways of thinking



**LINDSAY
MARTINEK, RRT**
Manager of
Interprofessional Practice
Toronto East General
Hospital
Toronto, ON

Tips, Tricks & Training

-  *Pursue continuing education such as an undergraduate or Masters degrees*
-  *LEAN training*
-  *Project management training*
-  *Certificate in Clinical Leadership*
-  *Quality improvement courses*
-  *Education geared toward change and change management*
-  *Emotional intelligence and training in difficult conversations*

Why Lindsay exemplifies LEADER

As a leader, I try to do lead by example. From my team I expect: a certain level of professionalism, communication and collaboration, drive and a strong work ethic. I also model this behavior in my own role. As the leader of an interprofessional team in an environment of constant change, the need to think critically, anticipate and understand the effect of change is ongoing. It requires constant re-evaluation of practice and process to ensure the best possible care delivery.

Being a leader also means nurturing and supporting others to become leaders themselves. In my role, I look for every opportunity to cultivate a strong team and empower them to be leaders in their daily work. I also work to provide opportunities for others to take the spotlight and champion initiatives they are passionate about.

Advice from Lindsay




- **Get involved!** You don't need to be in a formal leadership role to develop your own leadership skills. There are many opportunities in and out of the profession that provide experience for learning and growth: professional practice groups; policy and procedure working groups; RT councils; CRTO working groups, and other hospital committees.
- **Build relationships!** They are the currency for success in any leadership role. Strong relationships build: trust, respect, awareness, opportunities for reflection, and keep you grounded. Cultivate relationships with a variety of staff and leaders as each will expose you to different leadership styles to learn from.
- **Believe in yourself and your abilities.** Never underestimate what you can do! Make the best decisions possible in the moment and then commit to them 100%. Choose a path and give it your all until the next fork in the road presents itself.
- **Learn from failure.** It sounds like a paradox but sometimes the best lessons are learned through failure.
- **Enjoy the journey!** Being a leader is challenging and can be unpleasant at times when you are required to make difficult decisions. I am faced with new challenges daily that require me to reflect and learn more about myself as a leader. Leadership is a lifelong journey. I look forward to many more years of learning, and encourage anyone with an interest in leadership to seize any opportunities that come your way and enjoy the ride!

Health Advocate: Dilshad Moosa

I became an RT 20 years ago. The Provider Education Program has a knowledge translation mandate to improve health outcomes for those living with chronic respiratory disease. We develop, implement and evaluate accredited continuing medical education (CME) programs, specializing in transforming best practice guidelines into primary care practice. My role includes such responsibilities as program and project management, research and evaluation, stakeholder engagement and the RESPTREC program.

Dilshad's path to GROWth

My experience as an RRT ranged from working in tertiary critical care environments to asthma/COPD education and diagnostic testing in a primary care setting. The skillset and education needed for my current position required:

-  A regulated health care professional;
-  Certified Asthma Educator; and
-  an undergrad (preferably a Master's degree) with experience in research & education or translational science.

The science of Knowledge Translation (KT) was a fairly new concept at the time but resonated with me as a sensible research approach – simply putting new evidence-based research into practice. I completed a KT course at the University of Toronto CE dept. Being a certified respiratory educator was required to land the position at the time, as the role supported education for Primary Care Providers, including Asthma Educators in Primary Care.



Defined:

A Health Advocate promotes patient-centred care, patient education and supports the interests of patients and their families. They promote general respiratory health and wellness, and provide education aimed at improving their patients' quality of life. Health Advocates facilitate access to services and provide support for preventative care.

Read more about GROW Health Advocate here:
www.crto.on.ca/pdf/GROW/health_advocate.pdf



**DILSHAD
MOOSA, RRT**
Manager, Provider
Education Program
The Lung Association
Toronto, ON

Dilshad as a HEALTH ADVOCATE

Being a health advocate, my motivation for improving health outcomes for those living with lung conditions is a passion for education and willingness to embrace challenges that create positive, system-wide change. A large component of my role is getting people to understand that they do activities outside clinical practice – even without realizing it. Health promotion and implications is implementing change by improving patient outcomes, whether in hospitalization or through advocating for patient care. For RTs, being an advocate for the patient is important for supporting your mandate as a health professional. We are all health advocates in various ways.

Dilshad's Advice

- Remember that as a health professional, you have the knowledge and expertise to be an advocate for patient needs
- Get interested in research. Being a health advocate means having the knowledge to apply health information and evidence-based practice – we do this daily anyway while adhering to quality improvement initiatives and upholding standards
- Volunteering is imperative, it affords an opportunity to network, explore interests and opportunities.
- If you don't have a degree, get one! Our expertise as RRT's combined with the education training lends further credibility in most settings
- Consider doing your Masters in a health related field, as it's required for most health leadership positions

Professionalism means...

- *Mastering the knowledge and skills in your profession*
- *Always striving and continuing to improve*
- *Having integrity and being accountable for your actions*
- *Being proactive instead of reactive*

RT Week!

**RT week 2015 has been set for
October 25 - 31. What are your plans?**



ELECTIONS NOTICE

2015 is an election year!

Elections will be held in the fall for **Districts 1, 2, 5 and 7** using electronic voting.

If you're interested in running, nomination forms will be available in the coming days. Check out the elections material on the CROTO [website](#) for more information or contact Kevin with any questions.

Upcoming Events

Throughout the year, the CROTO is notified of several events that are of interest to RTs. We post these opportunities on our website at www.crto.on.ca/members/professional-development/upcoming-professional-events/.

**Please remember that you can use the AHPDF to apply
for reimbursement for the cost of a conference!**

“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">Quality Assurance Program<ul style="list-style-type: none">PORTfolio ReviewerProfessional Standards Assessment Item ReviewerProfessional Standards Assessment Item WriterProfessional Practice<ul style="list-style-type: none">Practice Guideline Working GroupStandards Review Working GroupFocus GroupsPiloting New Initiatives		

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



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