PRECEPTOR PROGRAMS FOR RESPIRATORY THERAPY: WHEN IN DOUBT TRY KINDNESS AND COMPASSION

by David Wheeler RRT, NPS

Respiratory Care faces a critical shortage of skilled therapists. Additionally, current trends in health care are creating an environment of both higher expectations and increased demand for accountability being voiced by patients, employers and our physician partners. This increased pressure is compounded by the decline in enrollment in programs for respiratory therapy, indicating that this shortage is not likely to be resolved in the near future. Most Respiratory Care Department Heads will tell you that there are not enough qualified therapists to meet both the challenges and expectations of our various constituencies.

The lack of professional staff coupled with the increased pressure for quality performance and successful outcomes is the framing construct for the current thought in Respiratory Therapy Human Resource management. In today's competitive market and with today's educated consumer expectations and regulatory structures the RRT is a most precious commodity. With that in mind the prudent department will focus a significant amount of time and attention on the "care and feeding" of their existing professional therapy staff while attempting to recruit and assimilate new therapists into clinical competence.

The shortage of Respiratory Therapists is not likely to be resolved in the near future

The Clinical Preceptor Program attempts to resolve this staffing crisis while improving clinical quality and facilitating the assimilation of the new employee into a good practice model. Every hospital, every department, every unit; represents a unique environment that is specific to that place and time. New employees must be acclimated to these settings in order to be successful. It is in everyone's best interest to precisely train, assimilate and orient all new employees in order to avoid both high turnover rates and mediocre clinical quality. A failure to be effectively and successfully trained and socialized into a new group creates an unresolved culture shock and may lead to maladaptive behaviors and high turnover rates.

Indeed, contemporary research illustrates that hospitals using preceptor programs demonstrate a greater degree of integration of new hires with existing personnel, improved care quality; increased job satisfaction among new hires; increased job satisfaction among existing employees; reduced training periods for new hires; and the development of new leaders from experienced employees.

One must be mindful that the orientation of a new employee is a *process*, not an event and the integral components of this process are the Orientee, the Preceptor and the System or construct of the orientation process. This discussion will examine these three elements and their relationship to one another.

It is essential that one create an image of Preceptor and Preceptorship prior to engaging in this endeavor. The Preceptor is an educator, teacher and instructor. The preceptor is a role model who exemplifies or models desired and acceptable professional behaviors. The Preceptor is a social mediator and facilitator who creates a welcoming, collegial and comfortable introduction into the workplace. This sounds easy right? It is never easy however, but discomfort for the Preceptor can be assuaged through education and preparation.

Precepting in the workplace is a planned and organized educational process. The Preceptor as Educator must conduct a thorough assessment of the learning needs of the new employee. This needs assessment may take many forms from didactic and practical testing to conversations that are guided towards planning the orientation process. The educational needs assessment is an ongoing concern and is continually updated as clinical exposure and experiences dictate. Frequently, new employees have no idea of the skill sets and knowledge they will need to successfully assimilate into the new work environment. The Preceptor must be ever observant to the emerging skills and new educational needs of every orientee.

The new employee has to be viewed as a learner who wants to be very successful in their new role. Ask the new employee what they feel are their most acute learning needs and place a high priority on meeting these learning needs early in the orientation process. These early victories will alleviate anxiety on the part of the orientee and establish the credibility of the preceptor. The preceptor may want to review the educational and experiential history of the orientee. This is an essential element when creating an education profile unique to the adult learner. This groundwork will establish rapport and a sense of team between preceptor and orientee and help them to jointly fashion and create individual learning goals based upon the unique needs of the individual adult learner.

Once the learning needs are assessed, the Preceptor must establish the learning abilities of the new employee and attempt to match the learning opportunities to this individualized learn-

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ing style. The prudent assessment of learning abilities will aid in the fashioning of a plan that matches both the learning needs and capacities of the orientee.

The Preceptor and orientee are not alone in this process. Ideally, the department management and education teams are active participants and supporters throughout the entire orientation course. The education team will assist with the learning process on all levels; cognitive or knowledge in the abstract; psychomotor or hand-eye and the affective domain, the soft skills dealing with feelings and social interactions. The management team will handle scheduling of both preceptor and orientee and the education of non-clinical policies.

The astute program will fashion the entire process with the adult learner in mind. The adult learner is a highly contextualized "blank canvas" upon which our efforts must sketch an image of competence and ideal form. Every adult learner carries with them a distinctive milieu that is theirs and theirs alone. The single characteristic that every orientee shares; they all want to be successful in their new venture.

The Adult Learner is a relatively new phenomena and one must understand the needs and motivations of the adult in the new work environment in order to help them achieve their primary goal of being successful and productive members of the team. Adults are primarily self directed and will participate in the learning process if it enables them to perform their role with a greater degree of competency. The adult in the workplace finds motivation and a readiness to learn based upon their willingness to do a good job and to fit into the workplace. The adult learner has a vision of their role and seeks knowledge and skills that are centered on knowing, anticipating or solving problems in their expected roles.

Adult learners are unique in that they bring a lifetime of experience into the work environment. Particular life situations, physical attributes, educational experiences and family makeup play a role in a person's ability to learn and adapt to new situations. The successful preceptor will construct a unique experience for the new hire in the greater context of departmental requirements. This integrated learning will result in a change of behavior and successful integration of new skills and knowledge.

The Preceptor as Social Agent: The successful socialization of the new employee is as important as the incorporation of intellectual or psycho–motor skill sets. The preceptor is charged with communicating the vision, mission, historical role and current expectations of the department. This introduction to the social and cultural landscape of the workplace applies to internal as well as external forces. This form of socialization is both formal and informal.

The Preceptor is a complex role that is filled by experienced and clinically competent personal. Current research suggests that the most important aspect of running a successful preceptor program is the availability of knowledgeable and personable staff willing to participate as preceptors. Identifying and nurturing respiratory therapists into thriving preceptors requires selecting candidates with strong and very positive personal skills. As preceptor programs develop they provide training courses for participants to renew their clinical skills and adopt adult education techniques. Recruiting seasoned employees who are enthusiastic about participating in the education of a new therapist is essential. In most preceptor programs, educators and managerial staff choose exceptional performers in respiratory therapy to serve as preceptors and the selection is viewed as an opportunity.

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Mixed Venous Oxygen Saturation... *Continued from page 86*

again, continuous SvO2 monitoring allowed early detection of decreased cardiac output. Looking at myocardial work and oxygen consumption during the rewarming phase after cardiopulmonary bypass, a study by Ralley, et.al showed that shivering caused the patient to have a higher heart rate and cardiac index with a lower mixed venous oxygen saturation. Kirkeby-Garstad and colleagues used SvO2 monitoring to assess the effects of early mobilization after cardiac surgery and found a marked decrease in mixed venous oxygen saturation post-operatively. They also studied the postural effect on SvO2 and cardiac index, comparing pre-operative measurements with post-operative levels at rest, standing and with supine exercise. Where early mobilization showed impaired myocardial function, the mixed venous oxygen saturation was unchanged and the cardiac index was increased. Additionally, postural changes had less impact on oxygen delivery and hemodynamic status post-operatively. Patients' compensatory mechanisms in response to exercise were also maintained post-operatively.

Understanding the importance and utility of mixed venous oxygen saturation monitoring is imperative for optimal patient care. Oxygen demand, delivery and consumption can be directly assessed and patient response to therapy can also be optimized. For tissue survival after insult, be it cardiac surgery, sepsis or other insult, oxygen delivery and extraction must be optimized. When the oxygen delivery is compromised, by low cardiac output, anemia or low oxygen supply to the tissues, anaerobic metabolism is the only method for cellular respiration and energy production. Incompetent as a cellular energy production method, anaerobic metabolism and its sequela are detrimental to the patient's recovery and leads to higher morbidity and mortality.

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Preceptor programs are being used with increasing frequency in respiratory therapy departments. The Preceptor is a Coach, Effective listener, Evaluator, Creative tutor, At times Confessor; a prototypical guide and primarily a talent evaluator and developer. The current thought and information concerning Preceptor Programs strongly suggests that having enthusiastic employees participate as preceptors in a comprehensive training program will help improve clinical quality and retention rates for newly hired Respiratory Therapists.

Indeed, it is an honor to serve as a preceptor and an important role for any serious Respiratory Therapy Professional. Preceptors ensure that orientees complete hospital and unit competency requirements and are oriented to the hospital and unit culture. Every unit manifests a unique and different culture and presents new and unique clinical challenges. What greater role can we play then to help others to be good at taking care of people who are critically ill? The Preceptor's role is to help others take better care of others. One final comment, my fall back position these past few years has been a rather simple one but one that works every time, especially in teaching: When in doubt try kindness and compassion

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