# Brand "You Branc A Different Tack on PROFESSION

by Kris Williams, BA

n October 1987, Karen Milikowski, MS, RRT, RPFT, wrote in AARC Times, "the survival of the profession depends upon active image production. ... It is clear that in our changing health care system, respiratory care professionals must actively work to build a positive image, for only a positive image will secure a strong future for respiratory care."1

In his companion piece in that issue, "Who Is a True Professional," Joseph G. Sorbello, MS, RRT, said that respiratory therapy measures up to the definition of a profession because it includes:

• a body of knowledge (or theory) that provides the professional authority to treat patients;

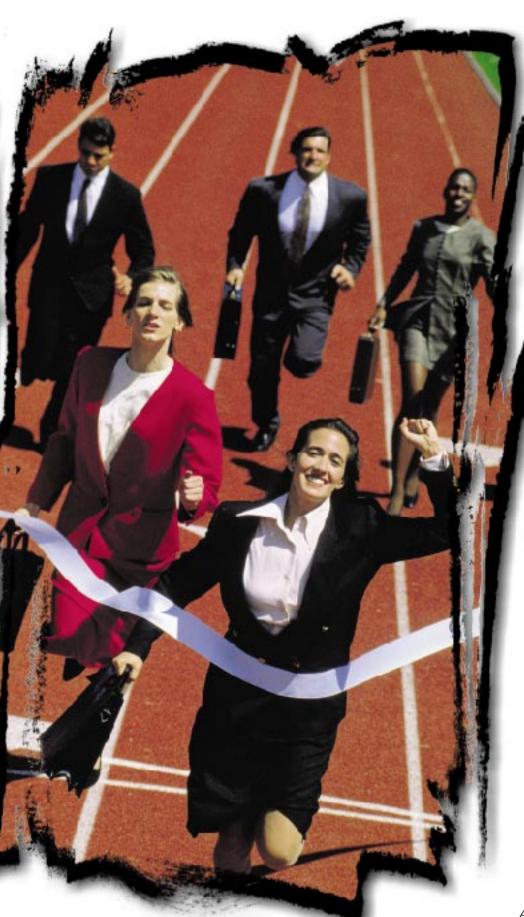
### **Take-Home Notes**

- Professionalism is more than exuding an image, more than a series of actions, and more than just being a member of a "profession."
- Professionalism is the willingness to help other members of the health care team, even when the request is outside of their prescribed job description. It is the ability to solve problems, to advocate for the patient, and to continue learning more about the profession.
- While the public may not understand RTs' ventilator techniques, they will appreciate professional demeanor, empathy skills, and the ability to help them better understand respiratory disease.

- the sanction of the community to act in that authority to treat patients with respiratory illness or disease;
- a regulative code of ethics; and
- a professional culture.<sup>2</sup>

AARC Times talked with Ken Lizzi, MPH, RRT, Rock Springs, WY, and Thomas A. Madrin, RRT, Macon, GA, during the 1999 International Respiratory Congress in Las Vegas last December. (To hear sound bites from their interviews, visit the AARC home page at www.aarc.org.) These RTs say they focus on the actions of those they consider professionals. Their definitions of professionalism include the willingness to help other members of

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the health care team (even when the request is outside of their prescribed job description), the ability to solve problems, the capacity to advocate for the patient, and the drive to continue learning more about their profession.

According to both Lizzi and Madrin, respiratory therapy professionals are teachers to health care members plus patients as well. In addition, professionals understand the dynamics of teamwork. Lizzi and Madrin also suggested that they found their professional identity through years of practice and by watching those people who exude professional competence on a day-today basis. In other words, they found a mentor or watched and learned from other professionals who had gained the regard of their patients and colleagues.

These assessments are right on target. However, professionalism is more than exuding an image, more than a series of actions, and more than just being a member of a "profession." So, where do we start? How do we begin or continue this journey toward becoming a more "professional" profession?

### A professionalism model

Jeff Standridge, EdD, RRT, Acxiom Corporation, Little Rock, AR, has recently tried to define the qualities that make an RT a true professional. In research that is ongoing and yet unpublished, Dr. Standridge identified those who met certain predetermined criteria for professionalism. The criteria for panel participants included:

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- at least 10 years of continuous respiratory care-related practice;
- active involvement in the profession with sustained membership in respiratory-related professional organizations such as the AARC; and
- recognition either through publication, awards, or service, in education, leadership, and practice.

Based on these criteria, Dr. Standridge identified approximately 102 candidates. Of those, 39 chose to participate in two to four rounds of the Delphi study, a survey method that is used to create consensus among experts. To arrive at consensus, the RT panelists — of whom 15.4 percent were physicians; 28.2 percent, managers; 48.7 percent, educators; and 7.7 percent, respiratory professionals — rated the behaviors as crucial to the practice of respiratory care. For consensus to be met, 75 percent of the panelists had to rate the professional competency behavior as critical or very critical.

These candidates identified nearly 100 behaviors, which were then placed into 11 different competency categories. Dr. Standridge calls these competencies the Respiratory Care Professional Success Model. "A success competency is a collection of critical behaviors that describe what an individual must do in order to be successful. Usually these behaviors point toward the possession of certain knowledge, skills, or abilities," explains Dr. Standridge. "These competencies are those behaviors that every respiratory care professional must strive to achieve."

Although Dr. Standridge and the panel were familiar with what a clinician can do (such as knowledge, skills, and abilities), they wanted to know and understand what a successful RT actually does (that is, demonstrated



behaviors). The panel identified II top professional competencies that define the respiratory therapist and the attributes the therapist needs to master, as shown in Table I.

Dr. Standridge notes, "Technical or specialized skills are vital to the threshold practice of respiratory care, (that is, an RT must possess certain skills and abilities in order to be called a professional therapist); however, these skills must work in tandem with the success competencies

# Table 1. 11 Top Professional Competencies and Attributes of the Respiratory Therapist

- Respiratory care practice Excels in care delivery techniques
- Business orientation Grasps the business side of the profession\*
- Customer service orientation Acknowledges the importance of the patient, other clients
- Communication Delivers and receives clear, effective missives
- Professional involvement Participates in professional organizations
- Empathy Identifies with feelings, thoughts, attitudes of others
- Teaming and collaboration Works well with others to offer solutions
- Leadership sets example and works with others to achieve goals
- Continuous learning Seeks out opportunities for education
- Quality orientation Understands the importance of ensuring the best service
- Self management Comprehends and works well in a variety of situations

\*Although there are more behaviors associated with each competency than there is room to include in this article, these definitions give RTs a general idea about the aim behind each one.

### **Looking for More Information on Professionalism?**

- For more information about Tom Peters' series "Reinventing Work," visit his web site (www.tompeters.com). You can also learn more from the monthly business magazine Fast Company at www.fastcompany.com.
- Visit your local library or bookstore for these titles:
  - "Working with Emotional Intelligence" by Daniel Goleman (1998)
  - "How to Be a Star at Work" by Robert Kelley (1998)
  - "Over the Top" by Zig Ziglar (1994)
  - "Becoming a Person of Influence" by John C. Maxwell and Jim Dornan (1997)
  - "The Stuff of Heroes: The Eight Universal Laws of Leadership" by William A. Cohen (1997)
  - "The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change" by Stephen R. Covey (1989)
- Search your library of *AARC Times* and Respiratory Care journal articles by looking for "Expanding Professional Roles for Respiratory Care Practitioners" (by Shelley Mishoe, PhD, RRT, FAARC, and Neil R. MacIntyre, MD, FAARC, January 1997, Vol. 42, No. 1, pages 71-91) or articles by other well-known respiratory care professionals. While you're there, brush up on your reading about respiratory care skills and training.
- The AARC is also exploring the development of a mentoring program. Please help us with this exciting opportunity to encourage professionalism among our members. Contact Kelli Hagen at (972) 243-2272 or hagen@aarc.org.
- Visit the AARC web site for the AARC Guide to Professionalism at http://www.aarc.org/professional\_resources/professionalism/. Also, you may want to contact Robert Czachowski, PhD, at the AARC for copies of the proceedings of the national consensus conferences of respiratory care education at (972) 243-2272.
- Jeff Standridge, EdD, RRT, and Erna Boone, MEd, RRT, director of the Respiratory Care Program at the University of Arkansas for Medical Sciences, will be working to validate the Respiratory Care Professional Success Model. To participate in this validation study, contact the Respiratory Care Program at (501) 257-2348 or e-mail Boone at **booneernal@exchange.uams.edu**.

in order for RTs to be distinguished as superior performers."

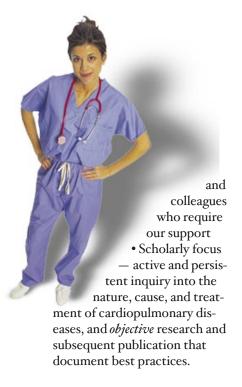
Furthermore, Dr. Standridge says, "This research suggests that this set of differentiating behaviors may separate the successful, standout RT from the RT who performs at a minimal level."

## The importance of a professional mission

A complete discussion of professionalism should also include a way to get there, says Carl Wiezalis, MS, RRT, New York State University (Upstate Medical University), Syracuse, NY, and president-elect of the AARC. He believes that developing a personal or professional mission statement provides a clear, concise model that helps keep a person on track.

"Altruistic motivation is key to developing an effective mission," Wiezalis says. Although individuals can develop their own, he suggests this mission statement for the professional RT: To protect the multicultural society from cardiopulmonary disease and to effectively and efficiently treat those who suffer these disabilities through:

- Patient focus diagnosis and treatment of diseases
- Community focus public education and prevention
- Self focus self understanding and continuous personal improvement
- Profession focus collective professional behavior, membership and support of our professional association (the AARC), recruitment, education, and mentorship of new caregivers



"An RT can also develop professionally by finding a guide that works well for him or her," Wiezalis adds. For example, he places value on the system that Stephen R. Covey developed in "The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change."

Wiezalis says he likes the proactive approach of beginning with the end in mind, putting important things first, seeking first to understand, and keeping himself sharp and ready to move forward.

"For the total package," he explains, "credibility is also important to professionalism. Credibility comes from expert and community understanding of the beneficial practices of a group; and I believe it is one of the reasons we're so concerned with professional image and presentation," says Wiezalis. "While the public may not understand our ventilator techniques, they will appreciate our professional demeanor, our empathy skills, and our ability to lead them to a new understanding of respiratory disease.

"The sum of technical competency plus professional attributes yield a balanced equation," Wiezalis adds. "If respiratory therapists only exhibit professional traits such as empathy without providing the technical expertise of treating respiratory patients or vice versa, their equation is out of balance; and they will not stand out as superior therapists."

### Try branding yourself

The business world is trying to answer these same kinds of questions, too; and their answer is branding. No, we haven't gone that crazy here in Dallas; and we aren't referring to the marks we put on cattle and horses. However, have you ever thought of yourself or of the respiratory care profession as a brand similar to Nike, Coca-Cola, Pepsi, Kleenex, Ford, or Chrysler — or even Michael Jordan, Oprah, or Martha Stewart? Tom Peters, business guru and philosopher, has. In a new series called, "Reinventing Work," Peters devotes an entire book to the idea of branding individuals. In "The Brand You 50" or "Fifty Ways to Transform Yourself from an 'Employee' into a Brand that Shouts Distinction, Commitment, and Passion!," Peters puts his ideas down in an easyto-follow format.

He says, "It's this simple: You are a brand. You are in charge of your brand. There is no single path to success. And there is no one right way to create the brand called You. Except this: Start today. Or else."

This premise puts *you* — not your employer, not your school, not your hospital or subacute care facility, not your manager, not anyone — in charge of your

professionalism and marketability in the 21st century.

Peters encourages professionals to place themselves in charge of their own company: Me, Inc. He then challenges them to do everything a business would do to succeed — from working with their own talent to gaining the respect of colleagues, from marketing to finding the passion that drives them. It is interesting to note that many of his ideas coincide with those put forth by Lizzi, Madrin, Milikowski, Sorbello, Wiezalis, and Dr. Standridge.

All of these are good, solid opinions. Some are even being put to the test of research, which may establish their validity as professional behaviors. Where does that leave you, an RT looking for a place in the everchanging profession of respiratory care?

Whether certified or registered, an RT is, by definition, a professional — someone engaged in respiratory care for a livelihood; and someone who is competent and expert in providing respiratory care for patients. You've got that cinched. What you do with it is up to you.

#### **REFERENCES**

- 1. Milikowski, K. (1987). Promoting the professional image. *AARC Times*, *11*(10), 20-21.
- 2. Sorbello, J.G. (1987). Who is a true 'professional'? *AARC Times*, *11*(10), 22-26.
- 3. Peters, T. (1997, August/September). The brand called you. *Fast Company, 10*, 83. [Online]. Available: http://www.fastcompany.com/online/10/brandyou.html.



