

Preparations for Becoming an RT Manager

*There is nothing more difficult to take in hand,
More perilous to conduct, or more uncertain in its success,
Than to take the lead in the introduction of a new
order of things*

—Niccolò Machiavelli¹

One of the most common reasons that people fail or have only limited success as managers of respiratory therapy departments is that they are not properly prepared. Frequently, really good clinicians get promoted to supervisory positions on the strength of their clinical skills and by virtue of their de facto clinical leadership. Unfortunately, this does not really prepare one for some of the things that will assault you in a management position. People love to tell anecdotal stories about great leaders and managers who had no formal preparation (e.g., college). These stories are usually told by folks who either couldn't or wouldn't get their college degrees themselves. *Immutable Truth #4: The plural of anecdote is not data.* An anecdote is just that, anecdote. It is a story told by an individual. It is a single observation. Another definition of anecdote: It is a research study where $n = 1$. While there are exceptions to virtually every rule or axiom, remember that an axiom is the axiom because it represents a larger truth. The larger truth that I am proposing here is that an undergraduate degree is a very good thing to have if you want to be a department manager in a hospital. For every story of someone in a leadership position in a knowledge industry, like health care, who doesn't have a college degree, there are 99 stories of people who have innate leadership skills but will never get the chance to develop them because they were denied management positions owing to the absence of a college degree.

¹Niccolò Machiavelli (1469–1527) was a Florentine political philosopher, musician, poet, and romantic comedic playwright. He is (unjustly) remembered almost singularly for his political philosophy, which some summarize as “the ends justify the means.” It was a little more complicated than that.

ACADEMIC PREPARATION

It is tough nowadays to find hospital department management-level positions that do not require a bachelor's degree. And the really great jobs are nowadays going to those who have gone on to get a masters degree. The paper chaseⁱⁱ has gotten a lot of bad press over the years and to some extent justifiably so. But if you are willing to work at it, you can get a lot out of an undergraduate or graduate degree. Or you can simply focus on getting the diploma. It is quite possible to go through the motions while in school, do the requisite work, and scrape by to get your degree. But some day you will encounter episodes where you find yourself saying, "Oh yeah, we studied that in school, but I don't remember much about it." Yes, we all know college is very tough, especially if you go back to school as a working adult. And nowadays, college can be very stifling intellectually because many campuses have become boot camps of intellectual conformity where political correctness is the new orthodoxy. But you cannot let these obstacles deter you from your goal. Believe me—not having a degree will be a much larger obstacle for you. A diploma alone won't get you a management job, but you won't get a management job without one.

There are various opinions about the best field of study to prepare you to manage a respiratory therapy department. To begin with let's assume that you have graduated from an accredited two-year program in respiratory therapy and that you hold an advanced practice credential in respiratory therapy, for example an RRT, or RRT-NPS, or RPFT issued by the National Board for Respiratory Care. The days are long gone when a respiratory therapist could get a management job while only holding a Certified Respiratory Technician's credential or being only registry eligible, not yet having sat for the examination. There are some managers who only have a CRT credential, but I haven't crossed paths with one for many years.

There are over 300 accredited two-year programs offering respiratory therapy education in the United States, a great many of them are community colleges that make it very affordable.ⁱⁱⁱ

For the RT who is pondering a bachelor's degree, the United States has approximately 40 colleges and universities that offer a baccalaureate degree

ⁱⁱAn excellent novel and movie from the early 1970s.

ⁱⁱⁱGo to <http://www.coarc.com> to obtain a complete listing of the accredited schools in the nation listed by state. CoARC is the Committee on Accreditation for Respiratory Care and is responsible for granting credentials to schools of respiratory therapy nationwide.

in respiratory therapy (according to the National Board for Respiratory Care). With the advent of distance learning and online courses, access to these programs has gotten a lot easier. History will have to decide whether or not an online degree is any less credible or useful than actually attending a university in person. However, most managers of RT departments I know have an undergraduate degree in other fields, such as healthcare management or business or education. I recommend a degree in business or management. This will help you with the business processes that you will be required to manage as a hospital clinical department manager. Accounting and budgeting are important duties for the typical hospital department manager and especially so for the respiratory therapy manager. Respiratory therapy is among the few hospital departments that actually generate revenue by being able to bill and be reimbursed for their services. Respiratory therapy departments typically generate about \$200 thousand to \$300 thousand in gross charges (revenues) per full-time employee per year. So if you have a department of 45 full-time employees, you may be responsible for managing as much as \$13 to \$15 million per year in revenue.^{iv} Trust me—you will be glad you have some business training. Before you get all flummoxed about the outrageous amount of cash generated by the hospital per year by respiratory therapists, remember that this is gross revenue. Direct and indirect expenses, contractual discounts of various types, bad debts, and charity care must be deducted from this revenue. Typically hospitals are actually reimbursed only about 50–75% of every dollar they bill depending on the type of hospital and the insurance environment in which they operate. In some very competitive markets, reimbursement rates are even lower. This will be discussed in more detail later.

Getting a graduate degree is also becoming more and more common among hospital department managers. I am a big fan of the masters in business administration (MBA). Of course, in some circles, the term “MBA” has become an expletive deleted. But a good MBA program will teach the student advanced financial management, analytical tools for evaluating and improving systems, and leadership principles. An MBA makes you very marketable. And let’s face it—while you may love your job in many ways, you ain’t exactly in it for your health. As you read the literature of healthcare

^{iv}Welcome to your first encounter with the mind numbing confusion generated whenever you have to deal with charges, revenue, gross revenue, costs, reimbursement, discounts, expenses, etc., etc. These terms are explained in more detail in other parts of this book. Gross revenue in no way reflects the actual remuneration the hospital receives, which is affected by a dizzying array of factors.

management and health services research you see more and more authors and investigators with MBAs. One of the reasons for this is the excellent analytical training you get from an MBA program. In the operation of a clinical hospital department, you are managing lots of complex, interacting processes. To understand these, measure these, and God willing improve them, you will need some highly developed analytical skills.

CLINICAL PREPARATION

Along with a college degree or two you will have to obtain significant clinical experience to be an effective manager of a clinical department. This involves the time honored principle of rising through the ranks. If you want to be identified and eventually rewarded (promoted) into front line supervisory positions that could lead to a higher level management position, there are some things you need to attend to. *Immutable Truth #5: It is a good idea to like your job.* When I am looking for a candidate to promote to a leadership position, surprisingly, I am looking for someone who actually likes their job. The prima facie evidence of this is whether or not they are positive about their work, their organization, their colleagues, life, the universe, and everything. No one wants to follow someone who is overly negative or bitter. This is very bad form. If it is not in your personality to be generally pretty positive about the vicissitudes of daily work and life, you may want to give serious consideration to another field of endeavor, say radio talk show host or grief counselor. Of course, this does not mean that you habitually gloss over or fail to acknowledge problems. If you do that, you will eventually step on one of the mines you have laid. But in a management position, you can become so overly focused on problem solving that you can forget that lots of great things happen around you every day. Keep your vision of the good alive. Feed on it every day.

You will probably have to start as a clinical supervisor on night shift. Working through the middle of the night when sane people are sound asleep is a particularly potent form of self-abuse. Night shift work creates chronic sleep deprivation, sleep disruption, and generally makes people a bit crabby from time to time. There is now a growing body of evidence on the effect of sleep disruption and deprivation on human cognitive and physical performance.¹ It is not happy evidence. Higher reasoning skills and judgment begin to decline as do very fine motor skills, all of which are essential for clinicians operating life support equipment. Keeping mentally sharp and emotionally grounded on nights is essential for all staff, but it is particularly important for

those in leadership positions. An effective leader is one who keeps his or her head together when all those around them have lost theirs (my apologies to Kipling for this paraphrase). One of the questions I ask all supervisor candidates is to describe an emotionally charged episode during which they were able to diffuse the situation and tell me about how they did it. I call this skill the “imperturbability coefficient.” You want to have as high a coefficient as possible. Unfortunately, many people who have natural leadership skills don’t naturally have this characteristic well developed. I certainly did not. But with awareness, coaching, and time, this skill can be developed. I am still working on it. How well you manage your life outside of work will have a significant impact on your imperturbability coefficient. If you are not getting enough sleep or play, you will have difficulty managing stress at work.

OFF TO SEE THE WIZARD

One useful way to think about the skill set you will eventually have to develop as a leader–manager is to call upon one of the greatest resources in the American pop culture lexicon—*The Wizard of Oz*. In keeping with the theme of the good wizard, you will need to develop the brains of the Scarecrow, the courage of the Lion, the heart of the Tin Man, and it never hurts to have a good pet like Toto too. Seriously, hospital management can often be a very stressful gig and there is nothing like a Toto jumping into your lap when you get home to help you unwind. I call this decompression. Cats work well too, although they are often psychotic and demanding. Remember, dogs have masters, cats have staff.

The brains of the Scarecrow are essential. The Scarecrow had all the intelligence he needed all along, but he simply had to recognize it and develop it. Admittedly, intelligence is somewhat difficult to precisely define, but most of us know it when we encounter it. The Latin root word for intelligence is “intelligo,” which means “understanding.” So one simple definition of intelligence is to “get it.” Further analysis of “Intelligo” reveals that it is actually two words: “inter” and “ligo,” that is, “I tie between.” This would suggest that intelligence is the ability to see relationships among things and ideas—the ability “to put it all together.”

For the purposes of our discussion, one of the more important intellectual skills you will need is the ability to process lots and lots of data. In respiratory therapy and other technical fields in health care, there is a lot of data to process, and to do a good job you need good analytical skills. Most hospitals now suffer from data glut. They essentially have too much data. They have

mountains of paper and acres of servers where data is dutifully stored, catalogued, indexed, sorted, and mostly ignored. In fact some managers are at risk of drowning in data. They are on overload, maxed out and overwhelmed by the amount of data they have to process. What is needed is good analysis, which is the process by which data are turned into information. My recommendation is to take every class you can on data management, statistical analysis, decision making, and research design. These courses and seminars will help you to develop skills you need to turn an ocean of data into finely crafted decisions. I cannot overemphasize computer skills as a prerequisite to successful management of an RT department. You must master the tools that computers offer to attack data. The spreadsheet and the database are your friends. Get well acquainted with them. This is discussed in a little more detail later.

Emotional intelligence is a relatively new concept that describes an ability or skill to perceive, assess, and manage the emotions of yourself and others.²⁻⁴ One convention is to think of emotional intelligence as having four major components that include the capacity to: (1) accurately perceive emotions, (2) use emotions to facilitate thinking, (3) understand emotional meanings, and (4) manage emotions. Opinions vary about whether emotional intelligence is innate or whether it can be learned and increased.⁵ For me, my ability to handle emotional conflict at work and at home has improved over the years. Whether this is because of my own efforts or in spite of them is unclear to me. I have known folks who had a razor sharp intellect in terms of cognitive and analytical skills but were not particularly good at coping with the emotional challenges of leading people in the daunting task of applying complex technology to people who are deathly ill. Some of my most serious mistakes have been made when I was in the middle of powerful and complex emotional forces. Once again, you need a high imperturbability coefficient to be an effective leader. Without fail, the *effective* executive leaders I have worked for had a very high imperturbability coefficient, which I believe was a result of their emotional intelligence. Never let them see you sweat.

You will also be called upon to exhibit the courage of the Lion from time to time. This is particularly true if you want to be an agent of change. It will be necessary from time to time for you to act practically fearlessly, to take risks, to be bold, all of which require some degree of courage. But don't be mistaken. Courage is not the absence of fear. No indeed, history has taught us that you can be very brave and pretty much scared speechless simultaneously. Courage is acting in spite of your fear. Within the context of a hospital manager, courage can be taking responsibility when things go

wrong, looking someone in the eye and telling him or her something they do not want to hear, being willing to risk your reputation by trying something new, and saying the truth at committee meetings when the emperor has no clothes. And believe me, things will go wrong.^v Hospitals are operated by humans and as such are somewhat prone to error. You will find yourself dealing with your own errors and the errors of others. A bad habit that I have seen some managers slip into is a reluctance to admit they were wrong. There is an irrational fear that admitting error is a sign of weakness or bad leadership. I think we should embrace our errors. By holding them close and carefully examining them we can learn so much. Hiding from our mistakes is only a temporary respite.

The courage of the Lion can come in very handy when you have to make difficult decisions. Your decisions can affect a lot of people and patients. As such, a lot of courage is necessary to make and carry out such decisions. Sometimes our fear leads us to avoid risks at any cost. We over analyze issues, and in so doing we put off making a decision. We call this analysis paralysis. Theodore Roosevelt said, "In any moment of decision the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing." True leaders lead. Sometimes they are the only ones who see the vision, and they have to be willing to stand alone in their vision until others can be persuaded to follow. Of course, this has to be carefully balanced with listening to your staff, your team, and your colleagues and whenever possible, building consensus. The good news is that if you build good data and measurement systems for your operation, the number of decisions you will have to make will significantly diminish. This is because a decision is the action an executive must take when he or she has information so incomplete that the answer does not suggest itself.^{vi}

You will know you have the heart of the Tin Man when you have your first experience with having it broken at work. This is inevitable working in health care. You will encounter the sick, the dying, the suffering, and all the pain and fear that go with these. If you are not moved to tears by the daily ebb and flow of the tragedy and suffering that occurs in hospitals, then you may have made a stone of your heart. You especially need a deep compassion for those who work for you. Being a clinician, especially a respiratory therapist, can be a very emotionally draining experience. We often

^vMistakes will happen. The key is not to make the same mistake twice. And only make one mistake at a time. Loosely translated from *The House of God* by Samuel Shem.

^{vi}Arthur W. Radford, "Man Behind the Power," *Time*, February 25, 1957.

deal with patients who have life threatening illness or chronic debilitation. We attend at many deaths. We often live a high-pressured professional life. Thus we often need solace and understanding, patience and support. A highly developed sense of compassion for patients and families is also required. The suffering of patients and the burden this places on their families ought to be gasoline on the fire that drives you to work hard to make things better. If you do not feel this drive, this fire, this compassion for those we treat and those who do the treating, I recommend career counseling.

INTERPERSONAL AND COMMUNICATION SKILLS

Great interpersonal skills are absolutely essential in a manager. My thinking about this has undergone a change over the years. I initially thought interpersonal skills were overrated. I believed that first and foremost, the one thing that mattered more than anything else was being “right.” I thought the power of correctness could transport you past the pedestrian obstacles in your path and lead you to the promised land where you would “get your way.” Don’t get me wrong, being “right” is generally a good thing. At least it is way better than being “wrong.” But I have come to realize that rightness can be small comfort when you are isolated and avoided because of the way you communicate your ideas and plans. I learned the hard way that being confident is a good thing but that it can quickly transmogrify into an obnoxious smugness that sets others’ teeth on edge. Learning to communicate your ideas in a thoughtful and collegial manner will help you considerably.

The single toughest thing for me to develop and one that I still struggle with, unless I really concentrate, is the practice of *active listening*. Uh oh, here comes another one: *Immutable Truth #6: Good listening doesn’t just happen, you have to work at it.* Often, when I am having a conversation with someone, my mind is trying to race ahead. After only a few words, I think I know what the person I am talking to is going to say. In fact, I rush ahead and start planning what I am going to say back to them before they have finished what they are saying. This is risky business because often they will have something subtle but important they are trying to communicate to you, but you miss it, being busy as you are composing your response. Or just the simple act of concentration on the words and mannerisms of the person you are talking to can help you enormously in getting deeper meaning out of what someone is saying to you.

I like to teach the concept of “saving face.” You will often find yourself in a position where logic and reason force you, regrettably, to have to disagree with someone. You should always find a way to do this while allowing others to save face. Acknowledge the soundness of other people’s arguments and positions (if there is some). Appreciate their desire to do the right thing. Honor their positions and stature. This is done with words and tone and mannerisms. If possible, do not correct or reproof someone in public and never do so in the heat of the moment. If possible, walk away and let the dust settle and then speak to them privately. You will get a much better hearing. Someone once told me one of the things they liked about me was my ability to disagree without being disagreeable. This is not natural for me. It is something I have to work on all the time. I have made many mistakes in this area, having in the past dressed people down in front of others or let my temper get the best of me. I have always suffered because of this (as have those that I abused). These moments limit your effectiveness as a leader and do not help you accomplish your larger purposes.

One serious communication skill is the ability to present your ideas in a clear and concise manner. This is true during one-on-one communication and in the group setting. In the corporate life of hospitals, department managers have to routinely present their analyses, ideas, and plans to groups of people. If you do not have well-honed presentation skills, you will have trouble getting and keeping people’s attention. Executives have notoriously short attention spans. You have to learn to be thorough and concise, and do it in a hurry.

Standard operating procedure in corporate life now includes the use of computerized presentation technology, such as Microsoft PowerPoint. I love PowerPoint. It has greatly simplified things since I started in the business of presenting ideas, research, and plans. Some of my earliest presentations were chiseled onto large clay tablets. However, this comes with a great big caveat. PowerPoint is a sword with two edges. I have suffered through countless presentations that were visually abysmal. Bad visual presentation aids can really screw up an otherwise good presentation. And conversely, the best slides in the world won’t save you from having a weak presentation if your content and speaking style are not up to the task. The mistakes made are as predictable as they are tiresome. Table 1-1 lists some guidelines when making presentations using a program like PowerPoint.

Finally, content and visual aids are not all you need to worry about when making presentations. Your speaking skills are very important. I remember listening to an audio tape of myself giving a lecture before about 300 people at a national scientific conference many years ago. It was my first “big”

Table 1-1. Guidelines to Good Computerized Presentations (PowerPoint)

Use Lots of Data

- Charts and graphs will help present your ideas much more clearly (if done properly) than words alone.
- However don't abuse the privilege of having an audience by overwhelming them with figures and charts either.
- A good rule of thumb is 2 minutes per slide. For complex technical data, a slide needs to be up for at least two minutes for it to be analyzed properly by your audience. Thus a 45-minute presentation should not have more than 25 slides.

Use the Largest Fonts Possible

- What you see is what you get (WYSIWYG) is the idea that your computer screen shows you what your final product will look like. This is generally true in printing, but not so true in presentations.
- What looks good on your screen may project very poorly in a large room. I have sat through countless presentations where the labeling of figures, tables, and graphs could not be read in the back of the room, or when the colors and contrast chosen make the slides largely unreadable.
- With this in mind use large fonts, typically ≥ 24 . In very large rooms, even larger fonts are required if you want the whole room to be able to read your slides, especially your charts and graphs. If they look too big on your computer screen, they are probably just about right.
- Never use a graphic or figure that cannot be read. I have seen many presenters put a slide in that they know cannot really be read, saying, "I know you cannot read this, but . . ." This is somehow supposed to absolve you from sin. It doesn't. Scanned images of medical documents are often unreadable in a presentation.

Minimize the Shtick*

- Limit fancy animation functions such as whirling, crawling, sliding, spinning, flashing, fading, dancing, twirling, creeping, jumping, or flying slide transitions, to name only a few. Cuteness generally is not a desired feature of slide presentations when you are trying to convince people that your ideas have merit and thus they should give you money to implement your new program.

*Shtick is a Yiddish term referring to a contrived and often used bit of business that a performer uses to steal attention, as in "play it straight with no shtick." Captain Beef Heart called it "Stark Media Jive."

Table 1-1. Guidelines to Good Computerized Presentations (PowerPoint) (Continued)

Please oh please do not give in to this temptation. Taste is a very personal thing and what you find cute, others may find tiresome. This is not to be confused with the value of humor. See below.

- Audio and video can be useful but keep it simple and short. Also, audio and video files embedded in PowerPoint are more prone to technical glitches. I have had presentations with video clips work well in one room with a projection system and take the same file to another room and with a different computer (same operating system) and had the video clips not work. Also some projectors seem to have trouble with video clips. You always want to get there early enough to test your presentation on the local technology.

Proper Use of Colors

- Keep the number of colors used to a minimum. Four is good. Three is better.
- Use colors with high contrast with one another. Forget about the gentle, subtle interplay and nuanced beauty of two different shades of magenta. First of all, most people don't care, and secondly, high contrast is necessary to make your slides readable in large rooms or rooms with high ambient lighting.
- I like dark backgrounds like dark blue with white or bright yellow text and objects.

Occasionally Wake People Up

- Rooms are often dimmed or darkened for computerized presentations. While I personally like this because it often allows me to catch a much needed nap, it is generally not helpful to you as a presenter to have your audience obtunded. The monotonous, smooth sounds of your voice can help lull the audience into near stupefaction if you don't jazz the program up a bit. Modulate the volume of your voice. Change the cadence too.
- It is very helpful to break up your presentation with humor or pictures. I will often insert a funny picture or joke periodically throughout a presentation to break up the presentation (this is not a de facto admission that my presentations are ever monotonous).
- Humor is a vital element to a good presentation. Don't underestimate its value.
- If the technology allows it, get out from behind the podium. Move around, look people in the eye. Speak right at them, as this can be very persuasive.

(Continues)

Table 1-1. Guidelines to Good Computerized Presentations (PowerPoint) (Continued)

Jargon Jive

- Geeky technical specialties like respiratory care or other allied health fields can be afflicted with too many abbreviations and way too much jargon. Avoid overdoing this in your presentations. It turns out there is a lot of local variation in abbreviations and jargon in the healthcare field, so not all your audience may understand your slide if it is overloaded with these.

No Reading Please

- A slide presentation should be an outline of your talk. With rare exception you should never read verbatim from a slide. This sets most people's teeth on edge and will cause you to totally lose your audience in a New York minute.

Keep Slides Simple

- Do not, I repeat, do not put too much text on a slide. Bullet points are very helpful organizing tools. But you can wound your audience with too many bullets per slide. Five bullets a slide is good, four are better.
- Do not put too much text in your overall presentation. Minimize text only slides. If all you have to share with your audience is words, skip the hassle of preparing a PowerPoint presentation. Just give a cracking good speech instead.

Keep Your Presentations to a Reasonable Length

- Remember, the mind can absorb only what the butt can endure. About 45 minutes or so is as long as you can hope to keep someone's attention, even with the best presentation possible.

Laser Pointer Boogie

- Laser pointers are nice. Especially when presenting graphs and figures. Be careful not to use it too much. Some speakers point the pointer at the screen a lot, even continuously, and wiggle it around a lot. It makes me nauseous. I drink so much coffee that I can't hold the darn things still under the best of circumstances.
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lecture. I was shocked to hear myself. I talked too fast, ran my sentences together, and said "um" a lot. Good speaking skills come with practice. Find someone who is really good at making presentations and practice your presentation with them. Have them look at your slides and critique your skills. Receive their criticisms with style and wit.

MEMBERSHIPS

Another important preparation you can make to enhance your performance in a management position is membership in professional organizations. Through networking and meetings you can learn a great deal from others who are suffering your same fate. You can get so caught up and bogged down in the tyranny of the urgent that you don't attend to your participation in these forums. This can have bad long-term consequences because you may fall behind the progress made by your colleagues from other hospitals and regions and deny yourself the benefit of learning from them, many of whom have already made the dreadful mistakes that are about to overtake you.

Important associations for the respiratory therapy manager start with the American Association for Respiratory Care (AARC). This professional organization has been a constant advocate for good respiratory therapy and has one of the best scientific meetings for respiratory clinical care, management, and education that I have ever attended. I heartily encourage all my staff members to join. I have even purchased memberships for all staff members. This was done as a one time gift from the management team to encourage membership and give them first hand experience with the benefits of membership. It was and is worth every penny.

Membership in state level respiratory care societies can also be very helpful. It will connect you with the other managers in the region with whom you will be competing to recruit and retain qualified staff. Increasing membership in state societies will also increase the profession's political power, which is important in matters of licensing and regulation of respiratory therapists.

Other organizations in whose membership you might benefit as a manager of a respiratory therapy department includes medical and nursing societies. Some of these organizations (like the Society for Critical Care Medicine, College of Chest Physicians, and American Academy of Pediatrics) have long recognized the important role played by respiratory therapists and have each in their own way advocated for respiratory therapy.

A more intangible but no less important benefit of membership in professional organizations like the AARC is a sense of professional self-identity. I remember well my first AARC conference (in Anaheim in the early 1980s). I had been working off and on as an RT for about 5 years. I was stunned by how many people were there and by the high quality of the lectures and the poster presentations. I was hooked. I realized I was part of something larger than just myself. I further realized that there were a lot of people who took

being a respiratory therapist very seriously and worked hard at it, including doing and presenting research.

Last but not least, one of the most important things you can do to be an effective manager of a clinical practice service like respiratory therapy is simple; read. You simply have to be conversant with the best literature on the clinical science of respiratory care practice. Managers of respiratory care services ought to be the experts on the best evidence supporting various clinical interventions used by their staff. This is not accomplished by briefly glancing at a journal now and then. I personally review the contents of 15–25 journals per month. This is a high level review, going over the tables of contents and getting reports that relate to the work being done by the respiratory care staff. Based on this review, I then go on to read 10–15 research articles per month. Even at this, it is tough to keep up. One of the easiest ways to do this is to use Internet-based medical literature search engines. My favorite is www.PubMed.com.^{vii} This free program allows you to rapidly search millions of published resources related to medical science. It is easy to use and allows you to review abstracts of all these articles free. If you want the full articles, many are now available online. Most journals require a paid electronic subscription to get these full-text articles, but some are free. Also many hospitals now have institutional subscriptions that individual staff members are authorized to use. Details can be obtained from your hospital library.

ORGANIZATIONAL SKILLS

I am not the most organized person around. I am not even the second or third most organized person around. In fact, my natural state is one of chaotic entropy. The single biggest obstacle for me in accomplishing my professional goals has been staying organized and on task. I go through tremendous oscillations in my efficiency at work. I notice that when it is working the best is when I take the time to get more organized and stay organized. I like to make lists. I make lists and then rewrite them in order of priority. At first, this is a terribly debilitating experience because the lists of things I need or want to get done at work is usually longer than a Bill Clinton speech. But then I realize that there is no way I am going to get it all done anyway, so then I start concentrating on the one or two things that I can have a real hope of getting

^{vii}PubMed is a service of the U.S. National Library of Medicine that includes over 16 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.

finished any time soon. This is somewhat liberating and usually helps me get fired up. There are entire training seminars you can take to help develop your organizational skills. I recommend taking them. You will eventually have to find a system that works for you. There is a lot of extant technology to help you, like Day-Timers and organizers,^{viii} Palm Pilots, personal digital assistants, BlackBerrys, and laptops. Nothing really worked well for me until I learned to take the time to be organized. This has to be programmed time. You must block time off your schedule that is unassigned. Use this time to plan, to regroup, to make lists, whatever. If you don't consciously do this, your schedule as a hospital manager can rapidly fill up with meetings, meetings, and more meetings. You will end up meeting to decide when you are going to meet, followed by meetings to decide the name of your meeting. Finally, there are many advanced computer tools designed to enhance your degree of organization. As an example, there are a number of very advanced organizational tools inside Microsoft Outlook to name only one. Learn to use them.

I personally use a laboratory notebook in which I take notes at meetings, write down ideas at Starbucks or on planes, and record all manner of things, for example poetry, reminders to myself regarding the NBA schedule, and some very artful and intricate doodles. I keep these notebooks and occasionally go back and review them. Sometimes I will have had some pretty good developmental ideas that I never got to or forgot about and I rediscover them in my notebook.

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^{viii}Don't start on me about how old school Day-Timers are. The best technology in the world is useless if it doesn't help you do your job. Many people were highly effective with Day-Timers. Of course I wasn't one of them, but I knew people who seemed to work pretty well with one. I could never seem to keep track of mine. Also, they were way too trendy for my taste.

