



The Respiratory Therapy Impact Series



Part 2

Advancing the Respiratory Therapist
and Medical Director Dyad:
Building Effective Partnerships to
Improve Patient Outcomes

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to deliver better outcomes for the department and for patients.
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1. Getting Started

Learning Objectives:

After digesting this toolkit, readers will be able to:

- A. Understand the Dyad model and its importance:** What are the complimentary roles of the respiratory therapist (RT) and medical director? Learn why this relationship is critical to the department's success, and how this varies based on practice area.
- B. Learn how the medical director and RT can work together:** How can the RT leader better partner with their medical director to deliver better outcomes for the department and for patients?
- C. Scope of Practice, Protocols, and Essential Elements for Shared Accountability:** How can the medical director and RT work together to develop protocols and ensure work at full scope of practice?

2. Dyad Perspectives: Medical Director

The RT and medical director relationship is critical to the success of patient care because effective collaboration ensures high-quality respiratory therapy services and optimal patient outcomes. This partnership fosters clear communication, aligns clinical protocols with best practices, and supports the professional development of respiratory therapists. Additionally, a strong working relationship enhances decision-making, streamlines workflow efficiency, and promotes a culture of continuous improvement in respiratory care.

Key Benefits of a strong RT and medical director partnership:

- Improved patient outcomes
- Standardized care protocols
- Efficient problem-solving
- Enhanced professional growth opportunities for the respiratory therapy team

The most valuable aspect of the medical director role lies in fostering a strong, trust-based partnership with the RT leader to ensure optimal patient care. Trust is the foundation of this relationship, with the medical director recognizing RTs as true specialists and valuing their critical role in patient outcomes and hospital operations. This collaboration supports patient care at all levels—administrative, educational, and bedside—while also advocating for RTs to practice at the top of their license and implement evidence-based protocols.

- Additionally, the medical director serves as a voice for the department, promoting both operational and clinical integration to enhance efficiency and effectiveness.
- When mutual respect and alignment exist between the medical director and RT leader, the entire respiratory care department benefits from greater cohesion, progress, and impact.

Key Benefits of a Strong Medical Director Role:

- A culture of trust and respect
- Advocacy for RTs' professional growth
- Seamless integration of clinical operations
- Implementation of high-quality, evidence-based care

Serving as a medical director for an RT department comes with unique challenges and responsibilities. One of the biggest challenges is fully understanding and leveraging RT expertise to enhance patient care while also building trust among RTs, physicians, and other medical teams. Additionally, overcoming gaps in knowledge about RT specialization among medical colleagues is essential for validating RT protocols and ensuring smooth collaboration. By fostering a shared understanding of goals and publicly supporting RTs, the medical director helps create a unified and highly effective care team through:

- **Bridging Knowledge Gaps:** Educating medical colleagues on RT specialization to ensure better integration and validation of RT protocols.
- **Building Trust and Collaboration:** Strengthening relationships among RTs, physicians, and the broader care team to enhance teamwork and patient care.
- **Empowering RTs:** Advocating for RTs to practice at the top of their license through clear protocols, policies, and ongoing support.

Dyad Perspective: Respiratory Therapist

From the RT leader's perspective, an optimal medical director is someone who:

- Embraces evidence-based practices
- Remains flexible in adapting to new protocols
- Actively supports the RT team's goals
- Strongly advocates for RTs ensuring they can practice current, evidence-supported techniques while working in alignment with department objectives.
- Open to innovation
- Aligned with RT leadership

3. Department Leadership: Optimizing the Dyad Relationship to Reach Full Potential

Understanding the relationship between RTs and medical directors is important because, despite their shared goal of patient care, critical gaps in education and training contribute to misunderstandings and inefficiencies in clinical practice. This section highlights the structural challenges in integrating RTs and medical directors effectively, ensuring that medical directors are better equipped to work alongside RTs in hospital settings.

1. Bridging the Knowledge Gap

- Despite their shared goal of patient care, RTs and medical directors have distinct educational paths, with little crossover in training.
- Respiratory therapy is not covered in physician training, meaning medical directors often start their roles with minimal knowledge of RT education, skills, and expertise.
- This lack of exposure can lead to underutilization or misalignment of RT roles within healthcare teams.

2. Addressing Variability in RT Utilization

- On the program side, there is significant variability in how medical directors engage with RTs, leading to inconsistent collaboration and role expectations.
- Without a standardized approach, RTs may not be fully integrated into patient care, reducing efficiency and effectiveness.

3. Hospital-Level Challenges

- Many hospitals operate under bundled contracts with physician groups, often as ICU contract add-ons or separate coverage agreements.
- These contracts do not include education on RT protocols or how RT departments function, further reinforcing the knowledge gap.

4. Lack of Formal Training in Pulmonary & Critical Care Fellowships

- Pulmonary and Critical Care (CC) fellowships do not include structured training in respiratory care (RC).
- As a result, new medical directors entering these roles are often unprepared to collaborate effectively with RTs or understand their scope of practice.

5. Need for Mentorship and Resources

- Many medical directors start their roles with little-to-no experience or guidance, particularly in institutions without strong mentorship programs.
- There is currently no centralized resource where medical directors can seek advice on best practices for working with RTs.

The Role of a Medical Director

A medical director must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that didactic, laboratory and supervised clinical instruction meet current practice guidelines. The medical director must be a licensed physician and Board certified (as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA)) in a specialty relevant to respiratory care.¹

Interpretive Guideline

The medical director should work with the program director and director of clinical education to ensure that didactic and laboratory instruction and supervised clinical practice experiences meet current practice standards for respiratory therapists. The medical director must also be a member of the Advisory Committee. Documentation of her/his appointment as medical director of the program must include letters of appointment and acceptance.

Role of the Medical Director of Respiratory Care

The Medical Director of Respiratory Care plays a critical role in ensuring the quality, safety, and effectiveness of respiratory therapy services. This includes overseeing practitioner competence, developing and maintaining evidence-based policies, and serving as a key liaison between the respiratory care team and the broader medical community. The medical director also provides expert guidance on new technologies, compliance with regulations, and continuous education for both medical staff and patients.

- **Clinical Oversight and Quality Assurance:** Ensures practitioner competency, monitors quality and safety, and reviews physician performance in prescribing respiratory care.
- **Policy Development and Compliance:** Establishes written policies for testing and treatment, ensures adherence to federal and state regulations, and upholds hospital accreditation standards.
- **Education and Collaboration:** Provides education to medical staff, RT practitioners, and patients while serving as a liaison between respiratory care and the broader hospital system.
- **Innovation and Resource Management:** Participates in the evaluation and implementation of new equipment and services, while also sharing responsibility for budgeting, staffing, policies, and quality assurance.

Self-Assessment: Ensuring You Get the Support You Need from Your Medical Director

If you feel that your medical director is not meeting your needs, consider asking yourself the following questions to identify gaps and find ways to improve collaboration:

- Engagement and Understanding:
 - Does your medical director fully understand your needs?
 - If not, are they open to meeting to review expectations and discuss performance?
 - Be sure to schedule regular check-ins to align on goals and ensure you're on the same page.
- Training and Expertise:
 - Does the medical director have the appropriate training or background to effectively support RTs?
 - If gaps exist, provide guidance and resources to help them better understand the role of RTs and set mutual expectations.

By proactively addressing these questions, you can foster a stronger, more productive partnership with your medical director.

4. Key Takeaways & Next Steps

Takeaways:

- The medical director position is an inconsistently utilized position
- Residency/fellowship training not geared toward building the competencies needed to do these jobs.
- Mentoring may be required.
- A job description and feedback should be provided.
- Don't be afraid to make a change if it's not working out.
- Be thinking ahead and engage in succession planning.

What to do Next?:

- **Consider keeping a checklist** of traits you find helpful in a medical director and look for opportunities to work with medical directors who embody those traits.
- **Seek out mentoring or co-directorship programs** to either find a mentor or become one yourself (look into mentorship or co-directorship programs) to gain experience and understand what the job entails from medical directors.
- **Consider candidates beyond the traditional pulmonary or critical care pulmonary framework.** Exceptional medical directors can come from unconventional backgrounds—individuals who may not fit the standard mold but bring valuable perspectives and skills to the field. Institutions often overlook these providers simply because they don't align with conventional expectations, yet they have the potential to make significant contributions to pulmonary and critical care medicine.

**For more information on the contents of this toolkit and
The Respiratory Therapy Impact Series visit
www.aarc.org/the-respiratory-therapy-impact-series**

1. Commission on Accreditation for Respiratory Care (2020). Accreditation Standards for Entry into Respiratory Care Professional Practice. 17. https://coarc.com/wp-content/uploads/2020/11/CoARC-Entry-Standards-7-1-2020_compressed.pdf