THINK. LEAD. STAY.

RT BOOK CLUB DISCUSSION GUIDE

Developing Respiratory Therapists Who Connect the Dots,
Own Their Practice, and Build a Career Worth Keeping

READ → REFLECT → DISCUSS → ACT

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A professional development resource from Just Start Consulting Firm, LLC

Welcome to the Conversation

THINK. LEAD. STAY. was never intended to simply be read and placed on a shelf. It was written to start conversations.

Conversations about how we prepare respiratory therapists for practice. How we develop clinical judgment instead of simply verifying tasks. How we prepare preceptors to teach. How we recognize leadership before someone receives a title. And how we create departments where talented respiratory therapists can see a future worth staying for.

This discussion guide is designed to help respiratory care departments, leadership teams, educators, preceptors, residency programs, and professional groups move from reading to reflection—and from reflection to action.

You do not need to fix everything at once. You simply need to be willing to ask: What can we do differently starting Monday?

How to Use This Guide

This guide organizes THINK. LEAD. STAY. into six conversations rather than fifteen separate chapter discussions. Each session is designed for approximately 45–60 minutes and can be held weekly, biweekly, or monthly.

- **READ:** The chapters to complete before the session.
- **THINK:** Questions that encourage honest individual reflection.
- **DISCUSS:** Questions that move the conversation from individual experience to departmental practice.
- **CONNECT THE DOTS:** An opportunity to identify what the concepts look like inside your organization.
- **FROM DISCUSSION TO ACTION:** One specific commitment your team will carry forward.

The goal is not to get through every question. The goal is to have the conversations your team needs.

SESSION 1
FROM COMPETENCY TO CAPABILITY

READ
Chapters 1–3: Orientation Is Not Education; The Preceptor Problem; Why Good RTs Leave

THE BIG IDEA

A completed orientation does not necessarily mean development is complete. Competency verification matters, but developing a respiratory therapist requires clinical judgment, confidence, belonging, professional identity, and continued growth. The people responsible for developing new RTs—our preceptors—must be developed too.

THINK

- Think back to your own transition into respiratory therapy. Who helped you become more than technically competent? What did that person do differently?
- Are we preparing new RTs to complete the assignment, or are we preparing them to think through the assignment?

DISCUSS

1. Where does our current orientation process do an excellent job of developing technical competency?

2. Where might we be experiencing the Competency Illusion, assuming that completion of a checklist equals readiness for independent clinical practice?

3. Which preceptor pattern do we see most often in our environment: Sink-or-Swimmer, Protector, or Developer?

4. What do our preceptors currently receive to prepare them to teach, rather than simply supervise?

5. If one of our strongest RTs were considering leaving tomorrow, would we know what they needed in order to stay?

CONNECT THE DOTS

One thing our department does well in developing RTs is:

_____

One developmental gap we need to acknowledge is:

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

SESSION 2

TEACH THEM HOW TO THINK

READ

Chapters 4–6: Teaching Clinical Judgment in a Protocol-Driven World; The Think-Aloud Revolution; The Clinical Reasoning Passport

THE BIG IDEA

Protocols provide a starting point. Clinical judgment determines what happens when the patient in front of you does not follow the expected path. Expert clinicians often make decisions so automatically that learners see the action without seeing the reasoning. The solution is to make thinking visible.

THINK

Where do learners in our department get to hear an expert clinician's reasoning and not just see the final action?

DISCUSS

1. How often do our preceptors explain why they are making a clinical decision?

2. Where might we unintentionally teach new RTs to follow protocols without teaching them to recognize when the patient is telling a different story?

3. What would Think-Aloud Precepting sound like during an ordinary shift in our department?

4. How comfortable are learners in our department saying, "I don't know"? What does that tell us about psychological safety?

5. How could structured reflection help us evaluate clinical reasoning development differently than a competency checklist?

TRY IT: THINK ALOUD

Choose a common clinical scenario. Before giving the answer, have an experienced RT verbalize: What am I noticing? What am I expecting? What doesn't fit? What am I considering? What will I do next—and why? Then ask: What part of that reasoning would have remained invisible if the clinician had simply performed the task?

CONNECT THE DOTS

Where in our current orientation process are learners intentionally required to explain their reasoning?

_____

Where could we add that opportunity?

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

SESSION 3

DEVELOPMENT DOESN'T STOP AT ORIENTATION

READ

Chapter 6B and Chapters 7–8: Level Up; Leadership Is Not a Title; Preceptor Power Hours

THE BIG IDEA

Development should not disappear when orientation ends. Neither should leadership development begin only when someone applies for management. Every respiratory therapist can lead— from professional voice and mentorship to informal influence, program leadership, and formal leadership.

THINK

Who on our team is already leading without a title? Have we told them?

DISCUSS

1. What currently happens to professional development after orientation ends?

2. How do we recognize and develop our preceptors beyond simply assigning them orientees?

3. What skills do our preceptors need most right now?

4. Would a recurring Preceptor Power Hour or similar development forum improve consistency in our department?

5. Whose leadership potential might we be overlooking because they do not have a title?

CONNECT THE DOTS

Identify one person whose leadership you will intentionally recognize or develop this month:

_____

What opportunity could help that person grow?

_____

What support will they need?

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

SESSION 4

BUILD SOMETHING WORTH STAYING FOR

READ

Chapters 9–10: Growing the Next Generation of RT Leaders; What Stay Actually Requires

THE BIG IDEA

Retention does not begin with a resignation letter. It begins with whether people can see a future. Five elements make staying more likely: growth, belonging, purpose, being known, and psychological safety.

THINK

If your best RT received another opportunity tomorrow, what would actually make that person choose to stay?

DISCUSS

1. Which of the five STAY elements is strongest in our department? Which is weakest?
2. Who may be experiencing the mid-career plateau—competent, dependable, experienced, and no longer growing?

3. Does our clinical ladder function as a true development roadmap or primarily as a recognition system?

4. When was the last time we asked an RT, “Where do you want to go?”

5. What opportunities could we offer talented RTs that do not require them to leave the bedside or become managers?

CONNECT THE DOTS

STAY Audit — Growth (1–5): ___ Belonging: ___ Purpose: ___ Being Known: ___ Psychological Safety:

_____

One thing we can change in the next 30 days that would make this department more worth staying for:

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

SESSION 5

CULTURE IS WHAT PEOPLE EXPERIENCE

READ

Chapters 11–13: The Educator as Culture Keeper; The Educator's Survival Guide; The Post-Orientation Development Plan

THE BIG IDEA

Culture is not the statement hanging on the wall. It is what people experience in hallways, during shift change, after mistakes, when they ask questions, and when nobody thinks leadership is watching. Development also cannot stop the day orientation ends.

THINK

What do the informal moments in our department communicate about our culture?

DISCUSS

1. What happens here when someone makes a mistake?

2. What happens when someone asks a question they "should already know"?

3. How consistently do we provide specific recognition?

4. Who is responsible for supporting the people who spend their days supporting everyone else?

5. What does a new RT experience during the first week after orientation ends?

6. Do our 30-, 60-, 90-day, six-month, and one-year touchpoints communicate continued investment—or administrative compliance?

CONNECT THE DOTS

In our department, it is safe to...

_____

In our department, people hesitate to...

_____

We want new RTs to describe our culture as...

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

SESSION 6

THE REAL MEASURE

READ

Chapters 14–15: The Real Measure; A Letter to the New RT

THE BIG IDEA

The ultimate measure of an education program is not the number of competency forms completed. It is what happens to the people we develop. Do they think? Do they lead? Do they stay? And eventually—do they turn around and develop someone else?

THINK

What would success look like if we evaluated development rather than orientation completion?

DISCUSS

1. What do we currently measure that truly matters?

2. What might we be measuring simply because it is easy to count?

3. What is one practice from this book our department should adopt?

4. What is one practice we should stop?

5. What is one practice we already do well and should protect?

6. What do we want a new RT to say about this department one year after completing orientation?

CONNECT THE DOTS

THINK — To strengthen clinical reasoning in our department, we will:

_____

LEAD — To intentionally develop leadership at every level, we will:

_____

STAY — To create an environment where good RTs can grow and belong, we will:

_____

START MONDAY — The first thing we will do is:

_____

FROM DISCUSSION TO ACTION

Choose ONE action your team can begin before the next session.

Our action: _____

Who will own it? _____

When will we revisit it? _____

Keep the Conversation Going

THINK. LEAD. STAY. is not a prescription for building a perfect respiratory care department. It is an invitation to build a more intentional one.

Start with one conversation. Change one practice. Develop one person. Then keep going.

Because the future of respiratory care will not be built by a competency checklist. It will be built by respiratory therapists who know how to THINK, are empowered to LEAD, and are given something worth choosing to STAY for.

BRING THINK. LEAD. STAY. TO YOUR ORGANIZATION

Interested in a facilitated book-club discussion, preceptor-development workshop, leadership session, or keynote experience? Visit Just Start Consulting to learn more.