

NATIONAL
COMPETENCY
FRAMEWORK
FOR
PRIMARY
CARE
RESPIRATORY
THERAPY

MAY 2, 2024



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

PREFACE

The Canadian Society of Respiratory Therapists (CSRT) is the national professional association for respiratory therapists in Canada. Its mission is to provide leadership that advances the profession, practice and understanding of respiratory therapy nationally and internationally by supporting environments that foster innovation and knowledge translation and promoting excellence in evidence-based care.

Primary healthcare in Canada is facing a number of challenges. As a result, many people in Canada do not have primary care or timely access to primary care¹. There is an urgent need to strengthen the primary care sector, and a widely endorsed approach to doing so is through team-based care models.

Respiratory therapists (RTs) work in primary care across Canada under various team-based models. Disease management programs employing respiratory therapists have reported improvements in resource utilization²⁻⁴, readmission rates²⁻⁴, and hospital length of stay³. Despite this, respiratory therapists' expertise is inconsistently applied in the primary care setting and remains substantially underutilized.

The CSRT has identified the following barriers to fully implementing respiratory therapists in primary care: (1) lack of a comprehensive description of the roles of RTs in primary care across Canada; (2) lack of awareness of RTs' expertise in the context of primary care; (3) limited availability of formalized post-entry-to-practice education that fosters RTs' capacity to participate on interprofessional primary care teams.

The CSRT Competency Framework for Primary Care Respiratory Therapy presents the first robust, nationally validated post-entry-to-practice framework aimed at articulating and enhancing the role of RTs within team-based primary care. It is the culmination of 16 months of work by the CSRT and the volunteers on the CSRT Team Primary Care Working Group. Through a comprehensive environmental scan and with the participation of over 200 primary care RTs, the working group identified the variety of roles performed by RTs working in primary care settings and defined the competencies they require to fulfill these roles. Foundational knowledge lists provide an educational guide for each RT competency and can be used to develop continuing education curricula.

This framework can be used by primary care leadership and healthcare decision-makers to understand the diverse roles that registered respiratory therapists can assume within primary care teams. This understanding facilitates the integration of their expertise, optimizing the delivery of care.

¹ Flood CM, et al. Canada's primary care crisis: Federal government response. *Health Manage Forum*. 2023 Sep;36(5):327-332. doi: 10.1177/08404704231183863. Epub 2023 Jul 9. PMID: 37424188; PMCID: PMC10448296.

² Kollef M, et al. The effect of respiratory therapist-initiated treatment protocols on patient outcomes and resource utilization. *Chest*. 2000 Feb;117(2):467-75. doi: 10.1378/chest.117.2.467. PMID: 10669692.

³ LaRoché K, et al. Impact of an Electronic Medical Record Screening Tool and Therapist-Driven Protocol on Length of Stay and Hospital Readmission for COPD. *Respir Care*. 2016 Sep;61(9):1137-43. doi: 10.4187/respcare.04588. Epub 2016 Jul 5. PMID: 27381203.

⁴ Silver P, et al. A Respiratory Therapist Disease Management Program for Subjects Hospitalized With COPD. *Respir Care*. 2017 Jan;62(1):1-9. doi: 10.4187/respcare.05030. Epub 2016 Nov 29. PMID: 27899531.

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The CSRT is pleased to be a member of Team Primary Care: Training for Transformation. This unique initiative brings together an extensive network of partners to enhance the capacity of interprofessional comprehensive primary care. The CSRT is proud to have been awarded a Team Primary Care grant to establish this practice framework for primary care respiratory therapy. The CSRT also gratefully acknowledges the Foundation for Advancing Family Medicine, the College of Family Physicians of Canada, the Canadian Health Workforce Network, the Government of Canada's Employment and Social Development Canada program and other members of the larger Team Primary Care collective for the support they provided to this project.

The CSRT also acknowledges the Canadian Interprofessional Healthcare Collaborative (CIHC), whose Competency Framework is an important part of this document, and the Royal College of Physicians and Surgeons of Canada as its competency framework for physicians (CANMEDs) served as a formative exemplar of comprehensive health professional practice.

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Canada

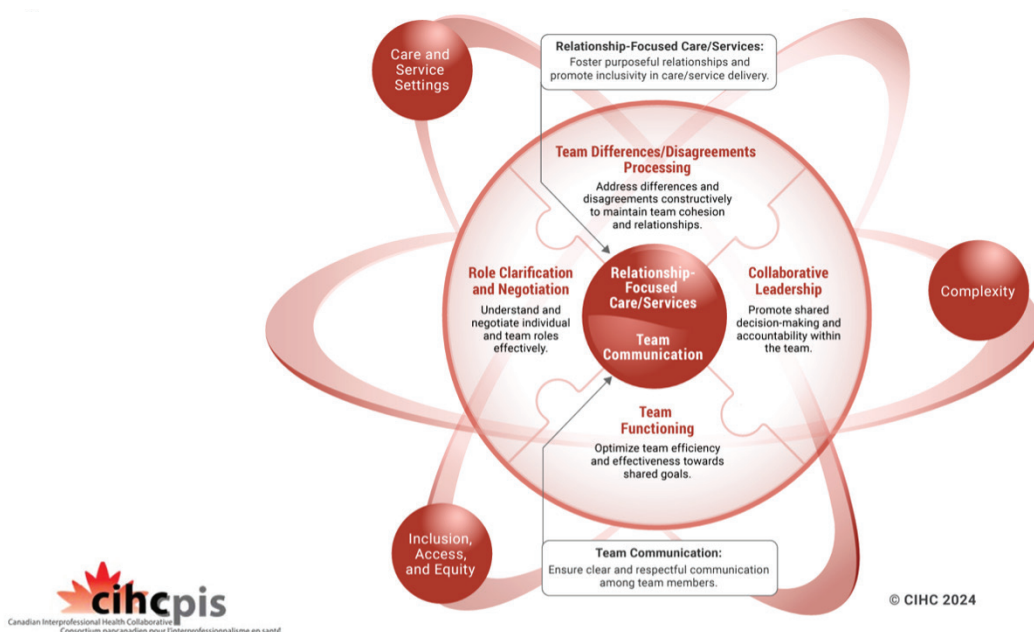
Funded by the Government of Canada's Sectoral Workforce Solutions Program.
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OVERVIEW

The CSRT Competency Framework for Primary Care Respiratory Therapy is divided into *Interprofessional Competencies*⁵ and *Respiratory Therapy Competencies*. These two sections have been further described as several domains, with descriptive competency statements relating to each.

Interprofessional Competencies

As members of collaborative interprofessional primary care teams, respiratory therapists must possess interprofessional competencies. These competencies have been previously described in the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework for Advancing Collaboration⁶ (2024). The CIHC allows the use of this framework for non-commercial purposes.



Primary Care Respiratory Therapy Competencies

Respiratory therapists are well recognized as experts in the provision of respiratory care. Each domain within the Respiratory Therapy Competencies section describes a role respiratory therapists undertake within primary care settings: (cardiopulmonary expertise, communication, collaboration, health advocacy, scholarly practice, professionalism, and health services management).

The Primary Respiratory Therapy Competencies section articulates how RTs working in primary care settings extend their entry-to-practice competencies⁷ with enhanced levels of expertise and how they incorporate unique competency domains not included in their standard entry-to-practice profile (e.g., scholarly practice).

⁵ This is achieved through the integration of the Canadian Interprofessional Health Collaborative's Interprofessional Competencies.

⁶ Canadian Interprofessional Health Collaborative. (2024). CIHC Competency Framework for Advancing Collaboration 2024. www.cihc-cpis.com

⁷ National Alliance of Respiratory Therapy Regulatory Bodies (2024). National Competency Framework for Entry-to-Practice Respiratory Therapists in Canada.

In the case of Primary Respiratory Therapy Competencies, domains are further described with competency statements, competency enablers and performance indicators to clarify how credentialled respiratory therapists fulfill each aspect of their role. Foundational knowledge is also articulated for each competency enabler.

- *Competency statements* describe the key abilities required to fulfill each role.
- *Competency enablers* describe what must be achieved to fulfill each competency statement.
- *Performance indicators* describe the specific behaviours required to be proficient.
- *Foundational knowledge* describes the minimum knowledge required for each competency enabler.

PRIMARY CARE RESPIRATORY THERAPIST DOMAINS



SECTION 1: INTERPROFESSIONAL COMPETENCIES

Domain: Relationship-focused Care/Services

Competency Statement:

All members of a team will dynamically collaborate, fostering purposeful relationships among and between care/service partners and persons⁸ participating in or receiving care/services. All will coordinate and cooperate in shaping person(s)-driven care/services. To support relationship-focused care/services, all will:

Competency Enablers:

- Grow and maintain purposeful relationships among the person(s) participating in or receiving care/service, care partners, and others involved with care/services to support effective partnerships;
- Support the participation of person(s) participating in or receiving care/ service and their care partners alongside health and human service personnel in all steps of design, planning, implementation, and evaluation of care/ services;
- Reflect on, value, and embed diversity of thought, beliefs, talents, literacy, and experiences of people and communities into designing, implementing and evaluating care/services;
- Share information with all in a culturally safe, respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in shared decision-making;
- Ensure appropriate education and support are provided to persons participating in care and care/service partners to become integral care partners;
- Ensure persons receiving care are supported to maximize their partnership potential; and,
- Develop—and then continuously, actively cultivate—trusting relationships with all members of the team.

Domain: Team Communication

Competency Statement:

All members of a team will communicate with each other in a collaborative, responsive, and respectful manner while paying attention to content and relational elements of communication. To support team communication, all will:

Competency Enablers:

- Use effective communication strategies, including the use of shared language and the avoidance of jargon, to ensure clear and standardized information exchange;
- Listen actively and respectfully, and value all, with emphasis on inclusivity, equity, and diversity;
- Foster open and authentic communications that are accessible to all, integrating efforts to address any potential communication barriers such as psychosocial harm, language, culture, or literacy and health literacy;
- Effectively use information and communication technologies to improve collaborative relationship-focused care/ services, ensuring that all convey the right message along the channel(s) to the right person(s) at the right time;
- Implement processes to structure and organize safe information transmission to improve understanding and fidelity of messages; and,
- Manage information sharing and documentation for improved understanding and consistency across the team and other teams.

⁸ The term “persons” is used throughout National Competency Framework for Primary Care Respiratory Therapy to represent persons receiving or participating in care/services. This includes patients, clients, families and community representatives.

Domain: Role Clarification and Negotiation

Competency Statement:

All members of a team understand and negotiate their own role and the roles of all, and use their knowledge, skills, expertise, and values appropriately to establish and achieve relationship-focused care/services. To support role clarification and negotiation, all are able to:

Competency Enablers:

- Articulate and share their knowledge, skills, expertise, and values with others, using appropriate language;
- Seek to understand the knowledge, skills, expertise, and values of other team members, including person(s) participating in or receiving care/ service;
- Support person(s) participating in and receiving care/services and their care partner(s) as full members of the team, helping them to express and clarify their role accordingly;
- Recognize person(s) participating in and receiving care/services as experts in their lived experience, drivers of their care/service, and active team members;
- Clarify their role and that of others in a specific context;
- Recognize and respect the diversity of other health and social care roles, responsibilities, and competencies;
- Integrate care partner(s)' and person(s)' competencies or roles seamlessly into models of service delivery;
- Recognize the fluidity and overlap of roles; and,
- Navigate and adapt to support context-specific operationalization of roles.

Domain: Team Functioning

Competency Statement:

All members of a team understand the nature of interprofessional teams. Team members work interdependently. They bring their shared perspectives to cooperate, coordinate, and collaborate toward shared goals through shared decision-making. Team functioning requires optimizing the efficiency and effectiveness of all members' time, expertise, and contributions. To support team functioning, all are able to:

Competency Enablers:

- Facilitate inclusion and participation of all—especially the person(s) participating in or receiving care/service—in the planning, implementation, and evaluation of care and services;
- Understand the processes for team development and their interdependence with the other competency domains;
- Respect and apply principles of equity, diversity, inclusion, and accessibility;
- Understand the impact of strong interdependence among team members in achieving concerted decisions;
- Adapt to the evolving needs of person(s) participating in or receiving care/ service and the care partners and context;
- Identify a shared common purpose that is built on varying perspectives;
- Consider influencing factors such as co-location, team composition, team maturity, technologies, and resources;
- Use common purpose and values to continuously negotiate norms regarding team functioning to facilitate or participate in shared decision-making;
- Collectively reflect regularly on team functioning;
- Enact continuous quality improvement measures; and,
- Respect ethical aspects of team function, including confidentiality, resource allocation, and professionalism.

Domain: Team Differences/Disagreements Processing

Competency Statement:

All members of a team actively engage constructively in addressing disagreements. To support interprofessional team differences and disagreement processing, all are able to:

Competency Enablers:

- Acknowledge, recognize, and value the inevitable and potential positive nature of differences in a team (e.g., tensions, disagreement, and conflicts);
- Apply good team functioning practices or processes to address disagreements and prevent their escalation or unresolved conflict;
- Know and understand effective strategies, including setting guidelines, for addressing disagreement or conflict;
- Establish a safe environment in which to express diverse opinions, developing a level of consensus among those with differing views;
- Articulate the tension(s) among team members and facilitate team discussions to prevent escalation;
- Implement proactive processes that prevent escalation of disagreements; and,
- Effectively work to address and resolve disagreements, including analyzing the causes of disagreement and working to reach an acceptable cooperative solution.

Domain: Collaborative Leadership

Competency Statement:

All members of a team value each other's knowledge, skills, and expertise and acknowledge that everyone contributes different strengths and perspectives. They value and support each other and are accountable in sharing decision-making and responsibilities to reach common goals and achievable or desirable health outcomes. To support collaborative leadership, all are able to:

Competency Enablers:

- Advance interdependent working relationships among all participants;
- Facilitate effective team processes for shared decision-making and to reevaluate as needed;
- Establish and maintain an ongoing sharing of leadership, accountability, and collaborative practice;
- Co-create a practice culture that values all members of the team and supports their physical and mental well-being;
- Enact continuous quality improvement applying collaborative decision-making principles; and,
- Promote leadership development, including skills and knowledge needed to support effective team dynamics, collaborative practice, and innovation.

SECTION 2: RESPIRATORY THERAPY COMPETENCIES

Domain: Cardiopulmonary Expertise*

Competency Statement:

The primary care respiratory therapist understands the breadth and depth of cardiopulmonary conditions and performs evidence-informed specialized assessments within a primary care setting.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Performs a holistic cardiopulmonary assessment</p>	<p>Demonstrates a head-to-toe assessment of the cardiopulmonary system</p> <p>Integrates other clinical and non-clinical information into assessment findings</p>	<ul style="list-style-type: none"> • Cardiopulmonary anatomy, physiology and pathophysiology, including natural progression of diseases or conditions • Social determinants of health • Cardiopulmonary disease risk factors • Impacts of climate change on cardiopulmonary health • The elements of a holistic cardiopulmonary history, interview, and assessment • Methods to conduct a holistic interview and cardiopulmonary assessment, including impacts on quality of life, activities of daily living and other activities • Normal and abnormal findings related to head-to-toe inspection, palpation, percussion, and auscultation • Elements that influence a person's health and health behaviours, including social, religious, environmental, economic, political, and cultural factors • Integration of non-invasive monitoring to optimize care • Indications for additional diagnostic testing (e.g., sleep study, stress testing) • Laboratory and diagnostic data and how they relate to a person's health status • The integration of validated assessment tools and evidence-based questionnaires and results thereof to the assessment (e.g., CAT score, BODE index, St. George's questionnaire, STOP-bang, validated mental health screening tools) • Cardiopulmonary interventions, procedure or medications (e.g., pulmonary rehabilitation, bronchoplasty) • Common interventions, procedures and medications for common co-morbidities

* The Cardiopulmonary Expertise domain has three competency statements, whereas all other Respiratory Therapy competency domains have one.

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
Integrates spirometry testing	<p>Initiates spirometry testing when required</p> <p>Performs spirometry testing to accepted standards</p> <p>Recognizes when other cardiopulmonary testing is required</p> <p>Initiates other tests of cardiopulmonary function</p>	<ul style="list-style-type: none"> • Indications and contraindications • Equipment preparation • IPAC recommendations relative to spirometry testing • Pre-test preparation for the person undergoing testing • Spirometry procedures for baseline, post-bronchodilator, reversibility testing • Indications and contraindications of medications used during spirometry testing (type, appropriate and safe use) • When and how to use a medical directive for administration of medication • How to evaluate response to medication and substance administration • Understanding of the reliability of the test, acceptability and reproducibility • How to assess the validity and quality of the test • Documentation of test results • Interpretation of spirometry tests • Knowledge of other pulmonary function testing and indications
Communicates the findings of the comprehensive cardiopulmonary assessment to the interprofessional primary care team	<p>Documents the cardiopulmonary assessment</p> <p>Initiates referrals to other healthcare providers</p> <p>Integrates assessment findings to the care plan</p>	<ul style="list-style-type: none"> • Synchronous and asynchronous methods to communicate assessment findings to the interprofessional team • How to engage additional expertise or services within or outside of the primary care team (e.g., mental health, dietician) based on assessment findings • The application of assessment findings to the collaborative development of the care plan

Domain: Cardiopulmonary Expertise

Competency Statement:

The primary care respiratory therapist understands the breadth and depth of cardiopulmonary conditions, applies evidence-based practices to manage and monitor them, and can respond to urgent situations within a primary care setting.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Applies evidence-based guidelines for the diagnosis and management of common cardiopulmonary conditions to practice</p>	<p>Accesses current, relevant and evidence-informed guidelines</p> <p>Implements diagnostic and management strategies outlined in guidelines</p> <p>Initiates or participates in processes to bring local practice into accordance with new guidelines or research findings</p>	<ul style="list-style-type: none"> • Sources of current guidelines • Importance of, and methods to, regularly review and update protocols and practices based on the latest research findings and guideline updates • Pharmacologic therapies for cardiopulmonary diseases • Non-pharmacologic therapies for cardiopulmonary diseases: <ul style="list-style-type: none"> – breathing techniques – mucous clearance techniques – oscillatory/PEP devices – energy conservation – assistive devices • Knowledge of local community programs and services to optimize persons health and well being

Note: Essential guidelines include:

1) National and international asthma, COPD, ILD, CF and other respiratory disease guidelines and public health guidance documents, 2) Guidelines for spirometry and other tests of pulmonary function in primary care, 3) Workplace Hazardous Materials Information System (W.H.M.I.S.), 3) Canadian Standards Association specifications and guidelines in the proper use of equipment

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Develops individualized person-centered care plans to optimize health and minimize the burden of disease</p>	<p>Adheres to the elements of a person-centered action plan</p> <p>Collaboratively formulates evidence-based therapy recommendations appropriate to the person</p> <p>Documents the action plan</p> <p>Explains the action plan to others in accessible language</p> <p>Reviews and revises the action plan as appropriate</p>	<ul style="list-style-type: none"> • Knowledge of therapeutic options • How to assess available therapeutic options and formulate therapy recommendations • The purpose, components, and application of an action plan • How to employ a collaborative approach to develop an individualized action plan • The integration of evidence-based guidelines when developing a care plan • Strategies to mitigate the impacts of external factors (e.g., climate change, public health crises) on disease processes • How to learn and incorporate the goals and expectations of the persons receiving or participating in care/services • Methods to identify opportunities to improve outcomes • How to document an action plan • Educational strategies to inform others (e.g., persons receiving or participating in care/services, other healthcare providers) on the use of the action plan • How to liaise with other providers for prescriptions or other elements of the care plan • How to monitor, review, evaluate and revise action plans with persons receiving or participating in care to confirm ongoing appropriateness and understanding
<p>Performs respiratory medication management</p>	<p>Demonstrates an understanding of respiratory pharmacology</p> <p>Demonstrates inhaler education techniques appropriate to the person receiving or participating in care/services</p> <p>Recommends (or prescribes where permitted) appropriate medications and dosages as per guidelines</p>	<ul style="list-style-type: none"> • Respiratory pharmacotherapy (indications, contraindications, mechanisms of action, dosages, routes of administration, devices, adverse effects, titration) • Common medications used by persons with multiple co-morbidities • Inhaler devices including the use, benefits, and limitations of all devices • Methods to adapt teaching style for person-centered learning • The integration of spirometry data in combination with evidence-based guidelines to provide recommendations • Document standards for medications and education • The impact of respiratory medications on climate change • The use of medical directives to support best practice (and limited prescribing practice within respiratory therapy, where permitted)

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Performs pulmonary rehabilitation</p>	<p>Accesses evidence-based guidelines for pulmonary rehabilitation</p> <p>Adheres to quality indicators for pulmonary rehabilitation</p> <p>Designs and safely implements evidence-based pulmonary rehabilitation programming appropriate to the person receiving or participating in care/services</p> <p>Responds to urgent situations appropriately, safely and in a timely manner</p>	<ul style="list-style-type: none"> • Indications and contraindications for pulmonary rehabilitation • Utilization of evidence-based guidelines for pulmonary rehabilitation (e.g., Canadian Association of Cardiovascular Prevention and Rehabilitation Guidelines) • Quality indicators for pulmonary rehabilitation <p>Assessment and management of persons participating in pulmonary rehabilitation:</p> <ul style="list-style-type: none"> • pulmonary anatomy, physiology and pathophysiology • chronic respiratory diseases not limited to COPD • risk factors for chronic respiratory diseases • cardiopulmonary assessments, diagnostic tests and procedures, staging of COPD (e.g., BODE index, CAT score) • common comorbidities • exacerbation risks <p>Dyspnea Assessment and Management</p> <ul style="list-style-type: none"> • collaborative self-management • oxygen assessment, management, and titration • pharmacological and non-pharmacological medication and therapeutics • exercise-training • psychosocial management • tobacco cessation • breathing strategies <p>Oxygen Assessment, Management and Titration</p> <ul style="list-style-type: none"> • activity-related hypoxemia • pulse oximetry • indications and testing for home oxygen therapy • how to develop and monitor oxygen therapy prescription • oxygen delivery devices • individualized titration based on oxygen prescription • education related to oxygen therapy, safety and self-monitoring <p style="text-align: center;">↓</p>

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
		<p>Self-Management</p> <ul style="list-style-type: none"> • how to identify and adapt to various styles of learning • concepts of behavioural change • integration of a pharmacological action plan • identification of barriers to exercise • tobacco cessation strategies <p>Emergency Response</p> <ul style="list-style-type: none"> • current BLS guidelines (for healthcare professionals) • how to identify and respond to adverse and urgent events • the medical directives to support the dispensing of medication (e.g., nitroglycerin) <p>Health and Safety</p> <ul style="list-style-type: none"> • exercise modification to mitigate risk of falls, loss of balance, muscle weakness • manufacturers' recommendations for cleaning and disinfecting equipment • infection prevention and control practices, including Universal Standard Precautions • use personal protective equipment based on risk assessment
Performs tobacco cessation interventions	<p>Assesses individual tobacco use</p> <p>Assesses readiness to quit</p> <p>Employs harm reduction strategies</p> <p>Implements evidence-based tobacco cessation and relapse prevention strategies appropriate to the person</p>	<ul style="list-style-type: none"> • Tobacco use and dependence data • Psychological and physiological behaviours of tobacco addiction • Impact of tobacco addiction on chronic lung disease • Impacts of second-hand smoke • How to perform tobacco use assessments • Evidence-based tobacco cessation strategies • Educational methods for enhancing comprehension, retention, and assessment of self-management skills • Methods to provide clear and accurate information on tobacco use • Harm reduction principles • The use of action plans to support client goals • Community supports and resources to support cessation journey • Pharmacological and nonpharmacological tobacco cessation interventions • Relapse prevention strategies

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Applies evidence-based knowledge of vaccines and immunization</p>	<p>Understands vaccine mechanisms of action, immunity and conditions affecting the immune response to vaccines</p> <p>Understands Canadian vaccine approval, recommendation and surveillance processes and can convey these using accessible language</p> <p>Accesses jurisdictional vaccine information</p> <p>Participates in evidence-based discussions relative to vaccination and immunization</p> <p>Administers vaccines as per protocols</p>	<ul style="list-style-type: none"> • Canadian vaccine approval, recommendation, and post-market surveillance processes • Jurisdictional immunization schedules • Vaccine components, use of adjuvants and other additives • Vaccination versus immunization • Mechanisms of action • Antigens and antibodies • Cell-mediated and humoral immunity • Primary and memory immune response • Passive and active immunity • Herd immunity • Conditions affecting immunity and the immune response to vaccines • Common concerns and misconceptions around vaccines and how to respond to them • How to utilize medical directives to support vaccination
<p>Incorporates advance care planning with persons, families, and caregivers</p>	<p>Engages in advance care planning discussions</p> <p>Assists persons receiving or participating in care to develop an advance care plan that is consistent with the persons' beliefs, values and wishes</p> <p>Reviews the existing advance care plan with persons receiving or participating in care</p> <p>Communicates the advance care plan to others engaged in care</p>	<ul style="list-style-type: none"> • The ongoing process of advance care planning • Circumstances where a person has a life-limiting condition and when an advance care plan should be initiated • The elements of advance care planning • Compassionate presence and how to provide this for persons receiving or participating in care/services • How to engage with persons to initiate and periodically review their values and needs relative to the plan • How to integrate the beliefs, values and wishes of the persons receiving or participating in care/services into ACP • Documentation of ACP discussions • Methods to communicate the plan to other healthcare providers in situations/settings outside of primary care • Methods to advocate for care plans to be initiated and/or respected for all persons within primary care and in settings outside of primary care; and for organizational policies, procedures, and resources to support advance care planning when they are not evident in their workplace

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Demonstrates proficiency in the use of community-based respiratory care equipment</p>	<p>Understands the indications and contraindications of community-based respiratory care equipment</p> <p>Initiates, maintains, and withdraws community-based respiratory care equipment in a manner appropriate to the needs and preferences of the persons receiving or participating in care/services</p> <p>Educates persons receiving or participating in care/services on the safe use of community-based respiratory care equipment</p> <p>Provides administrative support to obtain funding for community-based respiratory care equipment</p>	<ul style="list-style-type: none"> • Indications and contraindications of home oxygen, therapeutic devices and home-based respiratory care equipment • An understanding of community-based respiratory care equipment and how to determine which is appropriate to the needs and preferences of the persons receiving or participating in care/services • The operation, indications, implementation, maintenance, weaning, and discontinuation of: <ul style="list-style-type: none"> – home oxygen equipment – nebulizers – non-invasive ventilators – tracheostomy and supportive equipment – humidification devices – adjunctive devices (e.g., manual in/ex-sufflators) • Tools and techniques to optimize bronchopulmonary hygiene • Troubleshooting community-based respiratory care equipment • The application of infection prevention and control and personal protective equipment (PPE) procedures for various types of precautions • How and where to access informational resources for persons using community-based respiratory care equipment • Techniques to educate persons receiving or participating in care/services to ensure safe utilization of community-based equipment • How to provide administrative supports for funding sources and how to complete funding documentation • Canadian Standards Association (CSA) standards for medical equipment
<p>Manages urgent situations</p>	<p>Recognizes changes in clinical status signaling the need for a change in care</p> <p>Responds to urgent situations appropriately, safely and in a timely manner</p>	<ul style="list-style-type: none"> • Signs and symptoms of life-threatening situations or urgent/adverse events • Appropriate emergency responses to changing signs and symptoms • Site-specific emergency response policies and procedures • Basic life support (BLS) protocols according to the current standards • Use of AED, bag-valve mask and oxygen correctly • Incident reporting requirements • Documentation and communication of all urgent interventions • Methods to practice and assess ability to respond to urgent situations (e.g., drills)

Domain: Cardiopulmonary Expertise

Competency Statement:

The primary care respiratory therapist works at the person and system levels to ensure culturally responsive person-centered care that engages the persons receiving or participating in care/services in the collaborative decision-making process, and respects their values, beliefs, preferences and needs.

Competency Enablers	Performance Indicators	Foundational Knowledge
Utilizes a person-centered approach to care	<p>Engages the persons receiving or participating in care/ services as active participants in developing the care plan</p> <p>Empowers persons receiving or participating in care to communicate their preferences and needs to the team and participate in decision-making</p> <p>Develops or contributes to collaborative care plans that are consistent with the needs, values, beliefs and preferences of the persons receiving or participating in care/services</p>	<ul style="list-style-type: none"> • Components of person-centered care • Elements of a holistic assessment and how findings apply to person-centered care • How to engage persons to understand their values, beliefs, preferences and needs • How to identify optimal pharmacological and non-pharmacological management based on a person's capacity and preference • Methods to engage individuals, caregivers, families, and communities as participants in and beneficiaries of health systems into planning program interventions
Demonstrates cultural responsiveness	<p>Engages in activities to evaluate and address one's own biases and stereotypes</p> <p>Recognizes and appropriately responds to situations where cultural factors may influence care</p> <p>Conducts culturally responsive interviews and assessments</p> <p>Creates and implements culturally responsive care plans</p> <p>Demonstrates the ability to work with interpreters and cultural navigators</p>	<ul style="list-style-type: none"> • The inherent power imbalance between health provider and persons and how it affects the clinical encounter • Key concepts and terms including race, ethnicity, culture and health disparities • Stereotypes, biases, and historical influences • Culturally responsive language and terminology • Cultural and socioeconomic factors that influence cardiorespiratory health (e.g., race, religion, spirituality, sexual orientation, gender identity, disability, impairment, language) • The influences of bias and stereotyping on interactions with persons receiving or participating in care/services and other members of the collaborative team • How and when to access assistance such as interpreters and cultural navigators • How to analyze and respond to one's own biases and stereotypes that may affect an interaction

Domain: Cardiopulmonary Expertise *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Demonstrates trauma-informed care</p>	<p>Recognizes signs and symptoms of trauma and how it can affect persons receiving or participating in care</p> <p>Obtains a thorough history that includes cues the person receiving or participating in care associates with past trauma (Or: Review the existing history to ascertain the same)</p> <p>Demonstrates empathy and fosters a supportive, collaborative relationship with the persons receiving or participating in care</p> <p>Minimizes the risks of re-traumatization</p> <p>Activates or seeks other supports to provide trauma trauma-informed care from within our outside of the primary care team</p>	<ul style="list-style-type: none"> • The principles of trauma-informed care • Elements of a trauma-informed system and trauma-informed care • A realization and understanding of the widespread impact of trauma • The influence of social- and system-level factors on individuals’ experiences • How to recognize the signs and symptoms, impact and manifestations of trauma in others • Local resources for trauma-specific treatment and trauma-informed services for persons receiving and participating in care/services • Re-traumatization • Ways persons receiving and participating in care/ services can be re-traumatized by care intended to help them • The integration of knowledge about trauma into policies, procedures, and practices
<p>Provides person-centered education</p>	<p>Develops evidence-based education appropriate to the needs of the persons receiving or participating in care/services</p> <p>Delivers education that empowers the persons receiving or participating in care/services to manage their cardiopulmonary health</p> <p>Assesses the understanding of the persons receiving or participating in care/services</p> <p>Adapts education tools and strategies to maximize understanding on the part of the persons receiving or participating in care/services</p>	<ul style="list-style-type: none"> • Comprehensive knowledge of chronic lung disease and self-management • The integration of evidence-based teaching tools to enable persons to understand, self-manage and increase control over their cardiopulmonary health • How to create an environment conducive to learning with trust, respect and acceptance • Techniques to engage and motivate the person throughout the learning process (e.g., encouraging them to establish their own goals and evaluate their own progress, presenting material relevant to the person’s needs) • The use of verbal and non-verbal communication as tools to optimize teaching and learning processes • Methods to assess learning styles, readiness to learn and health literacy • Methods to adapt teaching to individual learning styles, readiness to learn, health literacy, past experience, culture and understanding • Techniques to assess understanding • Methods to improve health literacy and ability to navigate the health system • The stages of behaviour change • Educational strategies to: <ul style="list-style-type: none"> – support the development of self-management skills – enable people to increase control over their cardiopulmonary health

Domain: Communication

Competency Statement:

Primary care respiratory therapists communicate effectively to foster relationships and facilitate dynamic exchanges between persons, families, caregivers, and the interdisciplinary healthcare team throughout the care process.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Communicates effectively with members of the collaborative primary care team</p>	<p>Employs a variety of strategies to optimize communication with persons receiving or participating in care</p> <p>Assesses the effectiveness of one's communication and adjusts to maximize effectiveness</p> <p>Maintains appropriate documentation in adherence to local policies and legislation</p> <p>Analyzes communication at transition points of care to ensure understanding and that information is transmitted in a timely manner</p>	<ul style="list-style-type: none"> • Communication approaches • Factors affecting communication (e.g., environmental, emotional and sensory, verbal expressions, non-verbal cues, intrapersonal factors, skills of the communicator and receiver, questioning techniques) • Active listening • How to identify one's own communication style in various situations and adjust this style appropriately to provide safe and effective care elements of effective documentation that adhere to local legislative and/or regulatory requirements and best practices • Information communication technologies • How to navigate difficult conversations • Communication techniques that show respect and empathy and are respectful of individual diversity • Methods to convey information on investigations and treatments with the level of clarity appropriate to each person's health literacy to allow for mutual understanding and informed consent • Transition points in health care and how to transmit information effectively and in a timely manner
<p>Provides virtual care</p>	<p>Optimizes the use of remote technologies to provide care to persons receiving or participating in care from their homes or community settings</p> <p>Provides appropriate written documentation to the persons receiving or participating in care</p> <p>Adheres to legislation and best practices for the protection of personal information when providing virtual care</p>	<ul style="list-style-type: none"> • Remote health technologies used to monitor and consult with persons receiving or participating in care from their homes or community settings • How to optimize the environment (lighting, privacy, noise, etc.) for virtual care • Methods to adapt verbal and non-verbal communication to optimize them for the virtual environment • How to use virtual documentation and resources to provide written information to the persons receiving or participating in care/services (e.g., action plans) • Best practices, guidance and legislation for protecting personal information in a virtual environment • Limitations to delivery of care in a virtual environment and approaches to compensate for limitations

Domain: Communication *continued*

Competency Enablers	Performance Indicators	Foundational Knowledge
Supports the inter-professional team through educational in-services to build cross-team capacity	<p>Delivers education to the interprofessional team in a manner that is accessible to them and builds their capacity to provide collaborative team-based care</p> <p>Participates in education provided by other members of the interprofessional team</p>	<ul style="list-style-type: none"> • How to identify and create opportunities to provide medical education, share information, and model best practices to interprofessional team members • Pedagogical principles for developing and delivering education to interprofessional team members • How to create and adapt educational tools and resources to match the needs of interprofessional team members • Methods to elicit and provide constructive feedback to improve outcomes of the interprofessional team
Demonstrates proficiency in Motivational Interviewing	<p>Employs reflective practices</p> <p>Actively listens and recognizes the persons' change talk</p> <p>Reinforces change talk appropriate to the goals of care</p> <p>Evokes the persons' autonomous ideas and goals about change</p>	<ul style="list-style-type: none"> • Transtheoretical Model (Stages of Change) • How to meet persons on their continuum of change • Methods to assist the person in setting goals and objectives that are meaningful and relevant to their needs • The use of reflective practices, open-ended questions • The integration of affirmations to validate the person's challenges and build rapport
Facilitates healthcare navigation	<p>Understands and supports the rights of the persons receiving or participating in care/services</p> <p>Responds to the needs of persons receiving or participating in care/services within own scope of practice</p> <p>Applies knowledge of the healthcare system, local programs and resources to navigate barriers and facilitate effective and efficient access to care for persons receiving or participating in care/services</p> <p>Refers clinical questions outside of scope to the appropriate provider</p>	<ul style="list-style-type: none"> • The rights of the persons receiving or participating in care • Knowledge of the healthcare system as a whole • Knowledge of provincial pharmaceutical formulary and access to essential medication and devices • Knowledge of scopes and roles of other healthcare professions • Knowledge of wrap-around programs and services to improve health outcomes • Methods to identify and remove barriers to optimal care by engaging in collaboration across health care disciplines

Domain: Collaboration

Competency Statement:

Primary care respiratory therapists collaborate with persons receiving or participating in care/services, within primary care teams, other healthcare professionals, and communities to optimize the delivery of comprehensive team-based care.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Utilizes team-based problem solving to optimize care</p>	<p>Works to assess, plan and integrate care across the circle of care</p> <p>Collaborates with interprofessional team members to address complex problems and devise holistic treatment strategies</p> <p>Clearly articulates cardiopulmonary concerns, treatment plans, and progress progress to both the person receiving or participating in care/ services and the primary care team</p>	<ul style="list-style-type: none"> • Scopes, roles and responsibilities across the team and circles of care • Advantages of team-based problem solving • Methods for team-based problem solving
<p>Fosters constructive and supportive work environment</p>	<p>Shares knowledge with learners across the team</p> <p>Responds positively to constructive feedback with a desire to grow as a member of the collaborative primary care team</p> <p>Provides constructive feedback to help others grow as members of the collaborative primary care team</p>	<ul style="list-style-type: none"> • Self-awareness of personal limitations • Enablers of conflict • Benefits and negative impacts of conflict • Conflict resolution principles • Understanding of the organizational culture • Methods to conserve resources • Risk assessment and mitigation strategies (e.g., workplace health and safety, incident/accident reporting)

Domain: Health Advocacy

Competency Statement:

Primary care respiratory therapists are health advocates who employ their expertise and influence to enhance the health and welfare of individuals, families, communities, and broader populations.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Advocates for cardiopulmonary health of the persons receiving or participating in care/ services</p>	<p>Identifies situations where the needs, values, beliefs or rights of the community served cannot be met due to systemic barriers (e.g., equitable access to health and social services for equity-deserving populations)</p> <p>Identifies key points of influence within and outside the healthcare system in order to inform health service decision-making</p> <p>Formulates evidence-based cases for policies, programs, and resources that promote cardiopulmonary health</p>	<ul style="list-style-type: none"> • The role of respiratory therapists in the primary care system and their relationships with other healthcare professionals and community organizations • Ethical and professional considerations inherent in advocating for cardiopulmonary health (e.g., social justice, autonomy, integrity, and idealism social determinants of health) • Relationship between public policy and healthcare delivery • Factors influencing access to respiratory care • Barriers to care and resources and impacts on health outcomes • Issues relating to cardiopulmonary health • Methods to identify unique needs, values, beliefs, and preferences of communities served within the practice area • Methods to identify underserved populations • The range of healthcare resources, including medical equipment, facilities, financial support programs, and community services relevant to cardiopulmonary health that can be accessed • Situations where conflicting views may exist (e.g., advocating for cardiopulmonary health and managing/gatekeeping healthcare services; the wishes of the person receiving care and others in their family/community)
<p>Advocates for the person's right to autonomous informed decision making</p>	<p>Identifies situations where the needs, values, beliefs or rights of the person do not align with the care provided</p> <p>Represents persons in accordance with the person's choices</p>	<ul style="list-style-type: none"> • Situations where conflict may exist between the needs, values, beliefs or rights of the person receiving or participating in care/services do not align with those of others in their family/ community, or with the care provided • Methods to identify and communicate the needs, values, beliefs and preferences of the persons receiving or participating in care/services

Domain: Health Advocacy

Competency Enablers	Performance Indicators	Foundational Knowledge
Informs others of cardiopulmonary health issues	Contributes to initiatives that raise public awareness about cardiopulmonary health issues Develops cardiopulmonary health promotion strategies to address the needs of local communities Implements cardiopulmonary health promotion strategies	<ul style="list-style-type: none">• Methods to raise public awareness about cardiopulmonary health, diseases and factors impacting cardiopulmonary health• The development and implementation of health promotion strategies aimed at preventing cardiopulmonary diseases, promoting cardiopulmonary wellness, and improving overall lung health• How to engage with local communities to understand their unique cardiopulmonary health needs and develop tailored interventions to address those needs effectively

Domain: Scholarly Practice

Competency Statement:

Primary care respiratory therapists commit to lifelong reflective learning and the advancement of knowledge sharing within team-based care. They engage in research, education, and innovation to enhance respiratory care to improve health outcomes.

Competency Enablers	Performance Indicators	Foundational Knowledge
Remains current with primary care respiratory therapy practice	<p>Identifies one's own learning needs relative to their practice</p> <p>Develops a continuing professional development plan</p> <p>Participates in professional development activities</p>	<ul style="list-style-type: none"> • Sources to identify trends, best practices and innovations in practice • Methods to integrate self-assessment with external feedback to identify one's learning needs • How to formulate a continuing professional development plan to address identified learning needs • How to identify and access relevant evidence-based knowledge sources • Strategies to incorporate new learning into practice and evaluate the effectiveness of resulting practice changes • Best practices to document continuing professional development activities • Professional standards and/or legislated requirements for continuing professional development
Integrates clinical skills with evidence-informed practice	<p>Seeks the best available evidence in a systematic and comprehensive fashion when required to inform practice</p> <p>Implements new evidence into practice</p>	<ul style="list-style-type: none"> • Research designs, data collection and analysis • Levels of evidence • Critical analysis of research • How to evaluate and modify practice based on new evidence or guidelines
Assists others in their learning	<p>Participates in the delivery of education opportunities for those other than themselves (students, other healthcare providers, the public)</p> <p>Creates learning opportunities for others (students, other healthcare providers, the public)</p>	<ul style="list-style-type: none"> • Adult and medical education learning principles • Methods to collaboratively identify the learning needs and desired outcomes of others • Learner-centered educational approaches • How to create effective educational tools • Methods to provide constructive feedback to learners
Contributes to the creation and dissemination new knowledge	<p>Demonstrates an understanding of research principles</p> <p>Performs research activities</p> <p>Communicates research findings to others in an accessible manner</p>	<ul style="list-style-type: none"> • Research principles and study designs • Knowledge translation models • Methods to conduct systematic searches of existing bodies of evidence • How to define a research question and methodology • Research ethics and approval processes • How to conduct a research study • Methods to analyze data • Knowledge dissemination methods that are accessible to the audience

Domain: Professionalism

Competency Statement:

Primary care respiratory therapists are committed to providing the highest quality of care grounded in ethical practice, professional standards and quality improvement. Their commitment will ensure dignity, confidentiality, integrity, and accountability in delivering person-centered respiratory care.

Competency Enablers	Performance Indicators	Foundational Knowledge
Adheres to standards of practice	<p>Exhibits professional behaviours in accordance with professional standards</p> <p>Adheres to principles and requirements for safe and ethical practice in accordance with professional standards</p> <p>Recognizes and appropriately responds when breaches are encountered in practice</p>	<ul style="list-style-type: none"> • Professional standards of practice for respiratory therapy • Legislation governing practice • How to manage perceived and actual conflict of interest • How to create and maintain appropriate professional boundaries • Self- evaluation of professional behaviors (e.g., honesty, integrity, reliability, compassion, respect, altruism, and dedication to person well-being) • Methods to respond to ethical or safety issues encountered in practice
Provides care following requirements set by privacy legislation	<p>Understands relevant privacy legislation</p> <p>Adheres to relevant privacy legislation</p>	<ul style="list-style-type: none"> • Privacy legislation applicable to the jurisdiction and primary care setting • Best practices, guidance and legislation for protecting confidentiality during the provision of care
Integrates quality improvement into practice	<p>Demonstrates proficiency in collecting, analyzing, and interpreting data to identify areas for improvement and measure the impact of interventions</p> <p>Works collaboratively with other team members to develop and implement the quality improvement plan</p> <p>Participates in systemic quality improvement initiatives</p> <p>Utilizes quality improvement data to support the sustainability of primary care respiratory therapy</p>	<ul style="list-style-type: none"> • Knowledge of quality improvement principles, methodologies, and tools commonly used in healthcare settings to collect, analyze, and interpret data related to practice, outcomes, and healthcare processes (e.g., PDSA cycles, root cause analysis) • How to apply quality improvement principles to identify areas for improvement and measure the impact of interventions • Methods to engage persons receiving or participating in care/services so that their perspectives are included in the quality improvement plan • Knowledge of performance metrics, benchmarks, and key performance indicators (KPIs) • How to incorporate evidence-based guidelines and research findings into quality improvement initiatives • Methods to assess effectiveness of programming, resource utilization, team performance and functioning and delivery of care (e.g., practice audits, chart audits) • Knowledge of quality improvement initiatives outside of one's practice that contribute to systemic improvement (e.g., patient safety-focused quality improvement programs) • How to use/disseminate quality improvement data to sustain or grow primary care respiratory therapy practice

Domain: Health Services Management

Competency Statement:

Primary care respiratory therapists efficiently manage resources and organize practices. They coordinate respiratory care within the healthcare system, collaborating with other professionals to ensure comprehensive person-centered care.

Competency Enablers	Performance Indicators	Foundational Knowledge
<p>Performs administrative roles relative to the provision of care</p>	<p>Leads or participates in initiatives aimed at implementing changes at the program, organization, health system, provincial or national level</p> <p>Develops or contributes to the development of policies and procedures for primary care respiratory therapy</p>	<ul style="list-style-type: none"> • Change management strategies • Project management strategies • Best practices for policy development and implementation
<p>Manages resources effectively</p>	<p>Identifies and mobilizes resources as required to support care</p> <p>Demonstrates an awareness of options for respiratory care that are clinically and cost-effective</p>	<ul style="list-style-type: none"> • An understanding of primary care resources (human, physical, knowledge and other) • Ethical and climate guidelines, laws and regulations relating to resource management • Strategies to optimize resource utilization and minimize financial burden on persons and healthcare systems • Quality assurance methods relevant to resource management strategies
<p>Demonstrates a commitment to managing team members' health and well-being</p>	<p>Manages time to achieve a balance between professional responsibilities, extracurricular activities, and personal life</p> <p>Participates in activities to evaluate one's own health and well-being</p> <p>Engages in activities that create a work culture that is responsive to the health and well-being of team members</p>	<ul style="list-style-type: none"> • Elements of health and well-being • Methods to assess one's health and well-being and identify when modifications or external help are required • Prioritization and time management skills • Methods to identify when colleagues need assistance • Strategies to discuss concerns regarding health and well-being with colleagues • Available supports for health and well-being