National Alliance of Respiratory Therapy Regulatory Bodies
Study to Update the National Competency Profile (NCP)

PES Status Report
May 20, 2009

Fall 2008. Preliminary Revision of NCP

A 12-member National Competency Update Task Force met in Toronto on September 26 – 27, 2008. The Task Force, appointed by the project Steering Committee following a country-wide solicitation for nominations, included representatives from New Brunswick, Nova Scotia, Quebec, Ontario, Alberta, Manitoba, Saskatchewan, and British Columbia.

The Task Force was charged with reviewing and revising the National Competency Profile (NCP) so as to reflect current practice. After brainstorming changes in practice that occurred subsequent to the creation of the original NCP, the Task Force revised the document as follows:

- the number of competency areas was reduced from 21 to 17;
- duplicate competency statements were eliminated;
- obsolete competency statements were removed; and
- new competency statements were added to reflect recent trends in practice.

In addition, existing statements were reviewed and revised as needed to improve their clarity.

In October/November 2008, Task Force members performed individual email reviews of the newly revised competencies, and in December 2008 the Steering Committee finalized the updated competencies based on the feedback received from the individual Task Force members.

Spring 2009. Development and Pilot Testing of Validation Strategy

PES worked in collaboration with the Steering Committee to develop a strategy to validate the draft revision to the NCP. In keeping with best practice in job analysis studies, a sample of practitioners in the profession will be surveyed. This survey will be administered electronically to a sample of up to 1200 respiratory therapy practitioners across all Canadian provinces. Practitioners participating in the survey will be asked to rate how frequently they perform each competency and the extent of harm that could result if the competency were performed incorrectly. Data from this survey will be analyzed to identify the competencies performed by entry level and experienced respiratory therapists.

To meet the needs of the respiratory therapy educational community with respect to assessment of the competencies, a second survey will be administered to all interested faculty in the 20 Canadian respiratory therapy educational programs. In that survey, faculty will be asked to rate the minimal level as which each competency should be assessed during the educational process (e.g., didactic, lo-fidelity simulation, high-fidelity simulation, OR clinical practice). Data from this survey might be used by the educational community to design or update their assessment procedures.

The competencies in the NCP can be separated conceptually into two distinct sets of competencies: (1) Assessment, and Diagnostic and Therapeutic Interventions, and (2) Professional, Organizational, Collaborative and Consultative Functions. Ratings of competencies related to Assessment, and Diagnostic and Therapeutic Interventions may differ depending on patient age. Therefore, one unique feature of the survey is that separate ratings for these competencies will be collected with respect to pediatric, adult, and geriatric patients. Sample language and computer screen shots from the educator and practitioner surveys are attached that illustrate the collection of patient-age-specific data.

The surveys are currently being pilot tested, and will be finalized based on the results of pilot testing. The large-scale surveys of practitioners and educators will be conducted during the summer.

Spring/Summer 2009. Sampling Plan for Validation Survey

Because the survey will be administered during the summer, and because faculty may not be accessing their school email during this time, Steering Committee members contacted program directors of the 20 respiratory therapy educational programs in Canada and requested that the directors invite their faculty to provide summer email addresses to which the survey invitation could be mailed. A web-based data collection form was developed to collect the email addresses. To date, 60 faculty members at 14 institutions have provided summer contact information. We do not have contacts for any faculty members at the following institutions:

- Collège communautaire du Nouveau-Brunswick (C.C.N.B.), campus Campbellton/Université de Moncton/Régie régionale de la santé Beauséjour, Hôpital regional
- Collège de Rosemont
- College of the North Atlantic (CNA)
- Le Cégep de Sherbrooke
- Thompson Rivers University
- Vanier College

PES recommends that the program directors at these institutions be contacted a second time and encouraged to invite their faculty to sign up to participate in the survey.

To obtain the sample for the practitioner survey, Steering Committee members representing the regulated provinces will contact the registered respiratory therapists in their respective jurisdictions and invite them to sign up for the survey. In the non-regulated provinces, the Canadian Society of

Respiratory Therapists will disseminate an invitation to sign up for the survey to members in the non-regulated provinces.   For the smaller provinces, PES anticipates selecting all individuals who sign up to participate. For the larger provinces, if the number of volunteers is very large, PES will select a random sample to participate.

Email invitations will be disseminated in July to the selected sample, and participants will given a three week window in which to respond. Two reminder emails will be sent. One will be sent week after the initial invitation and the other will be sent one week after the first reminder.

Respiratory Therapy National Competency Profile Update

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EDUCATOR SURVEY

In this survey, we ask you to make ratings of competencies performed by respiratory therapists within two broad areas of practice.

I. Assessment and Diagnostic and Therapeutic Interventions, including:

Patient Assessment
Pharmacology
Bronchopulmonary Hygiene
Airway Management
Anesthesia
Invasive Vascular Procedures
Ventilation Management
Cardiopulmonary Resuscitation & Stabilization
Cardiac Diagnostics
Pulmonary Diagnostics and Investigations
Adjunct Therapy

II. Professional, Organizational, Collaborative and Consultative Functions, including:

Professionalism (Professional Conduct)
Communication
Analysis and Problem Solving
Health and Safety
Administration
Research
Health Education Prevention and Promotion

For each competency, we ask you to indicate what you believe is the *minimum level* at which the competency should be evaluated in respiratory therapy educational programs. The response options are:

Didactic
Low-fidelity simulation
High-fidelity simulation
Clinical practice

The survey begins with the ratings for competencies related to *Patient Assessment and Diagnostic and Therapeutic Interventions*. We ask you to make three separate ratings to indicate how students should be evaluated with respect to competency with neonatal patients, pediatric patients, and adult patients.

Definitions of the three patient age groups are as follows:

Neonatal - Newborn (less than 40 weeks gestation through 1 month old)
Pediatric - More than 1 month to 18 years old
Adult - More than 18 years old

The ratings begin on the next screen.

Next

Respiratory Therapy National Competency Profile Update

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Begin making your ratings for each competency below. For each patient age group, indicate the minimum level at which you believe that the competency should be assessed in respiratory therapy educational programs: didactic, low-fidelity simulation, high-fidelity simulation, or clinical practice.

Make your ratings for how students should be evaluated with respect to neonatal patients in the leftmost set of columns. Make your ratings with respect to pediatric patients in the middle set of columns. Make your ratings with respect to adult patients in the rightmost set of columns.

Patient Assessment	Neonatal (newborn: <40 weeks gestation to 1 month old)				Pediatric (>1 month to 18 years old)				Adult (18+ years old)			
	Didactic	Low-fidelity simulation	High-fidelity simulation	Clinical practice	Didactic	Low-fidelity simulation	High-fidelity simulation	Clinical practice	Didactic	Low-fidelity simulation	High-fidelity simulation	Clinical practice
Conduct a comprehensive patient/client history (e.g., environmental, resources, equipment, safety, home evaluation, occupational evaluation, psycho-social, familial and medical history)	○	○	○	○	○	○	○	○	○	○	○	○
Conduct and interpret results of complete physical respiratory assessment (i.e., inspection, palpation, percussion, auscultation)	○	○	○	○	○	○	○	○	○	○	○	○
Conduct and interpret results of basic cardiac assessment	○	○	○	○	○	○	○	○	○	○	○	○
Interpret relevant diagnostic testing (e.g., chest radiography, lab data, oximetry)	○	○	○	○	○	○	○	○	○	○	○	○
Develop, monitor, assess and adjust respiratory treatment plan	○	○	○	○	○	○	○	○	○	○	○	○
Develop discharge plan	○	○	○	○	○	○	○	○	○	○	○	○

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CLINICIAN SURVEY

In this survey, we ask you to make ratings of competencies performed by respiratory therapists within two broad areas of practice.

I. Patient Assessment and Diagnostic and Therapeutic Interventions, including:

Patient Assessment
Pharmacology
Bronchopulmonary Hygiene
Airway Management
Anesthesia
Invasive Vascular Procedures
Ventilation Management
Cardiopulmonary Resuscitation & Stabilization
Cardiac Diagnostics
Pulmonary Diagnostics and Investigations
Adjunct Therapy

II. Professional, Organizational, Collaborative and Consultative Functions, including:

Professionalism (Professional Conduct)
Communication
Analysis and Problem Solving
Health and Safety
Administration
Research
Health Education Prevention and Promotion

We ask you to make two types of ratings for the competencies in this survey, Frequency and Harm, as described below:

Frequency - How frequently did you perform the competency during the past 12 months?

Never
Monthly or less frequently
Weekly
Daily
Several times a day

Harm - How much harm could result if the competency was omitted or performed incorrectly?

None: it doesn't matter
Minimal: missed opportunity for optimal care/intervention; inconvenience to patient; may decrease satisfaction but will not injure patient
Moderate: may contribute to poor outcome or prolonged length of stay but not life threatening
Considerable: may cause immediate complication/injury to patient; may result in death, unsafe level of care

Next

Respiratory Therapy National Competency Profile Update

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Begin making your **Frequency** ratings for each competency below. For each patient age group, indicate how frequently you performed each competency during the past 12 months: Never, Monthly or less frequently, Weekly, Daily, or Several times a day.

Rate **Frequency** for each patient age group, even if you did not work with that age group during the past 12 months. If you did not work with a patient age group, select "Never" for that age group.

Example: Consider the first competency "*Conduct a comprehensive patient/client history.*" If you did not work with newborns during the past 12 months, select "*Never*" in the leftmost set of columns. If you performed the competency approximately weekly with pediatric patients, select "*Weekly*" in the middle set of columns. If you performed this competency several times a day for adult patients, select "*Several times a day*" in the rightmost set of columns.

Patient Assessment	Frequency w/**neonatal** patients (newborn: <40 wks gestation to 1 month old)					Frequency w/ **pediatric** patients (>1 month to 18 years old)					Frequency w/ **adult** patients (18+ years old)				
	Never	Monthly	Weekly	Daily	Several times a day	Never	Monthly	Weekly	Daily	Several times a day	Never	Monthly	Weekly	Daily	Several times a day
Conduct a comprehensive patient/client history (e.g., environmental, resources, equipment, safety, home evaluation, occupational evaluation, psycho-social, familial and medical history)	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Conduct and interpret results of complete physical respiratory assessment (i.e., inspection, palpation, percussion, auscultation)	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Conduct and interpret results of basic cardiac assessment	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Interpret relevant diagnostic testing (e.g., chest radiography, lab data, oximetry)	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Develop, monitor, assess and adjust respiratory treatment plan	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Develop discharge plan	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

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Adjunct Therapy	Harm to neonatal patients (newborn: <40 wks gestation to 1 month old)				Harm to pediatric patients (>1 month to 18 years old)				Harm to adult patients (18+ years old)			
	None	Mini-mal	Mod-erate	Consider-able	None	Mini-mal	Mod-erate	Consider-able	None	Mini-mal	Mod-erate	Consider-able
Administer surfactant replacement therapy	○	○	○	○	○	○	○	○	○	○	○	○
Assist with surfactant replacement therapy	○	○	○	○	○	○	○	○	○	○	○	○
Administer specialty medical gases (e.g., Heliox, nitric oxide)	○	○	○	○	○	○	○	○	○	○	○	○
Perform medical gas analysis	○	○	○	○	○	○	○	○	○	○	○	○
Perform hyperbaric environmental therapies	○	○	○	○	○	○	○	○	○	○	○	○
Assess and monitor phrenic pacing	○	○	○	○	○	○	○	○	○	○	○	○
Assist with esophageal placements (e.g., oral, nasogastric tubes, gastric suction)	○	○	○	○	○	○	○	○	○	○	○	○
Perform esophageal placements (e.g., oral, nasogastric tubes, gastric suction)	○	○	○	○	○	○	○	○	○	○	○	○
Insert chest tube	○	○	○	○	○	○	○	○	○	○	○	○
Assist with insertion of chest tube	○	○	○	○	○	○	○	○	○	○	○	○
Perform needle thoracotomy	○	○	○	○	○	○	○	○	○	○	○	○
Assist with thoracic suction or drainage therapy	○	○	○	○	○	○	○	○	○	○	○	○

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