



The National Alliance of  
Respiratory Therapy Regulatory Bodies

L'Alliance nationale des organismes de  
réglementation de la thérapie respiratoire



2024

# EDUCATION AND EXAMINATION RESOURCE

to support the National Competency  
Framework for Entry-to-Practice  
Respiratory Therapists in Canada

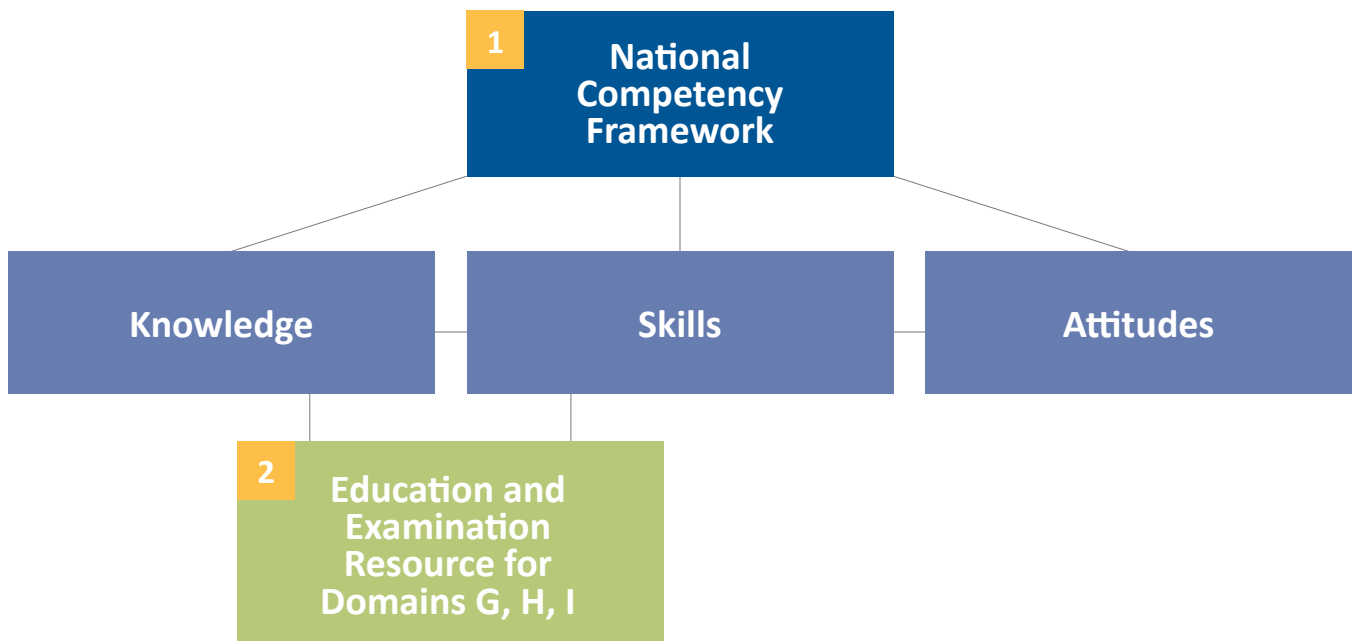
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# INTRODUCTION

## Purpose and Context

The Education and Examination Resource (EER) is the second of two documents that are meant to address the needs of a number of audiences. The EER supports the National Competency Framework (NCF) for Entry-to-practice Respiratory Therapists in Canada. It is an expanded list of foundational knowledge and minimum entry-to-practice skills for the more “clinical” aspects of the respiratory therapist’s practice: Clinical Assessment and Care Planning (Domain G), Therapeutic Interventions (Domain H), and Prevention, Health Promotion, and Education (Domain I).



The EER was written to assist with development of curriculum and assessment tools. It captures topics that are important to respiratory therapy practice in Canada overall, but that are at a level of detail not suitable for a pan-Canadian competency profile. The document uses examples to illustrate content and any lists are non-exhaustive unless explicitly stated.

- 1** The National Competency Framework will be useful for all audiences, but was specifically designed to meet the needs of regulators (including the NARTRB), provincial governments, accreditation bodies, educators, employers, and the public.
- 2** The Education and Examination Resource will be most useful for educators (including preceptors/clinical supervisors), exam item writers, and respiratory therapists — most notably for the development of their learning plans

Note: To support labour mobility, the document does not exclude areas that may not be part of a jurisdiction’s specific scope of practice.

## NAVIGATING THE DOCUMENT

**Foundational Knowledge - Section 1** captures the scientific areas upon which all other knowledge and skills are founded. These include physiology, chemistry, pharmacology, pulmonary pathology, etc. A deep understanding of foundational science plays a crucial role in effective clinical decision-making, learning new information and relating it to past information, and demonstrating flexible problem-solving abilities.

**Respiratory Therapy Knowledge and Skills, Techniques and Tasks - Sections 2 and 3** provide a non-exhaustive education resource with detailed clinical knowledge, skills, techniques, and tasks pertaining to domains G: Clinical Assessment and Care Planning, H: Therapeutic Interventions, and I: Prevention, Health Promotion, and Education.

**Appendix A** provides an overview of the relationship between the entry-to-practice competencies and the present document.

**Appendix B** presents the linkage between the “Domains of Learning” as described by Sherbino and Frank (2011), and full and partial competence requirements identified in the NCF 2024. Three examples illustrate how to interpret the quick reference for ranges of proficiency.

**Appendix C** delves into the relationship between proficiency, action verbs, and learning and assessment taxonomies.

**Appendix D** includes the results of high-level mapping of the NCF 2016 competencies against the updated competencies contained within the NCF 2024 and this resource.

**Use of examples:** to increase clarity, examples are included for some knowledge and skill items. Clinical educators are expected to incorporate the most recent knowledge and their expertise as they engage in curriculum development and lesson planning.

**Sources:** The content of this document is informed by the National Competency Framework for the Profession of Respiratory Therapy (National Alliance of Respiratory Therapy Regulatory Bodies, 2016), the Competencies for Entry into Respiratory Therapy Practice (American Association of Respiratory Care, 2016), and the Respiratory Therapy – National Competency Profile Companion Document (Canadian Society of Respiratory Therapists, 2011).

The EER will be reviewed periodically to ensure it reflects current practice.





# SECTION 1:

## FOUNDATIONAL KNOWLEDGE

## Section 1: Foundational knowledge

A resource to support respiratory therapy educators in curriculum development and assessment. Adaptation to provincial and jurisdictional scope is required.

1		APPLY SCIENTIFIC KNOWLEDGE OF ANATOMY AND PHYSIOLOGY
1.1	<b>Organization and function of the human body</b>	<input type="checkbox"/> chemical processes needed for the function of human physiology <input type="checkbox"/> cellular mechanism as a fundamental and essential unit <input type="checkbox"/> functions of the principal human tissues
1.2	<b>Stages of prenatal development</b>	<input type="checkbox"/> stages of pregnancy and delivery <input type="checkbox"/> events of embryonic and fetal development <input type="checkbox"/> newborn's adaptation to extra-uterine life
1.3	<b>Skin, bones and muscles</b>	<input type="checkbox"/> integumentary system <input type="checkbox"/> structure and function of the bones <input type="checkbox"/> structure and function of the muscles <input type="checkbox"/> changes and consequences of aging on the bones and muscles
1.4	<b>Nervous system: its regulation and integration of the physiological processes</b>	<input type="checkbox"/> structure and physiology of the nervous tissue <input type="checkbox"/> function of the central nervous system <input type="checkbox"/> function of the peripheral nervous system and the reflex activity <input type="checkbox"/> function of the autonomic nervous system <input type="checkbox"/> changes and consequences of aging on the nervous system
1.5	<b>Homeostasis and the role of each contributing system</b>	<input type="checkbox"/> composition and characteristics of venous and arterial blood <input type="checkbox"/> functions of the lymphatic system <input type="checkbox"/> functions of the immune system <input type="checkbox"/> overall function of the digestive system <input type="checkbox"/> metabolism and function of the liver <input type="checkbox"/> thermoregulatory mechanism with emphasis on the newborn
1.6	<b>Urinary system</b>	<input type="checkbox"/> anatomy of the kidney <input type="checkbox"/> mechanism of urine formation <input type="checkbox"/> functions of the urinary system in relation to the maintenance of homeostasis
1.7	<b>Fluid equilibrium, electrolytes and acid-base balance</b>	<input type="checkbox"/> regulation of water balance <input type="checkbox"/> regulation of electrolytes: sodium, potassium, calcium, magnesium and anions <input type="checkbox"/> acid-base balance: chemical buffer systems, respiratory regulation and renal mechanisms

## Section 1: Foundational knowledge

1		APPLY SCIENTIFIC KNOWLEDGE OF ANATOMY AND PHYSIOLOGY
1.8	<b>Endocrine system</b>	<input type="checkbox"/> major endocrine organs <input type="checkbox"/> functional role of the major endocrine organs: pituitary, thyroid, parathyroid, adrenal, pineal and thymus glands
1.9	<b>Pulmonary system</b>	<input type="checkbox"/> components of the pulmonary system <input type="checkbox"/> relationship between the pulmonary and other systems <input type="checkbox"/> changes to the pulmonary system throughout the course of life
1.10	<b>Pulmonary ventilation</b>	<input type="checkbox"/> principles of physics in relation to pulmonary ventilation <input type="checkbox"/> functionality of inhalation and exhalation during one breath cycle <input type="checkbox"/> function of external respiration <input type="checkbox"/> lung volumes and lung capacities
1.11	<b>Neurological control of breathing and respiratory compensation</b>	<input type="checkbox"/> regulation of breathing <input type="checkbox"/> types of respiratory patterns <input type="checkbox"/> reflex actions triggered by blood and pulmonary receptors <input type="checkbox"/> other factors which influence respiratory frequency and amplitude <input type="checkbox"/> various mechanisms known to contribute to respiratory compensation
1.12	<b>Functional physiology of blood</b>	<input type="checkbox"/> biochemical profile of venous and arterial blood <input type="checkbox"/> composition of plasma and its components <input type="checkbox"/> mechanism of blood coagulation <input type="checkbox"/> principle of blood transfusion, cell saving and restoration of blood volume <input type="checkbox"/> flow and function of pulmonary and systemic circulation
1.13	<b>Gas exchanges</b>	<input type="checkbox"/> composition of atmospheric, alveolar, and blood gases <input type="checkbox"/> gas exchange between the blood, the lungs and tissues <input type="checkbox"/> how gases are transported in the blood <input type="checkbox"/> anatomical and physiological factors known to affect gas exchange
1.14	<b>Functional physiology of the cardiovascular system</b>	<input type="checkbox"/> anatomy and function of the heart as an integral part of the cardiovascular system <input type="checkbox"/> electromechanical physiology pertaining to each functional phase of a cardiac cycle <input type="checkbox"/> physiology of blood circulation during one complete cardiac cycle <input type="checkbox"/> changes and consequences of aging on the cardiovascular system
1.15	<b>Electrophysiology of the heart</b>	<input type="checkbox"/> neurochemical control of the cardiovascular system <input type="checkbox"/> intrinsic conduction system and the extrinsic innervation of the heart <input type="checkbox"/> graphic recording of electrical changes on an electrocardiogram during various heart activities

## Section 1: Foundational knowledge

2	APPLY SCIENTIFIC KNOWLEDGE OF CHEMISTRY AND BIOCHEMISTRY	
2.1	<b>Chemical terms and concepts as they pertain to respiratory therapy</b>	<input type="checkbox"/> element, atom, nucleus, proton, neutron, electron, valence and isotope <input type="checkbox"/> atomic number, atomic weight, molecular weight <input type="checkbox"/> chemical compound, molecule <input type="checkbox"/> ion, cation, anion, electrolyte, and salt <input type="checkbox"/> chemical bonds - ionic and covalent compounds <input type="checkbox"/> oxidation and reduction <input type="checkbox"/> kinetic energy, potential energy, and gradient <input type="checkbox"/> anabolism and catabolism <input type="checkbox"/> organic, inorganic compounds <input type="checkbox"/> equilibrium <input type="checkbox"/> reversible reaction <input type="checkbox"/> law of mass action <input type="checkbox"/> water as a universal solvent, physical characteristics of water and hydrogen bonding <input type="checkbox"/> hydrolysis reaction <input type="checkbox"/> dissociation <input type="checkbox"/> enzyme <input type="checkbox"/> acidity, basicity <input type="checkbox"/> electrode (cathode, anode) voltage, current and resistance
2.2	<b>Biochemical terms and concepts as they pertain to respiratory therapy</b>	<input type="checkbox"/> mixture, solution, solvent, solute, crystalloid, colloid and suspension <input type="checkbox"/> strong acid, strong base <input type="checkbox"/> acidosis and acidemia <input type="checkbox"/> alkalosis and alkalemia <input type="checkbox"/> fixed acid <input type="checkbox"/> volatile acid <input type="checkbox"/> buffers – chemical buffers, closed buffer systems and open buffer systems <input type="checkbox"/> conjugate base <input type="checkbox"/> amphoteric compound or molecule <input type="checkbox"/> law of electro-neutrality and anion gap <input type="checkbox"/> gradient, diffusion, osmosis, facilitated diffusion, filtration and active transport



## Section 1: Foundational knowledge

3 APPLY SCIENTIFIC KNOWLEDGE OF ANATOMY AND PHYSIOLOGY		
3.1	<b>Behaviour of gases</b>	<input type="checkbox"/> potential and kinetic energy <input type="checkbox"/> Avogadro's law <input type="checkbox"/> Boyle's, Charles', Gay-Lussac's laws <input type="checkbox"/> Combined and ideal gas laws <input type="checkbox"/> pressure: units of measure and conversion factors <input type="checkbox"/> volume: units of measure and conversion factors
3.2	<b>States of matter and change of state</b>	<input type="checkbox"/> melting point and boiling point <input type="checkbox"/> critical temperature, critical pressure, and critical density <input type="checkbox"/> evaporation, surface area and contact time <input type="checkbox"/> vapour and vapour pressure <input type="checkbox"/> latent heat of vaporization (fusion) <input type="checkbox"/> humidity, absolute humidity, relative humidity and humidity deficit <input type="checkbox"/> condensation and dew point <input type="checkbox"/> standard temperature atmospheric pressure dry (STPD), ambient temperature atmospheric pressure saturated (ATPS), body temperature ambient pressure gas saturated with water vapour (BTPS)
3.3	<b>Surface tension</b>	<input type="checkbox"/> Laplace's law <input type="checkbox"/> capillary action <input type="checkbox"/> cohesion and adhesion
3.4	<b>Gas diffusion</b>	<input type="checkbox"/> atmospheric composition and its gases <input type="checkbox"/> Dalton's law of partial pressures <input type="checkbox"/> Graham's law <input type="checkbox"/> Henry's law <input type="checkbox"/> solubility coefficient <input type="checkbox"/> Fick's law of diffusion
3.5	<b>Fluid dynamics and gas mixing/entrainment</b>	<input type="checkbox"/> Poiseuille's law <input type="checkbox"/> Reynold's number <input type="checkbox"/> laminar and turbulent flow <input type="checkbox"/> Bernoulli's principle <input type="checkbox"/> Venturi effect <input type="checkbox"/> Coanda effect

## Section 1: Foundational knowledge

3 APPLY SCIENTIFIC KNOWLEDGE OF ANATOMY AND PHYSIOLOGY		
3.6	<b>Behaviour of aerosols</b>	<input type="checkbox"/> Stoke's law of sedimentation <input type="checkbox"/> stability and particle size <input type="checkbox"/> gravitational forces <input type="checkbox"/> inertial impaction <input type="checkbox"/> penetration <input type="checkbox"/> retention <input type="checkbox"/> deposition <input type="checkbox"/> clearance
3.7	<b>Other physical principles</b>	<input type="checkbox"/> Beer's law and light absorption <input type="checkbox"/> Doppler effect <input type="checkbox"/> Hooke's law, elasticity and compliance

4 APPLY SCIENTIFIC KNOWLEDGE OF PHARMACOLOGICAL PRINCIPLES		
4.1	<b>Application of medications</b>	<input type="checkbox"/> basic sources of medications <input type="checkbox"/> classification system of medications: chemical, experimental, generic official and trade <input type="checkbox"/> characteristics of the following formulations: oral, injectable, aerosol, micronized powder, suppository, sublingual transdermal and topical <input type="checkbox"/> advantages and disadvantages of the following routes of administration: enteral, parenteral, topical, and inhalational
4.2	<b>Pharmacologic response of adrenergic and cholinergic drugs</b>	<input type="checkbox"/> drug classification based on the autonomic nervous system (ANS) divisions <input type="checkbox"/> location and action of adrenergic receptors <input type="checkbox"/> adrenergic and anti-adrenergic drug action <input type="checkbox"/> location and action of cholinergic receptors <input type="checkbox"/> cholinergic and anti-cholinergic drug action
4.3	<b>Classes of medications</b>	Indications, mechanism of action, routes of administration and side effects of: <input type="checkbox"/> sympathomimetic and parasympathomimetic bronchodilators <input type="checkbox"/> xanthine bronchodilators <input type="checkbox"/> mucolytic agents <input type="checkbox"/> anti-inflammatories <input type="checkbox"/> anti-asthmatic medications <input type="checkbox"/> antihistamine drugs <input type="checkbox"/> antibiotic, antiviral and antifungal drugs <input type="checkbox"/> diuretics

## Section 1: Foundational knowledge

4	APPLY SCIENTIFIC KNOWLEDGE OF PHARMACOLOGICAL PRINCIPLES	
4.4	<b>Specific classes of cardiovascular medications</b>	Indications, mechanism of action, routes of administration, and side effects of: <ul style="list-style-type: none"> <li><input type="checkbox"/> cardiotonic agents</li> <li><input type="checkbox"/> antianginal agents</li> <li><input type="checkbox"/> diuretic agents</li> <li><input type="checkbox"/> antiarrhythmic agents</li> <li><input type="checkbox"/> antihypertensive agents</li> <li><input type="checkbox"/> antithrombotic and thrombolytic agents</li> </ul>
4.5	<b>Drugs utilized in anaesthesia</b>	Indications, mechanism of action, routes of administration, and side effects of: <ul style="list-style-type: none"> <li><input type="checkbox"/> intravenous anaesthetic drugs, including their pharmacokinetics</li> <li><input type="checkbox"/> narcotics and narcotic antagonists</li> <li><input type="checkbox"/> benzodiazepines, barbiturates, and benzodiazepine antagonists</li> <li><input type="checkbox"/> depolarizing and non-depolarizing muscle relaxants, including their neuromuscular transmission, structure, metabolism and excretion</li> <li><input type="checkbox"/> cholinesterase inhibitors, including their physical structure and role as reversal agents</li> <li><input type="checkbox"/> muscarinic antagonists, including their physical structure and their use in conduction with cholinesterase inhibitors</li> <li><input type="checkbox"/> local anaesthetics</li> </ul>
4.6	<b>Inhalational anaesthetic agents</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> host, infectious disease, colonization, microflora, virulence, pathogen, and saprophyte</li> <li><input type="checkbox"/> Pharmacokinetics, pharmacodynamics of inhalational anaesthetic agents</li> <li><input type="checkbox"/> diffusion hypoxia, solubility, second gas effect, compartments of anaesthesia, balanced anaesthesia and interaction with carbon dioxide absorbents</li> <li><input type="checkbox"/> characteristics of inhalational anaesthetic agents</li> <li><input type="checkbox"/> factors which alter the effects of inhaled anaesthetic agents</li> <li><input type="checkbox"/> effects of inhalational agents on pulmonary ventilation</li> </ul>
5	APPLY SCIENTIFIC KNOWLEDGE OF MICROBIOLOGY	
5.1	<b>Mechanism of infectious diseases</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> host, infectious disease, colonization, microflora, virulence, pathogen, and saprophyte</li> <li><input type="checkbox"/> host-microorganism interaction</li> <li><input type="checkbox"/> incidence and prevalence among endemic, epidemic, and pandemic</li> <li><input type="checkbox"/> stages of an infectious disease</li> <li><input type="checkbox"/> systemic manifestations of infectious disease</li> <li><input type="checkbox"/> mechanisms and significance of antimicrobial and antiviral drug resistance</li> <li><input type="checkbox"/> actions of intravenous immunoglobulin and cytokines in treatment of infectious diseases</li> </ul>

## Section 1: Foundational knowledge

5		APPLY SCIENTIFIC KNOWLEDGE OF MICROBIOLOGY
5.2	<b>Agents of infectious diseases</b>	<input type="checkbox"/> structural characteristics and mechanisms of reproduction for viruses, bacteria, rickettsia, chlamydia, fungi, and parasites <input type="checkbox"/> modes of transmission <input type="checkbox"/> mechanism of infectious diseases using incidence, portal of entry, source of infection, symptomatology, disease source, site of infection, agent, and host characteristics
6		APPLY SCIENTIFIC KNOWLEDGE OF PULMONARY PATHOPHYSIOLOGY
6.1	<b>Pathophysiology of diseases and disorders of the pulmonary system</b>	<input type="checkbox"/> respiratory failure (including both hypoxia and hypercapnia) in acute and chronic states
6.2	<b>Obstructive processes of the lung</b>	<input type="checkbox"/> factors that produce obstruction such as: dynamic compression, loss of radial traction (tethering), inflammation, foreign bodies, secretions, hypertrophy, and spasm <input type="checkbox"/> factors affecting air flow in the lower airways (i.e., below the glottis): airway lumen size, elastic recoil of the lung, physical properties of the inhaled gas <input type="checkbox"/> the characteristics of airway obstruction, including: change in lung volumes/flows and gas exchange abnormalities <input type="checkbox"/> upper and lower airway obstructions
6.3	<b>Obstructive airway disorders</b>	<input type="checkbox"/> asthma, bronchiectasis, bronchiolitis, bronchogenic neoplasm, bronchopulmonary dysplasia (BPD), choanal atresia, chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema, croup, cystic fibrosis, epiglottitis, laryngo/tracheo/bronchomalacia, foreign body aspiration, meconium aspiration syndrome (MAS), obstructive sleep apnea (OSA), Pierre Robin syndrome, pulmonary interstitial emphysema (PIE), vascular ring, vocal cord dysfunction <input type="checkbox"/> basic principles of sleep studies and screening (stages of sleep and sleep study screening / sleep related disorders / the three categories of Sleep Apnea Syndrome (SAS) / signs, symptoms, and diagnostic procedures for the evaluation of SAS)
6.4	<b>Restrictive processes of the respiratory system</b>	<input type="checkbox"/> restrictive processes of the respiratory system in terms of origin: extrapulmonary versus intrapulmonary <input type="checkbox"/> effects of restrictive processes on pulmonary function: decreased compliance / decreased lung volumes / diffusion impairment / airway remodeling / gas exchange abnormalities / pulmonary hypertension
6.5	<b>Extrapulmonary disorders</b>	<input type="checkbox"/> bronchopleural fistula <input type="checkbox"/> pleural effusion <input type="checkbox"/> pneumothorax <input type="checkbox"/> thoracic cage disorders <input type="checkbox"/> traumatic chest wall injuries



## Section 1: Foundational knowledge

6		APPLY SCIENTIFIC KNOWLEDGE OF PULMONARY PATHOPHYSIOLOGY
6.6	<b>Intrapulmonary disorders</b>	<input type="checkbox"/> acute respiratory distress syndrome (ARDS) <input type="checkbox"/> atelectasis <input type="checkbox"/> collagen disorders <input type="checkbox"/> diaphragmatic hernia <input type="checkbox"/> hyaline membrane disease <input type="checkbox"/> hypersensitivity pneumonitis <input type="checkbox"/> pulmonary fibrosis <input type="checkbox"/> inhalation of toxic gases <input type="checkbox"/> neoplasms <input type="checkbox"/> oxygen toxicity <input type="checkbox"/> pharmacological toxicity <input type="checkbox"/> pneumoconiosis <input type="checkbox"/> pneumonia <input type="checkbox"/> pneumonitis <input type="checkbox"/> pulmonary contusion / hemorrhage <input type="checkbox"/> pulmonary edema <input type="checkbox"/> sarcoidosis <input type="checkbox"/> transient tachypnea of the newborn (TTN)

7		APPLY SCIENTIFIC KNOWLEDGE OF CARDIOVASCULAR PATHOPHYSIOLOGY
7.1	<b>Coronary atherosclerotic heart disease</b>	<input type="checkbox"/> coronary atherosclerotic disease
7.2	<b>Valvular heart disorders</b>	<input type="checkbox"/> tricuspid stenosis, incompetence, regurgitation <input type="checkbox"/> mitral stenosis, incompetence, regurgitation <input type="checkbox"/> aortic stenosis, incompetence, regurgitation <input type="checkbox"/> pulmonary stenosis, incompetence, regurgitation
7.3	<b>Inflammatory heart disorders</b>	<input type="checkbox"/> pericarditis <input type="checkbox"/> endocarditis <input type="checkbox"/> myocarditis <input type="checkbox"/> cardiomyopathies: dilated, hypertrophic, restrictive
7.4	<b>Peripheral vascular disorders</b>	<input type="checkbox"/> arterial: arteriosclerosis / arterial thrombosis and embolism / aneurysm / aortic dissection / arterioplasmic disease (Raynaud's) / pulmonary embolism <input type="checkbox"/> venous: thrombophlebitis / deep venous thrombosis / varicose veins

## Section 1: Foundational knowledge

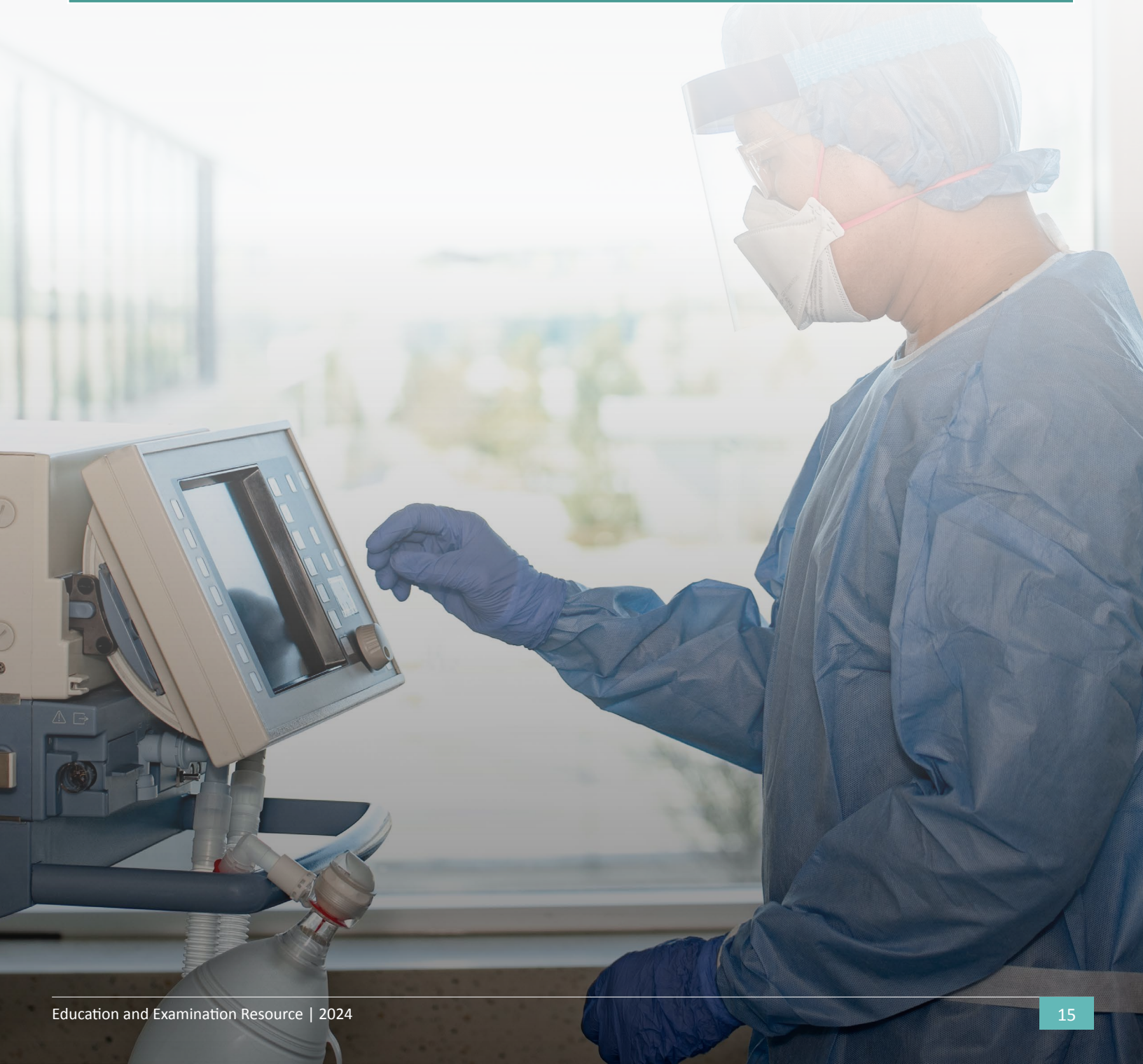
7		APPLY SCIENTIFIC KNOWLEDGE OF CARDIOVASCULAR PATHOPHYSIOLOGY
7.5	<b>Congenital heart defects</b>	<input type="checkbox"/> atrial septal defect <input type="checkbox"/> aortic stenosis <input type="checkbox"/> coarctation of the aorta <input type="checkbox"/> hypoplastic left / right ventricle <input type="checkbox"/> patent ductus arteriosus <input type="checkbox"/> pulmonary stenosis <input type="checkbox"/> right ventricular outflow tract obstruction <input type="checkbox"/> Tetralogy of Fallot <input type="checkbox"/> total anomalous pulmonary venous return <input type="checkbox"/> transposition of the great vessels <input type="checkbox"/> tricuspid atresia <input type="checkbox"/> truncus arteriosus <input type="checkbox"/> ventricular septal defect
7.6	<b>Types of shock</b>	<input type="checkbox"/> anaphylactic <input type="checkbox"/> cardiogenic <input type="checkbox"/> distributive <input type="checkbox"/> hypovolemic <input type="checkbox"/> neurogenic <input type="checkbox"/> septic
7.7	<b>Cardiovascular abnormalities</b>	<input type="checkbox"/> hypertension <input type="checkbox"/> myocardial infarction <input type="checkbox"/> congestive heart failure <input type="checkbox"/> rheumatic heart disease <input type="checkbox"/> dissemination intravascular coagulation
8		APPLY SCIENTIFIC KNOWLEDGE OF OTHER DISEASES AND DISORDERS
8.1	<b>Disorders of the central nervous system</b>	<input type="checkbox"/> central apnea syndromes <input type="checkbox"/> cerebrovascular accident <input type="checkbox"/> cerebral arterial-venous malformation <input type="checkbox"/> intraventricular hemorrhage <input type="checkbox"/> periventricular leukomalacia <input type="checkbox"/> Reye's syndrome <input type="checkbox"/> space occupying lesions <input type="checkbox"/> sudden infant death syndrome (SIDS) <input type="checkbox"/> thermal instability <input type="checkbox"/> trauma <input type="checkbox"/> brain death

## Section 1: Foundational knowledge

8		APPLY SCIENTIFIC KNOWLEDGE OF OTHER DISEASES AND DISORDERS
8.2	Disorders of the peripheral nervous system	<input type="checkbox"/> amyotrophic lateral sclerosis (ALS) <input type="checkbox"/> diaphragmatic paralysis <input type="checkbox"/> Guillain-Barré syndrome <input type="checkbox"/> muscular dystrophy <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> multiple sclerosis <input type="checkbox"/> post-polio syndrome <input type="checkbox"/> spinal muscular atrophy disorders
8.3	Renal failure	<input type="checkbox"/> acute renal failure <input type="checkbox"/> chronic renal failure
8.4	Specific metabolic disorders	<input type="checkbox"/> diabetes <input type="checkbox"/> nephritis
8.5	Particular conditions that impair human physiology	<input type="checkbox"/> inhalation injuries <input type="checkbox"/> electrical and surface burn injuries <input type="checkbox"/> hyperthermia and hypothermia <input type="checkbox"/> drowning and near-drowning <input type="checkbox"/> hypobarism and hyperbarism <input type="checkbox"/> multiple organ dysfunction syndrome (MODS) <input type="checkbox"/> obesity <input type="checkbox"/> hepatitis A & C <input type="checkbox"/> cancers
8.6	Systemic infections	<input type="checkbox"/> influenza (flu) <input type="checkbox"/> H1N1 flu virus <input type="checkbox"/> human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS) <input type="checkbox"/> pneumonia (pneumococcal) <input type="checkbox"/> poliomyelitis <input type="checkbox"/> tuberculosis <input type="checkbox"/> SARS <input type="checkbox"/> blastomycosis <input type="checkbox"/> ebola <input type="checkbox"/> other current or relevant diseases
9		MEDICAL, RESPIRATORY THERAPY AND PHARMACOLOGICAL TERMINOLOGY
		vocabulary, acronyms, abbreviations, symbols according to jurisdictional practices

# SECTION 2:

ASSESSMENT, DIAGNOSTICS, CARE PLANNING,  
PREVENTION, HEALTH PROMOTION, AND EDUCATION





## Section 2: Assessment, diagnostics, care planning, prevention, health promotion, and education

A resource to support respiratory therapy educators in curriculum development and assessment for domains G and I of the NCF. Adaptation to provincial and jurisdictional scope is required.

### 10. Clinical Assessment

#### Knowledge

Also see G1 Assess patient's clinical status

- common diseases and disorders
- clinical manifestations, signs, and symptoms
- diagnostic and monitoring tools
- diagnostic imaging techniques (e.g., X-ray, computed tomography, magnetic resonance imaging and angiography, ultrasound)
- technical and clinical characteristics of assessment results
- objective and subjective data
- normal and abnormal findings, values, and measures; reference guidelines
- applications, indications, contraindications, complications, and corrective action associated with interventions, procedures, or medications
- lung sounds
- reflex assessment methods (e.g., peripheral nerve stimulation)
- mechanism of action of pulse-oximeter (e.g., wavelength)

#### Skills, Techniques, and Tasks

- Collect and document patient history through various sources:
- based on presentation and practice context
- types of data: medical, surgical, family history, social determinants of health
- techniques: interview, chart review, shift reports
- patient goals and alignment to care plan

Assess the accuracy and quality of all data

Assess the patient

- examine cardiopulmonary condition (e.g., auscultation, palpation, percussion, respiratory pattern and rate, digital clubbing, cyanosis, accessory muscle use, nasal flaring, pupillary response)
- examine and monitor level of consciousness (e.g., bispectral index, bronchiectasis severity index - BSI, Glasgow Coma Scale - GCS)
- observe signs and symptoms indicating pulmonary or cardiovascular pathophysiology (e.g., shortness of breath, chest pain, swelling of the lower extremities)
- select appropriate diagnostic test(s) and site(s) (see testing in the next section)
- perform head to toe inspection (e.g., pedal edema, digital cap refill, modelling)
- measure vital signs (e.g., blood pressure, heart rate, respiratory rate; non-invasive blood pressure measurement; manual and automatic techniques; pulse oximetry)

## Section 2: Assessment, diagnostics, care planning, prevention, health promotion, and education

### 10. Clinical Assessment

#### Skills, Techniques, and Tasks

<input type="checkbox"/> perform other laboratory and point-of-care testing (e.g., electrolytes, lactates, complete blood cell count, blood glucose, diagnostic imaging, metabolic testing, exhaled nitric oxide testing)
Consider patient positioning and its impact on clinical condition
Perform non-invasive monitoring, including application sites, transcutaneous monitoring
Perform invasive monitoring (e.g., hemodynamics, ventilatory parameters)
Correlate assessment data with patient's clinical status
Share information (e.g., with members of the healthcare team)
Assess functional capacity (e.g., walk test, exercise tolerance, orthopnea)

### 11. Cardiopulmonary Diagnostics

#### Knowledge

Also see G2 Utilize cardiopulmonary testing, and Foundational Knowledge, including Anatomy and Physiology

Sample collection
Data collection and interpretation
American Thoracic Society and Canadian Thoracic Society Standards (incl. sleep diagnostic testing)
Methods of coaching, recognition of improperly performed maneuvers, and corrective actions

#### Skills, Techniques, and Tasks

Use:
<input type="checkbox"/> impulse oscillometry
<input type="checkbox"/> lung volume testing flow transducer
<input type="checkbox"/> electrocardiogram (3-lead, 5-lead, 12-lead, 15-lead, 18-lead)
<input type="checkbox"/> ambulatory / portable monitoring systems
<input type="checkbox"/> continuous positive airway pressure devices
<input type="checkbox"/> flow-based, volume-based spirometers
Perform, review and/or interpret:
<input type="checkbox"/> pulmonary function studies (e.g., spirometry, lung volumes and diffusion studies)
<input type="checkbox"/> arterial and venous blood gases sampling and analysis
<input type="checkbox"/> pulse oximetry studies (e.g., walking oximetry testing, overnight oximetry - excluding polysomnography)
<input type="checkbox"/> levels 3 and 4 multichannel sleep tests (the American Academy of Sleep Medicine), excluding sleep studies
<input type="checkbox"/> electrocardiogram
<input type="checkbox"/> cardiac / pulmonary stress testing
<input type="checkbox"/> ultrasound (e.g., lung, invasive line insertion)
Initiate patient monitoring equipment (e.g., infant apnea monitors, pulse oximetry)

## Section 2: Assessment, diagnostics, care planning, prevention, health promotion, and education

### 12. Care Planning and Implementation

#### Knowledge

Also see G3 Create and implement care plan

Care planning tools (e.g., SCORE in Quebec)
Goal setting (i.e., short- and long-term; specific, measurable, attainable, relevant, time-based)
Risk mitigation for proposed care plan and interventions (e.g., precautions, contraindications, harm reduction)
Rationale for intervention
Discharge criteria
Referrals and consultations
System navigation
Factors impacting patient compliance
Therapeutic relationships

#### Skills, Techniques, and Tasks

Establish respiratory therapy goals and objectives
Assess level of patient understanding
Design, develop, administer, evaluate, and modify respiratory care plans
Implement evidence-informed approaches to care planning, including: <ul style="list-style-type: none"><li><input type="checkbox"/> protocols</li><li><input type="checkbox"/> medical directives</li><li><input type="checkbox"/> clinical practice guidelines</li><li><input type="checkbox"/> care pathways</li></ul>
Monitor and respond to variances in patient response and compliance to the care plan

## Section 2: Assessment, diagnostics, care planning, prevention, health promotion, and education

### 13. Prevention, Health Promotion, and Education

#### Knowledge

Also see I1 Teach patients and those involved in care  
I2 Advocate for access to care

Teaching and coaching techniques
Determinants and benefits of cardio-respiratory health
Methods for promoting a healthy cardio-respiratory lifestyle
Smoking / vaping cessation methods
Community health programs (i.e., purpose, strategies, goals)
Pulmonary rehabilitation programs (i.e., benefits, elements, implementation)

#### Skills, Techniques, and Tasks

Provide education on: <ul style="list-style-type: none"><li><input type="checkbox"/> medication and disease processes</li><li><input type="checkbox"/> infection prevention and control</li><li><input type="checkbox"/> maintenance of equipment</li><li><input type="checkbox"/> complications and hazard recognition (e.g., oxygen safety presence of fire extinguishers, smoke detectors, smoking cessation, evacuation routes, open flames)</li></ul>
Evaluate home environment for appropriateness of prescribed therapy and identification of risk factors
Communicate and educate to empower and engage patients



# SECTION 3:

## THERAPEUTIC INTERVENTIONS



## Section 3: Therapeutic interventions

A resource to support respiratory therapy educators in curriculum development and assessment for domain H of the NCF. Adaptation to provincial and jurisdictional scope is required.

### 14. Administer Medications or Other Substances

#### Knowledge

Also see H1 Administer medications or other substances

Classes of medications
<input type="checkbox"/> for example, bronchodilators, benzodiazepines, narcotics, prostacyclins, antibiotics, surfactants, adrenergics, anti / cholinergics, decongestants, mucolytics, pulmonary vasodilators, antimicrobials, and inhaled medical gases - for anaesthesia assistance, this includes inhaled anaesthetic agents
<input type="checkbox"/> in particular, see also Foundational Knowledge - Pharmacology
Substances
<input type="checkbox"/> for example, blood, plasma crystalloid substance
The “rights” associated with administration of medication or other substances
<input type="checkbox"/> right client, right medication or substance, right reason, right dose, right frequency, right route, right site, right time, right documentation
Dosage and concentrations
Indications, contraindications, complications, adverse responses (including oxygen and medical gas therapy)
Recommended applications and administration procedure for each medical gas
High / low flow oxygen delivery devices (e.g., nasal cannula, heated high flow nasal cannula)
Hyperbaric medicine

#### Skills, Techniques, and Tasks

Administer all classes of medications or other substances using the appropriate route:
<input type="checkbox"/> enteral, parenteral, topical
<input type="checkbox"/> buccal
<input type="checkbox"/> endotracheal
<input type="checkbox"/> infusion, inhalation, injection, instillation
<input type="checkbox"/> intramuscular, intranasal, intraosseous, intravenous
<input type="checkbox"/> oral, rectal, subcutaneous, sublingual, transdermal
Assess the need for oxygen or medical gas therapy
Provide aerosol or medical gas therapy, including high flow oxygen, using various devices
Verify medication or substance is not contraindicated
Perform dosage calculations
Prepare labelling according to pharmaceutical regulations and professional standards
Select, prepare, mix, and utilize medication or substance depending on patient condition, clinical situation, and scope of practice
Adjust or withdraw medication or substance according to order
Document medication or other substance administration

## Section 3: Therapeutic interventions

### 15. Manage Airway

#### Knowledge

Also see H2 Manage airway

Physiological importance of humidity, significance of a humidity deficit in the respiratory tract
Physiological effects of heated or non-heated humidification
Purpose of various drugs commonly used during a bronchoscopy
Positions used to facilitate bronchopulmonary hygiene
Mechanical or pneumatic devices (e.g., positive expiratory devices, mechanical insufflator/exsufflator, intrapulmonary percussive ventilation)
Indicators of proper tube placement
Possible complications and corrective actions to take with airway management
Humidity therapy, devices, indications, and contraindications
Methods to identify physical characteristics of difficult airways (e.g., Mallampati airway classification scoring system, Cormack-Lehane classification system)
Risk factors associated with inter-hospital and intra-hospital transfer
Factors influencing the selection of equipment for transport
Equipment and accessories utilized for transport
Precautions required when transporting patients

#### Skills, Techniques, and Tasks

Evaluate the need for alternative airway
Select, insert, maintain, and remove artificial airway devices in various clinical situations, using appropriate techniques and equipment (e.g., nasopharyngeal airway, oropharyngeal airway, laryngoscope, video laryngoscope, bougie)
Assure proper position of artificial airway devices
Select manual ventilation equipment (i.e., mask, artificial airway device, manual resuscitator)
Perform: <ul style="list-style-type: none"><li><input type="checkbox"/> insertion of oropharyngeal, nasopharyngeal, laryngeal mask</li><li><input type="checkbox"/> suction therapy (i.e., nasopharyngeal, oropharyngeal, endotracheal)</li><li><input type="checkbox"/> directed cough, assisted cough, percussion, and postural drainage technique</li><li><input type="checkbox"/> physiological techniques (e.g., breath stacking)</li><li><input type="checkbox"/> pneumatic techniques (e.g., intermittent positive pressure breathing, modify resuscitator device)</li><li><input type="checkbox"/> manual ventilation using self-inflating manual resuscitator, flow-inflating manual resuscitator, and T-piece resuscitator</li><li><input type="checkbox"/> tracheostomy insertion, care, and weaning (e.g., corking, capping)</li><li><input type="checkbox"/> lung expansion and airway clearance therapies</li></ul>
Obtain and / or prepare (assist with) collection of samples: <ul style="list-style-type: none"><li><input type="checkbox"/> sputum</li><li><input type="checkbox"/> bronchoscopy</li></ul>
Manage difficult airway situations
Assist patients with tracheostomy / laryngectomy to communicate (e.g., use of equipment that is applied to the airway, such as a one-way valve for speech; tracheostomy cuff; letter board)
Manage airway during transport (intra and inter-hospital)

## Section 3: Therapeutic interventions

### 16. Optimize Ventilation

#### Knowledge

Also see H3 Manage ventilation

##### Non-invasive / invasive ventilation

- physiological elements associated with spontaneous breathing and positive pressure breaths (incl. initiation and termination of positive pressure breath)
- compressible volume loss in a circuit and implications in ventilation
- indications, contraindications, complications, risk factors
- indications and applications of continuous positive airway pressure, bilevel positive airway pressure, and non-invasive interfaces (e.g., nasal mask, nasal pillows, oro-nasal mask, full-face mask, and helmet)
- factors affecting the delivered oxygen concentration and lung volume
- impact of positive pressure ventilation (PPV) on the cardiopulmonary system
- positive pressure ventilation set-up and strategies as they apply to treatment of patient pathophysiology
- impact of changes in patient lung condition (e.g., compliance and resistance) and how it affects ventilation
- weaning and discontinuation indicators from positive pressure ventilation
- mechanical ventilator control systems (e.g., flow / pneumatic)
- principles of mechanical ventilation
- functional characteristics of the lungs and airways that can be determined from specific waveforms and pulmonary mechanics

Pulmonary mechanics (e.g., patient triggering, plateau pressure, static and dynamic compliance, resistance, expiratory pause, occlusion pressure, patient-ventilator asynchrony, auto-peep, air trapping, lower and upper inflection points, auto triggering)

Modes of ventilation

#### Skills, Techniques, and Tasks

Conduct all equipment safety performance checks

Evaluate pulmonary mechanics

Evaluate the effectiveness and quality of the ventilation

Set appropriate ventilator alarms

Evaluate need for non-invasive ventilation

Determine appropriate interfaces for non-invasive devices

Adjust interventions based on patient condition (e.g., ventilator waveforms, vital signs)

Measure flow, pressure, volume, and the fraction of inspired oxygen in a positive pressure device

Select, apply, adjust, and wean ventilation modes on invasive and non-invasive mechanical ventilators based on the patient condition and response

Conduct clinical follow-up based on patient condition (e.g., check blood gas results, waveforms)

Interpret data available (e.g., ECG, ventilator waveforms, intracranial pressure)

## Section 3: Therapeutic interventions

### 17. Optimize Resuscitation

The knowledge, skills, techniques, and tasks associated with resuscitation are clearly identified within the educational programs provided by the Heart and Stroke Foundation of Canada and Canadian Paediatric Society. They are not repeated here. Certification is not required for the purposes of licensing or registration, but may be required by individual employers and / or based on chosen areas of practice.

### 18. Vascular Access

#### Knowledge

Also see H5 Perform (assist with) invasive vascular access

Sites, procedures, techniques, equipment, complications associated with vascular access
Arterial lines or arterial puncture: sites, procedure and positioning for insertion, complications
Blood sample from capillary, venous, arterial puncture: methods and sites
Central line cannulation and pulmonary artery catheterization: sites, techniques, complications
The normal values and calculations related to central venous and pulmonary artery catheters
Hemodynamic pressure waveforms (incl. ventilatory effect on various pulmonary hemodynamic pressures)
Complications with sampling from indwelling catheters and treatment of complications
Zeroing and levelling methods of a transducer
Handling, transport and storage of blood samples

#### Skills, Techniques, and Tasks

In addition to what is stated in H5 Perform (assist with) invasive vascular access:

Perform punctures:

- arterial (required)
- capillary (optional)
- venous (optional)

### 19. Thermal Regulation

#### Knowledge

Also see H6.1 Provide thermal regulation

Benefits and drawbacks of various thermoregulation devices
Indications, contraindications, complications, and hazards associated with thermal regulation

#### Skills, Techniques, and Tasks

Use:

- incubator
- warming table or blanket
- blood and fluid warmer
- heated humidifier
- cooling blanket

## Section 3: Therapeutic interventions

### 20. Gastric and Thoracic Suction and Drainage

#### Knowledge

Also see H6.2 Assist with gastric and thoracic suction and drainage techniques

Indications, contraindications, and complications
Gastric and thoracic suction and drainage equipment
Physiological effects associated with gastric and thoracic suction and drainage
Chest tube drain insertion technique

#### Skills, Techniques, and Tasks

In addition to what is stated in H5 Perform (assist with) invasive vascular access:

Perform or assist with gastric and thoracic suction and drainage techniques, as per provincial or territorial scope of practice, for example:

- prepare the patient for gastric or thoracic suction or drainage
- perform or assist with the insertion, placement, maintenance, removal of tubes and drains (e.g., chest tube, chest drain, esophageal tube)
- perform suction or drainage

### 21. Anaesthesia Assistance and Procedural Sedation

#### Knowledge

Also see H7 Implement interventions associated with anaesthesia assistance and analgesic sedation

Types and applications of anaesthesia and sedation <ul style="list-style-type: none"><li><input type="checkbox"/> general anaesthesia</li><li><input type="checkbox"/> regional anaesthesia</li><li><input type="checkbox"/> procedural sedation</li></ul>
Potential complications and their treatment, for example: <ul style="list-style-type: none"><li><input type="checkbox"/> hypovolemia</li><li><input type="checkbox"/> anaphylaxis</li><li><input type="checkbox"/> malignant hyperthermia</li><li><input type="checkbox"/> transfusion reaction</li></ul>
Classification of Risk Assessment of the American Society of Anaesthesiologists
Specific considerations for patients with, for example, heart disease, pregnancy, full stomach and day surgery cases, chronic pain
Surgical positions (including their impact on anaesthetic techniques)
Precautions and guidelines for administration of anaesthesia and sedation
Phases of anaesthesia: <ul style="list-style-type: none"><li><input type="checkbox"/> induction</li><li><input type="checkbox"/> maintenance</li><li><input type="checkbox"/> emergence (may include post-anaesthetic recovery)</li></ul>



## Section 3: Therapeutic interventions

### 21. Anaesthesia Assistance and Procedural Sedation

#### Skills, Techniques, and Tasks

(according to provincial and territorial scope of practice and practice guidelines inside and outside of operating rooms)

Perform pre-operative risk assessment
Perform pre-anaesthetic preparation
Perform / assist with all phases of anaesthesia
Monitor patient's physiological response to anaesthesia or surgical stimulation
Monitor patient during anaesthesia according to established guidelines
Adjust fluid and blood administration

### 22. Respond to Unique Needs of Patients and Caregivers

#### Knowledge

Patient characteristics, identity factors and their intersectionality impacting clinical assessment, testing, care planning and interventions, and ways to modify and adapt care:
<input type="checkbox"/> age
<input type="checkbox"/> gender, gender identity
<input type="checkbox"/> racial and / or ethnic background
<input type="checkbox"/> cognition and cognitive development
<input type="checkbox"/> decision-making ability
<input type="checkbox"/> emotional, psychological, and social well-being
<input type="checkbox"/> religion, spiritual beliefs
<input type="checkbox"/> language ability, communication style
<input type="checkbox"/> social and environmental factors impacting health
<input type="checkbox"/> history of trauma

#### Skills, Techniques, and Tasks

Modify approaches to clinical assessment
Modify approaches to communicate and establish a therapeutic relationship
Adapt interventions (e.g., equipment, technique)
Deliver culturally and psychologically safer respiratory care (e.g., trauma-informed, recovery-oriented)
Participate in palliative, end-of-life care, and / or medical assistance in dying

# APPENDIX A, B, C & D






## Appendix A: Relationship between the National Competency Framework and the Education and Examination Resource










<b>THE NCF AND THE EER</b> (all apply according to jurisdictional scope and standards of practice)	
National Competency Framework	Education and Examination Resource
A Evidence-informed Practice	This resource does not include knowledge, skills, or techniques for domains A – F. Instead, refer to detailed CanMEDS resources available from the Royal College of Physicians and Surgeons of Canada ( <a href="http://royalcollege.ca">royalcollege.ca</a> ).
B Professionalism	
C Communication	
D Collaboration	
E Practice Management	
F Safety	
G Clinical Assessment and Care Planning	10 Clinical Assessment 11 Cardiopulmonary Diagnostics 12 Care Planning 22 Respond to Unique Needs of Patients and Caregivers
H Therapeutic Interventions	14 Administer Medications and Other Substances 15 Manage Airway 16 Optimize Ventilation 17 Resuscitation 18 Vascular Access 19 Thermal Regulation 20 Gastric and Thoracic Suction and Drainage 21 Anaesthesia Assistance and Procedural Sedation
I Prevention, Health Promotion, Education	13 Prevention, Health Promotion, Education
<b>FOUNDATIONAL KNOWLEDGE (1 – 8)</b>	

## Appendix B: Linking key concepts: Domains of learning and competence

The following table illustrates the linkage between the “Domains of Learning” as described by Sherbino and Frank (2011) and the ranges of proficiency identified for each clinical performance criterion in the NCF 2024.

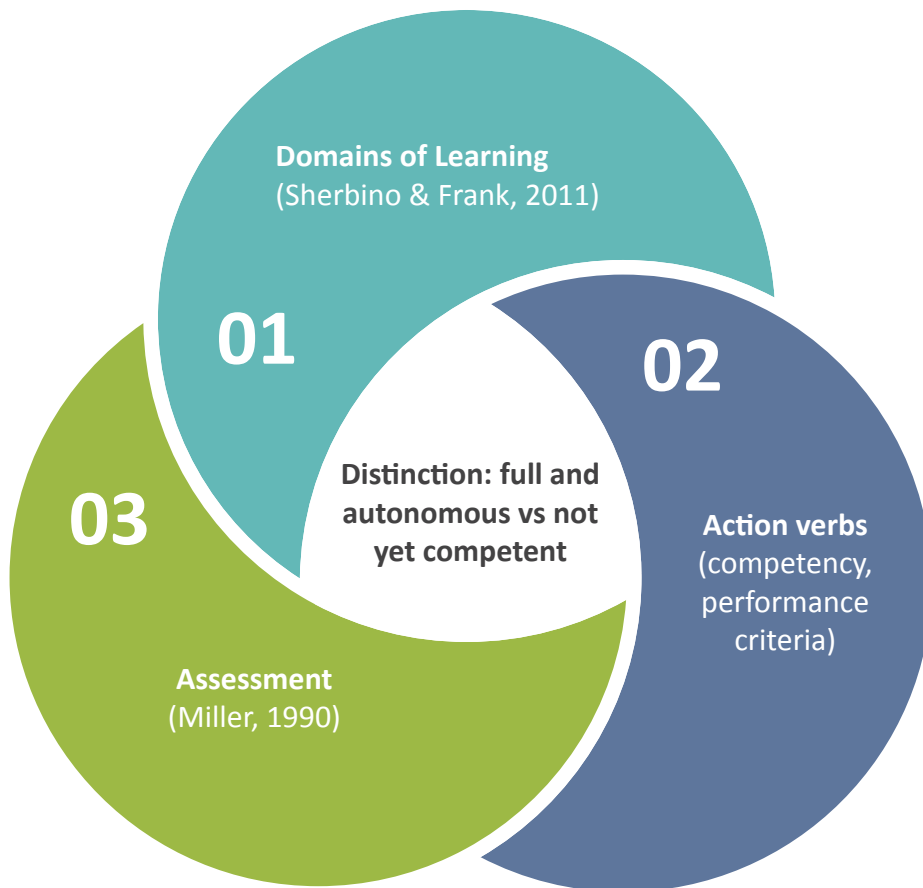
<p>The 2023 version is <b>less prescriptive and only identifies ranges of proficiency</b> for entry-to-practice competence from the perspective of full and partial competence for each patient group.</p> <p>This allows <b>more autonomy for educators</b> to develop multi-modal learning and assessment activities over the course of a program. It also serves as an intuitive <b>quick reference for regulators, employers, and learners.</b></p>	Taxonomy	Cognitive	Affective	Psychomotor
	1	Understanding	Receiving	Perception
	2	Comprehension	Responding	Set
	3	Application	Valuing	Guided
	4	Analysis	Organizing	Mechanism
	5	Synthesis	Internalizing	Complex overt
	6	Evaluation	n/a	Adaptation
	7	n/a	n/a	Origination
Corresponding levels in NCF 2024	Knows 	Knows how, shows how 	Does 	

Examples:	Proficiency		
	Adult	Peds	Neo
<p><b>H2.3 Perform manual ventilation</b></p> <p>The NCF 2023 requires respiratory therapists (RTs) to be fully competent in performing manual ventilation for all three patient groups. This means that for a learner to meet the entry-to-practice threshold, they need to master — AT A MINIMUM — the first five learning stages of the cognitive and psychomotor domains, and the first three learning stages of the affective domain.</p>			
<p><b>H5.5 Collect samples using an indwelling catheter</b></p> <p>The NCF 2024 requires RTs to be fully competent in collecting samples using an indwelling catheter from adult patients. When it comes to specific circumstances related to pediatric patients, only partial competence is required. This means that for learners to meet the entry-to-practice threshold for adult patients, they need to demonstrate mastery of the first five learning stages of the cognitive and psychomotor domains, and the first three learning stages of the affective domain. However, for pediatric patients, they need only demonstrate mastery of the first three learning stages of the cognitive and psychomotor domains, and the first two learning stages of the affective domain. Only awareness is required when it comes to neonatal patients. This gives employers a clear indication that at entry-to-practice, an RT will require additional on-the-job training to reach full competence to collect samples using an indwelling catheter from pediatric patients and significant on-the-job training to reach full competence to collect samples using an indwelling catheter from neonatal patients.</p>			
<p><b>I2.4 Support patients in system navigation</b></p> <p>The NCF 2024 requires partial competence in supporting patients in system navigation. This means that for a learner to meet the entry-to-practice threshold, they need to demonstrate mastery of the first three learning stages of the cognitive and psychomotor domains, and the first two learning stages of the affective domain as it pertains to all three patient groups.</p>			

## Appendix C: Perspectives on learning, assessment, and entry-to-practice competence

The NCF 2024 and the EER offer four interrelated perspectives on learning, assessment, and competence. Together, they provide educators with guidance on developing and implementing commensurate learning and assessment activities.



**01** (Range of) Domains of Learning taxonomy describe the individual cognitive, affective, and psychomotor demands and requirements for entry-to-practice.

**02** Action verbs in the competency statements, the performance criteria, and the education resource provide insight into the depth and breadth of the competency.

**03** Miller’s Pyramid of Clinical Competence offers guidance on assessment that progresses from “showing how”, which constitutes performative competence, to “does” or full competence.

Ultimately, the distinction between “fully competent and autonomous” and “not yet competent” provides the regulator and employer with an important perspective. Drawing from their own respiratory therapy expertise and understanding of full and autonomous competence in practice, educators can create learning and assessment activities that prepare students for successful entry into practice.



## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B0.4 Apply evidence to practice</b>            B0.4.1 Use the best available evidence in making decisions about patient care            B0.4.2 Identify the patient’s unique health state, their individual risks and benefits from potential interventions            B0.4.3 Identify the patient’s preferences and values            B3.2 Apply therapeutic and diagnostic procedures based on research data, methods, and results            B3.2.1 Discuss pertinent data            B3.2.2 Review published research and select relevant data</p>	<p><b>A1 Apply evidence to practice</b>            A1.1 Use the best available evidence in making decisions about patient care            A1.2 Consider the patient’s individual health state, risks, and benefits from potential interventions            A1.3 Consider patient’s beliefs, values, and goals in development of care plan            A1.4 Access reliable evidence            A1.5 Analyze evidence while reflecting on one’s observations and experience</p>
<p><b>B5 Use critical thinking, problem-solving, and reasoning skills</b>            B5.1.1 / B5.1.2 Collect data / Distinguish and compare the elements of the situation            B5.1.3 Review hypotheses and reflect on the validity of arguments, statements, and data            B5.2.4 React properly to unforeseen situations            B5.1 Analyze the data pertinent to the clinical situation in order to make a decision            B5.3.5 Assess the outcome of a decision to guide future actions</p>	<p><b>A2 Use critical thinking, problem-solving, and reasoning skills</b>            A2.1 Assess complex issues from many points of view            A2.2 Apply a methodical and scientific approach to solving problems            A2.3 Develop approaches for managing ambiguities, incomplete information, and uncertainty            A2.4 Use evidence and other knowledge sources to draw conclusions            A2.5 Assess the outcome of a decision            A2.6 Apply experiential knowledge to guide future actions</p>
<p><b>B1.6 Participate in quality improvement processes</b>            B1.6.1 Participate constructively in the organization’s quality improvement process            B1.6.2 Develop awareness of strengths and scope for improvement            B1.6.3 Learn from feedback offered through the process            B1.6.4 Modify practice in response to the process</p>	<p><b>A3 Participate in projects and professional initiatives to support and improve service delivery</b>            A3.1 Participate in activities, programs, and quality improvement processes            A3.2 Reflect on progress, impact, and necessary changes to practice            A3.3 Participate in research projects</p>
<p><b>B1 Exhibit professional behaviour</b>            B1.1.2 Behave in a professional manner in accordance with the standards of the profession            B1.1.3 Wear professional attire in accordance with clinical requirements in all situations            B1.1.4 Provide advice and treatment impartially and objectively, without pressure from external sources and being aware of conflicts of interest            B1.1.5 Act with honesty and integrity, avoiding behaviour likely to bring the organization or profession into disrepute or undermine public confidence in the profession</p>	<p><b>B1 Exhibit professional behaviour</b>            B1.1 Conduct oneself in a professional manner at all times            B1.2 Act in an impartial and objective manner            B1.3 Manage conflicts of interest            B1.4 Maintain organizational and public trust in the profession</p>

<sup>1</sup>Note that some 2016 competencies and performance criteria have been omitted in this table as they were (i) incorporated into the 2024 clarifications, (ii) reclassified as “tasks” rather than competencies, or (iii) did not apply to entry-to-practice.



## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B1.2 Adhere to the scope of practice</b>            B1.2.1 Identify actions that would be outside the scope of practice            B1.2.2 Advise the appropriate people of any potential needs outside the scope of practice            B1.2.3 Identify and refer to appropriate persons who can provide the out-of-scope requirements</p> <p><b>B1.3 Adhere to professional clinical, legal, and ethical guidelines / regulations</b>            B1.3.1 Understand relevant guidelines / regulations            B1.3.2 Apply the guidelines / regulations            B1.3.3 Take action to prevent relevant guidelines / regulations being ignored</p> <p><b>B1.4 Adhere to institutional / organizational policies and procedures</b>            B1.4.1 Remain current with relevant institutional/organizational policies and procedures            B1.4.2 Adhere to all applicable policies and procedures            B1.4.3 Help ensure that the applicable policies and procedures are adhered to by all            B1.4.5 Be aware of relevant environmental issues and avoid needless waste of resources            B1.4.4 Report unsafe or inappropriate practices to the relevant authorities</p>	<p><b>B2 Act in accordance with professional responsibilities</b>            B2.1 Adhere to the scope of respiratory therapy practice            B2.2 Adhere to professional clinical, legal, and ethical guidelines / regulations            B2.3 Adhere to organizational policies and procedures            B2.4 Report unsafe, unethical, or incompetent practices to the relevant authorities</p>
<p><b>B7.10 Manage stress</b>            B7.10.1 Recognize and anticipate stressful situations            B7.10.2 Identify effective resources and strategies available for managing stress            B7.10.3 Apply strategies for reducing and managing stress            B7.10.4 Help others to reduce and manage stress and avoid conflict</p>	<p><b>B3 Maintain personal health and well-being</b>            B3.1 Reflect on the impact of practice on personal health and well-being            B3.2 Pursue opportunities to maintain health and well-being            B3.3 Take action when ability to practise safely, competently, or ethically is at risk            B3.4 Report situations in the practice environment that may affect well-being or ability to practise safely</p>
<p><b>B1.5 Participate in professional development</b>            B1.5.1 Set personal goals and formulate a plan for personal professional development            B1.5.2 Identify opportunities for professional development            B1.5.3 Participate in appropriate professional development / continuing education activities</p>	<p><b>B4 Demonstrate a commitment to continuous learning</b>            B4.1 Engage in reflective practice            B4.2 Set personal goals and formulate a plan for personal professional development            B4.3 Source opportunities for professional development            B4.4 Integrate new knowledge and skills into practice</p>
<p><b>B2.1 Demonstrate effective verbal and non-verbal communication skills</b>            B1.1.1 Use professional language            B2.1.2 Use effective methods, including appropriate interview techniques, to obtain the patient's complete medical history and assess their level of health literacy</p>	<p><b>C1 Demonstrate effective verbal and non-verbal communication skills</b>            C1.1 Communicate in a transparent, clear, and timely manner            C1.2 Use effective methods to obtain a comprehensive medical history            C1.3 Employ active listening techniques</p>

<sup>1</sup>Note that some 2016 competencies and performance criteria have been omitted in this table as they were (i) incorporated into the 2024 clarifications, (ii) reclassified as “tasks” rather than competencies, or (iii) did not apply to entry-to-practice.

## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B2.1.3 Employ active listening techniques to understand the needs of others</b>            B2.1.2 Use effective methods, including appropriate interview techniques, to obtain the patient’s complete medical history and assess their level of health literacy            B2.1.5 Use a variety of communication tools and techniques to enhance and assess understanding on the part of patients and their families            B2.1.6 Use appropriate communication techniques to provide accurate and timely transfer of information at all transition points            B2.1.7 Demonstrate insight into one’s own communication style with patients and team members in various situations, and adjust this style appropriately to provide safe care            B2.1.1 Show respect and empathy and communicate in a manner that is respectful of individual diversity</p>	<p>C1.4 Adapt communication according to patient’s needs and health literacy            C1.5 Provide accurate transfer of information            C1.6 Adjust one’s communication style according to urgency of the situation            C1.7 Use respectful cross-cultural communication</p>
<p><b>B2.2 Communicate effectively through documentation</b>            B2.2.1 Provide appropriately detailed, legible, and clear entries to the patient health record, following every intervention with the patient            B2.2.2 Clearly, legibly and accurately document patient care orders and prescriptions            B2.2.3 Use appropriate and safe communication techniques in requests, reports and in correspondence out-side the health record  <b>B2.3 Use information communication technologies</b>            B2.3.1 Use information communication technologies appropriately and effectively to provide safe care to patients  <b>B6.1 Use relevant computer and electronic data applications</b>            B6.1.1 Use relevant computer systems and standard applications software effectively            B6.1.2 Understand the importance of data collection and analysis in the health care setting            B6.1.3 Record and access data in a data management system            B6.1.4 Analyze data in a data management system  <b>B6.4 Complete administrative reports</b>            B6.4.1 Recognize the role of reporting in the health care setting            B6.4.2 Assemble the required information            B6.4.3 Complete and submit administrative reports accurately and on time            B6.4.4 Review administrative reports and compare with previous reports to identify trends and exceptions, and provide feedback            B6.4.5 Complete and submit health and safety reports</p>	<p><b>C2 Communicate effectively through documentation</b>            C2.1 Document pertinent information in the health record according to legislative and organizational requirements            C2.2 Ensure private, confidential, and timely delivery of requests, reports and correspondence outside the health record            C2.3 Use electronic and information technologies according to organizational protocols            C2.4 Complete administrative reports according to organizational protocols</p>

<sup>1</sup>Note that some 2016 competencies and performance criteria have been omitted in this table as they were (i) incorporated into the 2024 clarifications, (ii) reclassified as “tasks” rather than competencies, or (iii) did not apply to entry-to-practice.

## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B0.1 Demonstrate empathy and respect towards the patient and family</b>            B0.1.1 Respect the rights, privacy and dignity of all individuals            B0.1.2 Consider and minimize the effects of psychosocial stress factors on the patient and family            B0.1.3 Establish a caring, supportive attitude and behaviour towards the patient and family            B0.1.4 Avoid any form of discrimination against patients and family, colleagues or others</p>	<p><b>C3 Demonstrate empathy and respect towards the patient and family</b>            C3.1 Respect the rights, privacy, and dignity of all individuals            C3.2 Minimize the effects of psychosocial stress factors on the patient and family            C3.3 Establish a caring, supportive attitude and behaviour towards the patient and family            C3.4 Communicate in a manner that is respectful of individual diversity            C3.5 Practise cultural humility            C3.6 Practise cultural safety</p>
<p><b>B0.2 Establish partnerships with patients and families</b>            B0.2.1 Establish and maintain relationships            B0.2.2 Actively collaborate with patients and families in decision-making and care planning            B0.2.3 Support patients and families throughout the patient experience</p>	<p><b>D1 Establish professional relationships with patients and families</b>            D1.1 Establish a mutual understanding of presenting problem and circumstances            D1.2 Obtain informed consent or seek assent from those who are unable to provide            D1.3 Collaborate with patients and families in decision-making and care planning            D1.4 Promote autonomy and self-determination</p>
<p><b>B3.1 Collaborate in professional consultation in an interprofessional health care team</b>            B8.3.4 Build mutual trust by being fair, reliable, consistent and credible            B8.3.2 Give team members support when they need it, especially during periods of setback and change            B8.3.3 Encourage members to express their ideas, opinions and concerns            B3.1.1 Negotiate overlapping of responsibilities to support a collaborative approach to patient care            B2.4 Manage conflict and difficult behaviour            B2.4.1 Understand conflict and difficult behaviour exhibited            B2.4.2 Identify who needs to be involved in resolving the conflict            B2.4.3 Address underlying issues            B2.4.4 Resolve conflict</p>	<p><b>D2 Act in accordance with professional responsibilities</b>            D2.1 Build mutual trust by being fair, reliable, consistent, and credible            D2.2 Collaborate with health care team in decision-making and care planning            D2.3 Support team members through encouraging behaviours and practices            D2.4 Take appropriate steps if a care plan or order may compromise a patient’s health or well-being            D2.5 Clarify overlapping scopes of practice to support a collaborative approach to patient care            D2.6 Use conflict management strategies</p>
<p><b>B6.3 Demonstrate responsible use of resources to minimize costs</b>            B6.3.1 Understand the impact of your practice on the cost of care  <b>B5.2 Prioritize clinical activities according to the analysis of the situation</b>            B5.2.2 Manage time and resource constraints            B5.2.3 Demonstrate prioritization and task planning skills            B6.3.2 Reduce waste</p>	<p><b>E1 Use resources responsibly and efficiently</b>            E1.1 Reflect on the impact of one’s use of resources            E1.2 Use effective organizational and time management skills            E1.3 Prioritize clinical activities according to the situation            E1.4 Contribute to an environmentally responsible culture within the practice setting</p>

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## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B6.2 Participate in institutional or professional meetings</b> B6.2.1 Participate in a meeting or on a committee</p> <p><b>B6.6 Assess peer / student competence and performance</b> B6.6.1 Assess practice based on job description B6.6.2 Establish clear, specific goals and objectives B6.6.3 Perform the evaluation in accordance with the appropriate guide (for example, guide from a teaching institution, guide provided by the employer)</p> <p><b>B6.7 Facilitate student and new staff orientation</b> B6.7.1 Assist the on-boarding of students and new staff in accordance with the program in effect B6.7.2 Develop a student and new staff orientation program and guide</p> <p>B8.1 Engage in projects and professional initiatives B8.1.1 Involve team members to achieve objectives B8.1.2 Plan activities, programs and resources B8.1.3 Monitor progress and impact B8.1.4 Adapt to changes</p>	<p><b>E2 Engage in organizational or professional activities</b> E2.1 Participate in meetings or committees E2.2 Assist with student and new staff orientation E2.3 Participate in peer and student training / assessment</p>
<p><b>B6.5 Perform assessments other than those related to patients</b> B6.5.1 Assess the health care working environment B7.2.2 Perform a point of care risk assessment</p> <p><b>B7.3 Manage biohazardous materials</b> B7.3.1 Handle and safely dispose biohazardous materials</p> <p><b>B7.4 Handle dangerous substances and materials</b> B7.4.1 Handle dangerous substances and materials in a safe manner</p> <p>B7.5 Adhere to Canadian Standards Association (CSA) standards for medical equipment B7.5.1 Utilize medical equipment in accordance with CSA norms and safety standards</p> <p><b>B7.8 Use respiratory care equipment and supplies safely</b> B7.8.1 Prepare and assemble equipment and supplies for use B7.8.2 Perform required preventive maintenance and quality control procedures B7.8.3 Select the best available equipment for the required intervention B7.8.4 Verify respiratory equipment, including alarms, according to best practice guidelines</p> <p><b>B7.6 Handle medical gases / liquids safely</b> B7.6.1 Utilize and store medical gases and liquids in a safe manner</p> <p><b>B7.9 Apply the principles of the Occupational Safety, Health and Wellness (OSH&amp;W) program</b> B7.9.1 Apply preventive measures to maximize health and safety</p> <p><b>B7.1 Analyze the risk posed by a clinical situation</b></p>	<p><b>F1 Adhere to workplace health and safety standards</b> F1.1 Continuously assess the practice environment F1.2 Perform point of care risk assessment F1.3 Handle and safely dispose biohazardous materials F1.4 Handle dangerous substances and materials in accordance with safety standards F1.5 Utilize equipment and supplies in accordance with safety standards F1.6 Utilize and store medical gases and liquids in a safe manner F1.7 Apply preventive measures to maximize health and safety according to the occupational safety, health and wellness program</p>

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## Appendix D. Comparison mapping: NCF 2016 – NCF 2024<sup>1</sup>

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE
<p><b>B7.2 Apply infection prevention and control precautions</b>            B7.2.1 Use proper technique for hand hygiene            B7.2.3 Apply infection prevention and control and personal protective equipment (PPE) procedures for various types of precautions            B7.1.1 Recognize a situation posing a risk            B7.1.2 Assess the components’ potential for harm and their probability            B7.1.3 Identify the causes and effects and how to mitigate them            B7.1.4 Identify any alternative strategies that could avoid the risk            B7.1.5 Plan and implement preventive measures</p>	<p><b>F2 Manage patient safety risks</b>            F2.1 Implement current infection prevention and control measures            F2.2 Assess the potential for harm            F2.3 Determine measures to be taken based on assessed risks            F2.4 Seek assistance with novel or unfamiliar situations and equipment            F2.5 Select the best available equipment for the required intervention</p>
<p><b>C2.3 Respond to and report patient safety incidents</b>            C2.3.1 Manage immediate risks for patients and others affected            C2.3.2 Disclose the occurrence of a patient safety incident. This may include the patient, supervisor, employer, relevant authorities to the patient and/or their families in keeping with relevant legislation            C2.3.3 Take part in timely event analysis, reflective practice and planning to prevent recurrence</p>	<p><b>F3 Respond to patient safety incidents</b>            F3.1 Manage immediate risks for patients and others affected            F3.2 Disclose the occurrence of a patient safety incident            F3.3 Take part in timely event analysis, reflective practice, and planning to prevent recurrence</p>

For domains G-I, the third column refers to the relevant section of the Examination and Education document.

2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE	2024 Education Resource
<p>C1.1 Collect pertinent information            C1.2 Analyze the collected information            C1.3 Interpret the collected data</p>	<p>G1.1 Collect pertinent information            G1.2 Analyze and interpret data collected</p>	10 Clinical Assessment
<p>C8.1 Perform and interpret electrocardiograms            C8.2 Perform and interpret pulmonary function testing            C8.3 Perform diagnostic tests for sleep related breathing disorders</p>	<p>G2.1 Perform pulmonary function testing            G2.2 Perform electrocardiogram and cardiac stress testing            G2.3 Perform tests for sleep related breathing disorders            G2.4 Perform other point of care testing            G2.5 Analyze and interpret results from cardiopulmonary tests</p>	11 Cardiopulmonary Diagnostics
<p><b>B0.3 Plan respiratory care</b></p>	<p><b>G3 Create and implement care plan</b></p>	12 Care Planning
<p>C3.1 Determine appropriateness and safety of medication and substances            C3.2 Prepare medication and substances for administration            C3.3 Administer medication and substances            C3.4 Evaluate response to medication and substance administration</p>	<p>H1.1 Ensure appropriateness and safety of medication or other substances            H1.2 Prepare medications or other substances following monograph and workplace hazard best practice guidelines            H1.3 Administer medications or other substances using various routes and techniques</p>	14 Administer Medications and other Substances

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2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE	2024 Education Resource
	H1.4 Evaluate response to medication or substance administration	
C4.1 Manage artificial airway devices C4.2 Ensure patency of the airway C6.1 Perform manual ventilation C9.4 Manage transport of a patient	H2.1 Assess patency of the airway H2.2 Manage artificial airway devices H2.3 Perform manual ventilation H2.4 Perform humidity therapy H2.5 Perform bronchopulmonary hygiene H2.6 Assist with bronchoscopy procedures	15 Manage Airway
C6.2 Provide optimal invasive and non-invasive mechanical ventilation support C6.3 Perform non-invasive lung volume recruitment techniques	H3.1 Optimize invasive and non-invasive mechanical ventilation support H3.2 Perform lung volume recruitment manoeuvres	16 Optimize Ventilation
C7.1 Perform distinction, assessment and rapid intervention as per resuscitation guidelines C7.2 Perform basic life support (BLS) protocols C7.3 Perform adult advanced life support (ACLS) protocols C7.4 Perform pediatric advanced life support (PALS) protocols C7.5 Perform neonatal resuscitation program (NRP) protocols	H4.1 Distinguish, assess, and rapidly intervene as per resuscitation guidelines H4.2 Perform basic life support H4.3 Perform adult advanced life support H4.4 Perform pediatric life support H4.5 Perform neonatal resuscitation	17 Resuscitation
C10.1 Manage vascular access through invasive procedures C10.2 Manage arterial lines C10.3 Perform an arterial, venous, or capillary puncture C10.4 Assist with vascular access through central lines/pulmonary artery catheter C10.5 Collect samples using indwelling catheter	H5.1 Select sites and procedures appropriate to the clinical situation H5.2 Manage vascular access H5.3 Manage arterial lines H5.4 Perform arterial punctures H5.5 Collect samples using an indwelling catheter H5.6 Assist with vascular access through central lines/pulmonary artery catheter	18 Vascular Access
C9.1 Insert esophageal or gastric tubes C9.2 Assist in thoracic suction or drainage therapy C9.3 Provide thermal regulation	H6.1 Provide thermal regulation H6.2 Assist with gastric and thoracic suction and drainage techniques	19 Thermal Regulation, 20 Gastric and Thoracic Suction and Drainage
C5.1 Assist with anaesthesia C5.2 Manage homeostasis of a patient during anaesthesia C5.3 Manage the patient during sedation	H7.1 Maintain homeostasis of a patient during anaesthesia and sedation H7.2 Manage the patient during anaesthesia and sedation	21 Anaesthesia Assistance and Procedural Sedation
B4.1 Provide cardio-respiratory health education	I1.1 Promote cardio-respiratory health and illness prevention	13 Prevention, Health Promotion, Education

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2016 NCF ENTRY-TO-PRACTICE PROFILE	2024 NCF ENTRY-TO-PRACTICE	2024 Education Resource
	I1.2 Consider relevant determinants of health and readiness to learn I1.3 Raise awareness in the care team to support the cardio-respiratory health of others I1.4 Provide education to support development of self-management skills I1.5 Consult on the use of cardio-respiratory equipment	
B4.2 Participate in addressing cardio-respiratory health needs of the community	I2.1 Explore approaches for issues in need of advocacy I2.2 Participate in advocacy activities that promote cardio-respiratory health and illness prevention I2.3 Collaborate with the care team to address the needs of patients who are vulnerable or marginalized I2.4 Support patients in system navigation	13 Prevention, Health Promotion, Education

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