RESPIRATORY THERAPISTS (NOC 3214)

Job Definition[1]:

Respiratory therapists assist physicians in the diagnosis, treatment and care of patients with respiratory and cardiopulmonary disorders. Respiratory therapists are employed in hospitals, medical clinics, health units, extended care facilities, public health centres and respiratory home care companies. Supervisors and instructors of respiratory therapists, clinical perfusionists and cardiopulmonary technologists are included in this unit group.

Overview:

This Occupational Language Analysis (OLA) presents Canadian Language Benchmarks (CLB) competencies and typical listening, speaking, reading and writing tasks performed at a competent level by respiratory therapists. The tasks are illustrative only, and do not provide a complete sample of what a respiratory therapist does on the job. Other essential skills such as numeracy and computer skills are beyond the scope of the OLA. The content of the OLA was validated by people employed in the occupation and by CLB experts. It was developed by a Registered OLA Analyst using four key resources:

- The *Canadian Language Benchmarks 2000*, Centre for Canadian Language Benchmarks and Citizenship and Immigration Canada.

- *Essential Skills Profile for* Respiratory Therapists, Human Resources and Skills Development Canada, June 30, 2011.

- *2011 Respiratory Therapy National Competency Profile*, The National Alliance of Respiratory Therapy Regulatory Bodies, 2011.

- *2011 Respiratory Therapy National Competency Profile Companion Document*, Canadian Society of Respiratory Therapists, 2011.

For a more complete picture of the competencies that are needed to perform this occupation, refer to these source documents.

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[1] *Essential Skills Profile for Respiratory Therapists (NOC 3214),* Human Resources and Skills Development Canada, p. 1

How to Read this Occupational Language Analysis:

The titles, numbers and sequence of categories are based on the *Canadian Language Benchmarks 2000*, which address four major skill areas Speaking, Listening, Reading and Writing. CLB competencies (language descriptors) are entered at the left margin and followed by a number indicating the benchmark level (1 – 12) for each competency. Sample occupational tasks (work/task descriptors)drawn from the Essential Skills Profile or the National Occupational Standards are indented and italicized underneath each competency and referenced to their source, as follows:

Task Source	Reference	Example
Essential Skills Profile	ES + the first letters of the profile section	(ES-DU) = Essential Skills Profile, Document Use section
National Competency Profile	NCP + section + subsection	(NCP-1.1) = National Competency Profile, Section 1; Subsection 1
National Competency Profile Companion Document	NCPCD + page number + code	(NCPCD-25-P1.1.1) = Companion Document-page 25, task # P1.1.1

Comparative Ratings:

The following chart compares typical and most complex essential skills ratings for respiratory therapists, based on the Essential Skills Profile, to the corresponding range of CLB ratings, as suggested in *Relating Canadian Language Benchmarks to Essential Skills: A Comparative Framework*[2]. These are general ranges and there may be some language tasks that fall outside of this range. Just to point out for learning:

Skill Area	Typical		Most Complex	
	Essential Skills	**CLB**	**Essential Skills**	**CLB**
Speaking	1 - 3	5 - 10	3	9 - 10
Listening	1 - 3	5 - 10	3	9 - 10
Reading	2 - 4	6 - 10	3 - 4	7 - 10
Writing	1 - 3	4 - 8	3	8

Common Conditions of Communication:

Condition	Description
Purpose	- locating, collecting, monitoring, interpreting data; establishing and following schedules; taking and giving directions; consulting; advising/explaining/teaching; creating and maintaining records; reporting; invoicing
Audience	- patients/clients; families; supervisors; co-workers; medical personnel
Context	- hospitals, clinics, health units, extended care facilities, public health centres and respiratory home care companies where the situation can range from quiet, calm and routine to dynamic, unpredictable emergency situations
Topic	- specialized, technical and detailed; predictable and routine to unpredictable and fast paced; often concrete and sequential
Mode	- face-to-face; by phone; via computer; videoconferencing; public address systems; pagers

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[2] *Relating Canadian Language Benchmarks to Essential Skills: A Comparative Framework*; Centre for Canadian Language Benchmarks, 2005

Skill: Speaking

I. Social Interaction

Interpersonal Competencies

Greet, introduce self and ask about the other person. (CLB 3)
- ❑ *speak to patients' families (ES-OC)*

Open, maintain and close a short routine formal conversation. (CLB 6)
- ❑ *use professional and respectful language (NCP-1.1)*

Respond to a minor conflict or complaint. (CLB 8)
- ❑ *speak to department heads of care units to resolve conflicts involving patient care and services (EC-OC)*
- ❑ *employ conflict resolution strategies in a clinical setting (NCPCD-28-P2.8.4)*

Comfort and reassure a person in distress. (CLB 8)
- ❑ *may speak to family members during cessation of life support. They reassure family members and confirm that their loved ones are not experiencing discomfort. (ES-OC)*

Conversation Management

Indicate non-comprehension. (CLB 5)
- ❑ *ask their supervisors for clarification (when observing) demonstrations of equipment and new procedures such as property ventilating newborns (ES-OC)*

Use a number of strategies to keep the conversation going: hold the floor; resume after interruption; change topic. (CLB 7)
- ❑ *minimize communication barriers (NCPCD-27-P2.1.3)*

Manage conversation. Check comprehension. (CLB 8)
- ❑ *validate the patient and/or caregivers comprehension of the instructions (NCPCD-36-P7.1.4)*

Contribute to/co-manage a discussion or debate in a small formal group (work meeting, seminar). (CLB 9)
- ❑ *participate in a formal discussion about work processes or product improvement (ES-WWO)*

Phone Competencies

Take phone messages with three to five details. (CLB 6)
- ❑ *(use) a telephone (ES-OC)*

II. Instructions

Give a set of instructions dealing with simple daily actions and routines where the steps are not presented as a point-form sequence of single clauses. (CLB 6)
- ❑ *orient new employees (ES-WWO)*
- ❑ *orient students and new staff (NCP-5.7)*

Give clear instructions and directions related to moderately complex familiar technical and non-technical tasks. (CLB 7)
- ❑ *provide (patients) with instructions. For example, they… provide patients with pre-test instructions and inquire about their comfort levels during cardiopulmonary function tests. Respiratory therapists provide instructions on safe use of home oxygen equipment and explain medical disorders for which patients are receiving treatment. (ES-OC)*
- ❑ *explain the purpose and process for sputum induction (NCPCD-43-P10.1.1)*
- ❑ *inform non-ventilated patient and caregivers with respect to transport procedure and care during out-of-hospital transfer (NCPCD-71-P14.15.5)*
- ❑ *prepare patient for: ECG recording and/or monitoring (NCPCD-74-16.1.6); evaluation of pulmonary mechanics (NCPCD-76-17.1.7); flow/volume measurement (NCPCD-77-17.3.10); lung volume, airway resistance and conductance measurement by body plethysmography (NCPCD-77-17.4.7); FRC measurement (NCPCD-78-17.5.6); pulmonary diffusion capacity measurement (NCPCD-78-17.6.6); bronchoprovocation testing (NCPCD-78-17.7.7) (etc.)*
- ❑ *prepare/teach the patient for peak flow measurement in a clinical setting (NCPCD-79-17.11.4)*

Give/pass on instructions about an established familiar process or procedure (technical and non-technical). (CLB 8)
- ❑ *assign specific tasks to team members (ES-JTP)*
- ❑ *inform other workers or demonstrate to them how tasks are performed (ES-WWO)*

Give clear, detailed oral information to someone to carry out complex multi-step instructions for a familiar technical/non-technical process. (CLB 9)
- ❑ *explain [the process of physical respiratory] assessment to patients (NCPCD-38-P8.2.9)*

III. Suasion (Getting Things Done)

Request, accept or reject goods or services, assistance or offer in a service or sales situation. (CLB 4)
- ❑ *collect payment from clients. For example, respiratory therapists employed by oxygen supply companies may collect payment and provide change for deliveries of oxygen therapy equipment and supplies. (ES-NU)*

Make a simple formal suggestion; provide reason. (CLB 6)
- ❑ *make suggestions on improving work processes (ES-WWO)*
- ❑ *recommend course of action [related to medication] (NCPCD-41-9.5.3)*

Make an extended suggestion on how to solve an immediate problem or make an improvement. (CLB 7)
- ❑ *(speak with) uncooperative patients. For example respiratory therapists encounter patients who refuse to wear equipment (ES-PS)*
- ❑ *explain the function of the equipment and suggest adjustments that can be made to make wearing equipment such as masks more comfortable (ES-PS)*

IV. Information

Presentations

Describe a moderately complex process. (CLB 7)
- ❑ *use recognized medical terminology (NCP-2.4)*

Give a presentation to describe and explain a complex structure, system or process based on research. Use a diagram to support the explanations. (CLB 8)
- ❑ *provide cardio-respiratory education to patients/clients, family members community advocates and/or other healthcare professionals (NCP-7.1)*
- ❑ *teach incentive spirometry (NCP-10.12)*
- ❑ *share research findings [with colleagues] (NCPCD-36-P6.2.4)*
- ❑ *promote and teach tobacco smoking cessation (NCPCD-37-P7.2.3)*
- ❑ *describe potential complications associated with the administration of substances [e.g., drugs, fluids] by inhalation (NCPCD-41-P9.8.6); by injection (NCPCD-42-9.9.4); by instillation including monitoring of patient response (NCPCD-42-9.10.4); by infusion (NCPCD-42-9.11.3)*

Interaction One-on-One

Ask for and provide information related to routine daily activities (e.g., personal, family, others, work). (CLB 5)
- ❑ *discuss ongoing work with co-workers. For example, they provide their shift replacements with updates on patients and their care plans. They inform their co-workers of malfunctioning equipment and possible resolutions. They discuss shift and appointment coverage and general work schedules. (ES-OC)*
- ❑ *(work) with home care companies [to] plan their days and tasks to complete pre-scheduled appointments (ES-JTP)*

Ask for and provide detailed information related to personal needs, varied daily activities and routine work requirements. (CLB 7)
- ❑ *discuss medical conditions with patients … for example, (respiratory therapists) interview patients to gather health histories and understand their symptoms (ES-OC)*
- ❑ *explain [process of physical respiratory] assessment to patient (NCPCD-38-P8.2.9)*
- ❑ *instruct patient on: assisted cough maneuvers and monitor application in a clinical setting (NCPCD-45-P10.10.2); effective secretion clearance techniques (NCPCD-45-P10.11.3); applying effective breathing techniques (NCPCD-45-P10.11.6); using incentive spirometry (NCPCD-46-P10.12.3);*
- ❑ *instruct patients ready for speech therapy in a clinical setting (NCPCD-54-P11.31.3)*

Ask for and/or provide detailed information related to personal needs, varied daily activities and routine work requirements. (CLB 8)
- ❑ *inform (surgeons and anesthesiologists) of vital sign readings and flow rates (ES-OC)*

Provide, obtain and discuss detailed complex information and opinions with individuals in order to coordinate teamwork assignments/tasks. (CLB 9)

❑ *discuss medical diagnoses and patient care with other health professionals. For example, respiratory therapists speak to other medical practitioners about patients' assessments, test requisitions and results, and treatment protocols. They seek clarification of treatment orders such as care for patients who have 'do not resuscitate' orders. (ES-OC)*

Provide, obtain and discuss detailed complex information and opinions with an individual in a peer or superior relationship in order to coordinate work train in established procedures, delegate, solve a problem or conflict, or make a decision. (CLB 10)

❑ *speak to department heads of care units to resolve conflicts involving patient care and service (ES-OC)*

Interaction in a Group

Participate in a small group discussion. (CLB 5)

❑ *apply effective verbal communication skills in a clinical setting (NCPCD-27-P2.1.4)*
❑ *utilize effective non-verbal communication techniques in a clinical setting (NCPCD-27-P2.1.9)*

Participate in a small group discussion/meeting on non-personal familiar topics and issues: express opinions, feelings, obligation, ability, certainty. (CLB 6)

❑ *participate in role-playing exercises based on self-appraisal in a simulated context (NCPCD-26-P1.7.3)*
❑ *participate in the orientation for students and new staff to a respiratory care department in a clinical setting (NCPCD-35-P5.7.2)*
❑ *demonstrate effective team interaction and communication during resuscitation (NCPCD-73-15.4.9)*

Participate in a small group discussion/meeting: express opinions and feelings; qualify opinion, express reservations, approval and disapproval. (CLB 7)

❑ *work as members of multi-disciplinary teams in a coordinated effort to manage the ongoing health of patients. They work with physicians, their supervisors and other medical personnel to ensure patients are tested and treated for various types of cardiopulmonary diseases. (ES-WWO)*
❑ *participate in professional consultations in a multidisciplinary and/or interdisciplinary health care system (NCP-2.6)*
❑ *participate in institutional/organizational and/or professional body/association meetings/committees (NCP-5.2)*
❑ *participate in community health programs (NCP-7.3)*
❑ *communicate your assessment findings with the team on a ongoing basis in a clinical setting (NCPCD-73-15.5.4)*

Participate in a debate/discussion/meeting on an abstract familiar topic or issue. (CLB 8)

❑ *participate as a patient advocate in a clinical setting (NCPCD-37-P7.4.2)*

Skill: Listening

I. Social Interaction

Identify verbal and non-verbal details of social exchanges, including styles of greetings, leave-taking and introductions. (CLB 3)

- ❑ *demonstrate effective…nonverbal communication skills (NCP-2.1)*

II. Instructions

Understand a range of spoken everyday instructions on step by step procedures. (CLB 5)

- ❑ *receive instructions and directions from supervisors and managers (ES-OC)*
- ❑ *receive and transcribe verbal orders (NCP-2.9)*

Follow an extended set of multi-step instructions on technical and non-technical tasks for familiar processes or procedures. (CLB 8)

- ❑ *receive directions from surgeons and anesthesiologists before and during surgical procedures (ES-OC)*

III. Suasion (Getting Things Done)

Demonstrate comprehension of factual details and some inferred meanings in simple advice and suggestions, announcements and commercials. (CLB 5)

- ❑ *listen to hospital paging systems. For example, they listen to emergency code calls to determine the nature of emergencies. (ES-OC)*

Demonstrate comprehension of details and speaker's purpose in suggestions, advice, encouragements and requests. (CLB 6)

- ❑ *employ active listening techniques in a clinical setting (NCPCD-27-P2.3.3)*

IV. Information

Identify main ideas, supporting details, statements and examples in a descriptive or narrative presentation, or in a group interaction (e.g., meeting, discussion). (CLB 6)

- ❑ *(learn)…on the job and through interactions with co-workers and supervisors; through training offered in the workplace (ES-CL)*
- ❑ *participate in professional development/continuing education activities during clinical stage (NCPCD-26-1.6.4)*

Identify facts, opinions and attitudes in conversations about abstract and complex ideas on a familiar topic. (CLB 8)

- ❑ *conduct a comprehensive patient/client history (e.g., environmental, resources, equipment, safety, home evaluation, occupational evaluation, psycho-social, familial and medical history) (NCP-8.1)*

I. Social Interaction Texts

No communication tasks for this category were found in the source documents. These tasks may, in fact, exist for this occupation and will require individual assessment in each work context.

II. Instructions

Follow a set of common everyday instructions (up to 10 steps) when not presented completely in point form: sequence/order must be inferred. (CLB 6)
- ❑ *read…e-mail which describe special techniques surgeons intend to use for upcoming surgical procedures and messages from anaesthesiologists about the equipment they require (ES-RT)*

Follow coherent extended instructional directions. (CLB 8)
- ❑ *read equipment, policy and procedure manuals. For example, they read manuals for new equipment to understand operating and troubleshooting procedures. They may use this information to prepare learning guides and training materials for the equipment. (ES-RT)*
- ❑ *[read and] adhere to professional medical, legal, and ethical guidelines/regulations (NCP-1.4)*
- ❑ *[read and] adhere to institutional/organizational policies and procedures (NCP-1.5)*
- ❑ *[read and] adhere to quality control/assurance guidelines (NCP-4.2)*
- ❑ *[read and] adhere to Canadian Standards Association (CSA) standards for medical equipment;…Department of Transportation/Transport Canada regulations for cylinders and medical gases;…institutional/organizational disaster and mass casualty plan (NCP-4.10)*
- ❑ *[read and] adhere to professional medical, legal, and ethical guidelines/regulations (NCPCD-26-E1.4)*

III. Business/Service Texts

Find information in formatted texts: forms, tables, schedules, directories. (CLB 4)
- ❑ *confirm shift times and operating room assignments on staffing schedules (ES-DU)*

Identify factual details and some inferred meanings in moderately complex business/service texts, including formatted texts. (CLB 5)
- ❑ *verify medical prescription (NCP-9.4)*

Identify factual details and some inferred meanings in moderately complex texts containing advice, requests, specifications. (CLB 6)
- ❑ *read reminder notes and text entries in forms. For example, they read physicians' entries in patients' records to become familiar with diagnoses and treatment recommendations, and to learn about unusual conditions that may affect treatment plans. (ES-RT)*
- ❑ *scan product, equipment and identification labels for dates, concentrations and other data. For example, they scan labels on inhalers and gas and oxygen canisters to locate expiry dates. Anaesthetic assistants scan coloured labels to identify paralytics, relaxants and anaesthesia. They then verify trade names and required concentration levels. They match information on patients' wrist identification labels to requisition forms. (ES-DU)*

Find two or three pieces of information in moderately complex formatted texts. (CLB 6)
- ❑ *locate data in lists and tables. For example, they scan various lists to locate co-workers' contact numbers, review appointments and confirm supply and equipment inventories. They locate acceptable ranges of blood gases in specification tables and side effects of medications which patients are using on asthma medications charts, and identify brands. They also confirm their shift times and operating room assignments on staffing schedules. (ES-DU)*
- ❑ *read charts and medical files (ES-FI)*

Identify factual details and some inferred meanings in moderately complex texts containing assessments, evaluations, advice. (CLB 7)
- ❑ *locate data in entry forms. For example, they scan forms in patients' charts to verify dates and test results and review requisition forms to confirm patients' identities and tests ordered. They view testing equipment printouts such as displays of patient's blood gas levels, Holter reports and pulmonary function analyses. Respiratory therapists confirm equipment rental and consent forms are properly completed and signed by patients. They also review patients' responses to questionnaires such as the Epworth Sleepiness Scale and the Continuous Positive Airway Pressure Follow-up forms. Clinical perfusionists review pre-anaesthetic forms to determine anaesthesia plans and operating room set-ups. (ES-DU)*

Identify factual and inferred meanings in written proposed solutions, recommendations and proposals; and in statements of rules, regulations, laws and norms of behaviour. (CLB 8)

- ❑ *read legislation. For example, they may read the Compressed Gas Association's standards for air quality and Transportation of Dangerous Goods regulations. They may also read provincial health ministries' qualification criteria and funding application procedures for home oxygen therapies. (ES-RT)*

IV. Informational Texts

Demonstrate comprehension of a two- or three-paragraph moderately complex descriptive or narrative text on a familiar topic. (CLB 5)

- ❑ *read entries in communication logbooks. For example, they read about changes to schedules, times and topics for in-service meetings, new equipment and changes to procedures (ES-RT)*

Show comprehension of a one-page moderately complex descriptive/narrative text on a familiar topic. (CLB 6)

- ❑ *read their organizations' policies on topics such as contagious infection control, use of personal protective equipment and cleaning and disinfecting equipment. They may read the Pulmonary Function Laboratory Management and Procedure Manual outlining standard North American procedures for all cardiopulmonary testing. (ES-RT)*
- ❑ *read memos, letters and e-mail. For example, they read memos from co-workers in their own organizations on topics such as policy changes, safety and medical procedures. They read letters from referring physicians which identify patients' medical conditions and prescribe treatments and therapies. They also read e-mail from colleagues who describe problems encountered in areas such as cardiovascular care and request possible resolutions for the problems…Respiratory therapists read e-mail about difficulties home oxygen equipment and symptoms patients are experiencing. (ES-RT)*
- ❑ *read anaesthetic plans and patients' files (ES-FI)*
- ❑ *[learn] through reading or other forms of self study (ES-CL)*

Demonstrate comprehension of a cycle diagram, flow chart and a timeline/schedule. (CLB 6)

- ❑ *read schematic diagrams (ES-DU)*
- ❑ *refer to a variety of diagrams and drawings. For example, respiratory therapists refer to assembly drawings to identify parts, switches and connections on cardiopulmonary testing equipment. Perfusionists and anaesthetic assistants verify cable and tubing connections on basic schematic drawings when troubleshooting malfunctioning heart lung bypass machines and ventilators. (ES-DU)*

Demonstrate comprehension of moderately complex tables, graphs, diagrams, and flow charts. (CLB 7)

- ❑ *interpret test results displayed in graph formats. For example, they view patients' sleep and breathing graphs to determine when and what stages apnoeas and hypopnea occur. Clinical perfusionists and anaesthetic assistants monitor heart and breathing patterns to ensure patients' safety and comfort. (ES-DU)*

Trace, summarize and evaluate the development of arguments in complex expository or argumentative texts (e.g., in a rational inquiry paper or in a problem-solution paper). (CLB 10)

- ❑ *read journal articles and research studies. For example, they may read articles in the Canadian Respiratory Journal, Canadian Perfusion and Chest to become familiar with new treatments for respiratory conditions, diagnostic methodologies, medical breakthroughs and new equipment. They may read research studies to remain knowledgeable of advancements in the field. (ES-RT)*
- ❑ *[read and] evaluate research data, methods, and outcomes with respect to validity and applicability to therapy and diagnostic procedures (NCPCD-36-E6.3)*
- ❑ *differentiate published research and results that are relevant to clinical practice (NCPCD-36-P6.3.3)*

Information Literacy/Reference and Study Skills Competencies

Access and locate three or four pieces of information in on-line electronic reference sources (e.g., World Wide Web, library databases), if available, or from print reference sources. (CLB 7)

- ❑ *use databases (ES-CU)*
- ❑ *search their organizations' databases to access patient information and review test results (ES-CU)*
- ❑ *use search engines to locate professional association web sites, journals, medical reference pages and information about medical equipment (ES-CU)*
- ❑ *utilize computer and electronic data management tools in a clinical setting (NCPCD-32-P5.1.3)*

Skill: Writing

I. Social Interaction

No communication tasks for this category were found in the source documents. These tasks may, in fact, exist for this occupation and will require individual assessment in each work context.

II. Recording/Reproducing Information

Take notes from an oral presentation or a page of written information. (CLB 6)
- ❑ *receive and transcribe verbal orders (NCP-2.7)*

Write an outline or a summary of a longer text. (CLB 7)
- ❑ *write procedural summaries and instruction sheets for co-workers. For example, they may write summaries of procedures for new testing and treatment methods and instruction sheets for operating and disinfecting new equipment. (ES-W)*
- ❑ *formulate [in writing] a template for an institutional disaster and mass casualty plan [for personal reference] (NCPCD-33-P4.10.2)*

III. Business/Service Messages

Fill out forms. (CLB 5)
- ❑ *prepare invoices. For example, respiratory therapists employed by oxygen supply companies may calculate prices of therapy equipment and supplies and apply client-specific mark-ups and taxes. (ES-NU)*

Convey business messages as written notes. (CLB 5-6)
- ❑ *write short notes and reminders. For example, they write notes in communication logbooks to report malfunctioning equipment, request the use of shared resources and describe changes in procedures and staffing schedules (ES-W)*

Fill out moderately complex forms. (CLB 6-7)
- ❑ *complete a variety of checklists and forms. For example, they may enter their observations of students' capabilities and progress in performance evaluation forms, note strengths and weaknesses, and make training recommendations. Clinical perfusionists complete pre-bypass checklists. Respiratory therapists complete scheduled maintenance checklists, ventilator flow sheets, blood gas summary forms and instruction checklists for new clients. Anaesthetic assistants complete detailed anaesthetic records prior to and during surgery. (ES-DU)*
- ❑ *enter patients' demographic data, test results and treatment information (ES-CU)*
- ❑ *record and track data on equipment, inventory and patients [on spreadsheets] (ES-CU)*
- ❑ *record levels of anaesthesia and drugs using specialized software programs (ES-CU)*
- ❑ *maintain documentation and records (NCP-2.5)*

Convey business messages as written notes to pass on routine information, make requests, or respond to recommendations and warnings. (CLB 7)
- ❑ *write e-mail, memos and letters. For example, they write email to ask co-workers to set up meetings and inform them of safety and equipment concerns and to suppliers to request product information. They write letters to physicians and palliative care nurses to provide test updates and ask them to reassess patients. (ES-W)*
- ❑ *formulate [in writing] an objective and effective self performance appraisal template (NCPCD-26-P1.7.2)*

Convey business messages as written notes, memoranda, letters of request, or work record log entries, to indicate a problem, to request a change, or to request information. (CLB 8)
- ❑ *prepare memos for co-workers, letters to physicians (ES-CU)*
- ❑ *apply effective written communication skills in a clinical setting (NCPCD-26-P2.1.6)*

Fill out forms and other materials in pre-set formats with required brief texts. (CLB 8)
- ❑ *write entries in patients' charts. For example, they comment on symptoms, test results, treatments administered, patients' responses and ventilator weaning measurements. Perfusionists and anaesthesia assistants record exceptional reactions that occurred during surgery. (ES-W)*
- ❑ *report and chart procedure and patient data in a clinical setting (NCPCD-82-17.18.7)*

Write letters to request and to respond to requests for information, directions, service/product, clarification, permission. (CLB 9)
- ❑ *may write memos to instruct patients about medications and use of oxygen equipment (ES-W)*

IV. Presenting Information

Write a paragraph to relate/narrate a sequence of events; to describe a person, object, scene, picture, procedure or routine; or to explain reasons. (CLB 5)
- ❑ *collect and provide [in writing] workload measurement data (NCPCD-35-E54)*

Write one or two paragraphs to: relate a familiar sequence of events, tell a story; provide a detailed description and comparison of people, places, objects and animals, plants, materials, or routines; or to describe a simple process. (CLB 6)
- ❑ *utilize medical terminology and abbreviations in a clinical setting (NCPCD-27-P2.4.2)*

Write two or three paragraphs to narrate a familiar sequence of events from the past; to tell a story; or to provide a detailed description, comparison. (CLB 7)
- ❑ *(write) shift report using established guidelines and formats in a clinical setting (NCPCD-28-P2.7.2)*

Write three or four paragraphs to narrate a historical event; to tell a story; to express or analyse opinions on a familiar abstract topic; or to provide a detailed description and explanation of a phenomenon or a process (CLB 8)
- ❑ *prepare training materials and patient handouts (ES-CU)*
- ❑ *document patient assessment, patient procedures and patient progress in a clinical setting (NCPCD-28-P2.5.2)*
- ❑ *record all pertinent observations and data as per hospital protocol in anesthetized patients (NCPCD-56-P12.4.6); with respect to (for example) emergence and post-operative monitoring (NCPCD-56-P12.5.6); fluid/blood replacement (NCPCD-57-P12.6.3); anesthetic procedure outside operating room (NCPCD-58-P12.10.7); conscious sedation anesthesia (NCPCD-58-P12.11.8)*

Write a paper, essay, report or story to narrate a sequence of events from the past. (CLB 9)
- ❑ *write short reports. For example, clinical supervisors may write short reports on policy standards for care in respiratory therapies and cardiology technologies. They include recommendations for review by regional committees. (ES-W)*
- ❑ *evaluate, document and report the results of a sleep study in a clinical setting (NCPCD-82-17.17.7)*

For more information about:	Contact:
Canadian Language Benchmarks or Occupational Language Analyses	Centre for Canadian Language Benchmarks 400 – 294 Albert Street Ottawa, ON K1P 6E6 Ph. (613) 230-7729 Fax: (613) 230-9305 Email: info@language.ca Website: www.itsessential.ca
National Competency Profile for Respiratory Therapists and Companion Document	The National Alliance of Respiratory Therapy Regulatory Bodies c/o OPIQ 1440, rue Ste-Catherine Ouest, bureau 320 Montréal (Québec) H3G 1R8 Tel: (613) 731-3164 Fax: (613) 521-4314 Email: info@nartrb.com Or The Saskatchewan College of Respiratory Therapists (SCRT) 218-408 Broad St Regina, SK S4R 1X3 Tel: (306) 789-3359 Fax: (306) 789-3358 Email: cec@scrt.ca
Essential Skills Profiles	Human Resources and Skills Development Canada Skills Information Division Human Resources Partnerships 112 Kent Street, Tower B, 21st floor Ottawa, Ontario K1A 0J9 http://www.hrsdc.gc.ca/eng/workplaceskills/essential_skills/general/home.shtml

Registered in Ottawa this 15 day of August 2011