

Responsibilities of Members as Educators

PROFESSIONAL PRACTICE GUIDELINE



College publications contain practice parameters and standards which should be considered by all Ontario Respiratory Therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

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table of contents

Introduction	2
Teaching	3
General Expectations of RTs When Providing Education	3
Appropriateness of Teaching	5
The Difference between Teaching and Delegation	5
Concerns with Performance Readiness	7
Patient Care Providers and Household Members	8
Working with Paid Care Providers	8
Teaching Controlled Acts	8
Documentation Requirements When Teaching	10
Respiratory Therapy Students	11
Expectations of Students in Respiratory Therapy Programs	11
What about RT Students Performing Controlled Acts?	11
Direct Supervision of RT Students and Documentation	12
Personal Relationships between RTs and Student RTs	13
Errors and Liability related to Teaching	13
Glossary	14

INTRODUCTION

The Professional Accountability standard of the CRTC Standards of Practice expects Members to "share knowledge and expertise with others". In general, this means that all Respiratory Therapists, in all practice settings, will have some involvement with the education of others and that Members have a professional obligation to share knowledge and expertise with others. Examples of this education include: demonstrating practice; conducting lectures or in-services; providing consultation; providing informal and formal theoretical teaching; and engaging in discussions about respiratory therapy with colleagues, peers, patients/clients, caregivers, students and others. This practice guideline provides information on the standard of practice related to the responsibilities of Members as Educators. The principles apply generically to education, in any setting, to health care providers, health profession students, patients/clients and the public of Ontario.

TEACHING

General Expectations of Respiratory Therapists When Providing Education

Teaching is providing instruction and may include determining that a person is competent (has the knowledge, skills and judgment) to perform a procedure. When providing education, e.g., demonstrating practice; conducting lectures or in-services; providing consultation; providing informal and formal theoretical teaching; and engaging in discussions about respiratory therapy to colleagues, peers, patients/clients, caregivers, unregulated health providers, (including personal support workers), students and others, and in any setting, a number of conditions must be met. The expectation is that you:

- have the requisite competency (knowledge, skills and judgment) to perform and teach the procedure;
- be familiar with the audience's learning objectives and expectations;
- be familiar with and respond to the audience's comprehension level so that you can adapt your teaching style and focus to meet the needs of the audience;
- encourage feedback to assist in improving future educational opportunities and personal professional development;
- reinforce standards of practice; and
- conduct yourself in an honourable and professional manner as you represent the profession as well as yourself in all your interactions.

When providing education to students, health care professionals, unregulated health care providers, family members and others who are participating and/or assisting in the provision of care to a patient/client or groups of patients/clients under your direction, you are expected to:

- ensure patient/client safety, autonomy, privacy and confidentiality and well-being in planning and/or suggesting learning experiences for the individual(s) whom you are instructing;
- intervene in situations where the safety or well-being of the patient/client is at risk;
- discuss and determine the responsibilities the learner(s) will assume in relation to providing care;
- ensure that the individual(s) has obtained consent from the patient/client or substitute decision-maker, when it is required.
- ensure that the activities performed by the individual are appropriate given the individual's experience, competence, and comfort as well as the environment or practice setting;
- provide accurate and timely feedback to the individual(s);
- ensure that individuals under your supervision are identified in person, by name badge where appropriate and within documents (including patient/client health records); and
- communicate with all members of the health care team as necessary to ensure that everyone understands the responsibilities and competence of the individual in relation to the provision of care.

Respiratory Therapists providing education are also expected to:

- be familiar with the learning objectives and expectations;
- orient the learner to the facility, department, program and the specific needs and/or goals of individual patients/clients where appropriate;
- strive to ensure that the required competencies and/or objectives are met during your involvement with the learner;
- provide accurate and timely feedback to the learner and/or the individual responsible for the overall clinical education of the learner;
- provide a hard copy of instructions for a procedure where appropriate, e.g., written, handbook, CD, pictorial; and
- ensure that a mechanism is in place in order to determine continuing competence where specific responsibilities will be assumed by the learner(s) as outlined by pre-defined objectives, and also for those situations requiring delegation.

SCENARIO #1

A Home Care Company Representative provides education in a retirement facility.

There are numerous teaching situations where information is presented to an individual or group of individuals, which may or may not include the opportunity to simulate and practice a technique on a mannequin. Home care companies are often contacted to come and speak to an interdisciplinary group in retirement facilities on such topics as non-invasive ventilation and suctioning. In these circumstances the representative is not required to ensure competency by the end of the learning session, nor that there will be a mechanism in place to ensure ongoing competency upon leaving the facility. The purpose of the learning session in this case is to provide a forum for introduction and or review of the skill(s). The objectives of the teaching session should be clearly defined at the beginning of the learning session. This will minimize any confusion there might be related to the purpose of the training and will help to define the outcomes the learners should expect.

SCENARIO #2

Critical Care Teams

Roles and responsibilities are often shared amongst team members of critical care transport teams and critical care response teams. Common team members include the Respiratory Therapist, nurse and physician. Intubation and manual ventilation are procedures that may be performed as part of the work done by the team. Nurses and physicians, like Respiratory Therapists, do not require delegation to do these activities as all are authorized to perform controlled acts #5 and #6 of the RHPA. In practice however, a nurse or physician may not be experienced in performing these activities and may require additional training. As experts in airway management, Respiratory Therapists could provide the teaching required for these clinicians to become competent in performing these skills. In this situation it would be appropriate to teach the skills ensuring that all the conditions of teaching are met.

SCENARIO #3

Mechanical Ventilation in rural and rehabilitation hospitals.

There are numerous rural and rehabilitation hospitals that do not have 24-hour Respiratory Therapist coverage. In these situations, nurses often assume management of invasive and non-invasive mechanical ventilation. As nurses are authorized to perform the controlled act of administration of a substance by inhalation, they only require performance readiness. A Respiratory Therapist can provide the education required in order to prepare the nurse to take on the added responsibility of ventilator management during off hours. In this case, only the conditions of teaching need to be met.

As in any situation when providing education the Respiratory Therapist is not responsible for care that is provided in his/her absence. The RT can only be measured by the education that he/she provided in meeting the needs of the facility.

Appropriateness of Teaching

While the CRTO Standards of Practice require you to "share knowledge and expertise with others", you are also required to ensure that teaching is appropriate under the circumstances.

The following are some examples of when teaching would be inappropriate.

- You do not have the requisite competency (knowledge, skills and judgment) to perform and teach the procedure;
- Teaching would place your patient/client at risk of care that is below the standard.
- You reasonably believe the individual you intend to teach does not possess the requisite knowledge, skills, abilities and judgment to proceed safely.
- The patient/client or substitute decision-maker does not consent.

The Difference between Teaching and Delegating

Teaching is providing instruction and may involve determining that a person is competent to perform a procedure. Delegation is the transfer of legal authority from a regulated health professional who is authorized to perform a certain controlled act, to another regulated health professional or non-regulated health provider working in a health care setting, who is not authorized to perform the controlled act in question. Therefore, teaching is not equivalent to delegation but is an essential part of delegation. The process is similar; the main difference is the degree of accountability which is greater with delegation.

	Teaching	Delegation
What it is:	Providing instruction and may involve the determination of competence to perform a procedure, depending on the objectives of the teaching session.	Teaching, including the competence component, along with the transfer of legal authority to perform a controlled act procedure to a person not otherwise authorized to perform the procedure.
What it applies to:	Not specific to a controlled act. Applicable to any procedure/activity.	Controlled act procedures only.
Who may do it:	RT who meets the conditions as described under the section on "General expectations of Respiratory Therapists when providing education".	RT who has the authority (related to terms, conditions or limitations on certificate of registration), the competence (knowledge, skills and judgment) and who meets the conditions required of teaching.

For more information on delegation, please refer to the PPG on Delegation of Controlled Acts.

SCENARIO #4

Invasive Mechanical Ventilation for patients/clients going home from hospital

Patients who are going home on invasive mechanical ventilation have a variety of respiratory-related activities that need to be taught in order to prepare them for discharge home. Education must be provided to all those who will be providing care in the home in order to help ensure that all are prepared to assume the responsibilities. Routine activities of daily living will include management of the mechanical ventilator, manual ventilation, suctioning, tracheostomy care and possibly tracheostomy tube changes. All these activities are controlled acts. They are however covered under the exception in the *RHPA subsection 29 (1)*, which permits families and other care givers to perform the procedure while assisting a person with his or her routine activities of daily living. Consequently, a Respiratory Therapist who is preparing the patient for discharge needs only to meet the conditions of teaching not delegation when interacting with the caregivers.

SCENARIO #5

Administration of Oxygen

The administration of oxygen falls under the *RHPA controlled act #5* “administering a substance by injection or inhalation”, which is a controlled act authorized to Respiratory Therapists. Regulated health professionals such as physiotherapists are not currently authorized to administer oxygen and so require delegation along with either a written order or a medical directive. A Respiratory Therapist can choose to delegate this controlled act to a physiotherapist thereby enabling the practitioner to manage oxygen administration.

Commonly, physiotherapists work in acute care centres with ambulate patients/clients who are relatively stable and on low amounts of oxygen, such as 2 L/min nasal prongs. At times, ambulation results in desaturation for which an appropriate response could be to increase the delivered oxygen. An RT who delegates the procedure of oxygen administration in this setting would be helping the physiotherapist to respond to the immediate needs of the patient. It should be noted that a valid order for either oxygen level or oxygen saturation is still required. In choosing to delegate, the Respiratory Therapist must ensure that the conditions of delegation and teaching can be satisfied.

In the case of unregulated health professionals, delegation may or may not be required for administration of oxygen. The determining factor is the setting in which the care is provided. In a health care setting such as a hospital or rehabilitation centre, delegation is required and the conditions of both delegation and teaching would need to be met. If the procedure is being performed in patient/client’s home, then delegation is not required since it is covered by an exception under the RHPA. *Subsection 29 (1) (e) of the RHPA* (states that in the course of assisting a person with his or her routine activities of living that administering a substance by inhalation is permitted.) In this situation, the Respiratory Therapist would only need to meet the conditions required of teaching.

Concerns with Performance Readiness

RTs cannot assume that a person is competent to perform any procedure, regardless of how straightforward it appears. When there is concern that the learner is not able to obtain the competency to perform the procedure, the RT must reflect on the teaching process and the learner's skill level.

Teaching Process

- Are your objectives clearly articulated?
- Are your teaching methods effective for your audience?
- Have you adapted your teaching style to the learner's needs?
- Are your instructions clear and easy to understand?
- Has an appropriate timetable for teaching based on the needs of the learner been established?

Learner's Skill Level

- Is the learner reluctant to learn the procedure and if so, why?
- Is the learner unable to perform the procedure and why?
- Is there another person willing and able to learn the procedure?

If after considering the above, and determining that the cause cannot be identified and resolved, then the process should be discontinued.

PAID CARE PROVIDERS AND HOUSEHOLD MEMBERS

Working with Paid Care Providers

Paid Care Providers include personal support workers (PSWs), health care aides, unit assistants and others. They are unregulated health providers (UHPs) who are an integral part of the health care team. They work in many settings including the home, retirement homes, hospital and health clinics. These paid providers have a broad set of responsibilities which can include suctioning, cleaning a tracheostomy tube's inner cannula, administering oxygen and troubleshooting the patient/client's ventilator.

To decide whether it is safe and appropriate to teach a particular procedure to a Paid Care Provider, RTs should consider the following:

- The needs of the patient;
- The level of knowledge, skill and judgment that is required to perform the procedure safely;

- The risks involved in performing the procedure and whether the paid care provider has the ability to recognize and deal with them appropriately;
- The need for teaching the procedure. Determine if the procedure is considered a routine activity of daily living and whether or not the individual is the most appropriate to perform the procedure given the circumstances;
- How competence in the procedure will be maintained; and
- Who will evaluate continuing competence in the procedure.

Teaching Controlled Acts

Procedures that are not controlled acts fall within the public domain. In these cases, delegation is not required. Delegation is required for family members and paid care providers working outside the health care setting for those controlled acts that are not covered by the exceptions described under the *RHPA subsection 29(1)*. Paid care providers that work in a health care setting such as a hospital require delegation for all the controlled acts that they perform.

If the Respiratory Therapist chooses to delegate, regardless of the setting, one must ensure that there is a mechanism in place to ensure continuing competency.

Controlled Act	Member of household (e.g. family member)	Paid Care Providers (e.g. UHPs and PSWs)
Performing a prescribed procedure below the dermis (RTA #1, RHPA #2)	Not included in exception. Requires delegation by the RT.	Not included in exception. Requires delegation by the RT.
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx (RTA #2 & #3, RHPA #6)	RHPA exception permits performance when treating a member of the person’s household. May teach.	In a health care setting, requires delegation. In the home RHPA exception permits performance if part of routine activity of living.
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx (RTA #2& 3, RHPA #6)	RHPA exception permits performance when treating a member of the person’s household. May teach.	In a health care setting, requires delegation. In the home RHPA exception permits performance if part of routine activity of living.
Administering a substance by injection or inhalation (RTA #4, RHPA #5)	RHPA exception permits performance when treating a member of the person’s household. May teach.	In a health care setting, requires delegation. In the home RHPA exception permits performance if part of routine activity of living.
Procedures not included in a controlled act	Public domain. No authority required to perform.	Public domain. Restrictions may apply to those employed in a health care setting.

SCENARIO #6

Non-invasive Ventilation (CPAP and BiPAP therapy)

CPAP and/or BiPAP is a therapy used to overcome such conditions as obstructive sleep apnea. It falls under the controlled act of administering a substance by inhalation. Patients who are in hospital and preparing for discharge on a CPAP or BiPAP unit will require education on the equipment in order to be able to apply the therapy and troubleshoot independently once they are home. A Respiratory Therapist can provide the education needed to the patient/client and family members who will be involved in the care of their loved one. Since this procedure is covered by the exception under the *RHPA* described in subsection 29 (1), it does not require delegation. Instruction for these individuals on management of their CPAP and/or BiPAP therapy only requires that the conditions of teaching need to be met. If however, the procedure is to be taught to a group of unregulated health professionals, such as polysomnography technicians, working in a health care setting who will then impart their knowledge on the patient/client and family members, delegation is required. In this situation, the conditions of teaching and delegation would need to be met and so would require that a mechanism be in place to ensure continuing competency.

DOCUMENTATION REQUIREMENTS WHEN TEACHING

It is important to maintain a record of all teaching-related activities. The specific teaching situation will determine where the documentation has to be kept (see chart below). Documentation serves as evidence that a learning activity took place and details what was involved. It provides a record of the exchange between the learner and the teacher and serves as a tool for monitoring ongoing competence when required.

Records of teaching-related activities should always include at minimum:

- Date and time;
- Details of the activity/procedure that was taught, including a copy or description of any teaching handouts or learning aids;
- List of individuals/learners you taught;
- Any concerns you may have with respect to the competency of the learner(s);
- The name of the teacher (evaluator) and signature to validate; and
- May include signature of the individual being taught.

LEARNER	DOCUMENTATION
Patient/Client and Caregivers	<p>What was taught, any teaching materials given, how competence was confirmed (e.g. return demonstration)</p> <p>Document in patient/client chart</p>
Regulated Health Care Providers (e.g., Respiratory Therapists, nurses, physicians)	<p>Keep a record of any teaching materials given</p> <p>Identify learning objectives where appropriate</p> <p>Keep a log or sign-in and sign-out sheet that identifies the learners</p>
Unregulated Health Providers/Personal Support Workers	<p>What was taught, the learning objectives, any teaching materials given</p>
Student Respiratory Therapists	<p>Documentation is dependent on the formality and requirement of the related teaching activity</p> <p><i>See section on Direct Supervision of RT Students and Documentation</i></p>

RESPIRATORY THERAPY STUDENTS

Expectations of Students in Respiratory Therapy Programs

The CRTO does not regulate respiratory therapy students as they are not Members of the CRTO. Section 9 of the *Respiratory Therapy Act (RTA)* and the registration regulation restricts the use of the term "Respiratory Therapist" (including variations and abbreviations such as RRT), in Ontario, to Members of the College.

The College wishes to provide students in respiratory therapy programs the opportunity to identify themselves in a manner that reflects the training they are undertaking. For this reason the College will not prevent respiratory therapy students from using Student Respiratory Therapist (which is a variation of the restricted title) and SRT (which is an abbreviation of a restricted title) as a designation PROVIDED that they are enrolled in an approved respiratory therapy program and only while they are functioning in the role of a student. However, the CRTO expects respiratory students to:

- clearly identify themselves as a student by using the title Student Respiratory Therapist and the designation SRT [see [Registration and Use of Title](#) (PDF format) *Professional Practice Guideline*];
- understand their role and responsibilities in the provision of care;

- understand and comply with the various laws that may affect their practice (e.g., RHPA, RTA, Health Care Consent Act);
- maintain confidentiality;
- clarify any issues of confusion or ambiguity regarding their role and/or responsibilities;
- ensure that all entries in a patient/client health record have been co-signed by their supervising Respiratory Therapist when providing respiratory therapy under direct supervision;
- communicate effectively with all members of the health care team with whom they interact;
- be accountable for the quality of the care they provide;
- know their own limitations and only engage in activities in which they have adequate background preparation, knowledge, skills and judgment to perform; and
- understand when and from whom to seek help.

What About Respiratory Therapy Students Performing Controlled Acts?

The *Regulated Health Professions Act (RHPA)* provides an exception permitting students to perform controlled acts provided they are "fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession".

This means that respiratory therapy students are permitted to perform the authorized acts listed below provided they do so while functioning as a student under the supervision or direction of a Member of the CRTO. The supervision or direction by a Member may be direct or indirect. An example of direct supervision or direction would be the Member in the room right beside the student guiding the student's performance. An example of indirect supervision or direction would be a Member coordinating the clinical education of the student by arranging for another regulated health professional to guide the student's performance (anaesthetist in the operating room supervising a student performing endotracheal intubation). The degree or type of supervision necessary is the professional responsibility and judgment of the Member who is providing the supervision or direction required by the RHPA.

The RHPA exemption for students does not apply during any employment (i.e., moonlighting) even if the individual is also a student in the same organization. The exception also does not apply following the date of graduation, or following the date a student ceases to be enrolled in a program.

The controlled acts authorized to **Respiratory Therapists while engaged in the practice of Respiratory Therapy** are:

1. Performing a prescribed procedure below the dermis.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
4. Administering a substance by injection or inhalation.

For more information on the controlled acts authorized to Respiratory Therapists, please refer to the PPG on *Interpretation of Authorized Acts*.

Direct Supervision of RT Students and Documentation

Where a Respiratory Therapy student is performing procedures under direct supervision, the supervising Respiratory Therapist and student are expected to do the following:

- document in the patient/client's health record that the student has performed the procedure(s) under "direct supervision";
- ensure complete documentation of the patient contact in the patient/client health record; and
- ensure that the supervising Respiratory Therapist cosign any student's entry in the patient/client record.

Remember that anyone reading the documentation must clearly be able to identify that the requirements of "direct supervision" have been met. Also, keep in mind that the student's signature and that of the cosigning supervisor's verifies the information provided and gives assurance that the record of the activity, assessment, behaviour or procedure is accurate and complete.

Please note that Graduate Respiratory Therapists (GRT), due to the nature of their certificate of registration with the CRTO (i.e., temporary certificate with terms, conditions and limitations) must perform controlled acts authorized to Respiratory Therapist under General Supervision. Therefore, GRT's are not permitted to supervise Student Respiratory Therapists (SRT) in the performance of any intervention that falls under a controlled act authorized to respiratory therapists. (e.g., oxygen administration) [For more information please see *Interpretation of Authorized Acts Professional Practice Guideline (PPG)*]

Personal Relationships between Respiratory Therapists and Student Respiratory Therapists

When Respiratory Therapists are involved in providing education to Student Respiratory Therapists, whether that be directly as a faculty member or a clinical instructor or indirectly as a supervising staff RT, there is an inherent power imbalance. This power imbalance exists because the Respiratory Therapist has status and influence over the student which may affect the success of the student. The CRTO strongly discourages personal relationships between CRTO members (who are directly or indirectly involved in the education of the student) and Student Respiratory Therapists. In many circumstances such a personal relationship will amount to unprofessional conduct. A faculty member or clinical instructor will continue to have influence over a student until graduation, but a staff Respiratory Therapist at a certain hospital or facility will likely only have influence as long as the student is on rotation at that hospital/facility/home care organization etc. Once there is no influence over the student a CRTO member may form a relationship with their former student.

ERRORS AND LIABILITY RELATED TO TEACHING

Educators are accountable for determining that the learner is competent at a point in time, and for deciding how best and how frequently to monitor ongoing competence. Assuming that there is a suitable monitoring mechanism in place and that competence has been determined, the learner is responsible for his/her own actions and is accountable to the employer or client or educational institution for performing the procedure competently.

As with any other activity, when you are educating, supervising or directing individuals, you assume full responsibility and accountability for your actions. Assuming responsibility for your actions does not necessarily mean you assume professional responsibility for another individual's performance of a specific procedure. Your responsibility rests with, given consideration to all circumstances, whether or not you supervised the individual appropriately and includes whether or not it was appropriate for the individual to perform the procedure.

Before permitting anyone, including a student, to perform an activity, you must ensure that you have assessed the potential harm associated with the procedure and determined whether or not it is appropriate to allow the individual to perform the activity considering the individual's knowledge, skills and abilities/judgment.

GLOSSARY

authorized act	A controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are 4 acts authorized to Respiratory Therapists by the <i>Respiratory Therapy Act</i> , that are created from 3 controlled acts defined in the RHPA]
BiPAP	Bi-Level Positive Airway Pressure
College	College of Respiratory Therapists of Ontario
competence	Having the requisite knowledge, skills and judgment to perform the procedure
CPAP	Continuous Positive Airway Pressure
learner	For the purposes of this practice guideline, a learner is one who the Respiratory Therapist may instruct, which may include students, health care professionals, unregulated health care providers, family members and others
member	Holder of a certificate of registration with the CRTO.
patient/client	For the purposes of this practice guideline, patient/client often denotes a broader concept than the traditional patient or client receiving direct clinical care, and includes students, research subjects and sales clients
paid care provider	Includes personal support workers (PSWs), health care aides, unit assistants and others. They are Unregulated Health Providers (UHPs) which work in many settings including the home, retirement homes and health care facilities.
reasonably	Sensible, rational -- often referred to as the reasonable person test -- determined by case law -- in the case of the College, a panel would determine whether or not an individual, giving consideration to all circumstances, acted in a sensible, rational manner in the matter under discussion
Regulated Health Professional	A health care provider who is a member of a College and is regulated by the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)
RHPA	<i>Regulated Health Professions Act</i>
RTA	<i>Respiratory Therapy Act</i>
routine activity of daily living	Activities such as eating, bathing, dressing and ambulation are common examples of routine activities of daily living. This statement can be broadened to be more inclusive. Activities become routine activities of daily living when the need, response, and outcomes of a procedure have been established over time and are fairly predictable, e.g., suctioning and tracheal stoma care.
student	Unless specified or apparent from the context, refers to any student enrolled in an educational program whether the program is respiratory therapy, another regulated health profession, or any other health related profession



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